



What can we learn from **family treatment courts** to support systems change?

This brief is part of a series on family treatment courts (FTCs) developed in partnership with [Children and Family Futures](#). Additional briefs on this topic provide an [overview of family treatment courts](#) and [practice-level strategies](#) that FTCs employ to improve outcomes. For more information about family treatment courts, please consult the [Family Treatment Court Best Practice Standards](#) or contact Children and Family Futures at FDC@cffutures.org.

[System transformation](#) requires successfully developing strategies that realign child welfare agencies and the justice system to work in increasingly effective and collaborative ways with other public serving organizations and community networks to support and nurture family development, promote overall child and parent well-being, and to help families thrive. The process of developing and operating family treatment courts (FTCs) naturally enhances collaboration and communication among family-serving systems and community agencies, including substance use disorder treatment and health. The relationships and



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processes developed to operate FTCs often, in turn, result in benefits for the entire system of care for families experiencing substance use disorders.

Some jurisdictions are now leveraging their FTC programs to improve the experience of families with substance use disorder that concurrently are involved with child welfare so that they also can benefit from earlier access to treatment and increased family stability. In some cases, proactively employing FTC-related processes with families in which substance use disorder is a concern has helped prevent the need for child welfare system involvement altogether.

While FTCs themselves may promote systems change, their principles and strategies are also relevant for jurisdictions without a specialty court: focusing on equity, cultivating a common vision, enhancing cross-system communication, demonstrating positive outcomes, and securing financial and relational sustainability. These strategies will benefit any collaborative effort to transform child welfare and justice systems to better serve children and their parents.

Equity and inclusion

FTCs can serve as a catalyst for new ways to look at equity, and particularly racial equity, within child welfare systems, starting with the data: for example, by comparing the demographics of families in the jurisdiction, those coming into the child welfare system, and those entering the FTC. Limited available research indicates that Black, Indigenous and people

of color are currently underrepresented in all types of treatment courts. Reasons range from restrictive eligibility or participation criteria, lack of culturally or linguistically relevant treatment options, or distrust of legal and treatment systems.²

[One study](#) of FTCs funded by the federal Regional Partnership Grant program (2007 to 2012) found that white children were overrepresented in FTCs compared to the child welfare population in those communities. By contrast, Black, Hispanic/Latinx, Asian American/Pacific Islander, and multiracial children were underrepresented in the programs, and American Indian/Alaska Native children were equally represented. Among those enrolled, however, white, Black, American Indian/Alaska Native, and Hispanic/Latinx children achieved similar rates of reunification within 12 months.

If racial proportions of families participating in FTCs do not reflect those of the child welfare system, and more importantly if treatment and reunification outcomes differ by race, it is important to explore each phase of the system to determine the reasons:

- Which families are identified as having substance use-related concerns?
- How many of these are referred and qualify for services?
- To what degree do different racial and ethnic groups accept, engage, and complete treatment, and achieve reunification?

These questions can help a system identify decision points where more attention to equity may be needed.

Use the data you have to take an informed, collaborative approach to systems change. Learn the history of your community. Learn which other systems are experiencing inequities. Understand how they all impact what you are trying to do. Then get the people who have a part in these systemic problems to the table, and elevate the community's voice.

— AURORA MARTINEZ JONES,
PRESIDING JUDGE, 126TH DISTRICT COURT, TRAVIS COUNTY, TEXAS

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FTCs also explore issues of equity by [looking at the system from the perspectives of parents](#), particularly in communities that have good reasons to distrust courts and other public systems:

- Do parents see anyone on the team who looks like them?
- Are their interactions with bailiffs and other court staff welcoming and reassuring?
- What is their experience of the security procedures and physical courtroom spaces?
- Are treatment and other services culturally relevant and gender responsive? (The treatment needs of men and women can differ significantly, and fathers are traditionally underrepresented in FTC programs.)

FTCs find multiple ways to incorporate the voices of current and past participants in assessing and making changes to court procedures, including conducting

surveys and exit interviews with past participants, involving mentors with lived experience on FTC teams, and holding open meetings where participants are invited to provide feedback directly to the judge.

Systems-level strategies

Common vision, values, and principles

The [multisystemic and interdisciplinary nature of FTCs](#) is a core strength of the approach, but such collaborative work comes with challenges. Many FTC partnerships begin their work together by establishing a common vision and having honest conversations about their values and beliefs. The goal is not necessarily for all partners to share the same values. The purpose of these conversations is to recognize that professionals in the collaborative hold different beliefs, values, and priorities, but they can agree to uphold some commonly held principles.

When the **Travis County, Texas**, FTC examined statewide data about children involved with the child welfare system, the court discovered disproportionality was among the highest in the state, and originated with reports to child protective services, many of which came from local law enforcement. However, the gaps continued to widen as families progressed through the system. By 2018, Black children in Travis County were eight times more likely to be removed from their families than white children, far above national averages.

