Child Welfare Court Practice Evidence Series
Topic: Family Treatment Drug Courts

Introducing the Capacity Building Center for Court's (CBCC) ***Child Welfare Court Practice Evidence Series***.[1] This series is designed to pull together the most currently available research in the field around a given topic and summarize what we know about the program or practice's effectiveness in improving outcomes in child welfare. The research is summarized in terms of the type of program or practice, the outcome that was measured, and robustness of the research. All research is categorized on the following scale:

Strength of Evidence -Strong Evidence for the intervention's effectiveness on case process and outcomes is high if the study has used rigorous research designs, such as an experimental design (e.g., random assignment to groups), or an advanced quasi-experimental design with modeling designed to improve causal inferences.

Strength of Evidence -Moderate: Evidence for the intervention's effectiveness on case process and outcomes is moderate if the study uses an advanced research design such as quasi-experimental designs where there are comparisons between and intervention group and a comparison group who did not get the intervention. Moderate studies will always have some sort of comparison group. More rigorous ones may include ways to account for (or control) differences between the groups to be more confident that the intervention is related to the outcome.

Strength of Evidence -Weak: Evidence for the intervention's effectiveness on case process and outcomes is weak if the study did not have the quasi-experimental designs but still included some statistical comparison that indicated that the intervention was related to the outcome. This could also include quasi-experimental studies that had design concerns (such as a low sample size). It is important to note that weak evidence is still evidence of effectiveness.

How can I use this document?

The selection of appropriate interventions should be completed through a data-driven process. This involves asking, when considering implementing any intervention, what evidence supports that intervention's effectiveness?

This document is designed to **help summarize what we know about what works** in the field so that Court Improvement Programs can be **more informed consumers of evidence** and **select the best possible intervention.**

The evidence series is divided into four parts: **(1)** an introduction to the program/practice of interest, the methods for the review of literature in the field, and the overall findings of literature search, **(2)** classification of findings according to research evidence (in tables for easy reference), **(3)** categorization of how much evidence is available for the intervention as a whole, and **(4)** a list of references with bulleted key findings. Research is current as of the date in the footer.

[1] For more in-depth information about evidence, see the *Child Welfare Court Practice Evidence Series Introduction.*

Family Treatment Drug Courts

Family Treatment Drug Courts (FTDC) are a problem-solving court approach to child welfare cases in which parent alcohol and substance misuse is a contributing factor to child mistreatment or neglect. The goals of these specialized courts are to protect the welfare and safety of the child and help the parent gain sobriety and become a responsible caregiver. The FTDC model aims to achieve 1) positive treatment outcomes including higher treatment completion rates and 2) child welfare outcomes such as increased reunification and reduced rates of re-entry into the child welfare system post treatment. Although FTDC course vary by design, generally these courts utilize a collaborative, interdisciplinary team that addresses both the needs of the child and the parents (Gatowski et al., 2016). Under "integrated" FTDC models, a single judge oversees both dependency petitions and parental drug treatment (Zhang et al., 2019). Under "parallel" FTDC models, one judge oversees the dependency case, and another judge oversees the parent's substance abuse treatment progress separately. In a dual-track or "mixed" model, the FDTC judge oversees parental substance abuse treatment compliance for parents who initially failed to comply with court-ordered services, while a separate judge oversees the dependency case (Chuang, Moore, Barrett, & Young, 2012).

In this document, we review the research evidence about FTDCs effectiveness at achieving their goals. We searched academic literature databases as well as conducted a web-search for research-based articles, evaluation technical papers and FTDC evaluation reports. We restricted our search to U.S. based FTDC studies (i.e., research on U.S. courts). Relevant studies were downloaded into a database and reviewed for rigor of methodology and research design as well as study findings. We then grouped the studies in the database according to the evidence criteria listed above to help identify the strength of evidence for FTDC outcomes.

Statistical Significance: Statistical significance is a way for researchers to quantify their confidence that the relationship found between two variables is not caused by chance alone. Statistical tests use an alpha (called a p value) to determine statistical significance. The standard in academic research is $p < .05$ (or only a 5% chance that the relationship occurred by chance alone).

