



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Substance Use
Resource Guide**

A Child Protection Practice Guide

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Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides **does not substitute for policy**. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [4222.2 Re-Allowing Placement](#):

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

INTRODUCTION

Our work is to help create opportunities for child safety to occur within families and communities. To do this, we partner with caregivers to help them protect their children and youth in new ways while building upon safety that is already present. We also work to establish safety networks for children and youth by organizing other important adults to create a safe environment now and over time.

Our hope is this practice guide provides child welfare workers with a balanced understanding of how substance use affects the safety needs of children and their family members. In doing so, this guide aims to equip workers with information and intervention strategies proven effective in Texas and other states. It is important to remember that parents are 100% responsible for their recovery and the safety of their children. Parents impacted by substance use disorders need to involve their network to develop a plan to make their children safe from future harm.

This reference guide is organized in the same manner as the Texas Child Protective Services Practice Model, the set of actions we carry out to achieve our desired outcome:

- Engaging
- Assessing
- Teaming
- Planning
- Intervening, and
- Evaluating

ENGAGING

Engaging with children, mothers and fathers requires caseworkers to have some overarching consistencies in their practice, and requires tailoring aspects of their approach to the individual and his or her role in the family. In approaching each person, the caseworker will be most effective if he or she uses a respectful, professional and patient approach and provides an honest description of why she or he is there and how everyone's input will be needed to ensure child safety. You cannot implement the new approaches to working with families if you do not engage them. How the case and relationships begin can influence each of the subsequent actions.

ENGAGING CHILDREN: WHAT YOU SHOULD ALL KNOW

THE BIG PICTURE

In the United States, an estimated 12 percent of children live with a parent who is dependent on or abuses drugs or alcohol (Substance Abuse and Mental Health Services Administration [SAMHSA], Office of Applied Studies, 2009).

The Texas Practice Model approach of intervention into Substance Abuse helps us use a strength-based, family-centered approach that still puts a child's safety and well-being at the forefront. The section below points to three essential elements you need to know about children in this situation:

- How children are exposed to a parent's substance use;
- What children learn as a consequence of that exposure; and
- The factors that affect each child's response.

The section below provides additional details and bases for questions that you must answer to identify these needs, which then move you forward in your decision-making process. Engaging the family helps you identify these needs; further engagement, along with supervision, helps you to address those needs as part of your day-to-day work with children

WHAT WE NEED TO KNOW ABOUT CHILDREN

How are children exposed to a parent's substance use?

- Seeing it
- Hearing it
- Trying to step in and prevent continued use
- Seeing the aftermath (parent intoxicated, parent arrested or home raided, overdose)
- Being denied what is owed to them (financial support, home)
- Being maltreated directly

What do children learn as a consequence of exposure?

- Substance use is a way to celebrate good times
- Substance use is a way to cope with stress
- Lying
- Dangerous environments
- Role Reversal

What are the factors that help explain how each child responds?

- The relationship she or he has with the parent abusing drugs or alcohol
- The extent of his or her own maltreatment at the hands of a parent
- The child's age
- The child's developmental stage
- The severity, proximity, duration and frequency of the substance abuse
- The child's role in the family
- The child's personal characteristics (i.e. sense of self, mastery of tasks, security)
- How the caseworker interacts with each child and the extent to which they feel safe with the caseworker

The importance of being trauma-informed

It is important to remember that all behavior has meaning. Substance Use is one example that may lead to chronic trauma. When a child's safety is compromised because of their parent's substance use, it strains the child's relationship with her or his parents. On top of this, a child may be traumatized by what she or he has seen and/or heard. It is important to let the child explain how he or she feels to the caseworker, instead of assuming the behavior is related to the substance use. Why? In many cases it is possible the child was left feeling neglected, fearful, with their overall safety and sense of stability compromised. Repeated exposure to substance abuse may leave children with ongoing low-level fear. Reminders of the substance abuse can trigger any number of behaviors in the child like nightmares, being hyper-aroused, tense and on edge, or withdrawn and quick to become angry.

How might exposure to substance abuse be traumatic for children at all stages of development

You will notice:

- Excessive irritability and/or clinginess; being jumpy or nervous
- Immature behavior
- Re-play of an incident of substance abuse
- Sleep disturbances and/or nightmares
- Emotional distress or limited range of emotions

- Use of drugs and/or alcohol

ENGAGING DRUG DEPENDENT PARENTS: WHAT WE ALL SHOULD KNOW

What We Need to Know about Parents Who Use Substances

Assumptions such as "they love their drugs more than they love their kids" or assertions that if there was any chance I would lose my children I would "just stop doing whatever got me in trouble" are both incorrect and oversimplified. The reality is that parents who use drugs love their children just as much as any other parent. As a caseworker who engages families with the intention of improving family functioning, you should always remember the following important points.

