

Family Wellness Court in Santa Clara County: Alternative Routes to Justice System Goals

AMANDA KIM

EXECUTIVE SUMMARY

Santa Clara's Family Wellness Court (FWC) is a specialized court that serves the dual purpose of rehabilitating drug offenders who are parents of young children and providing services that lead to family reunification. Currently, there are less than ten drug dependency courts in California that provide team case management, a therapeutic environment, and extensive resources and supports with the goal of permanency and reunification for children. FWC was implemented March 2008 with a 5-year federal pilot grant of \$3.7 million in addition to \$2.6 million of in-kind contributions, primarily from FIRST 5 Santa Clara. The project simultaneously addresses the addiction and child permanence needs of 100 involuntary families with a child 0-3, through an integrated, court-led approach and a service collaboration of 28 public and private agencies with 82 participating staff.

Recommendations for the County of San Mateo

- Conduct a resource and needs assessment, including a scan of services that may not currently exist within the county, such as services for incarcerated families
- Evaluate collaborative models using standardized evaluation tools, such as the National Center on Substance Abuse and Child Welfare scale.
- Implement therapeutic supports, including training for trauma-informed services.
- Develop incentive programs that connect the incentive to esteem-building activities and lead to lasting positive behavioral change.

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Background

“Mercy bears richer fruits than strict justice.”

—Abraham Lincoln

The rapid rise of methamphetamine (MA) or “meth” use throughout the United States has contributed to a healthcare, social service, and criminal justice crisis that has grown unabated since 1989. Meth use and production has a disproportionate impact on children and families due to the high proportion of women users (50%) and the relative ease with which meth can be produced. It is estimated that one out of every five seized meth labs in the US has a child present.¹ California, which has both the largest meth-using population (400,000) and the largest prison population (170,000) of any state is faced with a complicated dilemma: how to empower the judicial system to rehabilitate drug offenders rather than incarcerate them in the already overpopulated prison system while providing permanence and stability for their children?

In the last decade, California has begun to initiate drug policy reforms that move toward treatment as a solution, rather than incarceration. This shift is reflected in Proposition 36, the 2000 ballot initiative which promoted a public health model for non-violent drug offenders by providing them with probation instead of incarceration, and some opportunities for treatment. Despite this policy shift, fewer than 10 counties in California have courts that are designed to, and have the capacity to address the needs of substance-using parents as well as their children who are at risk of removal. Santa Clara’s Family Wellness Court (FWC) is one of a small handful of California drug dependency courts which provides

team case management, a therapeutic environment, and extensive resources and supports with the goal of permanency and reunification for children. FWC was implemented March 2008 with a 5-year federal pilot grant of \$3.7 million in addition to \$2.6 million in in-kind contributions, primarily from FIRST 5 Santa Clara. The project simultaneously addresses the addiction and child permanence needs of 100 involuntary families with a child 0–3, through an integrated, court-led approach and a service collaboration of 28 public and private agencies with 82 participating staff.

Therapeutic Court Structure

FWC seeks to address, not only child permanence and the recovery of the parent, but also the capacity of the parent to be a responsible, permanent caregiver. In order to meet this goal, FWC provides a complement of services that are equal to the magnitude of the need, under the leadership of a figure with the authority to effect rapid change and with a collaborative structure that bends to meet the needs of the participants. (See Table 1, next page)

The FWC Team case management model involves an extensive collaboration of treatment providers, child welfare, judicial, health and social services staff. Led by the Juvenile Dependency Court and the Juvenile Dependency Judge, the FWC Team includes the personnel listed in Table 2 (page 161).

The judge occupies a unique role, both as the presiding official and as the facilitator of the team. In a court setting, she facilitates strength-based behavior therapy to reinforce goals and support recovery, while also coordinating the delivery of services from multiple providers and systems. Collectively, the multidisciplinary team fosters a therapeutic environment, promotes skill-building and articulates practice values to enrich, support and nurture the

¹Karen Swetlow, “Children at Clandestine Methamphetamine Labs: Helping Meth’s Youngest Victims,” *ovc Bulletin*, June 2003, U.S. Department of Justice, Office of Justice Programs Office for Victims of Crime.

