**Introduction & Purpose of Pennsylvania's D&A IDA Resource Guide**

This resource guide provides resources, information, and recommendations that are intended to assist Dependency Judges, County Child Welfare Agencies, Drug & Alcohol Services, referred to as Single County Authorities (SCAs), and the Mental Health System that have elected to participate in the Pennsylvania Drug & Alcohol In-Depth Analysis (D&A IDA). This resource guide is intended to provide guidance on how to begin planning and implementing the D&A IDA process in your county. Many of the resources are provided via website links as the information is regularly updated, given ongoing research and new findings.

The D&A IDA mimics the Drug & Alcohol In-Depth Technical Assistance process used in Pennsylvania by the National Center on Substance Abuse and Child Welfare. The overall goal of the D&A IDA is to have a process available for counties to execute on their own that will improve their practices for substance-abusing families involved with the child welfare system.

**The Pennsylvania Drug & Alcohol In-Depth Analysis (D&A IDA)**

**Mission:**

**To promote child safety, permanence, and well-being for families touched by substance use disorders by providing access to a continuum of services that include early engagement, cross-system collaboration, and clinical integrity.**

**Goals:**

1. Develop cross-system values, principles, goals, and objectives for serving substance affected families.
2. Increase timely access to services, including education, for substance-affected families.
3. Maximize knowledge and use of existing best practice treatment and resources.
4. Encourage awareness and utilization of sustainable supports for lifetime recovery.

At the very beginning of this process, it is recommended that the support and agreement to the mission and goals of the D&A IDA by the leadership of each discipline are memorialized (see Cross System Support of PA D&A IDA draft agreement). It is further recommended that the county establish a shared vision statement based on what the county has identified as their primary purpose(s) for electing to go through the D&A IDA and what the county wants to achieve with this process. It is essential to work collaboratively across systems, to engage stakeholders and community providers, and to be fully integrated into the process for the D&A IDA to be successful.

**Different Roles in the D&A IDA**

The Drug and Alcohol In-Depth Analysis (D&A IDA)is a powerful exercise that can easily occur within counties to identify strengths and concerns for current practices in supporting families impacted by substance abuse involved with the county child welfare agency, and possibly the courts. If a county elects to utilize the D&A IDA process, it is strongly recommended that the following participants collaborate to enhance the learning process and create a plan that will improve outcomes. Participants should also develop a Memorandum of Understanding (MOU) that very specifically outlines roles and holds them accountable for plan creation and follow through.

Participants from **Child Welfare** should include the Administrator and others from the administrative team, including Quality Assurance, supervisors, and caseworkers. It is important to have participation from every level as workflow may differ from the perception of how a case enters the drug and alcohol system for treatment and the aftercare provided. It is the role of the County Child Welfare Agency to perform the case file review, which is the basis for the plan creation to improve outcomes.

Participants from the **Drug and Alcohol** field should include providers from the community that provide all levels of care to clients from psycho-educational groups to inpatient treatment. Some communities have an abundance of resources, and it would be impossible for all to participate. In that instance, it would be essential to be sure the full range of the service array is represented as well as the agencies most often used by clients involved in Child Welfare.

Also involved in the D&A IDA process should be members of the **Mental Health System**.Each county operates differently. Some have a provider network as the umbrella over the various services, and others have the county that functions as the umbrella. Regardless, individuals from the umbrella entity, along with an array of providers themselves, should participate in the D&A IDA process. The Managed Care provider in the county is also a significant partner in this process.

The **Single County Authority (SCA)** is another partner that must be considered in the D&A IDA process. The Administrator, supervisors, and line staff should all be engaged. In many counties, the SCA is responsible for performing Level of Care Assessments for clients and helping them enter treatment at the appropriate level. They can also help with temporary funding for treatment, while insurance options are explored. If the SCA in a particular county sub-contracts for the Level of Care Assessments, that provider should also participate in the D&A IDA.

Finally, the **Courts** play a significant role in the D&A IDA process. The President Judge and/or Lead Dependency Judge, and Family Treatment Court Judges should all be part of the D&A IDA to the extent possible. Through strong leadership, they will ensure that the plan is actively implemented and keep the local Children's Roundtable updated on the D&A IDA to connect all system partners to the process.

**D&A IDA Team Development**

**Oversight Committee**: The Oversight Committee will be your local Children’s Roundtable. The Oversight Committee is responsible for providing the direction and charges for the D&A IDA.