First, people turn to drugs and alcohol for many different reasons. The reason one parent is using substances on one case is completely different from why another parent on another case is using a drug. Some people's addictions are rooted as a response to a past trauma; some addictions have evolved as a response to experimentation with drugs and alcohol leading to dependence; some addictions stem from years of reliance on habit-forming medications to manage pain or other symptoms. You must remember to engage with families based on their individual strengths and needs and evaluate each case based on its own merits.

Second, as difficult as some of these situations may seem to us, you must remember that for the home members, including the children, these situations are "normal". Your goal remains to improve on the parenting skills or address any issues with drug or alcohol dependence, but it is a reminder that even within that chaos there have been some strengths that have allowed those families to function in some way. Prolonged positive changes will be made through tapping into these strengths and building upon them. Part of the prolonged positive change you seek will come from the parent's engagement in their recovery and from the support of their friends and family support network.

Finally, you must remember to be open and honest when you engage with your families and to clearly articulate your concerns. It is important to explain your concerns related to child safety and the impact that drug or alcohol use and abuse could have on the children being cared for. When you are able to effectively articulate your concerns and put the safety of the children first, you can begin building partnerships with parents and support networks in an environment free of judgment. Effective partnerships can increase long-term engagement and recovery with the family. Your goal is to work in partnership with these families to help them begin the process of developing healthy habits. These habits in turn will provide them with the skills to parent their children safely without dependence on drugs or alcohol. The avenues you take to achieve these goals will look different from case to case, based on family support networks, strengths and needs of the family, and possible referrals for treatment and intervention services.

ASSESSING

Assessing families is part of a continuous process that involves gathering balanced and unbiased information in order to make well-informed decisions. Assessing is done throughout a case, not simply at the beginning or end. One way to assess families is by asking questions to obtain information. This Practice Guide promotes the use of thoughtful questions when faced with issues of substance use. It is important to shift the responsibility of finding reasonable outcomes on family members rather than us always telling them what to do, and questions are an effective way to do that. Below are a few examples of questions for both children and adults.

QUESTIONS FOR CHILDREN:

1. When do you feel most safe with your mom or dad? What is happening then?
2. Tell me something good about yourself that I would never guess.
3. How do you want your parents to behave in the future?
4. What do you think needs to happen so that you can always feel safe?
5. Tell me a time when you told a trusted adult about what happened?
6. When has there been a time that mom/dad showed you they are ready to change?
7. If your dad or mom were here what would he or she say he or she wants for you in the future?
8. What do you think needs to happen next? If I saw you one point better what would I see? What are the smallest steps that you would like your mom/dad to show you?
9. What would you say is the coolest thing you accomplished last year? How did you do that?
10. Tell me about one or two good things that happen in your family

QUESTIONS FOR ADULT CAREGIVERS

1. Has there been a time in your past when you have been sober; what did that look like? How long ago was that? Where were you living? When was that? What was different than now? Who was involved in your life? What were they doing that helped you stay sober?
2. What would your children say they worry about when you use? (If younger, nonverbal children) If your children were old enough to talk about their worries, what would they say?
3. When you think about what kind of parent you want to be for your children, on a scale of 0 to 10 where 10 is you are just on track to where you want to be and 0 is you are off track, where would you scale it?
4. What do you worry about when you are using when it comes to your children?
5. How have you been able to hold a job, get your kids to school or keep your cabinets stocked, your bills paid, etc. when you are using?
6. When your kids are 25 years old, what kind of parent do you want them to say you were when they were growing up?
7. When you think about what are the most important values you want your children to have, what are they? Who do they have in your life that values the same things you do?
8. Complete a behavior continuum chart with:
 - a. When you are a 10, totally sober, what do your children, your partner, your neighbors, parents, etc. see you do with your family, etc.
 - b. When you are a 5, what do they see you do?
 - c. When you are actively under the influence, what do they see you do?
 - d. What do you need to hear or need to see from your safety network when you are at a 10, 5 or 0?
 - e. What do you need your network to be doing, saying, etc. with your children in order to keep them from seeing you under the influence?
9. Has there ever been a time that someone shared with you that they were worried about your use? What did they say? What were they worried about?
10. What are your best hopes for your children?

