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Family Drug Treatment Court Program Effectiveness as a Protective Factor for Parents in Prevention of Substance Abuse Foster Care Re-entries: A Mixed Methods Study

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FAMILY DRUG TREATMENT COURT PROGRAM EFFECTIVENESS AS A PROTECTIVE FACTOR FOR PARENTS IN PREVENTION OF SUBSTANCE ABUSE FOSTER CARE RE-ENTRIES: A MIXED METHODS STUDY

A Master's Thesis

Presented to

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In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Early Childhood and Family Development

By

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ABSTRACT

Foster care re-entry rates are high. Studies show that many foster care entries are due to substance abuse. These parents may enter a Family Drug Treatment Court Program that offers intensive therapy for the parent as well as services for the family. This study looks at the effectiveness of a Missouri County Family Drug Treatment Court Program at preventing foster care re-entry for those who graduate the program. This study uses a mixed methods research design. Caseworkers for the Missouri County Family Drug Treatment Court were interviewed. Quantitative secondary data was also obtained from the Missouri County Juvenile Office. Results show that initial reunification rates for this particular Missouri program are high, showing effectiveness at producing positive outcomes. However, this program also has a high foster care re-entry rate when compared to other studies.

KEYWORDS: family drug treatment court, fdtc, foster care, re-entry, reunification, substance abuse, attachment theory, Missouri county, caseworkers, parents

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INTRODUCTION

The current study sought to explore if a Missouri County Family Drug Treatment Court (FDTC) is effective at preventing substance abuse foster care re-entry. The current study uses a mixed methods research design with semi-structured, guided interviews with a Missouri County's Children's Division FDTC unit caseworkers. Secondary quantitative data was received from the Missouri County Juvenile Office for FDTC cases from 3 consecutive years, from July 2019 through December 2022, looking for instances of foster care re-entry post case closure, for those cases that closed in reunification, where a child was reunited with the offending parent at case closure.

Children enter foster care each day. Of the many reasons children enter foster care, children are more likely to enter foster care due to parental substance abuse and addiction (National Drug Court Institute (NDCI) & Center for Substance Abuse Treatment (CSAT), 2004). Substance abuse, defined as use and/or dependency on illicit drugs, prescription drugs, or alcohol dependency, is one of many risk factors working against families in their bid for reunification; the prevalence estimated at 60% (Brook & McDonald, 2009). Current rates of foster care reentry are high. Foster care re-entry is defined as entry into foster care a subsequent time, after being reunified with a caregiver, or placed in guardianship or adoptive homes. It is essentially a failed reunification. Nearly 70% of children who re-enter foster care do so within 12 months of reunification; 20% of children will re-enter within 5 years (Wulczyn, 2004). Reunification with parents who abuse substances is found to be even less likely, with substance abuse listed as the reason for 60% of foster care re-entries (Font et al., 2018; Sloan et al., 2013).

One of the proposed solutions in the last three decades has been the specialty court system referred to as Family Drug Treatment Court (FDTC). These programs are defined as

voluntary, collaborative, therapeutic, specialty courts that offer services for persons addicted to substances who are facing pending child abuse or neglect cases (NDCI & CSAT, 2004). These courts work to provide appropriate treatment options for the family and to stop the cycle of abuse. Services include family and individual therapy, drug treatment, parenting classes, vocational counseling, randomized drug screenings, and attendance at Alcoholics Anonymous or Narcotics Anonymous meetings (Chuang et al., 2012; Freisthler et al., 2021; NDCI & CSAT, 2004).

Research results are mixed, and there is no conclusive evidence as to whether Family Drug Treatment Court programs are successful at preventing re-entry. Research completed by Chuang, et al. (2012) and Zhang, et al. (2019) found FDTC is a great proponent of initial reunification rates, meaning those who complete the program have a higher likelihood compared to the general treatment plan population of reunifying with their children at the conclusion of their case, but results were mixed concerning foster care re-entry rates. Chuang and colleagues studied 95 caregivers in Florida that enrolled in the Hillsborough County FDTC program. These participants were followed 24 months beginning in March 2007. They compared Hillsborough County to a demographically similar county, Pinellas County, that did not have a FDTC program with propensity scoring. In the study completed by Chuang et al. (2012), researchers found that re-entry rates were reduced when one completed FDTC: 1.32% re-entry in Hillsborough County, compared to 11% in Pinellas County, but Zhang et al. (2019) found that FDTC completion had no significant statistical advantage for foster care re-entry through a meta-analysis of literature. Five studies that Zhang and colleagues looked at were not peer-reviewed.

There is a large gap in the literature regarding FDTC effectiveness at preventing foster care re-entry. Studies, like Zhang and colleagues' study, have focused on whether FDTC is effective at initial reunification, but have not followed families in depth after they are reunified at

case closure (2019). Chuang and colleagues' study is the only known research study in the last decade that looked at, and found, reduction in foster care re-entry rates for parents who completed the FDTC program (2012). With a lack of studies done on this particular topic, the present study is needed to add valuable information about FDTC effectiveness at preventing foster care re-entry for caregivers who abuse substances.

The purpose of this study was to determine if Greene County Family Drug Treatment Court, located in Missouri, aids in prevention of foster care re-entry for those who complete the FDTC program. For this purpose, a systematic content analysis was carried out to review the existing records. In addition, a few relevant personnel from a Missouri County's Family Drug Treatment Court Unit of Children's Division were interviewed to understand and explain the findings of the study.

LITERATURE REVIEW

One solution that has evolved in the fight against child abuse and neglect is the Family Drug Treatment Court (FDTC). These are specialty courts that provide services to the entire family, particularly when children are abused or neglected and enter into foster care as the result of a parent's substance use addiction (NDCI & CSAT, 2004). Children who experience this type of abuse or neglect are more likely to be under the age of five, disturbing secure attachment with caregivers when removed from the home (Meinhofer & Anglero-Diaz, 2019). This disturbance in attachment (e.g., an emotional connection between a caregiver and a child) at such a critical age can cause issues into adulthood (Bowlby, 1989). Subsequent removals from the home can disturb attachment even further (Bowlby, 1989). This begs the question: Are FDTCs a protective factor in the fight to prevent foster care re-entry? The present study examines if a Missouri county FDTC acts as a preventative to foster care re-entry in substance abuse cases.

Family Drug Treatment Courts and Programs

Family Drug Treatment Court (FDTC) program is defined as a voluntary, collaborative, therapeutic, specialty court program that offers wraparound services for persons addicted to substances who are facing pending child abuse or neglect cases (NDCI & CSAT, 2004). Goals of these courts include providing timely placement of children, fostering collaborative relationships with the family, providing families with the skills they need to be productive in the community, ancillary services, cost effectiveness, strengths-based approaches, delay avoidance, developmentally appropriate treatment, and stopping the cycle of abuse and neglect (Freisthler et al., 2021; NDCI & CSAT, 2004). The National Drug Court Institute and Center for Substance

Abuse Treatment states that these civil courts are run by a judge who acts as a team leader over social services, lawyers, parents, and treatment providers (2004). Parents are required to do an intensive treatment plan and participate in regular and randomized drug testing (NDCI & CSAT, 2004).

The first FDTC opened in 1989 in Dade County, Florida in an attempt to both squash crime and help offenders, with families, achieve sobriety (NDCI & CSAT, 2004). Over the last three decades, the FDTC has evolved into what it is today. These courts take on differing models across the United States, including single-track or integrated models, and dual-track or parallel models (Green et al., 2007). In a single-track option, parents are under the supervision of a single judge who decides the reunification outcome of the family, as well as ruling over the FDTC program (Green et al., 2007). In dual track models, families have a separate judge for their case involving the abuse or neglect of their child (Green et al., 2007). In December of 2020 there were 317 FDTCs in the United States and surrounding territories (National Drug Court Resource Center, 2021). As of 2020, fifteen states did not have a FDTC, including: Arkansas, Connecticut, Hawaii, Illinois, Kansas, Kentucky, Nebraska, New Hampshire, New Jersey, North Dakota, South Carolina, South Dakota, Utah, Vermont, and Wyoming (National Drug Court Resource Center, 2021). Of those 317 courts found in the United States, fifteen were located in Missouri (National Drug Court Resource Center, 2021). One of those resides in Missouri, the court at the center of this study. The FDTC program at the center of this study, in Missouri, takes parents a minimum of eight months to complete and averages 12-15 months (GCFTC, 2022). Their program requires minimum monthly court appearances, sometimes up to once/week, and frequent randomized drug screenings (GCFTC, 2022). Their program is split into multiple phases, including: Welcome Phase, Phase 1 Sobriety, Phase 2 Stability, Phase 3 Consistency, and Phase 4 Transition (GCFTC, 2022). Each phase requires varying time commitments for parents

and to go into the next phase, the Judge must give approval (GCFTC, 2022). Gaining approval requires that the parent has attended all meetings, drug screenings, parent-child interactions, and has completed all responses prior to the court hearing (GCFTC, 2022). These courts tend to use family reunification as a gift for parents to complete treatment and remain compliant with service plans. A faster reunification is a win for everyone involved. It is cost effective, reduces strain on the system, and most importantly, begins healing the attachment bond between caregiver and child (Wulczyn, 2004).

Costs and Benefits

A decade of research has shown that drug treatment courts have reduced costs for substance-using offenders (MACP, 2021). Family Drug Treatment Court (FDTC) costs are reduced compared to costs associated with incarceration and child welfare (Logsdon et al., 2021; MACP, 2021). Incarceration of offenders who abuse substances has shown to range from $20,000-$50,000 per person, per year, with the cost of building a prison cell coming in at $80,000 (MACP, 2021). The average drug treatment court program costs between $1,500 and $11,000 per person, per year (MACP, 2021). A study in Yellowstone County, Montana showed that for every dollar spent in FDTC, $4.74 are saved in costs for systems and communities (MACP, 2021). Over 23 billion dollars was spent nationally on child welfare costs in 2004 (MACP, 2021). This savings is attributed to parents entering treatment sooner, staying in treatment for a longer period, and completing treatment more often than counterparts who did not enter the FDTC program (Logsdon et al., 2021). Logsdon and colleagues have noted that cost savings varies by location and circumstance but found an average savings of $5,000$13,000 per family (2021). Additional cost savings comes from less visits to the emergency room for parents and less substance-exposed births (Logsdon et al., 2021).

Family Drug Treatment Court as a Protective Factor

Several protective factors exist for children in prevention of re-entry to foster care, including age, length of initial stay in foster care, kinship placement type, behavioral and health patterns, and reason for removal (Wulczyn, 2004). Studies in the last decade are limited regarding Family Drug Treatment Courts (FDTC) and their effectiveness as a protective factor for preventing re-entry into the foster care system. The FDTC has a modicum of success in *initial* reunification rates, however. Several studies have reviewed the reunification effects FDTC participants had, compared to non-participants; participants had an odd of nearly two times that of non-participants for reunification with their children (Lloyd Sieger et al., 2021; Zhang et al., 2019). In North Carolina, a 2014 study of 409 parents (194 who graduated FDTC, and 215 who did not complete FDTC) showed 73% of parents who participated and completed their FDTC program were reunited with their children, compared to those who did not complete the FDTC program at 24% (Gifford et al., 2014). A study in Rhode Island of 52 mothers enrolled in a FDTC had an 81% completion rate by 30 months (Twomey et al., 2010). Of those, 7% relapsed and were not living with their children; and non-graduates were found to have a significantly higher chance at relapse than FDTC graduates (Twomey et al., 2010). A similar study of parents in a Midwestern state who abused substances and completed a regular treatment plan, without FDTC, had a 39% reunification rate (19% for children ages 0-3, and 20% for ages 3 and above) (Lloyd et al., 2017). By comparison, just over half of children typically return home who enter out of home care, for any reason; the rest exit to adoption or guardianship (Courtney & Hook, 2012).

