King County Family Treatment Court
Expansion and Enhancement Grant
Performance Measure Evaluation Assessment

Revised to include analyses for Wraparound receivers 1/31/19

Michael D. Pullmann, PhD

Semret Nicodimos, MS

University of Washington School of Medicine

Executive Summary

Our primary performance measurement and evaluation questions focus on the three major goals of the KCFTC: 1) Ensuring that children have a safe and permanent home within the permanency planning guidelines or sooner; 2) Ensuring that families of color have outcomes from dependency cases similar to white families; 3) Ensuring that parents are better able to care for themselves and their children and seek resources to do so. We also explore the process of the enhancement activities in order to ensure that activities are considered to be beneficial and useful to the court. Major findings include:

- The Expansion and Enhancement Grant funding allowed services to be provided for 102 participants, surpassing the goal of 96.
- Most participants either graduated (42%) or had their dependency dismissed (17%).
- From intake to discharge, there were statistically significant changes in the following
    - Fewer participants reported using drugs
    - Fewer participants reported committing crimes
    - More participants reported using outpatient mental health care
    - Fewer participants reported experiencing anxiety
    - Fewer participants reported having problems with thinking clearly
    - More reported interacting with family and friends who were supportive of their recovery
    - Fewer participants who reported being bothered by psychological or emotional problems
    - Improvements in participant health status
    - Safer home environments
    - Higher quality parenting
    - More positive family interactions
    - Increased family safety
    - Increased child well being
    - Increased parent self sufficiency
    - Improvements in family health
    - Increased readiness for reunification
- There were no differences between white participants and participants of color in the length of time it took for program activities to occur. There were no differences in outcomes including: rates of child reunification, likelihood of graduation, criminal outcomes, services received, reports of mental health challenges, social support for recovery, and health status.
- White children were reunified significantly faster than children of color.
- When compared to historical data, during the expansion and enhancement grant:
    - Children achieved permanency faster
    - More parents enrolled in CD treatment
    - There were fewer days between intake assessments and enrollment
    - More participants graduated or had their dependency dismissed
- Members of the FTC expressed strong support for the role of the Family Resource Support Specialist as an essential member of the team.

Detailed analyses of our specific performance measurement questions (PMQ) are described in the remainder of this report.

Required performance measures

PMQ1. *Do the number of families served meet grant projections?*

The FTC surpassed the goal of 96 unduplicated clients, as originally proposed, actually serving 102 families over the course of the expansion and enhancement grant period. At intake into the FTC, 30 parents (30%) were already in chemical dependency treatment. The figure below depicts the number of people served over the course of the grant period, by the date of intake into the FTC. Demographics for those served are located in the Performance Measures report. The number of days between referral to the program and the intake, acceptance staffing meeting, acceptance hearing, and exit date are depicted in Table 1a. Intake strengths, needs, and supports as measured by the Government Performance and Results Act (GPRA) and the North Carolina Family Assessment Scale (NCFAS) measures are depicted in Table 1b.

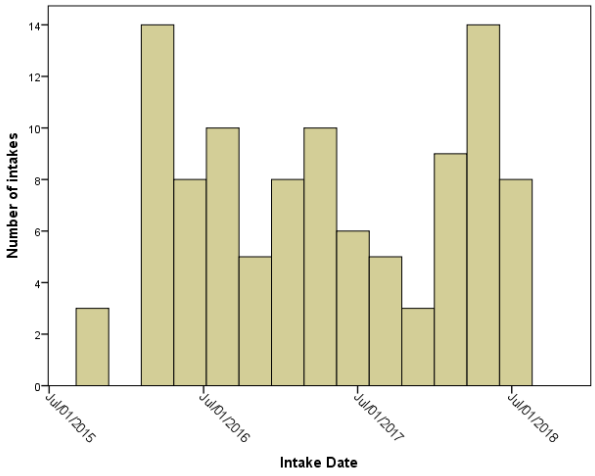
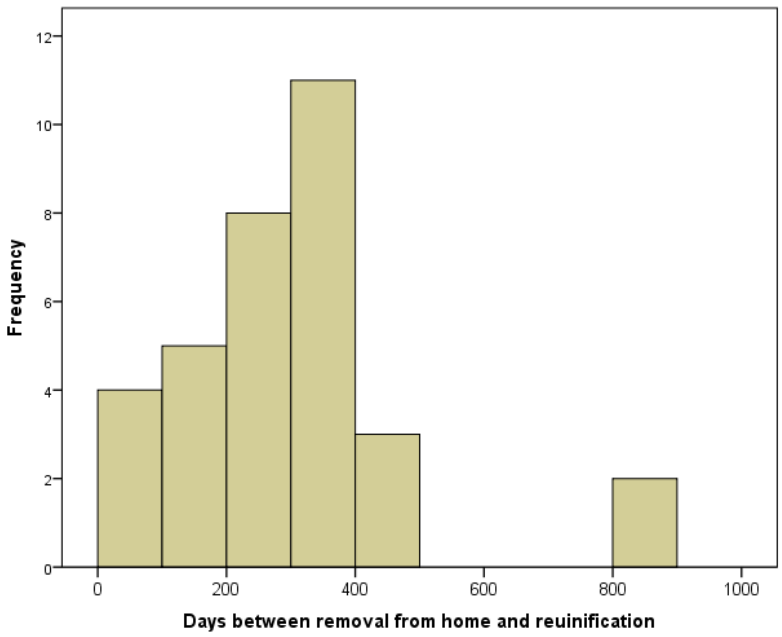