This realization led Presiding Judge Aurora Martinez Jones to ask why she was not seeing more children and families of color in her FTC program, where concerted efforts were being made to keep families together. As she manages all child welfare cases for Travis County, the judge is able to leverage her leadership position to advocate for greater equity. “If the state agency doesn’t select a parent for the FTC, I can push back and say, ‘I’m not going to give you a show cause order on this case until you do everything you can to see if this family is eligible,’” she says.

In her FTC, Judge Martinez Jones makes frequent use of a previously underutilized statute known as “court-ordered services” that triggers court intervention and appointment of parents’ attorneys while allowing parents to maintain their parental rights and custody of their children. Cultural shifts also have been important — the court is intentional about using stigma-free language, following the treatment recommendations of substance use disorder and mental health experts, and considering substance use in early recovery as an opportunity to re-engage with the parent and assess safety rather than automatic grounds for child removal.

“We see how the FTC is starting to impact the culture of the broader child welfare system,” she says. “Professionals in our community have seen this approach succeed in the FTC, so they are now a little more willing to put other supports in place before removal.” By fiscal year 2020, disproportionality in removals in Travis County had decreased almost by half, with Black children 4.2 times more likely to be removed than white children. The judge and her team are now exploring ways to sustain and build on this dramatic improvement.

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These common principles become essential when conflicts inevitably arise, helping to keep the collaborative focused on its common mission of providing services that keep families together. They also support better cross-system understanding, promote joint accountability across systems, and provide a model for how organizations can work together effectively despite differences.

Cross-system communication and training

Clarity around communication is important to maintain the vitality of a partnership. Sometimes communication can be viewed as primarily one-directional — for example, information about engagement in treatment flowing from the substance use treatment provider back to the child protection agency or FTC. However, the reverse can also be useful; child protection agencies often hold information about the family that could inform the substance use assessment process. It is important to clearly spell out what information can be shared, with whom, and under what circumstances and timelines.

These communication protocols are not the exclusive responsibility of FTCs. FTCs, however, can provide the setting to do this work and build greater trust within the system. Once that trust is built among team members in one context, it can more easily expand to their work together within the larger system.

Cross-training is another important strategy to build trust, communication, and mutual understanding. Learning together about child development and substance use disorder provides common language and understanding for the partners to use when working together. Denise Voiles, a nurse manager at the Maricopa County Department of Public Health in

Arizona, recalls: “Collaborative education was really influential in changing the public health view of pregnant women with substance use disorder. It was an eye opener for a lot of us.” Partners also benefit from learning about each other’s disciplines and procedures, and the philosophies behind them.

Evaluation and outcomes

Cross-system outcome measures are essential for effective FTC collaboration. Each system in a collaborative has its own priorities and outcome measures. For example, substance use treatment systems measure recovery for the parent while child welfare systems assess safety, permanency, and well-being for the children. Cross-system performance measures tie collaboratives together, supporting joint accountability to their common purpose.

Many FTCs focus on the “5 Rs”: recovery (including time to treatment entry and length of treatment), remaining at home, reunification, repeat maltreatment, and re-entry to foster care. FTCs provide community partners with a common way of talking about outcomes that may support other collaborative efforts, with the 5 Rs offering an opportunity to apply an equity lens to ensure that any disparities in outcomes are uncovered and addressed through those efforts.

Sustainability

Evaluation and documentation of outcomes are critical to securing resources to sustain new systems-level practices and approaches implemented as a result of the FTC. Once these strategies are demonstrated effective, establishing them in a system’s budget is an important policy change that can shift how work is

Once I started going to collaboration meetings, I realized that (the FTC’s) objectives were the same as ours — to increase the chances that mom and baby can be together, and support the family through the whole process.

— DENISE VOILES,
NURSE MANAGER, MARICOPA COUNTY (ARIZ.) DEPARTMENT OF PUBLIC HEALTH

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The FTC in **Maricopa County, Ariz.**, is no longer waiting to provide help until babies are born and families enter the child welfare system. Following the successful implementation of a [Safe Babies Court Team](#) and Family Treatment Court, and serving as a demonstration site for the [National Quality Improvement Center for Collaborative Community Court Teams](#), leaders in court administration established the SHIFT (Safe, Healthy Infants and Families Thrive) collaborative to establish a system of care for pregnant women with substance use disorder before the birth of their children.

The FTC began SHIFT by expanding its partnerships, inviting representatives from public health and health care to its team meetings. “We just started making phone calls and trying to connect with people,” said Carma Umpleby, deputy juvenile court administrator. Although initially unsure how these connections would be meaningful, partners quickly realized that they served many of the same families and saw the potential for working together to support parents as early as possible.

