Perceptions of an emerging family drug court program among child welfare and family drug court professional in Riverside County

Esmeralda Lomeli

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PERCEPTIONS OF AN EMERGING FAMILY DRUG COURT
PROGRAM AMONG CHILD WELFARE AND FAMILY DRUG
COURT PROFESSIONALS IN RIVERSIDE COUNTY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Esmeralda Lomeli

June 2004
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ABSTRACT

This study examined the perceptions of child welfare and family drug court professionals regarding the emerging family drug court program in Riverside County. The following was addressed: what are the strengths of the program, what are challenges or barriers in the program, how do others not involved in the program feel about the program, how the need for the program was recognized, and how child welfare professionals view the future of the program. Answers to these questions are important to the future of child welfare clients and their children as well as service providers.
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DEDICATION

I dedicate this book to my family, my beautiful son Ethan Jeremiah, and my wonderful husband Eleno Puente. Your love and patience is what gave me the courage and perseverance to continue on this journey. I love you.
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CHAPTER ONE
INTRODUCTION

Problem Statement

Parental substance abuse is a significant factor in many of the families served in the child welfare system (Semidei, Feig, & Nolan 2001). Few studies have specifically addressed how many child welfare clients have substance abuse problems. Child welfare agencies typically count only how many children come to their attention because of abuse, neglect, or other types of maltreatment. Until recently, substance abuse was captured by child welfare information systems only if the community has a specific reporting category for drug-exposed infants. In recent years, states have been reporting to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) whether, for each child in out-of-home care during the reporting period, parental alcohol or illicit drug abuse was a factor in the child’s placement (Semidei, Radel, & Nolan 2001). Although they are improving with each year, these data do not measure the full extent of the problem.

The presence of substance abuse also creates an increased need for strong partnerships between the child
welfare agency, the court, and other community service providers (Semidei, Radel, & Nolan 2001). Where families could once be served primarily through the counseling, parenting classes, and homemaker services traditionally offered by child welfare agencies directly, the multiple, complex problems faced by parents who abuse alcohol and other drugs are likely to require intervention beyond what a child welfare agency has to offer (Semidei & Feig, 2001).

Family drug courts (FDC’s) address the multiple and complex problems faced by parents who abuse drugs or alcohol by closely monitoring clients’ progress, with swift but graduated sanctions resulting from treatment noncompliance. Family drug courts increase the pressure on parents to address their substance abuse problems, and coordinate multiple social services that are needed to stabilize the families. Family drug courts also provide referrals and case management for other services as well, such as parenting classes, employment training, and housing resources.

Few child welfare caseworkers have the clinical backgrounds to diagnose or treat substance abuse. Therefore, it is essential that caseworkers have access to the services of FDC professionals, who are able to first,
evaluate clients' addictions, and second, provide appropriate treatment services.

Another problem faced by substance abusing parents is that services available in the community may not be designed with the child welfare agency's clients in mind. For instance, most substance abuse services are based on models designed for white men, and may not be culturally or linguistically appropriate for clients, and may not address the alcohol and drug use patterns typical of women or child welfare clients (Semidei & Feig, 2001).

Especially important for child welfare agencies, treatment programs rarely focus on child and family issues. National studies of substance abuse treatment have shown that the availability of family services in conjunction with treatment actually declined during the 1980's. From 1991 to 1993, only 8% of clients in outpatient drug treatment, 37% of clients in short-term inpatient programs, and 20% of patients in long-term residential treatment programs received family-related services (Etheridge, 1995). The vast majority of drug treatment is provided in outpatient programs that are least likely to offer family services. If child welfare clients enter treatment in large part because of family concerns but their treatment programs fail to address the
issues, it should not come as a surprise when clients drop out.

FDC’s focus on family issues and are not designed for males specifically but are more in tune to families. Since FDC’s work directly with child welfare clients they know the patterns of use and are helpful with relapse prevention.

Although FDC’s have not yet been thoroughly evaluated, initial reports from courts in New York, Nevada, California, and Florida are encouraging (Harrell & Goodman, 1999), including improved treatment retention and reduced length of stay in out-of-home care.

Approximately 20 family drug courts are underway or planned in the United States, all initiated since the mid-1990s. Although the family court programs do sound very promising, it is yet clear how effective the program really is. FDCs handle cases involving parental rights in which an adult is the respondent that come before the court through either a civil or criminal process. FDC’s also handle cases that arise out of the substance abuse of the adult parent and deal with custody and visitation disputes, abuse, neglect, and dependency matters, petitions to terminate parental rights, guardianship
proceedings, or other laws, restrictions, or limitations of parental rights (Cooper & Bartlett, 1998).

Program staffs expect the end result will be permanency decisions made more quickly and on the basis of better information. Riverside County has an emerging family drug court program, which has prompted this study.

Purpose of the Study

The purpose of the present study was to identify the perceptions of child welfare and FDC professionals in regards to an emerging family drug court program in Riverside County. This study identified perceptions of child welfare and FDC professionals as to the following questions:

1) What are the strengths of the program?
2) What are challenges and barriers in the program?
3) What do others think about the program?
4) How was the need for the program recognized?
5) How stable is the program?

Such research was needed to document formative processes that will help to replicate the program and start other FDC programs. Child welfare professionals are a community of practice that has a long history of working with clients that have substance abuse issues. It is
important to note how the needs assessment process was conducted and how the family drug court program came to pass. In doing so other counties and child welfare agencies may follow and implement similar programs to serve their clients more efficiently.

