

# KEY CONSIDERATIONS FOR APPLYING AN EQUITY LENS TO COLLABORATIVE PRACTICE



National Center on  
Substance Abuse  
and Child Welfare



**Children's Bureau**

An Office of the Administration for Children & Families

***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

## BACKGROUND

Child welfare, public health, courts, substance use disorder (SUD) and mental disorder treatment staff, and other community partners provide quality care and services to families facing substance use issues. Not only have these partners acknowledged the presence of disproportionality and disparities throughout their systems, but many are also actively implementing strategies to mitigate the effects. According to the Center for the Study of Social Policy (CSSP), children and families have better outcomes when they can stay in their homes.<sup>1</sup>

“Children and families of color, and children and youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) experience both disproportionate involvement with child welfare, and once involved, disparate outcomes including placement instability and longer stays in foster care.”<sup>2</sup>

According to the Administration for Children and Families (ACF), equity is “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”<sup>3</sup> An intentional focus on equity in collaborative practice is necessary—especially as communities develop policies and practices that ensure children and families with the most significant barriers to timely permanency receive quality services. Applying an equity lens involves centering work on equity in policy making including examining existing policies and creating new ones.

The Child Welfare Information Gateway (CWIG) refers to *disproportionality* as “the underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population,” while defining *disparity* as “the unequal outcomes of one racial or ethnic group as compared to another.” Applying an equity lens includes: 1) understanding disproportionate representation exists, and 2) actively working to mitigate the factors leading to unequal outcomes.<sup>4</sup>



Applying an equity lens in collaborative practice involves deliberately taking actions to ensure the mission, vision, and goals incorporate an intentional focus on

- Reducing disproportionality and disparities
- Providing equitable access
- Improving equitable outcomes for all families

## PURPOSE

This brief helps collaborative teams formally assess existing policies to determine whether, and to what extent, they contribute to disproportionate and disparate outcomes for the families being served. The ACF recently released “Equity in Action: Prioritizing and Advancing Racial Equity and Support for Underserved Communities” information memorandum (IM) which lists action items for consideration to advance equity in various jurisdictions.<sup>5</sup> The first action item in the IM is to review policies to assess how they affect disproportionality and disparities and revise policies to enact system changes. Implementing procedures to ensure equitable services and improve outcomes is a core strategy to lessen some of the inequities caused by systemic prejudices over time.

This brief also serves as a companion to the [Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement](#). The Center for Children and Family Futures (CCFF) developed the framework as a set of proven strategies for communities to improve outcomes with equity for all children, parents, and families affected by trauma, substance use, and other mental disorders.

Teams may use this brief to begin applying an equity lens to collaborative policies and practices by working through the “Questions to Consider.” The National Center on Substance Abuse and Child Welfare (NCSACW) provides communities with extensive training and technical assistance (TTA) to implement the framework while also providing policy and practice resources related to each strategy.

**Contact NCSACW to learn more.**

## EQUITY AND COLLABORATIVE PRACTICE

“The purpose of an equity lens is to be deliberately inclusive as an organization makes decisions. It introduces a set of questions into a decision that help decision makers focus on equity in both their processes and outcomes.”<sup>6</sup>

Collaborative practice is a systems-change approach that considers both systems-level policy efforts as well as practice-level strategies to improve family recovery, safety, stability, and well-being. Collaboration between agencies improves service delivery and the experiences of children and families who deal with multiple organizations.<sup>7</sup>

The NCSACW believes that building collaborative relationships with community partners improves outcomes for children and families. NCSACW developed the [Building Collaborative Capacity Series](#) to create cross-systems teams, communication protocols, and practice innovations. The goal is to improve screening, assessment, and engagement of parents to best serve families.<sup>8</sup>

