ALTERNATIVES TO INCARCERATION: WHAT WORKS AND WHY?

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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ALTERNATIVES TO INCARCERATION: WHAT WORKS AND WHY?

MONDAY, MARCH 27, 2000

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Baltimore, MD.

The subcommittee met, pursuant to notice, at 10 a.m., in room 730 of the University of Maryland School of Nursing at 655 West Lombard Street, Baltimore, MD, Hon. John L. Mica (chairman of the subcommittee) presiding.

Present: Representatives Mica and Cummings.

Also present: Representative Cardin.

Staff present: Sharon Pinkerton, chief counsel and staff director; Gil Macklin, professional staff member; Charley Diaz, congressional fellow; Lisa Wandler, clerk; Kimberly Hayes, intern; and Cherri Branson, minority counsel.

Mr. MICA. Good morning. I would like to call this hearing of the Criminal Justice, Drug Policy, and Human Resources Subcommittee of the Government Reform Committee of the House of Representatives to order.

We are pleased this morning to be in Baltimore at the invitation of my colleague, former ranking member with me on a number of subcommittees in Congress, the gentleman from Maryland, Mr. Elijah Cummings. I do appreciate this opportunity to be with you.

We have delayed this hearing several times; I think the last time because of one of the largest snowfalls that we had in this area. But we are delighted to be with you.

Again, I apologize for the delay in coming into your community, but thank you for your invitation.

The order of our hearing this morning will be that I will start with an opening statement, yield to the gentleman from Maryland for his opening statement, and then we have three panels to hear from. The first panel is going to be the Honorable Martin O'Malley, mayor of Baltimore. And just for public notice, we have also added Dutch Ruppersberger, who is the Baltimore County executive. So we will have two individuals on that panel, and followed by two additional panels.

Illegal narcotics are wreaking havoc on our neighborhoods, schools, and families across America. Drug abuse in America is tearing at the very fabric of our society. Nowhere is that more evident than here in Baltimore, MD, a city that certainly has experienced its share of pain and also the at risk consequences of illegal

drugs. Unfortunately, Baltimore is a microcosm of what is happening across our country.

The role of this Subcommittee on Criminal Justice, Drug Policy, and Human Resources is to examine the effectiveness of the Federal response to a growing national drug epidemic. We are here as an oversight committee of the U.S. Congress. We are an investigations and oversight subcommittee of the Government Reform Committee.

Part of our responsibility is exercising our oversight and investigations capacity over our national drug policy. This hearing is a bipartisan effort. My good friend and colleague, the Congressman from Maryland, Elijah Cummings, requested this field hearing to be held in his district in Baltimore because of his deep concern for the citizens of Baltimore and the drug problems they face every day.

I can't remember too many hearings that I have attended with Mr. Cummings—and he has been to almost all of our subcommittee hearings—when he hasn't put a human face on the tragedy that has befallen his community and the problems relating to illegal narcotics here in Baltimore.

Even a recent tragic event here in Baltimore shows the havoc drugs are wreaking on this community. A 25-year old East Baltimore man, Raymond Pitchford, was shot to death because he asked two men to stop selling illegal drugs. The simple truth is that drugs destroy lives, and drugs are destroying lives here in Baltimore.

I brought this chart along, and I have used it on the House floor and in our committee meetings and updated it. This information is provided by DEA and also some recently by the Baltimore Police Agency. In 1997, there were 312 homicides committed in Baltimore. In 1998, 314 people were murdered. Last year, this city lost an additional 308 lives, and I don't think the total is in because sometimes people die as a result of injuries suffered in some type of an attack.

This makes for 10 straight years in which there have been 300 or more homicides, making Baltimore the fourth deadliest city per capita in the United States which is a very sad statistic. And 75 percent of these slayings, it is estimated, involve drugs.

The chief of the control bureau of the Baltimore Police Department has stated recently, "We are losing ground on homicides." The situation that Baltimore faces is grave. It is the hub of a growing heroin epidemic, which has spread to the nearby suburbs.

According to Baltimore Councilwoman Rikki Spector, one in eight citizens in Baltimore is a drug addict. That is a quote from one of the local newspapers. That could translate into an estimated 60,000 to 80,000 drug addicts. According to State and local health officials, neighboring Prince George's County has 37,000 drug addicts, second only to Baltimore City in the State of Maryland.

How did this happen to a great city like Baltimore? What failed as far as local policies of the past 12 years to contain the drug program? What contributed to it? We must examine more effective ways to address the growing problem of illegal narcotics on our streets and also in our prisons.

All of the witnesses here today have struggled to determine the best approach to combat illegal drugs and drug-related crime. What is the right mix of policies and programs to deter crime and to get repeat offenders off drugs? Developing alternatives to incarceration is becoming increasingly important as we draw closer to having two million Americans behind bars. We must determine the most cost-effective way to deal with drug addiction and also drug-related crime, both at the Federal and also at the local and State level.

Sadly, the challenges faced by the newly elected mayor, Mr. O'Malley, and also by the Baltimore County executive who we will be hearing from, and other officials in the Baltimore area, are the very challenges increasingly faced by cities across America. Cities like Sacramento and San Diego, CA, where I recently held hearings. We conducted another hearing in Florida, where colleagues from this subcommittee went to hear the problems we are having even in my local, rather placid, and also blessed community as far as employment and opportunity.

We will soon be in Indiana for a hearing, and other cities across the country, to examine this problem. But there are very few communities across our national landscape that have not been affected by this drug epidemic.

This is an oversight hearing that will examine the drug abuse problem in Baltimore and its area, and also will look at alternatives to incarceration, what works and what doesn't work, and why. That has been the subject of our subcommittee's investigations.

There have been serious proposals across our Nation, including our Nation's capital and here in Baltimore, on how best to combat drug violence and restore individual and community security and reduce overall drug use. These have ranged from needle exchanges and legalization of marijuana for medical use to tougher sentencing guidelines.

For its part, Congress has provided local communities with some new tools, including the Washington/Baltimore High-Intensity Drug Trafficking Area. That is a designation by Federal law creating what is called a HIDTA, High-Intensity Drug Trafficking Area. We have also passed legislation relating to Drug-Free Communities Act, and we have also enacted $1 billion matched by $1 billion or more in donations in a national youth anti-drug media campaign.

But clearly, more must be done. Individual field hearings like this help us to understand the plight of individual communities as we develop a broader national perspective. In order for the Congress to help Baltimore and cities like it, from the Federal level we must have a working knowledge of the problem at the local level.

Armed with these insights, we can better evaluate the current Federal response to the drug crises in America and in communities like we are in today and push for needed changes. The good people of Baltimore and citizens across this country deserve no less.

We came here today to listen. We came here today to hear a new administration of the city, particularly headed by the mayor, and also others from the surrounding area, to hear of their plans. We came here today also to offer a helping hand and assistance at the Federal level as good intergovernmental partners in facing the

challenge of illegal narcotics, not only here in this community but, again, across our Nation.

I might say in closing, Mr. Cummings, I have always felt that Baltimore is a great city with a great history. It is our opportunity at this difficult chapter in its history to come here to help you and also your community.

With that, I yield to the gentleman from Maryland, my distinguished colleague, Mr. Cummings.

[The prepared statement of Hon. John L. Mica follows:]

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OPENING STATEMENT

Chairman John L. Mica

"Alternatives to Incarceration: What Works and Why?"
BALTIMORE, MD

March 27, 2000

Illegal drugs are wreaking havoc on our neighborhoods, schools, and families across America. Drug abuse in America is tearing at the very fabric of our society. No where is that more evident than here in Baltimore, Maryland -- a city has certainly experienced its share of the pain and consequences of illegal drugs. Unfortunately, Baltimore is a microcosm of what is happening across this country.

The role of the Subcommittee on Criminal Justice, Drug Policy and Human Resources is to examine the effectiveness of the federal response to the growing drug epidemic. We are an oversight committee of the U.S. Congress. Today, this Subcommittee, part of the House Government Reform Committee, is exercising its oversight responsibility here in Baltimore.

This is a bipartisan effort. My good friend and colleague, Congressman Elijah Cummings, requested that this field hearing to be held in his District because of his deep concern for the citizens of Baltimore and the drug problems they face everyday.

Even a recent, tragic event here in Baltimore shows the havoc drugs are wreaking in this community: A 25 year old East Baltimore man (Raymond Pitchford) was shot to death last week because he asked two men to stop selling drugs.

The simple truth is that drugs destroy lives. And, drugs are destroying lives here in Baltimore. In 1997, 312 homicides were committed in Baltimore; in 1998 another 314 were murdered. Last year, this city lost an additional 308 citizens. This makes for 10 straight years in which there have been 300 or more homicides, making Baltimore the fourth deadliest city per capita in the United States. And 75% of these slayings involved drugs. . The Chief of the Patrol Bureau of the Baltimore Police Department has stated recently, "We are losing ground on homicides."

The situation that Baltimore faces is grave: it is the hub of a growing Heroin epidemic, which has spread to the nearby suburbs. According to Baltimore Councilwoman, Rikki Spector "1 in 8 citizens in Baltimore is a drug addict." That translates into an estimated 80,000 drug addicts. According to State and local health officials, neighboring Prince Georges County has 37,000 drug addicts, second only to Baltimore city in the state of Maryland.

How did this happen to a great city like Baltimore? Did the local policies of the past 12 years contain the drug problem or contribute to it? We must examine more effective ways to address the growing drug problem on our streets and in our prisons.

All of the witnesses here today have struggled to determine the best approach to combat illegal drugs and drug-related crime. What is the right mix of policies and programs to deter crime and to get repeat offenders off drugs? Developing alternatives to incarceration is becoming increasingly important, as we draw closer to having two million Americans behind bars. We must determine the most cost-effective way to deal with drug addiction and drug-related crime at both the federal and local level.

Sadly, the challenges faced by newly-elected Mayor O'Malley and other city officials in Baltimore are the very challenges increasingly faced in cities across America – cities like Sacramento, California; Orlando, Florida; Indianapolis, Indiana; and Columbus, Ohio.

This is an oversight hearing that will examine the drug abuse problem in Baltimore and alternatives to incarceration. What works, what doesn't, and why.

There have been serious proposals across our nation, including in our nation's capitol and here in Baltimore, on how best to combat violent drug traffickers, restore individual and community security, and reduce overall youth drug use. These have ranged from needle exchanges and legalization of marijuana to tougher sentencing guidelines.

For its part, Congress has provided local communities with some new tools, including the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA), the Drug Free Communities Act and a $1 Billion National Youth Anti-Drug Media Campaign. But, clearly, more has to be done.

Individual field hearings, like this, help us to understand the plight of individual communities, as we develop a broader national perspective. In order for the United States Congress to help Baltimore and cities like it, at the federal level, we must have a working knowledge of the problem at the local level. Armed with these insights, we can better evaluate the current federal response to the drug crisis in America and push for needed changes. The good people of Baltimore, and citizens across this country, deserve no less.

Mr. CUMMINGS. Mr. Chairman, I thank you very much for holding this hearing in Baltimore, and I am glad you ended on such a wonderful and positive note. We are a great city, and I thank you again for the sensitivity that you have shown. So many people on the Hill seem to be of the opinion that drug treatment does not work.

But the fact is, that you have not only made it possible for us to move around the country looking at alternatives to incarceration, but you have concentrated your thoughts on having an open mind regarding treatment. And I appreciate that.

I also want to take a moment to thank the dean of this wonderful school, the nursing school, Dean Heller, who is one of my mentors, for having us here this morning.

As we examine the drug treatment policy this morning, it is quite fitting that we undertake our work in a place where young people are taught how to heal. Here in Baltimore, as elsewhere, drugs and violent crime are destroying our young people, their families, and entire communities.

We must continue to work together to break this cycle of destruction. Although there is no simple solution to combatting the drug crisis, this hearing will provide additional perspectives on how we can reduce substance abuse and drug-related crime, and ultimately, on how we can revitalize our communities.

This morning, we will be working to assess the current situation in Baltimore and examine programs that combine drug treatment, social services, supervision, and job placement, as an alternative strategy to incarceration.

As we examine these alternatives, we are fortunate to have the assistance of a distinguished panel of witnesses. Baltimore City mayor, Martin O'Malley, and Baltimore County executive, Dutch Ruppersberger, and other experts joining us today, have been major players in our shared effort to rid America of the drugs and the death that plague us as a society for many years.

From the firsthand knowledge and accumulated wisdom of our panel, we will be better able to assess the current relationship between drug addiction and criminal activity in Baltimore. And it is good that you talked about other areas of the country, Mr. Chairman, because so often what has happened is people have thought that drug problems are only based primarily in urban areas. But the fact is, that they are all over the country, as I am sure County Executive Dutch Ruppersberger will testify to.

By doing so, we can better understand the impact of incarceration and the effectiveness of treatment alternatives. Our testimony today will indicate that incarcerating drug-addicted persons has not stopped the cycle of addiction, crime, and incarceration in Baltimore. Merely incarcerating non-violent offenders does not appear to reduce crime or drug abuse either.