Another aspect of this study examined the strengths and challenges of the program as it has evolved. The program's evolution is an important aspect of this study because it notes what this particular program has done that's unique to the county. Family drug courts are not exactly alike and each county is unique in its population and clients served. This project sought to find answers by identifying perceptions about the future of FDCs.

How child welfare professionals view the program is important and can determine its success in that attitudes, norms and beliefs are significant factors in understanding current and future behavior. Last, there were documented strengths, challenges, and barriers, of the FDC program in Riverside County, understanding those challenges and barriers is prevention of similar problems, to create a much smoother program implementation for those who seek to replicate the program in their county.
Significance of the Project for Social Work

This study examined the perceptions of child welfare and family drug court professionals regarding an emerging family drug court program in Riverside County. Substance use or abuse is directly related to many out-of-home placements of children in the child welfare system. Children of parents who are substance abusers tend to remain in out-of-home care longer than do other children. Typically this is due to the time required to address substance abuse or failure to treat substance abuse. Because the Adoptions and Safe Families Act places all children on a fast track within the out-of-home care system, the child welfare system and drug treatment community now has to focus on these time constraints.

Riverside County child welfare professionals have recognized the need for stronger collaboration with the courts and substance abuse treatment professionals. And so they have begun an innovative family drug court program that will provide families with the family oriented substance abuse treatment that they need to be successful in reunifying with their children.

The main goal of social workers in the child welfare arena is to safely reunify families and prevent future removal of children by offering families with options.
FDCs promise improved treatment, retention, and reduced length of stay in out-of-home care. This study sought to identify child welfare and family drug court professional’s perceptions about an emerging FDC program in Riverside County.

Overall, the goal of this study was to find options for substance abusing parents in the child welfare system. Social workers strive to create opportunities for change for their clients. Social workers seek to find programs that will treat clients with dignity and worth and also allow for self-determination.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of a discussion of literature relevant and related to the drug court model. This chapter also reviews the theoretical conception of the drug court model and provides a detailed description of the Riverside County Dependency Recovery Drug Court. This chapter will also discuss the theoretical perspectives guiding this research project.

Historical Framework

As stated in Breitenbucher & Sullivan, (2003) in the 1930s the Federal Prison Narcotic Farm System was developed to meet the rising need of the correctional system to house those convicted of drug related offenses. At that time, most state and local facilities were overloaded due to the increase in drug related arrests and convictions (Musto, 1973). Throughout the 1940’s, incarceration was the primary method of case disposition for drug addicts.

Public health personnel were involved in running these farms and noticed a high recidivism rate among released prisoners. The farms eventually evolved into
facilities that promoted research projects from the public health, social services, and medical professions. These institutions also provided training internships for the newly established National Institute of Mental Health (NIMH). The experience of NIMH personnel working on the farms combined with public health, social service, and medical professionals, was the center of an advocacy campaign for treatment starting in the 1950’s (Musto, 1973). The criminal justice system, however, still influenced the greatest number of case dispositions.

Following World War II pressure was put on legislatures to pass drug control laws that changed the penalties for an individual who was convicted of a drug offense. The 1956 Narcotic Control Act was passed and it prohibited the suspension of guilty sentences and in some cases supported the enforcement of the death penalty (Musto, 1973).

The Medical Model

During the Kennedy and Johnson administrations, the National Institute of Mental Health presented empirical research that concluded that drug use is a physiological and psychological disease and should be treated within a medical model. This shift, as well as legal rulings and
legislation in the 1960s, placed the emphasis on prevention and treatment rather than solely interdiction and incarceration (Goldstein, 1994).

In 1962, the Supreme Court ruled that addiction was a disease and not a crime (Musto, 1973). The Supreme Court also stated that "civil commitment" in a medical hospital may be more appropriate than in a correctional facility (Glaser, 1974). Additionally, ancillary services provided through a medical setting were incorporated as part of an aftercare plan. Acknowledging that aftercare was an important part of any recovery plan furthered the view that addiction is a disease rather than a moral deficiency (Lewis, 1994).

The Emergence of Drug Court

As stated in Breitenbucher & Sullivan, (2003) the Anti-Drug Abuse Acts of 1986 and 1988 primarily funded enforcement measures due to the growing use of crack cocaine during that period. The increased drug arrests overwhelmed correctional institutions, courts, and law enforcement. By 1991, 50% of inmates had used drugs in the month before their arrest (ONDCP, 1995). They were also serving longer sentences. For example, the average sentence in a state facility for drug possession was four
years and one month. Sixty-eight percent of property offenders who were substance abusing were rearrested within three years of their releases (Department of Justice, 1998). The revolving door analogy was used to describe the lack of existing intervention for drug use and criminal activity. Criminal justice personnel as well as treatment providers agreed that the traditional approaches of case processing in many instances were not effective in reducing the drug involvement of persons in the criminal courts (DOJ, 1993).

