

Family Wellness Court in Santa Clara County: A Therapeutic Approach to “Judging” and the Behavioral Process

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EXECUTIVE SUMMARY

Humanity, compassion and therapeutic are not generally the words that come to mind when discussing the judicial process. However, Santa Clara County’s Family Wellness Court (FWC) is working to change this. This case study focuses on FWC, as it is the first court using therapeutic jurisprudence on the West Coast. FWC is a pilot program in its first year of examining how to combat the cost of drug addiction to our society. The monetary costs associated with the disease of addiction are staggering, and counties are looking at alternatives such as FWC. FWC also explores how to better serve and have improved outcomes for babies and children zero to three years old who are at risk of out-of-home placement. Both of these tasks mean embracing new methods that involve therapeutic principles applied within the judicial process. The FWC model involves several

county departments, CalWORKs, mental health, etc., all working to better assist clients and ensure counties are meeting federal and state mandates which address safety for children and Work Participation Rate (WPR) at the same time.

Recommendations

Contra Costa County, much like Santa Clara County, has seen a rise in methamphetamine-related problems.* The current system to serve children is the Department of Children and Family Services in conjunction with the courts and Department of Health Services. A model like FWC would enhance county services. Contra Costa County may need to access alternative funding sources. Recognizing these limitations, recommendations are made accordingly.

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**Contra Costa County Times, 2006, reported that 35% people cite Meth as their primary drug problem (up from 17% in 2000).*

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I chose to examine Santa Clara County’s Family Wellness Court (FWC) to see how the intensive services it provided impacted the overall success of clients, reduction of costs and improvement in certain outcomes. I felt it was an appropriate model for Contra Costa County for a variety of reasons since the Department of Children and Family Services is currently looking at its system improvement plan and a FWC model could be applicable. Additionally, Health Services found that 47% of the substance abuse population served are women,¹ so the FWC model may be useful in serving these clients too.

Contra Costa County’s Welfare to Work (WTW) program serves a population that is involved with multiple county agencies. As an agency, it looks for ways to effectively provide services without duplication. For example, clients who are involved with Children and Family Services (CFS) are prioritized with the CFS goals as priority in the WTW plan so that the primary goal of reunification is not affected by clients having to comply with additional WTW requirements. Often times, cases are not quickly identified as common cases and coordination of goals and services is prolonged. Within Welfare to Work, identifying common clients can also help meet the Work Participation Rate (WPR) requirement, as many of these clients are engaged in activities that would meet the WPR. While looking at FWC, I wanted to identify the interaction between the clients and their involvement with WTW/CalWORKs and review any impact to the WPR. However, due to the timeframe of the program implementation, these results were unavailable.²

¹Contra Costa County Resource Guide, <http://www.co.contra-costa.ca.us/DocumentView.asp?DID=839>

²FWC implemented 3-2008. Preliminary WPR data unavailable.

Background

The Family Wellness Court developed as a result of an increasing need for additional services identified by Santa Clara County Dependency Drug Treatment Courts (DDTCs). DDTCs were already a successful model to reunify families with their children during the last 10 years. Drug courts were a problem-solving approach that used the power of the court in collaboration with other partners (attorneys, community partners, law enforcement, and probation, etc) to closely monitor the individual’s ongoing progress.³ This included frequent drug testing and regular court check-in to foster behavior change. In 2006 parental rights were terminated for 93 children. Of these terminations, 40% were based on substance abuse of the parent(s). Santa Clara County also had one of the highest numbers of meth-using arrestees nationwide. These factors clearly highlighted the fact that children’s lives and futures were being directly affected by drug addiction. In a five year study of parents who participated in DDTC, the results showed parents were reunified with their children at a rate of 76% higher compared non-DDTC parents. A major challenge was serving the amount of families in need of services in light of the lack of resources available. DDTC only served sixty five parents at any given time; in 2007 there were 900 petitions filed.⁴ The question then became, how do we meet this need? The answer was “Going to Scale . . .” with the DDTC model . . .” Santa Clara County applied for and received a \$3.9 million dollar grant from the Children’s Bureau in