Well-Supported: Evidence for FTDCs effect on case process and outcomes is "well-supported" if results have been established by multiple studies that have been well-designed and well-executed using strong research methods (i.e., cases are randomly assigned to either a FTDC group or a non-FTDC group) and with statistically significant findings.

Supported: Evidence for FTDCs effect on case process and outcomes is "supported" if results have been established by at least one well-designed and well-executed study with statistically significant findings using strong research methods (e.g., strong quasi-experimental designs using control and comparison groups (FTDC and non-FTDC) with groups matched according to their case characteristics so similar cases are compared), or by more than one study using moderately strong research methods (e.g., multiple studies using some form of control or comparison group).

Promising: Evidence for FTDCs effect on case process and outcomes is "promising" if results have been established by at least one well-designed and well-executed study with statistically significant findings using some form of comparison group or correlational studies have been conducted that establish a statistically significant relationship between FTDC and treatment and child welfare outcomes.

Research Review Findings: Evidence for the Effect of Family Treatment Drug Courts on Case Process and Outcomes

Most of the studies found used a quasi-experimental design in which the treatment group (cases that participated in FTDC) were compared to a comparison group (similar cases that did not participate in FTDC). These studies, however, varied on the type of FTDC model (i.e., integrated, parallel, or "mixed") evaluated, as well as the type of comparison group used. Studies that used propensity score matching (PSM) for comparison groups are generally considered more rigorous because PSM accounts for differences between the treatment and control group. Thus, studies that used PSM comparison groups meet the criteria for "supported" evidence. Although several studies used a comparison group or groups, these studies had some limitation such as little to no matching to control for treatment/no-treatment group differences, or small sample sizes, or limitations related to the assignment of participants to treatment/no-treatment groups. These studies meet the criteria for "Promising" evidence. Two meta-analyses were included as "supported" evidence because this type of methodology synthesizes findings across the literature and has methodological advantages such as increased power.[2] Because there were no empirical studies that randomly assigned parents to a treatment or control group, no FTDC studies met the criteria for "Well-supported" evidence.

Our review of available research uncovered 23 studies that because of their methodological rigor, provide "supported," or "promising" evidence for FTDC's effect on child welfare outcomes. Findings of the evidence reviewed are organized in the table provided on page 4, and we've also listed the FTDC outcomes below with the strongest research evidence base.

Based on a review of available research, there is evidence that FTDC:

- Increases reunification (18 studies)
- Reduces time child spends in an out of home placement (12 studies)
- Increases successful treatment completion (8 studies)

The evidence for the effectiveness of FTDC on child welfare outcomes is encouraging. Nevertheless, there seems to still be mixed findings of FTDC on certain child welfare outcomes such as time to permanency – we found nine studies that found FTDC participants had reduced time to permanency, for example, but four studies that found that FTDC participants had longer times to permanency and one study found no difference. Although our review found several studies meeting the threshold criteria for evidence of FTDC's effect on outcomes, more well-designed research that uses random assignment and/or strong quasi-experimental methods

[2] The probability of detecting a statistically significant effect.

with control or comparison groups is needed to build upon this evidence base. Because they synthesize effects found across the literature and are often more powered than individual studies, meta-analyses might give the most accurate picture of reliable effects.

Using FTDC Research Evidence in a CQI process

Court improvement teams should support the design and implementation of interventions or programs through a *data-driven* continuous quality improvement (CQI) process. This involves asking, when considering implementing any intervention, what evidence supports that intervention's effectiveness? The results of our review of the evidence base for FTDC's effectiveness can be used in court improvement team's CQI efforts to inform the design and implementation of FTDC programs. For example, further research is needed to examine the effectiveness of each specific type of FTDC – integrated, parallel, or mixed. In addition, the mixed findings regarding FTDC participation and an increase or decrease in time to permanency might explain different FTDC processes. For example, some studies that found an increase in time to permanency for FTDC participants hypothesized that this finding was a result of participants having more complex treatment needs requiring more monitoring and longer treatment times. Research needs to examine this further, but these possibilities should be considered in program development and implementation. It is our hope that the information shared in this review encourages future evaluations of FTDCs. These evaluations should use strong research methods to contribute to the evidence base for FTDC effectiveness.