Table 1a					
	N	**Mean**	**SD**	**Min**	**Max**
Number of days between program referral date and…					
Intake date	102	46.6	38.7	0	167
Acceptance staffing date	102	80.2	51.4	10	281
Acceptance hearing date	101	100.28	54.5	29	295
Exit date	53	490.23	161.7	212	892
Reason for exit (n=53 who exited)	**N**	**%**			
Graduated	22	41.5	-	-	-
Dependency dismissed	9	16.9	-	-	-
Opt-out	8	15.1	-	-	-
Non-custodial dismissal (NCD)	8	15.1	-	-	-
Discharged non-compliant	6	11.3	-	-	-

Table 1b. Strengths, needs, and supports at intake		
	N	***%***
Total GPRA sample at intake	102	*100*
Total NCFAS sample at intake	97	*95.1*
GPRA measure		
Past 30 days…	**N**	***%***
Any use of alcohol	9	*8.8*
Any days committed crimes	47	*46.1*
Any use of illegal drugs	47	*46.1*
Any days arrested	4	*3.9*
Services in past 30 days…	**N**	***%***
Inpatient physical health care	2	*2.0*
Inpatient mental health care	0	*0*
Inpatient alcohol/substance abuse treatment	26	*25.5*
Outpatient physical health care	13	*12.7*
Outpatient mental health care	32	*31.4*
Outpatient alcohol/substance abuse treatment	59	*57.8*
Emergency room physical health care	11	*10.8*
Emergency room mental health care	1	*1.0*
Emergency room alcohol/substance abuse treatment	0	*0*
Past 30 days, experienced any of the following (not due to use of alcohol or other drugs)…	**N**	***%***
Depression	55	*53.9*
Anxiety	72	*70.6*
Hallucinations	1	*1.0*
Problems with brain functioning (difficulty thinking, remembering)	34	*33.3*
Violent behavior	5	*4.9*
Attempted suicide	0	*0*
Support for recovery in past 30 days…	**N**	***%***
Voluntary self-help for recovery, non-religious	50	*49.0*
Voluntary self-help for recovery, religious	32	*31.4*
Other recovery support	29	*28.4*
Interacted with family and friends who are supportive of recovery	88	*86.3*
Past 30 days…	**Mean**	***SD***
Health Status (1=Excellent, 5=Poor)	3.0	*1.0*
How much been bothered by psychological or emotional problems in last 30 days? (1=Not at all, 5 = Extremely; n=86 who reported having some problems)	2.8	*1.1*
How stressful have things been due to use of alcohol/drugs? (1=not at all, 5=extremely; N=66 who reported question was applicable)	2.5	*1.1*
Has use of alcohol/drugs caused you to give up activities or impacted activities? (1=not at all, 5=extremely; N=66 who reported question was applicable)	1.9	*1.0*
Has use of alcohol/drugs cause you to have emotional problems (1=not at all, 5=extremely; N=66 who reported question was applicable)	2.1	*1.0*

What is your monthly income from wages?	$197.5	*$547.6*
NCFAS measure overall scales (N=89 – 96) 1 = Clear strength, 3 = baseline/adequate, 6 = Serious problem	**Mean**	***SD***
Environment (housing, safety, etc)	3.3	*1.3*
Parenting	3.3	*1.1*
Family interactions	2.9	*1.0*
Family safety	3.4	*1.0*
Child well being	3.5	*10.2*
Social/community life	5.0	*14.1*
Self sufficiency	3.6	*1.0*
Family health	2.8	*0.8*
Caregiver/child ambivalence	3.7	*10.2*
Readiness for reunification	4.0	*1.2*

There were 134 children of parents in the FTC who were also identified in the child welfare dataset. Of this group, at the time that the data was pulled (September, 2018), 99 (73.9%) remained in state care, 27 (20.1%) had been reunified, 6 (4.5%) were on a trial return home, and 2 (1.5%) were legally free. For those who returned home (reunified or on trial return home), the average number of days until returning home was 298 (SD = 175, min=34, max = 825). The figure below depicts the range of days until children were returned home. Two children (siblings) were outliers, they were out of home for 2.4 years, and their data skewed the mean. When we replace their scores with the next highest score, the mean days until children were returned home was 272, or about 9 months.