In Congress, I am seeking to obtain increased Federal funding for drug treatment. This hearing will emphasize the success of drug treatment programs for non-violent offenders that includes drug treatment, job placement, and social services components. The success of certain jail diversion programs that offer drug treatment and employment assistance provides the criminal justice system

with an alternative to incarceration—a way to break the deadly cycle that dominates so many lives.

Now, let me caution to add that there are some people that belong in jail. There are some that are wreaking havoc on our community. But there are some that find themselves falling into a trap of narcotics, as Ricky Phaison, a recovering addict since 1987, will testify. And I am glad that he is here with us today.

During the hearing, we will highlight diversion programs that focus on drug treatment, such as the Baltimore Drug Treatment Court and a New York Drug Treatment Alternative Program. Diversion programs work on the premise that with treatment, intensive supervision, social services, and job placement, offenders return to society in a better position to resist drugs and crime, and, just as importantly, to contribute to society as opposed to taking away from it.

Dean Heller, you did a great job of getting the lights on, and we really appreciate it. [Laughter.]

I told them while you were gone that you are my mentor, so I saw you rush to the rescue. You know, we really appreciate it.

All of us agree that the public funds we devote to public safety and drug treatment must be spent in an effective and cost-efficient manner. And I emphasize that. One of the things that we have talked about constantly, Mr. Chairman, is whatever dollars we spend—the mayor and Commissioner Daniel have talked about this a lot, we want to make sure that they are spent in a cost-efficient and effective manner—diversion programs, law costs associated with incarceration, public assistance, health care, and recidivism.

Further, they produce taxpayers that can make positive contributions to society. As a Member of Congress, my goal is to make Baltimore a more livable community. And there are so many of us—the people, Mr. Chairman, that sit in this room, that they spend their days and nights trying to figure out how to do that. And the person that will be testifying first, our mayor, is one who has made it clear that he wants our city to be more livable.

One of the other things that I was so glad that you said—I wish I had a tape recorder here so I could play it over and over again—is that you said you came here to help, and I love that. I mean, you can say that 50 million times, because we do need help. I don't think there is a person in this room that would say that we don't. And I am glad that you come with the helping attitude.

Finally, reducing the crime and drug abuse that afflict our community and returning our addicted neighbors to healthy and productive lives are essential steps toward a Baltimore that is a more livable place in which to live and raise our families. We are determined to break the cycle of drugs, destruction, and death. We can achieve that goal by creating a new cycle of renewed public health, productive employment, and life.

And, again, I want to thank all of our witnesses, all of you, for taking the time out of your busy schedules to be with us today. Thank you for being on that front line of making our community a much more livable one.

Mr. MICA. I thank the gentleman.

I am pleased now to recognize our first panel of witnesses, if those individuals will please come forward, the Honorable Martin

O'Malley, mayor of Baltimore; the Honorable Dutch Ruppersberger, Baltimore County executive.

Let me, if I may, reiterate this is an investigations and oversight subcommittee of the House of Representatives. In that capacity, we do swear in our witnesses, which I will do in just a moment.

If you have any additional or lengthy documentation, information, that you would like to be part of this congressional record of this hearing, upon request, through the Chair, that will be granted.

Mr. Cummings, I think we have a previous agreement to allow the record to be open for at least 3 weeks.

Mr. CUMMINGS. That is correct, Mr. Chairman.

Mr. MICA. Without objection, so ordered. And since we have three fairly full panels, and it is impossible to hear from everyone. There are many people, I am sure, Mr. Cummings, in this room that could contribute and be a part as an active witness to this hearing.

With that said, we will leave the record open for 3 weeks. You can submit, through Mr. Cummings and to the subcommittee, any additional comments, even though you may not be a witness, or testimony you would like to be part of this record.

Mr. CUMMINGS. That is fine.

Mr. MICA. All right. With that, I will ask our two witnesses to please stand. Raise your right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. I would like to, again, welcome both of you today. We are pleased to be in your community at the invitation of Mr. Cummings. We are anxious to hear from you, and I will recognize first Mayor O'Malley. You are recognized, sir.

STATEMENTS OF MARTIN O'MALLEY, MAYOR OF BALTIMORE; AND DUTCH RUPPERSBERGER, BALTIMORE COUNTY EXECUTIVE

Mr. O'MALLEY. Thank you very much, Mr. Chairman, and Congressman Cummings. I want to thank you for coming to Baltimore and assure you that we will in the future pay our BG&E bill in anticipation of your arrival. [Laughter.]

Mr. Chairman, distinguished members of the committee, I want to thank you for the opportunity to address this topic—"Alternatives to Incarceration: What Works and Why?" I have a number of people from my cabinet, who I think you are going to be hearing from later, including Commissioner Ron Daniel, who is the gentleman in the uniform seated behind me, and he has, coincidentally, a big profile in the Baltimore Sun today, which he claims he hasn't yet read. So people, please give him mixed reviews, and maybe he will read it.

We also have with us Dr. Peter Beilenson, our commissioner of health, seated to Commissioner Daniel's left, and our criminal justice coordinator, Peter Saar, who is seated back there, who tries to keep it all together.

What works and why? I would like to thank you for making this hearing possible. During the last city campaign this last summer, the people of Baltimore made it very clear that reducing crime was their top concern. Indeed, in the 3-months since we have begun this new administration, we have made it our top concern.

In short order, we have zeroed in on 10 areas of the city, where we have gone through in a very comprehensive fashion, putting together not only renewed commitment to enforcement but also we have put out health experts and knocked on doors and gotten people the treatment that they need to get off the street. We have also eliminated the rotation of homicide detectives to end the brain drain that dramatically reduced our clearance rate in a once vaunted squad.

We have moved detectives out of headquarters into our districts to improve intelligence sharing and followup. We have audited arrest records to get a true gauge of our city's baseline crime problem. We have replaced our department's leadership and reorganized its structure.

And we have instituted the means and the method of improving every week and every day, as we followup on crime, and that is the Comstat process. This was used so successfully in other cities like New York, like New Orleans, like Newark, and now Baltimore, not just to map crime but to anticipate crime trends, prevent crime, rather than reacting after it has already become entrenched.

Additionally, we have provided additional resources to the State's Attorneys Office—the first time in probably 12 years that the State's Attorneys Office has received a budget increase in city dollars—so that Mrs. Jessamie will be better able to prosecute repeat violent offenders.

And we have worked with the judiciary to implement reforms to restore real justice and a sense of priorities to our criminal justice system. These changes will allow us to dispose of minor cases up front in the process and create more courtroom time to prosecute serious violent offenders.

We have tried to do a great deal in a short period of time, Mr. Chairman. In the interest of saving a couple thousand words, I have brought with me two pictures that appeared in the Baltimore Sun. There is a couple of quotes from the Baltimore Sun that characterize some of our initial success.

I want to show you first of all—stray from my script—this is an article that appeared on December 15, 1999, has an adorable little girl over at Eutaw-Marshburn Elementary School in West Baltimore. Now the headline on this is "Addicts and Drug Dealers Overrun Playground." And if you look around the window that this little girl is peering out of, you see what appears to be a couple of metal doors that are absolutely pockmarked with bullet holes.

That was on December 15th. It appeared the day after I met with our Governor and told him, "We need more money for drug treatment, Governor." I wrote in the little margin of this—I sent him his own copy framed and matted—I said, "This is why we need more drug treatment money. It is not so much for the addicts. It is not for the people that run the programs. It is because of kids that can't go outside because of the death and the violence spawned by the drug trade."

That was December 15th. Thanks to Commissioner Daniel, and even though he did not receive any assurance of additional moneys for drug treatment in the Governor's first budget, come March 16th this was what appeared in the Baltimore Sun, Mr. Chairman. It is almost like the Wizard of Oz.

The first one is black and white with the little girl peering out of pockmarked, bullet-holed doors, and this now is that same play area—Eutaw-Marshburn—color photographed with a bunch of adorable little girls. The headline is, "Crime at Bay, Pupils Play," and a Mom says, "This corner used to be wild. I just started bringing my kids out about 2 weeks ago."

That is what can be done, Mr. Chairman, if we are committed not to simply arresting our way out of the problem, or to simply treating our way out of the problem, but to doing both—to doing both in a concerted and coordinated fashion, and to improving the quality of life that can lead to the sort of decline that too many neighborhoods in this city have experienced.

By upgrading our police department, enforcing the law, incarcerating violent offenders, and reforming our criminal justice system, we can and are making our streets safer. But we also have to recognize that the high crime rate is driven primarily by an illegal drug trade, which is true in so many cities across the country.

While noting crime-fighting successes, the articles that have appeared recently in the Sun also refer to open air drug markets, which are a scourge in almost every corner of our city. In answer to your question, what works and why? I will focus primarily on drug treatment, which speaks to Baltimore's largest law enforcement problem.

Removing the most violent dealers and enforcers from the street will help the supply side of the drug trade, but the criminal justice system and elected officials must also address the demand side of the equation—the addicts—or new drug thugs who will take the place of Baltimore's current pool. To reduce demand for illegal narcotics, we must succeed in providing drug treatment. More treatment slots are needed to meet this overwhelming need.

We can't simply arrest our way out of our drug problem, but we need not give up and decriminalize illegal behavior either. In order to break the cycle of crime and addiction, we have to build a seamless system of law enforcement, drug testing, escalating sanctions, and treatment. Society benefits by treating an addiction that will, if left unattended, invariably contribute to more crime.

Additionally, a reduction in trial detention bed days and incarceration bed days after convictions will also save taxpayer dollars. The public is protected because the sanction of jail time remains if a non-violent offender fails to complete treatment or commits another crime. This system will leave more room in jail not only for repeat violent offenders, but it will also allow for more courtroom time to deal with those who should receive more serious incarceration penalties.

For drug treatment to work as an alternative incarceration, above all there has to be strict accountability. According to a report by Baltimore/Washington HIDTA, offenders in treatment who were there under the threat of criminal sanctions are six times less likely to drop out of treatment, eight times less likely to test positive for drugs during treatment, and four times less likely to be arrested for a new offense.

Baltimore will increase the number of treatment slots reserved for offenders. Hopefully we will do that with State help. The threat, and imposition when necessary, of criminal sanctions can be a pow-

erful motivator for change. But it only works when treatment slots are available and participation is supervised.

Treatment should also be provided in detention and prison facilities as part of that continuum of care for this problem, which is another push that we have on at the State level—to allow for some sort of detox capacity over at city jail and some better linkage with treatment after incarceration.

Finally, alternatives to incarceration also must maximize the use of community service as penance for minor offenses in conjunction with drug treatment, mental health, medical, and job training referrals. Paying back in the community where an offender has violated the laws gives a visible reminder that there are consequences for wrongdoing.

For too long in Baltimore, and presumably many other cities, accountability has been lacking in all aspects of our anti-drug efforts. But the solution is not to stop funding treatment or deny that it is a useful alternative to incarceration. The answer is to demand and document results and move toward best practices.

One of the things that I told our Governor was that we were able to have this dramatic success because we had treatment slots available. So when the police went in, our health commissioner came in right on his heels, along with people from Housing to board up the houses. But our Health Department went in and literally with the easy supply removed from the street, it made the addicts far more amenable, far more susceptible, far more willing to go right into a drug treatment program.

Those slots are filled up. We are now at 110 percent, and that is with putting about $26 million of our own city money into drug treatment. We are hopeful that through your leadership, Mr. Chairman, the Federal Government will make drug treatment a budget priority, that drug addiction and drug-related crime are critical concerns to our cities and counties and small towns across America.

It is a national problem. It is not a problem that affects merely poor people living in cities. If you come out with us on any corner, Mr. Chairman, in the evening—and sometimes we have done this, the Congressman knows, when we have had a night out against drugs—you will see countless numbers of people from surrounding jurisdictions come in, usually young, white kids, from the suburbs coming in, making the U-turn, and booking out when they see that we have closed down the drug market for the night.

It is a problem that crosses all jurisdictional lines. It is a national problem. And the course that we are pursing in Baltimore, I am glad to report, is having some initial success. And I want to thank you for the opportunity to address your distinguished panel.

[The prepared statement of Mr. O'Malley follows:]

March 27, 2000

Mayor Martin J. O'Malley

House Committee on Government Reform,
Subcommittee on Criminal Justice, Drug Policy and Human Resources

Mr. Chairman, distinguished Members of the Committee, thank you for the opportunity to address this topic, "Alternatives to Incarceration: What Works and Why?," which is of great importance to our city. Congressman Cummings, I would like to thank you for making this hearing possible.

During the mayoral campaign this past summer, the people of Baltimore made very clear that reducing crime was their top concern. We heard them loud and clear. In the three months our Administration has been in office, we have made public safety our top concern.

In short order, we have:

- Eliminated the rotation of homicide detectives to end the brain drain that dramatically reduced the clearance rate of our once vaunted squad;
- Moved detectives out of headquarters and into neighborhoods to improve intelligence and follow-up;
- Audited arrest records to get a true gauge of our city's crime problem;
- Replaced our police department's leadership and reorganized its structure; and
- Instituted Comstat citywide, to anticipate and prevent crime, rather than reacting after its too late.