Studies	*Type of FTDC (Research Design)*	FAMILY TREATMENT DRUG COURT OUTCOMES ND=Study found no statistically significant differences for this outcome X=Finding in opposite direction for this outcome						
		Increased Reunification	**Reduced Time in Out of Home Placement**	**Increased Rate of Achieving Permanency**	**Reduced Time to Permanency**	**Reduced Re-entry/Re-report**	**Reduced TPR**	**Successful Treatment Completion**
Level of Evidence: Supported								
Brook et al., (2015)	Integrated (PSM)	✓		✓	✓			
Bruns et al., (2012)	Integrated (PSM)	✓	✓	✓	✓	ND		✓
Chuang et al., (2012)	Integrated (PSM)	✓			X	✓		
Kissick et al., (2015)	Not reported (PSM)	✓	✓			✓		✓
Lloyd et al., (2015)	N/A (meta-analysis)	✓	✓					
Lloyd et al., (2021)	Integrated (PSM)	✓		✓				
Pollock et al., (2015)	Parallel (PSM)				X	✓		
Van Wormer et al., (2016)	Integrated (PSM)	✓	✓		✓		✓	✓
Worcel et al., (2007)	Various (multi-site; PSM)	✓ (3 of 4 study sites)				ND (3 of 4 study sites)		
Worcel et al., (2008)	Mixed (PSM)	✓	✓		X			✓
Zhang et al., (2019)	N/A (meta-analysis)	✓				ND		

Studies	*Type of FTDC*	FAMILY TREATMENT DRUG COURT OUTCOMES ND=Study found no statistically significant differences for this outcome X=Opposite or negative finding for this outcome						
		Increased Reunification	**Reduced Time in Out of Home Care**	**Increased Rate of Achieving Permanency**	**Reduced Time to Permanency**	**Reduced Re-entry/Re-report**	**Reduced TPR**	**Successful Treatment Completion**
Level of Evidence: Promising								
Ashford (2004)	Parallel (quasi-exp, w/geographic matching)	ND			✓			ND
Boles et al., (2007)	Parallel (quasi-exp, pre/post)	✓	✓		ND	ND		ND
Burrus et al. (2008)	Not reported (quasi-exp pre/post, matching)	✓	✓					
Burrus et al (2011)	Not reported (quasi-exp, pre/post, matching	✓	✓		X			✓
Carey et al (2010a)	Integrated (quasi-exp, matching)	✓	✓		✓	✓	✓	✓
Carey et al (2010b)	Integrated (quasi-exp, matching)	✓	✓		✓	✓	✓	✓
Fessinger et al., (2019)	Integrated (quasi-exp, matching)				✓			
Gifford et al., (2014)	Not reported (quasi-exp)	✓	✓					

Studies	*Type of FTDC*	FAMILY TREATMENT DRUG COURT OUTCOMES ND=Study found no statistically significant differences for this outcome X=Opposite or negative finding for this outcome						
		Increased Reunification	**Reduced Time in Out of Home Care**	**Increased Rate of Achieving Permanency**	**Reduced Time to Permanency**	**Reduced Re-entry/Re-report**	**Reduced TPR**	**Successful Treatment Completion**
Green et al (2007)	Mixed (multi-site; quasi-exp, matching)	✓	✓	✓	✓	ND		✓
Makin et al (2013)	Integrated (quasi-exp, matching)					✓	✓	
McMillin (2007)	Integrated (quasi-exp, non-equivalent groups)	✓						
Moore et al (2020)	Integrated (quasi-exp, matching)			ND	✓			

Can we say that FTDC is an evidence-based practice?

There's support for the positive effect of FTDC on some outcomes, but findings are mixed for others. There have been several quasi-experimental studies of FTDC using strong methods (i.e., robust research designs using control and comparison groups with matching of FTDC and non-FTDC participants). From these studies we can say there is support for FTDC as an intervention to increase reunification, reduce the time children spend in an out of home placement, and increase parents' successful completion of treatment. Existing studies present mixed results however, regarding the impact of FDTC participation on the time to achieve permanency. While some studies with strong methods suggest a reduction (Bruns et al., 2012; Burrus, Mackin, & Finigan, 2011; Green, Furrer, et al., 2007; Worcel et al., 2008), others indicate the opposite (Chuang et al., 2012). Further complicating our understanding of FTDC outcomes are site differences in the specific model of FTDC employed such as whether an integrated, parallel, or mixed FTDC model is used.