There was a clear need for other programs for those individuals with a substance abuse problem who committed nonviolent crimes. The drug court model was first proposed in Dade County Florida in 1989 (National Center on Addiction and Substance Abuse, 1998). Although similar programs were operating in metropolitan areas such as New York City and Chicago, the Florida model was different. The philosophical engine behind the Florida model of drug court was the recognition that “drug use is not just a criminal justice issue, but a public health problem with deep roots in society” (Substance Abuse and Mental Health Services Agency, 1996). This model utilized structural accountability, judicial control, and individual accountability. Structural accountability within drug
court was used to form alliances between community-based treatment providers and the criminal justice system. Judicial control uses the coercive power of incarceration to focus on the individual’s behavior and progress in a treatment setting. Individual accountability is visible in reduced recidivism activity as well as on ancillary services such as health and dental and other self-care activities.

Drug court utilizes a collaborative approach to enlist all the professional disciplines involved in treatment issues. The collaborative theory of helping uses a case management model to deliver services. Treatment services include graduated sanctions that are used when the client does not comply with the program requirements. Research indicates that it is the “certainty of the sanction rather than the severity of the consequence” that has great impact (Harrell, Cook, & Carer, 1998, p. 10).

The target population of the drug court program varies. Although some violent offenders are accepted into some programs, the most frequent participants are those individuals who commit nonviolent offenses and have a substance abuse problem (GAO, 1997). The drug court program has a screening and assessment process. Screening determines eligibility and appropriateness for drug court.
Assessment determines what services are needed to support the participant's attempt at a successful completion of the drug court program (Peter & Peyton, 1998).

**Emergence of Family Drug Courts**

Drug abuse is a factor in a large number of child neglect cases filed in some urban Family Courts. Traditionally, these matters have been handled like any other child protective case; the court adjudicates the charges and closes the case with a dispositional order directing the child protective agency to provide services to reunite the family. But often these overburdened agencies are ill equipped to deal with cases involving chronic substance abuse and that can lengthen the amount of time children spend in foster care and reduce their chances of returning to their birth parents.

In 1997, the court system began to ask whether a new approach might not yield better outcomes. Drawing on the experience of the criminal Drug Treatment Courts, a Family Drug Treatment Court was proposed where parents would be promptly assessed for substance abuse issues, referred to treatment and their progress rigorously monitored by a court-based case management team.
The first pilot Family Drug Treatment Court opened in Suffolk County Family Court in December 1997 with Judge Nicolette M. Pach presiding. In March 1998, a second pilot under the direction of Judge Gloria Sosa-Lintner opened in Manhattan Family Court. The goal of these experimental pilots is to ensure that drug addicted parents receive appropriate services and encouragement to rehabilitate themselves within reasonable time frames so that their children do not languish for years in the foster care system.

Literature on Family Drug Courts

Since FDCs are relatively new, there has not been a sufficient period of operation to document significant results over the long term (Cooper, 1997). Juvenile and family drug court judges are reporting, however, that their initial experience confirms that these programs are able to achieve remarkable sustained turn-around by juveniles and adults who were otherwise at high risk for continued, escalating criminal involvement and illegal substance usage. Measured by such indicators as recidivism, drug usage, educational achievement, and family preservation, either through retention or regaining of custody, juvenile and family drug courts appear to hold
significant potential (Cooper, 1997). All involved with these programs also agree that the juvenile and family drug courts are exercising much more aggressive supervision over the juvenile offender and adult litigant than would be provided in the traditional court process. They also think that the rigorous monitoring of participants, along with the treatment and rehabilitation requirements imposed, promote a far greater likelihood of success in reducing drug usage and criminal activity than can be achieved through the traditional court process (Cooper, 1997).

The New York State Commission on Drugs and the Courts (2000) reports that The Manhattan (New York City) Family Treatment Court addresses child neglect cases where substance abuse is a factor, and prides itself on its prompt intake and assessment procedures. Screening of cases takes place as soon as a neglect petition is filed. The program is explained to the parent on his or her first court appearance, assessment occurs on the next business day, and a treatment plan is developed promptly. The court’s objectives include: "(1) early intervention and speedy enrollment of substance-addicted parents into appropriate treatment programs and other services (2) maintaining accountability by monitoring parent
performance and treatment progress, encouraging progress by rewarding achievement and penalizing drug test failures and missed appointments (3) basing child-placement decisions on timely information about parental performance and (4) enhancing coordination of service delivery and monitoring among parties involved in child abuse and neglect cases” (Harrell & Goodman, 1999).

The Manhattan Family Treatment Court was serving 277 families with 453 children during its first two years of operations. Through March 2000, more than three-quarters of clients admitted to the program were either compliant with the program requirements or have graduated. At this writing, 30 parents had completed the program and had been reunited with their children. Another 30 failed to progress in treatment and the permanency goals for their children are no longer “return to parent.” The program provides a highly structured venue within which treatment services are consistently offered and meticulously monitored.

Elstein (1999) reports that family drug courts have the potential to help break the cycle of drug dependency among families served by the child welfare system. Elstein outlines criteria for successful family drug court programs, including: establishing eligibility guidelines
to determine which cases are appropriate for family drug court supervision, finding judges who are willing to take the lead by working with families and building relationships with them, focusing on the goal of reuniting parents and children, establishing an interdisciplinary team composed of judges, social services caseworkers, law enforcement agencies, drug and alcohol treatment providers and other counselors to help assess the parent’s treatment and service needs, helping the parent to become self-reliant and self-sufficient and creating a monitoring system whereby judges and a team of professionals monitor the progress and compliance of the parent involved in the system.