Foster Care Re-Entry and Risk Factors

Foster care re-entry is defined as a child's return to out of home care after being adopted, or

reunified with a parent, during previous out of home care, such as a foster home or kinship placement; it is, in essence, a failed reunification (Carnochan et al., 2013). Foster care re-entry is currently only tracked up to 12 months after a child is reunified with their family as required by the Child and Family Service Review (CFSR) (Semanchin Jones & LaLiberte, 2017). Nearly 70% of children who re-enter foster care were found to do so within one year of reunification; almost 40% of those children did so within three months (Wulczyn, 2004). Studies show estimates of 20% of children re-entering foster care between 3 and 5 years (Akin et al., 2017; Wulczyn, 2004). For a reunification to be successful for a child, lifelong stability and safety is requisite. Reunification for children to parents who abuse substances was found to be less likely, and those children had a reduced probability of adoption as well (Sloan et al., 2013). In fact, substance abuse was listed as the reason for 68% of foster care re-entries in a study done by Font and colleagues (2018). This leaves children in limbo, abandoning them in a system that is oft overstressed, but of more importance creates children with insecure attachments.

Children who are removed from families involved in substance abuse are more likely to be age five or younger, a critical junction for forming attachments (Meinhofer & Anglero-Diaz, 2019). John Bowlby (1989) makes particular note that losses in the first five years are particularly damaging and pathogenic. Attachment Theory suggests that even short removals from caregivers can cause emotional detachment (Bowlby, 1989). Parents who abuse substances are more likely to spend time seeking out their vice of choice and are less likely to appropriately supervise their children (Steenrod & Mirick, 2017). This is the root of neglect charges brought against parents, causing the intervention and removal of children from their care and home. Rivera & Sullivan echo this sentiment, stating that higher rates of child maltreatment are the direct effect of parents who prioritize their substance abuse needs over their children's needs, including neglect

(2015). Removal from the home and re-entry into foster care for very young children disrupts healthy attachment to caregivers (Carnochan et al., 2013). Permanency timelines require cases to be resolved quickly to promote attachment (Font et al., 2018). The Adoption and Safe Families Act (ASFA) mandates that families achieve permanency within 15 months of removal from their home. Longer separations can result in personality disorders, psychopathy, and aggressively demanding behaviors (Bowlby, 1989). Without a secure base of attachment, a child is less likely to maintain a mutually rewarding relationship at any point in the future (Bowlby, 1989).

There are many risk factors that repeatedly present themselves before these children reenter foster care. Children who re-enter foster care were more likely to be between 6-10 years old, have behavioral problems, cognitive delays, prior removals, shorter and longer stays in foster care, and parents with substance abuse and mental health issues (Akin et al., 2017; Font et al., 2018; Shaw & Webster, 2011; Wulczyn et al., 2020). Shaw & Webster found that children who were in foster care 0-3 months' time, or longer than 12 months are at a greater risk for reentry (2011). They also noted that substance abuse accounted for re-entries at the rate of 2.29 times, between 12-24 months post-reunification, compared to children without parents who abused substances (Shaw & Webster, 2011). Brook & McDonald found a similar statistic with re-entry rates of 47% for parents who abuse substances, versus 25% for those who do not (2009). Another study found that social services' current neglect assessment tools, parenting skills, lack of parental skill improvement, and substantiated as well as unsubstantiated allegations are also predictors of re-entry (Wells & Correia, 2012). Jedwab & Shaw noted that multiple removals are also a risk factor for re-entry (2017). This means multiple placements while already removed from the child's original placement; being bounced from one home to another. In addition, Wulczyn and colleagues found that females were 4% more likely to re-enter foster care; and that Black youth were more likely to return to care

(2020). The peril for re-entry increases as these risk factors compound and intersect with one another.

Family Drug Treatment Court Program Effectiveness and Foster Care Re-Entry

Existing research demonstrated the effectiveness of Family Drug Treatment Court (FDTC) programs to prevent children from foster care reentry. Chuang and colleagues found the FDTC in Hillsborough County, Florida had a positive effect on families in terms of decreasing re-entry rates (2012). However, Chuang and colleagues found that older studies reached inconclusive results – probably due to studying varying types of FDTCs with varying types of rules, such as dual track (two judges), single track (just FDTC), and integrated (one judge for both FDTC and Children's Division cases); these differing court models could have caused the inconclusive results in decreasing foster care re-entry rates (Chuang et al., 2012). Chuang and colleagues also discerned there were only five available studies, focused on six FDTCs in the western United States and all were different models, in 2012 (2012). This is a small sample size. Zhang and colleagues completed a related study in 2019; this study concluded that FDTCs did not have a statistically significant impact on foster care re-entry (2019). However, Zhang and colleagues researched similar (sometimes overlapping), older studies to reach this conclusion (2019). Studies that had a medium length of observation, noted as 13-24 months, produced the most re-entries (Zhang et al., 2019). This is consistent with normative findings of 0-3 months and greater than 12 months post reunification putting a child at risk for re-entry. However, the latter falls out of line with Child and Family Service Review's federal guideline for states to report entries within 12 months.

Chuang and colleagues' 2012 study followed 95 caregivers over two years from March

2007 to 2009. These parents had to complete intensive outpatient therapy (Chuang et al., 2012). In addition, they received eight hours of group counseling, one hour of individual counseling, trauma informed psych-education counseling, parenting classes, randomized drug screens three times a week, bi-weekly court appearances, and were required to attend weekly Alcoholics Anonymous or Narcotics Anonymous meetings (Chuang et al., 2012). This study found a 1.69 odd of reunification (Chuang et al., 2012). Chuang and colleagues also found that completers of FDTC had a 1.32% re-entry rate compared to the general re-entry population rate of 11%, a significant reduction (2012). Chuang and colleagues' study is unique in that it is the only known study in the last decade that found a re-entry rate for completion of FDTC participants (2012).

The review of the existing research illustrates the effectiveness of FDTC programs in terms of reducing children's stay in care. Reunification rates for graduates of FDTC programs, no matter the variation, are higher than those of participants in other programs. The odds of reunification for parents who complete these programs are stacked in their favor, in part, because it is a solid, measurable attribute in their treatment, unlike parenting skills or therapy treatment. However, parental substance abuse remains a risk factor for children's entry, and re-entry, into foster care. This is detrimental to attachment long term for both parents and their children, who both need familial bonds long term to protect mental and physical health.

To examine the effectiveness of FDTCs Programs in a Missouri State County, in terms of preventing children from substance abuse foster care re-entry, the current study investigates the following research question:

- What is the effectiveness of a Missouri County Family Drug Treatment Court to prevent re-entry of a child into substance abuse foster care?

METHODS

To answer the research question: "What is the effectiveness of a Missouri County Family Drug Treatment Court to prevent re-entry of a child into substance abuse foster care?", a mixed methods research design was implemented. Semi-structured interviews were held with caseworkers of the Missouri County Family Drug Treatment Court (FDTC) unit located at Children's Division. The interviews were coded and thematically analyzed. Additional relevant, secondary quantitative data was received from the Missouri County Juvenile Office. Univariate and bivariate analyses were conducted on the quantitative data.

Design

The present study uses a mixed methods research design. This design combines qualitative casework interviews with secondary quantitative data. Qualitative data uses open-ended collection, and quantitative uses close-ended collection of data. Prior studies have used content analysis design in foster care reunification and re-entry research. These studies have extrapolated data from various foster care agencies and court systems in multiple states in the United States and classified data into varying quantitative sets (Font et al., 2018; Gifford et al., 2014; Jedwab & Shaw, 2017; Steenrod & Mirick, 2016; Mowbray et al., 2016; Shaw & Webster, 2011; Wulczyn et al., 2020). The current study was unable to extract firsthand data, however, was able to carry out mixed methods with quantitative secondary data. The current study interviews three caseworkers from the Missouri County FDTC unit of Children's Division and systematically reviews quantitative foster care data from Missouri County Juvenile Office from July 2019 through December 2022. The study examines FDTC graduates and non-graduates whose cases closed with a reunification outcome. Univariate and bivariate analyses are

conducted on the existing research given to the researcher for the purpose of this study. Univariate analysis was conducted on FDTC graduates. Once graduated, univariate analysis looked at whether or not the caregiver reunified with their children. Bivariate analysis looked at foster care re-entry rates for graduates and nongraduates of the FDTC program.

Sample

The primary sample consists of three FDTC unit reunification caseworkers of Children's Division. These caseworkers have a minimum of one year of working experience exclusively in the FDTC unit. This time frame was selected by the researcher to ensure that all caseworkers had exited the probation period of twelve months for Children's Division. All caseworkers were assigned a pseudonym of their choice to protect their identities. Caseworkers range in age from mid-20s to early 40's, though exact ages were not discovered, and are all white women. Each caseworker has at least a bachelor's degree in social work. Each caseworker interviewed has 3-4 years of experience in the FDTC unit of Children's Division. All of their prior relative experience was in Alternative Care or Investigations at Children's Division. "Suzie" has been with Children's Division for nearly ten years, six years in Alternative Care, and four years in FDTC. "Lucy" has worked with Children's Division for five years, two in investigations, three in FDTC. "Trixie" has worked with Children's Division for three years, six months in Alternative Care and two and a half years in FDTC.

Additional secondary, quantitative, exit outcome and foster care re-entry data of a Missouri County FDTC were obtained from the Missouri County Juvenile Office (see Appendix A). These records include caregivers who entered the FDTC program in July 2019 through December 2022. Caregivers who graduated from the FDTC program and had a reunification outcome were studied and analyzed by the researcher. The researcher also looked at foster care

re-entry rate differences between graduates and non-graduates. The sample of caregivers is followed through April 2023 looking for instances of foster care re-entry. From July 2019December 2022 there were 116 participants in the Missouri County FDTC program. Of those 116 participants, 38 graduated from the FDTC program, 47 were expelled, and 31 were administratively discharged.

Procedures

Procedures included an Institutional Review Board (IRB) application submission at Missouri State University (approval number: IRB-FY2023-354, see Appendix B). The IRB was approved on February 28, 2023. Documents prepared for this submission included a case worker interview question list, phone call scripts, informed consent for interviews, and email scripts. This recruitment process began by emailing the Missouri County Circuit Manager. The researcher introduced the overall purpose of research and requested relevant records with no identifiable information from the Circuit Manager of Children's Division, as well as the FDTC unit supervisor's contact information. Data was requested on March 28, 2023 for FDTC entrants in 2016. The researcher requested that all FDTC entrants in 2016 be followed through 2021 to answer the following questions:

- Did the offending parent complete Family Drug Treatment Court? Yes/No
- Was there reunification with their child(ren)? Yes/No
- Did the child re-enter foster care? Yes/No
- How long from case closure until re-entry?