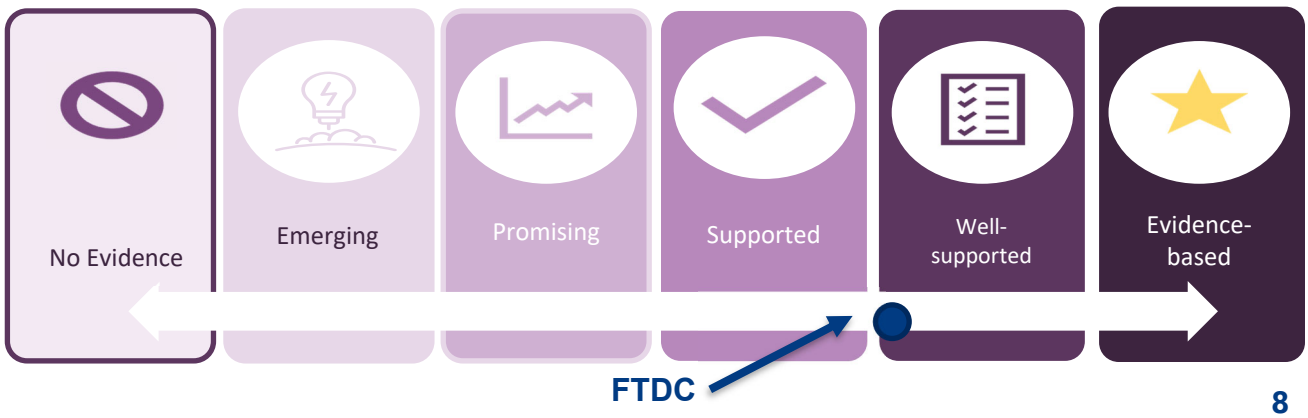
Evidence-based: An intervention is "evidence based" if it includes more than one strongly designed study that can establish a causal relationship between the intervention and an outcome of interest. The results must be replicated in an additional site or with additional groups.

Well-Supported: Evidence for an interventions effectiveness on case process and outcomes is "well-supported" if results have been established by multiple studies that have been well-designed and well-executed using strong research methods (i.e., cases are randomly assigned to either a FTDC group or a no-FTDC group) and with statistically significant findings.

Supported: Evidence for an intervention's effectiveness on case process and outcomes is "supported" if results have been established by at least one well-designed and well-executed study with statistically significant findings using strong research methods (e.g., strong quasi-experimental designs using control and comparison groups (FTDC and no-FTDC) and matches those groups according to their case characteristics so similar cases are compared), or by more than one study using moderately strong research methods (e.g., studies using some form of control or comparison group).

Promising: Evidence for an intervention's effectiveness on case process and outcomes is "promising" if results have been established by at least one well-designed and well-executed study with statistically significant findings using some form of comparison group or correlational studies have been conducted that establish a statistically significant relationship between intervention and case process or outcomes.

Emerging studies are those with very little or only anecdotal evidence of effectiveness.



References

Ashford, J. B. (2004). Treating Substance-Abusing parents: A study of the Pima county family drug court approach. *Juvenile and Family Court Journal, 55*(4), 27-37. doi:10.1111/j.1755-6988.2004.tb00171.x

- Quasi-experimental; limitation: differences in protective factors between treatment and treatment refusal group; design matched only for geographical region (treatment volunteers compared to treatment refusal group and a treatment as usual group from a matched geographic area (same zip code)).
- Higher engagement and completion of treatment for FTDC group, but not statistically significant.
- No statistically significant difference in rates of reunification for the FTDC.
- FTDC participants had reduced time to achieve permanency (statistically significant).

Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). The Sacramento dependency drug court: Development and outcomes. *Child Maltreatment, 12*(2), 161-171. doi:10.1177/1077559507300643

- Quasi-experimental; historical (pre-post; comparison group of parents with substance abuse issues prior to FTDC program to parents who went through FTDC program); controlled for group differences such as treatment history; limitation: small sample size.
- Children in FTDC cases were more likely to reunify, spent fewer days in out of home care. No statistically significant difference in time to achieve permanency.
- No differences between treatment and comparison group for time to reunification and recidivism and re-entry.
- There were no differences in treatment completion rates.