One of SHIFT’s earliest activities was to offer joint, multidisciplinary training. Members of the team worked together to bring in experts in prenatal and infant development, as well as to inform one another about their various disciplines. Learning about the Department of Child Safety (DCS) process, in

particular — which allows investigators only two hours to determine a newborn’s safety — helped the partners better understand why removals were happening and how they might help keep more families safely together.

The collaborative began to help families develop their own plans of safe care, well before the birth, as a way of providing more complete, readily available information to investigators making those decisions. “The families are the owners of the plan,” said Tara Sundem, executive director of SHIFT partner Hushabye Nursery. “They decide how they are going to keep their baby safe and who else can help.” The family’s FTC involvement provides a “home” for all of the necessary data to support these plans, including drug screens, prenatal care appointments, and treatment engagement. The plans also serve as a valuable communication tool between agencies, spelling out who is providing services for the family.

Creating these plans has helped mothers feel more confident and have more constructive conversations with DCS as they near the end of their pregnancies. Of the 81 infants whose parents were engaged with Hushabye Nursery at the time of their birth from February 2019 to April 2020, [87%](#) were discharged home to the parents. In some cases, the parents’ preparation has prevented a DCS case from being opened at all.

done in a jurisdiction. Other ways of institutionalizing practices to sustain systems change include creating universal screening tools or adapting information protocols to track new ways of working with families.

Ultimately, strong relationships can be just as critical to positive outcomes and sustainability as budget

and infrastructure. Dr. Ira Chasnoff, founder of The Leadership Institute and NTI Upstream, observes: “What sustains these efforts over long periods is a core vision that everyone can turn to. People have to agree that in this case, they’re representing not just their agencies, but children and families across the state.”

You can’t underestimate the importance of partnership. It doesn’t require money, but it takes work to maintain these relationships.

— KATHY THOMPSON,
DIRECTOR, IOWA CHILDREN’S JUSTICE

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The State of **Iowa** created a statewide network of FTCs and other partners to address poor outcomes for families entering the state's child welfare system due to substance use disorder. **Across the state, 77% of children of parents engaged in FTCs remain at home as their parents participate in the program.**

In 2014, with support from a Regional Partnership Grant funded by the federal Children's Bureau, the partnership began to look for ways to move services further upstream, focusing on infants with prenatal substance exposure. With support from Dr. Chasnoff, the partnership invited all "change-makers" from agencies that touch the lives of women and children to participate in a [Leadership Institute](#). This large and diverse group, the Iowa Children and Family Collaborative, identified a goal of creating universal prenatal substance use screening for pregnant women in primary prenatal care sites. Launched in two counties, the universal screening has expanded to more than half of the counties in the state.

The collaborative's next step toward improving permanency, stability, and well-being for children affected by prenatal substance exposure was to develop an informed system of care that promotes identification and intervention for families and children

affected by substance use and to enhance families' ability to ensure the healthiest outcome for their children. To this end, three regional Children and Families Assessment and Treatment Centers have been opened in Iowa. They provide evidence-based trans-disciplinary assessment and treatment that improve long-term outcomes for the children. Through this overall effort, the collaborative has integrated prevention and treatment services to support children and families most impacted by substance use disorder.

Iowa has focused on sustainability of this effort from the beginning. Financially, the state has aimed to incorporate most of the services it develops into the infrastructure of the agencies it engages. For example, the universal prenatal screening is reimbursable by Medicaid and by some private insurance companies. Employee turnover at all levels, however, presents a significant challenge. Iowa addresses this by offering frequent "train the trainer" sessions across the state.

Today, the collaborative includes representation from almost every major family-serving state agency, as well as a number of private agencies from local communities. Its Leadership Institute team continues to meet regularly, and approximately 90% of the original members still attend.

To learn more, visit [Questions from the field](#) at [Casey.org](#).

- 1 This brief was informed by interviews with Ari Weber, FTC coordinator, Derrick Platt, Deputy Department Administrator, Carma Umpleby, Deputy Department Administrator, and Cheri Clark, Department Administrator, Juvenile Department of the Superior Court of Arizona in Maricopa County; Denise Voiles, Nurse Manager, Maricopa County Department of Public Health; Tara Sundem, Executive Director, Hushabye Nursery; Lauryn Muzny, Deputy Director, and Kathy Thompson, Director, Iowa Children's Justice; Dr. Ira Chasnoff, Founder, NTI Upstream; and Aurora Martinez Jones, Presiding Judge, 126th District Court, Travis County, Texas.
- 2 Center for Children and Family Futures and National Association of Drug Court Professionals. (2019). [Family treatment court best practice standards](#). Supported by Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

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