WARNING SIGNS TO LOOK FOR DURING ASSESSMENTS

Warning signs, or "red flags", as they are commonly referred to, provide valuable insight, not only to us working with the family, but also to other family members acting as supports to the family. While warning signs themselves do not prove that ongoing use or relapse is occurring, they do provide clues that the

family may be struggling and in need of additional support. It is important to observe these signs and provide the help and support that is needed. Some common warning signs include:

- Changes in behavior
- Changes in sleep patterns
- Problems with relationships
- Becoming distant from loved ones
- Unexplained financial problems
- Engaging in secretive behavior

Of course this is not a comprehensive list, but it does indicate the more common warning signs one might see when working with a family that is having trouble.

CONSIDERATIONS WHEN WORKING WITH FAMILIES IMPACTED BY SUBSTANCE USE

While there are many things you have to consider when working with families impacted by substance use, one of the more difficult situations to address is when newborns are born prenatally exposed to drugs and alcohol. There are many factors to take into consideration, such as frequency of use, time frame of use, and the impact of the use on the child. In these situations, there is policy guidance that helps you determine what meets the criteria for prenatal exposure and how to determine the criteria for dispositioning investigations related to prenatal exposure for Physical Abuse or Neglectful Supervision. It is important that you review these policies to ensure that you have a good understanding of when these dispositions may be appropriate and when the criteria are not met. The policy can be found here:

[CPS Handbook policy 2363](#)

Additionally, you often work with parents who either are in recovery or are engaging in recovery services during the course of your involvement. For some individuals, particularly those with a history of opioid addiction, medication assisted treatment (MAT) is appropriate. These treatments often include the use of either Methadone or Buprenorphine. It is critical that you obtain the appropriate releases of information and speak with the providers in cases where a parent is participating in a MAT program, to ensure that the providers have no concerns and that the parent is adhering to the programs requirements. It is important in these situations that you do not make any requests for a parent to discontinue any MAT program or make any other requests that would be considered medical or clinical advice. The policy surrounding medically assisted treatment can be found here:

[CPS Handbook policy 1924](#)

Additional information about Medication Assisted Treatment is available through DSHS by following the link below:

[DSHS Medication Assisted Treatment information](#)

TEAMING

Teaming is defined as coming together as a team to achieve a common goal. One of the ways you do this in your cases is by helping families to identify and develop safety networks that will play important, long lasting roles in the lives of the children and families. Developing a strong safety network in families with substance use disorders creates new levels of safety for the children and establishes more clearly defined roles for the safety net members. Safety nets can help:

- Develop a shared **understanding** of what the concerns are. Those shared understandings will allow everyone to understand the role they will play in the family's success and provide everyone with the why, what, and how of what everyone is doing.
- Allow for **participation** so that everyone's voice can be heard. This gives the safety network the freedom to share the concerns they have for the family and acknowledge the strengths that they have observed in the family. It also allows for the group to have a sense of ownership in the safety and wellbeing of those they care about and are there to support.
- Create a **shared commitment** to the desired outcomes.

USING TEAMING IN OUR WORK

You collaborate with the family to identify appropriate safety network members and bring those people together in an honest discussion about the current concerns and the short and long-term goals for the case and the family. The family and safety network then work together with a shared understanding of what needs to occur to ensure child safety. Safety network members identify who among them can assist with certain tasks and they all leave with a sense of ownership for the family's success. These safety network members can provide a sounding board to a parent who is struggling with her or his sobriety, can model safe and appropriate parenting, can provide transportation assistance, or do other things that together will ease the stress of changing some unhealthy habits that have put the children in potentially dangerous situations.

PLANNING

Much like assessing, planning is part of a continual process that occurs throughout the case and changes as the case evolves. When speaking specifically about cases involving substance use, you should think of developing plans to help the parents as they acquire some sobriety and work towards long-term recovery. These plans will need to be specific to the needs and resources of that particular family, as no two families have the same needs and supports.

These plans can include drug and alcohol assessments where there is reason to believe that a person may need some type of treatment intervention. It can also include less formal support systems such as identifying appropriate sober support friends or family members that can assist this parent as he or she works on sobriety. This could also include helping the parent identify more structured support through a faith-based group or through recovery support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or through a peer recovery coach.

For specific information regarding DSHS treatment referrals please see CPS Handbook policy below:

[CPS Handbook policy 1912 Referring to treatment resources](#)

To find a DSHS funded treatment facility in your search using the following link:

[DSHS Substance Abuse provider locations](#)

DEVELOPING A RELAPSE PLAN.