Brook, J., Akin, B.A., Lloyd, M.H. & Yan, Y. (2015). Family drug court, targeted parent training, and family reunification: Did this enhanced service strategy make a difference? *Juvenile and Family Court Journal, 66*(2), 35.

- Quasi-experimental; used propensity score matching for equivalent comparison/ treatment groups.
- Found higher rates of reunification for FTDC and higher rates of permanency.
- Found decreased time to permanency for FTDC.

Bruns, E. J., Pullman, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). Effects of a multidisciplinary family treatment drug court on child and family outcomes: Results of a quasi-experimental study. *Child Maltreatment, 17*(3), 218-230. doi:10.1177/1077559512454216

- Quasi-experimental; used propensity score matching for equivalent comparison/ treatment groups; limitation: low power.
- FTDC children ended their involvement with the child welfare system sooner, were in out of home care for fewer days, were more likely to reunify with their parent, were less likely to receive out of home placement, and were more likely to exit the child welfare system compared to comparison group.

- There were no differences in subsequent welfare investigations between treatment and comparison groups.
- Participants in the FTDC group were more likely to successfully complete treatment compared to the comparison group.

Burrus, S., Mackin, J., & Aborn, J. (2008). *Baltimore City Family Recovery Program (FRP) independent evaluation: Outcome and cost report*. Portland, OR: NPC Research. Retrieved from Baltimore City Family Recovery Program (FRP) Independent Evaluation: Outcome and Cost Report | Office of Justice Programs (ojp.gov)

- Quasi-experimental; historical comparison group (drug court participant outcomes compared to child welfare cases with substance abuse allegation prior to drug court program implementation; matching of some parent characteristics such as age, gender, race/ethnicity, allegation, number and age of children).
- FTDC children spent less time in foster care and were more likely to be reunified with their parents compared to comparison groups.

Burrus, S. W. M., Mackin, J. R., & Finigan, M. W. (2011). Show me the money: Child welfare cost savings of a family drug court. *Juvenile and Family Court Journal, 62*(3), 1-14. doi:10.1111/j.1755-6988.2011. 01062.x

- Quasi-experimental; Pre/post design (cases before program implementation compared to cases after implementation); used some matching between treatment and comparison group (but limited); only children under the age of five were included
- FTDC children spent less time in a foster care placement and were more likely to be reunified at case closure than comparison group.
- Non-FTDC children reached permanency faster.
- FTDC participants were more likely to successfully complete treatment compared to the comparison group participants.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010a). Jackson County Community Family Court Process, Outcome and Cost Evaluation–Final Report. *Submitted to the Oregon Criminal Justice Commission and the US Department of Justice Bureau of Justice Assistance*. Retrieved from Jackson County – Outcome and Cost Evaluation: Final Report. | NPC Research

- Quasi-experimental; treatment group compared to non-treatment comparison group of parents who had petition filed at the same time (matched on some parent and case characteristics).
- FTDC children spent less time in foster care placement and were more likely to be reunified with their parents. FTDC children were reunified with parents significantly sooner than comparison.
- FTDC parents had significantly fewer termination of parental rights.
- FTDC participants were more likely to successfully complete treatment compared to comparison group participants.
- FTDC parents were significantly less likely to be re-arrested for any drug charge.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010b). Marion County Fostering Attachment Treatment Court–Process, outcome, and cost evaluation: Final report. *Submitted to the Oregon Criminal Justice Commission and the US Department of Justice Bureau of Justice Assistance*. Retrieved from Marion County Fostering Attachment Treatment Court – Process, Outcome and Cost Evaluation: Final Report. | NPC Research

- Quasi-experimental; treatment group compared to non-treatment comparison group of parents who had petition filed at the same time (matched on some parent and case characteristics).
- FTDC children spent less time in foster care placement and were more likely to be reunified with their parents.
- FTDC children achieved permanency sooner than comparison group.
- FTDC parents had significantly fewer termination of parental rights.
- FTDC parents had significantly fewer re-arrest for drug charges.
- FTDC participants were more likely to successfully complete treatment compared to comparison group participants.