**Executive Team**: The leadership of each partner agency will form the Executive Team for the D&A IDA, at the minimum. The Executive Team committed to participate in the process meaningfully, analyze their child welfare and substance abuse data closely, and participate in a systems walk-through. They also committed to developing a work plan to guide changes in practice and implement these changes to promote child safety, permanence, and well-being for families touched by substance use disorders.

**Core Team**: The Executive Team will create the Core Team that will be responsible for completing the diagnostic tools, development, and completion of goals and activities, and preparing reports/presentations for the Executive Team as required. The Core Team is comprised of project leaders and managers from each partner agency with sufficient levels of responsibility to ensure activities and recommendations are carried out in a timely manner.

Questions to ask on Developing your D&A IDA Teams:

* Has each partner agency committed to meaningful participation? Continuity of membership is important (roles)
* Are there any missing partners? If so, who and how would you engage them?
* Have you identified a Lead Person to represent the Core Team?
* Define Communication Pathways.
* How do you plan to inform the Local Children’s Roundtable of your work?

**Measuring Outcomes**

Counties will need to thoroughly assess their system response to families with substance use disorder and identify gaps and barriers to their practices/services. From the data and information gathered in their assessment, counties will need to develop priorities for practice and policy changes. Then counties will need to evaluate if these changes are effective and make necessary adjustments as needed.

In order to do so, counties will need to clearly articulate what outcomes they are expecting to achieve from the change. Then counties will need to specify what indicators/data they will use to measure, monitor, and track the outcome. Measuring outcomes will help determine whether the desired result has been achieved for improving the system.

Although each county is unique, many counties found similar concerns and implemented common practice changes through the National Center on Substance Abuse and Child Welfare's In-Depth Technical Assistance (IDTA). Some of the common outcomes included:

1. Strengthened collaboration among child welfare, local Substance Use Disorder (SUD) providers, and the courts; in some counties, this meant the development of special case review teams and meetings designated as joint case reviews;
2. Increased transparency within teams and across systems;
3. Earlier identification (screening and assessment); use of standardized screening tools and protocols for a referral to assessment and treatment;
4. Enhanced family engagement and family education; including use of motivational interviewing techniques and Recovery Coach/SUD Specialists; other recovery support services;
5. Implementation of specialized case management model;
6. Increased, consistent, and timely information sharing (assessments, progress reporting);
7. Staff training on disease model to promote culture change;
8. Increased collaboration with Early Intervention/Safe Start; and,
9. Tracking of child welfare referrals and outcomes across SUD services.

Questions to ask on Goals and Desired Outcomes of D&A IDA:

* What do you hope to accomplish?
* What will be different about your current collaborative practice as a result of the D&A IDA work?
* What will be different for children and families affected by parental substance use disorders (SUD) in your county?
* What barriers and challenges exist currently that make it difficult for families to get the help they need with SUDs?
* Are there competing issues and/or contextual events that might impede this work?
* Conversely, how can this D&A IDA work bring value added to current priorities, initiatives?
* What do you need to be successful in this endeavor?

**Substance Use Disorder**

**The Disease Model of Addiction:**

Addiction is a complex disease of the brain and body that involves compulsive use of one or more substances despite serious health and social consequences. Addiction disrupts regions of the brain responsible for reward, motivation, learning, judgment, and memory. It damages various body systems as well as families, relationships, schools, workplaces, and neighborhoods.

<https://www.centeronaddiction.org/what-addiction/addiction-disease>

Additional resources:

Breshears, E.M., Yeh, S. & Young, N.K. (2009). Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers. US Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<https://ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf>

**Addiction is a Family Disease - Effects on the Child and Family/Kin:**

An addicted family member significantly disturbs normal family functioning. Family members need treatment and support that parallels treatment for the addict. Counties need to become familiar with programs, services, and resources available for the children of substance users and for family and kin currently caring for these children. Counties should address the needs of the children and families/kin by holding a Family Group Decision Making Conference or identify the services in the Family Service Plan and/or Child Permanency Plan.

Resources:

* KinConnector Helpline assists in identifying available resources for grandparents raising their grandchildren and other kinship care families. Contact the KinConnector Helpline at 1-866-KIN-2111. Later this year, a website of resources is to be launched at [www.kinconnector.org](http://www.kinconnector.org).
* Kinship Navigator in Penn State Extension's online database of programs, services, and resources available for kinship care families. <https://aese.psu.edu/extension/intergenerational/program-areas/kinship/programs>
* Additional information and resources are available on Penn State's Intergenerational Program, Support for Kinship Care Families. <https://aese.psu.edu/extension/intergenerational/program-areas/kinship>

**Confidentiality and Consent**

In the Pennsylvania D&A IDA process, confidentiality will inevitably be flagged as a barrier to inter-agency cooperation. While confidentiality must be respected and is a very real and important consideration, it is not and should not be an impediment to the type of teaming necessary to achieve the best outcomes for children, families, and persons with Substance Use Disorders (SUD) who are impacted by the disease of addiction.