Relapse planning, to be meaningful and successful, must be tailored to the individual and incorporate the supports available to that individual. This guide will provide some central ideas to consider when working with a family to develop a relapse plan. These are general guidelines; remember that plans should be tailored to the individual's specific needs.

A relapse plan is not a plan for failure. A relapse plan is a strategy or strategies to address cravings or temptations that may happen in the coming weeks, months or years. As you near the end of a case, use an opportunity such as a Safety Network Meeting or a Family Group Conference to assist the parent past triggers for use and help identify individuals the parent can rely on for support.

That support can range from someone who will be available to take a call at any time of day or night, to someone who could assist a parent with transportation to a sober support meeting, to someone who would be willing to pick up the children and prevent them from being in an unsafe environment if a relapse occurs. The more supports that can be invited to such a planning meeting, the better. These supports can range from friends and family to a sponsor or peer recovery coach.

While plans will ultimately be individualized they should have some basic components. The plan should list the names and include contact information of individuals that the parent can call if he or she experiences a desire to use. The plan should also contain action items that the parent can personally do if she or he has a desire to use. Examples include attend an Alcoholics Anonymous or Narcotics Anonymous meeting, go for a run, read a book, keep a journal, or do some other positive activity the parent finds comforting and redirects him or her from the desire to use.

Finally, the plan should include an action plan should a relapse actually occur. As an example, the parent may contact an uncle. The uncle would then contact a grandparent to be ready to care for the kids. The uncle would pick up the parent and take her or him to a meeting while the grandparents pick up the child. There may be another family member tasked with contacting the treatment facility about aftercare services. Every situation, and the supports available, will be different. This is a simple example of what a plan may involve.

For information regarding relapse safety planning please see the CPS handbook link below:

[CPS Handbook Policy 1966 Relapse Safety Planning](#)

INTERVENING

As with all cases, intervening in substance involved cases means setting a bottom line for child safety. The interventions you use with the families you engage with will all be unique to the families. This is because these families all have different strengths and resources available to them. An intervention applicable in a family living isolated from appropriate supports may be overly intrusive for a family with a strong and motivated support network. One of the best and most effective tools available to assist you with your interventions is the safety plan.

Before we explain what makes for a good safety plan we must define what does not make for a good plan. A good safety plan does not require a completion of a service. While completion of a service, such as completion of outpatient substance abuse treatment, is important and very likely to have a positive impact on the parent's short term sobriety and long-term recovery, it does not by itself create a safe environment for the child. A good safety plan should include these components:

- It should be action-oriented
- It should be case specific
- It should be rigorous

Let us examine these components further.

Developing a plan that is action-oriented

- A good safety plan should incorporate a specific, action-oriented task that needs to occur and will directly increase child safety. For example, let us use the scenario of a household composed of a mother and father and two children, ages five and seven. You are involved with the family due to substance use issues by both parents. The parents have become sober for a brief period of time and the children are home with the parents without additional supervision. An action-oriented task could

be that the parents contact a designated safe and sober individual if they experience a desire to use. The safe and sober individual's task may be to have a supportive conversation and listen to the parents' struggle, or the situation might require that the safe and sober individual's task is to pick up the children to ensure their immediate safety.

- The second quality of a good safety plan is case-specificity. In the above example, the action-oriented task of having a safe and sober individual who aids the family when there is a risk of a relapse works, because in that specific case a safe and sober protective individual has been identified and is willing to take on that supportive role. For safety plans to be successful you must ensure that they are case specific and incorporate things that are actually accessible to the family. This action-oriented task would be meaningless if the family did not have a support system that included safe and supportive individuals willing to take on these roles.
- Finally, the third requirement is that it be rigorous. A good plan is rigorous and thorough and details exactly what needs to occur and who is responsible for that action. A rigorous plan also provides an explanation as to why a task is being required and what the consequences of failing to follow the plan will be.

EVALUATING

Evaluation is a process that is ongoing throughout your work and helps you make informed decisions regarding the current safety of the families. You evaluate families on an ongoing basis through contact with the parents and children along with any other caregivers, and through input from collaterals from the safety networks. Additionally, you seek guidance from professional collaterals that have worked directly with these families and have built partnerships intended to improve some area of the parents' life. It is important that you make these evaluations frequently enough that if any concerns are identified, you can develop a plan in a timely fashion to address the concern. For more information regarding evaluating progress made toward recovery please see CPS policy below:

[CPS Handbook policy 1965 indicators of progress toward recovery](#)

One type of tool you have to evaluate parents dealing with substance use disorders is drug tests. You use drug tests to monitor compliance with sobriety.