The researcher requested five years of records, looking for foster care re-entry, to establish a solid re-entry timeline according to research. Research has stated that most substance abuse foster care re-entries happen within twelve months of initial reunification, but nearly all reentries happen within five years (Wulczyn, 2004). The Circuit Manager forwarded the request to the

Missouri County Juvenile Office as Children's Division does not store data in house. Data was obtained on April 18, 2023 from the Missouri County Juvenile Office. Data received did not answer the question "How long from case closure until re-entry?" nor was the data over a five-year span as requested. The data that was extrapolated for the researcher followed entrants in each year from July 2019-December 2022. Data followed entrants in this three-and-a-half-year timeline through April 2023 looking for foster care re-entries. The researcher requested additional assistance, via an email to the FDTC unit supervisor of Children's Division, to identify at least one case worker from the FDTC unit for the interview. Four caseworkers agreed to the interview. Three of the four caseworkers had a minimum of one year of experience working exclusively in the FDTC unit of Children's Division and therefore were included in the study. Informed consent for the interviews was shared via email and signed in person. A semi structured interview was conducted with the selected participants in person at the Missouri County Children's Division office on March 31, 2023. Questions asked were to gain knowledge regarding the efficiency and effectiveness of the FDTC program in preventing foster care reentry in the featured Missouri County. Each interview lasted 30-45 minutes and was audio recorded. Additional follow-up questions were asked to gain further understanding by the researcher, both in person and via email after the interviews. After interviews were thematically analyzed, results were shared with caseworkers via email to ensure accuracy.

Measures

The research question states: What is the effectiveness of a Missouri County Family Drug Treatment Court to prevent re-entry of a child into substance abuse foster care? Variables assessed to answer this question include:

- *Family Drug Treatment Court Completion:* To denote completion of Family Drug Treatment Court, the offending caregiver must have received a completion certificate

from the Missouri County FDTC indicating successful completion of the program. The parent must also be reunified with the child(ren).

- *Reunification:* To denote reunification, an offending caregiver's case is closed with the child legally returning home to offending caregiver.
- *Foster Care Re-Entry:* To denote foster care re-entry, a child must have previously been placed in foster care. Said child is removed from the caregiver's home a subsequent time and placed back into foster care.

After data were obtained, the data was classified into sets. To start, satisfying both variables: FDTC completion and substance abuse foster care re-entry, the following quantitative questions were observed:

1) Did the offending caregiver complete Family Drug Treatment Court? Yes/No
2) Was there reunification with their child(ren)? Yes/No
3) Did the child re-enter foster care? Yes/No
4) How long from case closure until re-entry?

These questions were asked to answer the research question regarding the effectiveness of the Missouri County FDTC at preventing substance abuse foster care re-entry. Univariate analysis was completed on question numbers 1-3. Bivariate analysis looked at the differences in foster care re-entry rates between graduates and non-graduates. The answer to number 4 was not able to be analyzed.

Interview Protocol

The interview protocol consists of a list of open-ended questions to gain understanding into the effectiveness of the Missouri County FDTC in preventing substance abuse foster care reentries. The questions were created largely from the researcher's own experience working in Children's Division from 2011-2013. The researcher was used as a key instrument in the development and execution of data collection. Prior to the beginning of each interview, the researcher shared the purpose of the research, as well as gained informed consent for each audio recorded interview. Each participant was purposefully selected for interview to gain knowledge

into the Missouri County FDTC program. Participants are not able to be directly observed due to the highly sensitive work they do each day. To answer the research question: "What is the effectiveness of a Missouri County Family Drug Treatment Court to prevent re-entry of a child into substance abuse foster care?" the following interview protocol was created by the researcher and used to interview the selected caseworkers of the Missouri County Children's Division FDTC unit:

1. How long have you been working in the FDTC unit of Children's Division? Please describe your roles and responsibilities.
2. What type of experience did you have before working in FDTC unit?
3. What makes the FDTC unit different from a general foster care caseload?
4. What do you see as contributing factors for the success of caregivers who enter FDTC substance abuse program?
5. What are hindering factors for those who enter FDTC substance abuse program?
6. What types of substance abuse are you seeing most frequently in your caseload?
7. In your opinion, what makes FDTC substance abuse program a success over a regular (non-FDTC) treatment program?
8. How often do you feel that you see successes in FDTC substance abuse program? Success defined as graduation and/or reunification with children.
9. How often do you feel you see failures in FDTC substance abuse program? Failure defined as non-completion of program and alternate permanency (guardianship/adoption).
10. What are the reasons behind the success and failure of FDTC substance abuse program?
11. What are your suggestions to make FDTC substance abuse program more effective?

Questions 1-3 were asked to gain understanding of participant demographics and to ensure that participants met the criteria set by the researcher for a full interview. Questions 4-11 were created to gain understanding of the effectiveness of the current FDTC program from caseworker perspectives as well as additional information about how to improve the FDTC program. Holistic accounts were given from each caseworker. Follow up questions were asked regarding the grant and new structure of the current Missouri County FDTC program for researcher understanding, as well as caseworker's direct opinions regarding the effectiveness of the Missouri County FDTC program at preventing foster care re-entry, and the length of time caregivers are in the program.

Data Analysis

Mixed methods data analysis was carried out. Qualitative data was transcribed, and a codebook developed by Raza was used to code, manage, and analyze qualitative data (2019). He

inductively created this codebook based on his research, personal experience in the field, and continuous reflections on qualitative research and analysis. The codebook is available in MS Word and MS Excel file formats. John Creswell shares that codebooks are set to provide definitions and coherence for codes (2014). One weakness of this codebook is a lack of code definition – a column to define codes to ensure each code remained the same across all three interviews. The researcher made up for this by writing down code definitions in printed versions of each interview transcription as she coded, to ensure accuracy and consistency amongst any code names that were shared. However, this codebook allowed for rich reflection of the data, with columns to reflect, describe, and answer the research question. It is well set up to describe lessons learned from the qualitative data, as suggested by Creswell (2014). The codebook is also well set up to create themes, with layout set from largest theme to subtheme to code to direct quotation. The primary researcher used software from Happy Scribe to translate the audio data into text. The researcher then compared results to audio data to ensure reliable transcription and updated text as needed. Once this process was completed, the primary researcher began coding data inductively, and another researcher also coded some data. After completing the coding, both researchers discussed all codes and reached a consensus on the coding scheme to attain interrater reliability.

Many steps were involved in the codebook used for conducting thematic analysis. The researcher began by familiarizing herself with the interviews. Transcriptions were created and reviewed by the researcher. The first was to create codes via line-by-line analysis of each individual interview. Each line of caseworker interviews was analyzed by the researcher and assigned a code on the transcription. These codes were inductively created from emerging text included in each of the transcriptions. After assigning a code, that part of the transcription was highlighted with a color. Those pieces of transcriptions, which were coded, were placed into the

codebook. The researchers completed all columns of the codebook for each code. Then, these codes were grouped and subthemes were created. The researcher explained her practice in the codebook in situations where codes were moved, changed, merged, split, or relabeled to show transparency in data analysis. Reflections were also documented while performing qualitative data analysis in the codebook. The subthemes were then grouped to create larger themes. An example of interview coding was created (see Figure 1).

Once the coding process was complete, this codebook contained other measures to ensure validity of results and to process reflections (see Appendix C). Among reflections, the researcher noted, the first large theme "Uniqueness, Effectiveness, and Challenges of Family Drug Treatment Court Program" seeks to answer the research question by looking at hindering factors to success and contributing factors to success, as well as program intensity. The researcher also noted that this main theme came organically. Respondents were asked questions Respondents were asked questions that would lead to an answer, from their perspective, to the research question. Additional themes were created based on additional data obtained, including demographics of caseworkers, their career expectations, and how to improve the FDTC program through their unique perspectives.

Similar codes were developed across interviews, such as "experience" and "failures." Caseworkers were given the same questions to answer and had similar answers. Some shared more direct experiences than others, such is the case with Respondent 3. The researcher found the codebook to aid in the process of coding and analyzing qualitative data from the three participant interviews. Reflections were similar for each participant, which is to be expected Once coding was complete, the researcher shared her interpretation with the respondents to ensure the accuracy of her interpretation and study findings.

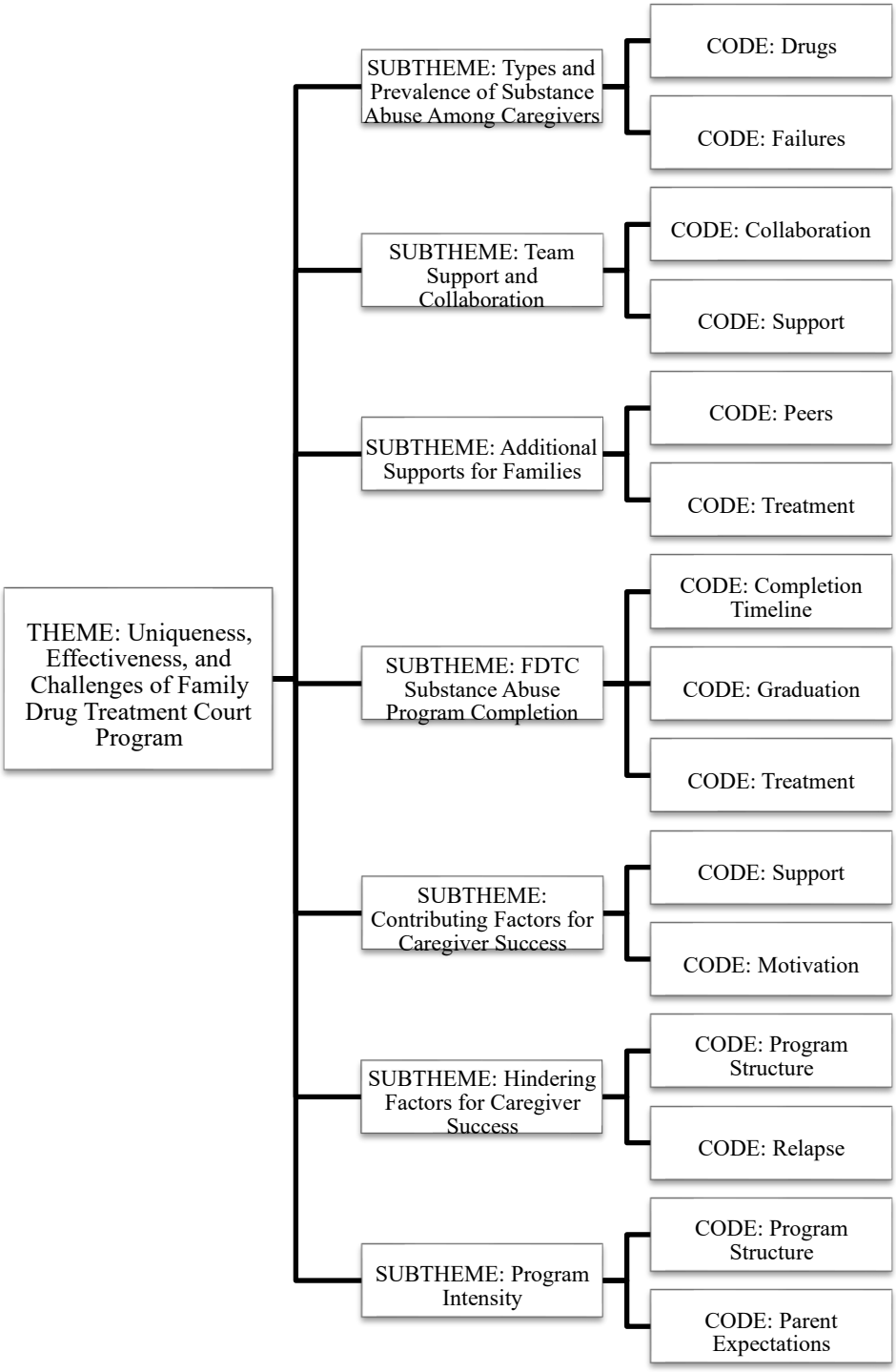

Figure 1. Thematic Analysis Flowchart for Uniqueness, Effectiveness, and Challenges of Family Drug Treatment Court Program.

Quantitative secondary data was extrapolated for the researcher, by the Missouri County Juvenile Office, and analyzed for graduates and non-graduates of the Missouri County FDTC

program, whose children entered foster care due to parental substance abuse. Univariate and bivariate analyses were conducted.