Additionally, we have provided additional resources to the State's Attorney to better prosecute more violent offenders. And we've worked with the Judiciary to implement reforms to restore real justice and a sense of priorities to our criminal justice system, by consolidating the current process of charging, bail, pre-trial determination, bail review and initial plea offers into one simultaneous event. Instead of a minimum of 32 days, this will soon occur within twenty-four hours of arrest. These changes will make time for the serious prosecution of violent offenders, making use of Maryland's strict mandatory minimum laws – which are now rarely enforced. We have tried to do a great deal in a short period of time.

I'd like to read a few recent quotes from the Baltimore Sun that characterize some of our initial successes – these are news articles, not editorials or columns:

> *"Three blocks from the Pennsylvania Avenue bustle – where blocks once lined with scores of addicts and street peddlers are now peppered with shoppers – Druid Heights*

residents also say that police efforts are working and that they are reclaiming their neighborhood, where police responded to 975 drug calls last year."

"In the Northern District, residents have noticed the increased police presence in drug-troubled Pen Lucy. 'Lately, the police have been up here patrolling, doing their job,' said Joanna Vines, 35, who lives on the 600 block of Cator Road. 'Kids can play. It was real bad, and now it's almost gone.'"

"In recent days, Eutaw-Marshburn Elementary School pupils have laughed and romped on the playground, something they couldn't do a few months ago when drug dealers and prostitutes roamed the area."

This is the good news. By upgrading our police department, enforcing the law, incarcerating violent offenders and reforming our criminal justice system, we can make our streets safer.

But we must recognize that Baltimore's high crime rate is driven by the illegal drug trade. This is true in cities across the country. Each one of the newspaper quotes I read, while noting crime-fighting success, also refers to open-air drug markets, which are a scourge in almost every corner of Baltimore. Police estimate that 75 percent of 1998's 314 murders involved drugs. And a disheartening 85 percent of suspects in pretrial incarceration have some type of drug problem.

- **Reducing Both the Supply and Demand for Drugs**

In answer to your question, "what works and why?," I will focus primarily on drug treatment, which speaks to Baltimore's largest law enforcement problem.

Removing the most violent dealers and enforcers from the street will help address the supply side of the drug trade. But the criminal justice system and elected leaders must also address the demand side of the equation, the addicts – or new drug thugs will take the place of Baltimore's current pool.

The exact number of drug addicts who live in Baltimore City is not known – it isn't like voter registration – although estimates of 44,000 to 63,000 have been made by various sources. This is 6 to 10 percent of our city's population. These numbers don't even include the large mobile population of recreational and habitual users, who drive to their connections in the city from surrounding suburbs.

As an example of how far people will go when driven by an addiction, even a massive snowstorm did not deter a pair of addicts who ventured into Baltimore City from Carroll County, at the height of January's blizzard. They had the misfortune to be arrested by Police Commissioner Ron Daniel, who happened to be driving through his childhood neighborhood.

To reduce demand for illegal narcotics, we must succeed in providing drug treatment – both coerced for criminal offenders and voluntary for addicts who have other motivations for seeking treatment. More treatment slots are needed to meet this overwhelming need. We cannot simply arrest our way out of our drug problem, but we need not give up and decriminalize illegal

behavior. Instead of limiting our efforts, we need to step them up on several fronts. In order to break this cycle of crime and addiction, we must build a seamless system of law enforcement, drug testing, sanctions and treatment.

- **Treatment Breaks The Cycle of Crime and Addiction**

Given the concentration of addicts and increasingly consistent law enforcement efforts, without effective treatment, we will continually recycle people through the criminal justice system. A lot of people are doing life sentences on the installment plan.

A 1995 report indicated that Baltimore City accounted for 64.4 percent of new commitments to the state prisons, while accounting for only 14 percent of the state population. In Baltimore, we are creating a large permanently unemployable underclass of people by not trying to intervene early in a career of crime and addiction. Offenders compile arrest upon arrest, conviction upon conviction, and prison sentence upon prison sentence.

A study by the Center for Substance Abuse Research found that Maryland saves almost $20,000 in social costs (such as incarceration, medical care, lost productivity, injury and death) for every addict who receives treatment. Baltimore has one of the worst drug problems in the country – particularly with heroin. We cannot afford not to have the most comprehensive treatment program possible. And court-ordered drug treatment must be made a more viable option.

Offenders arrested for minor offenses, should be screened for illegal drugs at time of arrest. If their records are relatively clear, as an alternative to the usual court track, they should be directed into drug treatment that is strictly monitored and is lengthy enough to properly treat the addiction – anywhere from one year to eighteen months. Supervision should be carried out by both pre-trial release and by addictions counselors employed by the criminal justice system.

If done in two tiers, first-time and minor offenders might even be diverted before criminal charges are lodged, and, if treatment is successful, the underlying criminal allegation could be dismissed. If an offender's record is more substantial, but doesn't indicate the person is a risk to public safety, they too might be sentenced to treatment, with their freedom subject to successful completion and the conviction remaining on their record.

In both cases, society benefits by treating an addiction that will – if left unattended – invariably contribute to more crime. Additionally, a reduction in pre-trial detention bed-days and incarceration bed-days after convictions will save taxpayer dollars. The public is protected because the sanction of jail time remains if a non-violent offender fails to complete treatment or commits another crime. This system will leave more room in jail, and more time in court, for dealing with violent offenders.

There are two efforts underway in Baltimore that incorporate such an approach, which have achieved some initial success in reducing recidivism. They are the Drug Treatment Court programs, which keeps 600 addicts under court supervision, and "Break the Cycle," which uses probation agents to enforce increased drug testing and heightened supervision of offenders.

- **Accountability, Accountability, Accountability**

For drug treatment to work as an alternative to incarceration, above all else, there must be strict accountability. According to a report by the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA), offenders in treatment, who are there under the threat of criminal sanctions, are six times less likely to drop out of treatment, eight times less likely to test positive for drugs during treatment, and four times less likely to be arrested for a new offense. Better reporting of outcomes, attendance and recidivism also will ensure that the taxpayers of Baltimore, of Maryland and of the United States receive a proper return on their considerable investment in drug treatment.

Currently, the system for enforcing drug treatment orders in Baltimore often breaks down. Less than 50 percent of the offenders sentenced to drug treatment ever enter the system. Additionally, obtaining an arrest warrant for violation of probation for failure to report is currently a lengthy process that often takes 30 to 90 days. Management must be improved to hold offenders and probation agents accountable for meeting the terms of court-imposed sentences.

Baltimore must increase treatment slots reserved for offenders. In a city with as many as 60,000 addicts, there currently are no available treatment slots in the most needed modalities. While maintaining access for addicts who, on their own accord, enroll in drug treatment, Baltimore must increase the treatment slots available for court-ordered treatment. The threat – and imposition when necessary – of criminal sanctions can be a powerful motivator for change – but it only works when treatment slots are available and participation is supervised.

Treatment should also be provided in detention and prison facilities as part of a continuum of care for this problem. It only makes sense to provide drug treatment for criminals who are incarcerated – while they can't walk away – to prevent future crimes when they get out.

Finally, alternatives to incarceration also must maximize the use of community service as penance for minor offenses, in conjunction with the drug treatment, mental health, medical and job training referrals. Paying back in the community where an offender has violated the laws gives a visible reminder that there are consequences for wrongdoing.

The City of Baltimore has made a detailed proposal to the State of Maryland requesting the resources to implement a system that better incorporates drug treatment into our criminal justice system. Since many of the necessary participants – probation officers, pre-trial detention and the courts to name a few – are State agencies, we have incorporated State expenses into our request. This proposal focuses on enforcing laws and maintaining supervision and accountability at all steps of the criminal justice system.

We are making public safety a priority in our very limited budget, and we hope the State will do the same in a year in which it has a $1 billion surplus. I have submitted a copy of our proposal in Annapolis, "Stop the Killing; Start the Healing," for the record. We are awaiting a decision from the State on funding for this plan.

Finally, we also are hopeful that, through your leadership, the federal government will make drug treatment a budget priority. Drug addiction and drug-related crime are critical concerns in cities, counties and small towns across America. Drugs are a national problem.

- **Conclusion**

Drugs and crime are inextricably linked. We cannot address one in Baltimore without addressing the other. To succeed in permanently stopping the killing in Baltimore, and starting a healing process that will last and bring hope to the city, we must strive to identify and refer for treatment, early in the court process, all offenders whose substance abuse problems drive their behavior.

Additionally, the city's drug problem presents serious workforce problems for the city's employers, and hinders economic development and business recruiting efforts throughout the region. It also creates health problems, including AIDS, hepatitis and sexually transmitted diseases, in which Baltimore is, unfortunately, among the nation's leaders. And more than half of the city's homeless population suffers from an addiction.

For too long, in Baltimore and, presumably, many other cities, accountability has been lacking in all aspects of out city's anti-drug system – starting with the government's responsibility to keep law abiding citizens safe from the violence associated with the drug trade, and extending to the city's responsibility to help addicts break the destructive cycle of crime and drug abuse by every means at our disposal. But the solution is not to stop funding treatment, or deny that it is a useful alternative to incarceration. The answer is to demand and document results.

While we should route more drug offenders into treatment rather than jail, we must make real and immediate the threat of jail sentences upon relapse to ensure that offenders stay in their programs and remain clean. There is nothing compassionate about imposing suspended sentence after suspended sentence on an addicted offender whose criminal behavior is crying out for help.

Ultimately, our criminal justice system exists for one primary reason – to protect the life, liberty and pursuit of happiness of law-abiding citizens from criminals who, in some way, seek to harm them. It exists to maintain public safety. If solutions other than incarceration meet that high standard of protection, then we should pursue them.

Drug treatment – when strictly monitored, with escalating sanctions – protects the public by preventing future societal costs, including crime. In some cases, community service also works well to send a message to wrongdoers.

The results of such measures are quantifiable. The primary indicator of success is a significant reduction in the rate of violent crime. Another, equally important, goal is to enhance the sense of safety perceived by residents, commuters and visitors, which can be measured by complaints to the mayor, police department, city council members, state legislators and Members of Congress.

This is the course we are pursuing in Baltimore. Thank you for the opportunity to address this distinguished panel.

STOP THE KILLING

START THE HEALING

An Investment Plan For A Safer Baltimore

By

Mayor Martin J. O'Malley

February 23, 2000

STOP THE KILLING

In order to restore real justice and a sense of priorities to our criminal justice system, we must consolidate the current process of charging, bail, pre-trial determination, bail review and initial plea offers into one simultaneous event – and this event must happen within twenty-four hours of arrest.

Models exist in cities across the country, providing Baltimore with a road map to create an efficient, effective criminal justice system that will remove violent repeat offenders from our streets. Until now, the political will and cooperation necessary to implement these proven reforms have not existed. But today, all stakeholders profess agreement on a common strategy to dramatically reduce Baltimore's unacceptably high rates of violent crime and homicide.

I. COURT-RELATED REFORMS

- **The State's Attorney's Office Will Take Over The Charging Function in all Baltimore's Criminal Cases**

  The State's Attorney will assume the charging function in all criminal cases in Baltimore City – 24 hours per day, 7 days per week. This preliminary step affords the opportunity for the State's Attorney's office to prevent cases without probable cause from ever entering the system. Additionally, misdemeanor cases of minor consequence may also be concluded at this point by the use of diversion, community service, drug treatment placement, mental health referrals, alcoholism counseling, and homelessness and employment counseling.

  This reform will prevent minor cases from crowding out serious, violent crimes in the courts. It also will keep law enforcement officers from being pulled off the street for hours at a time to perform this function, providing additional police coverage in Baltimore's neighborhoods.

- **Courtroom 40 at the Central Booking and Intake Facility Should Be Used Effectively To Ensure That Our Court System Makes Time for Violent Offenders**

  According to a University of Maryland study commissioned by Secretary of Public Safety Stuart Simms, an estimated 59 percent of defendants held until trial in Baltimore City in 1998 were nolle prossed, stetted, or otherwise dismissed. These defendants, who were ultimately released, accounted for more than 560,000 bed days of detention in Baltimore's Central Booking facility after the first 24 hours following arrest, according to projections based on the same report. At $35 per bed day, Maryland's taxpayers spent more than $19.6 million in 1998 warehousing accused offenders who, ultimately, were set free without being sentenced.

  Using the courtroom at Central Booking to dispose of 50 percent of misdemeanor cases within 24 hours of arrest will reduce this waste of taxpayers' dollars, and free criminal justice system time and resources to prosecute and sentence repeat violent offenders. Making proper use of Courtroom 40 simply will allow the court system to achieve what it has demonstrated to be its ultimate result within a much shorter time period.

Only lack of cooperation on the part of the judiciary prevents the Central Booking courtroom from being used in the manner anticipated by the taxpayers of Maryland when this facility was built. The State's Attorney and Public Defender have agreed to staff the courtroom.