Riverside County Dependency Recovery Drug Court

The Riverside County Dependency Recovery Drug Court (DRDC) target population is young parents (18 years and older) with young children (ages 0 to 5 years) who live in Riverside County and have not been successful in helping themselves and their families. The overall goal of the program is to establish an integrated court based collaboration that protects children from abuse and neglect, precipitated by substance abuse in the family,
through timely decisions, coordinated services, substance abuse treatment, and safe and permanent placements.

The DRDC has identified a set of specific goals and objectives to be met within the first year of operation. The first goal identified by the DRDC is to expand and enhance treatment services of Riverside County’s Drug court for families in Dependency Court. In this effort they will establish a multi-agency steering committee to help guide the enhancement and expansion of the Dependency Court. The main focus areas are to: 1) provide Strengthening Families Program services to 160 families, 2) assess each case weekly, bi-monthly, or monthly, 3) document the policies and procedures that were established and/or modified to enhance the Dependency Court, and 4) adopt the ten-strength-based characteristics of effective Family Drug Court.

The second goal identified is to enhance the capacity of the Dependency Court to provide drug treatment as an alternative to loss of child custody. In this effort the DRDC will significantly improve accessibility to residential drug, alcohol treatment service and mental health services for families in Dependency Court, as well as provide education and employment services to improve parents’ ability to care for their children.
The third goal identified by the DRDC is to conduct rigorous process and outcome evaluation to inform local and state governance about the efficacy and possible cost savings associated with the dependency drug court program and to improve family drug court operations.

The DRDC is designed with many of the same characteristics as the drug courts currently operating in criminal and family law. Supervision of each case by the court is intensified to ensure reunification goals are met. On a case-by-case basis, when safe to do so, children stay with or are returned to their parent(s) to eliminate or minimize the adverse effects associated with removal.

As the client enters the court system the Drug Court Judge reviews and examines eligibility criteria for each parent. Preliminary information is gathered and sorted and used to determine the level of the client’s substance abuse problem and whether a detailed clinical assessment is warranted. In-depth information concerning the client’s substance abuse and treatment history, current conditions, emotional and physical health, family status, social roles, victimization, education, and criminal history is gathered.

The Department of Mental Health/Substance Abuse Program (DOMH/SAP) uses the Addiction Severity Index (ASI)
to determine initial eligibility for the DRDC. Utilizing the ASI assessment tool, the parent is evaluated for substance abuse history and determination of current level of usage, health, criminal history and risk to re-offend, family and social history, employment and work skills, educational level, financial status, transportation and housing needs, and legal status, including an evaluation of special program terms and conditions as ordered by the court. The parent(s) are then referred to treatment and/or detoxification as needed. Eligible parents are advised of their eligibility and potential options. If the parent chooses to participate in the DRDC they are provided with the rules and regulations of the program and sign a contract for voluntary entry into the eighteen-month program.

Once the client has been admitted into the program they are assigned a Recovery Specialist who provides intense case management and monitors each client’s progress. The role of the Recovery Specialist is to support child and adult progress towards reunification. The Recovery Specialists provides the parents with the needed skills to advocate for resources and services. The Recovery Specialist works to identify needed skills and
organize a Family Reunification Workshop for parents participating in the DRDC.

Theories Guiding Conceptualization

A theory that guided this study is Social Cognitive Theory (SCT). SCT states that human behavior is a triadic, dynamic, and reciprocal interaction of personal factors, behavior, and the environment (Bandura, 1989). According to this theory, an individual's behavior is uniquely determined by each of these three factors. While the SCT upholds the behaviorist notion that response consequences mediate behavior, it contends that behavior is largely regulated antecedently through cognitive processes. Therefore, response consequences of a behavior are used to form expectations of behavioral outcomes. It is the ability to form these expectations that give humans the capacity to predict the outcomes of their behavior, before the behavior is performed. In addition, the SCT posits that most behavior is learned vicariously. The FDC model is structured so that clients are in court together and know each other's cases very well. Clients know that the judge will give praise for progress and will also confront clients on lack of progress. This expectation keeps them
accountable to one another, to the judge, and to their
selves.

The SCT’s strong emphasis on one’s cognitions suggests that the mind is an active force that constructs one’s reality, selectively encodes information, performs behavior on the basis of values and expectations, and imposes structure on its own actions (Jones, 1989). Through feedback and reciprocity, a person’s own reality is formed by the interaction of the environment and one’s cognitions. The FDC judge and staff create a calm environment for clients. The judge is also extremely supportive of clients and offers positive feedback to clients that promote a positive self-image and self-esteem. In addition, cognitions change over time as a function of maturation and experience (i.e. attention span, memory, ability to form symbols, reasoning skills). It is an understanding of the processes involved in one’s construction of reality that enables human behavior to be understood, predicted, and changed.

Another theory that supports the use of FDCs is the theory of Therapeutic Jurisprudence. The theory is founded on the notion that legal rules and procedures promote the psychological and physical well being of people. Offenders in drug courts participate in several legal and treatment
processes which are collectively aimed at producing positive changes for the offender and hence society (Senjo & Leip, 2001). The FDC client also participates in several legal and treatment processes. However the process in the FDC is collectively aimed at producing positive changes for the client and their family.