Chuang, E., Moore, K., Barrett, B., & Young, M. S. (2012). Effect of an integrated family dependency treatment court on child welfare reunification, time to permanency and re-entry rates. *Children and Youth Services Review, 34*(9), 1896-1902. Doi: 0.1016/j.childyouth.2012.06.001

- Quasi-experimental; used propensity score matching.
- FTDC children were more likely to be reunified and less likely to re-enter the child welfare system.
- FTDC cases took longer to reach permanency compared to comparison group.

Fessinger, M., Hazen, K., Bahm, J., Cole-Mossman, J., Heideman, R. & Brank, E. (2019). Mandatory, fast, and fair: Case outcomes and procedural justice in a family drug court. *Journal of Experimental Criminology*, 16:49.

- Quasi-experimental comparing FTDC parents to parents in a traditional dependency court (control); limitation: small control group sample and control group also not a “pure” control group (control parents did not have allegations of substance use in abuse/neglect petition).
- FTDC parents cases closed significantly faster than control cases.
- FTDC parents had higher perceptions of procedural fairness than control cases.

Gatowski, S., Miller, N., Rubin, S., Escher, P.,& Maze, C. (2016) *Enhanced resource guidelines: Improving court practice in child abuse and neglect cases.* Reno, NV: National Council of Juvenile and Family Court Judges.

- Best practice recommendations for improved court handling of child abuse and neglect cases.

Gifford, E.J., Eldred, L.M., Vernerey, A. & Sloan, F.A. (2014). How does family drug treatment court participation affect child welfare outcomes? *Child Abuse & Neglect, 38*, p. 1659-1670.

- Quasi-experimental; comparison groups (referred but not enrolled, enrolled but did not complete, enrolled and completed).
- Children of parents who were referred but did not enroll, or who enrolled but did not complete, had longer stays in foster care/out of home placement than children of FTDC completers.
- Reunification rates for FTDC completers higher when compared to the other groups.

Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? outcomes from a four-site national study. *Child Maltreatment, 12*(1), 43-59. doi:10.1177/1077559506296317

- Quasi-experimental; compared multiple different sites; controlled for covariate group differences, but with the following limitation – only parents with the most difficulty in recovery participated in the FTDC group for one of the sites.
- FTDC participants were more likely to successfully complete treatment and were more likely to be reunified compared to the comparison group.
- FTDC cases reached permanency faster and resulted in fewer out of home placements.
- No difference in probability of a substantiated re-report for child maltreatment.

Kissick, K., Waller, M. S., Johnson, A. J., & Carey, S. M. (2015). Clark county family treatment court: Striding towards excellent parents (STEP): Process, outcome, and cost evaluation report. Portland, Oregon.

- Quasi-experimental; used propensity score matching.
- FTDC participants were more likely to complete treatment and had half as many new maltreatment allegations 2 and 3 years after FTDC compared to comparison participants.
- FTDC cases also had children spend less time in out of home placement two years after entering treatment and were more likely to reunify.

Lloyd, M. (2015). Family drug courts: Conceptual frameworks, empirical evidence, and implications for social work. *Families in Society-the Journal of Contemporary Social Services, 96*(1), 49-57. doi:10.1606/1044-3894.2015.96.7

- Meta-analysis review of multiple studies.
- FTDC children spent less time in foster care and experienced a higher likelihood of reunification.

Lloyd, M., Becker, J. & Brook, J. (2021). Family treatment court participation and permanency in a rural setting: Outcomes from a rigorous quasi-experiment. *Child and Family Social Work*, 26, 540.

- Quasi-experimental and longitudinal design; used propensity score matching.
- FTDC participation significantly influenced foster care exits with significantly more FTDC children likely to reunify and more likely to achieve permanency than comparison cases.

Mackin, J. R., Aborn, J. A., Sanders, M. B., Kissick, K., & Carey, S. M. (2013). Marion county fostering attachment treatment court process, outcome and cost evaluation final report. Portland, Oregon. Retrieved from Marion County Fostering Attachment Treatment Court Follow-up Process and Outcome Evaluation Report. | NPC Research

- Quasi-experimental; comparison group parents were eligible for the program but did not enter because program full or were on waiting list or petitions were prior to program implementation.
- During 4-year follow-up, FTDC participants had significantly fewer termination of parental rights.
- Up to 2.5 years post treatment, FTDC parents were less likely to be arrested compared to comparison parents.

