Co-Occurring Disorders: Impact on Child Welfare System

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What is a Co-Occurring Disorder

- For the purpose of this presentation a co-occurring substance use disorder and a mental health disorder
- They are considered co-occurring if each disorder can be established separate from each other and are not a cluster of symptoms related to one disorder.

Prevalence

- 4 million adults met the criteria for both a serious mental illness (SMI) and substance abuse or dependence (OAS, 2003)
- The National Co-morbidity Study estimated that in any given year 10 million Americans of all ages have COD in any given year.

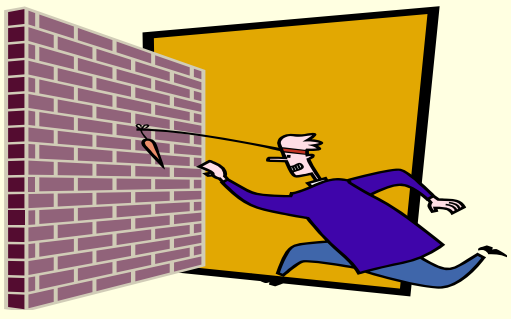
Prevalence in Child Welfare Settings

- 9% of children live with a parent who has a substance use disorder
- According to the US Department of Health and Human Services between 33-66 % of families involved in the child welfare system have a substance use disorder
- The National Center on Addiction and Substance Abuse found that children in families with a substance abusing parent are 3 times more likely to be abused and 4 times more likely to be neglected

Prevalence

- Similar prevalence data for mental illness is not available however,
- One study found that regardless of actual substantiation of abuse parents with mental illness are much more likely to lose custody of their children with rates as high as 70-80% (Nicholson et. al 2001)

Barriers to Getting Help for Families in the Child Welfare System???



Barriers to Treatment

- SUD/MH issues may not be the reason for a hotline report and therefore not identified in the investigation
- It may not be clear how the SUD/MH impacts the family
- Families- child welfare workers may not recognize the impact of these disorders on parenting

Barriers

- Treatment agencies may not be geared to working with women/families with children
- Women/families may not follow-through with referrals to treatment
- Difficult to coordinate the AFSA time requirements with treatment goals and expectations

OASAS – OMH Task Force

- Commissioners From OASAS and OMH Karen Carpenter Palumbo and Michael Hogan convened a Task Force on Co-Occurring Disorder Treatment in June of 2007.
- The Task Force completed it's work in September of 2007 and made recommendations to improve treatment services for New Yorkers with COD

Currently Working to Implement Task Force Recommendations

- Clinical
- Fiscal
- Regulatory
- Infrastructure

- Identifying and treating both disorders at the same time improves recovery for both disorders
- A single integrated treatment plan should be developed whether the patient receives care from one or both systems of care
- Child Welfare goals and timelines should be integrated into the single plan and treatment and child welfare plans should be coordinated.

Why is this patient not complying with treatment?

- Child welfare plan – 5 goals including participation in parenting group, SUD treatment, urine screening, and MH eval
- TANF – 3 goals including: obtain child care, job search, SUD treatment, job readiness
- Probation – 5 goals including: restitution, SUD treatment, urine screening, MH eval, weekly meetings with PO
- Treatment - 5 goals including: daily group, AA/NA attendance, urine screening, recreation, meet with voc/ed counselor.

Small Group Exercise

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