TABLE 1
Problem-Solving Court Models

	Dependency Court	Drug Court	Family Wellness Court
Goal	Child permanence	Treatment	Child permanence, treatment <i>and</i> the capacity building of the parent
Focus	Child	Adult (primarily male)	Child and parent
Services	By referral	By referral	By FWC Team
Judge's Role	Seeks best option for the child	Therapeutic	Therapeutic <i>and</i> Team Case Management Leader

families at the center of the court. Wraparound services are diverse and include the elements listed in Table 3.

Therapeutic Modality

FWC uses elements of a form of behavior therapy, known as contingency management, to reinforce positive behaviors, such as progress toward the fulfillment of the treatment and case plans, meeting benchmarks and accomplishments, and generally abiding by program rules. Contingency management has demonstrated repeated success in mental health, alcohol and other drug interventions.²

Positive rewards include certificates, journals, gift cards, recovery literature and tokens. These positive rewards are delivered to participants by the judge and an array of service providers who verbally reinforce the significance of the accomplishment or achievement and what they've witnessed in the mother or father's progress. Hearings can be powerful emotional moments in which the participant is at the center of the court and the focus of praise, recognition and attention.

Negative consequences may include increased drug testing, increased participation in meetings, individual and/or group counseling sessions, additional court appearances, essay writing exercises with assigned topics and community service hours.

To establish consistency in approach, language, and modality, providers attend a staff meeting prior to the hearing, in which they review cases individually and provide input, feedback and observations. I observed two mornings of hearings, involving 19 parents and noted that the team engages in a highly detailed problem-solving discussion regarding the needs and development of both the parent and the child. Because FWC has a full-scale approach, it is geared to meet the totality of the problem with resources equal to the need. When a client requested funding for a car repair, the FWC Team engaged in complex problem-solving, discussing whether or not that car would be a benefit or a detriment should it need multiple additional repairs. On the therapeutic level, the FWC Team members contribute their expertise and observations to establish a coherent treatment environment for the client. For example, when a participant needed housing but had to live with an emotionally unsupportive family member, the team discussed how and where that person could find additional family supports. In difficult cases, particularly those in which a negative consequence was to be administered, the judge discussed how the group could deliver that sanction in a way that was nonjudgmental, effective and hopeful.

Administrative Systems

Because services are provided by team members rather than by referral; and because the collaborative

²Nancy M. Petry, Ph.D., "Contingency Management in Addiction Treatment" *Psychiatric Times*. Vol. 19 No. 2, 1 February 2002.

TABLE 2
The FWC Team

Juvenile Dependency Court Judge	Domestic Violence Specialist
Superior Court Resource Coordinator	Representatives from Child Advocate program (CASA)
Courtroom Clerk	FIRST 5 Santa Clara County Program Specialist
Social Worker	FIRST 5 home visitors (Friends Outside and Public Health Nursing)
Social Worker Court Liaison	Early Childhood Mental Health Specialist
Eligibility Worker	Mental Health Therapist
Legal representation for parents, children and social workers	Substance Abuse Assessor from the Department of Alcohol and Drug Services (DADS)
Mentor Moms and Dads	

TABLE 3
Wraparound Services

Legal representation	Home visitation
Early drug and alcohol assessment and treatment	Comprehensive developmental and behavioral screening, assessment and interventions for all children
Mentor Parent support	Child appointed special advocates (CASAs)
Domestic violence advocacy/services	Linkage to health coverage and primary care physicians
Transportation assistance	Access to a wide array of parenting workshops
Limited funding to assist with barriers to case plan completion	Early care and education services
Linkages to employment and benefits services	Oral health care for children and some limited dental services for adults
Therapeutic services	A wide range of age appropriate community activities
Pregnancy prevention education	

relies on joint funding and in-kind contributions, it is essential that the program has a strong, capable, flexible collaborative system. The National Center on Substance Abuse and Child Welfare (NCSACW) describes interagency collaboration as a scale with four steps, each representing a level of engagement, capacity and participation:

- 1 Exchanging Information
- 2 Sponsoring Projects
- 3 Changing the Rules
- 4 Changing the System³

The FWC collaboration is active on all four levels of this scale. Participating staff are well-informed about the practices and systems of partner agencies.

