

# ***An Analysis of Collaborative Courts in Child Welfare*** **Santa Clara County Family Wellness Court** **and Dependency Drug Treatment Court**

PATRICIA RUDDEN

## EXECUTIVE SUMMARY

Collaborative courts are effective for families in the child welfare system. They address complex needs in a supportive environment. They help to engage parent(s) in the court process earlier, which is critical because timelines to reunification have shortened. Collaborative courts allow parents to have access to assessment and treatment earlier, which ultimately enhance the likelihood of reunification.

Dependency Drug Court (DDC) was the first collaborative court implemented in many counties. Santa Clara County established their DDC ten years ago, and their Family Wellness Court (FWC) three years ago. Both collaborative courts work in partnership with a wide array of agencies in the county that include child specialists, parent advocates, and drug and mental health providers. The focus of DDC is primarily to assist parents in achieving or maintaining sobriety and reunifying with their children.

FWC is an expansion and enhancement of DDC; it seeks to identify the needs of parents with children between the ages of 0 and 3 years old, whose abuse of substances have placed their children at risk of out-of-home care. The parent-child relationship and the developmental needs of the child are the defining focuses for this court. FWC has identified child, parent and systems outcomes, all of which have been

favorably impacted according to a program evaluation in September 2010. This court is funded by a 5-year grant from the Administration of Children Youth and Families Children's Bureau. The Oversight Planning Committee has been working on fiscal sustainability from the point of FWC implementation.

San Francisco County DDC was established in 2007 and is gaining momentum. There is a remarkable need for greater collaboration with the Human Services Agency (HSA) to identify shared outcomes, improve communication, and improve case-carrying worker participation. DDC would also benefit from partnership with child developmental specialists and community mental health providers. The Zero To Three court is San Francisco's second collaborative court. It was implemented two years ago through funding from the National Center for Infants, Toddlers and Families. This court's focus is similar to that of FWC; however, the array of services for the parent and child are not available. It is unlikely that this court will be able to sustain after July 2011 if continued funding is not offered; therefore, ongoing efforts should be made to build on DDC by introducing child and mental health specialists to the team while improving collaboration between the two primary agencies, the Superior Court and HSA.

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**Patricia Rudden, PSW Supervisor,**  
**San Francisco Human Services Agency**



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## **Introduction**

Collaborative courts are generally known as “problem-solving courts”. They can trace their theoretical roots to innovations in policing that gradually spread to the rest of the criminal justice system in the 1990s. Collaborative courts are effective for families in the child welfare system. They are designed to address multiple and complex needs in a sensitive and nurturing manner. The parent is a partner at the table and is given a sense of responsibility and empowerment to establish effective solutions. They deal with multiple expectations that are required in short timelines. Collaborative courts are strength-based, and parents have access to specialized resources and long-term support. The case-carrying worker is supported, and cost savings can be realized through improved outcomes. The San Francisco Superior Court has established five collaborative courts for participants who are involved in family and juvenile court. My focus is on collaborative courts for families who are in the dependency system, specifically focused on families in Santa Clara County. This study will look at how Santa Clara’s Dependency Drug Treatment Court and Family Wellness Court compare to San Francisco County’s collaborative courts, and will provide proposed recommendations for San Francisco County.

## **Santa Clara County Collaborative Courts**

Dependency Drug Treatment Court (DDTC) was the first collaborative court established in the dependency court system. DDTC is a court-supervised treatment and parenting program for parents with children in dependency. The focus of DDTC is on

helping parents achieve and maintain sobriety, overcome personal obstacles, become better parents and reunify with their children. The team includes the Department of Alcohol and Drugs Services (DADS), First 5, counsel for child(ren) and parent(s), a DDTC liaison, CASA, county counsel, and a DDTC social worker. The Department of Family And Children’s Services has dedicated DDTC caseloads. The environment is supportive to parents, offering them individualized attention and addressing the need for stable housing and income maintenance. Both Family Wellness Court (FWC) and DDTC have developed partnerships with various housing programs, including the HUD Reunification Program through which one hundred Section 8 vouchers are available for families participating in these courts. While the DDTC focus is primarily on the parent, the presence of a child specialist (First 5 Program-funded) brings the child into the room. The child specialist provides the court with updates on the children’s needs and on the parent’s ability to engage with First 5 providers and services. DDTC in Santa Clara County has been in existence for 10 years, and every effort is being made to ensure its ongoing existence in spite of decreases in funding.

