**Pennsylvania Drug & Alcohol In-Depth Analysis**

**Drop-Off Analysis Instructions**

**Purpose:**

The Drop-off Analysis is a method used to assess linkages among child welfare, treatment agencies, and courts by identifying connections that families need to make between systems to obtain services and achieve their child welfare case goals. At each stage of the families’ “hand-offs” between the systems, agencies using drop-off analysis collect data to determine how many families do not connect for services. By compiling the data for each of the data points in these guidelines, partnerships are able to identify the extent to which families in the child welfare system with substance use disorders are being identified, and referred for assessment and treatment services. Recognizing that all data may not be readily available in respective information systems, sampling methodologies are often employed. What is more important than gathering data on all possible families, is the extent of drop-off between the different processes in the drop-off analysis. The drop-off analysis can inform partnerships where engagement strategies need to be implemented to increase access to treatment to and successful completion of treatment, and subsequently, improved outcomes for children and families.

1. Total Number of Cases That Resulted in an Investigation.
2. Number of Cases (can the number of families be identified?) where Substance Abuse was a factor.

* Can you identify the number of parents/caregivers involved in these allegations? If this link cannot be made, please estimate of the number of parents.

1. Of the number of parents identified in the number of cases, what number (percentage) were referred for a substance abuse assessment?

1. Of those parents who were referred for an assessment, what number (percentage) actually received an assessment?
2. Of those parents who received an assessment, what number (percentage) were referred to treatment?
3. Of those parents referred to treatment, what number (percentage) were admitted for treatment services?

* This can be counted by showing up for the first session after the assessment or who were formally admitted for treatment services. We define treatment as services provided in one of the following settings: short or long term residential rehabilitation (includes hospital based treatment); Outpatient or Intensive Outpatient; Interim Services; Continuing Care or Recovery Support Services. Do not count admissions only for detox, drug testing, education or prevention services.

1. Of those parents who were admitted to treatment, what number (percentage) remained in treatment for 90 days or longer?
2. Of those parents admitted to treatment, what number (percentage) were engaged for 90 days or longer in a continuous treatment episode, where a break in services does not exceed 30 days?

* Per the Pennsylvania Department of Drug and Alcohol Programs, no more than one month can elapse between different levels of care or between encounters in a given level of care/type of service in which an individual was not discharged.

1. Of those parents admitted to treatment, what number (percentage) completed treatment?

Child Welfare Outcomes:

1. Of the parents/caregivers who completed treatment, what were their child welfare outcomes?
2. Number (percentage) of cases resulting in reunification. Can you identify the number of children reunified?
3. Number (percentage) of cases where children were able to remain at home. Can you identify the number of children who were able to remain at home?

* You will not be able to do this for all of the treatment completers due to the timeframes of the sample.