Univariate analysis was conducted on two variables of the quantitative data. The researcher looked at whether or not the caregiver(s) had graduated from FDTC or not, and whether they were reunified with their children or not. Bivariate analysis was completed to look at differences in foster care re-entry rates of FDTC graduates to that of nongraduates. Figures were created to aid in displaying results of univariate and bivariate analyses. The results were converged in a side-by-side comparison style, and quantitative and qualitative data were utilized to substantiate and support each other.

Researcher Validity and Trustworthiness

The researcher used multiple methods to ensure validity and trustworthiness of this research, such as reflexivity, interrater reliability, member checking, and triangulation. John Creswell recommends at least one strategy to ensure validity; multiple approaches are encouraged (Creswell, 2014). Following is a discussion on each of these methods used in the current research to improve research validity and trustworthiness.

Reflexivity. The researcher brings strengths as well as biases to this study. The researcher has previous experience working in Alternative Care at the Missouri County Children's Division being studied. The researcher has two years of experience, from 2011-2013 as a reunification caseworker. While the researcher did not work directly with the FDTC unit, this prior casework experience shaped her perceptions of information shared, and aided in her understanding of the research material. This experience worked as a strength for the researcher in understanding the data gained, and allowed her to work as a key instrument for building the interview protocol and enacting it. The researcher had no current relationship with interview

participants. Bias was discussed with participants, their supervisors, and with the researcher's advisors. One bias discussed was the researcher's admiration for her prior work with the Missouri County Children's Division. The researcher enjoyed staff and clients during her tenure. Through the lens of the researcher's positive experience, the researcher believed the answer to the research question would be positive. While reflections about the data were expected to go a positive direction, the researcher used extra precaution in the validity methods of interrater reliability and member checking to ensure her understanding of the data presented, as well as the accuracy of the data shared with the reader.

Interrater Reliability. The researcher used additional advisement regarding thematic analysis of interviews. An additional researcher, the researcher's direct advisor, reviewed the codes, themes, and interviews for accuracy and aided in the development of some themes. The researcher and advisor had three online documented conversations about themes and the process of making them. Several emails were also exchanged. Additions were made to themes that crossed over between quantitative and qualitative data, after the final of these meetings took place. Those additional subthemes included FDTC graduation, FDTC reunification and FDTC substance abuse foster care re-entry. These subthemes broke off from a subtheme entitled FDTC program effectiveness. Since each of the three variables discussed in research were present in both quantitative and qualitative data, the researcher felt it was imperative to break down this subtheme into the smaller parts to spend more time directly addressing each variable. The researcher then shared this slight discrepancy with her advisor who agreed it was a solid move based on the data presented. This process of back-and-forth discussion was used to reduce potential bias and to ensure interrater reliability.

Member Checking. Additionally, the researcher shared the entirety of the thematic analysis with each individual caseworker, via email, to ensure understanding and accuracy of the

data in a a process known as Member Checking. Individual codes, subthemes, and themes were shared in a word document, followed by a copy of each codebook. No responses were received to declare inaccuracy or to request corrections.

Triangulation. Finally, triangulation was discovered when comparing quantitative and qualitative data. When the respondents' qualitative answers were compared with the quantitative numerical data, it was noted that caseworkers were sharing information that also appeared numerically in the quantitative data. For example, caseworkers were noting low success in their caseloads over recent years. Additionally, it was noticed that the current FDTC program has lower graduation rates over the last 4 years as well as high foster care re-entry rates when compared to similar programs. Qualitative and quantitative data were thus used to support and substantiate one another, which also increased the validity and trustworthiness of the current research.

RESULTS

Results for this research were gathered from qualitative caseworker interviews and secondary quantitative data extrapolated by the Missouri County Juvenile Office for the researcher. Interviews were individually coded and thematically analyzed. Interviews sought to gather information relative to the effectiveness of Family Drug Treatment Court (FDTC) from the caseworker perspective. Secondary quantitative data was analyzed looking at variables that answered the research question: What is the effectiveness of a Missouri County Family Drug Treatment Court to prevent re-entry of a child into substance abuse foster care? The variables assessed included: Family Drug Treatment Court Completion, Reunification, and Foster Care Re-Entry. Univariate analysis was conducted on two variables: Family Drug Treatment Court Completion and Reunification. Success was defined by the researcher as graduation from the Missouri County FDTC program and/or subsequent reunification with children. Failure was defined by the researcher as FDTC program incompletion and foster care re-entry. To determine the effectiveness of the Missouri County FDTC, bivariate analysis was conducted on foster care re-entry rate differences between graduates and non-graduates of the Missouri County FDTC program.

Participants

Four semi-structured interviews were conducted in person with caseworkers from a Missouri County Children's Division on March 31, 2023 at the Missouri County Children's Division office in a conference room. All of these caseworkers worked in the FDTC of Children's Division. Three of these caseworker interviews met the standards set by the

researcher for twelve months of FDTC casework experience. One interview was rejected by the researcher for not meeting the required time worked; this caseworker had approximately eight months of experience out of the twelve months required by the researcher, and two of those months were shadowing in college. Caseworker demographics were gathered by the researcher (see Table 1).

Table 1. Interview Participant Demographics

	Participant 1	Participant 2	Participant 3
Gender	Female	Female	Female
Race/Ethnicity	White	White	White
Education	Bachelors in Social Work	Bachelors in Social Work (working on Masters)	Bachelors in Social Work (working on Masters)
Years of Experience in Field	4 years in FDTC, 6 in Alternative Care	3 years in FDTC, 2 in Investigations	2.5 years in FDTC, 0.5 in Alternative Care

Pseudonyms are used to protect the caseworkers' identities. Caseworkers were asked to describe their current roles and responsibilities while working in the FDTC unit of Children's Division. Caseworkers unanimously shared that they must meet for staffing and court each Wednesday for their clients. They shared that they have additional paperwork and expectations when compared to a typical Alternative Care caseload. They must meet with their clients weekly, either in person, or by phone, email, or text. By comparison, a typical Alternative Care case requires monthly visits with the caregiver(s), child(ren), and court. "Suzie" shared that FDTC caseworkers, "provide an update on the children and progress from the parents we're seeing – with housing, employment, and

the social aspect to court each week to give a full picture of what is going on for that family." The caseworker role is to advocate for their clients in court weekly, meet weekly with their clients, and move the case forward toward permanency. Caseworkers are professional members of the treatment team.

Data was obtained from the Juvenile Office of a Missouri County regarding FDTC. The researcher emailed quantitative data questions to the FDTC supervisor at Children's Division. The researcher was informed that the data requested is not kept in house, and the request was forwarded to the Missouri County Juvenile Office on March 28, 2023. The data was created for the researcher and emailed back to the FDTC supervisor, from the Quality Services Unit of the Missouri County Juvenile Office. The FDTC supervisor emailed the extrapolated data to the researcher on April 18, 2023. The researcher did not have direct contact with the Juvenile Office and was unable to see or collect the data in person. Data requested included FDTC entries from 2016, whose records were subsequently followed through 2021 for foster care re-entry. The data extrapolated by the Juvenile Office was from July 2019 through December 2022. The data covers all foster care re-entries through April 2023 and states there are no parameters around reentry. Additional data was obtained from a March 2017 report for program performance measures for FDTC programs in Missouri. Demographics of quantitative participants were not shared with the researcher. However, the Missouri County FDTC in this research study accounted for 14% of FDTC entrants in 2016, with the average age of participants being 30 years old (State of Missouri, 2017).

The following section provides the study findings in a triangulation mixed methods style where quantitative and qualitative data are converged to support and substantiate one another. Larger themes and subthemes are discussed and direct quotes from the participants are also included to support the researcher's interpretation of the participants' interviews. The large theme,

"Uniqueness, Effectiveness, and Challenges of Family Drug Treatment Court Program" provides information on the strengths and weaknesses of the Missouri County FDTC program. This theme contains many answers to interview questions 4-9. These questions sought to answer how effective FDTC is from the caseworker perspective. To determine the effectiveness of the Missouri County FDTC at preventing foster care re-entry, the researcher looked at nine subthemes. They include types of substance abuse, team support and collaboration, additional supports for families, FDTC program completion, FDTC reunification FDTC program substance abuse foster care re-entry, contributing and hindering factors for caregiver success, and program intensity.

Uniqueness, Effectiveness, and Challenges of Family Drug Treatment Court

Caseworkers noted that there are many types of drugs showing up in caseloads. Primarily, they see methamphetamines and alcohol. However, "Suzie" shared that there are drugs that are not showing up in current testing, like air duster addiction. She stated,

> Methamphetamine continues to be very common. Alcohol use or abuse is often an underlying issue for a lot of our clients when we actually get to the primary addiction. We find that alcohol is quite common, seeing opiates. I have had a case with air duster addiction. That was more of a situation where one addiction trades places with another.

"Lucy" shared, "I mean, I still have meth as well. Alcohol, it's a big one. Most of them have been heroin, cocaine, and alcohol." "Trixie" shared that she sees, "…more heroin and fentanyl use." "Suzie" shared that a challenge relative to drug testing is that FDTC is only using urinalysis, so if a client misses a urine test, they have to start back at day one in the program. However, a frustration that "Suzie" and "Trixie" shared is that the parent may have missed for several reasons that are not being looked at by the court, and if they offered additional testing,

such as hair sample, they would be able to see if the client were truly using or not. A hair sample test is completed by shaving a small section of hair, usually in an inconspicuous spot, on the back of the head and running a hair follicle test. This test goes back 90 days (about 3 months). Clients are required to call in daily to see if they have been scheduled for a urinalysis. A missed call in, even if a client was not scheduled for a urinalysis, counts as a positive test.

Team Support and Collaboration. However, a positive aspect of the FDTC program, according to caseworkers, is team support and collaboration. Each caseworker interviewed stressed that when a client relapses or misses a test, the team is able to come together very quickly to assess the situation and get the client back on track. This team is static and contains the same individuals for every FDTC case. "Suzie" shared that there is a lot of oversight for FDTC participants. They have the same team for every client. They have the same judge for every client. Trixie shared, "Our team is a little bit more specific. So, we have the same guardian ad litem, the same JO [juvenile officer]." Clients meet with their entire professional team weekly and have regular outside contact with members of their team, particularly their peer support. "Suzie" shared, "The collaboration and just the additional supports and check ins regularly all add to that success. I think the client seeing the whole team rooting for them and seeing other peers being successful can motivate them, too." Clients see the judge weekly. Because of this weekly interaction, "He knows this person individually, and so when he goes to make decisions, they are much more individualized decisions for that family," "Suzie" shared. As a result, "Because of having so much oversight, more than normal cases, there is permissiveness of being able to potentially do that [placing the child back at home] much sooner on cases when things are going well," "Suzie" said. The support given by the treatment team is more immediate and "…causes less of a disruption to families," according to "Suzie." They can get clients back on track faster after a relapse with this layer of oversight.

Additional Support for Families. They are able to offer additional support to families that are not seen in a general Alternative Care caseload. For example, a member of the treatment team is peer support. "Suzie" shared, "They have been through their own experience and are back as sober individuals supporting other people through their process." This peer shows up to weekly court meetings and staffing and meets with the clients to discuss where they are in the process and to support them. The peer can advocate for the client from a unique perspective. "Lucy" shared those peers,

> …educate us where they're [clients] at when we're maybe putting too much on them or they give us better insight on how to approach them, because they've been there. We may be naïve to it and they say, hold on guys, you're not thinking about this.