PMQ2. *Do parents demonstrate improved outcomes as measured by GPRA and the North Carolina Family Assessment Scale General + Reunification (NCFAS-G+R)?*

Table 2a depicts changes from intake to 6 months after program entry for n=65 participants on the GPRA for whom we obtained data. Paired-sample t-tests were used test for changes over time. Statistically significant differences at $p < .05$ are bolded. In the 30 days prior to the interview, there were statistically significant improvements in the proportion of parents who reported committed crimes and using illegal drugs. Fewer parents reported that they used inpatient alcohol/substance abuse treatment, and more parents used outpatient

alcohol/substance use treatment. More parents joined voluntary self-help groups that were religious, and more parents reported interacting with friends and family who were supportive of their recovery.

Table 2a. Changes from intake to 6 month followup			
	Intake %	**6 months %**	**p**
Total with GPRA intake and 6 months followup N=65			
Past 30 days…			
Any use of alcohol	9.2	9.2	1.0
Any days committed crimes	**44.6**	**23.1**	**.001**
Any use of illegal drugs	**44.6**	**21.5**	**.001**
Any days arrested	3.1	6.2	.321
Services in past 30 days…	**Intake %**	**6 months %**	**p**
Inpatient physical health care	0	0	-
Inpatient mental health care	0	0	-
Inpatient alcohol/substance abuse treatment	**29**	**15**	**.038**
Outpatient physical health care	14	23	.159
Outpatient mental health care	32	37	.568
Outpatient alcohol/substance abuse treatment	**58**	**77**	**.009**
Emergency room physical health care	9	5	.321
Emergency room mental health care	2	0	.321
Emergency room alcohol/substance abuse treatment	0	0	-
Past 30 days, experienced any of the following (not due to use of alcohol or other drugs)…	**Intake %**	**6 months %**	**p**
Depression	56.9	47.7	.159
Anxiety	70.7	61.5	.159
Hallucinations	0	0	-
Problems with brain functioning (difficulty thinking, remembering, etc)	38.5	40.0	.799
Violent behavior	4.6	4.6	1.0
Attempted suicide	0	0	-
Support for recovery in past 30 days…	**Intake %**	**6 months %**	**p**
Voluntary self-help for recovery, non-religious	54	68	.106
Voluntary self-help for recovery, religious	**28**	**45**	**.027**
Other recovery support	31	40	.203
Interacted with family and friends who are supportive of recovery	**83**	**95**	**.031**
Past 30 days…	**Mean**	**Mean**	**p**
Health Status (1=Excellent, 5=Poor)	3.11	3.09	.911
How much been bothered by psychological or emotional problems in last 30 days? (1=Not at all, 5 = Extremely; n=45)	2.73	2.38	.073
How stressful have things been due to use of alcohol/drugs? (1=not at all, 5=extremely; N=18 who reported question was applicable)	2.2	2.5	.163
Has use of alcohol/drugs caused you to give up activities or impacted activities? (1=not at all, 5=extremely; N=17 who reported question was applicable)	1.7	2.1	.134
Has use of alcohol/drugs cause you to have emotional problems (1=not at all, 5=extremely; N=17 who reported question was	2.2	2.4	.260

applicable)			
What is your monthly income from wages?	$174	$361	.271

Table 2b depicts changes from intake to program discharge for N=37 participants for whom we obtained GPRA data, and n=31-36 participants for whom we obtained NCFAS data. Statistically significant differences at $p < .05$ are bolded. In the 30 days prior to the interview, there were statistically significant improvements in the proportion of parents who reported committed crimes and using illegal drugs. Fewer parents reported that they used inpatient alcohol/substance abuse treatment, and more parents used outpatient mental health care. Fewer parents reported that they experienced anxiety or problems with brain functioning such as difficulty remembering or thinking clearly. More parents reported interacting with friends and family who were supportive of their recovery. Parents reported improvements in their health status and being less bothered by psychological and emotional problems. For the NCFAS, parents had mean improvement across all overall scales, with statistically significant improvement for the scales of environment, parenting, family interactions, family safety, child well-being, self-sufficiency, family health, and readiness for reunification.

Table 2b. Changes from intake to discharge			
GPRA measure			
Total with GPRA intake and discharge data N=37	**Intake %**	**Discharge %**	**p**
Past 30 days…			
Any use of alcohol	5.4	0	.160
Any days committed crimes	**40.5**	**16.2**	**.005**
Any use of illegal drugs	**40.5**	**16.2**	**.005**
Any days arrested	2.4	5.4	.571
Services in past 30 days…			
Inpatient physical health care	0	0	-
Inpatient mental health care	0	0	-
Inpatient alcohol/substance abuse treatment	**38**	**3**	**<.001**
Outpatient physical health care	11	16	.422
Outpatient mental health care	**32**	**54**	**.044**
Outpatient alcohol/substance abuse treatment	51	76	.059
Emergency room physical health care	14	11	.711
Emergency room mental health care	3	0	.324
Emergency room alcohol/substance abuse treatment	0	0	-
Past 30 days, experienced any of the following (not due to use of alcohol or other drugs)…	**Intake %**	**Discharge %**	**p**
Depression	48.7	32.4	.160
Anxiety	**70.3**	**37.8**	**.002**
Hallucinations	0	0	-
Problems with brain functioning (difficulty thinking, remembering)	**48.7**	**21.6**	**.006**
Violent behavior	5.4	0	.160
Attempted suicide	0	0	-
Support for recovery in past 30 days…	**Intake %**	**Discharge %**	**p**
Voluntary self-help for recovery, non-religious	65	62	.822
Voluntary self-help for recovery, religious	27	16	.618
Other recovery support	38	54	.160
Interacted with family and friends who are supportive of recovery	**78**	**97**	**.017**