Courtroom 40 should be operational for at least eight hours per day, 7 days per week. The intent is to review all misdemeanor cases formally charged with the intent of resolving as many cases as possible with appropriate pleas or other dispositions at an initial hearing. Staffing by the clerk, bailiffs and correctional staff must also be organized. Those persons released on recognizance or on bail – which will be determined at the initial hearing – will be provided with a district court summons to appear at North Avenue, Wabash or Cherry Hill.

- **Courtroom 40 Should Be Used for Arraignments, Pleas, and, Potentially, For Felony Arraignments**

Initially, the Central Booking courtroom will handle approximately 255 people daily for arraignments and pleas. Pleas would be based on the Public Defender interviewing defendants and, then, relaying plea offers from the State to facilitate quick conclusions, such as fines, community service or even incarceration. Those electing not to plead guilty would be scheduled for a trial date in the District Court. The model for this system is the New York City court system, where 60 percent of misdemeanor cases are concluded within 29 hours of arrest. Philadelphia also has a similar system.

Additional use of the courtroom in the Central Booking facility may also be considered, such as conducting felony arraignments that would be charged within 14 days of arrest by the State's Attorney's Office. The processing of cases in this manner would drastically reduce the interval of time from the current 72-day average to reach arraignment. Those additional 60 days would contribute to assuring speedy trials.

- **Use Existing Mandatory Penalties To Prosecute Repeat Violent Offenders**

Once the majority of lesser misdemeanors have been brought to a speedy conclusion, the court system will have additional time to focus on violent criminals. Prosecutors must zero in on the small number of repeat violent offenders who commit the great majority of violent crime. The authority for this exercise of discretion already is found in Maryland's strict laws covering armed crimes and repeat offenders.

District Attorneys in New York report that while their misdemeanor caseload increased greatly as a result of the shift to quality-of-life policing strategies, the caseload of their felony trial dockets remained constant. In other words, the higher volume of cases has not resulted in a greater volume of serious violent felony cases. Prosecutors attribute this to two factors: 1) the increased use of repeat offender notices, which allows the State to obtain increased minimum mandatory sentences on repeat offenders; and 2) the reduced number of repeat offenders who are allowed to remain on the streets, thanks to the new policing strategy. As noted above, Maryland law already exists allowing our State's Attorney to do the same thing. Two years ago, prosecutors started seeking minimum mandatory sentences for offenders convicted of committing crimes with handguns. Already, the F.I.V.E. Unit has had some success in removing that small core of repeat violent offenders from our streets.

II. CONCLUSION

The senseless murder of Sergeant Bruce Prothero helped bring into focus the dysfunctional revolving door nature of our criminal justice system – which allows violent offenders to return to our streets, over and over. In a study sponsored by the Safe and Sound Campaign, Harvard criminologist David Kennedy found that 4,000 violent criminals, who make up the membership of Baltimore's 325 drug gangs, are responsible for a majority of our city's murders. 60 percent of murders occur near open-air drug markets, and of the 210 known homicide suspects in 1997, 89 percent had criminal records with an average of 9.6 charges each.

This violent 0.6 percent of Baltimore's population devastates the quality of life for the rest of Baltimore's 650,000 residents. Removing repeat violent offenders from our streets must be the top priority of our criminal justice system. The laws are already on the books to make this happen. All that remains is finding the courage to change.

In summary:

- The State's Attorney's Office has a $900,000 commitment from the Mayor's Office to take over and administer the charging function in all Baltimore's criminal cases.

- The State's Attorney's Office has a commitment from the Mayor's Office of up to $600,000 to staff up to two courtrooms at the CBIF, with an additional $1 million committed to assist with technology to advance the plea and arraignment court operation. No additional costs are expected under this category.

- To staff the misdemeanor plea and arraignment court at CBIF, the Public Defender should hire 6 lawyers, 6 support staff and 3 law clerks at a total of $750,000. This court is expected to conclude many cases by pre-charging referrals to drug treatment or by pleas negotiated with the State's Attorney for drug treatment.

- Incidental costs will result from this court reform. Funding will be necessary for computers, for the staffing of the Office of the Public Defender and courtroom clerks as well as for the construction of restrooms and an inmate holding facility.

These reforms will allow police officers to address nuisance crimes and improve the quality of life in our City, without coming off of the street for half of their shifts. They will also alleviate expensive, needless pre-trial detention and allow our State's Attorney's Office and Courts to better target repeat violent offenders.

There is wide consensus that these reforms will reduce violent crime in Baltimore – benefiting our region and our state. The members of the Criminal Justice Coordinating Council have worked closely to formulate this agenda. Now, a close city-state partnership will be required to implement the reforms necessary to make Baltimore City safe for residents, commuters and visitors. Taken as a whole, these changes will help stop the killing in Baltimore.

START THE HEALING

The drug trade is the driving force behind Baltimore's high crime rate. It is estimated that 55,000 Baltimore residents are drug addicts – a staggering one out of every eight adults in the city.

Open-air drug markets are a scourge in almost every corner of Baltimore, making neighborhoods unsafe, and forcing law abiding citizens off of their streets – or out of the city altogether at a rate of more than 12,000 people per year. Police estimate that 75 percent of 1998's 314 murders involved drugs. And a disheartening 85 percent of suspects in pretrial incarceration have some type of drug problem.

Most crimes in Baltimore are committed under the influence of drugs, or in order to support a drug habit. The link between crime and drugs is undeniable, and we will not reduce crime until we break the cycle of crime and addiction.

Additionally, the city's drug problem presents serious workforce problems for the city's employers, and hinders economic development and business recruiting efforts throughout the region. It also creates health problems, including AIDS, hepatitis and sexually transmitted diseases, in which Baltimore is, unfortunately, among the nation's leaders. And more than half of the city's homeless population suffers from an addiction.

Through better policing, smarter prosecuting and more efficient courts, Baltimore – and the State of Maryland – can protect citizens from the relatively small number of violent criminals who drive our crime rate. Maryland's laws regarding gun possession and repeat offenses are sufficient to effectively prosecute repeat violent offenders. All that is needed is resolve to make use of what is already on the books.

However, given that Baltimore's violence is driven by the illegal drug trade, removing the most violent dealers and enforcers from the street only addresses the supply side of the equation. If our efforts are to have lasting impact, the criminal justice system and elected leaders must also address the demand side. We must provide effective drug treatment – both coerced for criminal offenders and voluntary for addicts who have other motivation for seeking treatment. More treatment slots are needed to meet this overwhelming need. Otherwise, new drug thugs will take the place of Baltimore's current pool, regardless of the effectiveness of law enforcement efforts.

In order to succeed, we must build a seamless system of law enforcement, drug testing, sanctions and treatment.

I. TREATMENT WORKS

A study by the Center for Substance Abuse Research found that Maryland saves almost $20,000 in social costs (such as medical care, lost productivity, injury and death) for every addict who receives treatment. Baltimore has one of the worst drug problems in the country – particularly with heroin. We cannot afford to have a less than comprehensive treatment program.

Baltimore City operates drug treatment facilities through its Health Department. Its management mechanism for supplying treatment is the Baltimore Substance Abuse System, Inc. (BSAS). Drug treatment encompasses a wide range of treatment modalities, from in-patient detoxification to methadone maintenance provided by a network of thirty-five treatment centers contracted to BSAS.

In the past, a relatively small portion of the treatment slots were reserved for court-ordered drug treatment as a result of guilty findings in district and circuit courts, in which the judge grants probation and adds treatment as a condition. To be effective, the number of court-referred slots should be greatly increased. We propose that at least half of all new slots should be reserved for the criminal justice system.

Currently, a special treatment effort is in effect through Drug Treatment Courts at the Circuit Court for Baltimore City and the District Court for Baltimore City. The defendant population represented by this group is at the highest level of risk to commit a criminal offense based on their level of addiction – scores of six and seven on an Addiction Severity Index. With enhanced monitoring by random urinalysis, intensive supervision by probation agents and frequent status conferences with judges, this population has been found to have responded well, with only a 7% recidivism rate. The program is designed for serve to 300 offenders for the circuit court and 300 for the district court.

The success of Drug Courts has resulted in a large number of referrals. This has created a problem because the program is designed to serve a limited number of clients. As a result, waiting lists have been created for access, with slots opening when current enrollees graduate or complete the entire treatment protocol. This program works and should be expanded to its logical maximum use. However, given that members of the judiciary are limited in number and have numerous other duties, it is unlikely that the Drug Court program can grow sufficiently to meet Baltimore's overwhelming need.

Another avenue to address Baltimore's large population of addicted offenders is the "Break the Cycle" initiative created by the Lieutenant Governor's Office. By using probation agents to enforce increased drug testing and heightened supervision of offenders under Break the Cycle probation orders, this program works to reduce recidivism. Given the relatively large number of probation agents in Baltimore City – which should be significantly increased to handle the additional workload of Break the Cycle – this program holds great promise in enabling effective use of drug treatment within the criminal justice system.

II. ROOM FOR IMPROVEMENT

Currently, the system for enforcing drug treatment orders often breaks down. John Lewin, project director of the Baltimore City Council on Criminal Justice, reports that 37 percent of offenders sentenced to treatment fail to appear for intake. Of those who appear, almost half are not assessed that day for their degree of addiction or other related mental health conditions, because assessors state that they cannot process everyone who reports.

Many of the offenders who are not processed during their first appearance do not report for subsequent appointments. As a result, more than 50 percent of the offenders sentenced to drug treatment never enter the system. Additionally, obtaining an arrest warrant for violation of

probation for failure to report is currently a lengthy process that often takes 30 to 90 days. Management must be improved to hold offenders and probation agents accountable for meeting the terms of court-imposed sentences.

Baltimore must increase treatment slots reserved for offenders, and with the support of the State, it will. Last year, the city reserved only 1,215 of the 7,000 drug treatment slots it controls for court-ordered drug treatment. The city's Circuit Court alone says it needs 5,000 slots to properly offer treatment sentences instead of jail sentences.

In a city with an estimated 55,000 addicts, there currently are no available treatment slots in the most needed modalities: detoxification, methadone maintenance and residential. While maintaining access for addicts who, on their own accord, enroll in drug treatment, Baltimore must increase the treatment slots available for court-ordered treatment. The threat – and imposition when necessary – of criminal sanctions can be a powerful motivator for change – but it only works when treatment slots are available and participation is supervised.

According to an influential report by the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA), offenders in treatment, who are there under the threat of criminal sanctions, are six times less likely to drop out of treatment, eight times less likely to test positive for drugs during treatment, and four times less likely to be arrested for a new offense. Therefore, court reforms aimed at reducing the number of minor cases clogging the criminal justice system, must include a strategy to redirect offenders toward drug treatment. This will help break the cycle of crime and addiction, and help remove petty offenders from the system.

Baltimore City is requesting a total of $25 million, itemized below, to accomplish the goals identified in this paper.

III. SPECIFIC RECOMMENDATIONS TO INCREASE THE ACCOUNTABILITY AND EFFECTIVENESS OF COURT-ORDERED DRUG TREATMENT

Research has demonstrated beyond doubt that the longer an addict remains in treatment, the more likely there is to be a successful outcome, breaking the cycle of crime and addiction. Therefore, making sure that addicts are admitted to and complete treatment should be the primary objective in a system that diverts as many non-violent offenders as possible from prison into treatment. These recommendations, totaling $5,262,200 – including the $750,000 to the Public Defender office to staff the misdemeanor plea and arraignment court at Central Booking described earlier in this document – will help achieve this goal:

- An emergency infusion of $1.3 million for the drug courts will accommodate offenders on waiting lists as the result of other judges' referrals. This population has been identified as most likely to commit a person to person crime to supply their drug habit.

- To enhance the level of supervision of offenders placed on probation by the courts, 30 additional probation and parole agents should be hired at a cost of $32,500 per agent, including 30 percent other personnel costs, totaling $975,000.

- To increase accountability and follow-through, 10 supervisors for parole and probation agents should be hired at $60,000, including 30 percent for other personnel costs, for a total $600,000. Three supervisors will oversee the 30 new agents, and seven will augment the supervisory ranks of current agents.

- To register offenders as soon as they are convicted and ordered into drug treatment, 10 probation intake workers should be hired at $28,600, including 30 percent other personnel costs, totaling $286,000. Three intake workers will be stationed at the Eastside Courthouse, three at the Boergerding Courthouse and four at the Clarence Mitchell Courthouse. This will prevent losing track of the more than fifty percent of offenders who fail to report for or complete intake.

- To facilitate the transfer of non-violent offenders from the regular court process directly into drug treatment, 8 high speed drug urinalysis machines should be purchased at $80,000 each, for total of $640,000. One machine will be used at the Eastside Courthouse, one at the Boergerding Courthouse, one at the Women's Detention Center, and five at the Central Booking and Intake Facility for drug screening of all persons brought to be processed. Under the new system, a large number of defendants are expected to plead guilty within 24 hours of arrest for referral to drug treatment, requiring an understanding of their underlying chemical dependency.

- In order to effectively operate the urinalysis machine, 8 technicians should be hired at $40,000, including 30 percent other personnel costs, totaling $320,000.

- To collect samples at the detention centers, 6 urine sample collectors should be hired at $26,000, including 30 percent other personnel costs, for a total of $156,000.

