

BLUEPRINT FOR STATES: POLICIES TO IMPROVE THE WAY STATES
ORGANIZE AND DELIVER ALCOHOL AND DRUG PREVENTION AND
TREATMENT

TESTIMONY BY UMA AHLUWALIA, INTERIM DIRECTOR FOR CFSA,

Good Evening and warm greetings from the Mayor of our fair city. Thank you for the opportunity to speak before you this evening. Today, I am here to speak with you about the importance of integrating prevention and treatment strategies from a child welfare perspective.

It has been estimated that two-thirds of the 523,000 children in foster care in the United States have at least one parent who abused drugs or alcohol, that most of these parents use one or more hard drugs such as cocaine, methamphetamines and/or heroin and most have used drugs for five years or more. Substance Abusers often neglect or abandon their children and they also place their children at risk when they engage in criminal activity to support their drug habits or when they are simply too incapacitated to attend properly to children's needs. The District of Columbia has a similar profile of children and families involved with the child welfare system.

Dependence on drugs or alcohol is often a chronic condition that requires long term treatment and rehabilitation. In the District of Columbia the drug of choice is still

Cocaine. The Meth epidemic has not hit our fair City. Often the Parents and the children who use substances need long term treatment. However, for the families and children involved in the child welfare system, there are many time frames and deadlines that counter the very requirement of long term and sustained treatment. For these families, Temporary Assistance to Needy Families generally requires clients to find work within 24 months with a lifetime benefit of 60 months. For CFSA (the District's child welfare agency) and Family Court, the Adoption and Safe Families Act requires a permanency hearing at 12 months, which includes a six month review of the parents' progress toward becoming a safe caregiver and a filing for the termination of parental rights if the child has been in out of home care placement for 15 of the prior 22 months. For the Family Court a decision concerning the termination of parental rights for children in out of home placement must be made within 14 months . Developmentally, children under the age of five have the best opportunity to engage in a longer term strategy. These myriad timelines often work against the client's ability to consistently and effectively receive treatment.. Substance Abusers often show up in multiple systems as needing and receiving services. These include, child welfare, juvenile justice, adult corrections, substance abuse, mental health and homeless services. Coordinating a system of care is critical to developing pathways for streamlining services, identifying evidence based practices, improving access to care and demonstrating cost savings. Often identifying cost offset can be the most effective reinvestment strategy. The best model for using the cost offset argument to increase funding for treatment on demand is with the State of Washington.;

In Washington DC the human and financial costs of substance abuse total \$1.2 billion annually. Keeping this astronomical figure in mind, there are several specific initiatives that impact substance abuse treatment for families involved with the child welfare system. The use of the GAIN assessment tool, the establishment of Family Treatment Court, the establishment of the Family Recovery and Accountability team aimed at improving outcomes for children and the Mayor's Interagency Taskforce to coordinate and integrate substance abuse treatment resources and strategies throughout the City. All of these initiatives are in some stages of implementation. It is clear that leadership and the investment of appropriate authority in the program lead is critical to make the program successful. All too often the CEO has the authority but does not often understand the technical and convoluted explanations given by the program director or staff of the program.

FRAT or the Family Recovery Accountability Team and the Family Treatment Court are two of our shining stars in terms of improving child welfare outcomes. Our model is based on a close partnership between APRA, the public agency dealing with substance abuse issues, child welfare, our Courts and mental health. Both adolescents and adults in families who are using drugs can enroll in the program. The courts are an essential part of our model because the role of the judge has been pivotal in the recovery rates of participating clients. We have also co-located substance abuse staff along with child welfare staff to empower staff to be knowledgeable of and develop skills to ease access to both system that the individual jointly. There still remain many confidentiality barriers, that are real in statute or misinterpreted to offer a much narrower world view. The

creation of an information system that supports substance abuse treatment outcomes for children and families. In addition to the in-patient or placement based treatment option there are also some day treatment programs such as Vanguard that in addition to offering drug treatment offer a course on Black Effective Parenting which has now been completely integrated into our social work practice agenda. I wanted to bring your attention to two nationally recognized models for treatment in child welfare. This includes the Sacramento County model where they trained all staff in child welfare in the practices. The second model is the Cuyahoga County START program. All of these models rely on staff competence, treatment on demand, service integration among systems, strong advocacy for clients and a focus on reunifying parents with their children. Governance, leadership investment and the right balance of authority and collaboration are critical to the success of any of our listed strategies. Strong leadership is critical to the success of any initiative.