FDTC Program Graduation. Caseworkers say it largely depends on a client's motivation toward success if they graduate or not. "Lucy" stated that it depends, "…where they're at, if they're ready for recovery or not." "Trixie" also said, "A lot of the achievement we see is in clients that are self-motivated." From July 2019 to December 2022, 116 participants exited the FDTC program. Of the 116 participants, 38 graduated, and a combined 78 did not graduate (see Figure 2). Termination (47) from the FDTC program and administrative discharge d (31) are grouped together as 78 "non-graduates." Caseworkers stated that administrative discharge is for clients who wish to pursue treatment outside of the parameters of FDTC, or who decide to opt out of the voluntary program on their own. "Suzie" stated, "So we only have certain treatment providers and they [caregivers] would really benefit from another treatment provider outside of what we can offer I the court. They may be administratively discharged to be able to use that provider." Caseworkers described expulsion as a client not meeting the

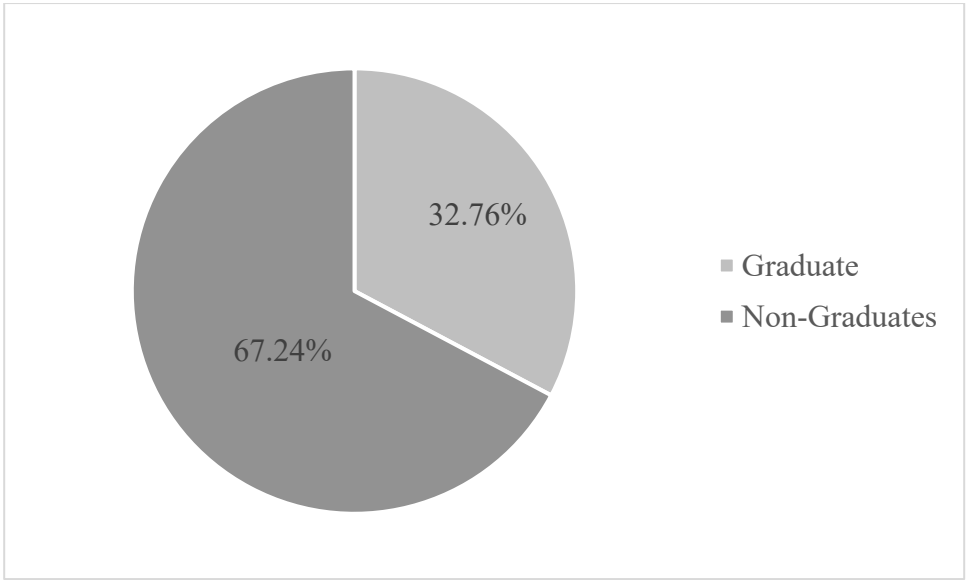

Figure 2. Univariate analysis of FDTC exit status.

guidelines of the court. For example, a client may not be able to maintain sobriety or misses meetings or therapy. This univariate analysis answers the quantitative question: Did the offending caregiver complete Family Drug Treatment Court? When asked about low graduation rates, "Trixie" shared, "I think the reason for failure is there's no value in the program. There's no value in it. Our clients… I don't feel valued." "Trixie" additionally shared,

> If you were to start off from day one and achieve everything you did through all the 90 days sobriety, you hit that from day one. You didn't skip a beat. You didn't miss a call. You didn't miss a class. It would take you nine months to graduate the program.

The March 2017 Program Performance Measures data showed that graduation rates across the state from 2009-2016 were between 42.28% and 52.8% (State of Missouri, 2017). The Missouri County being studied had graduation rates at 32.76% from July 2019-December 2022. This is, in part, due to the stringent guidelines set forth by the court. "Lucy" shared, "We've had a lot of people sitting in it for a long time." "Suzie" stated, "The program does take a while. There is

potential that your case stays open for an extended period of time. But the hope is we're not closing your case until you obtain graduation from the program." "Trixie" shared, "Unfortunately, right now, I don't see any success with our court." Trixie also shared, "I have seen more success with my participants that have been expelled…" The program has also seen a significant drop in graduation rates over the three-year span studied (see Figure 3). From July 2019- December 2019 there were 13 graduates, the highest number in the shortest time frame. 2020 saw 12 graduates. 2021 had 9 graduates. 2022 had only 4 graduates.

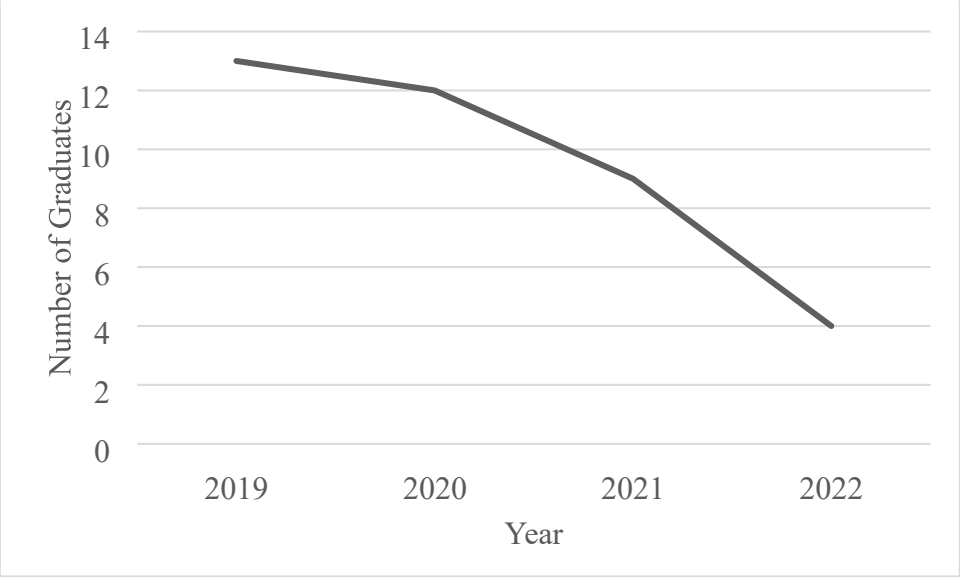

Figure 3. FDTC graduation rates by year.

This univariate analysis of graduation shows a sharp decrease in graduation over the last few years.

FDTC Program Reunification. Reunification rates varied across the three caseworkers: 50%, 33%, and 0%. "Trixie" shared, "I've never had a reunification case from all of my almost three and a half years working here…" in FDTC. While working in Alternative Care, however, "Trixie" said, "I've had multiple reunification cases for parents that have been expelled [from

FDTC].” Thirty-eight graduates had a combined 61 children who were placed into foster care. Of these graduates, 60 of those children were reunified with a caregiver. This Missouri County ranks highly for reunification at 98.4%, with the state averages being 79.63%-98.48% from 2009-2016 (State of Missouri, 2017). A combined 119 children belonged to non-graduates. Twenty-two of their children were reunified with the offending caregiver. Eight children reentered foster care who belonged to graduates. Zero children have re-entered foster care as of April 2023 that belonged to non-graduates whose cases have closed to reunification. While most exits from FDTC (67%) are not graduation, the data shows that graduation yields a higher chance of parents being reunified with their children and closing out their case. Bivariate analysis was conducted to determine the reunification and foster care re-entry differences between graduates and non-graduates (see Figure 3). This analysis answers quantitative questions: Was there reunification with their child(ren)? Did the child re-enter foster care? There are other exit types from FDTC and the foster care system. Those include adoption, guardianship, death, and active, open case. Graduates had 61 children in care with 0 adoptions, 1 guardianship, 0 deaths, and no active open cases. Non-graduates had a combined 119 children with 47 adoptions, 18 guardianships, 1 death, and 31 active cases still open.

FDTC Program Substance Abuse Foster Care Re-Entry. From July 2019-December 2022, the average rate of foster care re-entry for FDTC graduates was 13.33%; 51% of foster care re-entries in the last three and a half years took place in 2020 (see Figure 4). When asked about the effectiveness of FDTC in preventing foster care re-entry, “Suzie” said, “When parents don’t just check the boxes and fully engage, I see it being successful, but when they are just complying to get out of FDTC I have seen multiple re-entries.” Nearly all FDTC graduates in the last three and a half years have closed their cases by reunifying with their children. Data

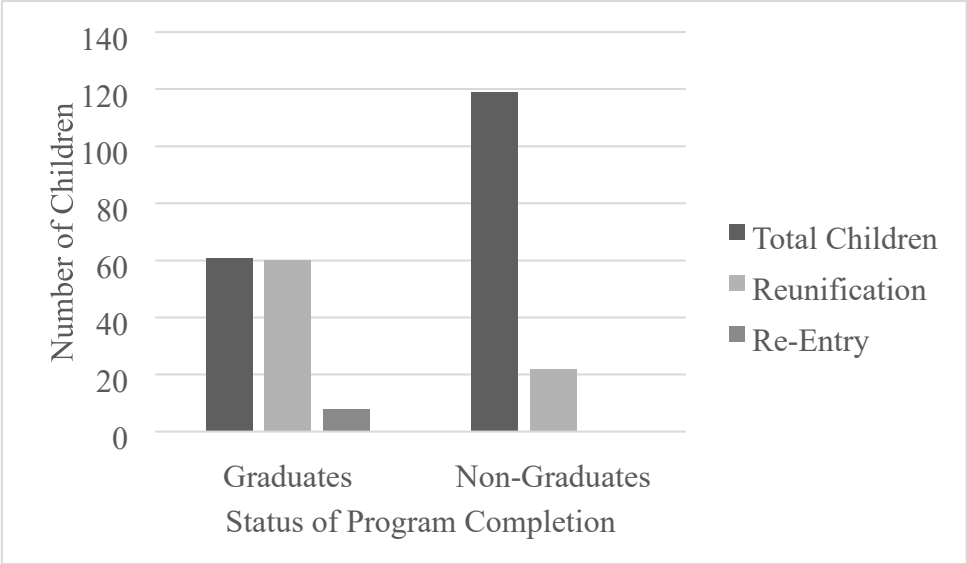

Figure 4. Bivariate analysis of reunification and re-entry outcomes for graduates and nongraduates of FDTC July 2019-December 2022.

shows that two out of every fifteen children reunified to graduates will re-enter care (13.33%) (see Figure 5). The re-entry rate is the number of children who re-entered foster care divided by the number of children reunified with their caregivers. No adoptions have taken place in three and a half years for graduates of FDTC whereas non-graduates experience adoption approximately 40% of the time. Case closure by guardianship is also higher for non-graduates compared to those who graduate FDTC.