- To identify the level and complexity of offenders' addictions, at detention centers, 8 drug addiction assessors should be hired at $29,400, including 30 percent other personnel costs, for a total of $235,200. One will be assigned to the Eastside Courthouse, one to the Boergerding Courthouse, one to the Women's Detention Center and five to Central Booking. After assessment proper drug treatment referrals can be made.

IV. ENHANCED DRUG TREATMENT

The remaining $19,737,800 would be directed to actual drug treatment and wrap-around services, with the money directed among treatment modalities based on priorities established through tracking of assessments and outcomes.

As John Lewin outlined at the joint hearing on February 11, 2000, even when a particular treatment plan is identified, there often may not be space in that treatment modality, leading a person to be placed on a waiting list. To maximize effectiveness and meet changing needs, there must be flexibility to shift funds to the modality with the highest demand from underutilized modalities. This flexibility will be accompanied by strict monitoring of performance, outcomes and attendance.

Additionally, as reported by the Maryland Task Force to Increase the Availability of Substance Abuse Programs, treatment is most effective when it meets the individual needs of the addict. In addition to reserving additional slots for court use, Baltimore will reorganize existing programs and foster new programs to create a continuum of care. This continuum will help ensure that clients have access to the appropriate modality and ongoing reassessments to meet their changing needs. To reach maximum effectiveness, treatment programs also must provide access to wrap-around services like medical, psychological and social services.

- **State Support Will Result Directly in Additional Treatment Slots**

  $15 million of the remaining $19.7 million in State support will be spent directly on increasing the number of treatment slots available in our drug-plagued city – with half reserved for use by the criminal justice system. Much of this expansion can be achieved by increasing hours at existing facilities. These services, which will create 1,938 new slots serving 8,718 people annually, would include:

  - 20 new inpatient detoxification slots, which would serve 800 people annually, at a cost of $1,569,500;
  - 200 new outpatient detoxification slots, which would serve 5,000 people annually, at a cost of $1,250,000;
  - 64 new intermediate care slots, which will serve 768 people annually, at a cost of $2,149,120;
  - 40 new intensive transitional living slots, which will serve 80 people annually, at a cost of $890,600;
  - 64 new halfway house slots, which will serve 128 people annually, at a cost of $747,520;
  - 38 new therapeutic community slots, which will serve 76 people annually, at a cost of $832,200;
  - 34 new residential women and children slots, which will serve 68 people annually, at a cost of $1,551,250;
  - 76 new intensive/standard outpatient slots, which will serve 152 people annually, at a cost of $319,200;
  - 100 new youth outpatient slots, which will serve 200 people annually, at a cost of $420,000;
  - 144 methadone detox slots, which will serve 288 people annually, at a cost of $504,000;
  - 1,158 methadone maintenance slots, which will serve 1,158 people annually, at a cost of $4,053,000 annually; and

- $714,320 will be needed by BSAS to administer these new services.

- **Meeting Individual Needs to Increase Success**

  The remaining $4.7 million of State support will be spent to assist addicts in turning their lives around, so they are less likely to relapse. As noted above, the Maryland Task Force to Increase the Availability of Substance Abuse Programs determined that treatment is most effective when in meets the individual needs of the addict – including wrap-around services to support better habits and productive behavior. These services include:

  - Employment and vocational counselors on-site at 28 substance abuse programs, providing assessments, education, referrals to services, employment readiness training and development of a job bank, at a cost of $624,400;

  - Housing services on-site at 20 programs to enable addicts to move from the streets or from their current neighborhoods, which only reinforce their bad habits. These services include household management, budgeting training, case management and counseling, at a cost of $837,300;

  - Mental health services on-site at 24 programs to assist the estimated 50 percent of addicts with some type of mental health issue that complicates recovery from addiction, and dual diagnosis training for 250 counselors, at a cost of $2,199,000;

  - Medical services to provide physicals, health education, HIV testing and other medical needs for inpatient clients, at a cost of $322,826; and

  - Child care services on-site at 20 programs to eliminate babysitting as an excuse not to receive treatment and to prevent neglect, at a cost of $763,540.

V. CONCLUSION

Drugs and crime are inextricably linked. We cannot address one in Baltimore without addressing the other. To succeed in permanently stopping the killing in Baltimore, and starting a healing process that will last and bring hope to the city, we must strive to identify and refer for treatment, early in the court process, all offenders whose substance abuse problems drive their behavior.

However, it would be foolish to think we can simply arrest and enforce our way out of this crisis. We must attack addiction and help addicts shake their horrible disease. Incentives for achieving this objective include the deferral of prosecution and the organization of efforts on behalf of an addict, such as job training, education and child care that will enable them to achieve self-sufficiency.

While we should route more drug offenders into treatment rather than jail, we must make real and immediate the threat of jail sentences upon relapse to ensure that offenders stay in their programs and remain clean. There is nothing compassionate about imposing suspended sentence after suspended sentence on an addicted offender whose criminal behavior is crying out for help.

Additionally, we must, and will, improve our reporting of outcomes, attendance and recidivism, to ensure that the taxpayers of Baltimore, and of Maryland, are receiving a proper return on their considerable investment in drug treatment. This also will enable the city to pursue Federal drug treatment dollars for which it previously has not been eligible.

Accountability has been lacking in all aspects of out city's anti-drug system – starting with the government's responsibility to keep law abiding citizens safe from the violence associated with the drug trade, and extending to the city's responsibility to help addicts break the destructive cycle of crime and drug abuse by every means at our disposal.

The success of both the crime reduction and drug treatment aspects of this plan will be quantifiable. The primary indicator of success will be a significant reduction in the rate of violent crime in the City of Baltimore. Another, equally important, goal is to enhance the sense of safety perceived by residents, commuters and visitors, which can be measured by the level of complaints to the mayor, police department, city council members, state legislators and congressional delegation.

If these priorities are funded, there will be a return on the State's investment. Maryland's largest city will be free to join the urban renaissance that has flourished in cities from coast to coast. Over time, Baltimore will become more self-sufficient. And the city's families will, once again, be free from the fear that has held them captive for far too long.

March 27, 2000

Mayor Martin J. O'Malley

House Committee on Government Reform,
Subcommittee on Criminal Justice, Drug Policy and Human Resources

Mr. Chairman, distinguished Members of the Committee, thank you for the opportunity to address this topic, "Alternatives to Incarceration: What Works and Why?," which is of great importance to our city. Congressman Cummings, I would like to thank you for making this hearing possible.

During the mayoral campaign this past summer, the people of Baltimore made very clear that reducing crime was their top concern. We heard them loud and clear. In the three months our Administration has been in office, we have made public safety our top concern.

In short order, we have:

- Eliminated the rotation of homicide detectives to end the brain drain that dramatically reduced the clearance rate of our once vaunted squad;
- Moved detectives out of headquarters and into neighborhoods to improve intelligence and follow-up;
- Audited arrest records to get a true gauge of our city's crime problem;
- Replaced our police department's leadership and reorganized its structure; and
- Instituted Comstat citywide, to anticipate and prevent crime, rather than reacting after its too late.

Additionally, we have provided additional resources to the State's Attorney to better prosecute more violent offenders. And we've worked with the Judiciary to implement reforms to restore real justice and a sense of priorities to our criminal justice system, by consolidating the current process of charging, bail, pre-trial determination, bail review and initial plea offers into one simultaneous event. Instead of a minimum of 32 days, this will soon occur within twenty-four hours of arrest. These changes will make time for the serious prosecution of violent offenders, making use of Maryland's strict mandatory minimum laws – which are now rarely enforced. We have tried to do a great deal in a short period of time.

I'd like to read a few recent quotes from the Baltimore Sun that characterize some of our initial successes – these are news articles, not editorials or columns:

> *"Three blocks from the Pennsylvania Avenue bustle – where blocks once lined with scores of addicts and street peddlers are now peppered with shoppers – Druid Heights*

residents also say that police efforts are working and that they are reclaiming their neighborhood, where police responded to 975 drug calls last year."

"In the Northern District, residents have noticed the increased police presence in drug-troubled Pen Lucy. 'Lately, the police have been up here patrolling, doing their job,' said Joanna Vines, 35, who lives on the 600 block of Cator Road. 'Kids can play. It was real bad, and now it's almost gone.'"

"In recent days, Eutaw-Marshburn Elementary School pupils have laughed and romped on the playground, something they couldn't do a few months ago when drug dealers and prostitutes roamed the area."

This is the good news. By upgrading our police department, enforcing the law, incarcerating violent offenders and reforming our criminal justice system, we can make our streets safer.

But we must recognize that Baltimore's high crime rate is driven by the illegal drug trade. This is true in cities across the country. Each one of the newspaper quotes I read, while noting crime-fighting success, also refers to open-air drug markets, which are a scourge in almost every corner of Baltimore. Police estimate that 75 percent of 1998's 314 murders involved drugs. And a disheartening 85 percent of suspects in pretrial incarceration have some type of drug problem.

- **Reducing Both the Supply and Demand for Drugs**

In answer to your question, "what works and why?," I will focus primarily on drug treatment, which speaks to Baltimore's largest law enforcement problem.

Removing the most violent dealers and enforcers from the street will help address the supply side of the drug trade. But the criminal justice system and elected leaders must also address the demand side of the equation, the addicts – or new drug thugs will take the place of Baltimore's current pool.

The exact number of drug addicts who live in Baltimore City is not known - it isn't like voter registration - although estimates of 44,000 to 63,000 have been made by various sources. This is 6 to 10 percent of our city's population. These numbers don't even include the large mobile population of recreational and habitual users, who drive to their connections in the city from surrounding suburbs.

As an example of how far people will go when driven by an addiction, even a massive snowstorm did not deter a pair of addicts who ventured into Baltimore City from Carroll County, at the height of January's blizzard. They had the misfortune to be arrested by Police Commissioner Ron Daniel, who happened to be driving through his childhood neighborhood.

To reduce demand for illegal narcotics, we must succeed in providing drug treatment – both coerced for criminal offenders and voluntary for addicts who have other motivations for seeking treatment. More treatment slots are needed to meet this overwhelming need. We cannot simply arrest our way out of our drug problem, but we need not give up and decriminalize illegal

behavior. Instead of limiting our efforts, we need to step them up on several fronts. In order to break this cycle of crime and addiction, we must build a seamless system of law enforcement, drug testing, sanctions and treatment.

- **Treatment Breaks The Cycle of Crime and Addiction**

Given the concentration of addicts and increasingly consistent law enforcement efforts, without effective treatment, we will continually recycle people through the criminal justice system. A lot of people are doing life sentences on the installment plan.

A 1995 report indicated that Baltimore City accounted for 64.4 percent of new commitments to the state prisons, while accounting for only 14 percent of the state population. In Baltimore, we are creating a large permanently unemployable underclass of people by not trying to intervene early in a career of crime and addiction. Offenders compile arrest upon arrest, conviction upon conviction, and prison sentence upon prison sentence.

A study by the Center for Substance Abuse Research found that Maryland saves almost $20,000 in social costs (such as incarceration, medical care, lost productivity, injury and death) for every addict who receives treatment. Baltimore has one of the worst drug problems in the country – particularly with heroin. We cannot afford not to have the most comprehensive treatment program possible. And court-ordered drug treatment must be made a more viable option.

Offenders arrested for minor offenses, should be screened for illegal drugs at time of arrest. If their records are relatively clear, as an alternative to the usual court track, they should be directed into drug treatment that is strictly monitored and is lengthy enough to properly treat the addiction – anywhere from one year to eighteen months. Supervision should be carried out by both pre-trial release and by addictions counselors employed by the criminal justice system.

If done in two tiers, first-time and minor offenders might even be diverted before criminal charges are lodged, and, if treatment is successful, the underlying criminal allegation could be dismissed. If an offender's record is more substantial, but doesn't indicate the person is a risk to public safety, they too might be sentenced to treatment, with their freedom subject to successful completion and the conviction remaining on their record.

In both cases, society benefits by treating an addiction that will – if left unattended – invariably contribute to more crime. Additionally, a reduction in pre-trial detention bed-days and incarceration bed-days after convictions will save taxpayer dollars. The public is protected because the sanction of jail time remains if a non-violent offender fails to complete treatment or commits another crime. This system will leave more room in jail, and more time in court, for dealing with violent offenders.

There are two efforts underway in Baltimore that incorporate such an approach, which have achieved some initial success in reducing recidivism. They are the Drug Treatment Court programs, which keeps 600 addicts under court supervision, and "Break the Cycle," which uses probation agents to enforce increased drug testing and heightened supervision of offenders.

- **Accountability, Accountability, Accountability**

For drug treatment to work as an alternative to incarceration, above all else, there must be strict accountability. According to a report by the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA), offenders in treatment, who are there under the threat of criminal sanctions, are six times less likely to drop out of treatment, eight times less likely to test positive for drugs during treatment, and four times less likely to be arrested for a new offense. Better reporting of outcomes, attendance and recidivism also will ensure that the taxpayers of Baltimore, of Maryland and of the United States receive a proper return on their considerable investment in drug treatment.