Past 30 days…	Intake Mean	Discharge Mean	p
Health Status (1=Excellent, 5=Poor)	**3.1**	**2.8**	**.042**
How much been bothered by psychological or emotional problems in last 30 days? (1=Not at all, 5 = Extremely; N=17)	**3.3**	**2.5**	**.014**
How stressful have things been due to use of alcohol/drugs? (1=not at all, 5=extremely; N=6 who reported question was applicable)	2.0	1.8	.611
Has use of alcohol/drugs caused you to give up activities or impacted activities? (1=not at all, 5=extremely; N=7 who reported question was applicable)	1.9	1.4	.289
Has use of alcohol/drugs cause you to have emotional problems (1=not at all, 5=extremely; N=6 who reported question was applicable)	2.3	1.7	.102
What is your monthly income from wages?	$169	$435	.190
NCFAS			
NCFAS measure overall scales (N=31-36) 1 = Clear strength, 3 = baseline/adequate, 6 = Serious problem	**Intake Mean**	**Discharge Mean**	**p**
Environment (housing, safety, etc)	**3.1**	**2.1**	**<.001**
Parenting	**2.9**	**2.4**	**.023**
Family interactions	**2.8**	**2.0**	**.002**
Family safety	**3.2**	**1.9**	**<.001**
Child well being	**2.3**	**1.9**	**.045**
Social/community life	2.8	2.3	.103
Self sufficiency	**3.5**	**2.3**	**<.001**
Family health	**2.5**	**1.8**	**.001**
Caregiver/child ambivalence	2.4	2.0	.148
Readiness for reunification	**3.8**	**2.5**	**<.001**

Subpopulation disparities

PMQ3. *Is the treatment process for parents of color similar to the treatment process for white parents?*

Table 3 depicts analyses comparing the treatment process for Parents of Color to White parents. There were no statistically significant differences between White parents (n=39) to Parents of Color (n=63) on their experiences in the FTC based on the average number of days between referral to the FTC and intake, acceptance staffing, acceptance hearing, and exit date using independent samples t-tests. We also compared the reasons for exit using crosstabulations with Chi-square tests. There was a non-significant trend for white parents to be more likely to graduate or have their dependency dismissed as compared to POC (69.4% vs. 35.3%)

Number of days between program referral date and…	White mean	POC mean	p
Intake date	49	43	.493
Acceptance staffing date	80	80	.928
Acceptance hearing date	101	99	.823
Exit date (White n = 17, POC n = 36)	488	493	.911
Reason for exit (n=53 who exited)	**White %**	**POC %**	**p**
Graduated	50.0	23.5	.150
Dependency dismissed	19.4	11.8	

Opt-out	13.9	17.6	
Non-custodial dismissal (NCD)	8.3	29.4	
Discharged non-compliant	8.3	17.6	

PMQ4. *Are outcomes for parents and children of color proportional to outcomes for white parents and children?*

To compare the experiences of non-Hispanic White participants (n=18) with Parents of Color (POC; n=46; defined as any race other than white or non-Hispanic, including multiracial or Latinx), we ran linear and logistic regressions predicting 6-month GPRA variables controlling for intake scores. We did not run analyses for intake to discharge because the sample size was not large enough to permit analyses. Also due to limitations with statistical power, we did not run analyses for any variable that was very rare or very common at 6 months, which we defined as being less than 15% or greater than 85% occurrence (see table 2). There were no statistically significant differences, meaning that White parents did not differ from Parents of Color in their likelihood of changes on any of the variables listed in Table 4. It must be noted that these analyses had limited statistical power and are therefore considered exploratory and preliminary.

