



Evaluation of the Family Wellness Court for Infants and Toddlers



Year 4 Annual Report
SRI Project 18255
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Executive Summary

The Santa Clara County Family Wellness Court for Infants and Toddlers (FWC) is a 5 year regional partnership to expand and enhance services for pregnant women and parents with children ages 0–3 who are at risk of losing custody of their children because of an addiction to methamphetamine or other drugs and documented abuse or neglect. This report focuses on FWC accomplishments and outcomes in its first 3 years of operation (March 14, 2008–March 31, 2011).

Accomplishments

Participants served. During its first 3 years, FWC has served 311 children and 276 adults (172 mothers and 104 fathers), representing 189 families. Close to half (44%) of the cases had more than one adult engaged in the case, 47% of the cases had only a mother engaged, and 9% had only a father engaged. Almost half (48%) of the children were younger than 12 months at entry, 29% were ages 1–3, 8% were ages 4–5, and 15% were 6 or older.

Active and closed cases. Each 6 months, FWC serves approximately 32 new families and 52 continuing families, and closes the cases of 22 families. As of March 31, 2011, the cases for 95 families (comprising 133 children and 138 adults—87 female and 51 male) had been closed.

Met treatment criteria. Of the 95 families with closed cases, 78% of them engaged sufficiently in FWC services to meet treatment criteria (i.e., they participated in at least 1 month of at least three FWC services). The most common reason for families not engaging in FWC (affecting 17% of the families) was that their whereabouts were unknown.

Length of time served by FWC for closed cases that met criteria. Of the closed cases in which at least one adult met treatment criteria, the average length of time served by the FWC program was 515 days (17 months), and ranged from 239 days (almost 8 months) to 1,111 days (more than 37 months).

Level of completion core services for closed case that met criteria. Most (86%) of FWC adult clients (in closed cases that met treatment criteria) fully or partially completed the four key FWC components (i.e., FWC hearings, substance assessment, substance treatment, and mentor parent services).

Satisfaction with FWC services and personnel for closed cases that met criteria. FWC clients who met treatment criteria were highly satisfied with the many components of the FWC program, including involvement in their own case planning, the helpfulness of the staff from all the agencies, the ease with obtaining and usefulness of substance abuse treatment services, and the ways in which services were trauma-sensitive.



Outcomes

There were a number of positive outcomes experienced by the vast majority of parents and children who participated in FWC and met the treatment criteria.

Adults experienced the following positive outcomes:

- Received access to a substance abuse assessment in less than 30 days from program entry (75%)
- Received access to a substance abuse treatment within a month of their substance abuse assessment (80%)
- Completed residential treatment (72%) and completed out-patient treatment (68%)
- Decreased substance use from program entry to the most recent follow-up (54% to 16%)
- Increased employment status from program entry to the most recent follow-up (from 17% to 32%)
- Increased housing status from program entry to the most recent follow-up (57% to 76%)
- Increased community connectedness from program entry to the most recent follow-up (41% to 59%)
- Increased knowledge of how to access needed services from program entry to the most recent follow-up (52% to 70%)

Children experienced the following positive outcomes:

- Received a developmental screening (91%)
- Increased access to health insurance coverage from program entry to the most recent follow-up (75% to 79%)
- Had custody rights returned to at least one parent (75%)

In addition, FWC participants had better outcomes on several important outcome indicators than a matched comparison group that did not receive the FWC program.

Better outcomes occurred for the treatment group compared to the comparison group:

- Parents experienced significantly fewer days from program entry to substance abuse assessment
- Parents experienced significantly fewer days from substance abuse assessment to treatment
- More parents completed residential treatment programs
- More children remained at home/never entered foster care
- Children had shorter stays in foster care
- More children reunified with their parents in less than 12 months
- More children had a least one parent retain custody at case closure

1. Introduction

Overview of the Program

The Santa Clara County Family Wellness Court for Infants and Toddlers (FWC) is a 5 year regional partnership to expand and enhance services for pregnant women and parents with children ages 0–3 who are at risk of losing custody of their children because of an addiction to methamphetamine or other drugs and documented abuse or neglect. This report focuses on FWC activities and accomplishments in its first 3 years of operation.

The FWC is one of 53 federal Regional Partnership Grants awarded by the Children’s Bureau at the U.S. Department of Health and Human Services. The purpose of the grants is to assess the implementation and impact of new regional models for serving parents who are addicted to drugs and at risk of losing custody of their young children.



The FWC is an enhancement of the model being used by the Drug Dependency Treatment Court (DDTC) and aims to provide parents and their children with comprehensive and coordinated services. The FWC began serving children and their families on March 14, 2008. Data collection for this report ended on March 31, 2011.

The FWC uses a multidisciplinary team (MDT) approach, drawing on the expertise of all members to create a service plan for each client in the program. MDT members are the judge (Santa Clara Superior Court), substance abuse assessor, drug treatment counselor, social worker, social worker court liaison, County Counsel, attorneys for the child and parent, mentor parents, domestic violence advocate, FIRST 5 Santa Clara County program specialist, early childhood mental health specialist, child advocate, and eligibility worker. A superior court resource coordinator assists by ensuring the judge has complete client information from the MDT for each upcoming hearing, including the status of warrants, court dates in other courts, timeline compliance, and drug treatment status.

At a parent’s initial contact with the FWC, his or her need for services is assessed by the court and recommendations are made for substance abuse/dependence treatment and care, housing, home visitation, therapeutic services, and medical treatment. Pertinent information is conveyed to the MDT for review to determine the parent’s eligibility for participation in the FWC. If a parent is eligible, he or she is then provided with an array of services individualized to the family’s specific needs, including substance abuse treatment. At the first FWC hearing, the parent is linked to a mentor parent who provides close support during the first 30 days of the program by attending 12-step meetings with the parent and helping him or her to find a sponsor. The mentor parent is also available by phone throughout the parent’s participation in the program, often daily during the first 30 days, and then less frequently during later months. Parents may receive transportation assistance (bus tokens/passes) or rides to

meetings and appointments to help them get connected. The judge gives parents incentives and sanctions for their progress in the FWC. Parents are closely monitored for alcohol and drug use through regular and random testing.

Children of parents who participate in the FWC also receive services. A home visitor from FIRST 5 Santa Clara is assigned to each child to track the interventions provided to ensure healthy development. Children are automatically referred to STARTS/KidConnections, a multidisciplinary team that provides consultation and comprehensive developmental screenings for children ages 0–5 in Santa Clara County. If the screenings reveal potential risks, children are referred on for targeted diagnostic assessments and referrals to appropriate interventions. A mental health assessor also interviews children and their parents during the first few weeks of the case opening and makes referrals to needed services. Children also are eligible to receive support from a child advocate who can meet with the child at least once per week.

The parent and child may also attend Celebrating Families, a parenting class that focuses on drug and alcohol addiction and child-parent bonding. If the child is not in the care of the parent, supervised visitation time is included as part of the case plan to support family bonding.

The Evaluation

SRI International was contracted as the local evaluator for the FWC in 2008. This annual report presents findings from SRI's evaluation of the implementation and effectiveness of the first 3 years of the FWC. Data collection began on March 14, 2008, and the reporting period ended on March 31, 2011. Data on children and parents were collected by the agencies serving them using multiple data systems and paper data collection forms. Each agency submitted data to SRI, and SRI staff integrated the data into one database for analysis.

The purpose of SRI's evaluation is to support refinement of the FWC intervention and quality assurance, and to meet requirements of the Children's Bureau Regional Partnership Grants. The bureau's required adult/family, child, and partnership service capacity performance indicators for measurement are listed in Exhibit 1.