Confidentiality and information sharing are governed by both state and federal law. Under the HIPPA Privacy Rule, 42 CFR Part 2, the Pennsylvania Drug and Alcohol Control Act, and 4 Pa. Code §255.5, strict client information confidentiality is required. One exception is that treatment information may be disclosed with patient consent. However, Section 255.5 limits both the purposes for which information may be released and the type of information released. In most child welfare and dependency matters, even with a valid consent, providers may release only the following information:

 (1) Whether the client is or is not in treatment.

 (2) The prognosis of the client.

 (3) The nature of the project.

 (4) A brief description of the progress of the client.

(5) A short statement as to whether the client has relapsed into drug or alcohol abuse and the frequency of such relapse.

The Drug & Alcohol Workgroup's 2020 State Roundtable Report expands on the consent exception, explains what is needed for a valid consent, identifies other exceptions, discusses special rules that apply in Juvenile Act matters, and walks agencies through the process of obtaining a court order for disclosure of substance use treatment information in appropriate cases. Also, included in the 2020 State Roundtable Report as an appendix are sample consents.

Confidentiality is important to both the person receiving treatment and society. At the same time, the reciprocal sharing of information among involved agencies is often critical to promote the best outcome for children and families affected by SUDs. The PA D&A IDA process lends itself to a cross-systems means to eliminate, or at least abate, the "barrier" of confidentiality. With informed cross-systems training, discussion, education, and collaboration, it is possible to properly balance issues of child safety, family, individual privacy, and the integrity of the therapeutic process and resolve virtually all concerns within existing regulations. D&A IDA teams addressing confidentiality should consider the following, presented here in bullet-summary form and expanded upon in the Drug & Alcohol Workgroup's 2020 State Roundtable Report:

*General*

* Cross-systems discussion enhances and leads to local solutions regarding substance use treatment information sharing that have the added benefit of trust-building among partner agencies
* All partner agencies should engage in cross-system education and training, including confidentiality training. At a minimum, this should include the DDAP and CWRC Confidentiality trainings listed under the Resource Heading. Cross-systems education and training can dispel misconceptions and remove perceived barriers
* The Drug and Alcohol Protocol for Sharing Information Bulletin cited under the Resource Heading should be distributed to and discussed with children and youth agencies, juvenile probation departments, SCAs, drug and alcohol providers, other partner agencies, and the individuals who work within those systems
* Identify information that is not protected and other legitimate sources of information. This may include the patient/client, who is not restricted to the information that he or she may disclose, and information available through public databases or partner agencies that may not be prohibited from disclosing their knowledge.

*Voluntary Release of Information*

* **All** necessary consents and releases should be obtained at the earliest possible stage. Strategies and practices used in various jurisdictions are discussed in the DAWG report.
* Use best-practice multi-discipline team meetings and engagement practices such as Family Group Decision Making, Family Team Conferencing, and Plan of Safe Care Multi-Discipline Teams.
* Consider entering into inter-agency information-sharing agreements.

*When Voluntary Release of Information is Not Obtained*

* Embracing the purposes behind confidentiality can ease the concern and frustration experienced when the information will not be voluntarily shared. It can also help agencies decide whether or not "involuntary" methods of obtaining information should be pursued.
* Focus on what information can be obtained and shared and do not dwell on information that cannot be shared. Further, even if a county children and youth agency cannot obtain information through a release or other exception, the agency should continue to supply information to treatment providers, especially about known or suspected substance use.
* In Juvenile Act cases, if the child or parent refuses to consent, a court order permitting disclosure may be obtained. Bulletin 00-02-03 walks agencies through the process of obtaining such an order.

Confidentiality and consent to release substance use treatment information are comprehensively addressed in the Drug & Alcohol Workgroup's 2020 State Roundtable Report. Counties collaboratively discussing confidentiality as part of the PA D&A IDA process are referred to pages 10 - 18 of the report.