### RESOURCE:

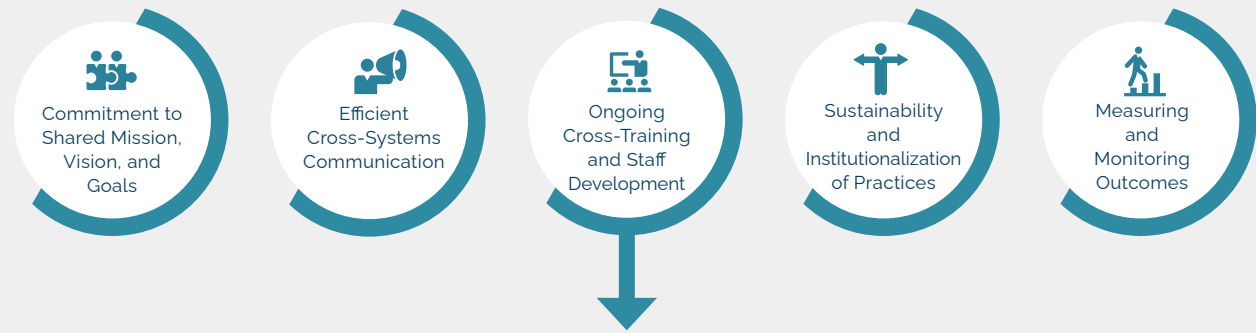
- [Building Collaborative Capacity Series – Module 1 – Setting the Collaborative Foundation: Developing the Structure of Collaborative Teams to Serve Families Affected by Substance Use Disorders](#)

Module 1 describes how to establish and facilitate the structure of a multisystem collaborative team while identifying the roles and responsibilities of each partner.

# COMPREHENSIVE COLLABORATIVE FRAMEWORK FOR COLLABORATIVE TEAMS

CCFF developed a *Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement*.<sup>9</sup> The framework identifies five systems-level policy efforts that support practice innovations as well as five practice strategies leading to improved outcomes.

## SYSTEMS-LEVEL POLICY EFFORTS THAT SUPPORT PRACTICE INNOVATIONS



## PRACTICE STRATEGIES AND INNOVATIONS



## KEY SHARED OUTCOMES FOR FAMILIES

All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information.





### 1. Assessing Shared Mission, Vision, and Goals

Collaborative teams working to improve outcomes for children and families involved in the child welfare system may include SUD and mental disorder treatment providers, family court systems, maternal/child health caregivers, and other community partners. Teams should evaluate each partner's vision and goals when considering how they align with a shared mission statement. This process leads to increased organization and focus.

Teams may assess their values by completing the *Collaborative Values Inventory (CVI)*—a self-assessment tool intended for use by child welfare service agencies, alcohol and drug service agencies, dependency courts, and other partners. The tool includes 46 items that assess an individual's opinion on a variety of statements regarding families who are either in, or at risk of entering, the child welfare system. The CVI provides a neutral way of assessing how much a group shares beliefs and values that underlie its work.

Results of the CVI can identify areas of agreement (or disagreement) within the collaborative while facilitating discussion on differences in values that may impede successful collaboration.

#### QUESTIONS TO CONSIDER

1. Do the mission, vision, and goals incorporate an intentional focus on reducing disproportionality and disparities, providing equitable access, and improving equitable outcomes for all families?
2. Have partners engaged in exercises or conversations to gain a better understanding of disproportionality and disparate outcomes in their systems?
3. Is there an ongoing process to identify and discuss issues related to disproportionality and disparities?
4. Does the collaborative team include representatives from the community being served and ensure the voice of lived experience is incorporated into the decision-making process?

#### RESOURCES

- [\*Building Collaborative Capacity Series – Module 2 – Setting the Collaborative Foundation: Addressing Values and Developing Shared Principles and Trust in Collaborative Teams\*](#)

This resource helps identify shared values and principles among participants of collaborative teams while also using those principles as building blocks to improve policy and practice for families.

- [\*Building and Sustaining Child Welfare Partnerships\*](#)

This resource outlines six key steps and strategies for building partnerships.

- [\*Building Agency Capacity for Family Involvement in Child Welfare\*](#)

This resource focuses on integrating family involvement in policies and practices in multiple realms including serving as peers, participating in advisory groups, and being a voice in their own case.



## 2. Efficient Cross-Systems Communication

Efficient communication among partners helps ensure safety for families. Information-sharing agreements and communication protocols promote timely and accurate communication while satisfying confidentiality requirements. Collaborations require effective communication and timely information sharing to gauge the progress made toward achieving their mission.

By linking administrative data sets, partners can match parents in treatment with children involved with child welfare services, allowing them to jointly monitor families' progress and outcomes.

### ? QUESTIONS TO CONSIDER

1. How do we measure responsiveness to disproportionality and disparities among historically marginalized and underserved groups?
2. How does your team determine how personal biases and experiences affect decision-making during case planning?
3. How do supervisors help staff identify when personal bias affects decision-making?
4. Does a level of trust and accountability exist—especially among indigenous and other historically underserved and marginalized partners—that facilitates information sharing and accountability for results?