³Stanford, Mark, Dept. of AOD Addiction Medicine Division. December 29, 2008 [http://www.sccgov.org/SCC/docs/Alcohol%20&%20Drug%20Services,%20Department%20of%20\(DEP\)/attachments/AResponsetotheNYTimeson-DrugTreatment.doc](http://www.sccgov.org/SCC/docs/Alcohol%20&%20Drug%20Services,%20Department%20of%20(DEP)/attachments/AResponsetotheNYTimeson-DrugTreatment.doc)

⁴Abstract, HHS-2007-ACF-CU-0022:CFDA#93,087:7/03/2007

Washington, DC. FIRST 5 of Santa Clara County matched the award with \$2.4 million dollars for a total \$6.3 million dollars to enhance the DDTC system. The result was the development of the Family Wellness Court which focused on a target population of pregnant women and mothers, with children zero to three years of age, whose abuse of drugs⁵ had placed their children in or at risk of out-of home placement.⁶

Key Elements Of Family Wellness Court

The Family Wellness Court is led by the drug court team (The Team). The Team is a group of professionals who work together with the appointed FWC Judge, Judge Yew, to develop case plans and monitor the progress on these plans. The members of The Team include the following members:

- 1 A judge of the Juvenile Dependency Court
- 2 A Superior Court Resource Coordinator
- 3 A Substance Abuse Assessor from Department of Alcohol & Drug Services (DADS)
- 4 One Drug Treatment Counselor from DADS
- 5 The social worker assigned to the case
- 6 Two to four attorneys from the law offices that represent the parent
- 7 One or more paralegals from the law offices that represent parents
- 8 One or more attorneys from the law office that represents children
- 9 One attorney from the Office of County Counsel, the law office that represents the social workers
- 10 Four “Mentor Mothers” and one “Mentor Father”
- 11 A Domestic Violence (DV) Specialist
- 12 A Community Resource Specialist (Shared with DDTC)
- 13 A FIRST 5 Santa Clara Program Specialist
- 14 One or more representatives from the Child Advocate Program (CASA)

Other members of the team include the clerk, Early Childhood and Mental Health Specialist, So-

cial Worker, Parent Coordinator, Court Appointed Special Advocates (CASA), Court Liaison, and Eligibility worker. The task of FWC was to enhance and expand DDTC services.⁷

Criteria for FWC Participation

The following are criteria that FWC participants need to meet in order to be part of FWC:

- The parent has given birth to a baby exposed to methamphetamine (other substance)
- The parent has a child under the age of three that was born drug exposed or has been raised in a substance abusing environment with documented abuse/ neglect.
- The parent does not demonstrate unmanageable mental health issues
- The parent will not face long-term incarceration.⁸

Family Wellness Process from DDTC to FWC Families arrive and come to the FWC via petitions filed by DFCS in which all cases referred to FWC involve children aged zero to three years-old with substance abuse problems. The Team determines if a case meets criteria, and at the disposition hearing DDTC sends the case to FWC.⁹ Services are initiated at the time of the removal of the child. The FWC orientation occurs at the first meeting when the parent(s) are introduced to The Team members, expectations are reviewed, and the next FWC hearing date is set. The core team—Judge Yew, the attorneys for the child/parents, SAB counselor, Court Resource Coordinator, Eligibility Worker, Domestic Violence and FIRST 5 specialists—meet weekly in a “staffing” meeting prior to the actual hearing. The case progress and concerns are discussed as well as development of joint recommendations. At the hearing, clients have opportunities to discuss their progress and areas of concerns and can participate in suggesting other activities or agree to The Team’s recommendations. In addition, providers can problem-solve with clients to help them identify their needs and how to meet

⁷With the implementation of FWC 100 more families would be served in addition to the 65 per year that DDTC serves.

⁸Ambar, C. The Family Wellness Court for Infants and Toddlers. NCCAN presentation April 2009

⁹FWC Judge, mentor, program coordinator and Resource Coordinator

⁵Specifically methamphetamines

⁶Policies and Procedures Manual, Santa Clara County, 12/9/08

them. At this time the next court date is set in order to review the status of the case and determine the need for follow up. Services continue until the DCFS case is closed. Aftercare service is provided through ongoing recovery and mentor partners.