A recently established collaborative court, Family Wellness Court’s aim is to identify and intervene for the needs of pregnant women and parents with substance use disorders. Family Wellness Court (FWC) is an expansion and enhancement of DDTC: the distinguishing feature of FWC is its focus on the child. This court offers child specialist services with referrals for developmental assessments and monitoring. The parent-child relationship is a defining focus

**TABLE 1**  
**Outcome Indicators Identified by FWC**

<b>Child Outcomes</b>	<b>Adult Outcomes</b>	<b>Systems Outcomes</b>
<ul style="list-style-type: none"> <li>• Children remain at home</li> <li>• Occurrence of maltreatment</li> <li>• Lengthy of stay in foster care</li> <li>• Re-entry into foster care</li> <li>• Rate of family reunification</li> <li>• Rate of substance-exposed newborns</li> <li>• Access to health care</li> <li>• Connected to supportive services</li> <li>• Family literacy activities</li> <li>• Well-being based on developmental screening</li> </ul>	<ul style="list-style-type: none"> <li>• Access to substance treatment</li> <li>• Retention in substance treatment</li> <li>• Substance use</li> <li>• Connected to supportive services</li> <li>• Self-sufficiency, including employment, housing, and educational status</li> <li>• Social connectedness</li> </ul>	<ul style="list-style-type: none"> <li>• Regional partnership's collaborative capacity</li> </ul>

in this court. FWC seeks to target pregnant women and parents with children between the ages of 0 and 3 years old, whose abuse of substances have placed their children in or at-risk of out-of-home placement. By giving parents earlier access to assessments and substance abuse treatment, parents are more likely to engage in services and in the court process. Through rapid engagement and successful retention in treatment and care, FWC strives to reduce subsequent births of babies with drug exposure.

The referral process is systematically streamlined as all cases for children ages 0 to 3 are scheduled in the FWC presiding judge's court and the court resource co-coordinator identifies cases that are eligible for FWC. Each FWC team member represents a different service and plays a different role for the family. Team members provide updates and participate in formulating decisions around the parent & child's case plan. FWC Presiding Judge Yew plays an instrumental role in holding team members accountable, maintaining cohesion within the group, and keeping passion alive for this unique project. Judge Yew provides the parents with individual attention in a supportive environment, while also holding them accountable. Similar to DDTC, FWC offers an array of services to

families. The team uses specialized child development knowledge in the courtroom interactions with parents to promote the parents' sense of achievement and accountability.

FWC is structured as collaboration, similar to DDTC. It is funded by a five-year grant (\$3.7 million) from the Administration of Children Youth and Families' Children's Bureau. First 5 is providing an in-kind match of all children's services (total of \$6.3 million with First 5 match). Partner agencies and community providers have also contributed a significant amount of their own resources in support of the program.

The outcomes indicators identified by FWC are outlined in Table 1.

SRI International conducted an evaluation of the FWC in September 2010 in which it presented findings on the implementation and effectiveness of the first 2 years of the FWC. The report presents data gathered on families served by FWC at entry to the program, at various time intervals throughout their participation, and at case closure. The future plan is to compare FWC outcome indicators with cases in dependency court that are not referred to FWC or DDTC.

The findings for child outcomes are as follows:

- **Reoccurrence of Maltreatment** Of the 75 children whose cases had been closed, 10 (13%) had a reported reoccurrence of substantiated abuse.
- **Reunification with One or Both Parents** 71% of the children reunified; 17% had their parental rights terminated; and 12% had various outcomes including legal guardianship, relinquishment of rights, parent moved and jurisdiction changed.
- **Length of Stay in Foster Care** Of the 62 children in out of home care, 81% were returned home and the average length of stay in their most recent foster home was 173 days.
- **Reentry into Foster Care** Of the 81% listed above, 18% had reentries of more than 7 days into foster care.
- **Subsequent Drug Exposed Births** There were no subsequent drug exposed births reported.
- **Children's Access to Health and Dental Care** More parents reported follow-up on medical and dental care at follow-up than at entry; 97% versus 90% for medical checks, and 46% versus 27% for dental care.