## RESOURCES

- [\*Building Collaborative Capacity Series – Module 3 – Setting the Collaborative Foundation: Establishing Practice-Level Communication Pathways and Information Sharing Protocols\*](#)

This module describes how to develop communication pathways that share important information across systems. It outlines the client-level data needed among the various partner agencies, considers confidentiality arrangements, and provides strategies for developing protocols.

- [\*Walking on Common Ground: Resources for Promoting and Facilitating Tribal-State-Federal Collaborations\*](#)

This website provides examples of information sharing agreements as well as other tools, strategies, training, and TA to promote collaboration and education among tribal, state, and federal agencies.



## 3. Ongoing Cross-Training and Staff Development

Training and staff development across systems and levels (e.g., administrative, management, and frontline staff) are crucial for implementing and sustaining an equity lens throughout collaborative practice. Partners must know how SUDs and mental disorders, disparity, and disproportionality affect families. SUD and mental disorder treatment, and healthcare professionals should understand the child welfare system and the unique treatment needs of families involved in child welfare and the courts.





## QUESTIONS TO CONSIDER

1. Has the team participated in implicit bias training or other training regarding disproportionality, equal access, and disparate outcomes?
2. If training has occurred, how have the acquired knowledge, skills, and abilities been used to improve practice?
3. What is the process for applying lessons gained from training?

## RESOURCES

- NCSACW provides the following web-based training resources to help professionals work with families affected by SUDs and mental disorders while building cross-systems collaboration across various agencies:
  - [National Center on Substance Abuse and Child Welfare Tutorial for Substance Use Disorder Treatment Professionals](#)
  - [National Center on Substance Abuse and Child Welfare Tutorial for Child Welfare Professionals](#)
  - [National Center on Substance Abuse and Child Welfare Tutorial for Legal Professionals](#)



## 4. Sustainability and Institutionalization of Practices

Sustaining improved practices over time requires weaving new ways of practice into the fabric of the process. Cross-systems partners need to plan early for how the innovative practice strategies will permanently become the way of doing business. Communities must find ways to access the full range of existing funding resources from multiple systems. Conveying to potential funders the collaborative's effectiveness through concrete results drives more resources to sustain what works and expands the approach to serve more families.



## QUESTIONS TO CONSIDER

1. Is the initiative sustainable for all populations?
2. Are there any barriers for families to access this initiative?
3. Does this initiative create opportunities for improving outcomes for all families with regard to sustainability and funding?
4. Has the initiative sustained or formalized training opportunities for staff related to disproportionality and disparity?

## RESOURCE

- [Sustainability Toolkit: Five Steps to Build a Sustainability Plan for Systems Change](#)

This resource covers planning and implementing a sustainability approach for innovative projects while also describing key elements needed for sustaining systems change.



## 5. Measuring and Monitoring Outcomes

Collaborative partners must agree on a set of performance measures to monitor comprehensive family outcomes, such as safety, permanency, well-being for children, and SUD and mental disorder treatment completion and recovery for parents. Partners must identify baseline data before creating a method to link their individual data systems to effectively track joint cases and collect data on performance measures.

Data must be examined by race, ethnicity, gender, and other key demographics. Partners can establish a data dashboard to share progress and identify any needed program and practice modifications to ensure positive outcomes.

When considering outcomes in five areas, research shows that collaborative practice achieves improved outcomes for families.<sup>10</sup> These “5 Rs and E” include:

- **RECOVERY:** Parents access treatment more quickly, stay in treatment longer, and decrease substance use.
- **REMAIN AT HOME:** More children remained at home throughout program participation.
- **REUNIFICATION:** Children stay fewer days in foster care and reunify within 12 months at a higher rate.
- **REPEAT MALTREATMENT:** Fewer children experience subsequent maltreatment.
- **RE-ENTRY:** Fewer children re-enter foster care after reunification.
- **EQUITABLE OUTCOMES:** All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information.

### ? QUESTIONS TO CONSIDER

1. Does the collaborative collect and review data to understand how groups are represented across systems, and if so, are there disparities in outcomes?
2. Has the oversight or steering committee developed a process to review data regularly (at least quarterly) to better understand who is being referred and accessing services?
3. How are the experiences of children, parents, and other family members integrated in qualitative data collection methods?
4. How does the collaborative use a continuous quality improvement process to examine any issues related to equal access and equitable outcomes?
5. Are any changes in practice or policy based on analysis of disparate access or outcomes?