In addition to the staffings at the court, they also attend administrative meetings and oversight meetings which provide valuable information about services provided within the partner agencies, identify gaps, build opportunities for alignment between agencies, and address sustainability issues. In order to build capacity on a system-wide level, staff also participate in joint trainings.

FWC membership is philosophically as well as administratively prepared to create change on the system level. The FWC Values Statement includes the following item which commits the collaborative to critical analysis and systems change: *“All collaborating partners shall be willing to consider changes to agency policies, procedures and methods of service delivery to ensure systemic change; vs. business as usual.”* The collaborative also seeks joint funding, integrates

³“Collaboration Challenges for Regional Partnership Grants: Data, Shared Outcomes, and Choosing the Bridges” *Webinar Presentation by The National Center on Substance Abuse and Child Welfare*, 3 April 2008.

capital (information, technology and human), and directs resources from the partner agencies toward the needs of the FWC participants.

Courtroom as Therapeutic Environment

Traditionally, courtrooms are understood to be codified, formal environments that are adversarial in nature and not designed to give voice or decision-making powers to defendants. The Family Wellness Court has implemented a different set of court rules, which are geared to achieve justice system goals as well as therapeutic outcomes. Court proceedings are confidential and there is no court reporter. The judge provides an orientation to each parent, in which she states clear ground rules, “Be honest, work with us and tell us what you need.”

The parents, who not only have a role in developing their case and treatment plans, are empowered to speak during hearings and are encouraged to self-advocate. A focus group participant from the FWC described the experience, “We get an opportunity to speak up [in FWC]. The judge asks us. I was in drug court, you don’t really get an opportunity. In regular court, they don’t do that. Family Wellness—not only do they encourage you, they give the support, and tell you where to get it.”⁴ This ability to ask for resources is an important feature of the court, and suggests that if the parents can ask for supports, they have a level of self-awareness, an understanding of the resources (systems) around them, as well as the confidence to ask for what they need.

Throughout the hearing, the judge and team members use reflective language that explains the court process, why rewards or sanctions are being administered, the progress they see in the parent, and focus attention on the parent’s recovery or the parent’s bond with the child. This feedback supports the contingency management model in which individual actions impact a system of consequences (either rewards or sanctions), and the participants develop the meta-cognitive skills and the self-awareness to better understand and manage their choices. Parents are asked, “Does this (sanction) seem about right?”

⁴SRI International, “FWC Focus Group Summary” 12 February 2009.

“How does that feel?” “This is your time, is there anything else we can do for you?”

The therapeutic environment is also supported by non-verbal cues, body language, tone of voice, and informal expressions. The judge routinely steps off the bench to give a hug or a handshake to a parent, or even to sit with a parent while he or she tells a difficult story. As a group, the team members will congratulate and honor the parents for their progress or sing “Happy Birthday” to a child. Courtroom staff, including the bailiff and the Superior Court Resource Coordinator often play with and hold the children during the hearings. In the two sessions I observed, I noted that all staff were solicitous and positive in their interactions with parents and other team members.

Because the judge occupies a critical role as both case management coordinator and presiding official, her interactions and modalities can have a direct impact on the environment within the court. Focus group participants often reflected on the caring, nurturing and supportive qualities of the judge rather than any of the individual incentives they received.