Table 4. Changes from intake to 6 month followup, stratified by White Parents (n=18) compared to Parents of Color (n = 46)

	Odds Ratio (White)	**p**
Total with GPRA intake and 6 months N=65		
Past 30 days…		
Any days committed crimes	1.12	.872
Any use of illegal drugs	.92	.903
Services in past 30 days…		
Inpatient alcohol/substance abuse treatment	3.29	.287
Outpatient physical health care	.43	.194
Outpatient mental health care	1.16	.802
Outpatient alcohol/substance abuse treatment	1.40	.643
Past 30 days, experienced any of the following (not due to use of alcohol or other drugs)…		
Depression	.64	.490
Anxiety	.83	.771
Problems with brain functioning (difficulty thinking, remembering)	.89	.865
Support for recovery in past 30 days…		
Voluntary self-help for recovery, non-religious	.47	.247
Voluntary self-help for recovery, religious	1.78	.329
Other recovery support	1.60	.453
Past 30 days…	**Beta**	**p**
Health Status (1=Excellent, 5=Poor)	-.20	.082
How much been bothered by psychological or emotional problems in last 30 days? (1=Not at all, 5 = Extremely)	-.08	.571
What is your monthly income from wages?	-.27	.772

There were no statistically significant differences in the proportion of White children (n = 64) and Children of Color (n=67) who were returned to their parents' care by the end of the study (White = 20.9%, COC = 26.6%). Of those who were returned to their parents' care, White children were returned significantly faster (White mean days = 240, COC mean days = 327, p = .032).

Local Performance Assessment

PMQ5. *Does the KCFTC program demonstrate improved child-related outcomes after enhancements are implemented, including decreased time until permanency, increased rates of reunification, and decreased rates of subsequent referrals to CPS?*

Children who achieved permanency did so faster in the expansion and enhancement grant, as compared to historical data (271 days compared to 475). However, the length of time for followup was much longer in our historical data, allowing for significantly more children with long placement episodes to be included in analyses, and likely downwardly biasing these estimates. Because the length of time for followup was much longer in our historical data than the expansion and enhancement grant, it is inappropriate to compare reunification rates and subsequent referrals.

PMQ6. *Does the KCFTC program demonstrate improved parental outcomes after enhancements are implemented, including increased rates of engagement in the program, decreased length of time from referral to enrollment in the KCFTC, decreased length of time from enrollment in KCFTC to enrollment in treatment, increased engagement in treatment services, increased rates of successful treatment completion and increased graduation rates?*

Table 6 depicts parental outcomes in the expansion and enhancement study, as compared to historical data from analyses of the KCFTC conducted by the University of Washington and presented in earlier reports. More parents enrolled in chemical dependency treatment (90% vs. 76%), and there were fewer days until treatment entry (39 vs 63). There were no substantial differences in the number of days between the intake screening and the acceptance hearing. For exit status, of those who exited, there were slightly more families in the expansion and enhancement grant who exited the court as "graduated" (41.5% vs. 34.2%) or "dependency dismissed" (16.9% vs. 9.4%), and many fewer who were discharged as non-compliant (11.3% vs. 29.5%).

	KCFTC Expansion and Enhancement	**KCFTC Historical data**
Enrolled in CD treatment	90%	76%
Days between KCFTC intake and treatment entry	39	63
Days between intake screening and acceptance hearing	43	40
Exited the program	N=53	N=149
Graduated	41.5%	34.2%
Dependency dismissed	16.9%	9.4%
Opt-out	15.1%	13.4%
Non-custodial dismissal (NCD)	15.1%	6.7%
Discharged non-compliant	11.3%	29.5%
Certificate of completion	0%	4.6%
Termination of rights	0%	2.0%

PMQ7. How can the work of the FRSS be improved? What are the major barriers to and supports of the FRSS and other program enhancements? What are KCFTC staff beliefs about the applicability of the FRSS to the court, and their experiences with, attitudes towards, and expectations of these enhancements? How closely did the implementation of the enhancements match the plan and expectations of program staff?

We distributed a survey to all team members, excluding the FRSS, in September of 2016 and repeated this in April of 2018. We also conducted open-ended interviews with the staff in the FRSS role in September of 2016. Analyses from the first survey were presented in an earlier report, but some statistics are described below to facilitate understanding of change over time. In April, 2018, we received survey responses from 28 (84.8%) of the KCFTC team members. Participants were:

- 68% female
- 82% Caucasian
- 40% Attorneys
- 21% KCFTC program staff
- 21% KCFTC social workers
- 7% Judge/commissioner
- 7% CASA
- 4% Wraparound

1) **Members of the Family Treatment Court expressed strong support for the role of the FRSS as an essential member of the team, with high ratings for fit, effectiveness, and a belief that their role was enhanced by the FRSS.**
   - Most of the participants provided positive ratings in support of the FRSS role in an essential member of the team (1=negative and 5=positive)
     - 81.5% rated that the FRSS role fits very well or extremely well with the goals of the KCFTC (about a 5% increase from Year 1), with a mean score of 4.41 (an increase from 4.14 in Year 1)
     - 81.5% rated that the FRSS role made the KCFTC more effective or much more effective (about a 5% increase from Year 1), with a mean score of 4.07
     - 69.2% of staff rated that generally they find the activities of the FRSS role to enhance their individual work responsibilities
   - **Several aspects of the FRSS were felt to be a good fit with the KCFTC. These generally included the resources and support provide by the FRSS.**
     - Twenty-seven participants answered the question "What aspects of the work of the FRSS works well?" Responses were grouped into major themes, below:
       - Provides overall peer support for clients in multiple domains, and helping clients navigate complex systems (through shared personal experiences)
       - Provides hope and role modeling for clients
       - Aids in communications between professional staff and clients in an important liaison role
       - Adds level of accountability for the clients and engages them in a different level than the professional staff
       - Provides a recovery voice and peer perspective to staff and court
       - Around the clock availability to the clients
     - When asked to describe the parts of the FRSS job that they found most useful, participants responded in the following themes:
       - Support and Coaching of clients
         - Translating information

