

Name of Lead Agency	Sacramento Department of Health and Human Services
Location	Sacramento, CA
Title of Project	Early Intervention Family Drug Court (EIFDC)
Program Option	RPG 5-Year Grant; \$500,000 annually
Geographic Area and Congressional District Served	Sacramento County Congressional District 3 and 5
Brief Program Description	<p>The Early Intervention Family Drug Court (EIFDC) was developed as a collaborative project by Sacramento County’s Department of Health and Human Services (DHHS) divisions of Child Protective Services and Behavioral Health Services. Although EIFDC began in association with the Superior Court (Juvenile Dependency Division), because of funding constraints in November 2010 the project lost access to courtrooms and judicial oversight. Due to the strength of the collaboration, EIFDC was able to continue and on January 5, 2011 an inaugural EIFDC proceeding was conducted by a hearing officer in a conference room in a county building. The EIFDC program continues to function as a pre-plea or administrative court rather than a formal court calendar or docket leading to a new model of family court programming. Like all Family Drug Courts, the purpose of EIFDC is to protect the safety and welfare of children while providing the resources parents need to become sober, responsible caregivers. EIFDC program components include intensive case management, supervision by a hearing officer, random drug testing and substance use treatment. Results from the program evaluation unequivocally demonstrates the program’s success leading to decrease in trauma for children, an increase in cost savings, and a decrease in case load</p>
Target Population	<p>The project targeted:</p> <p>The initial EIFDC target population consisted of families in which the mother had been screened for substance use during pregnancy and/or the newborn baby tested positive for substances at the time of delivery. The EIFDC included fathers of substance-exposed infants as part of its target population. In late 2009, the target population was expanded to include children aged 0-5 with prenatal or postnatal substance exposure and their siblings.</p>
Participants	Children: 1,274

Served	<p>Adults: 892</p> <p>Families: 729</p>
Major Goals	<p>Major program goals included:</p> <ul style="list-style-type: none"> • Establishing an Early Intervention Family Drug Court where hearings provide the additional structure and accountability for parents while they are provided with case management services and participate in treatment services. • Establish linkages for families to individualized parent/child resiliency program and community-based support services such as <i>Celebrating Families!</i> parenting program and Birth and Beyond Family Resource Centers for education and ongoing supportive services. • Develop and train staff and partners on project policies and procedures related to the identification, referral and engagement of parents in resiliency, supportive and recovery services. • Use multiple venues of internal and external reporting sources (local newspapers, internal newsletters and presentations) to dissemination of up to date information on positive outcomes and testimonies of personal successes. • Monitor results of inter-agency collaboration through regular meetings of committees to discuss program operations /effectiveness, evaluation reports and identify areas needing improvement. • Evaluation data and findings are shared regularly to identify areas needing improvements and accomplishments.
Key Major Program Services	<p>Case Management and In-Home Services</p> <ul style="list-style-type: none"> • Intensive/Coordinated Case Management • “Regular” or “Traditional” In-Home Services <p>Parenting/Family Strengthening</p> <ul style="list-style-type: none"> • Standard and Enhanced Parenting Skills Training • Evidence-Based Parenting or Family Strengthening Program – Celebrating Families <p>Family Therapy/Counseling</p> <p>Engagement/Involvement of Fathers</p> <ul style="list-style-type: none"> • Targeted Outreach <p>Substance Abuse Treatment for Adults</p> <ul style="list-style-type: none"> • Intensive Outpatient – Matrix Model • Non-Intensive Outpatient or Other Step-Down • Aftercare/Continuing Care/Recovery Community Support Services

	<p>Specialized Outreach, Engagement and Retention</p> <ul style="list-style-type: none"> • Cognitive Behavioral Strategies – Motivational Interviewing • Recovery Coach/Specialist • Peer/Parent Mentor <p>Family-Centered Substance Abuse Treatment</p> <p>Screening and Assessment – Child Welfare and Other Children’s Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Child Welfare Issues • Other Specialized Child Screening and Assessment – Developmental <p>Screening and Assessment – Substance Use and Other Adult Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Substance Use Disorders • Other Specialized Adult Screening and Assessment – Psycho-Social <p>Children’s Services</p> <ul style="list-style-type: none"> • Developmental Services • Mental Health Counseling <p>Cross-Systems/Interagency Collaboration</p> <ul style="list-style-type: none"> • Clinical and Program Training • Cross-systems Policies and Procedures • Regular Joint Case Staffing Meetings • Cross-systems Information Sharing and Data Analysis • Partner Meetings <p>Family Treatment Drug Court</p>
<p>Partner Agencies and Organizations</p>	<p>Child Welfare</p> <ul style="list-style-type: none"> • Regional/County Child Welfare Agency <p>Substance Abuse</p> <ul style="list-style-type: none"> • Regional/County Substance Abuse Agency • Substance Abuse Treatment Agency/Provider <p>Courts</p> <ul style="list-style-type: none"> • Family Treatment Drug Court (FTDC) <p>Criminal Justice, Law Enforcement, Legal and Related Organizations</p> <ul style="list-style-type: none"> • Attorneys <p>Mental Health and Health Services</p>