Summary

Family Drug Courts provide timely, coordinated access to treatment and support services for families. Through FDCs, the courts, social service agencies, alcohol and other drug (AOD) treatment providers, and other stakeholders work together to provide wraparound services to the entire family. This coordination reduces the trauma that families experience when faced with multiple systems, policies, and competing timelines. FDCs are an alternative for parents who have committed non-violent drug related offenses. A lifeline for many families in the child welfare system, these courts have helped families and entire communities begin healing recovery.

Overall, the literature concerning family drug courts is primarily from 1998-2000 and is not based on empirical research. There is no current 2002-2003 information on family drug courts that can support their success. There
was no literature found that opposed family drug courts. Unanswered questions are: is the program truly effective? Does it address family issues better than the traditional drug treatment programs? The goal of family drug court is not just to help parents succeed in overcoming substance abuse and dependence; it also aims to give children prompter permanency plans if and when parents do not overcome their addictions.
CHAPTER THREE

METHODS

Introduction

Chapter Three documents the steps used in implementing the research. Specifically, this section describes the methods used in gathering information from child welfare and family drug court professionals about their perceptions of the emerging family drug court program in Riverside County.

Study Design

The purpose of this study was to identify the perceptions of child welfare and family drug court professionals regarding the emerging family drug court program in Riverside County. This research employed an interview guide as a method of data collection. Child welfare and family drug court professionals were interviewed to assess their perception of the new Riverside County FDC program. Individuals representing different agency perspectives provided information about the emerging FDC program. The interview guide was developed to assess perceptions of both child welfare and family drug court professionals.
Sampling

The sample consisted of child welfare and FDC professionals in Riverside County. The researcher interviewed 19 people: five social workers, a family drug court judge, two case managers for the FDC program from the Department of Behavioral Health, the director of the FDC program, two Mental Health professionals that sit on the FDC multi-disciplinary team, two research consultants for the FDC program, a sheriff that sits on the FDC multi-disciplinary team, a juvenile dependency court attorney that sits on the FDC multi-disciplinary team, and four substance abuse treatment providers. Purposive sampling was employed to collect the sample. The participants selected were those directly involved with the family drug court program. Specifically, the sample consisted of those professionals that had clients participating in the program and preferably had a minimum of two years experience in their respective fields.

Data Collection and Instruments

Data were from collected in-depth interviews. It took approximately 30-45 minutes to complete the interviews, which included 4-5 open-ended questions. The questions were 1) what are strengths of the Family Drug Court
Program, 2) what are challenges and barriers in the program, 3) what do others you respect think about the program, 4) how was the need for the program recognized, and 5) is the program stable, does it have long-term funding? (See Appendix A)

One possible limitation of the interview method is that it is value-bound. The researcher and research participant mutually enter a "research partnership" to produce data. However, qualitative research results in a richer understanding of a particular problem. The problem which family drug courts seek to solve is the problem of substance related out-of-home care.

Procedures

Multiple strategies were utilized in the sample selection. First, a letter was emailed to all potential interviewees relating the nature of the study along with consent forms to ensure that potential participants understood what they were agreeing to. Several follow-up emails were then sent to encourage further responses. Participants were also contacted by phone and in person, at the family drug court location. The subjects were asked to answer interview questions. Subjects were informed that
they were free to withdraw from the study at anytime without penalty.

Protection of Human Subjects

Participants were given a consent form, which described the purpose of the study and the nature of their participation. Participants were informed that all answers would remain confidential. To ensure the confidentiality of the participants, names and identifying data on the individual subjects were not recorded, however, the person's profession and position was recorded to keep track of respondent answers. A random research number was assigned to each file during the data collection process. The data were kept at the researcher's office in a locked drawer during the study. Thereafter, raw narrative data in the computer file was identifiable only by case ID numbers. Before actual research commenced, the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino, approved the research proposal for protection of human subjects.

Data Analysis

Qualitative analysis was used to examine the interview responses given by participants. Responses were
compiled into categories based on the questions that the participants were asked to identify themes and patterns in responses. The thematic data were then placed into a matrix table and the categorical data were then analyzed.

Interview responses were analyzed for each question, to identify themes and patterns. The researcher analyzed the data collected from the interviews to report the findings.

Summary

This study identified perceptions of an emerging family drug court program among child welfare and family drug court professionals in Riverside County. The data collected from participants were categorized into identifiable themes and patterns for analyses. Participants in the study were protected at all times based on the procedures and methods used in the study. The knowledge that was generated through the study used a framework incorporating the idea that attitudes, norms, and beliefs are significant factors in understanding current and future behavior of FDCs.
CHAPTER FOUR

RESULTS

Introduction

This section describes the results of the interview responses given by child welfare and family drug court professionals in Riverside County. The Chapter concludes with a summary of the results.

Presentation of the Findings

Questions in the face to face interviews were used to gather statements that were then summarized as to responses that pertained to the question asked. These responses to questions were then used to form themes about perceptions of the FDC. A total of five main themes were developed which dealt with strengths, challenges, respect of the program, recognition of the program's beginning, and program stability. The following is a list of the questions with some sample responses and how these responses were used to either establish main themes or to aid in the identification of important factors.

