

# An Exploration of Santa Clara's Family Wellness Court

EDLYN KLOEFKORN

## EXECUTIVE SUMMARY

In 2007, given the tide of methamphetamine abuse in their county, Santa Clara County Social Services took the lead to expand and enhance its existing child welfare dependency drug court. On March 14, 2008, the Family Wellness Court opened to serve a target of pregnant women and parents, with children aged zero to three years, whose abuse of methamphetamine and other substances have placed their children in or at risk of out-of-home placement. Through the development of a strategic partnership, the Family Wellness Court holds much organizational promise.

The innovative approach of the Family Wellness Court rests in its development as a unified system of care and systemic change effort. With strong leadership and with the hope to improve outcomes for families, the top agency leaders of each organization committed to contribute staff, resources and support. The adoption of a shared value system provided purpose to the collaborative, which led to the transformation of each agency's practices and resulted in improved and integrated service delivery.

### **Recommendations for San Francisco County**

The interagency governance structure of the Family Wellness Court may extend to any target group where the need for a collaborative effort is great. The development of an interagency governance structure together with a systemic change effort would greatly strengthen programs that deal with:

- Emergency/Crisis Prevention in areas such as housing assistance, crisis prevention and treatment (i.e., counseling and support), health promotion and prevention.
- Partnerships with ethno-racial communities and organizations to facilitate the provision of appropriate services to members of these communities.
- Intervention in areas that require engagement, crisis intervention, intensive/short-term support and linkage to appropriate levels of service.
- Monitoring/Evaluation and Follow-up that evaluates the achievement of goals (from consumer and case manager perspectives) and consumer satisfaction.

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Edlyn Kloefkorn, Collections Manager,  
San Francisco Human Service Agency



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*Methamphetamine has become, without question, the most significant drug threat in Northern California.*

—National Drug Intelligence Center, California  
Northern and Eastern Districts  
Drug Threat Assessment, January 2001

Traditionally saddled with the myriad of problems brought about by drug-addicted parents, county social service agencies have long been unable to create positive outcomes with this population. Santa Clara's County's innovative Family Wellness Court attempts to change that potential for the children of drug addicted parents and has shown great promise as a model intervention program.

Based on Santa Clara's successful Dependency Drug Treatment Court (DDTC), the Family Wellness Court attempts to create a collaboration of government, social services, court and other partner agencies to create a holistic strategy. Early family assessments for parents and children are designed to create a system of rapid engagement and immediate interventions.

## The Problem

In 2005 and 2006, 172 infants and children in Santa Clara County under the age of three were identified as having a positive drug toxicology or prenatal drug exposure and removed from their parents' custody. Additionally, there were another 257 children under three years old whose families were receiving Family Maintenance Services due to parental substance use that was being addressed. Outcomes for these children overall were generally negative with parental rights being terminated without Family Reunification services for a whopping ninety three children.

## History

In 1998, Judge Leonard P. Edwards helped to establish the Santa Clara County's Dependency Drug Treatment Court, which focused on providing individualized services to methamphetamine-addicted parents. Early successes of the Santa Clara's Dependency Drug Treatment Courts with this group instilled the notion that there was fertile ground for service development in that county.

In 2007, NPC Research conducted a study on Family Treatment Drug Courts, including DDTC in Santa Clara and found that parents in these specialized court programs spent significantly more days in substance abuse treatment (298) than did their comparison parents (172). Of those in Family Treatment Court, 69% completed their treatment while only 32% of their comparison counterparts completed treatments. Santa Clara parents in the DDTC were reunified with their children twice as much as their comparison counterparts. Overall, the 2007 NPC research found that the DDTC in Santa Clara County documented that the problem-solving court is an effective rehabilitation method for parents and provided better permanency outcomes for children. In order to expand the capacity of the DDTC and to provide even greater specialization in services, the Social Services Agency, the agency's Department of Family and Children's Services, Superior Court, Juvenile Defenders, the Department of Alcohol and Drug Services, the Mental Health Department, the District Attorney's Office and FIRST 5 Santa Clara County partnered to create The Family Wellness Court in March 2008. The Family Wellness Court was established to serve a target population of pregnant women and parents of children under three

years of age whose methamphetamine and other drug use had placed their children at risk.