Exhibit 1. Evaluation Indicators

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

Study Participants

Participants were pregnant women, mothers of children ages 0–3, and their partners who had methamphetamine or other substance use disorders. All participants had at least one substantiated allegation of child abuse or neglect.

As of March 31, 2011, evaluation data were available for 311 children and 276 adults (172 mothers and 104 fathers), representing 189 families, who were served by the FWC. Of the 189 families, 11 families were accepted into the FWC even though their case plans started prior to the launch of the FWC.

Data Collection

The following sources were used to capture information on client demographics, program participation, and outcomes:

- A list of cases provided by the court resource coordinator
- An entrance and follow-up survey completed by parents
- Contact logs completed by mentor parents each time they had contact with a parent
- A data export from the Department of Drug and Alcohol Services staff that included data from clients' initial assessments and on their subsequent treatment services
- A FIRST 5 family intake and follow-up form completed by a Public Health Nurse
- A KidConnections assessment data completed by the Mental Health Assessor
- Data reports and exports from the Santa Clara Social Services Agency (SSA) data system

Through these sources, information was collected on the following:

- Demographics—ethnicity/race, primary language, age, marital status, education, employment status, income, and prior history with child protective services
- Outcomes including health insurance status (mother and children), physical health status (mother and children), abstinence from drug use (results of drug testing), children’s placements, children’s permanency and adoption status, child welfare recidivism, housing status, transportation status, child developmental screening and assessment results, and unmet service needs
- Types of services received and types and number of contacts made between mentor parents and parent participants
- Parent satisfaction with the usefulness of various aspects of the FWC intervention, including the quality of the interactions parents had with staff involved in the intervention

In the past, data on the collaborative capacity of the FWC were collected through an online survey sent to the FWC regional partners from the Children’s Bureau, the Collaborative Capacity Instrument. However, this survey was not administered in the past 12 months.

Comparison Group

We used a within-county nonequivalent control group design to evaluate the impact of the FWC intervention. This quasi-experimental design involved comparing the outcomes of a group of families (mothers, fathers, and children) who participated in the FWC and whose cases were closed with a sample of 74 families whose similar cases were closed before the availability of the FWC and who did not receive services from the Family Dependency Drug Court (i.e., they received service only through the traditional Dependency Court). The comparison group was sampled from the Santa Clara County SSA/DFCS data system. SSA/DFCS drew a sample that included all cases in 2007 that involved children under age 4 whose parents were at risk of losing custody of their children due to an addiction to methamphetamines or other drugs and documented abuse/neglect. Data on the comparison group were gathered through exports from the Santa Clara Services Agency Data System and the Department of Drug and Alcohol Services. Differences between groups were tested using *t*-tests and Chi-square tests for significant differences.

Overview of the Report

In the next section of the report, we describe FWC participants and their characteristics. In Section 3, we describe the services received by FWC participants and their satisfaction with those services. In Section 4, we present outcomes for participants and how those outcomes differ from outcomes for a matched comparison group. Section 5 concludes with next steps for the evaluation.

“When you walk in, you get surprised, it’s like when you open the curtains; there’s a lot of sunlight that comes into the courtroom. When I first walked in I saw all the people sitting and prepared, I got embarrassed, but now I know that they are available to my disposal to get all that is available.”

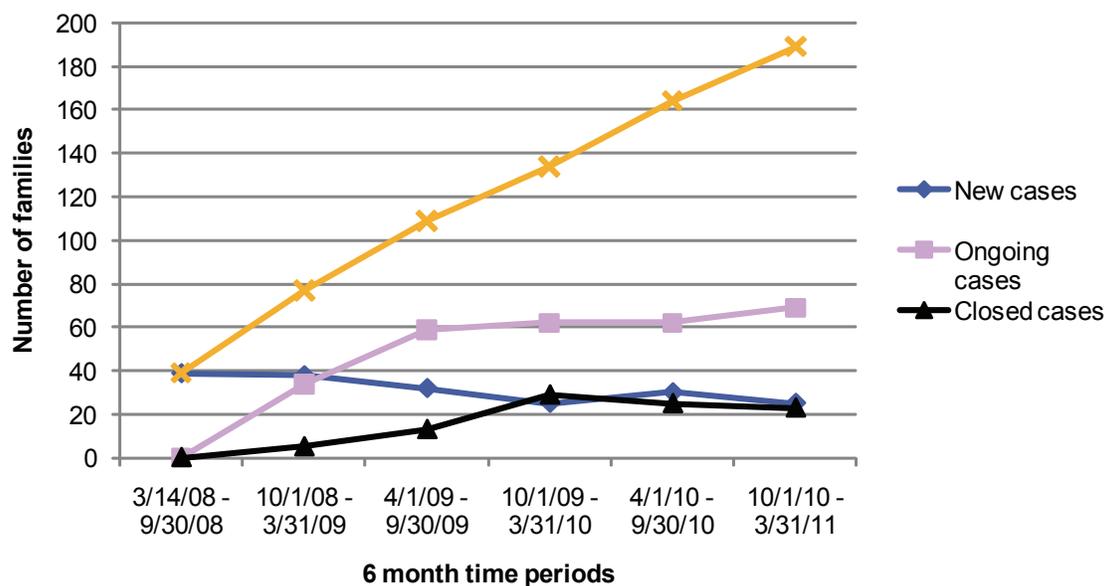
—FWC parent

2. FWC Participants

This section describes the families, adults, and children served by the FWC between March 14, 2008, when the FWC began, and March 31, 2011 (3 full years of program implementation). Participants included 311 children and 276 adults (172 mothers and 104 fathers), representing 189 families.

Exhibit 2 presents the number of new, ongoing, closed, and total cases served by the FWC by semi-annual periods. Since the start of the FWC’s second year of implementation, the number of families being served by the program has remained fairly consistent, with an average per period of 32 new families, 52 continuing families, and 22 families whose cases closed.

Exhibit 2. Number of Families Served by FWC, by Time Period
n = 189



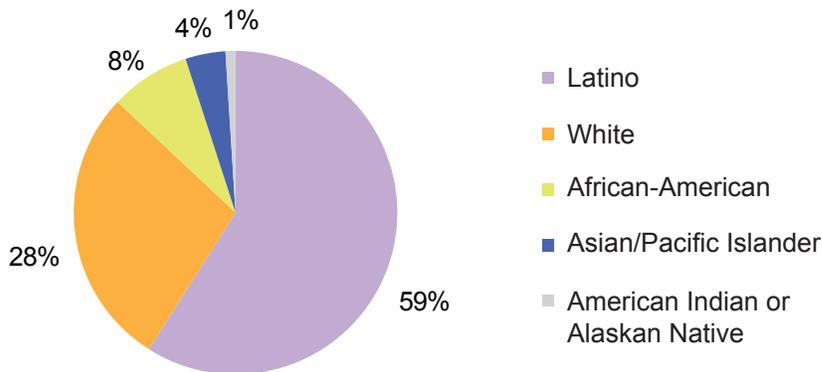
Parent Entry into Family Wellness Court Services

Adult participants in FWC were pregnant women, mothers, and fathers with children ages 0–3, whose abuse of methamphetamine or other substances have placed their children in or at risk of out-of-home placement. These parents also all have had at least one substantiated allegation of child abuse or neglect. Some parents have had their children removed (Family Reunification) and some parents have their children at home while under the supervision of the Department of Social Services (Family Maintenance). Through March 2011, 276 parents (172 mothers and 104 fathers) had participated in FWC. Close to half (44%) of the cases had more than one adult engaged in the case, 47% of the cases had only a mother engaged, and 9% had only a father engaged.