Contributing Factors for Caregivers' Success. In addition to team support and collaboration, caseworkers have noted that success in FDTC success is largely dependent upon the client themselves. The FDTC program shifted from a mandatory to a voluntary program last year with the introduction of a new grant. "Trixie" said, "They do get to see the judge every week so the judge is familiar with them." Caregivers all share the same team members and are in court together weekly. Many of them get close and build bonds and help each other move forward. "Lucy" shared, "There's a lot of camaraderie between participants." "Trixie" shared

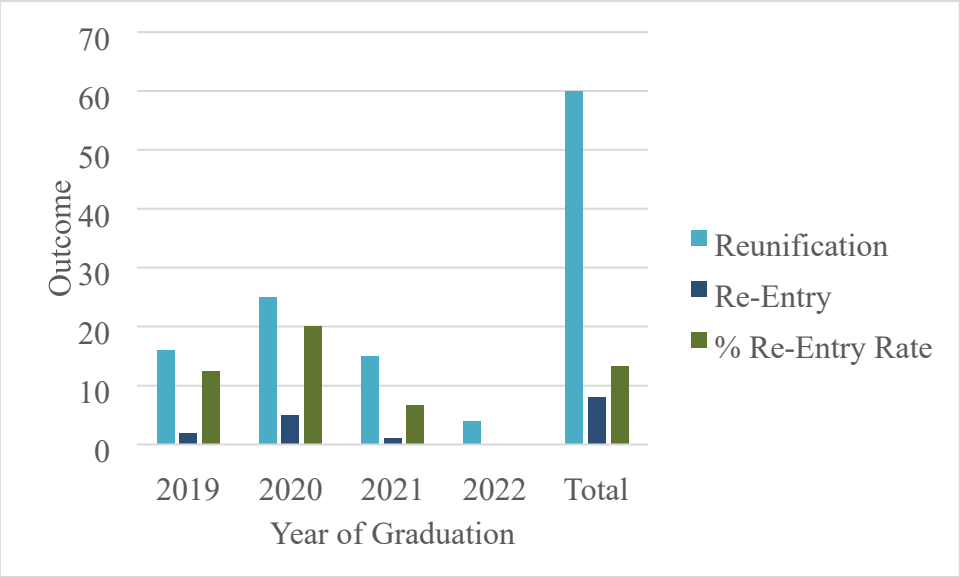

Figure 5. Foster care re-entry rate by year.

that clients give each other rides and have cookouts together. "Suzie" stated, "They have those peers who are part of the team advocating for them." "I do like our peer support. I think that addition to our treatment court [is great]. We haven't always had that," "Lucy" said. Caseworkers shared the clients often talk to the peers outside of court, during the week. Peers aid in the journey to sobriety by being a sounding board for clients and a first call when considering relapse. "Lucy" also shared that, "…if they engage, they do technically have a one stop shop that pays for everything because they have grants through [redacted]. They can get their medication management, their therapy, their treatment all in one place."

Hindering Factors for Caregivers' Success. There are many hindrances to a client's success. Sometimes caseworkers have difficulty with the team, and members change their minds about decisions that were previously approved. "Trixie" stated, "The team sucks. The team sucks. They want our parents to be perfect in an environment they'll never be perfect in." Sometimes the judge is an issue. "Lucy" shared, "Sometimes the judge is a hindrance. He's gotten to a point where he's like, 'I'm not going to make any decisions. It's a team decision.'"

"Trixie" said,

> …he puts the decision on the parent in regard to another case we have had, where the judge was looking at a court order placement with this grandma who is making the kid sleep on the floor or in the bed with her, or on the sofa, because she's not doing anything. And the judge says, final mom, I want you mt make the decision on where you want your children to be. Well, no, she wants the children to be with maternal great grandma, so she's able to go to them if she wants. She's still actively using and that's a safety concern.

When the team is in disagreement about the situation, it causes strife, where caseworkers feel the judge should be exercising his authority. "Trixie" shared,

> You can't stick this expectation for our clients that they're going to be perfect parents. They're going to meet all these expectations. They're going to have legal transportation, this and that. Those aren't safety concerns. They have food, they have a roof, their building – the water is running, they're not using. They've been clean and sober for over six months. Bring the kids home. I don't have any concerns, but yet they want me to do a safety plan for the transportation aspect. But they've been unsupervised this whole time bringing their kids to doctor appointments, utilizing public transportation this entire time. But now I have the safety plan that we're talking about for permissive placement. Oh, and daycare, in case daycare falls through, which we're paying for daycare. They've been driving kids to daycare for the past week. You see what I mean? One of our team members, we have both seen this firsthand, makes a decision, and then two or three hours later, will email you and take that decision back.

"Lucy" shared, "We appreciate the help, but sometimes those boundaries and rules get skewed."

"Trixie" also shared,

> We're recommending things because we know they're achievable but if we can't get a decision in the meeting, it has to go by consensus. When you don't have your guardian ad litem showing up half the time, or your parent attorneys, we can't make decisions.

Caseworker “Trixie” shared that favoritism is an issue. “Lucy” stated, “They take it out on our clients… We’ve noticed biases against are clients that are favoritism.” Clients are supposed to be seen in the order by which they are progressing, with those who are furthest along seen first. However, Trixie shared that some of her clients who are further ahead of others are seen last because she has been known to speak out in court. “If you have something to say and you’re talking, they’ll shut you down.” Clients have noticed favoritism too. “It’s personal for a lot of them,” shared “Lucy.” They ask questions about why the caseworkers are not speaking up, but they are not allowed a voice in court – a new rule following the implementation of the grant. “Trixie” shared that there is no seat at the table for them. When leaving court one day, “Trixie” had a client approach her. “Trixie” told the client that she was proud of her. The client did not believe her. When asked why, the client responded, “Because you don’t talk about me in court. You don’t say anything about me in court,” Trixie stated. “Trixie” told her, “I don’t have the opportunity to, honey. I’m sorry.” These skewed boundaries and rules make it difficult for clients. They have difficulty navigating the system. In a typical Alternative Care caseload, the client talks directly to the caseworker. Clients in FDTC are often confused by who they should be talking to and may be asking questions of other treatment providers that only caseworkers can answer. An example given by “Trixie”, was a client asking a therapist if they can attend their child’s doctor appointment. The therapist had said no, but the answer was yes, as that is a parental right protected by law. It creates chaos, especially in the beginning, and that makes it hard for clients to get their feet under them to maintain program standards and sobriety.

Program Intensity. Caseworkers shared that if a client never misses a test or a call in and is working toward sobriety from day one, the program can still take from nine months to a year. “Suzie” stated, “If there are no lapses during the case, they can have that case closed in a year, but if there’s a lapse, it delays that.” Missouri data shows that over 90% of open FDTC

cases are due to child abuse/neglect (State of Missouri, 2017). Caseworkers shared that 100% of their cases are due to child abuse and neglect. The intensity of the program was mentioned across interviews, with caseworkers sharing that clients are expected to engage in treatment a minimum of 20 hours/week when starting the FDTC program. This includes counseling, NA or AA meetings, therapy, meeting with the team and the court, parenting classes, and more. This makes it difficult for clients to maintain a job, housing, and transportation among other things. As clients progress through the program, the number of hours required lessens. "Lucy" shared, "I've had more success with clients who have done this regular drug court because it's not as intense as it is family treatment court. I've had them choose to do regular drug court over family treatment court." Cases are open for an extended period of time as well. Many clients are in the program for 18-24 months, whereas most Alternative Care cases close out in less than 12 months according to caseworkers. Data from the March 2017 FDTC Program Performance Measures shows the average length of an open case is 494 days between 2009 and 2016 (State of Missouri, 2017). Cases were open between 442-553 days between 2009 and 2016 (State of Missouri, 2017).

A second theme appeared through demographic questions. "Caseworkers' Roles, Prior Experiences, and Support Systems" became a major theme in the analysis process. While some subthemes relative to roles and experience have been shared in participant demographics, challenges and workload, and support systems are shared below. This information offers a breadth of information regarding how the caseworker views the day-to-day work they do, and why it is difficult to meet program standards for their clients.

Caseworkers' Roles, Prior Experiences, and Support Systems

Challenges and Workload. Caseworkers shared that they have several challenges in meeting these requirements. "Lucy" shared that they do not have time to meet the expectations required of them each week. This is in part due to a larger caseload. "Suzie" shared that their caseload limit used to be protected, but it currently is not. "Difficulties… I would say the fact that we haven't gotten that protected caseload and working with clients, that makes a huge difference," "Suzie" said. The caseworkers shared that their caseload numbers are higher than standards set. "Suzie" stated that "…a protected caseload means there is a cap. So, it should be 12 to 15 on a caseload." Suzie shared her caseload numbers have been 17 at their lowest, and 37 at their highest. Current caseloads for FDTC workers ranged from 18-29 children (see Figure 6).

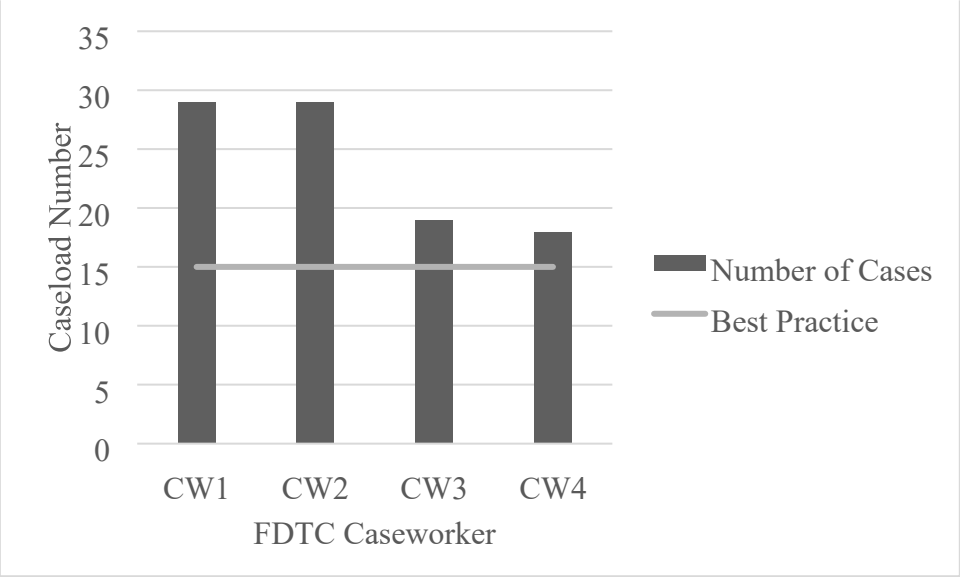

Figure 6. FDTC Caseload Numbers in April 2023 Compared to Best Practice.

"Suzie" shared that many caseworkers in Alternative Care have over 40 children on their caseloads. "Trixie" currently has 19 children on her FDTC caseload, but she also carries Family

Centered Services (FCS) cases, which are counted by the entire family, not the children involved. She carries 10 FCS cases. An additional challenge that presented itself was the amount of training required of FDTC caseworkers. "Lucy" shared that as FDTC caseworkers, they are required to do additional training, including during lunch breaks. "Lucy" also shared, "I would say FDTC and AC cases are the same. It's just that FDTC cases are more demanding of our time and energy, and resources we don't have."

Support Systems. However, there are some supports in place too. "Suzie" shared that caseworkers have more collaboration in FDTC. The treatment teams they work with are specific to FDTC. There is a specific Juvenile Officer assigned just to FDTC, a specific Guardian ad Litem, a specific set of parent attorneys, as discussed previously. Each caseworker has more collaboration with the entire treatment team throughout the week. "Suzie" shared that the caseworkers in FDTC each know enough about all the cases in the unit to be helpful. She stated,

> I think one of the other successful pieces I may not have mentioned is that as treatment court caseworkers, there's a lot of collaboration, even amongst the caseworkers here at CD [Children's Division], so we know each other's cases and can step in and support each other.

This allows caseworkers to have support amongst each other and meet and bounce ideas off of each other when needed.

A third, and final, large theme was discovered during analysis. "Suggestions to Improve Family Drug Treatment Court Program" came about while asking question 11 of the interview protocol. This adds a wealth of knowledge to research regarding caseworker perceptions to improve FDTC. Each caseworker had a unique take on how to improve the program.

Suggestions to Improve Family Drug Treatment Court Program

Adequate Caseload for Caseworkers. Given the new grant for the FDTC program, a lot has changed in the last year. Caseworkers' frustrations were shared regarding their lack of voice in a client's outcome. Caseworkers shared how many clients would have their cases closed out sooner if they were not in the FDTC program. Caseloads are high and unprotected. An adequate caseload for caseworkers was presented as a potential solution. They do not have time to meet their weekly demands for FDTC cases, and as such, they have even less time to devote to Alternative Care clients, as "Trixie" shares, "My non-FDTC cases... I feel like I'm neglecting them because they're doing great stuff and I can't even acknowledge it because I'm trying to fill out the staffing for them [FDTC participants]." A small caseload would provide caseworkers the opportunity to provide "in-depth services to families" per "Suzie."