Mission and Philosophy

The mission of FWC is to build on the success of the existing DDTC Program while enhancing resources. The philosophy of FWC is ultimately to enable children to remain at home with extra support and to give families an active role in developing their case. The FWC team members see successes as little steps towards bigger milestones for their clients. FWC tries to have parents actively engaged in the process while having custody of their child or children. Some clients do not get custody returned as they may not be actively participating in FWC. The positive impact is they are introduced to recovery and a seed is planted. For other clients, the success is huge and the child or children are returned to parental custody by fully participating in FWC. Whatever the result is, The Team feels that a supportive approach using incentives and praise impact clients positively.

Case Study¹⁰

FWC assists clients who have had barriers and, in some cases, a number of children removed from parental custody. This case study is about a family that was the first to graduate from Family Wellness Court. Their story is one of a long history of methamphetamine abuse and multiple children taken from parental custody. Alisha is a young single mother who has lost parental rights to three children. Due to the family's participation in FWC, a fourth child is now in her custody, Alisha has graduated from an in-patient SAB program, and the father, Michael, has participated in SAB services and is clean and sober. The connection to FWC facilitated early access to treatment while having the child placed in their custody. Being able to go through the system with supportive court processes and having their child with them were key

elements that assisted both parents in succeeding. FWC is a strength-based approach in which parents are given positive feedback on progress and are rewarded for improvement and commitment, which ultimately enhances their self esteem and ability to be better parents. In the graduation ceremony, both parents thanked the FWC Team for all their help, and Michael thanked The Team for giving, "... me a second chance at a first class life." Now both Michael and Alisha have hope, their child and new goals.

Challenges

There are several challenges to implementing FWC. Judge Yew has identified that one of the challenges would be increasing coordination of services between the different partners and departments. Judge Yew acknowledged that FWC does a great job but could always improve, especially since there are a large number of agencies and departments providing services. For example, time management is an area that could be improved upon, as the Team feels meetings with clients sometimes feel rushed (not necessarily so for the clients). There are a variety of complex issues that could be explored but are not due to time constraints. As the program develops, the Team strategizes on how to enhance services and streamline processes. In addition to procedural challenges, there are systematic challenges, which are addressed in a Systems Implementation Committee that meets on a monthly basis to improve coordination across bureaus.

Economic Benefits/CalWORKs/Welfare To Work: Impact And Challenges

For the Department of Economic Benefits (DEB),¹¹ some of the challenges include effectively and accurately identifying clients that are involved with both Department of Family & Children's Services (DFCS/CPS) and Benefits Departments. Since the two different computer systems, CWS/CMS¹² and CalWIN do

¹⁰Names have been changed to protect client confidentiality.

¹¹DEBS is the Santa Clara equivalent to CalWORKS in Contra Costa County

¹²CWS/CMS is the Child Protective Services Computer System for documenting, tracking and monitoring child welfare clients

not “talk” to each other. To address this issue, the DEB is in the process of developing a common identifier for all clients that will help in systematic identification. Useful reports are still in the process of being developed. However, there is a flow chart that identifies the process for a FWC client to assist staff in both CPS and DEBs in client identification.

Another way DEBs and CPS work together to address challenges is to have a CalWORKS-DFCS liaison who is an Eligibility Worker (EW) employed with DFCS/CPS. The EW has a broad benefits knowledge and are responsible for ensuring FWC clients are getting all benefits they are eligible for. There is also a FWC DEBs liaisons in every DEBs District Office, as well as three Employment Counselors co-located with the DFCS staff, whose caseloads are composed of cases that are active in both CalWORKs (with the potential of having a WTW Plan) and DFCS. Continuous improvement of identifying cases that are mutual CalWORKs and CPS/FWC cases can improve counties WPR by being able to count current FWC activities as WTW activities. Services can be provided by WTW assisting clients to re-enter society as self sufficient individuals. Currently, the FWC pilot is in the first year of implementation. As more families’ graduate, accurate data can be extracted to see what residual benefits (such as an increase in the WPR) as well as any correlation between more children kept safe with their parents as result of FWC participation.