Parents participating in the FWC had the following characteristics:

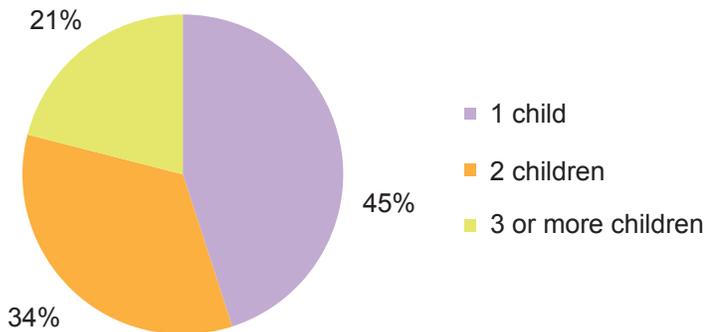
- More than (59%) of the parents were Latino, 28% were White, 8% were African-American, 4% were Asian/Pacific Islander, and 1% was American Indian or Alaskan Native (Exhibit 3).

Exhibit 3. Parent Ethnicity
n = 267



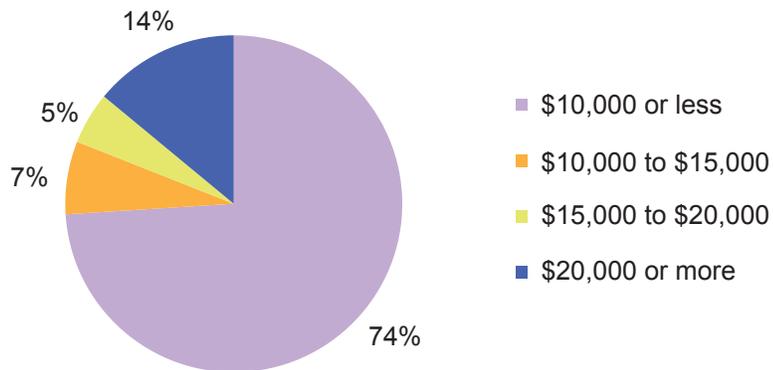
- Most (90%) of the parents spoke English as their primary language, 8% spoke Spanish, and the rest (2%) spoke another language.
- More than a quarter (28%) of the parents had been part of the child welfare system as children, and a third (33%) had at least one child placed outside their care before their current FWC case.
- Most (65%) parents had never been married, while 17% were married, 12% were divorced, and 6% were separated.
- Close to half (45%) of the FWC families had only one child, but 34% had two children, and another 21% had three or more children (Exhibit 4).

Exhibit 4. Number of Children in Family
n = 237



- Most (74%) of the parents reported an annual income of \$10,000 or less and 12% reported an annual income of \$20,000 or less (Exhibit 5).

Exhibit 5. Income Level
n = 137



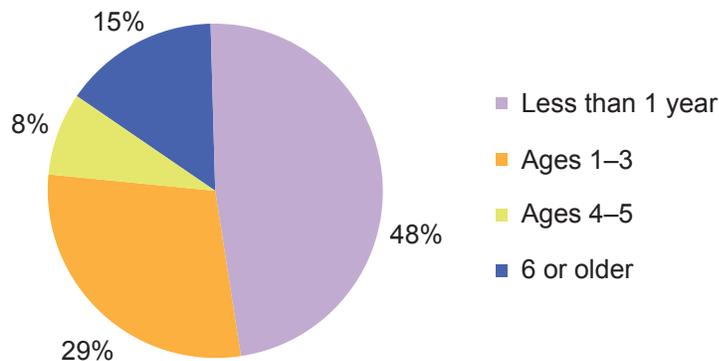
- Methamphetamine was a drug of choice for 82% of the parents in the FWC, alcohol was a drug of choice for 56% of the parents, and marijuana was a drug of choice for 46% of the parents.

Child Entry into Family Wellness Court Services

As mentioned above, FWC served 311 children. Children participating in the FWC had the following characteristics:

- Almost half (48%) of the children were younger than 12 months at entry, 29% were ages 1–3, 8% were ages 4–5, and 15% were 6 or older (Exhibit 6).

Exhibit 6. Child Age
n = 311



- More than a quarter (29%) of children with toxic screen data at birth were born substance exposed.
- Of the 256 of the children eligible for a developmental screening (i.e., between the ages of 4 months and 6 years of age), 88% (226) had a completed Ages and Stages Questionnaire and 76% (194) had a completed Ages and Stages Questionnaire Social Emotional. At intake,

a high proportion of children were identified as having concerns in one or more developmental area.

- 26% had concerns in problem solving.
- 23% had concerns in fine motor skills.
- 19% had concerns in communication.
- 16% had concerns in social-emotional behavior.
- 12% had concerns in gross motor and social solving skills.
- Of those children with a developmental screening (221), 28% received home visitation and 17% received therapeutic services through the Department of Mental Health.
- Of those children identified “at risk,” almost all (92%) received a Level 1 Assessment for Intervention, and 6% received a Level 2 Targeted Diagnostic Assessment.

Closed Cases

As of March 31, 2011, the cases for 95 families (comprising 133 children and 138 adults—87 female and 51 male) had been closed. However, 22% of the families in closed cases did not engage sufficiently in FWC services to meet treatment criteria (i.e., they participated in less than 1 month of at least three FWC services) (Exhibit 7). Therefore, families and adults who never met treatment criteria, and children, if no adult in the family met treatment criteria, are not included in subsequent findings about services received and outcomes experienced.

Reasons for not meeting treatment criteria included long-term incarceration, the family’s whereabouts were unknown, the parent had severe mental health issues, or another reason (Exhibit 8). The characteristics of cases that did and did not meet treatment criteria are reported separately in the Appendix.

Exhibit 7. Families, Adults, and Children Who Met Treatment

Case Status	Families (n = 95)	Parents/adults ¹ (n = 138)	Children (n = 133)
At least one adult met treatment group criteria	78%	69%	80%
No adults in family met criteria	22%	31%	20%

¹ Percent of adults who did or did not meet treatment criteria.

Exhibit 8. Reasons for Adults Not Meeting Treatment Criteria

	Adults in closed cases (<i>n</i> = 138)
Met treatment group criteria	69%
Did not meet criteria—Whereabouts unknown/FTA	17%
Did not meet criteria—Long-term incarceration, could not complete program	5%
Did not meet criteria—Mental health issues too severe to complete program	4%
Did not meet criteria—Moved/transferred counties	0%
Did not meet criteria—Other reason	3%
Did not meet criteria—Unknown reason	1%

3. FWC Services

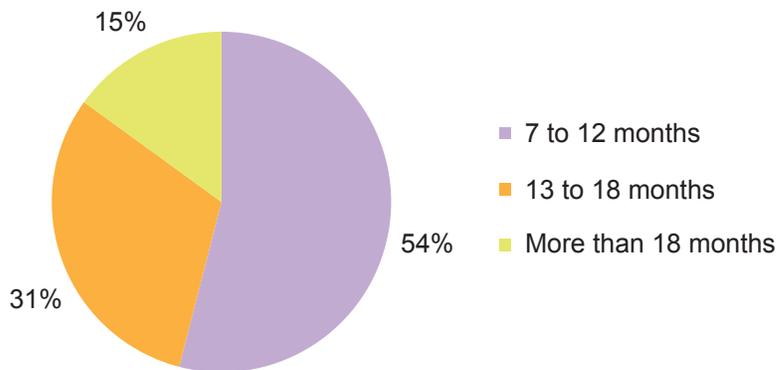
This section describes the level of participation of FWC participants in various components of the program and their satisfaction with those services.

Level of Participation

The level of participation in FWC program components varied, even for the 95 FWC adults who met treatment criteria.