## RESOURCES

- [\*Building Collaborative Capacity Series – Module 4 – Setting the Collaborative Foundation: Establishing Administrative-Level Data Sharing to Monitor and Evaluate Program Success\*](#)

Module 4 describes how collaborative initiatives can develop administrative-level information-sharing processes, monitoring, and evaluation to jointly track families across systems and evaluate program success.

- [\*Placing Equity Concerns at the Center of Knowledge Development\*](#)

This resource provides principles for focusing on equity when developing knowledge and evidence through research and evaluation.





## 1. Early Identification of Families in Need of SUD Treatment

Evidence-based screening tools use a set of standard questions to determine parental substance use and the need for a referral. Universal screening practices help identify SUDs as early as possible in the child welfare case and mitigate biases contributing to disproportionate involvement in the child welfare system for people of color.<sup>11</sup> Implementing universal screening requires agencies to select a tool that is culturally responsive and linguistically appropriate for the community being served, provide ongoing training, and staff development, and make changes to intake and data collection procedures. Coordination with local SUD treatment agencies is key to effective practice.



### QUESTIONS TO CONSIDER

1. Is the screening and assessment process reviewed regularly to ensure equitable access?
2. Do screening and assessment practices help reduce disproportionate representation in child welfare and promote more equitable access to treatment services? What data are being used to monitor and track?

## RESOURCE

- [\*Building Collaborative Capacity Series – Module 5 – Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs\*](#)

Module 5 provides an overview of the screening tools and processes that child welfare, substance use treatment, healthcare, and other community-based agencies can use to identify parental SUDs and related family challenges. It also describes key steps collaborative teams can take to develop a comprehensive screening protocol.



## 2. Timely Access to Assessment and Treatment Services

Equitable and timely access to SUD assessment is the next vital step after screening. A clinical professional must use a standardized, culturally, and linguistically appropriate assessment tool to ensure parents receive correct diagnoses and are matched to the right level of care and services. A parent's successful treatment, engagement, retention, completion, transition to recovery, and ongoing disease management are all essential to positive child welfare and court outcomes.

Prompt entry into SUD treatment significantly increases the length of time parents spend there as well as the chances of parents completing treatment and achieving reunification.<sup>12</sup> A strong relationship between child welfare services and local SUD treatment providers is essential to encourage quick access.

## ? QUESTIONS TO CONSIDER

1. Do parents have access to gender- and culturally-responsive treatment that serves the needs of all family members?
2. Is the site collecting data that identifies disparate access to treatment services and other services and supports—including family treatment courts—as well as data on engagement and retention for traditionally underserved populations?

## RESOURCES

- [\*Building Collaborative Capacity Series - Module 6 - Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services\*](#)

Module 6 describes the comprehensive assessment procedures agencies can use to determine the nature and extent of parental SUDs, child safety and risk, and related family strengths and needs. It highlights the role of the collaborative partners in monitoring assessment results and describes key strategies to promote family engagement into services.

- [\*Considerations for Developing a Child Welfare Drug Testing Policy and Protocol – Brief 1\*](#)

Brief 1 offers key steps for child welfare agency policymakers to consider when developing a drug testing policy for child welfare practice.

- [\*Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points – Brief 2\*](#)

Brief 2 outlines drug testing practice considerations for child welfare workers and supervisors.





### 3. Recovery Support Services

Recovery support services—either through peers with lived experience of SUDs and child welfare involvement, or by professionally trained recovery specialists—can help mitigate parental barriers to receiving services and other supports. Recovery support encourages parents to remain engaged in the treatment and recovery process.

The use of peers and recovery specialists: 1) supports the parent and family, 2) coordinates services to achieve cross-agency goals of fostering adult recovery and parental capacity, 3) strengthens adult and child bonding, and 4) promotes child safety and permanency in their caregiving relationships.<sup>13</sup>

SUD service providers and child welfare entities should link to culturally competent recovery supports who then must strive to be responsive and welcoming.

“Black faith institutions and their leaders have historically played a key role in responding to community concerns. People in or seeking recovery often look to their faith community for spiritual leadership and guidance. For example, when asked what recovery looks like for him, one Black young adult in recovery responded, ‘recovery looks like church.’”<sup>14</sup>

Others, however, may prefer secular self-help options and therefore it is important to let the client guide the identification of the right treatment and service matching.

