

Presentation to the Senate Committee on Health and Welfare

Jackie Corbally, MSW Director of Clinical Services, The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (VDH/ADAP)

January 2015



U.S.A. Context

"An estimated 70 to 80% of child welfare cases involve families affected by substance use."

Nancy K. Young, Director,

National Center on Substance Abuse and Child Welfare



Key Barriers – Substance Abuse, Child Welfare and the Courts

- Beliefs and Values
- Competing Priorities
- Treatment Gap
- Information Systems
- Staff Knowledge and Skills
- Lack of Communication
- Different Mandates



Enhanced Capacity for Families to Provide for Children's Needs

- Improved Screening and Assessment Protocols and Effective Communication Paths Across Systems
 - Standardized Screening Tools
 - Partnering for Alcohol and Other Drug (AOD) Expertise
 - Standardized Monitoring & Reporting Tool
 - Joint Case Management



Substance-Abusing Parents Have Multiple Problems

- Co-occurring problems: poverty, mental health issues/past trauma, domestic violence, low educational achievement
- Access to treatment issues
- Difficulties with treatment enrollment and retention
- Relapse common



Impact of Alcohol and Other Drugs (AOD) on Children

- The two most significant risks to children of substance abusers¹:
 - Poorer developmental outcomes
 - High risk of substance abuse themselves
 - Children of substance abusers exhibit depression and anxiety more often than children from non-addicted families².

Department of Health and Human Services, Blending Perspectives and Building Common Ground, April 1999.
National Association for Children of Alcoholics, Children of Addicted Parents: Important Facts, http://www.nacoa.org



Key Points

- Assessment of parents' for AOD issues as early as possible
- Immediate and ongoing contact with Recovery Specialist – gender specialist (if possible)
- Immediate access to treatment
- Supervised alcohol and drug screenings
- Ongoing recovery monitoring
- Support, encouragement and motivation
- Attendance at significant events

Nancy K. Young, Director, National Center on Substance Abuse and Child Welfare



Process for accessing treatment services in Vermont



Outpatient Intensive Provider assesses Outpatient Recovery client with Client or provider **Provider refers** evidence based Center contacts a tools to determine client in the treatment level of care appropriate level Referral substance of care needed using provider ASAP placement Residential for criteria support Medication Assisted Treatment



Client is screened

by a clinician or

professional (i.e.

physician, drug

court case

manager, AHS

employee, etc.)

Screening vs. Assessment

Screening is intended to identify people at risk for or actually experiencing harm associated with their drinking and/or drug use.

Assessment is intended to gather detailed information about people's patterns of consumption and consequences to inform intervention.







http://healthvermont.gov/adap/treatment/treatment.aspx http://healthvermont.gov/adap/treatment/treatment_county. aspx

Jackie Corbally, MSW

Vermont Department of Health,

Division of Alcohol and Drug Abuse Programs

108 Cherry Street, Suite 207

Burlington, VT 05401

jacqueline.corbally@state.vt.us

802-863-7208

