

TEXAS PARTNERSHIP FOR FAMILY RECOVERY

EVALUATION

TEXAS PARTNERSHIP FOR FAMILY RECOVERY EVALUATION DESIGN

The Texas Partnership for Family Recovery has developed the evaluation design at the end of this appendix to measure its progress in achieving integrated services for families

In addition, the Sacramento County, California, Dependency Drug Court (DDC) has been engaged in an extensive, long term evaluation of their efforts. The Sacramento DDC operates parallel to the dependency case proceedings, which are conducted on a regular family court docket. The Texas Partnership evaluation design is based largely on the Sacramento County experience since 2001.

Based upon the Texas Partnership evaluation plan, the following are examples of evaluation questions and design for consideration in setting up an evaluation design for integrated services.

DATA EVALUATION

Research Questions:

1. What are the Child Protective Services (CPS), Substance Abuse (DSHS), Office of Court Administration (OCA) and county Family Court (FC), and Family Drug Treatment Court (FDTC) systems' statistics regarding client flow, caseload demographics, and trends?
 - a. DSHS: BHIPS intake, services & discharge data including follow-up.
 - b. CPS: Case tracking information
 - c. COURT: Rural Cluster Court data management system. To be developed for courts in roll-out sites.
 - d. TX CASA: services provided, numbers served
2. To what extent do the various systems (DSHS, CPS) provide timely access to assessments and treatment referrals?
 - a. DSHS: Outreach, Screening & Referral (OSAR) data plus agency waiting lists.
3. What is the length of time that clients are involved in the various service systems?
 - a. CPS: Case tracking.
 - b. DSHS: BHIPS screening, assessment, waiting list, admission, discharge & follow-up data.
 - c. COURT: First & final orders.
 - d. TX CASA: Case tracking/service reports
4. Are service patterns differentiated by key client variables including race/ethnicity and gender?
 - a. DSHS: BHIPS provides racial, ethnic, gender, age, legal, medical, mental health, family, drug history & other data which can be correlated with service type (prevention, intervention, detox, outpatient, residential services).
 - i. BHIPS referral & follow-up data on support services: education, employment, housing, childcare, etc.
 - b. CPS: Compare family variables by category: in-home family support services vs. child placement can be done.
 - c. COURT: Case outcomes.
 - d. TX CASA: Client reports

5. What are the family demographics among integrated service participating families (e.g., age of children and adults, ethnicity, education, employment status, etc.)?
 - a. DSHS: All BHIPS data sources.
 - b. CPS: Case file tracking.
 - c. TX CASA: Client files
6. What are the contributing factors in the case (e.g., legal status, mental illness, homelessness, etc.)?
 - a. DSHS: BHIPS assessment data.
 - b. CPS: Case assessment and service data.
7. What are the alcohol and drug use factors of integrated service clients at the initial assessment?
 - a. DSHS: BHIPS screening & assessment plus admission data.
 - b. CPS: Case assessment data.

Primary Impact Questions Include:

Case Management and Alcohol and Drug Treatment

1. What is the time between the initial hearing and participation in the various aspects of the integrated system (e.g., CPS assessment, OSAR, AOD treatment entry) and comparison clients?
 - a. DSHS: Track BHIPS data for integrated service sites and identified comparison courts & communities.
 - b. CPS: Case tracking for integrated service sites and identified comparison courts.
 - c. COURT: Compare cases for integrated service sites with identified comparison courts.
2. How long do integrated service and comparison clients remain in SA treatment?
 - a. DSHS: BHIPS data.
3. What are the AOD treatment completion and drop out rates for integrated service and comparison clients?
 - a. DSHS: BHIPS data.
4. What are the toxicology screen results for integrated service and comparison clients?
 - a. DSHS: BHIPS for programs providing toxicology screens
 - b. CPS: Case tracking
 - c. COURT: Court files.
5. What are the compliance rates of integrated service and comparison clients (e.g., court appearances, required services, toxicology screens)?
 - a. CPS: Case tracking.
 - b. COURT: Court records. Rural Cluster Courts data system.

Child Protective Services: From Case Tracking data

1. How many placement changes will children of integrated service and comparison clients have before a permanent plan has been developed?
2. What is the length of stay in out-of-home care for integrated service and comparison children?
3. What is the percentage of family reunifications, adoptions, guardianships, long term foster care placements, and foster care re-entries for integrated and comparison families?
4. Among families that reunify, what is the timing to family reunification for integrated and comparison families?

TX CASA:

- I. Do families receiving integrated services and TX CASA volunteer or Guardian ad litem services have higher rate of reunification ?

Dependency Court:

- I. Is there a difference in the rate of cases that meet the statutory timelines for permanency between integrated service and comparison groups?

Primary State Level Cost Questions Include:

- I. What is the estimated total investment in treatment, CPS and court expenses as compared to the total monetary value of outcomes for the integrated program and standard interventions?
 - a. Office of Court Administration to develop cost estimation formula for: legal & judicial time, space, etc.
 - b. DSHS: BHIPS data on LOS, treatment outcomes, readmissions
 - c. CPS: Foster care and related savings

Local Cost Questions:

- I. What is the estimated total investment in treatment, foster care, and court expenses as compared to the total monetary value of outcomes for the integrated program and standard interventions?
 - a. CPS foster care costs compared: Integrated Service families and those not receiving integrated services
 - b. Substance abuse providers: LOS, cost of stay and outcomes
 - c. Other as identified by local participants

PROCESS EVALUATION:

The design of the Process Evaluation should:

- Be integrated with Protocols, Policies and Procedures to provide on-going quality assurance.
- Be designed to quickly identify gaps with particular focus on client flow, engagement & retention.
- Include an “historical” documentation for planning & development purposes.
- Strategies should include:
 - Meet regularly with Judges:
 - Review identified problems and gaps
 - Obtain input regarding what client progress information they need for case action and termination
 - Regular review of time period between initial referral for screening & assessment and access to services.
 - Number of persons referred for treatment who enter a program
 - Engagement and retention
 - Analysis of engagement and retention to identify when and why families may relapse, leave services or otherwise be non compliant
 - Impact and role of TX CASA services on case outcomes
 - Collateral services needed
 - Collateral services accessed
 - Client satisfaction surveys and interview feedback (model surveys being developed)