Cost Savings

DDTC is estimated to have saved approximately 281,399 jail days in the Fiscal Year 2003–04, which represents a cost savings of \$12,522,255.¹³ Family Wellness Court is expected to have similar if not more cost savings in the long run as it is cost-effective to treat drug addiction which reduces associated health and social costs.¹⁴ Untreated drug addiction is estimated to cost over \$181 billion annually. Every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-re-

lated crime, criminal justice costs, and theft alone. When savings related to health care are included, savings can exceed costs by a ratio of 12 to 1.¹⁵ In a recent study, data showed that the number of admissions to AOD treatment centers in 2004 due to methamphetamines was 2,185, the highest number of admissions.¹⁶ Child abuse also costs taxpayers approximately \$95 billion a year, and parents abusing drugs and/or alcohol are at a higher risk of abusing or neglecting their children.¹⁷

Implications for Contra Costa County/ Recommendations

Currently, Contra Costa County has a basic framework in which a continuum of care provides drug treatment and prevention. In order to expand services, a partnership between the courts, health services, CalWORKs and increased participation from current partners in MHS, DCFS and AOD is necessary for FWC implementation. This model would fit into the county’s business practice as currently CalWORKs and Welfare to Work are engaged with Linkages, a program that works with the Department of Children and Family Services (DCFS) to coordinate services and work towards common goals of safety for children involved with CFS/WTW. Mental health and AOD services are coordinated through SAMHWORKS partnership that provides wraparound services for clients with multiple barriers. A court program interacting with DFCS and CalWORKs would benefit all involved and improve team work and communication between bureaus to help reduce the “silo effect” and better serve our clients. As mutual FWC and CalWORKs clients are participating in an approved WTW activity, increasing the WPR could result from this program as an additional benefit. This continuity of services, workflow and teamwork could improve outcomes necessary to ensure contin-

¹³National Drug Intelligence Center, US Dept. of Justice. <http://www.usdoj.gov/ndic/pubs27/27504/27504p.pdf>. Northern California High Intensity Drug Trafficking Area 2008.

¹⁴Center for Applied Research Solutions, *Indicators of Alcohol and other Drug Risk and Consequences for California Counties, Contra Costa County* 2007. The next highest amount of admissions were alcohol related at 1,461 admissions.

¹⁷Child Abuse Prevention Council, January 2007

¹³Media Release 5-13-05

¹⁴Dennis, M. L., & Scott, C. K. (2007). *Managing Addiction as a Chronic Condition*. NIDA Science and Practice Perspectives, 4(1), 45-55

ued funding and meet state mandated requirements for CFS and WTW. An action plan would include the following recommendations:

- 1 Submit a plan and description of FWC to the county stakeholders to get buy in.
- 2 Assess the approximate cost to Contra Costa County for this program¹⁸ which would include any additional staffing needed to administer and evaluate the program.
- 3 Identify the available outside and internal funding for program implementation.
- 4 Identify support for and need of program with Workforce Services Bureau and CFS.
- 5 Develop a workgroup to evaluate targeted training needs.
- 6 Assess commitment from participating departments of time and resources.
- 7 Apply for appropriate funding in order to implement Family Wellness Court.
- 8 Identify number of additional positions needed and target individuals for key positions .
- 9 Review outcomes for FWC Pilot to refine the implementation of FWC in this county.

The cost associated with implementation would likely be similar to the costs incurred by Santa Clara County. In order to implement FWC in Contra Costa County, there would need to be an across-bureau effort in which the Court Systems, EHSD/Workforce Services and DCFS work together to leverage funds and develop the FWC program.

At this time it may be difficult for Contra Costa County to implement this program without fund-

ing from outside sources, private organizations and funds at the state and local level. There needs to be further review of current systems and evaluation of the cost of integrating FWC compared to the costs incurred by the courts, CPS and other service providers treating symptoms of drug abuse and child abuse to see if the initial upfront costs would benefit the county in the long term. Resources like the Bureau of Justice Assistance have a Drug Court Discretionary Grant Program that provides grant money for state/local court systems to implement or enhance a problem-solving court such as a community court. The goal of this initiative is to reduce the conflicts, gaps and inconsistencies created by inefficient court operations and multiple problem-solving courts.

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¹⁸In-kind costs are shared throughout varying bureaus. With the annual in-kind costs and actual costs the annual total is \$1,765,638.