The findings for parent outcomes are as follows:

- **Access to Timely Substance Abuse Assessments** 64% of parents received a substance abuse assessment within a month of FWC entry and 36% received them after more than a month.
- **Access to Timely Substance Abuse Treatment** Within a month of receiving a substance abuse assessment, 82% of parents enrolled in treatment. 18% took more than one month to enroll.
- **Type of Setting for Treatment** 59% were enrolled in outpatient; 22% in both residential and outpatient; and 19% in residential only.
- **Retention in Treatment** Of the parents who enrolled in residential treatment, 73% completed the program; of the parents enrolled in outpatient, 54% completed treatment.
- **Substance Use** Parents participating in FWC showed a significant decrease in substance use from program entry to follow-up.

- **Employment Status** The proportion of parents employed at least part-time increased from program entry to follow-up.
- **Housing Status** More parents reported living on their own.
- **Social Connectedness** More parents reported feeling connected to family, community and services.

The FWC Project Director, Cynthia Amber, identified the need for consistent child welfare worker participation as one of the ongoing challenges for FWC. The Department of Children and Family Services does not assign FWC-specialized caseloads.

Additional challenges include the sustainability of this advanced model in an environment of budget cuts, and time-limited funding. The Oversight Planning Committee has been charged with fiscal sustainability since its onset, keeping FWC on the radar of the Board of Supervisors. The community partners that are involved are committed to the FWC and its continued existence.

### San Francisco's Collaborative Family Courts

Dependency Drug Court (DDC) was established in San Francisco in 2007. The Department of Alcohol and Drugs Programs initially funded the program, along with a federal grant that was primarily identified for families with children in long-term foster care. DDC currently serves fifty adults, which puts it at maximum capacity. DDC is a collaboration between Human Services Agency, Department of Public Health (DPH), City Attorney's Office, Homeless Prenatal Program (HPP), Hamilton Family Services, CASA, dependency panel attorneys and the Superior Court. DDC aims to increase the rate of reunifications, to reduce time in foster care, and to reduce the rate of re-entries into foster care after reunification. As with Santa Clara's DDTC, the primary focus is on the parent's treatment progress and similar support services are offered.

DDC performance measures are as follows:

- **Number of Participants** 30 adults and their families will be served in year one and 50 adults and their families will be served in year 2.

- Number of participants who successfully complete the program and who reach family milestones in the course of the program: 40% will complete the program; 50% will complete a primary treatment program; 60% will complete a parenting program; 25% will legally reunify with their children; 40% will have reunification services reinstated post permanency.
- Number of participants who exhibit desired changes in a series of targeted behaviors
- Number of participants with a new drug-related offense
- Number of participants whose children re-enter FC after reunification
- Number of participants who have a new substantiated child protection case.

These measures have not been evaluated to date. The lack of consistent collaboration between DDC and HSA poses a barrier to identifying clear measures and shared outcomes. Increased collaboration between DDC and HSA at an administrative level and having an HSA representative on the DDC team are primary recommendations.

The protective services worker (PSW) or attorney on the case makes all referrals to DDC, with more coming from the latter source lately. The level of participation by the PSW varies because it is not mandatory. The DDC co-coordinator, Jennifer Pasinosky, maintains that the presence of the PSW adds significantly to the process. Social worker absence results in gaps in information.

Zero to Three Court (ZTT) is the second, more recent, collaborative court offered to families in dependency in San Francisco County. San Francisco is one of 11 counties nationwide selected by “Zero To Three”, the National Center for Infants, Toddlers and Families, to do a two-year pilot of this court team for maltreated infants and toddlers. Implemented in May 2009, the ZTT Court identifies 0 to 3 year old maltreated infants and toddlers in out of home placement in San Francisco County. The goal is to ensure that children in care receive the services they need as quickly as possible. It is important that parents understand the importance of completing

their case plan so they can reunify with their child as soon as possible. The reunification time period for parents of children 0 to 3 years old is only 6 months; therefore, it is critical that they engage in services immediately. Infants and toddlers are at greatest risk for compromised development and are six times more likely than the general population to have developmental delays. The ZTT court holds that greater attention needs to be paid to addressing the developmental needs of these infants and toddlers, as well as to their parents’ ability to engage in services expeditiously.