Currently, the system for enforcing drug treatment orders in Baltimore often breaks down. Less than 50 percent of the offenders sentenced to drug treatment ever enter the system. Additionally, obtaining an arrest warrant for violation of probation for failure to report is currently a lengthy process that often takes 30 to 90 days. Management must be improved to hold offenders and probation agents accountable for meeting the terms of court-imposed sentences.

Baltimore must increase treatment slots reserved for offenders. In a city with as many as 60,000 addicts, there currently are no available treatment slots in the most needed modalities. While maintaining access for addicts who, on their own accord, enroll in drug treatment, Baltimore must increase the treatment slots available for court-ordered treatment. The threat – and imposition when necessary – of criminal sanctions can be a powerful motivator for change – but it only works when treatment slots are available and participation is supervised.

Treatment should also be provided in detention and prison facilities as part of a continuum of care for this problem. It only makes sense to provide drug treatment for criminals who are incarcerated – while they can't walk away – to prevent future crimes when they get out.

Finally, alternatives to incarceration also must maximize the use of community service as penance for minor offenses, in conjunction with the drug treatment, mental health, medical and job training referrals. Paying back in the community where an offender has violated the laws gives a visible reminder that there are consequences for wrongdoing.

The City of Baltimore has made a detailed proposal to the State of Maryland requesting the resources to implement a system that better incorporates drug treatment into our criminal justice system. Since many of the necessary participants – probation officers, pre-trial detention and the courts to name a few – are State agencies, we have incorporated State expenses into our request. This proposal focuses on enforcing laws and maintaining supervision and accountability at all steps of the criminal justice system.

We are making public safety a priority in our very limited budget, and we hope the State will do the same in a year in which it has a $1 billion surplus. I have submitted a copy of our proposal in Annapolis, "Stop the Killing; Start the Healing," for the record. We are awaiting a decision from the State on funding for this plan.

Finally, we also are hopeful that, through your leadership, the federal government will make drug treatment a budget priority. Drug addiction and drug-related crime are critical concerns in cities, counties and small towns across America. Drugs are a national problem.

- **Conclusion**

Drugs and crime are inextricably linked. We cannot address one in Baltimore without addressing the other. To succeed in permanently stopping the killing in Baltimore, and starting a healing process that will last and bring hope to the city, we must strive to identify and refer for treatment, early in the court process, all offenders whose substance abuse problems drive their behavior.

Additionally, the city's drug problem presents serious workforce problems for the city's employers, and hinders economic development and business recruiting efforts throughout the region. It also creates health problems, including AIDS, hepatitis and sexually transmitted diseases, in which Baltimore is, unfortunately, among the nation's leaders. And more than half of the city's homeless population suffers from an addiction.

For too long, in Baltimore and, presumably, many other cities, accountability has been lacking in all aspects of out city's anti-drug system – starting with the government's responsibility to keep law abiding citizens safe from the violence associated with the drug trade, and extending to the city's responsibility to help addicts break the destructive cycle of crime and drug abuse by every means at our disposal. But the solution is not to stop funding treatment, or deny that it is a useful alternative to incarceration. The answer is to demand and document results.

While we should route more drug offenders into treatment rather than jail, we must make real and immediate the threat of jail sentences upon relapse to ensure that offenders stay in their programs and remain clean. There is nothing compassionate about imposing suspended sentence after suspended sentence on an addicted offender whose criminal behavior is crying out for help.

Ultimately, our criminal justice system exists for one primary reason – to protect the life, liberty and pursuit of happiness of law-abiding citizens from criminals who, in some way, seek to harm them. It exists to maintain public safety. If solutions other than incarceration meet that high standard of protection, then we should pursue them.

Drug treatment – when strictly monitored, with escalating sanctions – protects the public by preventing future societal costs, including crime. In some cases, community service also works well to send a message to wrongdoers.

The results of such measures are quantifiable. The primary indicator of success is a significant reduction in the rate of violent crime. Another, equally important, goal is to enhance the sense of safety perceived by residents, commuters and visitors, which can be measured by complaints to the mayor, police department, city council members, state legislators and Members of Congress.

This is the course we are pursuing in Baltimore. Thank you for the opportunity to address this distinguished panel.

Mr. MICA. Thank you, Mayor.

We will now hear from the Baltimore County executive, Mr. Ruppersberger. You are recognized, sir.

Mr. RUPPERSBERGER. Well, thank you, Chairman Mica. Thank you for being here today, and we really appreciate your coming to Baltimore to really focus on the awareness of the problems that we are having here.

Congressman Cummings, as usual, you are always on the front line trying to do the best you can for your constituents. I give you credit for putting this issue on the table, and it is great to work with you in that regard.

To begin with, let me tell you a little bit about Baltimore County, Mr. Chairman. We are a separate jurisdiction from Baltimore City, but yet we surround Baltimore City. So we are impacted by what happens every day in Baltimore City, and then we have other counties within the jurisdiction. There is no question that our criminal justice system is failing when so many individuals who go through the system get right back on the street.

We have had recently in the last month some unfortunate situations in Baltimore County. We had a police officer who was killed, and as it turns out we looked at the background of those individuals who allegedly killed the police officer, one of the individuals was arrested over 20 times within the criminal justice system. And that does not include juvenile crime. And it was—the system failed, and unfortunately we weren't able to get to that individual earlier.

This revolving door as far as the criminal justice system has to stop. And I am not pointing fingers. I think from a Federal, State, and local level, we have to look at our criminal justice system, understand that it is not functional at this point, and there have to be some changes.

We have situations right now where the recidivism rate is a continual rate, when people are in jail, they get out of jail, and they continue to commit crimes. We have parole officers and probation officers that literally don't have the time to monitor these individuals.

We have individuals who were in jail, and they could be in jail between 18 months or 10 years, and when they get out of jail there is very little help from a job training point of view, or anything of that nature. So these individuals go back to the community where they committed crimes, and it happens over and over again.

I know of a situation where an individual was a heroin addict, went to jail, I guess went through the cold turkey or whatever, a couple of years later came out of jail and went right on a methadone program. I mean, these are the type of things that are happening over and over again.

Now, what can we do to really make a difference? To begin with, again, a Federal, State, and local issue. But if you are talking about doing and changing the criminal justice system, you have to talk about money. I mean, we have to make—we have to pick our priorities, and, in my opinion, there has to be an entire reevaluation of where we are in the criminal justice system, and are we willing to readjust our priorities and put money where it needs to go.

To begin with, I think that the No. 1 issue is that we have to capture our children. We have to make sure that we start focusing on young children before they get to a level where they are going to make a difference. Now, how do we do this?

I know that in our county, as an example, we have put a tremendous effort on what we call police athletic programs, where we have both our recreation and parks and our police working with children who after school get in trouble. We bring them into these programs. We have a PAL center in every precinct in our county right now, and we made that a priority.

We have over 5,000 children in the last 5 years that have gone through this program. And we can show you, as an example, in an area of our county called Arbutus, where we put a PAL program in and within that year period we had a 30 percent reduction in juvenile crime. If we don't capture these children, they are going to be the next level.

We also, in our PAL programs, do things to get them in there. For instance, we provide karate, so we get the young kids who think they are tough—we get them in, we teach them karate, and then we also hook them and we teach them values and homework and leadership. And that does make a difference.

We also have another program called JOINS, where the first-time offender for a juvenile—a lot of times juveniles understand they are not going to get in trouble, so they keep committing crimes. And our police officers aggressively work with our juvenile justice people to work with these individuals right away, the first crime they have committed. And we have shown that if we can get these individuals early, it does make a difference.

The issue of drugs—we have got to do more as far as drug treatment is concerned. We need programs that work, not just warehousing. There are some people, as Congressman Cummings said, that should be in jail. These people are a menace to our society, and our police officers have to arrest them and they have to be put in jail. These are the people who are murdering on a regular basis.

But there are other individuals who are in jail that should not be in jail. There is a program in Baltimore County that we have that has been rather successful, and it is called Right Turn of Maryland. This is a privately operated residential program that serves the adult residents of Baltimore County who are currently involved in the criminal justice system, have a history of criminal justice behavior, and have a diagnosed substance abuse problem, and substance abuse is a contributing factor to their criminality.

Now, this is a long-term program with close monitoring from both parole and probation, and from random drug testing, to ensure their sobriety. This is a comprehensive program because it looks at each individual and tries to examine the cause of his or her addiction, criminal record, and drug history to determine ways to improve his or her life.

We have been very encouraged by the results of this program. It is in its 6th year in operation within our county. This program combines an atmosphere of minimum security work, work release setting, and drug abuse treatment program. Individuals are mandatory sentenced to this program by the courts for 1 year and 28

days, no less. They spend 28 days in residential treatment, followed by a 1-year closely monitored followup program mandated by the courts.

Now, in a followup study of just 250 graduates of this program, the recidivism rate when they entered the program was 35 percent after 2 years. The recidivism rate dropped 7.4 percent after going through this program. It is important that we continue to move forward in those type of programs that make a difference and make a result.

In closing, we need to refocus our priorities as far as money is concerned. As a local elected official, when we needed police help, when we received money from Washington directly to the local government, we were able to put police officers on the street right away.

So many times when you go through a Federal bureaucracy and a State bureaucracy, by the time the local government gets the money, half the money is gone. And I would encourage you to really look at some of these programs, and if money is going to be coming bring it directly to the local government who is working with respect to that program.

And we feel very strongly that if we have the resources and we are held accountable for what we can do, we can make a difference.

I have here with us today our Health Officer, Dr. Michelle Leverett; our deputy director of Social Services, LaFrance Muldrow; and chief of staff, Terry Young, are also here today to observe and take part in this.

Thank you very much for coming to Baltimore.

Mr. MICA. Thank you. Let me, if I may, ask a few questions. And I will start with the mayor. One of the things that has concerned me about Baltimore is the incredible rate of addiction. I have various reports that are given to me from DEA, which estimates around 40,000, which was several years old, addicts. I have heard repeated 1 in 10 citizens is a drug addict, and then I read one of the city councilwomen, Ms. Spector, said it is more like 1 in 8.

The Census Bureau estimates that the city of Baltimore has a population of 645,593. I don't know if that is current. We will soon find out. Using her statistics, it would indicate that Baltimore has somewhere in the neighborhood of 80,000 addicts. Something has gone wrong here, dramatically wrong. If we had this and applied this, even the 1 in 10 figure, across the Nation, we would be looking at 20 million drug addicts. And I don't know of too many other communities that have this size of an addictive population.

Mayor, can you shed some light on how we got into this situation?

Mr. O'MALLEY. Yes. Let me try to do that delicately. Mr. Chairman, I was a prosecutor for my first couple of years as a lawyer. Before I got this full-time job, I was a lawyer. And I actually used to work for Stu Simms, who is here, our Secretary of——

Mr. MICA. I understand also—is your wife a prosecutor?

Mr. O'MALLEY. She is a prosecutor in Baltimore County, yes.

Mr. MICA. I might have to subpoena her and ask her her opinion. [Laughter.]

Mr. O'MALLEY. Good. I would enjoy the opportunity to talk with her. [Laughter.]

Mr. MICA. It might give you two some face time. [Laughter.]

Mr. O'MALLEY. You know, one of the things I learned from the Jesuits when I was in high school is that expectations become behavior. There was a debate raging about 8 years ago, 10 years ago, and I think many who advocated that felt honestly that there was nothing we could do about illegal narcotics and the violence and the despair and the addiction that had spawned until we legalized it.

Now, imagine if you would a Governor of a State saying that we should treat environmental pollution as an economic challenge rather than a crime. You can imagine the sorts of businesses that would be attracted to a jurisdiction where the top elected officials espouse that view.

So I think what went on was a number of things. Our police department for years was told, even by its top commanders, that there is nothing we can do about it. There is nothing we can do about it. I wish I had a dime for every time I heard our former police chief say, "You can't arrest your way out of the problem." And so we kind of got diverted, and we thought that if we opened enough PAL centers that that would somehow miraculously take violent offenders off the streets.

So that is what has gone on in the past. I think other cities, though—and I think that maybe we should have gotten out of that "should we legalize it or not legalize it" debate years ago in our city. And we are a little bit behind the curve on this.

Other cities, like New York, Pittsburgh, Newark, New Orleans, started showing that while you might not be able to simply arrest your way out of the problem, if you start being more proactive, more data driven, more relentless in your police efforts, you actually can take a lot of the violent offenders off the street. You can have a lot more interaction with your addicted population. And you can be much more successful in restoring that quality of life to our street corners.

So I think to answer your question, the way we got into this problem was, we were very late, among other American cities, to abandon the notion that this is simply a health problem and that it should not be treated like a criminal problem. I think now we have restored a sense of balance.

I have asked the former administration's health commissioner, Dr. Beilenson, to stay on with us because he does understand addiction. He does understand treatment. As the same time, we brought in experts from New York City, who have also been active in Newark and New Orleans and put them together with our new police commissioner, who understands this department's challenges and the nuances of this city, and doing both treatment and better enforcement together we are going to—you are going to see us join the ranks of the dramatically safer cities of America.