Additional Education for New Caseworkers and Parents. Another aspect that could improve the FDTC program is training. "Suzie" shared that additional education, both for caseworkers and parents, would benefit the program. She stated, "I think addition education, especially when we have new people come into the program, making sure they're educated on family treatment court, that's what that looks like" so they understand the process and intensity of the program they are about to enter, either as a caseworker or as a caregiver. Caregivers do not always understand what they are signing up for. Showing them what a typical week looks like may help them make a more informed decision. Currently new clients shadow a day of court to make a decision, as part of the admissions process.

Flexibility in Court Process. "Trixie" shared that caseworkers are "very handicapped. We're handicapped by the paperwork. We're handicapped by the time demands." She shared that, as caseworkers, they have the skills to work with families, but they do not have the time due to the stringency of the program. Due to the grant, caregivers are limited in their treatment

options. They are required to see specific providers, even if the provider is not a good fit for the family. If the parent wants a different provider, they are discharged from the program. "Lucy" shared that "We've had more than we've had in the past ask to leave the court." The sentiment for a less stringent program was shared by "Suzie" and "Lucy." "Suzie" shared that cases are open for a long time, and it can "lower the desire for the family to keep going." "Lucy" shared that she has had clients have more success with programs that had more flexibility. She stated,

> Ours doesn't have daycare. They don't have night classes and other treatments do. And they can… it may just be two times a week. I've had more people successfully complete treatments that they had a little bit more flexibility with.

Ultimately though, "Lucy" would like to see a preventative treatment court: a court that would come in before children were removed and start a program for parents in need of rehabilitation services. The changes made to the FDTC program with the introduction of the new grant has created a curve that appears steep for families and treatment teams alike.

Peer Support for Clients. "Suzie" stated that peers should ideally be from the same program that the parents are going through. Recruiting peers that have already been through the FDTC program specifically would add a layer of support for parents that they may not currently have. Currently the peers are from a variety of programs. They must maintain sobriety to remain a part of the professional team. "Trixie" shared that a peer was recently fired for having a drink; as this broke her sobriety, she was no longer able to mentor clients in the FDTC program. Clients who graduated from the same program as participants would be able to offer unique insight into the program itself and become a more valuable ally to those participating in FDTC.

DISCUSSION

The current study examined the effectiveness of a Missouri County Family Drug Treatment Court to prevent re-entry of a child into substance abuse foster care. A mixed methods research design was used through which qualitative primary data and quantitative secondary data were collected and used to investigate the research question. Interviews were conducted with Family Drug Treatment Court (FDTC) caseworkers employed at the Missouri County Children's Division. Three of those interviews met the criteria for interview as established by the researcher. Quantitative secondary data was obtained from the Missouri County Juvenile Office and Program Performance Measures from the Missouri Courts website. Success for this data was defined as graduation from the program and reunification with children by the researcher. The researcher looked at re-entry after reunification as a marker of failure for the FDTC program.

Thematic analyses were conducted on interviews. Larger themes included:

- Uniqueness, Effectiveness, and Challenges of Family Drug Treatment Court Program
- Caseworker's Roles, Prior Experiences, and Support Systems
- Suggestions to Improve Family Drug Treatment Court Program

These themes had a combined 18 subthemes.

When looking at the theme "Uniqueness, Effectiveness, and Challenges of Family Drug Treatment Court Program" the researcher sought to answer the research question by exploring the effectiveness of FDTC from the caseworker perspective. Many caseworkers shared that methamphetamines and alcohol are primary addictions. Offending caregivers are asked to complete randomized drug screenings via urinalysis. A detriment to the program is that no hair testing or alternate form of testing is being used that could show a client's sobriety. Many drugs that clients are abusing are not currently tested for, such as air duster and other inhalants. The

treatment team, however, can get clients back on track quickly with immediate collaboration. This helps prevent disruption to the family and helps maintain attachment bonds. Since the introduction of new grant funding, caseworkers are having a harder time getting clients to the point of reunification. More caregivers are asking to leave the voluntary program, and caseworkers agree that caregivers have quicker success outside of the FDTC program. Additionally, graduates of the FDTC program are the only clients who have had foster care reentry between July 2019-April 2023.

Caseworkers and caregivers have many hindrances to success, including the intensity of the program itself. Caregivers are required to commit and participate in 20 hours of treatment to start. This includes counseling, group therapy, NA or AA meetings, parenting classes, treatment, randomized drug screening, and weekly court and caseworker visits. Comparatively, Chuang and colleagues' study showed clients were required to complete eight hours of group counseling, an hour of individual counseling, trauma informed psychological education, parenting classes, randomized drug screens, and attend court bi-weekly (Chuang et al., 2012). This comparison shows that time commitment to FDTC is a must. This time commitment comes at a cost, however. Caseworkers noted that clients have difficulty maintaining a job, home, and transportation while entering the FDTC program.

The Missouri County FDTC program has a less effective program when looking at foster care re-entry. Data showed that when compared to the Chuang and colleagues 2012 study, the Missouri County FDTC program had a higher rate of foster care re-entry, 1.32% in Chuang's study compared to 13.33% in the Missouri FDTC (Chuang et al., 2012). The general population, meaning those who did not participate in FDTC, of Chuang and colleagues' study showed foster care re-entry at a rate of 11% (2012). Currently, none of the expelled or administratively

discharged participants (non-graduates) of the Missouri County FDTC program have experienced foster care re-entry between July 2019-April 2023. The data shows, however, that many of those exit types still have an open case in Children's Division. Additionally, caseworkers repeatedly shared that they are not having success in reunifying families with the FDTC program, and that when they do see caregivers graduate, they see them re-offend, arrested, called into the child abuse and neglect hotline, or caseworkers get phone calls regarding the child's care.

The Missouri County FDTC program has a higher rate of effectiveness when it comes to initial reunification at 98.4%. One comparative study in North Carolina showed a reunification rate of 73% in 2014 (Gifford et al., 2014). Another comparative study in Rhode Island showed a reunification rate of 81% in 2010 (Twomey et al., 2010). Even compared to Missouri as a whole, with a rate of 79.63%-98.48% from 2009-2016, this program shows effectiveness in reunification when a caregiver graduates at 98.4% (State of Missouri, 2017). According to caseworkers, however, when the new grant funding started last year for FDTC, the program's effectiveness went down. These high reunification numbers may be inflated as a result, since many of them are prior to the new funding and thus new guidelines.

When reviewing the theme "Caseworker's Roles, Prior Experiences, and Support Systems," caseworkers shared that they have an enormous amount of responsibility when it comes to FDTC caregivers, including weekly meetings with the clients, the court, and the team. Specific paperwork, training, and case management is required to work in FDTC. This often leaves caseworkers with a high caseload and high stress. Support is in place but is limited. Caseworkers have caseloads well above best practice numbers of 12-15; caseworkers have between 18-29 cases per caseworker as of April 2023. There is no relief in sight, due to budget restrictions and turnover. Caseworkers interviewed had a relatively long investment in their

career, with each serving between 2 and 4 years, with a plethora of additional casework experience at Children's Division. This, in the researcher's opinion, should set the caseworker and caregiver up for success. More knowledge about the program is helpful for caseworkers and caregivers alike. However, as mentioned, the FDTC changed budgeting lines last year. With the introduction of a new grant line of funding, there are new rules in place. Caseworkers noted they are struggling to get their feet back under themselves.

High caseload numbers can handicap a caseworker's ability to adequately assess all clients. Many current caseworkers rely on the Wednesday court date to catch up with clients. Potential favoritism amongst the treatment team, caregivers, and caseworkers is a detriment to those caregivers who are trying and not being acknowledged. Caseworkers noted that a caregiver's motivation to succeed far outweighed other factors that may be supportive of the caregiver. Extended case opening may hinder a caregiver's motivation to move forward. Caseworkers shared that many cases take 18-24 months or longer, which is in contrast to information found in literature for the FDTC program which states 12-15 months (GCFTC, 2022).

When looking at the theme, "Suggestions to Improve Family Drug Treatment Court Program" caseworkers shared many insightful ideas. High initial reunification rates are a great motivator for caregivers to finish the program. However, the time spent in foster care is a detriment to the family itself, as well as attachment bonds that form within the family. When the caregiver is busy working through hours of treatment every week, with no flexibility, they are less likely to want to complete the program according to caseworkers. Caseworkers shared frustration that many of their cases would have been closed out if the case was not open in the FDTC program. As it stands, 87% of families from July 2019-December 2022 have remained reunified with their children as of April 2023. However, caseworkers shared that initial

reunification rates are difficult to enact, with one caseworker having seen 0 reunifications in her time with the FDTC program.

The researcher used foster care re-entry rates as a measure of failure for FDTC. To answer the research question "What is the effectiveness of a Missouri County Family Drug Treatment Court to prevent re-entry of a child into substance abuse foster care?" this Missouri County FDTC is not effective at preventing foster care re-entry. Other programs have been more successful. However, the Missouri County FDTC shows a modicum of success when looking at other measures for success, such as initial reunification. This FDTC shows a 98.4% reunification rate for graduates, which is well above norms. Depending on the program success measure researched, this court could be considered both effective and ineffective. However, based on the researcher's chosen measure of foster care re-entry, this Missouri County FDTC is ineffective. Foster care re-entry rates should be below that of the general population for such intense treatment and court experience. Caseworkers and caregivers should not be experiencing favoritism in a court of law. The stringency of the program is welcome because, in the researcher's experience, caregivers work better with set goals and timelines. When a caregiver misses a test or a call, they should not immediately be deemed positive when other measures exist to check a caregiver's sobriety. If the goal is reunification and restoration of attachment bonds, the court should look at utilizing hair testing which looks at sobriety over a 3-month period. This was a regular screening used in the researcher's Alternative Care experience approximately 10 years ago. This type of testing could prevent the client from starting the process over at day 1 and lead to more clients graduating the program. Restarting the program because of a missed call in or test is harder on the caregiver in wanting to maintain momentum.

Graduation rates for this Missouri County FDTC are low compared to other programs – 32.76% to 60% (Chuang et al., 2012). Graduation rates have decreased over the last 3.5 years

for the Missouri County FDTC, starting with 13 between July and December of 2019, and dropping all the way to 4 for the entirety of 2022, which is after the new grant funding stream. The researcher infers that the drop in graduation is due, in part, to new guidelines presented with the new grant, including new single treatment provider options. The voluntariness of the program coupled with only utilizing one treatment provider likely compounds this issue. An option for additional success is to increase the network of treatment providers. Currently if a family does not mesh well with their counselor or other treatment providers, they must leave the program completely to find alternative treatment that better suits the caregiver.

Limitations to this study exist. Data received did not cover a five-year span as requested. The researcher initially requested data from 2016-2021. Data covered three and a half years from July 2019-December 2022. This limitation is important to note because prior research has shown that many foster care re-entries happen within five years (Wulczyn, 2004). While the majority of foster care re-entries may happen in the first year, the researcher wanted to follow the maximum time frame to ensure thoroughness (Wulczyn, 2004). Data received from the Missouri County Juvenile Office also has analysis limitations. Seven of the children were duplicated at least one time amongst the exit outcomes for FDTC. This duplication is due to caregivers having different outcomes, such as one caregiver graduating, and the other being expelled or discharged. The seven overlapping children were not marked in the data received. The researcher did not directly observe the data collection method. The data traveled from the Juvenile Office to Children's Division to the researcher.