#### ? QUESTIONS TO CONSIDER

1. Are recovery or peer support services matched with parents in a gender, age, and culturally appropriate way?
2. Are recovery support services supportive of medication-assisted treatment (MAT) for opioid use disorders? If not, what is needed to assure they are supportive?

#### RESOURCES

- [\*The Use of Peers and Recovery Specialists in Child Welfare Settings\*](#)

This resource examines how child welfare agencies and family court programs have integrated peer and recovery specialists into their service delivery to support families affected by SUDs.

- [\*Peer Recovery Staff’s Role in Engaging Families and Supporting their Recovery Journey\*](#)

Staff with lived experience from [\*Quality Improvement Center for Collaborative Court Team’s \(QIC-CCCT\)\*](#) demonstration sites share personal stories in this four-part video series. They discuss personal journeys from program participants to program staff—and court team members—while revealing how they support families in their own recovery. The videos help professionals better understand how staff can strengthen services and supports.



## 4. Family-Centered Treatment Services

Family-centered interventions focus on the parent-child dyad, seek to build parental capacity, enhance parent-child relationships, and improve family functioning. NCSACW has stated that “parents and children live within the context of a larger family system and that families exist within the context of their community and culture.”<sup>15</sup>

In addition to prioritizing parental recovery and children’s needs, other considerations when implementing a family-centered approach include race, ethnicity, religion, geography, and customs. Ideally, families receive two-generation programs and parenting curricula tailored for parents in recovery, such as *Celebrating Families!* and *Strengthening Families Program*.

### ? QUESTIONS TO CONSIDER

1. Is family-centered treatment available for diverse family structures including nuclear family members, extended family members, and/or non-blood relatives? Are clients able to identify their family members?
2. Do parents and children have access to trauma-responsive services including providers who understand the effects of historical trauma?
3. How are voices of families from differing demographic groups represented on the collaborative team?

## RESOURCE

- NCSACW has prepared a series of companion modules on implementing a family-centered approach. It focuses on state, county, and agency-level collaborative partners working to improve systems, services, and outcomes for children and families. The series includes:
  - Module 1: [Overview of a Family-Centered Approach and Its Effectiveness](#)
  - Module 2: [On the Ground – Family Centered Practice](#)
  - Module 3: [Collaboration to Support Family-Centered Practices at the County and State Level](#)



## 5. Frequent Monitoring and Responses to Behavior

Parents in early recovery require much more frequent contact and oversight than typically provided through routine child welfare court cases. Some communities have implemented family treatment courts (FTC) to provide additional judicial oversight and responses to behaviors. Others increase the number of administrative case reviews or family team meetings.

Oversight includes setting clear expectations and providing therapeutic, motivational responses to parents’ behaviors. However, it remains prudent for teams to ensure practices are not unintentionally contributing to disproportionality and disparities.

According to FTC best practice standards: “FTC has an affirmative obligation to consistently assess its operations and those of partner organizations for policies or procedures that could contribute to disproportionality and disparities among historically marginalized and other underserved groups.”<sup>16</sup>



## QUESTIONS TO CONSIDER

1. Has the team engaged in self-reflection to minimize the effect of bias in the decision-making process when responding to behavior?
2. How does the team learn about concerns participants have related to bias?
3. Have family members provided input on the system of therapeutic responses?
4. Are unique culture and demographics of families considered when making response decisions?
5. Are all partners collecting and analyzing data to determine if disproportionality or disparities exist in the program?

## RESOURCE

- ***Family Treatment Court Best Practice Standards***

This resource provides clear practice guidance to improve outcomes for children, parents, and families involved in child welfare and affected by substance use and co-occurring disorders. Standard 3 provides guidance on ensuring equity and inclusion.

This brief has provided steps for collaborative teams to apply an equity lens in their decision-making processes. The framework described within this brief allows teams to begin working on policies and practices identified by the team as needing improvement. Teams can work towards improved and more equitable outcomes by implementing a systemic approach to embedding equity throughout all decision-making processes. By working collaboratively to answer the questions posed in this brief, teams will actively and intentionally work towards reducing disproportionalities and disparities in policies and practices, with the ultimate goal of providing equitable services to all parents and families affected by substance use and mental disorders.

## CONTACT US

**FOR ADDITIONAL INFORMATION:** [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

For our newsletter to get the first look at resources, education, grant opportunities, and training developed by the NCSACW: <http://www.cffutures.org/subscribe/email>

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