Mr. MICA. Absolutely pleased to hear that. You know, God bless the people with the bleeding hearts, but it does take some tough enforcement combined with treatment. I am convinced of that the more I see.

We have looked at cities. We have been to New York City. We held a hearing on tough enforcement—Richmond. They were slaughtering people at probably the same rate you have had, cut

it in half with Project Exile, which also goes after guns, those who misuse guns in offenses.

But it has given this city not only a nightmare, but you have inherited a formidable task. And I am sure this has spilled over into the suburbs. Unfortunately, it spreads like a cancer.

The other thing we found, too, and where we put pressure on tough enforcement, they do flee to the next jurisdiction. We have seen that.

You indicated that you have had problems getting money from the State for drug treatment. Is that correct?

Mr. O'MALLEY. Yes, sir.

Mr. MICA. Well, that concerns me, too. Since Mr. Cummings and I have worked together, we have increased drug treatment funding some 26 percent in less than 5 years at the Federal level. And I am seeing the money go to the State level, and we try to send it there with as few strings attached as possible. That has been our philosophy; the locals know best.

But then we have seen that the money isn't getting down to where the problem is. And there is also a lot—I don't want to say ripped off, but absorbed in administrative overhead, which we just held a hearing on. And we are trying to get that money to the people who are on the front lines and where it is intended to go.

So I am going to ask the staff if we can review the Maryland block grant program, and also funding into this jurisdiction.

The next question I would have is the HIDTA, the effectiveness of the HIDTA, which is supposed to be our effort to help your effort in going after the traffickers, the dealers and death. How can we do a better job there? And how would you assess where we are now? Mayor.

Mr. O'MALLEY. You know, the person who would be in a better position to answer that, Mr. Chairman, would be our police commissioner——

Mr. MICA. We will hear from him and his——

Mr. O'MALLEY [continuing]. As he hits me in the kidneys.

Mr. MICA. OK. [Laughter.]

We will hear from him in a minute.

Mr. O'MALLEY. OK.

Mr. MICA. But——

Mr. O'MALLEY. My experience with HIDTA——

Mr. MICA. You have been on the council and——

Mr. O'MALLEY. Sure. I was on the council. I was also a member of the defense bar for a time. I have been on both sides of it. I think the most effective law enforcement we do in this city when it comes to doing some higher level drug investigations is through HIDTA.

Mr. MICA. Well, I don't want to—I don't—you know, it is sort of sensitive working with some of these agencies. But I want to know how—what your relationship is with the Federal agencies—DEA, FBI, Customs, whoever it takes. Is there a good working relationship, in your opinion? Or is that developing? Is the HIDTA assisting you in your efforts to go after—this stuff is coming in from outside your community.

Mr. O'MALLEY. Right.

Mr. MICA. I don't know any coca that is grown here, or poppies—[laughter]—in this area. Could you comment?

Mr. O'MALLEY. Sure. I think in the years past HIDTA has operated almost as a sort of island out there. And there has not been the level of cooperation or the enthusiasm to that partnership from the local standpoint that there could be.

A lot of our police officers really want to get assigned to HIDTA, and I think now over these last few months there has been a lot more—how can I say it—optimism, both on the Federal side and on ours certainly. I mean, HIDTA has all of the best tools. They have the best intelligence. And we are looking forward to having a much better working relationship with them.

Mr. MICA. OK. That is good to hear, Your Honor. In that regard, Mr. Cummings, I am going to ask all of those individuals involved at the Federal level with the HIDTA, and the local officials, to meet with us in Washington within the next 2 weeks. We will meet in Washington, and we will see what is working, what isn't working, and why it isn't working, and what we need to do to make it function as efficiently as possible. Thank you.

Mr. Ruppersberger.

Mr. RUPPERSBERGER. Mr. Chairman, in that regard, I would suggest that maybe we talk to our commissioner and our chief of police. The mayor and I were both former prosecutors. In my role as a prosecutor, I was an investigative prosecutor and worked with FBI, DEA, all of the different agencies.

We find that on a local level the money, the informants, the ability to help us on long-term wiretap investigations, helps with respect to HIDTA. But, you know, crime has no geographical boundaries.

The mayor and I have committed to work together on a lot of the issues that you have talked about. Just in Baltimore County, 39 percent of our violent crime comes from persons who live in Baltimore City. And we realize that as the city goes, our other jurisdictions are impacted.

As a result of this—and I am glad to hear you say about the money coming—not getting to the local government, and I believe that is the case in a lot of situations. I think a good program that I mentioned before in my testimony was when we received police money directly. It went right to the local government, and within a short period of time allowed us to put a lot of police officers on the street. And we were able to be very—we were effective. We brought our crime rate down. It makes a difference.

You know, we all deal—we manage bureaucracies. But we find that if we can get the money directly without a lot of people who have to write reports and manage—and we want to be held accountable—but if we have shown that we can handle it, I would suggest that we need money directly, right now, for these drug programs, and also for other programs in helping to take these criminals off the street that should be in jail.

Mr. MICA. Finally, before I yield to Mr. Cummings, one question. Last night, my wife and I came—we were in Pennsylvania and came back, stopped in Baltimore for dinner. She was driving and got lost, so we ended up in Little Italy and parked, actually, I think next to a public housing project. And those projects receive a great

deal of Federal funds. Do we have an effective—and it didn't look like it was exactly the best situation. Do we have an effective enforcement program and drug-free zone in there?

I just visited last Sunday—we held a hearing in Honolulu. It was fun to get off a plane and go to a prison in Hawaii, which was my Sunday afternoon. I flew out there all night, and then went into a housing project, and it was quite a dramatic program that they had had in the housing project. They had police officers in the housing project who lived—or actually had offices in all of the units, and a great cleanup effort. Is that going on here?

Mr. O'MALLEY. Yes, sir. We are probably leading the Nation in terms of our use of HOPE 6 funds to literally tear down projects and redesign them. But also on the security front, you know, one of the challenges we are faced with is how do we manage, direct, and make as effective as possible the housing authority police when you have a policy of trying to decentralize public housing.

So one of the moves that we have is to develop a memorandum of understanding between our housing authority police and our police commissioner.

Mr. MICA. And that is working effectively?

Mr. O'MALLEY. It is starting to. We are only a couple months on the job, and there is a lot—it is like changing a tire on a rolling car, our reform of this police department. So we are working on a memorandum of understanding.

From my personal experience, I can tell you—and the Congressmen can probably back me up—I have run into a lot more individuals on the street who are saying that they are being denied public housing because of drug distribution records. So I know that that is going into effect. And I think it is having an effect.

You do not have the problems to the degree that they were even 4 years ago in our high-rise projects. And there has been some improvement there.

Mr. MICA. Well, we will look at that also.

Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

I just have a few questions. Again, I want to thank you all for being here. It is a tough schedule.

I want to go to Mr. Mayor, and you, county executive, Faye Taxman, who is going to testify toward the end of this hearing, wrote a very compelling piece that—and she spends a lot of time talking about how we put people on probation a lot of times. But we don't give them the kind of supervision that they need.

And it is her belief that if we really zero in more on that supervision, and, I mean, not just—she says it is sometimes referred to as a "wait and see" period as opposed to a "get a person straightened out" period. She believes that we could save a lot of resources and help a lot of people, and I just wondered what your opinions are on that. Is that a part of your plan?

Mr. O'MALLEY. Yes. I haven't sat around and waited on enough VOP cases and had addicted clients. I think that there is a lot we can do to improve supervision. And one of the key components of that, I believe, is to get the judges out of it. I think you need to sign up people for graduated sanctions right up front. Those are the terms of probation.

Right now, we have probation agents who are utterly overwhelmed, although the State is allocating more money so we can hire some more probation agents. But we have probation agents that have scores of people they are supposed to be supervising, and yet when those people relapse or start using again or get a subsequent offense, there is this wait and see, string it out, OK, four postponements later in the district court, 8 months down the road, then maybe we go back and see how we resolve this violation and probation. Huh-uh.

What we need to do—if we really want people to supervise those who should be turning their lives around, what we need to do is give them the power to enforce those graduated sanctions. And I know that there are some legitimate constitutional concerns with that, but I don't think that any of it is insurmountable. And what we really need to do is get our judges out of the natural human habit of wanting to micromanage and personally review every VOP before a sanction is imposed.

And I think people need to—if they are going to be given the break of a suspended sentence or probation before judgment, they need to agree up front to abide by certain conditions, and know that if they don't abide by those conditions then your penalty for coming off the first time is whatever—a weekend, 2 weekends for a second offense. And it needs to be immediate, and it needs to happen right away.

We just feed into the whole suspension of reality that is involved in drug addiction by letting these cases drag on forever without any penalty. It would be better not to have them supervised at all than to have them supervised and to do nothing at all.

Mr. CUMMINGS. Well, it is interesting that you said that, because Ms. Taxman—part of her theory is that you must have swift, graduated punishment when people don't do what they are supposed to do. And I just—I mean, and it—you mentioned recidivism and with regard to probation. What she notes in her report is that 35 percent of the people who end up in—well, in prisons are people who violate parole or probation.

Unfortunately, what happens is that in the process of being on parole or being on probation, they don't have the supervision. And it is almost like you put them on a train for failure without giving them the support system.

Mr. RUPPERSBERGER. I think a lot of it has to do with the volume. I think if you would interview probation officers, parole officers, they will tell you that they have a job that is overwhelming, that they can't do the job because they don't have the resources, they have too many people that are there. And, consequently, you can't work with people, you can't deal with people who violate parole or probation.

The four individuals who allegedly killed our police officer were all individuals going through that system. You can look at it over and over again. And I think a lot of it has to do with management—management at the top also—and where the priorities and moneys are going.

We are lucky we have Stuart Simms. He is a hardworking individual who is a good manager. But he does not have the resources to do the job. And it is going to take millions and millions of dollars

from the Federal, State, and local level to reevaluate where we are in our criminal justice system. And if there is an example that—we have to do it, it is right here in the State of Maryland in Baltimore City, based on what we have here and what is on the board.

I would suggest that we look at what we need, that we go to the front line. You know, we sit sometimes as leaders and we don't go to the front line to hear what they really need to do the job. And I think it is important that we go to probation officers, parole officers, without threat that they are concerned about their job, and say, "What do you need to do to do the job better? Where are the problems?" And then we have to start there, and then we have to make the decision, as elected officials, where do we fund? Where are our priorities?

In my opinion, we have got to reevaluate where we are in this whole criminal justice system, from juvenile to adult, or it is going to continue. From drug—you can't put everyone and warehouse them in jail because there are a lot of people that shouldn't be there. But yet you have to make that determination. When somebody does make a mistake, they have been given a chance, then you have to come on them swiftly and make a difference. And it just has to be, because those people are impacting our society every day.

Mr. CUMMINGS. I just have a few more questions. Mr. Mayor and county executive, one of the things that I have discovered in moving around the streets of Baltimore, and Baltimore County, is that there is a huge community of people who are recovering addicts. I mean, it is huge. And these are the people who work every day, who turn around—and part of their recovery is to turn around and help somebody else come out of recovery.

As a matter of fact, you have got one sitting right behind you, Ricky Phaison, who like I said a little bit earlier is a recovering addict for over 13 years. And I guess what I wonder about is, how do we make sure—and you talked about it briefly, county executive, how do we make sure the treatment that we do give is effective? That is one of my biggest arguments with the Republicans. [Laughter.]

But one of my biggest arguments is, that "We don't want to throw money out there, and the money isn't working." I mean, it is not doing what they claim it is supposed to do. So how do we make sure that we get effective drug treatment? And I think all of us here don't want to just be spending money to spend it, but we want to make sure that whatever we do works.

Mr. O'MALLEY. Right. We probably have, in the city of Baltimore, one of the—we are probably ahead of the rest of the country, believe it or not, when it comes to evaluating how many programs we have, how many slots we have, and how effective they are.

Now, the problem with determining how effective some of these programs are depends on your definition of effective. You know, somebody is in treatment for a while. They are in for 6 months or in for a year. They stop coming on a regular basis. Well, it is—the sort of tracking that all of us want to see is also expensive.

But we actually have made some great strides, with help from the Able Foundation—one of our local foundations—and according to our health commissioner—may be blowing his own horn now—

but according to our health commissioner, the only city that is better in terms of monitoring and promoting some sense of accountability for a drug treatment program is San Francisco.

So we have gone—we have jumped through a lot of hoops at the State level, trying to convince our Lieutenant Governor and our Governor of the fact that we actually do know where the dollars go, we do know what works. And what works also depends on the person. You know, certain modality—some of the most effective programs in the city are those that don't involve any methadone at all. If their core is a spiritual element, the Government is very bad at administering.

But I was at the Help Up Mission just yesterday—was it yesterday? Day before yesterday in our big spring cleanup. They have a lot of men who are really doing phenomenal things, have certainly overcome bigger challenges than I have ever faced and are turning it around. Of course, methadone is also what works for others.

So what we need is not only a continuum of the modalities, but we also need to be better about wraparound services, accessing TANF moneys for job training and for transitional housing, and that is sort of the move that we are making now.