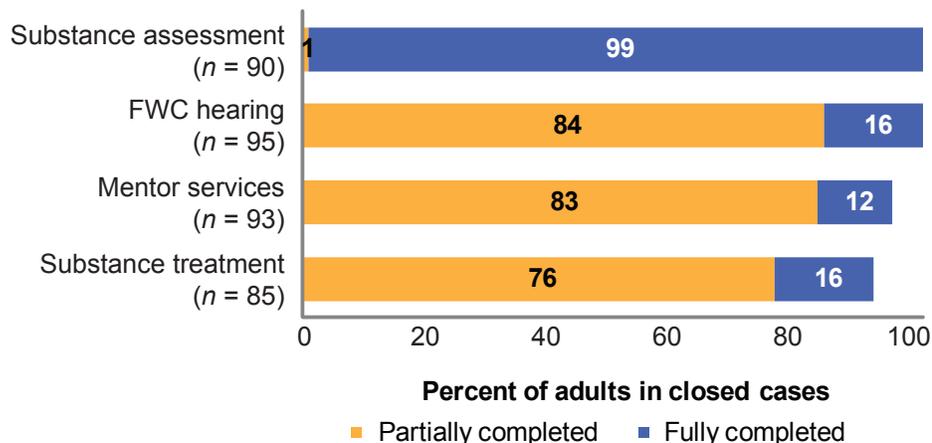
- Length of time served by FWC for closed cases that met criteria. Of the closed cases, the average length of time served by the FWC program was 515 days (17 months), and ranged from 239 days (almost 8 months) to 1,111 days (more than 37 months). All these adults received at least 6 months of services and the vast majority received 13 or more months of services (Exhibit 9).

Exhibit 9. Length of Time Served
n = 95



- **Level of completion core services.** Most (86%) of FWC adult clients fully or partially completed the four key FWC components (i.e., FWC hearings, substance assessment, substance treatment, and mentor parent services). Of all 95 adult cases that closed and met treatment criteria, 100% fully or partially engaged in FWC hearings, 100% fully or partially engaged in a substance abuse assessment, 92% fully or partially engaged in substance abuse treatment, and 95% fully or partially engaged with a mentor parent (Exhibit 10).
- **Level of completion for noncore services.** Level of adult participation varied more for engagement in noncore FWC services:
 - 69% fully or partially engaged in benefit services.
 - 62% fully or partially received domestic violence services.
 - 54% fully or partially received victim support services.
 - 40% fully or partially engaged in mental health services.
 - 18% fully or partially received batter intervention services.

Exhibit 10. Full or Partial Completion of FWC Core Services



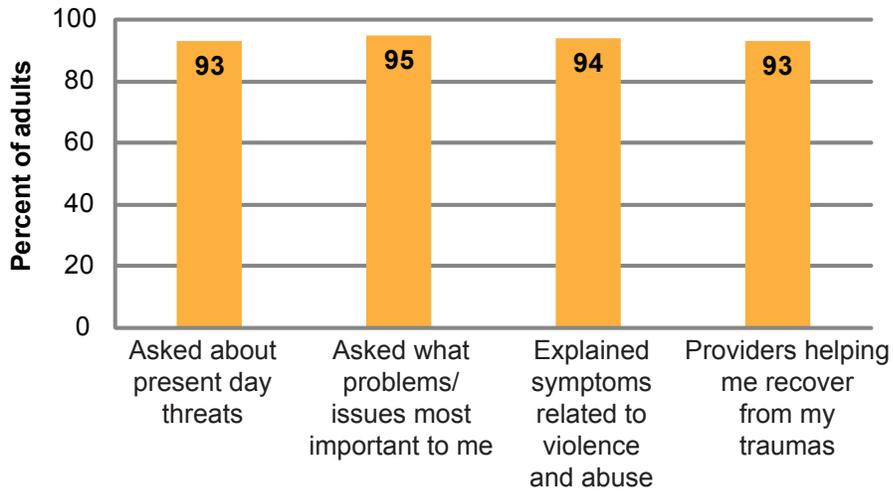
- **Support from mentor parents.** In the first 30 days after FWC enrollment, 46% of the parents had contacts with mentor parents, and 69% had contacts within 90 days after enrollment. All parents received a contact eventually during their participation. On average, parents had one contact with a mentor parent in the first 30 days after FWC enrollment and four contacts during the first 90 days.

Satisfaction with FWC Services and Personnel at 6-Month Follow-Up

FWC clients who met treatment criteria were highly satisfied with the many components of the FWC program as described in more detail below.

- **Involvement of clients in developing their case plan.** At 6-month follow-up, 87% to 92% of parents felt they were *very much* or *a fair amount* involved in identifying needed services, establishing goals, and evaluating their progress toward the goals in their service plans.
- **Satisfaction with FWC providers.** At 6-month follow-up, 94% to 100% of parents agreed that their child welfare worker, judge, treatment counselor, and mentor parent cared for them, was knowledgeable about their case, did a good job explaining how they could keep custody of their child, and helped them get what they needed to succeed.
- **Satisfaction with substance abuse treatment.** At 6-month follow-up, 97% of parents agreed that it had been easy to get the substance abuse treatment services they needed, the services received were helpful, and they were satisfied with the services they received.
- **Extent services were trauma-sensitive.** At 6-month follow-up, 84% to 98% of parents agreed that service providers delivered services in specific ways that were trauma-sensitive (Exhibit 11).

Exhibit 11. Trauma-Sensitive Services, as Reported at 6-Month Follow-Up
n = 52



- **Helpfulness of incentives and literature.** At 6-month follow-up, 93% of parents agreed that the incentives and literature were helpful in their recovery. FWC clients suggested adding assistance for childcare and gift certificates for clothing to the incentive options.
- **Biggest supports.** Adult clients most often mentioned the FWC service providers as their biggest supports closely followed by family support. One parent reported, “The support of everyone around me has been helpful and to my benefit in recovery.”
- **Biggest barriers.** Adult clients most often mentioned not having permanent housing, feeling overwhelmed with program requirements, transportation, and financial concerns as their biggest barriers.
- **Suggested changes from FWC clients.** Most parents suggested keeping the FWC the same, but those that did suggest changes recommended providing more assistance in housing and more bilingual FWC staff.

“FWC gave me a chance to be a part of my children’s life again. It makes us change for the better and [gives us] the resources to do it.”

—FWC parent

4. Outcomes for Closed Cases

This section presents how adults and children fared on several outcomes being tracked by the FWC and whether FWC participants had better outcomes than a matched comparison group that did not receive the FWC program.

There were a number of positive outcomes experienced by the vast majority of parents and children who participated in FWC and met the treatment criteria.

Adults experienced the following positive outcomes:

- Received access to a substance abuse assessment in less than 30 days from program entry (75%)
- Received access to a substance abuse treatment within a month of their substance abuse assessment (80%)
- Completed residential treatment (72%) and completed out-patient treatment (68%)
- Decreased substance use from program entry to the most recent follow-up (54% to 16%)
- Increased employment status from program entry to the most recent follow-up (17% to 32%)
- Increased housing status from program entry to the most recent follow-up (57% to 76%)
- Increased community connectedness from program entry to the most recent follow-up (41% to 59%)
- Increased knowledge of how to access needed services from program entry to the most recent follow-up (52% to 70%)

Children experienced the following positive outcomes:

- Received a developmental screening (91%)
- Increased access to health insurance coverage from program entry to the most recent follow-up (75% to 79%)
- Had custody rights returned to at least one of parent (75%)

In addition, the treatment group experienced better outcomes overall than did the comparison group.