Question 1, "What are the strengths of the family drug court program?" The responses to strengths of the program reflected three main themes. First, structure and close contact with the client through the case management
aspect, was mentioned four times. For example, respondents said “provides a lot of structure,” “a strength is structure and love,” “there is a team of experts that provides guidance and structure.” Close contact with clients was mentioned six times, “intense judicial supervision and case management,” “encourage people to stay clean and monitor closely,” “provides intensive case management.” A second theme was accountability, mentioned four times. For example, “program provides structure and accountability,” “keeps clients accountable,” “program uses a collaborative model, provides structure and accountability.” The third theme was support, which was mentioned five times. For example, “client has a strong support system,” “clients have supporter people to help them,” “support and connection to case manager.”

Question 2, “What are the challenges and barriers in the program?” The responses reflected three themes. First, limited services, including substance abuse treatment, housing, and transportation, this issue was mentioned nine times. For example, “limited substance abuse services, housing has been a real problem,” “lack of funding,” “lack of resources, housing, and unemployment.” The second theme was clients’ focus not on sobriety because their focus is on getting their children back, this was mentioned five
times. For example, “people who aren’t willing to take the program seriously,” “client’s belief that by going to drug court they’re going to get their kids back... focus not on sobriety,” “focus of cps during hearing not sobriety.” A third theme was difficulty in overcoming addiction and influence of substance abusing friends, this issue was mentioned three times. For example, “client’s outside contacts, old friends,” “overcoming drug addiction... using friends,” “addiction of substance abuse.”

Question 3, “What do others you respect think about the program?” Perception of what others think about the program reflects two main themes. Most respondents perceived that those they respected have a high regard for the program. For example, “everyone I know feels it’s a step in the right direction...it’s a success,” “a lot of people think that it is a good program,” “think program rocks.” The second theme reflected that those that were familiar with the program felt it was good, however, it was acknowledged that others who do not have a clear understanding of the program were skeptical; six people stated this theme. For example, “most everyone that is familiar with the program feels and sees its importance,” “positive feedback... at first people were skeptical but now feel it is helpful,” “people who know the program have
nothing but praise... people who don’t know are suspicious."

Question 4, "How was the need for the program recognized?" Recognition of the program’s beginning reflected three main themes. First, to bridge a gap in services due to the high number of substance abuse related cases in children’s services that do not reunify with their children, this issue was mentioned six times. For example, "high number of parents coming through the dependency system with drug problems forced the agency to look at different ways of doing things," "basically large amount of dependency cases that had drug addicted parents," "to meet the needs of substance abusers that want to get clean and get their children back." The second theme was that the idea came from criminal courts to use treatment rather than incarceration, six respondents mentioned this issue. For example, "based on criminal courts, treatment issues, and to ease overcrowding of jails," "jail system was being inundated with drug abusers, recidivism rates enormous," "to use instead of incarceration." The third theme was that respondents simply did not know. However, these respondents made a clear link between substance abuse and children’s services.
Question 5, “Is the program stable, does it have long-term funding?” Program stability/funding reflected three main themes. First, respondents did not know. A second theme was uncertainty; respondents knew that there was a grant involved but had no idea how long the funding would be available. For example, “as far as I know it’s stable, it’s based on a grant though, as long as funding is available,” “doesn’t have long-term funding... one grant thus far,” “we are working on sustainability in this last year, we will be doing a lot of community outreach and research new funding sources.” A third theme was the belief that the grant would be renewed, this was mentioned twelve times. For example, “it has long-term commitment, grant is almost up, it should be able to work without funding using a blended model approach and using services already available,” “it has three years of funding, on second year, I believe the grant will be renewed,” “it has a grant for three years, if there is success, will receive funding.” There was a high level of ignorance on the subject of program stability. Most of the respondents were not sure about funding issues but knew that there was someone that would know the answer to the funding question and knew who to direct the researcher to.
The respondents were placed into three groups, the court, CPS, and substance abuse counselors. It was noted that respondents responded similarly within their group to the same questions for questions 1 & 2. For example, on question 1, respondents with court affiliation stated that the strength of the program was that the program provided structure, close contact with the client, and case management. Social workers believed that the strength of the program was the support that the clients receive. Substance abuse counselors stated that the program's strength was in making clients accountable.

For question 2, respondents with court affiliation stated that the main problem is that clients do not take the program seriously. For the same question, social workers tended to agree that the main challenge is related to the court allowing clients to focus on their CPS cases rather than on sobriety. Substance abuse counselors focused on the addiction as the main challenge.

For question 3, the court respondents answered the same way, and for that same question social workers and substance abuse counselors answered in the same manner. For question 3, the court respondents stated that people they respected thought the program was good. Social workers and substance abuse counselors stated that those
familiar with the program feel it’s good but there are still some skeptics among professionals that have not worked with the program.

For question 4, the responses were mixed. For example, respondents from the court answered that the need for the program was recognized through the successes of criminal drug courts and to ease overcrowding in the jails. Interestingly, half of the substance abuse counselors interviewed agreed. The other half of the substance abuse counselors agreed with social workers that the need for the program came from the high volume of dependency cases with substance abuse related issues and to bridge the gap in services.

For question 5, the court respondents knew that there is a grant that needs to be renewed every three years. The other two groups were not clear on the program’s stability. Although the respondents answered differently depending on their field of practice, they all agreed that a big challenge and barrier in the program is that resources and services are limited, “limited substance abuse services, housing is a real problem.”
Summary

Chapter Four reviewed the results extracted from the project. In all, 19 different individuals representing nine different agency perspectives provided information about the family drug court program for this study. Chapter Five will look at the meaning and interpretation of the results.
CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a presentation of the conclusions drawn from the project. Further, the limitations of the project are discussed, as well as recommendations for social work practice, policy and research. The Chapter concludes with a summary.