Wraparound Services

The collaborative not only delivers parenting and recovery services, it also seeks out and fulfills the need for wraparound services. In two days of observation, most parents expressed a need for additional services. Parents requested: housing (12), service coordination (5), resource needs such as supplies and clothing (5), transportation (4), medical/dental (2), and tattoo removal (2). Each of these modest requests represents a barrier which could have had a negative impact on the parent’s progress toward fulfilling the case plan. Based on stated needs, it is clear that wraparound services can have a significant positive impact on participant success.

Recommendations for San Mateo County

San Mateo County has experienced a rapid rise in meth use, which severely impacts the child welfare and criminal justice systems. The majority of general neglect assessments for child protective services

involve drug use by a parent. The county's women's jail is overpopulated with women who have been charged with non-violent drug possession and property offenses (88% combined). In addition, 80% of women in county jail report that they have moderate to severe alcohol or drug problems. And the majority of pre-trial and a third of sentenced female inmates have young children.⁵

Despite the current state budget environment, which includes looming cuts to social services and potential cuts to FIRST 5 funding, San Mateo County can conduct a resource and needs assessment that will serve as the foundation for a future dependency drug court and define the current impacts of meth on families that intersect with criminal justice and social service programs. Due to the smaller population of San Mateo County, a dependency drug court would involve significantly fewer families, but may also involve the creation of some resources that are not fully developed within the county, such as services for families separated by incarceration. A complete resource/needs assessment can assess both assets and resource needs.

San Mateo County can also implement some of the collaborative and therapeutic strategies that support the FWC. San Mateo County's Human Services Agency, Probation and Health Departments participate in dozens of service collaborations, but the county does not have a consistent evaluation system to assess the degree of engagement or the alignment of systems. By using the NCSACW collaboration scale, San Mateo County can test the capacity of existing collaborations to adapt to meet the needs of

service recipients and seek greater returns on strategic partnerships.

Joint training, particularly in topics that can impact the total system and quality of care across all divisions within the Human Services Agency (HSA) can improve the system's ability to provide client-centered services. Of particular note is FWC's exploration of trauma-informed services training. Trauma impacts all HSA service areas and affects child welfare services clients, immigrants, veterans, survivors of wars and disasters, victims of domestic violence as well as physical and emotional abuse, re-entry populations and those who have been treated marginally by the justice, educational and social service systems. A wider and deeper understanding of trauma in service delivery environments can lead to an improved customer experience and better outcomes.

Lastly, HSA has incentive programs for program participants. However, it is unclear whether or not the incentive is tied to a program that builds esteem, that codifies rewards/sanctions and leads to the broader goal of lasting positive behavioral change. HSA should undertake an analysis of current incentive programs and reinforce them with the therapeutic and programmatic supports to contribute to sustained behavioral change.

At little or no cost, San Mateo County can implement short-term objectives that replicate three therapeutic and administrative features of FWC: an assessment tool for collaboration, cross-disciplinary training that impacts the overall system of care, and implementation of a modified contingency management model.

⁵Huskey & Associates, "Detention Facilities Assessment and Master Plan," 25 February 2008, County of San Mateo.

Acknowledgements

I would like to gratefully acknowledge the Santa Clara County Social Services Agency and the Superior Court of California, County of Santa Clara, for providing me with their generous support and permission to observe firsthand the operations of the court. Special thanks to the following individuals for their willingness to share information, their openness to a primary research methodology, and for the thoughtfulness and care they applied to the research, analysis and fulfillment of this project:

SANTA CLARA COUNTY

- Will Lightbourne, Santa Clara County Social Services Agency, Director
- Cynthia Ambar, Santa Clara County Social Services Agency, Project Director, Family Wellness Court

- Hon. Erica Yew, Superior Court of California, County of Santa Clara,
- Frank Motta, Santa Clara County Social Services Agency, Project Manager
- Sneha Ebenezar, Superior Court of California, County of Santa Clara, Family Wellness Court Coordinator

SAN MATEO COUNTY

- Beverly Beasley Johnson, County of San Mateo Human Services Agency, Director
- John Joy, County of San Mateo Human Services Agency, Director of Program Support
- Carine Verduco, County of San Mateo Human Services Agency, Executive Secretary