Better outcomes for the treatment group compared to the comparison group

- Parents experienced significantly fewer days from program entry to substance abuse assessment
- Parents experienced significantly fewer days from substance abuse assessment to treatment
- More parents completed residential treatment programs
- More children remained at home/never entered foster care
- Children had shorter stays in foster care



- More children reunified with their parents in less than 12 months
- More children had a least one parent retain custody at case closure

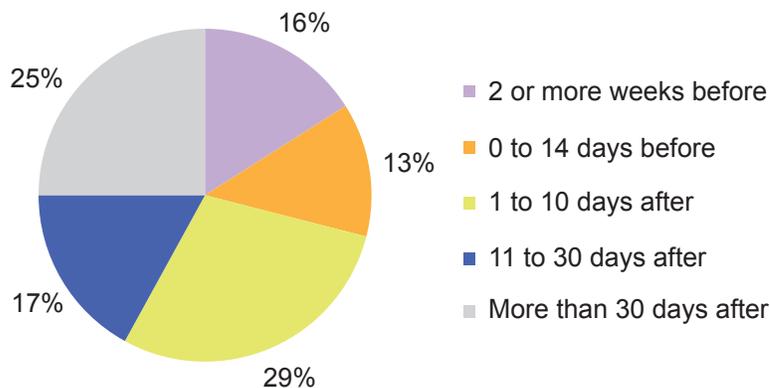
However, more children in the treatment group experienced re-entry into foster care than did their comparison group peers. This was probably related to more of the FWC children having been returned to their parents much earlier and in much greater numbers. Given the ultimate outcomes experienced by the treatment group (i.e., less time in foster care and more children having a parent who retained custody, without greater recurrence of maltreatment), the short-term negative indicator of more re-entries to foster care may be less important and a necessary step in working effectively with the type of families served by the FWC.

Parent Outcomes of Closed Cases That Met Treatment Criteria

More detail is provided below on how adults fared on several outcomes being tracked by the FWC.

- **Access to timely substance abuse assessment for closed cases that met treatment criteria.** Within a month of program entry, 75% of parents received a substance use assessment, and 25% were assessed more than a month after program entry (Exhibit 12).

Exhibit 12. Time from Initial Hearing to Substance Use Assessment
n = 76



- **Access to timely substance treatment for closed cases that met treatment criteria.** Within a month of receiving a substance abuse assessment, 80% of 74 parents identified with a substance abuse problem were enrolled in substance abuse treatment, and 20% of parents were enrolled in treatment more than 1 month after their substance abuse assessment. Time to treatment from program entry was longer than from assessment, with only 56% of 70 participants with substance abuse problems having started treatment within the first 30 days of FWC participation, 14% within the first 60 days of FWC participation, and 30% more than 60 days after starting the FWC program.
- **Setting for substance abuse treatment for closed cases that met treatment criteria.** More than half (55%) of the 73 FWC parents who

received treatment had been enrolled only in an outpatient treatment program, 25% had been enrolled both in a residential and an outpatient program, and 21% had been enrolled only in a residential program.

- **Retention in substance treatment for closed cases that met treatment criteria.** Of those parents who participated in a residential treatment program, 72% completed the program and needed no additional treatment services, 13% left before program completion, and 9% transferred to another treatment or facility program (Exhibit 13). Of those parents who participated in out-patient treatment, most (67%) successfully completed the treatment program, 22% left before program completion, 21% were continuing treatment, and 3% transferred to another treatment program or facility (Exhibit 14).

Exhibit 13. Residential Treatment Completion
n = 32

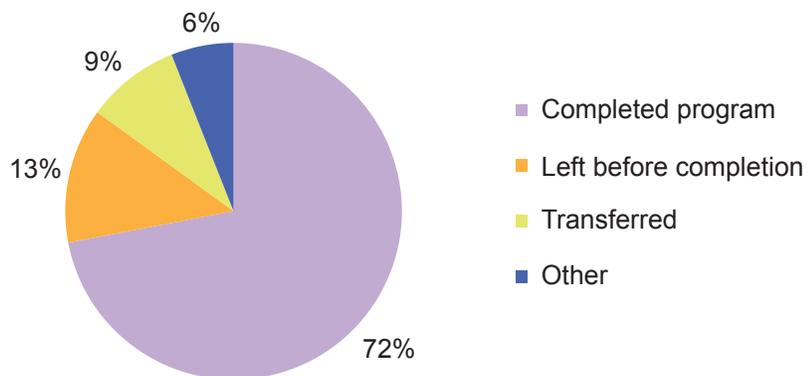
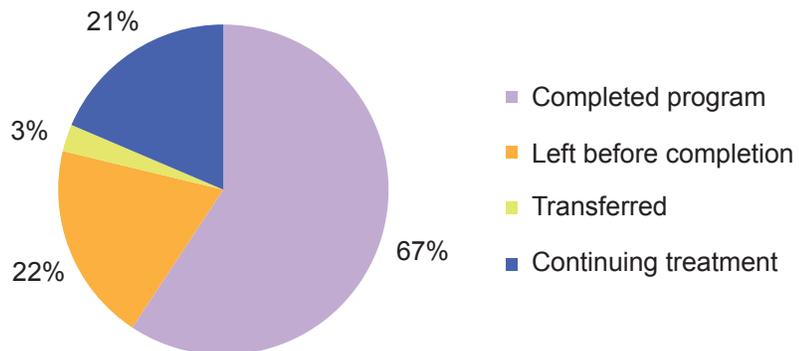
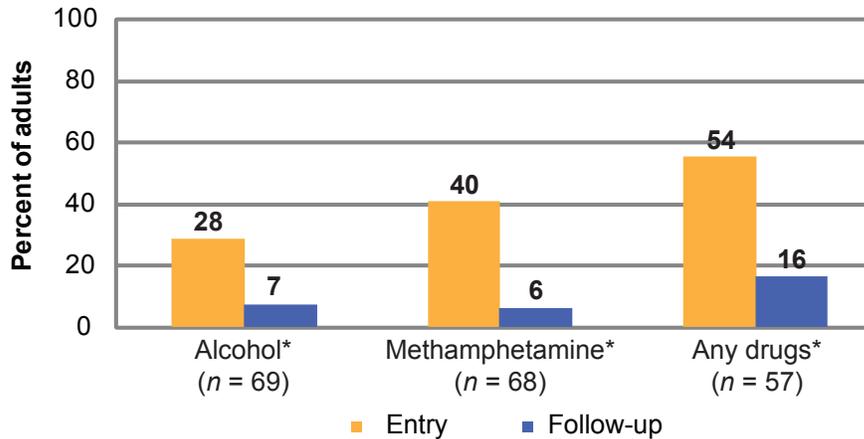


Exhibit 14. Out-Patient Treatment Completion
n = 58



- Substance use for closed cases.** FWC adult participants showed significant decreases in substance use from program entry to the most recent follow-up survey.¹ According to self-reports at program entry, 54% of the parents reported using a substance in the last 6 months (Exhibit 15). At their most recent follow-up, only 16% reported using any substance in the last 6 months. Decreases were similar for alcohol consumption and use of methamphetamine.