Discussion

The analysis of question 1, strengths of the program reflects three main themes: 1) structure and close contact with the client through the case management aspect, 2) accountability, and 3) support. The themes represented show that the subjects feel a strong sense of accomplishment in their interactions with FDC clients. The respondents feel that they provide clients with structure and much support to overcome addiction. The responses also reflect the understanding that having a strong and effective case manager is key to the success of FDC clients. Last, the respondents know that although they provide clients with structure and support, the program will only work if they keep their clients accountable.
Question 2, challenges and barriers reflected the following three themes: 1) limited services, including substance abuse treatment, housing, and transportation, 2) clients' do not focus on sobriety because their focus is on getting their children back, and 3) difficulty in overcoming addiction and the influence of substance abusing friends.

The challenges and barriers noted by the respondents reflect an overarching theme in Public Social Service agencies, which is the lack of resources and funding available to populations which are oppressed, disenfranchised, and vulnerable. The respondents had a sense of helplessness when discussing the lack of resources available to their clients. The respondents appeared frustrated at the thought that they may be giving clients false hope about reunification because even if they do overcome addiction and remain sober, something as simple as housing can prevent reunification.

Subjects also expressed frustration about client's not focusing on sobriety. The FDC clients were described as only coming to the program to avoid incarceration or to reunify with their children. The focus of the parents needs to be sobriety in order to have a real impact towards change in behavior.
Last, respondents noted that overcoming addiction is not an easy task. Respondents agreed that outside influences have a tremendous impact on client recovery. Clients tend to relapse when their network of friends is mainly composed of people that use drugs.

Question 3, perception of what others think about the program reflects two main themes: 1) most respondents perceived that those they respected have a high regard for the program, and 2) some respondents believed that those that were familiar with the program felt it was good, however, it was acknowledged that others who do not have a clear understanding of the program were skeptical.

The high regard that the respondents felt by their peers influences the way they feel about themselves and the work they do. It is important to have job satisfaction. Job satisfaction can directly impact the manner in which people do their jobs and help to avoid burn-out. Since burn-out is typically high in social services jobs, the fact that most of the respondents felt their work was highly regarded can be interpreted as lower burn-out and more efficient work, which then means better support for substance abusing parents.

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Question 4, recognition of the program’s beginning reflected three main themes: 1) to bridge a gap in
services due to the high number of substance abuse related cases in children's services that do not reunify with their children, 2) the idea came from criminal courts to use treatment rather than incarceration, and 3) some respondents simply did not know. Most of the respondents made a clear link between substance abuse and children's services.

It was stated that client's with dependent children that had substance abuse issues were less likely to reunify with their children. It was further noted that the respondents felt something had to be done to bridge the gap in services in order to help families with substance abuse issues to overcome addiction and in the process reunify with their children.

The realization that there is a gap in services for parents with substance abuse issues reflected the sense of urgency that the respondents felt to provide more timely and appropriate services to this population.

Some respondents did not know how the need for the program was recognized and stated that they became involved after the fact. These respondents although unsure of its beginning were more in tune to its future.

Question 5, program stability/funding reflected three main themes: 1) most did not know, 2) those that were not
sure knew that there was a grant involved that had limited funding, and 3) most believed that although it was a grant with limited funding, the grant would be renewed.

There was a high level of ignorance on the subject of program stability. Most of the respondents were not sure about funding issues but knew that there was someone that would know the answer to the funding question and knew who to direct the researcher to.

Responses also reflected that although the subjects were unclear about how the grant worked, their belief that the grant would be renewed was high because of the program's apparent success.

It was discussed in Chapter Four that respondents from groups, i.e., the court, CPS, or substance abuse counselors, answered similarly for their group. Each group seemed to have their own theme emerge in their responses. For that reason it is the conclusion of the researcher that when gathering perceptions about a program, it is important to not only address one group of professionals. This will ensure a more holistic assessment of the strengths, challenges, regard, and stability of a program.
Limitations

The limitations of this approach include generalizability across time and programs. The research interviews were specifically for the period between December 1, 2003 and March 31, 2004. Changes that occur after this point in time are not reflected. Also, the representatives surveyed may or may not have reflected all attitudes toward this drug court program. One other limitation is the small sample size. In addition, the qualitative nature of the interview method can be seen as value-bound. The researcher and the research participant mutually enter a "research partnership" to produce data. Additionally, the study was limited to one interview rather than an on-going evaluation.

Recommendations for Social Work Practice, Policy and Research

For social work practice, this research offers a review of literature that describes the impact of substance abuse on the child welfare system. A review of the literature on FDCs was also included, which reports confirmation of the initial sustained turn-around by juveniles as well as adults as a result of involvement with FDCs. Furthermore, the findings are congruent with existing literature that state that rigorous monitoring of
participants, along with treatment and rehabilitation requirements imposed, promotes a far greater likelihood of success in reducing drug usage and criminal activity than can be achieved through the traditional court process (Cooper, 1997). Children's Services Agencies need to take a closer look at FDCs. For those agencies that do not have an existing FDC in their county, it is imperative that they look at other counties that do have an FDC program and understand the challenges and barriers to the programs in order to avoid similar problems. For those agencies that do have an FDC program, it is recommended that closer attention be paid to the case management component which seems to be the key for success along with strong support of clients by staff. Some of the respondents noted that those unfamiliar with the program were skeptical; therefore more interagency education should be provided to all group members, specifically in the area of mental health and substance abuse issues.