McMillin, H. E. (2007). *Process and outcome evaluation of the Spokane County Meth Family Treatment Court, 2003–2005*. Washington State University. Retrieved from Process and outcome evaluation of the Spokane County meth family treatment court, 2003-2005 - Washington State University (wsu.edu)

- Quasi-experimental; used two non-equivalent comparison groups (individuals who left the program early or individuals how opted out of the program).
- FTDC parents were more likely to reunify compared to comparison groups.

Moore, K., Sharp, A., Alitz, P., Yampolskaya, S., Kleinman, M., Carlson, M. & Argerious, A. (2020). Reconsidering success for an integrated family dependency treatment court. *Children and Youth Services Review,* Vol. 114, 1.

- Quasi-experimental; matched sample to non-FTDC control group; limitation: small sample size (limited statistical power). Use of administrative data meant that researchers could not control for differences between FTDC participants on factors that may be related to willingness to participate in FTDC and in ability to reunify (e.g., motivation for treatment, social support, mental health).
- Found no difference on time to reunification for FTDC and non-FTDC families, but significant difference for time to permanency, with cases in FTDC achieving permanency in significantly less time than non-FTDC cases.

Pollock, M. D., & Green, S. L. (2015). Effects of a rural family drug treatment court collaborative on child welfare outcomes: Comparison using propensity score analysis. *Child Welfare, 94*(4), 139.

- Quasi-experimental; used propensity score matching; also controlled for covariates; limitation: most participants were ordered to participate- many other studies evaluated voluntary participation.
- FTDC resulted in less recurrence of child maltreatment but also experienced longer time to permanency.

Van Wormer, J., & Hsieh, M. (2016). Healing families: Outcomes from a family drug treatment court. *Juvenile and Family Court Journal, 67*(2), 49-65. doi:10.1111/jfcj.12057

- Quasi-experimental; used propensity score matching.
- FTDC parents were more likely to complete treatment.
- FTDC cases resulted in shorter length of dependency (i.e., less time to permanency), resulted in a smaller proportion of TPR, and resulted in higher rates of reunification.
- FTDC participants experienced less use of foster care compared to comparison group participants.

Worcel, S. D., Green, B. L., Furrer, C. J., Burrus, S. W. M., & Finigan, M. W. (2007). *Family Treatment Drug Court evaluation.* Portland, OR: NPC Research. Retrieved from How effective are Family Treatment Drug Courts? Results from a 4-site national study | NPC Research

- Quasi-experimental; used propensity score matching; used four different FTDC sites
- Mixed effects regarding decreased or no difference time in foster care between FTDC and comparison groups.
- Three of the four sites showed that FTDC cases were significantly more likely to result in reunification compared to the comparison group.
- Three of the four sites showed no difference in rates of reentry; however, one site showed a significant difference in that FTDC cases were *more* likely to result in reentry.

Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W. M., & Finigan, M. W. (2008). Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review, 17*(6), 427-443. doi:10.1002/car.1045

- Quasi-experimental; used propensity score matching; limitation: referral methods to the treatment group are unknown.
- FTDC parents were more likely to successfully complete treatment.
- FTDC children spent less time in out of home placement and were more likely to reunify.
- There was mixed evidence regarding an increase or no difference in time to permanency for FTDC cases compared to comparison group.

Zhang, S., Huang, H., Wu, Q., Li, Y., & Liu, M. (2019). The impacts of family treatment drug court on child welfare core outcomes: A meta-analysis. *Child Abuse & Neglect, 88*, 1-14. doi: 10.1016/j.chiabu.2018.10.014

- Meta analysis; both peer-reviewed journal articles and non-peer reviewed reports
- The study performed subgroup analyses (e.g., effects varied by type of FTDC) but it should be noted that due to a small sample size, these comparisons were under powered.
- FTDC cases were more likely to reunify. The effect was largest for studies that utilized propensity score matching compared to other types of comparison groups.
- There were no differences in likelihood of re-entry or subsequent maltreatment re-report.