Exhibit 15. Type of Substances Used by Parents, at Program Entry and Follow-up



* Significant difference at * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

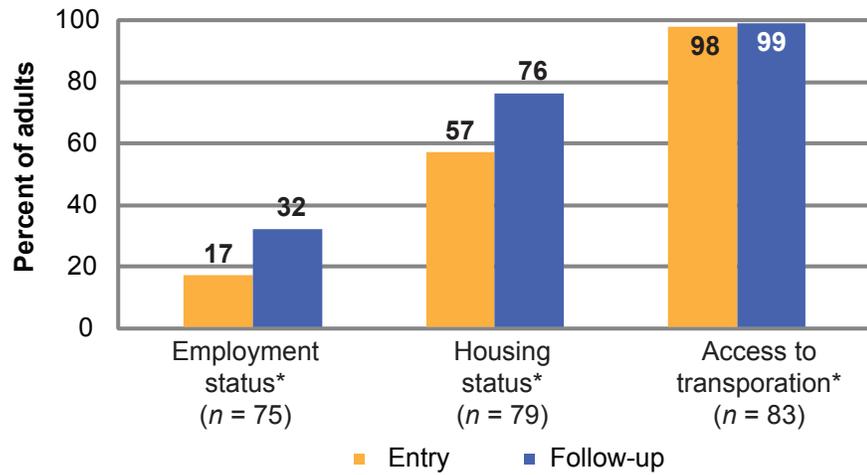
- Employment status for closed cases.** The proportion of FWC parents who are employed at least part-time increased from program entry to most recent follow-up survey¹ (17% to 32%, respectively) (Exhibit 15).
- Housing status for closed cases.** More FWC parents reported living on their own from program entry to most recent follow-up survey¹ (57% to 76%, respectively) (Exhibit 15).
- Access to transportation for closed cases.** Almost all FWC parents (98% and 99%, respectively) reported having access to any transportation at program entry and most recent follow-up survey. Access to a car (either for client to drive or have someone else drive the client) increased from 70% to 84% from program entry to follow-up survey¹ (Exhibit 16).

“My transitional housing unit got me off the streets. FWC allowed me to stay there for 6 months and my child got to stay with me too.”

—FWC parent

¹ Data are based on 83 entrance surveys completed by parents whose case is closed and their most recent follow-up survey. The follow-up surveys consisted of 17 6-month follow-up, 13 12-month follow-up, 8 18-months follow-up, and 4 24-month follow-up surveys and 41 case-closure follow-up surveys.

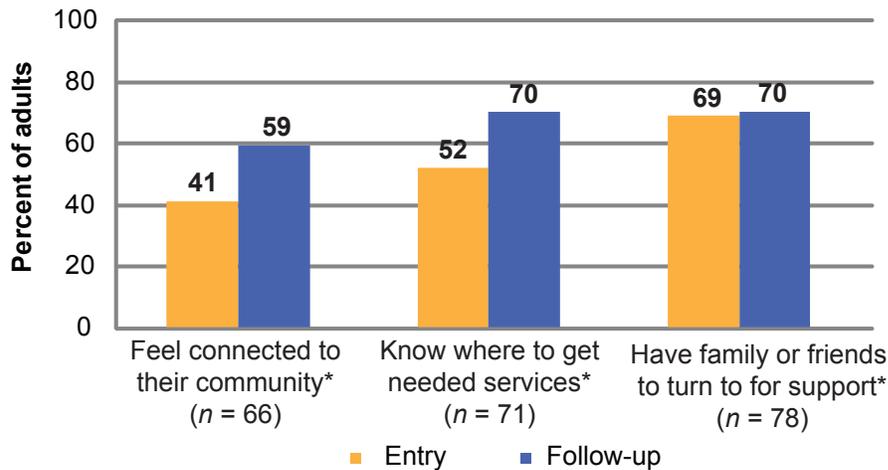
Exhibit 16. Employment Status, Housing Status, and Access to Transportation at Most Recent Follow-up



* Significant difference at * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

- **Subsequent drug exposed births for closed cases who met treatment criteria.** Only one subsequent drug-exposed birth was reported. Four mothers (7%) reported being pregnant at entry into the FWC program, and six mothers reported having given birth to a child since enrolling in FWC on their 6-month follow-up survey. Of the six mothers who reported having given birth since enrolling in FWC, three mothers reported the baby was born clean and sober, one was not born clean and sober, and status was unknown for two babies.
- **Social connectedness.** FWC participants reported increases in social support at the most recent follow-up. At follow-up compared to program entry, more parents felt connected to their community (59% vs. 41%) and knew where to get the services they needed (70% vs. 52%) at follow-up than at program entry (Exhibit 16). However, parent felt support from family or friends remained the same at follow-up compared to program entry (70% and 69%, respectively) (Exhibit 16).

Exhibit 17. Social Connectedness: Strongly Agree



* Significant difference at * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

Note: Participants were asked whether they “strongly agree,” “agree,” “disagree,” or “strongly disagree” about their social support network. Data presented only includes those responses from the “strongly agree” category.

Child Outcomes of Closed Cases That Met Treatment Criteria

How well children fared on several outcomes being tracked by the FWC is described below.

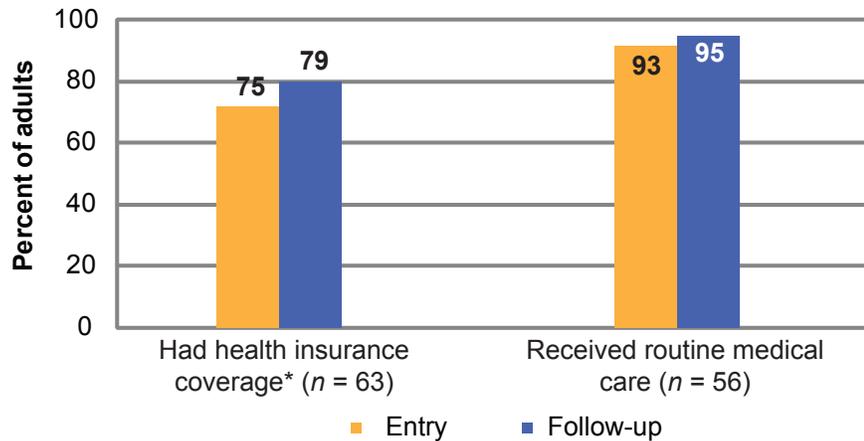
- **Children’s receipt of a developmental screening for closed cases that met treatment criteria.** Most (91%) of the children eligible for a developmental/emotional screening received one, and 48% of those screened received that screening in the first 90 days of FWC participation. Ninety-four percent of children who received a developmental screening also received Level 1 Assessment for Intervention, and 8% of children received Level 2 Targeted Diagnostic Assessment. Based on the screening results, a high proportion of children were identified as having concerns in one or more developmental area.
 - 23% had concerns in problem solving and fine motor skills.
 - 21% had concerns in communication.
 - 19% had concerns in social-emotional behavior.
 - 8% had concerns in gross motor and social solving skills.
- **Children’s receipt of services based on a developmental screening.** Of those children with a developmental screening (98), 16% received home visitation, and 15% received therapeutic services through the Department of Mental Health.

“I was in a domestic violence situation and abusing, and my child was there. I realized I can’t do this to my child, he deserves a change. I feel lucky but not glad at what happened. My behavior has changed; I accept and have learned that. FWC doesn’t come across as punishment, but their attitude is how we can help you help yourself.”

—FWC parent

- Children’s access to health and dental care for closed cases who met treatment criteria.** Parents reported an increase in access to health insurance coverage at their most recent follow-up (Exhibit 18).² More parents reported having health insurance coverage for their children at follow-up than at program entry (79% vs. 75%). The proportion of children with access to health care has stayed the same at 95% to from follow-up to program entry survey.