Drug & Alcohol Workgroup's 2020 State Roundtable Report. http://ocfcpacourts.us/childrens-roundtable-initiative/state-roundtable-workgroupscommittees/drug-and-alcohol/state-roundtable-reports/

**Drug Testing in Child Welfare**

According to the Substance Abuse and Mental Health Administration (SAMSHA), a drug test alone cannot determine the existence or absence of a substance use disorder, nor can it be used as a sole indicator of recovery. County Child Welfare Agencies are strongly encouraged to establish partnerships and collaborate with their Single County Authorities and the Courts to develop and implement drug testing policies and practices. Additional guidance on drug testing development within the child welfare system is provided in the Drug & Alcohol Workgroup's 2020 State Roundtable Report on pages 18-21.

Drug & Alcohol Workgroup's 2020 State Roundtable Report. http://ocfcpacourts.us/childrens-roundtable-initiative/state-roundtable-workgroupscommittees/drug-and-alcohol/state-roundtable-reports/

Additional resources:

Center for Substance Abuse Treatment (2010). Drug testing in child welfare: Practice and policy considerations. HHS Pub. No. (SMA) 10-4556. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://ncsacw.samhsa.gov/files/DrugTestinginChildWelfare.pdf>

National Center on Substance Abuse and Child Welfare: Drug Testing Practice Guidelines. (Adopted by the Children's Justice State Council, 6/10/2011). <https://ncsacw.samhsa.gov/files/IA_Drug_Testing_Bench_Card_508.pdf>

**Screening, Assessment, and Treatment**

**Screening**:

Screening is a set of questions that determine if an individual has concerns regarding substance abuse in order to help to determine what their needs are and if an assessment should be conducted. Screening is usually the first step when seeking D&A treatment and is often completed via initial phone contact.

<https://www.integration.samhsa.gov/clinical-practice/sbirt/screening>

**Assessment:**

An assessment gathers more in-depth information about an individual, ranging from their past experiences to their present situation. It gauges a person's readiness for change, as well as any diagnosis, disabilities, and/or strengths they possess. An assessment is a lengthier process than screening and is done in person. The American Society of Addiction Medicine (ASAM) is then used to determine the next step.

ASAM is the set of guidelines used by clinicians to standardize treatment planning and provide levels of care recommendations for adults and adolescents with substance abuse concerns, to determine in which level of treatment they should be engaged. This criterion is how the treatment provider will determine what level of treatment a person needs to enter or continue.

<https://www.asam.org/resources/the-asam-criteria/about>

There are differences in ASAM criteria for adolescents and adults.

<https://www.americanhealthholding.com/Content/Pdfs/asam%20criteria.pdf>

Additional resources:

American Society of Addictive Medicine (ASAM) Screening and Assessment Tools.

<https://www.asam.org/education/live-online-cme/fundamentals-program/additional-resources/screening-assessment-for-substance-use-disorders/screening-assessment-tools>

Pennsylvania Department of Drug and Alcohol Programs (Revised August 2019). Pennsylvania Guidance for Applying *The ASAM Criteria, 2013* <https://www.ddap.pa.gov/Documents/ASAM/ASAM%20Application%20Guidance%20Final.pdf>

**Treatment**:

"Level of care" is what treatment the individual needs to participate in to address the substance abuse issue adequately to provide their greatest chance of success. This continuum of care may range from withdrawal management (previously known as detox) to residential (inpatient rehabilitation) to outpatient services (Intensive outpatient, Outpatient, Partial Hospitalization Programs), which each differ in levels of intensity. See link below for an outline of what each level of care means and what each program offers.

<https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

Sometimes, circumstances will result in a change in the level of care, such as child care issues, employment time constraints, etc. The clinician involved will determine whether an adjustment is appropriate or necessary to accommodate the individual. While there will be barriers, it will be the goal to stay connected with the client to ensure treatment success. The clinician will tailor the treatment to meet the person's needs when deemed appropriate. See below to read more about clinical issues and challenges when serving this population and the strategies to handle them: <https://www.ncbi.nlm.nih.gov/books/NBK64101/>

Additional resources:

National Center on Substance Abuse and Child Welfare (2018). Understanding substance use disorder treatment: A resource guide for professionals referring to treatment.