The Family Wellness Court has dual purposes. First, it is to expand and enhance the services of the Santa Clara County DDTC by providing comprehensive child-focused services to 100 program eligible families per year. Included in the first purpose are the following objectives:

- The early identification of and intervention for the needs of pregnant women and parents with substance use disorders.
- The rapid engagement and successful retention of parents in treatment and care.
- The reduction in subsequent positive tox births.
- Early identification and intervention for developmental delays, disabilities and concerns for children aged zero to three years whose parents come before the Family Wellness Court.

The second purpose of the program is to assure sustainability through the integration of services and interagency fiscal planning by the creation of a comprehensive system of care across all systems serving children in or at risk of out-of-home placement as a result of parents' methamphetamine and other substance abuse.

### **Family Wellness Court Eligibility and Enrollment**

Families with an open child welfare case in Santa Clara County with the following criteria are automatically admitted to the Family Wellness Court:

- 1 The parent has given birth to an infant that has been exposed to methamphetamine or other substance abuse during the pregnancy
- 2 The parent has a child under the age of three that was either born drug exposed or has been raised in a substance abuse afflicted environment with documented abuse and/or neglect
- 3 The parent does not demonstrate intractable mental health issues as presented in the filed petition
- 4 The parent is not likely to face long-term incarceration
- 5 If a parent subsequently becomes incarcerated or discontinues participating, they may reengage with Family Wellness Court at any time

### **Key Strategies**

Service coordination begins from the time the petition is filed with the Juvenile Court. All assessment services and are targeted to occur within thirty days of the removal date. The Family Wellness Team focuses on the following key strategies to serve achieve the primary goals of the program:

- The employment of an additional assessor to increase timeliness of assessments for pregnant mothers and mothers with young children coming before the Dependency Court. The aim is to send the parent from the detention hearing to assessment and directly into treatment, therefore reducing the delay of treatment admission.
- The employment of Mentor Moms and Mentor Dads. Mentors are graduates of the DDTC who understand challenges of successful recovery from methamphetamine abuse. They rapidly engage parents into treatment and provide support and encouragement to parents throughout the court and recovery process. Mentors also provide transportation to participants.
- The employment of an additional Substance Abuse Counselor assigned to two of the women's treatment programs to increase capacity to provide timely and appropriate treatment for the target population of women.
- The employment of a Resource Coordinator added to the courts to coordinate court efforts.
- Coordination between the Public Health Nurse, the FIRST 5 Program Specialist and Family Partners skilled at linking families to health coverage and a primary care physician to increase the number of mothers who receive appropriate medical care for pregnancy prevention and prenatal care.
- An addition of a FIRST 5 Program Specialist in court two days/week and an Early Childhood Mental Health Specialist for consultation to the FWC team, enabling children ages zero to three in the target population to receive developmental screenings and comprehensive diagnostic assessments. Home visitation and support services are provided to high-risk infants identified in the neonatal unit of the public hospital.

- Ancillary supports and services for children zero to three years old and their mothers through referrals to FIRST 5 Family Partners, KidConnections and the comprehensive array of FIRST 5 funded services.
- Development of the child welfare case plan in a strength-based environment with input from family and friends, Social Worker and the FWC Team.

## Funding

The project was awarded \$3.7 million dollars over the next five years from the Department of Health and Human Services Administration for Children and Families. The non-federal match for the Regional Partnership Grant was provided by FIRST 5 Santa Clara.

The Regional Partnership Grant was used to fund the Project Director, Mentor Mothers, an Alcohol and Other Drugs Assessor and Counselor, a Mental Health Child Specialist, and a Court Coordinator. Grant monies also fund training, evaluation, onsite drug monitoring and short-term strategic planning.