As for policy, it is clear that there is a limited amount of resources and funds available to aid clients in the goal of sobriety and family reunification. Instead of helping clients with services and resources, the respondents had the same sense of helplessness as their clients. In order to change these feelings of
helplessness, practitioners must have a greater commitment to macro practice issues and the knowledge and education of how to have a greater impact on changing policy that directly affects client outcomes. For example, the main issue brought up by the respondent was the lack of funding and resources. This is an area that could be addressed through advocacy, and lobbying. Administrators must therefore train or hire employees such as Masters level social workers that have a greater understanding and commitment to advocacy and even lobbying for change of existing policies that instead of helping clients leave clients feeling cheated by the same system that is supposed to aid them in reunification.

As for research, it is clear that more empirical evidence about the success of FDCs must be gathered. FDCs are attempting to address the gap in services between substance abusing parents and children’s services. Since parental substance abuse is a significant factor in many of the families served in the child welfare system (Semidei & Feig, 2001) it would only make sense that child welfare agencies begin to look at treatment and services that serve the parents of the children they are trying to protect and reunify. Since FDCs are relatively new, there has not been a sufficient period of operation to document
significant results over the long term (Cooper, 1997). The literature concerning FDCs is primarily from 1998-2000 and is not based on empirical evidence. Therefore, it is the hope of the researcher that the social work field takes a closer interest in research on FDCs.

Conclusions

In summary, this study found that, although this family drug court program is relatively new, it is a highly regarded program locally. The feedback from each of the agency representatives interviewed was overwhelmingly positive. While the respondents felt that the program had many areas of strength, there were clearly some deficits in service availability and resources that need to be addressed. Some of the respondents noted that those unfamiliar with the program were skeptical; therefore more interagency education should be provided to all group members, specifically in the area of mental health and substance abuse issues.

This qualitative evaluation approach provided an in-depth, multi-perspective analysis of existing perceptions and attitudes regarding different aspects of this drug court program through the stated period of time. This research provides a good foundation for social
service agencies to begin to address gaps in services to help parents with substance abuse issues. Social services administrators must also look at existing policies that do not reflect the values and the mission of their agencies to empower and aid clients in recovery and reunification. Last, empirical research is needed to support the existing literature that FDCs are needed and successful. It is the hope of the researcher that the knowledge gained from this study will be used to help motivate and guide children's services agencies in their operations and service provision to substance abusing parents with dependent children.
APPENDIX A

INTERVIEW GUIDE
Interview Guide

1. What are strengths of the Family Drug Court Program?
2. What are challenges and barriers in the program?
3. What do others you respect think about the program?
4. How was the need for the program recognized?
5. Is the program stable, does it have long-term funding?
APPENDIX B

INFORMED CONSENT
Informed Consent

My name is Esmeralda Lomeli. I am a graduate student at California State University, San Bernardino, and a social work intern for the Department of Social Services, Riverside County. The Department of Social Work, Subcommittee of the CSUSB Institutional Review Board has approved this study.

I would like to invite you to participate in a research project concerning the perceptions of the emerging Family Drug Court program in Riverside County among child welfare and substance abuse professionals. Participation will consist of an interview that will last approximately one-half to three-quarters of an hour. With your permission the interview will be audio taped.

There are no foreseeable risks attached to this study, and all information will be kept strictly confidential. Your interview will be given a number and neither your name nor that of the agency you work for will be connected with the interview. Only myself, and my research advisor, will see or hear the information shared. After the research is completed, the tapes will be destroyed.

Your participation in this research is strictly voluntary, and there will be no cost to you except for your time. If you wish to withdraw from this study you may do so at any time and do not need to give any reasons or explanations for doing so. Your agency will not know whether you participate or not.

If you have any questions or concerns about the research please do not hesitate to call my faculty supervisor, Dr. Rosemary McCaslin at (909) 880-5507. Whether or not you decide to finish this interview you will receive a $3 gift card for Starbucks. Upon completion of the interview you will receive a debriefing statement.

By placing an X in the box below, I acknowledge that I have been informed of, and that I understand the nature and purpose of the study, and I freely give my consent to participate. I also acknowledge that I am at least 18 years of age.

Please place mark: ______________ Date: ______
Agree to be audio taped: ____ Yes ____ No
APPENDIX C

DEBRIEFING STATEMENT
Debriefing Statement

The study in which you have just participated was designed to gather information about the perceptions of child welfare and substance abuse professionals regarding the emerging Family Drug Court program in Riverside County.

It is hoped that this study will increase the knowledge concerning Family Drug Courts, including its strengths, challenges, and norms, as well as how the need for the program was recognized.

Esmeralda Lomeli, a graduate student at California State University, San Bernardino, has conducted this study. Any concerns about this study may be addressed to, Dr. Rosemary McCaslin, (909) 880-5507. In return for your participation you may request a copy of the study results from Esmeralda Lomeli at (909) 413-5605 after June 2004. You may also view the results in the University’s John M. Pfau Library, or at the Riverside County DPSS after September 2004.
REFERENCES