                - Navigating system
                - Common shared experience (role models)
                - Accountability
                - Assisting clients in accessing services (housing, recovery community supports etc.)
            - Flexibility and availability (even after hours)
            - Being a liaison between client and professional staff (communication)
                - Help staff understand the addict brain
            - Advocacy
        - When asked to describe the aspects of the FRSS that *enhances* their work, participants responded with the following themes:
            - Support clients in more ways than what the professional staff can
                - Having a relatable and trust-worthy supporter (role model)
                - Explains "cognitive distortions of addiction" better than professional staff
                - Is engaged in problem solving with the clients
                - Encouragement to engage in process and with staff
                - Gives better perspective due to shared experiences
                - Ability to transport clients to appointments
                - Provide crucial support in wraparound
            - Helps professionals understand what clients are doing and feeling
                - Perspectives are key and invaluable to the team
                - Bring information on parents can engage successfully in recovery and what struggles they face
- **Some aspects of the FRSS role were felt to not fit with the KCFTC. These generally had to do with boundaries (the FRSS is both a professional and a peer advocate) about the KCFTC role.**

    - Twenty-two participants responded to the question "What aspects of the work do not fit with the KCFTC?"
        - There is some sense that there may be unclear boundaries for the FRSS role between the court and the client
        - FRSS's lack licensed credentials/lack of clinical education
        - Clients lack of understanding that FRSS is not a confidential providers
        - Lack of understanding of what to do if parents do not like the FRSS they are assigned
        - There was a sense that FRSS might provide less support if they do not like clients
        - Possible conflict of interest: Some FRSS's may know the client from their community or prior life
        - Innate hierarchy:
            - At times FRSS voices are not valued and are challenged by the staff
            - And at times staff feels they are challenged by the FRSS
        - FRSS may sometimes generalize their personal experience and apply it to parents who are each unique in their addiction and recovery
        - FRSS role is highly flexible and community based, therefore there is some difficulty fitting in the regular business hours
    - When asked what aspects of the FRSS job need the most improvements, participants responded with the following themes:
        - Boundaries
            - One to one comparison (relying too much on personal experiences) alienates clients and feel unsupported

                - Need to be aware of the whole picture not just the addiction side but also the relationship of the child and parent
                - The hours worked by FRSS and creating space/time for paper work
            - Communication/Documentation:
                - Increased written documentation and reporting
                - Too much personal experiences are shared in meetings and with clients
            - FRSS ability to make it to all team meetings, FTDM and wraparound meetings
            - Having more concrete resources (ex. Flex funds)
            - Desire for more personnel in this role across all races and genders
        - When asked to describe the aspects of the FRSS that *interferes with* their work, participants responded with the following themes:
            - Not always bound by client confidentially as an attorney
            - Focused on recovery and doesn't always understand the child welfare concerns
            - Blurred boundaries

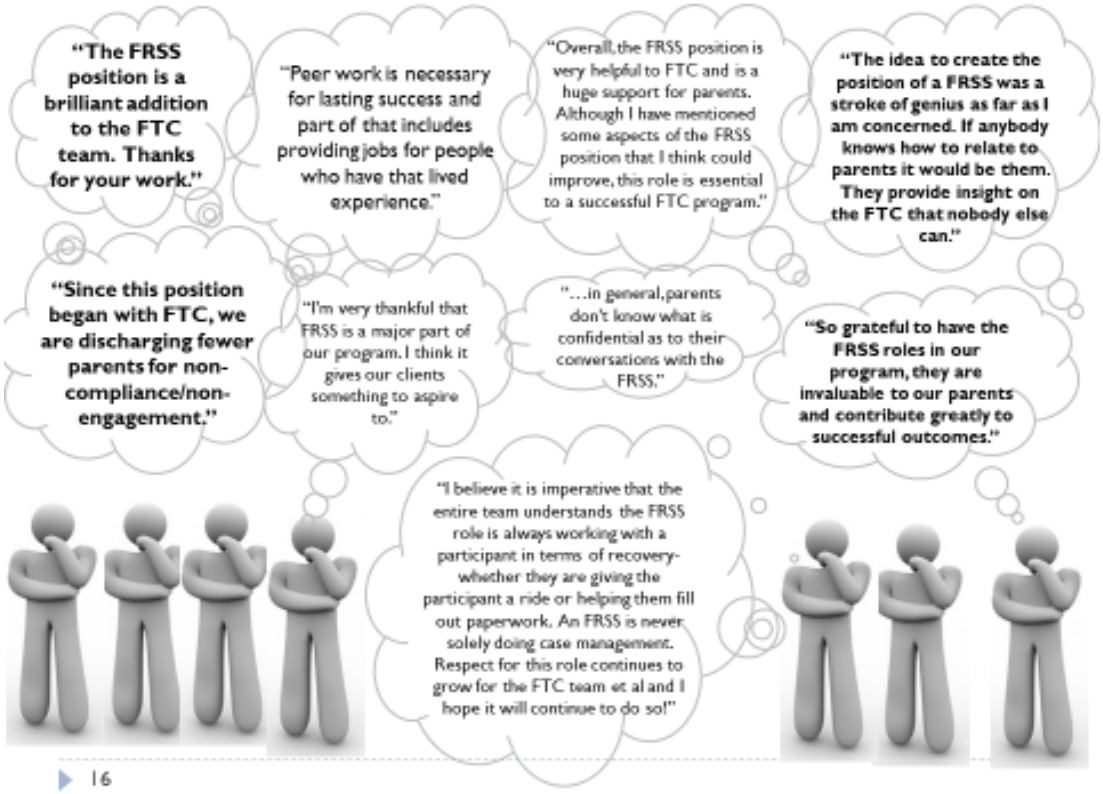
2) **Because the role of the FRSS is new and spans professional and advocacy work, there were a significant number of staff members who believed that clients did not understand legal rules about confidentiality between themselves and the FRSS, or that the KCFTC staff did not understand those rules.**