Exhibit 18. Access to Health Care Coverage and Medical Care



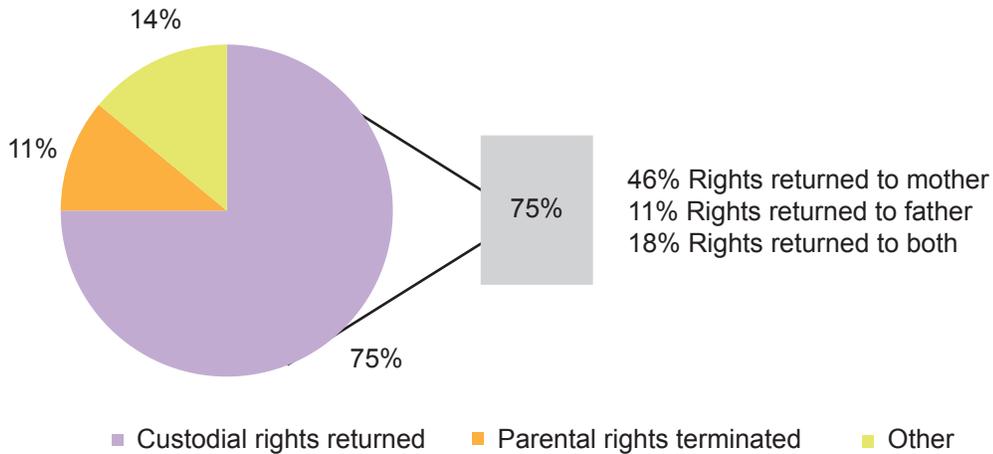
* Significant difference at * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

- Length of stay in foster care for most recent placement for closed cases who met treatment criteria.** Of the 89 children who had been removed from home, 77 (87%) had been discharged from foster care. Of those children who had been discharged from foster care, the average length of stay in their most recent foster care stay was 194 days, with a range of 1 to 803 days.
- Re-entry into foster care after starting FWC for closed cases who met treatment criteria.** Of the 89 children removed from their homes, 71 (80%) reunified at least once with their parents since the start of FWC. Of those 89 children, 18 (20%) had reentries of more than 7 days into foster care.
- Recurrence of maltreatment after starting FWC for closed cases who met treatment criteria.** Of the 106 children with closed cases that met treatment criteria, 16 (15%) had a reported recurrence of substantiated maltreatment reported after starting the FWC program. Some of these children subsequently had successful outcomes and were reunified with their parents.
- Custodial rights for closed cases who met treatment criteria.** Custodial rights were returned to at least one parent in 75% of the closed cases that met treatment criteria (Exhibit 19). This included 46% with physical rights being returned to mothers only, 11% with physical rights being returned to fathers only, and 18% with rights being

² Data are based on 83 entrance surveys completed by parents whose case is closed and their most recent follow-up survey. The follow-up surveys consisted of 17 6-month follow-up, 13 12-month follow-up, 8 18-month follow-up, and 4 24-month follow-up surveys and 41 case-closure follow-up surveys.

returned to both parents. For 11% of the children, custodial rights were terminated for both parents. The remaining 14% were other outcomes, such as moved or legal guardianship.

Exhibit 19. Custodial Rights
n = 106



Differences Between Treatment and Comparison Groups

FWC participants had better outcomes on several important RPG indicators than a matched comparison group that did not receive the FWC program. This quasi-experimental design involved comparing the outcomes of 74 families who participated in the FWC and whose cases were closed with a sample of 69 families whose similar cases were closed before the availability of the FWC and who did not receive services from the Family Dependency Drug Court (i.e., they received service only through the traditional Dependency Court).

Overall, the comparison group had fairly similar demographics to the FWC treatment group (Exhibit 19). In particular, the differences between the groups in terms of gender, language, ethnicity, and age were not significantly different. However, the length of time each of these groups was served was significantly greater for the comparison group. Also, the average age of children under age 3 in these families was different, with the FWC children being slightly older than the comparison group children (9 months vs. 5 months). Finally, there were some differences in the drug of choice between these two groups, with greater reporting of alcohol and marijuana use among FWC participants than the comparison group. The groups were similar in composition because there were no significant differences in the demographics characteristics between the two groups (Exhibit 20).

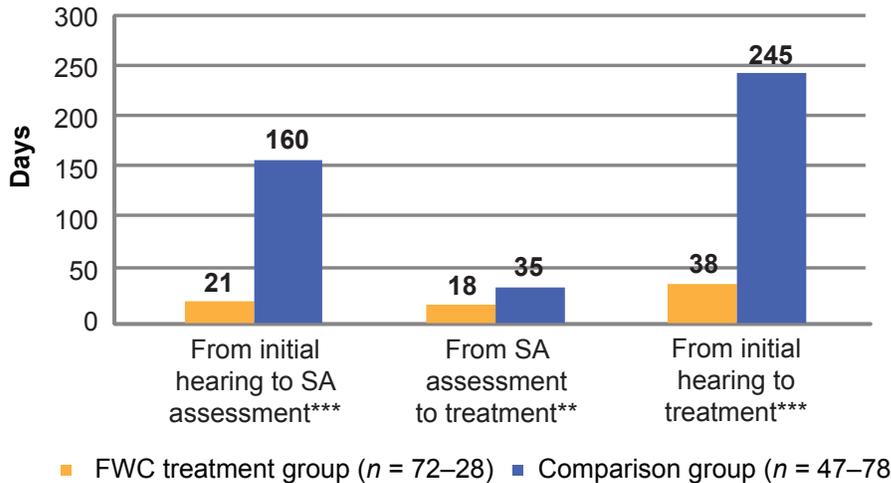
Exhibit 20. Demographics of Treatment and Comparison Groups

	FWC Treatment	Comparison Group	Significant Difference
	Adults <i>n</i> = 95	Adults <i>n</i> = 106	
Parent gender			
Female	66%	62%	ns
Male	34%	38%	
Language			
English	85%	92%	ns
Spanish	13%	8%	
Other	2%	0%	
Ethnicity			
African-American	11%	9%	ns
Hispanic	57%	50%	
White	26%	37%	
Other	6%	5%	
Average age (years)	30	30	ns
Drug of choice			
Methamphetamine	79%	91%	ns
Alcohol	50%	30%	*
Marijuana	51%	30%	*
Other	10%	15%	ns
Total days served	515	628	***
	Children <i>n</i> = 101	Children <i>n</i> = 77	
Average age at entry of children age 0–2 (months)	9	5	***

*Significant difference at $*p \leq .05$, $**p \leq .01$, $***p \leq .001$, ns = no significant difference.

A major difference between the treatment and comparison groups with the length of time adults waited for a substance abuse assessment and for substance use treatment. The wait times were significantly less for the FWC treatment group than for the comparison group (Exhibit 21).

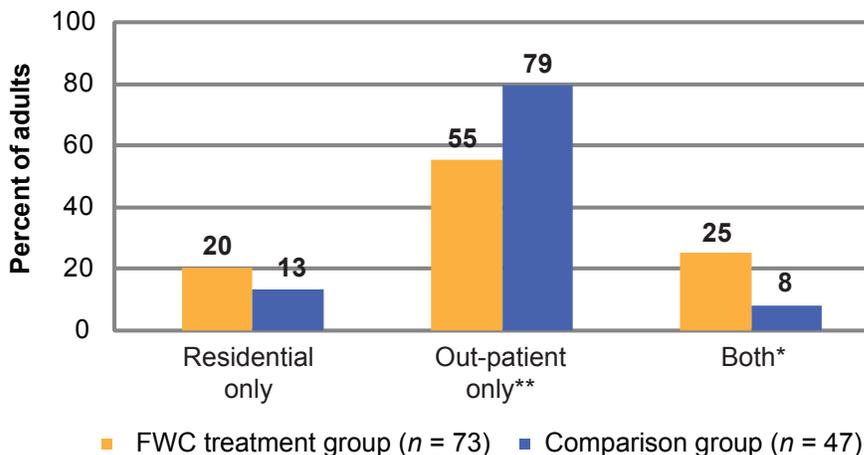
Exhibit 21. Timely Access to Services, by Treatment and Comparison Groups