WHAT YOU NEED TO KNOW ABOUT DRUG TESTING

DFPS uses four different types of drug testing. It is important that you understand the four different types and when to appropriately use each type.

- **Instant read oral swab** drug tests provide the caseworker immediate results. Because of this, they can be a great tool for making necessary case decisions based on the limited information available to you at that time. It is important to note however, that instant-read oral fluid tests are not lab-confirmed and are therefore not admissible in court. They are simply a screening tool to help you identify a concern that may exist. Oral fluid instant-read tests have a relatively short window of detection of about 48 hours. You should confirm any presumptive positive screening obtained from an instant-read drug test by having the donor go to a lab and submit to lab urinalysis.
 - instant-read oral fluid tests detect THC (Marijuana), opiates, cocaine, amphetamines, methamphetamines, and PCP
- **Lab confirmed oral fluid tests** function similarly to the instant-read tests but are sent off by the caseworker for lab confirmation. There is no instant result function on the lab confirmed oral swab tests.

- Lab-confirmed oral fluid tests detect THC (Marijuana), opiates, cocaine, amphetamines, methamphetamines, and PCP
- **Urinalysis drug testing (UA)** is considered the gold standard for drug testing as it captures current use and positive specimens are verified by the Medical Review Officer. Urine detects drug metabolites for approximately 3-5 days with some exceptions. A more detailed detection period timeframe can be found here:
[Drug detection periods](#)
 - The standard urinalysis 12-panel test detects THC (marijuana), amphetamine, methamphetamine, opiates, cocaine, PCP, benzodiazepines, barbiturates, methadone, propoxyphene, oxycodone, and methaqualone.
 - Additionally, there are separate urinalysis tests that can detect alcohol, synthetic cannabis, and bath salts (each substance has its own separate test)
- **Hair strand testing** captures historical use and goes back 90 days. Because of this extended window of detection, hair strand tests should generally only be completed every 100 days (90 days between tests plus an additional 10 days to allow for new hair to grow from the scalp and eliminate any potential for time frame overlap). If hair is collected from any other body part other than head hair, the window of detection can be up to one year.
 - Hair strands detect THC (Marijuana), cocaine, opiates, amphetamines, methamphetamines, and PCP.
 - Like urinalysis, additional stand-alone hair strand tests are available that capture alcohol and bath salts.

For additional guidance on drug testing please review the handbook using the link below:

[CPS Handbook policy 1923](#)

In addition to the three drug testing types listed above that are performed by CPS or through CPS contracted services, you may get reports of drug tests from other agencies or reporting sources such as hospitals, probation, or another entity. In the case of urine tests, it is important you contact the reporter and verify that the urine test is a lab-confirmed test or an instant-read screening test. Additionally, Meconium test results are sometimes reported by hospitals when there are positive findings. Meconium tests are lab-confirmed but they go back to around 12-14 weeks of gestation so additional information will need to be collected to help narrow down the timeframe of suspected use.

GLOSSARY

DEFINING SUBSTANCE ABUSE DISORDER, ADDICTION, RELAPSE, AND RECOVERY

What is a **Substance Use Disorder**?

In 2013, the American Psychiatric Association (APA) updated the DSM, replacing the categories of substance abuse and substance dependence with a single category: substance use disorder. The symptoms associated with a substance use disorder fall into four major groupings: impaired control, social impairment, risky use, and pharmacological criteria (i.e., tolerance and withdrawal).

What is **Addiction**?

According to the National Institute on Drug Abuse (NIDA) addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

What is **Relapse**?

The Oxford dictionary defines relapse as suffering from deterioration after a period of improvement. When we think of relapse in terms of substance use, it simply means using again after some period of sobriety. Relapse is not an indication of failure and is actually common, just as it is for other well-characterized chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components. Treatment of chronic diseases involves changing deeply imbedded behaviors.

What is **Recovery**?

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.

SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health**—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- **Home**—having a stable and safe place to live
- **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community**—having relationships and social networks that provide support, friendship, love, and hope

ADDITIONAL INFORMATION

If you need additional information, additional resources, or other support please visit the substance abuse intranet page at [Substance Abuse intranet page](#) or contact the Substance Abuse Program Specialist.

512-438-3863

Substanceabusespecialist@dfps.state.tx.us