The ZTT court’s distinguishing features are similar to FWC. The team is comprised primarily of the presiding judge, the community coordinator, a CHDP nurse, a substance abuse treatment counselor and a child welfare worker. While the environment is welcoming, the array of services and supports do not compare to those that are offered by the FWC. One community coordinator has responsibilities that other collaborative courts have a team of professionals providing. While HSA caseworkers do have dedicated ZTT caseloads that appear to positively impact the outcomes, HSA does not have specialized caseloads for DDC. This can result in inconsistent worker participation in the court and case planning process. DDTC in Santa Clara has dedicated caseloads, while FWC does not. All involved favor specialized case assignments to facilitate greater worker participation.

The “San Francisco Zero to Three Court Team Statistics Report May 2009–February 2011” supplied by Community Coordinator Mary O’Grady provides us with some information on outcomes measured to date.

Numbers served to date:

- 70 children/62 families
- 14 cases were dismissed in this period: 7 children reunified; 5 children were adopted; 2 children are in legal guardianships with relatives.
- 23 children have reunified with their parent(s) and have active family maintenance (FM) cases
- 5 children re-entered foster care after reunifying with parent(s)

- In February 2011, the total number of children on active caseloads in ZTT was 56 (49 families)
- **Concurrent Planning** 49 children are in permanent placement; 7 are in foster homes with no permanent plan in place but with a concurrent plan identified
- **Medical/Developmental Screenings** all 56 children had their initial developmental and medical screenings and immunizations; 29 children had scheduled or received their dental exam, 41 had received or had scheduled to have follow-up developmental assessments
- **Parent/Child Work** 17 infants and parents were receiving infant parent mental health services; 7 parents were receiving therapeutic visitation services

We do not have data on DDC or dependency court outcomes. Rudimentary analysis suggests that ZTT court maintains focus on children's medical and developmental needs and on permanency or concurrent planning. This court certainly has the potential to favorably impact timeliness to reunification, adoption and placement stabilization.

### Recommendations for San Francisco County

San Francisco County has made efforts and gains in engaging families in dependency through our DDC and ZTT courts. While both courts are concerned with timely reunification and a reduction in re-entries to foster care, the DDC services are primarily for the parent while ZTT's focus is primarily on the child. The future of ZTT remains uncertain, while DDC appears to be more confident about its sustainability. To build DDC efforts and to continue the work of ZTT should this court dissolve, one proposal is to enhance the DDC team to include a child specialist and mental health specialist. San Francisco County First 5 funds are funneled to the Family Resource Centers. It may be possible to include FRC child specialists on the DDC team at no additional cost, with the benefit of FRC outreach to parents in the court.

To that end, the additional recommendations are action-planning steps to achieve desired outcomes in DDC:

- Develop a systematic referral process rather than dependence on social worker or attorney referrals.
- Dedicate DDC caseloads to social workers.
- Improve the collaboration between DDC and HSA in planning and in team participation.
- DDC partnerships are primarily with Harbor House and Hamilton Family Services, which are transitional housing programs in San Francisco County. Explore the potential for increased partnership with HUD and the allocation of Section 8 vouchers for DDC participants.
- Dedicate one day per month on the DDC calendar to hearing additional legal matters affecting parents participating in DDC.

In the absence of ZTT in the future, the Community Coordinator made recommendations to address systematic change within HSA to achieve the goals of ZTT, recognizing that the application of principles of ZTT to all children ages 0 to 3 in dependency would be the goal. The recommendations include: the need for ongoing triggers for caseworkers to initiate referrals for developmental assessments for children; improved communication between HSA and the Golden Gate Regional Center; timely relative assessments for placement; improved practice techniques to include fathers in visits early in cases; greater use of mental health consultants in designing case plans for clients, particularly for clients with mental health issues; and TDM requirements prior to reunification and case dismissal.

Finally, we should all live by these wise words posted boldly in Santa Clara's FWC for parents and providers alike to see: "Nobody can go back and start a new beginning, but anyone can start today and make a new ending." (Maria Robinson).

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## References

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