<https://www.cffutures.org/files/nccan2019/web/usud/Understanding_Treatment_for_CW_and_Court_Professionals.pdf>

National Institute on Drug Abuse (2018). Principles of drug addiction treatment: A research-based guide (3rd ed.). Bethesda, MD: National Institutes of Health; US Department of Health and Human Services. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>

**Medication Assisted Treatment (MAT)**

**Kinds of MAT & How Used:**

* [Methadone](https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone) – clinic-based opioid agonist that *does not block* other narcotics while preventing withdrawal while taking it; daily liquid dispensed only in specialty regulated clinics. Methadone is a medication used to treat Opioid Use Disorder (OUD). Methadone is a long-acting full opioid agonist and a schedule II controlled medication.
* [Naltrexone](https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone) – office-based non-addictive opioid antagonist *that blocks* the effects of other narcotics; daily pill or a monthly injection. Naltrexone is a medication used in medication-assisted treatment to treat both opioid and alcohol use disorders.
* [Buprenorphine](https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine) – office-based opioid agonist/ antagonist *that blocks* other narcotics while reducing withdrawal risk; daily dissolving tablet, cheek film, or 6-month implant under the skin. Buprenorphine is used in medication-assisted treatment to treat Opioid Use Disorder (OUD).

<https://www.samhsa.gov/medication-assisted-treatment>

**Dosage of Medication:**

* Methadone- Doses of methadone vary depending on the client's history/tolerance and the doctor's decision on what would work best for the client. It may take a few weeks to find a stable dosage that works best for the client. The standard dosage ranges between 80–120 mg per day.

<https://www.healthline.com/health/methadone-oral-tablet#dosage>

* Naltrexone- It comes in a pill form or as an injectable. The pill form of naltrexone (ReVia, Depade) can be taken at 50 mg once per day. The injectable extended-release form of the drug (Vivitrol) is administered at 380 mg intramuscular once a month. <https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>
* Buprenorphine-containing transmucosal products for opioid dependency, Bunavail (buprenorphine and naloxone) buccal film, Suboxone (buprenorphine and naloxone) film, Zubsolv (buprenorphine and naloxone) sublingual tablets. Dosing varies depending on the medication and what mg stabilizes the client.

<https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

**Effects of MAT on User:**

* Methadone is safe and effective when taken as prescribed. Methadone reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>
* Naltrexone blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine. It works differently in the body than buprenorphine and methadone, which activate opioid receptors that suppress cravings. Naltrexone binds and blocks opioid receptors and is reported to reduce opioid cravings. There is no abuse and diversion potential with naltrexone. If a person relapses and uses the problem drug, naltrexone prevents the feeling of getting high.

<https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>

* Buprenorphine has unique pharmacological properties that help lower the potential for misuse and diminish the effects of physical dependency on opioids, such as withdrawal symptoms and cravings and increase safety in overdose cases. Buprenorphine is an opioid partial agonist. This means that, like opioids, it produces effects such as euphoria or respiratory depression at low to moderate doses. With buprenorphine, however, these effects are weaker than full opioid agonists such as heroin and methadone. <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

**MAT is Most Effective in Conjunction with Counseling:**

* When appropriately prescribed, medication assisted treatment is an effective form of harm reduction to help prevent overdoses and continued drug use. Research shows that prescribed medication in conjunction with forms of counseling is most effective. As shown below, all forms of medicated assisted treatments are paired with counseling to achieve the best results.
* Methadone is prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs. https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone
* As with all medications used in medication-assisted treatment, naltrexone is to be prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs.

<https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>

* Medications such as buprenorphine, combined with counseling and behavioral therapies, provide a whole-patient approach to treating opioid dependency. When taken as prescribed, buprenorphine is safe and effective. <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

**Ability to Care for Child when on MAT:**

* Medication Assisted Treatment does not hinder a parent from caring for their child as long as they are stable on their medication. Being stable on any form of Medicated Assisted Treatment will allow a client to get their life back together and be a productive part of society; this includes not being under the influence while caring for their children.
* Methadone: Women who are pregnant or breastfeeding can safely take methadone. Comprehensive methadone maintenance treatment should include prenatal care to reduce the risks of complications during pregnancy and at birth. Research has shown that breastfeeding benefits outweigh the effect of the small amount of methadone that enters through breast milk.

<https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>

* Limited data indicate that naltrexone is minimally excreted into breastmilk. If the mother requires naltrexone, it is not a reason to discontinue breastfeeding. <https://www.ncbi.nlm.nih.gov/books/NBK501239/>
* Buprenorphine may be prescribed to women who are pregnant and have an opioid use disorder. Buprenorphine and methadone are considered the treatments of choice for OUD in pregnant and breastfeeding women.

 <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

https://www.samhsa.gov/find-help/recovery

**Recovery Support Services**

"Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential."

https://www.samhsa.gov/find-help/recovery

**Stages of change in the recovery process:**

Having an understanding of the stages of change is a crucial aspect of recovery.