- Adequate transparency in communication was of concern during Year 1, thus additional items were included to measure improvements
    - 56% reported that they believed parents in the KCFTC understood the confidentiality rules between them and the FRSS
    - 63% reported that they believed the KCFTC team understood the confidentiality rules between parents and FRSS
    - 89% said the FRSS adequately communicates information about the contacts they had with parents
- When asked why they believed the FRSS did or did not adequately communicate the information they had about parents, participants provided the following responses
    - *Adequately communicated*
        - FRSS verbally updates about their contacts during staffing
            - FTC team gets direct contacts from FRSS for urgent matters
            - Actively involved in staffing, hearings, team meetings and wraparounds
        - Provides weekly reports for court hearings
            - Contributes to the FTC treatment specialist reports two days before hearings
    - *Did not adequately communicate*
        - Did not provide written documentation about interactions with parents that should be available to all parties
        - Not communicating all contacts to the KCFTC
        - FRSS did not respond to particular clients

3) **Staff identified barriers to the FRSS role, several of which had to do with the unique boundary-spanning position of the FRSS and the flexibility required to do their work**
    - When asked what were the major barriers to the work of the FRSS, participants responded with the following themes:
        - Lack of client engagement from some clients
        - Time

        - Not enough time in the day to support all their clients
        - High volume of clients (huge caseloads) – unable to equally support clients
        - Single person doing work of many
    - 24/7 availability
        - Coupled with the environment they work in can lead to challenges in their own recovery
        - Being able to balance after hours work with business hours work
    - Additional trainings needed to be received by FRSS
        - Understanding the DSHS system
        - Understanding complex mental health needs of parents and children
    - Support from the team
        - Not being valued by the team and included in planning
        - Attorneys and social workers not including FRSS in the process

4) **Several quotes can provide a richer picture of the experience of including a Family Resource Support Specialist.**



Addendum: Analyses of Wraparound-receiving clients

Several clients received Wraparound services during the course of their involvement in the family treatment court. Below, we provide analyses of their experiences as compared to families who did not receive Wraparound services.

Our data indicated that 24 clients, or 23.5% of the 102 clients in our analysis, were enrolled in Wraparound services between October 2015 and June 2018. Table A1 depicts the length of time until intake, acceptance staffing, acceptance hearing, and exit (exit only includes n=12 wraparound and n=41 other clients because clients were still in the FTDC at the time of this analysis. Clients in Wraparound had significantly fewer days between referral and intake (31 vs. 51.5) and significantly more days between referral and exit (619 vs. 492). There were no statistically significant differences between the groups on exit reason, though the Wraparound sample that had exited was quite small at 12; non-significantly, 75% of the Wrap group and 54% of the other group exited with the most positive reasons of graduation or dependency dismissed. There were no other statistically significant differences.