*Significant difference at $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

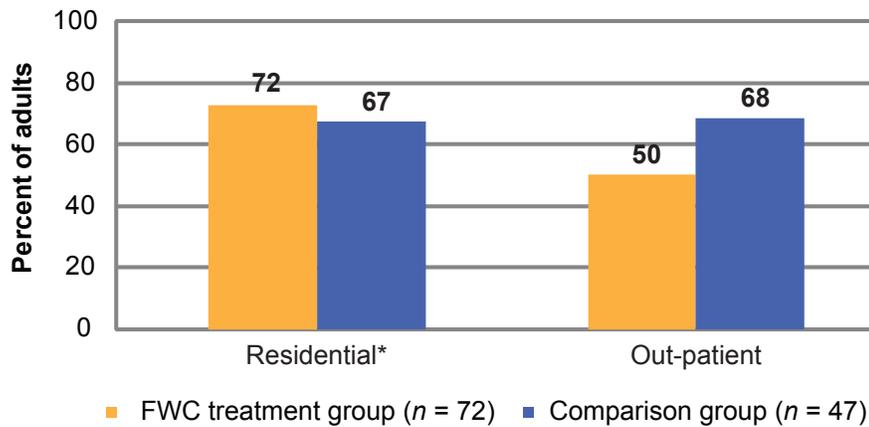
Another difference between the treatment and comparison groups was the type of substance use treatment they received. The FWC treatment group was much more likely to receive both residential and out-patient treatment than the comparison group which was much more likely to receive only out-patient care (Exhibit 22). Participation in residential care seems to be important for the FWC treatment group because their completion rate was higher in this setting (Exhibit 23).

Exhibit 22. Treatment Settings, by Treatment and Comparison Groups



*Significant difference at $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

Exhibit 23. Completed Substance Abuse Treatment, by Treatment and Comparison Groups



*Significant difference at $*p \leq .05$, $**p \leq .01$, $***p \leq .001$.

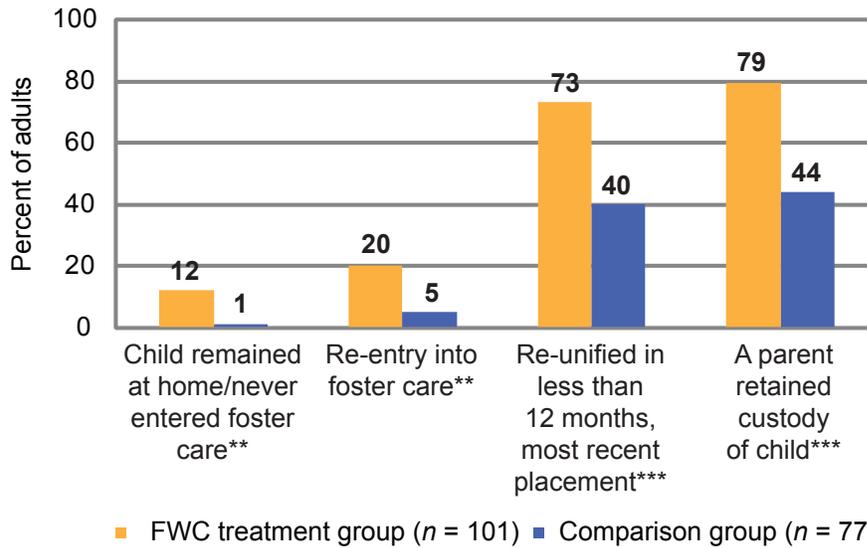
There also were differences for children in the treatment and comparison groups, and most favored the children in the treatment group. In particular, more FWC children remained at home and never spent time in foster care, more FWC children were reunified in less than 12 months, and more FWC children had at least one parent retain custody of them (Exhibit 24).

In addition, the average number of days FWC children stayed in foster care was dramatically shorter than comparison group children (194 days vs. 429, $p \leq .001$).

No significant differences were found for recurrence of maltreatment, with recurrence rates being 15% and 24% for the FWC treatment children and the comparison group children, respectively.

However, significantly more FWC children re-entered foster care. One reason for this difference is that the comparison group children spent longer in foster care, therefore, they had less opportunity to re-enter foster care over the course of their case than the FWC children (Exhibit 24). Given the ultimate outcomes experienced by the children in the treatment group (i.e., less time in foster care and more children having a parent who retained custody, without greater recurrence of maltreatment), the short-term negative indicator of more re-entries to foster care may be less important and a necessary step in working effectively with the type of families served by the FWC.

Exhibit 24. Child Welfare Outcomes, by Treatment and Comparison Groups



*Significant difference at $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

“I felt like I should separate myself from my wife because I had a lot of problems. I was very mad because I didn’t understand why they are taking my children from me; eventually anger started to go away as treatment began. FWC helped us to stay together and now we’re going everywhere together. I would not have been able to do this myself—I thank the court.”

—FWC parent

5. Conclusion

This grant has allowed Santa Clara County to expand and enhance its Drug Dependency Treatment Court model to include additional front-end assessment services, specialized treatment services for parents of children ages 0–3, developmental screening and intervention services for young children, young child mental health expertise on the court team, and Mentor Parents to serve as system navigators, and a community resource coordinator to support the courts in their oversight of the cases.

Although the number of families served to date is less than planned (189 vs. 300), the FWC has served a significant number of families and the positive outcomes of those families suggest that this model holds promise for helping families get stronger and stay together. Further, participating families overwhelmingly express high satisfaction with the services and supports they are receiving from the FWC.

For example, compared to a matched group of families that received services before the FWC program was available, FWC parents with closed cases received substance abuse assessments significantly sooner, received substance abuse treatment significantly sooner, and were more likely to complete residential treatment programs. Children served by FWC with closed cases were less likely to enter foster care, and, if they did, had much shorter stays in foster care than peers not served by FWC. Finally, children served by the FWC were more likely to be reunited with their parents in less than 12 months, and more of them had at least one parent retain custody of them at case closure than children not served by the FWC.

Even with these successes, the FWC continues to work on further strengthening its program using the findings from the evaluation. This includes using the data to inform their approach to reducing the number of children re-entering foster care and using the suggestions of clients for improving the program (e.g., providing more bilingual staff, more assistance with housing, and use of incentives such as gift certificates for clothing and child care assistance).

Next Steps with the Evaluation

Next year's evaluation report will be the final evaluation report for this project. We expect to compare outcomes for a larger group of FWC participants with the matched group families who were served in years prior to establishment of the FWC, by the Santa Clara County Social Services Agency, Department of Family and Children's Services, and who had not been referred to the Drug Dependency Treatment Court (the forerunner to the FWC).

Appendix

Demographics of Adults, by Whether Met Treatment Criteria

	Met treatment group criteria (n = 95) adults	Did not meet criteria (n = 43) adults	All closed cases (n = 138)
Gender			
Female	66%	56%	63%
Male	34%	44%	37%
Ethnicity/race			
African-American	11%	7%	9%
American Indian or Alaskan Native	1%	0%	1%
Asian/Pacific Islander	4%	7%	5%
Hispanic/Latino	55%	51%	54%
White	25%	30%	27%
Unknown	4%	5%	4%
Primary language			
English	81%	88%	83%
Spanish	13%	7%	11%
Vietnamese	0%	2%	1%
Tagalog	2%	0%	1%
Other	0%	0%	0%
Unknown	4%	2%	4%
Had at least one child placed outside their care before current FWC case			
Yes	7%	0%	5%
No	87%	95%	89%
Unknown	7%	5%	6%
Parent Composition			
Only a mother engaged	46%	52%	47%
Only a father engaged	7%	14%	8%
At least two adults engaged	47%	33%	44%