**S** Pre-contemplation – Not seeing the need for change.

**T** Contemplation – Considering a change but has not made the decision yet.

**A** Preparation – Decided to make the change and considering steps to make this happen.

**G** Action – Actively doing something to change.

**E** Maintenance – Working on maintaining a change or a new lifestyle.

**S** Relapse – Reoccurrence of substance use, or setback.

* It is imperative to have a prevention plan developed to support recovery and deter relapse in the maintenance stage. It is important to mention that relapse is preventable. Relapse does not mean that the individual has failed; it is common because recovery is a lifelong journey.
* There are considerations and steps to assess when creating a relapse prevention plan. Identifying emotional, mental, and physical triggers are vital to a relapse prevention plan. It is also important to distinguish personal barriers that may impede on the follow-through of the relapse plan.
* Relapse prevention and recovery center around forming new coping mechanisms, building support systems, changing social networks, and avoiding triggers.

<https://www.healthline.com/health/opioid-withdrawal/relapse-prevention-plan>

Additional resource:

Substance Abuse and Mental Health Services Administration (SAMHSA). Working Definition of Recovery. <https://store.samhsa.gov/system/files/pep12-recdef.pdf>

**Certified Recovery Specialist (Peer Support):**

A Certified Recovery Specialist is an individual in long-term recovery that utilizes their personal experience with addiction and the recovery process to provide hope and inspiration to clients and the community.

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

Additional resource:

Kaplan, L., (2008) The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

<http://www.pacdaa.org/SiteCollectionDocuments/SAMHSA%20White%20Paper%20on%20The%20Role%20of%20Recovery%20Support%20Services.pdf>

**Self Help Groups:**

Self-Help Groups are not treatment in a formal sense, but rather are continuing-care, peer-support groups. These groups offer huge advantages because they are free, available in the large majority of communities, and held several days per week and at various times of the day.

* Alcoholics Anonymous – for individuals with a drinking problem
* Al-Anon - for family members of alcoholics
* Alateen - for teens with a family member who is an alcoholic
* CoDA – for co-dependent individuals
* Nar-Anon - for family members of addicts
* Narateen - for teens with a family member who is an addict
* Narcotics Anonymous - for individuals whom drugs had become a major problem
* Recovering Couples Anonymous – for recovering couples

**General Resources and Websites**

American Society of Addictive Medicine (ASAM)

<https://www.asam.org/>

Office of Children & Families in the Courts (OCFC)

<http://www.ocfcpacourts.us/>

Pennsylvania Department of Drug and Alcohol Programs (DDAP)

 <https://www.ddap.pa.gov>

National Center on Substance Abuse and Child Welfare (NCSACW) <https://www.ncsacw.samhsa.gov/technical/idta.aspx>

National Institute on Drug Abuse (NIDA)

 <https://www.drugabuse.gov>

Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov>

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator

<https://findtreatment.samhsa.gov/locator>

**Cross-System Support and Agreement**

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

The Pennsylvania Drug & Alcohol In-Depth Analysis (PA D&A IDA) requires collaboration and cooperation amongst system partners. This partnership is needed to ensure that efforts are coordinated, and information is shared across systems. A collaborative partnership is necessary to enhance and integrate service delivery, and ultimately improve the quality and/or accessibility of services for the substance abuse affected families involved in the child welfare system.

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

**Mission:**

**To promote child safety, permanence, and well-being for families touched by substance use disorders by providing access to a continuum of services that include early engagement, cross-system collaboration, and clinical integrity.**

**Goals:**

1. Develop cross-system values, principles, goals, and objectives for serving substance affected families.
2. Increase timely access to services, including education, for substance-affected families.
3. Maximize knowledge and use of existing best practice treatment and resources.
4. Encourage awareness and utilization of sustainable supports for lifetime recovery.

The undersigned hereby support and agree to the mission and goals of the PA D&A IDA, will commit to being a member of the PA D&A IDA Executive Team for the duration of this process, as well as will assign a member from your system with sufficient levels of responsibility to the PA D&A IDA Core Team to ensure activities and recommendations are carried out in a timely manner.

*The PA D&A IDA process requires the support and agreement of the county's Lead Dependency Judge, County Child Welfare Administrator, Drug & Alcohol Services Administrator, and the Mental Health System Administrator at a minimum.*

**Cross-System Support and Agreement to the Pennsylvania Drug & Alcohol In-Depth Analysis**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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