The FIRST 5 match included the services of a program specialist two days a week for the life of the grant, as well as behavioral and developmental screenings, assessments and interventions for children. FIRST 5 also provides home visitation and linkages to other community services and supports. Additionally, Family Wellness Court partners have been providing other in-kind services.

## Operational Framework

The Family Wellness Court was developed through three primary committees: An Oversight Committee, an Implementation Team and the Systems Committee. These committees work together to strengthen their partnership to develop, enforce, and integrate all delivery systems.

The Oversight Committee (OC) provides policy guidance to the Implementation Team and System Teams. The Oversight Committee is comprised of the top agency leaders and is charged with policy level decision-making and budget revision. The OC delegates implementation strategies and directs the

final say on the values and principles that guide policies and procedures. During the implementation process, the OC finalized the policy and procedures manual and selected the Family Focused Treatment Model as the Family Wellness Model.

The Implementation Committee is comprised of the Superior Court, program leads and staff, key stakeholders and other partners, as needed. Perhaps the Implementation Team can be best described as a stakeholder working group. The team debriefs after each Family Wellness Court session to improve service coordination and communications. The group includes front-line providers and is responsible for setting program procedures and protocols. During the meeting, gaps in service are addressed with the representative service provider. Revisions to services or planning are refined on an on-going basis based on client needs. At the meeting, issues and challenges are addressed and successes are identified. To build capacity, the team engages in exercises and core trainings with topics such as trauma-informed service delivery and family-focused service models. All unresolved operational issues are forwarded to the Oversight Committee.

During the first year, the Systems Committee evolved from the Strategic Planning Committee. The Systems Committee includes the Social Services Agency leads, oversight members, program representatives, key stakeholders and experts. The group was responsible for developing the fiscal sustainability plan and identifying risk areas at the end of the five-year grant. The committee is charged with creating a plan to maximize leverage funding and to recognize future sources of funding. The Strategic Planning Team developed a systemic change logic model and a cross-systems training plan. The team also implemented an all-day Family Wellness Court training and continually provides guidance to the Implementation Team, develop training programs, confirm program design and measure outcomes.

## Interagency Cross Training

In September 2008, The Family Wellness Court developed the Santa Clara Family Wellness Court for

**TABLE 1**  
**The Family Wellness Team**

Judge of the Juvenile Dependency Court	Domestic Violence Specialist
Superior Court Resource Coordinator	FIRST 5 Santa Clara County Program Specialist
Substance abuse assessor from the Department of Alcohol and Drug Services (DADS)	FIRST 5 home visitors (Friends Outside and Public Health Nursing)
Social Worker assigned to the case	One or more representatives from the Child Advocate program (CASA)
Attorneys and paralegals from the law offices that represent parents (Dependency Advocacy Center)	Courtroom Clerk
Attorneys from the law office that represents children (District Attorney's Office)	Early Childhood Mental Health Specialist
Attorney from the law office that represents social workers (County Counsel)	Mental Health Therapist for parents
Four Mentor Mothers and one Mentor Father	Social Worker Court Liaison
	Eligibility Worker

Infants Cross-System Training Plan. The multi-year training plan unifies the focus of the collaboration to a strength-based therapeutic model. The first year's training plan was developed by the Strategic Planning Committee coupled with a partner trainings survey and interviews of key partners.

### **A Day at Family Wellness Court**

The Family Wellness Court Session best demonstrates the unified system of care. The projected goal is that all initial assessments are completed before the first Family Wellness Court Session. Before each session, the Family Wellness Court Team addresses specific issues regarding case progress and treatment. The Family Wellness Team is comprised of the members listed in Table 1.

Judge Erica Yew presides over the Family Wellness Court. Judge Yew plays a crucial role in the atmosphere of the court. She promotes synergy between the partners and gives positive reinforcement to each participant. Judge Yew reminds the participants that they are not being recorded, that they must be honest in order to remove barriers to their recovery, and that the court team and its partners will do their best to assist them. During the court session, the client and service providers communicated about issues regarding the case plan, such as living status, recovery

treatment, parent-child therapy and other counseling issues. In addition to other strengths, one unique feature of the court session is the court team's ability to schedule appointments with the client in real time. Service planning in the presence of the client was achieved with no delay. The availability of key service providers and the participants maximized the team's ability to help the participant change, monitor and complete case plans.