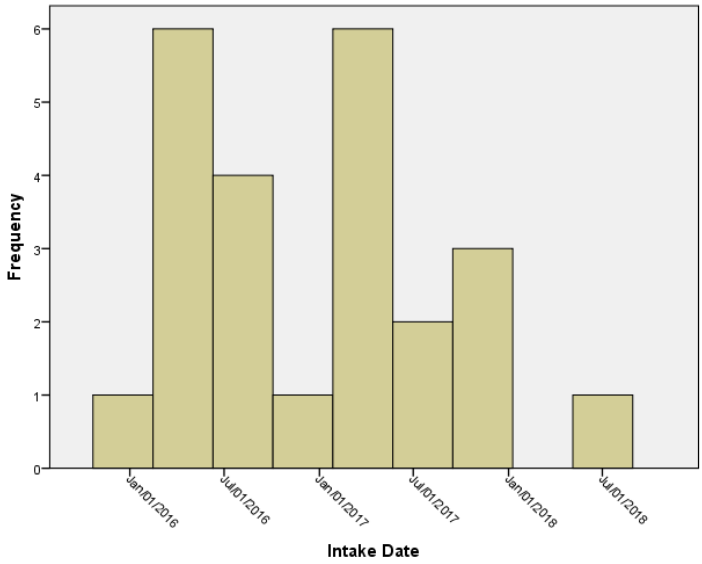


Table A1			
	Wrap mean	**Other mean**	**p**
Number of days between program referral date and…			
Intake date	**31.1**	**51.5**	**.023**
Acceptance staffing date	71.5	82.9	.345
Acceptance hearing date	91.5	102.9	.380
Exit date (n=12 Wrap; n=41 other)	**619.3**	**452.4**	**.001**
Reason for exit (n=12 Wrap and 41 others who exited)	**Wrap N (%)**	**Other N (%)**	**p**
	12 (100%)	41 (100%)	.320
Graduated	5 (42%)	17 (42%)	
Dependency dismissed	4 (33%)	5 (12%)	
Opt-out	2 (17%)	6 (15%)	
Non-custodial dismissal (NCD)	1 (8%)	7 (17%)	
Discharged non-compliant	0 (0%)	6 (15%)	
Summary reason for exit			**p**
Graduated or dependency dismissed	9 (75%)	22 (54%)	.187

Opt out, NCD, discharged non compliant	3 (25%)	19 (46%)	

Table A2 depicts changes from intake to 6 months for the wraparound group only on data collected via the GPRA and NCFAS; these data were only available for n=22 clients, which means that there was limited statistical "power" to detect statistically significant differences. Results indicated that a significantly higher percentage of clients received outpatient mental health care at six months than at intake (27% vs. 55%). There was a trend towards more clients receiving alcohol and substance abuse treatment from intake to 6 months (68% vs. 86%). With statistical significance, more clients reported problems with brain functioning from intake to 6 months (32% vs. 55%). There was a trend toward more clients reporting receiving voluntary self-help from non-religious recovery support groups (64% vs. 86%). More clients reported receiving support from family and friends from intake to 6 months (82% vs. 100%). There was a trend toward clients reporting receiving less income from intake to six months ($245/mo vs. $66/mo; most clients reported having no income at all). We do not provide analyses for intake to discharge, such as the North Carolina Family Assessment Scale data, because too few clients reached discharge by the time this data was collected.

Table A2. Changes from intake to 6 month followup

	Intake %	**6 months %**	**p**
Total with GPRA intake and 6 months followup N=22			
Past 30 days…			
Any use of alcohol	13.6	13.6	--
Any days committed crimes	40.9	31.8	.427
Any use of illegal drugs	40.9	31.8	.427
Any days arrested	0	0	--
Services in past 30 days…	**Intake %**	**6 months %**	**P**
Inpatient physical health care	0	0	--
Inpatient mental health care	0	0	--
Inpatient alcohol/substance abuse treatment	9	0	.162
Outpatient physical health care	23	27	.715
Outpatient mental health care	**27**	**55**	**.030**
Outpatient alcohol/substance abuse treatment	68	86	.104
Emergency room physical health care	5	5	--
Emergency room mental health care	0	0	--
Emergency room alcohol/substance abuse treatment	0	0	--
Past 30 days, experienced any of the following (not due to use of alcohol or other drugs)…	**Intake %**	**6 months %**	**p**
Depression	68	64	.665
Anxiety	64	68	.665
Hallucinations	0	0	--
Problems with brain functioning (difficulty thinking, remembering, etc)	**32**	**55**	**.021**
Violent behavior	9	0	.162
Attempted suicide	0	0	--
Support for recovery in past 30 days…	**Intake %**	**6 months %**	**p**
Voluntary self-help for recovery, non-religious	64	86	.096
Voluntary self-help for recovery, religious	27	41	.329
Other recovery support	14	32	.162
Interacted with family and friends who are supportive of recovery	**82**	**100**	**.042**
Past 30 days…	**Mean**	**Mean**	**p**

Health Status (1=Excellent, 5=Poor)	3.14	3.45	.184
How much been bothered by psychological or emotional problems in last 30 days? (1=Not at all, 5 = Extremely; n=45)	2.59	2.53	.805
How stressful have things been due to use of alcohol/drugs? (1=not at all, 5=extremely; N=18 who reported question was applicable)	1.78	2.00	.594
Has use of alcohol/drugs caused you to give up activities or impacted activities? (1=not at all, 5=extremely; N=17 who reported question was applicable)	1.33	1.78	.169
Has use of alcohol/drugs cause you to have emotional problems (1=not at all, 5=extremely; N=17 who reported question was applicable)	1.67	2.00	.282
What is your monthly income from wages?	$245	$66	.055