Additionally, there are many factors that may mark success of a FDTC. Not all of these factors were looked at due to time constraints. Graduation rate, reunification, and foster care reentry are just three of many measures that can be looked at when measuring the success of a FDTC program.

An additional limitation is researcher bias. The researcher has two years of experience working for the Missouri County Children's Division in the Alternative Care unit. While the researcher does not have direct experience with the FDTC program, the researcher still understood the workings of the program to an extent. This potential bias was shared with those interviewed, with the researcher's advisor, and with the Circuit Manager of the Missouri County Children's Division. The researcher did not knowingly attempt to skew any results or outcomes found in this research. However, the researcher's prior experience served as an aid to understanding and interpreting data and results.

Future researchers may consider the additional measures for a FDTC program's success. Some of those include completion rate of the program, time spent in treatment and/or in the program, subsequent arrests and charges related to substance abuse, time spent out of home, time children are in care, and more (State of Missouri, 2017). Additionally, researchers may look into an extended time frame to study foster care re-entries. Research has shown that an appropriate time frame to study foster care re-entry is five years (Wulczyn, 2004). Researchers may also want to follow those who have alternate exit methods for a longer period of time to look at foster care re-entry rates. This study did not have re-entry rates for those who were terminated or administratively discharged from the program in the time frame studied. Since research has shown that non-graduates and the general population have a higher foster care re-entry rate, this data appears constrained (Chuang et al., 2012). Further research may also be conducted in comparing programs that are preventative with those that are reactionary.

In summary, the current study showed that this particular Missouri County FDTC program was not effective at preventing foster care re-entry when compared to prior studies. However, this Missouri County FDTC program was effective at reunification outcomes for graduates of the program. The graduation rate for this particular program falls below Missouri

averages for 2009-2016 (State of Missouri, 2017). Part of this is due to the stringency of the program itself, and the time needed to invest in the program, both upfront with treatment, and in the long run with extended case opening. Part of this is also due to the new grant and new rules that have been presented over the last year. Caregivers must be resilient and motivated to graduate and reunify with their children.

Caseworkers themselves are not currently seeing much success with this program after the switch to new grant funding last year. The new rules may be part of the issue as caseworkers re-adjust to the program, as well as families. Additionally, caseworkers in the FDTC unit of Children's Division are seeing high caseload numbers compared to best practice standards. They lack time and resources to fully invest into families in the court, as well as those families they may be serving outside the FDTC unit. Potential solutions raised, apart from lower caseload numbers, included education for caseworkers and caregivers, moving to a preventative court program from a reactionary court program, adding peers that have specific experience in the FDTC program, and perhaps a team shakeup.

Data is limited by what was given to the researcher and time constraints. The researcher did not have direct contact with the facility from where the data research originated. Time constraints prevented the researcher from investigating alternate measures of success for the FDTC program. The researcher observes potential bias present in this study and worked against the bias to not skew the results.

Future researchers may want to look into the additional measures for FDTC program success, and/or follow a longer timeline to seek foster care re-entry results. They may also want to follow the alternative exits from FDTC to compare foster care re-entry and they may also want to compare different court types.

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APPENDICES

Appendix A: Family Treatment Court – Outcome Study

Family Treatment Court - Outcome Study

July 2019 through December 2022

The following information contains outcome and re-entry data from participants that exited the family treatment court from July 2019 through December 2022. This is an exploratory study in that this is the first look at participant outcome as related to foster care re-entry. Re-entry is defined as any subsequent abuse and neglect petition filing anywhere in the state of Missouri after the initial abuse and neglect case, associated with the closed family treatment court case, has ultimately closed. There is no time parameter around re-entry, so the proportion includes all cases with a re-entry through April 2023.

- A total of 116 participants exited the Family Treatment Court. ○ 38 exited by graduation (32.76%) ○ 47 exited by termination (expulsion) (40.52%) ○ 31 exited by administrative discharge (26.72%)

- Of the 38 participants that graduated, there are 61 children associated. ○ 1 child was placed in a legal guardianship ○ 60 children were reunified with a parent/guardian (98.4%)
  - **Of those 60 children, a total of 8 re-entered foster care (13.3%)**

- Of the 47 participants that were expelled, there were 73 children associated.
  - 22 children still have an active case open (30.14%) ○ 28 children were ultimately adopted (38.36%) ○ 13 children were placed in legal guardianship (17.81%) ○ 10 children were reunified with a parent/guardian (13.70%) ○ None of these children have re-entered care to date

- Of the 31 participants that were administratively discharged, there are 46 children associated.
  - 9 children still have an active case open (19.57%) ○ 19 children were ultimately adopted (41.30%) ○ 1 child died in custody (2.17%)
  - 5 children were placed in a legal guardianship (10.87%) ○ 12 children were reunified with a parent/guardian (26.09%)
  - None of these children have re-entered care to date

Re-Entry Time Series Data

	Graduations	Children	Reunifications	Re-entry	***Re-Entry Rate***
2nd Half 2019	13	17	16	2	***12.50%***
2020	12	25	25	5	***20.00%***
2021	9	15	15	1	***6.67%***
2022	4	4	4	0	***0.00%***
Grand Total	38	61	60	8	***13.33%***

Analysis Limitations:

Due to the complex nature of measuring individual participants and coding for individual children, the number of children does contain duplication if participants that are a couple have different outcomes. There are 7 children that are duplicated at least one time between the three family treatment court outcomes.

Data provided by the Greene County Juvenile Office – Quality Services Unit – April 2023

Appendix B: Missouri State University IRB Approval

To:
Muhammad Raza
Childhood Ed & Fam Studies

RE: Notice of IRB Approval
Submission Type: Initial
Study #: IRB-FY2023-354
Study Title: Family Drug Treatment Court Program Effectiveness as a Protective Factor for Parents in Prevention of Substance Abuse Foster Care Re-Entries: A Content Analysis Study
Decision: Approved

Approval Date: February 28, 2023

This submission has been approved by the Missouri State University Institutional Review Board (IRB). You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

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This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated with this Project:
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Appendix C: Interview Codebooks

		Codebook for Qualitative Data					
Research question (s): Write your actual research question here:		What is the effectiveness of a Missouri County Family Drug Treatment Program to prevent re-entry of a child into substan					
Themes	Subthemes	Open-codes (Include all codes that you assigned to data and grouped them to develop a subtheme)	Transcription (Include the part of transcription based on which you developed a subtheme	Comments (Include any additional information that is necessary. For instance, when you move any open code from one group to	How do subthemes align with the large theme?	How does the large theme align with your research question?	Your personal reflections on the process of developing a large theme
Theme name 1	Subtheme name 1.1	1. Open code name 2. Open code name	1. Transcription 1 2. Transcription 2	Similar codes were developed across	Each subtheme represents a part of	The first large theme seeks to	The main large theme that was
1) Uniqueness, Effectiveness, and Challenges of FDTC	Subtheme name 1.2	1. Experience	"It's been about 4 years now." ... "another 6 years just in alternative care with	Coding definitions are stored on transciptions of			
2) Caseworkers' Roles Prior	1.1 Types and Prevalence of	2. Duties	"meet with clients on a weekly basis we meet with	each interview			
3)Suggestions to Improve FDTC	1.2 Team Support and Collaboration	3. Structure of Court	...it's voluntary now." " have contracted				
	1.3 Additional Supports for	4. Drugs	"methamphetamine... alcohol use/abuse				
	1.4 FDTC substance abuse	5. Successes	"more collaboration" "what's going on in real	Broke subtheme FDTC effectiveness into			
	1.5 Contributing Factors for	6. Failures	takes awhile" "open for extended period of time"	FDTC reunification, FDTC re-entry, FDTC graduation			
	1.6 Hindering Factors for	7. Improvements	"additional education (for clients)" "turnover" "more				
	1.7 Program Intensity						
	2.1 Challenges and Workload						
	2.2 Support Systems						
	3.1 Adequate Caseload						
	3.2 Additional Education for						
	3.3 Flexibility in Court Process						
	3.4 Peer Support for Clients						

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Theme name 1	Subtheme name 1.1	1. Open code name 2. Open code name	1. Transcription 1 2. Transcription 2	Similar codes were developed across interviews, such as	Each subtheme represents a part of the whole, larger	The first large theme seeks to answer the	The main large theme that was found came
1) Uniqueness, Effectiveness, and Challenges of FDTC	Subtheme name 1.2	1. Experience	"3 years and 2 months" in FDTC. "investigator with CD for 2-2.5 years"				
2) Caseworkers' Roles, Prior	1.1 Types and Prevalence of	2. Caseworker Expectations	"see our clients or talk to them every week" "extra				
3)Suggestions to Improve FDTC	1.2 Team Support and Collaboration	3. Treatment/Drugs	"ready for treatment or not" (peers) - "educate us				
	1.3 Additional Supports for	4. Grant	"when they revamped. When they reopened the				
	1.4 FDTC substance abuse	5. Graduation	"we've had a lot of people sitting in it for a long time"	See respondent 1 for additional themes added			
	1.5 Contributing Factors for	6. Hindrances to Success	"FTC cases are more demanding of our time and				
	1.6 Hindering Factors for	7. Re-Entry/Failure	"None of them have come back" "I've seen them get				
	1.7 Program Intensity	8. Parent Expectations	"program is so intense" "had more success with clients				
	2.1 Challenges and Worki	9. Improvements	Other programs do night time - they have daycare				
	2.2 Support Systems						
	3.1 Adequate Caseload						
	3.2 Additional Education for Caregivers and Caseworkers						
	3.3 Flexibility in Court Process						
	3.4 Peer Support for Clients						

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1) Uniqueness, Effectiveness, and Challenges of FDTC	Subtheme name 1.2	Experience	I will admit I do not see my clients weekly in person, but I do talk to my clients pretty regularly. ": I am a case worker that works as a family treatment court here in the				
2) Caseworkers' Roles Prior	1.1 Types and Prevalence of	Extended Case Time	I think our most recent graduate was under court for over 600 days or almost 600 days. I have cases personally that I know they're kids and you do as well, that we kno				
3)Suggestions to Improve FDTC	1.2 Team Support and Collaboration	Failures	One of our team members, we have both seen this firsthand, makes a decision, and then two or three hours later, we'll email you and take that decision back.				
	1.3 Additional Supports for	Time Constraints	Friday mornings, we had a focus group just this past Friday morning where we had to talk about the strengths of the program. And it's not like when you look at the grai				
	1.4 FDTC substance abuse	Caseload	So if these kids keep on coming in and these cases that could be closed, they're still sitting there that are demanding because they're FTC. We still have to devote all th				
	1.5 Contributing Factors for	Revamp	Well, they revamped the program. So I was a part of the work group that was with Suzie, and we did this whole revamping the program, which we talked to the unit in				
	1.6 Hindering Factors for	Success	But as far as success, I would agree with everything that's been said. It's really dependent upon the client themselves. I think the peers give good guidance because they				
	1.7 Program Intensity	Expectations	You can't suck this expectation for our clients that they're going to be perfect parents. They're going to meet all these expectations. They're going to have legal transport				
	2.1 Challenges and Work	Safety	. I don't have any concerns, but yet they want me to do a safety plan for the transportation aspect. But they've been unsupervised this whole time, bringing their kids to c				
	2.2 Support Systems	Discord	And you know, the thing with my non FTC cases, my parents contact me, just me. If they talk to their attorney, they know their attorney is so and so. But anything regard				
	3.1 Adequate Caseload						
	3.2 Additional Education for Caregivers and Caseworkers						
	3.3 Flexibility in Court Process						
	3.4 Peer Support for Clients						