### **Sustainability**

The development activities during the strategic planning process focused on long-term systems change and sustainability issues to meet capacity needs and to ensure ongoing funding. The Family Wellness Court teams work to improve daily operational tasks that will increase capacity. The collaboration of agencies developed systemic changes that include blended funding, staff sharing and other resources.

For further project sustainability, Santa Clara Social Services has also been taking an inventory of existing funding streams, and identifying gaps in funding or capacity issues in service delivery. Additionally, Family Wellness Court partners are in the process of identifying opportunities for systems integration/coordination, maximization of current leverage funding stream and the identification of funding

streams that could be easily accessed to maintain the existing program. Other potential long-term means to fund the program are in the area of legislative initiatives, grant applications, and seeking philanthropic support.

## Recommendations

San Francisco County should monitor the Santa Clara Family Wellness Court for progress and look to the Family Wellness Court model for its progress in training and multidisciplinary collaboration. San Francisco County should also enhance its own drug courts to meet the special needs of infants and children to combat the negative impact of parental drug use.

San Francisco Human Services has made many strides to develop strong partnerships with various community agencies. The interagency governance structure of the Family Wellness Court may extend to any target group where the need for a collaborative effort is great. The development of an interagency governance structure together with a systemic change effort would greatly benefit programs that deal with:

- Direct Service Provision in areas such as assistance with daily living (housing), crisis intervention and treatment (i.e., counseling and support), health promotion and prevention and advocating for civil and legal rights. As part of this, it is important to develop partnerships with ethno-racial communities and organizations to facilitate the provision of appropriate services to members of these communities.
- Intervention in areas that require engagement, crisis intervention, intensive/short-term support and linkage to appropriate levels of service. This should be focused on consumer need and include identification and advocacy for services that are accessible, relevant and coordinated.
- Monitoring/Evaluation and Follow-up, which consists of evaluating the achievement of goals (from consumer and case manager perspectives) and consumer satisfaction. An interagency collaboration should also regularly monitor service plans with consumers to ensure services are appropriate.
- Relevant Information, Liaison, Advocacy, Consultation and Collaboration should provide information to consumers, key supports and service providers regarding access to and type of services and supports available. This function facilitates access to a range of services, including ones in other sectors, and works collaboratively with these to facilitate the provision of resources to consumers.

## Braided Funding Projects

As budget constraints continue to impact large projects, it is important to develop programs that can sustain a downward spiral of our economy. The predominately sustainable aspect of the Family Wellness Court is the project's progression towards blended and braided funding streams as the partnership worked toward a systemic change effort. The San Francisco Human Services Agency has a long list of agency partners. With shared values and goals, the ability to combine resources has the potential to create a greater broader sense of service delivery.

## Cross Training Projects

The need for cross training is necessary for better cohesive integration of services. Also, caseloads are increasing and so much of the workforce is retiring. It has become evident in studies that in order to satisfy the changing needs of the new workforce, the workplace must take into account motivating factors of job retention. One motivating factor in employment is intellectual and personal growth.

## Conclusion

Santa Clara County has initiated an effective child-focused Dependency Drug Court to reunify families. Although it is far too early to view outcomes for the Family Wellness Court, the integration of services and their systemic planning process are ideal for any family-focused dependency model. Strength-based therapy holds merit to produce effective levels of recidivism and has the potential to make great strides in the area of overcoming barriers to normal

early childhood development for the children of substance-using parents.

The project evaluators are in process of collecting data for the following outcomes:

- Child/youth connection to services, permanency (reunification, length of time in foster care, timeliness of permanency)
- Safety (recurrence of maltreatment, reentry into care)
- Well-being of the child related to improvement in socio-emotional, behavioral, developmental and/or cognitive functioning
- Adult/Family treatment outcomes
- Increased capacity to provide for children's needs (employment, parenting skills, reduction in risk factors)
- Family functioning

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