	<ul style="list-style-type: none"> • Mental Health Services Providers • County Public Health <p>Education</p> <ul style="list-style-type: none"> • Early Childhood Council/Coalition <p>Other Community and Child and Family Services</p> <ul style="list-style-type: none"> • Home Visiting Agency/Services Provider <p>Other Evaluation and Training</p> <ul style="list-style-type: none"> • Evaluator (University-Affiliated or Other) 																									
<p>Evaluation Design and Comparison Group Type</p>	<p>Quasi-experimental Historical, Matched Population-Level Some specialized non-RPG services</p>																									
<p>Performance Indicators</p>	<p>Children Remain at Home</p> <p>EIFDC children (92.1%) were significantly more likely to remain in-home through case closure than comparison children (69.5%). Put another way, just 7.9% of EIFDC children were removed from their homes prior to case closure, compared to 30.5% of similar children who did not participate in EIFDC. This finding is fundamental to one of the main goals of EIFDC, that is, participation in the program will reduce the rate of removal, allowing children to remain at home.</p> <p>Occurrence/Recurrence of Maltreatment</p> <p>Recurrence of maltreatment is defined as the percentage of children who had an initial occurrence and/or recurrence of substantiated child maltreatment after enrolling in the RPG program at intervals ranging from six to 24 months after RPG entry.</p> <div data-bbox="451 1381 1414 1850"> <p style="text-align: center;">Recurrence of Child Maltreatment at 6, 12, 18 and 24 months by Population</p> <table border="1"> <caption>Recurrence of Child Maltreatment at 6, 12, 18 and 24 months by Population</caption> <thead> <tr> <th>Population</th> <th>6 months</th> <th>12 months</th> <th>18 months</th> <th>24 months</th> </tr> </thead> <tbody> <tr> <td>California</td> <td>7.0%</td> <td>10.6%</td> <td>13.4%</td> <td>15.6%</td> </tr> <tr> <td>Sacramento</td> <td>5.0%</td> <td>7.8%</td> <td>10.4%</td> <td>12.3%</td> </tr> <tr> <td>EIFDC</td> <td>3.8%</td> <td>5.8%</td> <td>8.0%</td> <td>9.6%</td> </tr> <tr> <td>Comparison</td> <td>5.3%</td> <td>11.1%</td> <td>13.2%</td> <td>16.4%</td> </tr> </tbody> </table> </div>	Population	6 months	12 months	18 months	24 months	California	7.0%	10.6%	13.4%	15.6%	Sacramento	5.0%	7.8%	10.4%	12.3%	EIFDC	3.8%	5.8%	8.0%	9.6%	Comparison	5.3%	11.1%	13.2%	16.4%
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	<p>Access to Treatment</p> <p>Of the 775 EIFDC parents who entered substance abuse treatment, 9.5% did so prior to entry into the EIFDC program, 2.1% began treatment the day they started EIFDC, and 86.8% entered treatment following enrollment in the EIFDC program. The entry date for twelve participants (1.5%) was unknown. In contrast, 90(98.9%) comparison adults began substance abuse treatment following the date of selection into the comparison condition and one (1.1%) did so before this point. EIFDC adults ($M= 38.1$ days) experienced significantly shorter waits to enter substance abuse treatment following their project start date than comparison adults ($M= 58.1$ days); $F(1, 761) = 8.778, p= .003$.</p> <p>Retention in Treatment</p> <p>Participants who completed treatment or who left before treatment completion with satisfactory progress (whether or not they were referred or transferred) are considered to have completed treatment. Those who left before treatment completion and had unsatisfactory progress were coded as unsuccessful or non-completers. Although, EIFDC (68.0%) participants were no more likely to complete treatment than comparison (69.0%) participants. EIFDC parents stayed in treatment significantly longer ($M= 131.6$ days), however, than parents in the historical comparison condition ($M= 102.7$ days); $F(1, 463) = 9.422, p= .002$.</p>
<p>Sustainability Status</p>	<p>The Sacramento EIFDC collaborative team was able to sustain all collaborative practices and services to families. Child Welfare has continued funding four Recovery Specialist positions, has provided the space for weekly administrative hearings, has funded a half time Senior Office Assistance to help with data entry, and other duties in the weekly assembly of the administrative court. In referencing the ability to sustain practices and services, this should be stated as the court existed at the conclusion of the grant funded portion. Due to significant county funding cuts, the program was unable to dedicate Public Health Nurses to administer developmental assessments on every child; however, this does not mean children in the target population do not receive such assessments when referred by the social worker.</p> <p>Resources to sustain EIFDC are not only financial. The depth of commitment exhibited by administrators over the past seventeen years to implement significant policy and practice reforms is an intangible but powerful input. This commitment has ensured that the County has one of the best cross-trained professional staffs in the nation. Since 1995, all workers have been required to participate in joint training on substance abuse, child welfare and the courts.</p> <p>Another support for sustainability is represented by the system reforms instituted to support practice change at the front line. Sacramento County's investment over the past eleven years to improve its information systems to</p>

efficiently monitor parents and children has contributed to the infrastructure supporting its FTDCs. An additional resource is the County's experience with leveraging non-Federal funds for this population. State General Fund allocations include, Perinatal, the Supportive and Therapeutic Options Program (STOP) and Drug Court Realignment. These funds have been used successfully to provide recovery support to CPS families. In the collaborative effort to sustain the current EIFDC, a percentage of AOD treatment funds for which a child welfare parent would be eligible have been specifically identified in AOD treatment provider contracts for EIFDC parents. These and other resources will continue to be explored by the workgroup to ensure long-term viability and sustainability of the EIFDC.