But Dr. Beilenson can talk to you at great length about what we have, how we monitor it, and whether there may be a need to move from thinking in terms of slots to, instead, moving toward the notion of fee for service in some of these cases.

Mr. RUPPERSBERGER. A lot of it has to do with basic management, whether you are managing a criminal justice system or a public works department. What is your mission? What are your goals? And then you hire people to follow through with that.

Now, the people that follow through need resources. In today's age, the technology, everybody should be in—there is a data base that can be followed. And then you analyze your results and the accountability of where it needs to go. And then you pick not a lot of different programs, you pick your basic priorities, in my opinion. Your priorities in this system are dealing with the children, dealing with families, dealing with hardened criminals, and then pulling all of that together.

And then if these individuals are on probation or parole—you know, we keep talking about probation and parole and being either soft or being hard, whatever. But the bottom line, when someone eventually gets out of the system on parole or probation, then there is no job training, or very little. So what is going to happen is there is going to be recidivism again.

So how do we stop it? It is a system that goes from juvenile all the way through. And in each level we need funding, we need priority, we need good management, because in my opinion there has been a lot of mismanagement throughout the whole country, not just here. And I am not putting the blame—I will put blame on myself that—that anything that we do has to be managed well and be held accountable. The money has to be there.

Mr. CUMMINGS. Dutch, one of the things that you said, and then I have just got two points and then I am finished, the—one thing we are going to hear about, the DTAP program up in Brooklyn, NY. And one of the things that they do is they work real hard with the business community to help people find jobs.

And what they have been able to do, from what I understand, is to create a good reputation. The guys who enter and get the treatment, the supervision, the jobs, and do a good job, become almost a reference. The business community then comes to them and says, "Look, we want a guy or a lady from the program, because we know that we have got good supervisor, they are trying to make their lives better."

And one of the things I noticed about this recovering community that we talked about a little bit earlier, Mr. Mayor, is that all of them have jobs. I am just wondering if that is a part of your program?

Mr. RUPPERSBERGER. A job is the best social program, in my opinion. But if you take an individual who gets out of jail, and this individual probably cannot be hired, say, at a fast food restaurant because he has a criminal record, or she has a criminal record. If we don't start focusing on that job, there is no place for these individuals to go but to go back where they were before.

But it has to come together. There needs to be funding and reevaluation, and there needs to be more accountability. We have a lot of well-meaning people out there, but there are a lot of programs that aren't working. Is there an accountability of this—of these programs? I don't know.

Mr. O'MALLEY. There are also programs that are, and the ones that work best are the ones that have a spiritual component. Sister Gwenette Proctor—I mean, the men that she works with have performed miracles in their own lives, turning them around. And you are right. They have jobs. And before they have jobs they have—there is something that clicks. In the most successful of these programs, it is not so much the modality as it is the mentality of the person that is looking to change.

But there is nothing compassionate about a criminal justice system that imposes suspended sentence after suspended sentence, that has so-called supervised probation where only half of the people referred for drug treatment as a condition of their probation ever get into it, where if there is a relapse it takes 30 to 90 days even to get a warrant for that person. We need to tighten up all around.

A lot of people cry out for help, and the criminal behavior is their means of doing that. And we are just not there to tighten up and to provide the sort of reinforcement that they need. So——

Mr. CUMMINGS. Will there come a point when we say, or have you said to the business community, "Look, if we are able to do this, to pull this off and get treatment, will you help us and get people jobs?"

Mr. O'MALLEY. Yes, we can say that. But, I mean, the very fact that we notice that they have jobs I think shows that the market is there. We are about to launch a big summer jobs program because we are not getting a lot of Federal stand-alone dollars for that. Just thought I would slip that in.

Mr. CUMMINGS. Yes, please do. [Laughter.]

Mr. O'MALLEY. Thought I would slip that in. So we are going to be doing a radiothon and a telethon to get summer jobs for our young people. But the business community is always in a desperate

search for dependable workers, especially in our city. It is a big economic disincentive to have so many people addicted to drugs.

So I think these programs, Congressman, start to speak for themselves. I don't think the problem so much is the business community willing to take on these things. I think if we tighten up our act on the enforcement front, and on the court front, I think that we will be able to drive a lot more people into those programs that work. And I think they create, as you say, their own sort of references just by the success stories that come out of them.

Mr. CUMMINGS. Well, I wanted to tell you both that your testimony has yielded two very positive things, if not more. One, the chairman said, we are going to look at HIDTA, and also at this flow of the funds. One of the things that we have been able to do, not only in this subcommittee, but in the last subcommittee that we shared as ranking member and chairman, is that we were able to move some things very quickly.

Mr. O'MALLEY. That is great.

Mr. CUMMINGS. And so we want to thank you for being here.

Mr. RUPPERSBERGER. Thank you. And just with respect to HIDTA, I think if you talk to my chief of police and Commissioner Daniel, who deal with it every day, so that we can work together—as a former prosecutor, I used to see that different agencies would have jealousies. But I have seen in the last couple of years more teamwork.

And in this hostage situation that has just had our whole community seized, we had Federal agencies, we had State agencies, we had jurisdictions from all over, and it took all of that to do what we had to do. So I think we are going in the right direction. But I don't think the mayor and I at this point have enough knowledge on every day operations so that we can comment one way or another with respect to that.

Mr. CUMMINGS. Thanks.

Mr. O'MALLEY. Thank you.

Mr. MICA. Well, I want to thank both of our witnesses for being with us today. I hope if we do nothing else the rest of the year, Mr. Cummings, that we are able to do something to impact the figures that are on that chart over there. Those are multiplied, unfortunately, just in 10 years I have been in—around Congress by probably 3,000 dead citizens of Baltimore, most of them probably minority young males, whose great potential of lives are snuffed out and destroyed.

Something has to be done, and I am so pleased to hear administration chief executive officers of this locale committed to hopefully working together, maybe taking some new approaches, and find out what we can do to make this a success.

I am also pleased to welcome a gentleman from Maryland, Mr. Cardin. Welcome to our subcommittee, and we are so pleased to be in your State in this local community looking at a very serious problem.

While we still have these two witnesses, did you want to make a statement for the record? Mr. Cardin, you are recognized.

Mr. CARDIN. Well, thank you, Chairman Mica. Thank you very much for being here in Baltimore. I thank my colleague, Congress-

man Cummings, for all of his leadership, particularly on these drug treatment issues.

Let me just acknowledge, you have our two leaders here with Mayor O'Malley and County Executive Ruppersberger. The nice thing is that we not only have outstanding leaders in Baltimore City and Baltimore County, but they work together recognizing that the problems that we confront know no geographical boundary. And we just very much appreciate their commitment to working with our communities so that we can improve the safety and health of the people in Baltimore. And thank you for bringing the hearing here to Baltimore.

Mr. MICA. Thank you for joining us today.

Again, I thank each of our first two witnesses, and this panel is excused at this time.

Mr. O'MALLEY. Thank you, Mr. Chairman.

Mr. RUPPERSBERGER. Thank you.

Mr. MICA. I would like to call our second panel this morning. The second panel consists of the Honorable Thomas E. Noel, who is associate judge for the Circuit Court for Baltimore City; Ms. Anne Swern, deputy district attorney for Kings County, NY; Mr. Ronald Daniel, police commissioner; Mr. Stuart Simms, secretary of the Maryland Department of Public Safety and Correction Services; Mr. Peter Beilenson, commissioner of the Baltimore Department of Public Health; Ms. Renee Robinson, she is involved in treatment and correctional justice as treatment/criminal justice coordinator with the Baltimore/Washington HIDTA; Mr. George McCann, he is executive director of the Baltimore Addict Referral and Counseling Center.

As I indicated at the opening, this is an investigations and oversight subcommittee of Congress. In just a moment, I will swear you in. If you have any lengthy statements, which you would like to be made part of the record, we will be glad to take them, and upon request enter them into the record, or additional background charts, materials.

We will run a little clock here on the timer, which will allow you to summarize any lengthy remarks you may have, and then we will put the entire statement in the record, and, again, material that may be pertinent to today's hearing.

With that, if I could ask all of our witnesses to please stand. Raise your right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative.

We have got one stray back here. Sir? Have I recognized this gentleman? Could you identify yourself for the record?

Judge JOHNSON. I am Judge Ken Johnson. I was invited to testify, and I asked the person who heads up Drug Court to testify in my stead. I am just here to observe.

Mr. MICA. Thank you, Your Honor. We are pleased to have you, and also you have to be sworn, too, for the record, in case we need to ask or refer questions to you.

With those comments, I am pleased to recognize, at this point, the Honorable Thomas E. Noel. He is the associate judge of the Circuit Court for Baltimore City. Welcome, sir, and you are recognized. You may have to pull that up as close as you can.

STATEMENTS OF HON. THOMAS E. NOEL, ASSOCIATE JUDGE, CIRCUIT COURT FOR BALTIMORE CITY; ANNE SWERN, DEPUTY DISTRICT ATTORNEY, KINGS COUNTY, NY; RON DANIEL, POLICE COMMISSIONER; STUART SIMMS, SECRETARY, MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES; PETER BEILENSON, COMMISSIONER, BALTIMORE DEPARTMENT OF PUBLIC HEALTH; RENEE ROBINSON, TREATMENT/CRIMINAL JUSTICE COORDINATOR, BALTIMORE/WASHINGTON HIDTA; AND GEORGE McCANN, EXECUTIVE DIRECTOR, BALTIMORE ADDICT REFERRAL AND COUNSELING CENTER

Judge NOEL. I will keep my voice up.

Mr. MICA. Great. Thank you.

Judge NOEL. Good morning, Mr. Chair, Mr. Cummings, Mr. Cardin. It is good to see all of you, and thank all of you so much for inviting me and coming to Baltimore.

I wanted to acknowledge Judge Kenneth L. Johnson. He and I collaborated on the paper that I submitted, and some years ago, in 1992, he began efforts to open our eyes to how devastating the drug problem in Baltimore City had become.

My comments will primarily focus on Baltimore City, the illegal narcotics impact, and our treatment efforts. I have recently sat for 3 years in our Drug Felony Court, and that is a real penalty. And I have also presided over one of our drug treatment courts for an 18-month period, which proved to be truly one of the most educational and enlightening experiences I have had as a judge. Sometimes we almost felt as if we were taking off the robes and acting as social workers.

I have also served as a liaison between Baltimore's Circuit Court and District Court regarding the drug treatment program. There is no doubt that the illegal narcotics epidemic has affected all of us to some extent, either directly or indirectly, and I must say it has truly affected me directly. I have family members that have succumbed to this addiction.

This epidemic has dealt a severe blow to the city, the State, as well as the entire country. It is now time to openly and honestly face the reality of where our city stands and the degree of this epidemic. It is important to understand the impact of this problem.

By 1996, drug use in Baltimore had soared over the last several years to the extent that the city was actually in danger of becoming the drug capital of the Nation. The drug abuse warning network—and I would like to submit that report as an exhibit—is a survey of reported drug episodes in emergency rooms throughout 21 major American cities.

Baltimore had the highest number of heroin and cocaine episodes in any of these cities in 1994, and the second highest number for heroin and highest number for cocaine in 1995. In 1995, emergency room visits in Baltimore were 12 times more likely to involve heroin than the national average.

Baltimore had more than twice the heroin-related emergency episodes per capita than New York City, and more than twice the cocaine-related emergency room episodes for either Detroit or Miami. In 1998, Baltimore was only the sixth highest rated city of heroin episodes and the eighth for cocaine.

The chairman had indicated figures somewhat higher than mine, but Maryland's Alcohol and Drug Abuse Administration estimated, in 1994, that an astonishing 9 percent of the city residents, or close to 62,000 of our residents, actually needed drug treatment. A more conservative number is—using national standards, place the number around 44,000.

As I indicated in the paper, this epidemic has had a disastrous impact on the fiber of this city. From the human factor, this cancer has devastated generations. Rarely does a week pass without the loss of life from drug-related activity, AIDS, murder, overdose, and so forth. Families are destroyed, loved ones are at odds with one another, and the list goes on.

This sudden explosion of drug-related issues has had a major impact on our court system also. In 1993, our typical felony caseload in the Baltimore City Circuit Court was about 3,300 defendants. By 1998, this number had exploded to close to 8,500, mostly black males.

Last week, I took the liberty to determine the number of individuals being held at our pretrial detention services, and 3,200 defendants were being held, 2,900 of them being black.

Easily two-thirds of the cases in our criminal system handling felonies are narcotic cases, either indicted or charged through criminal information, through the Narcotics Division. Now, this explosion in our dockets has attributed to many of the problems of our court system that the media has focused on. Obviously, the courts and support agencies did not expand proportionately to address the problem.

Baltimore City contains roughly 14 percent of the State's population, but accounts for 64 percent of the new prison commitments. And to correct one misconception—when I found this information, I was somewhat surprised. But the Department of Justice reports that six times as many homicides and four times as many assaults and one and one-half times as many robberies are committed due to the psychopharmacologic influence of drugs as are committed to obtain money for drugs.

This problem has inundated our court system to the extent that we now have four full-time felony drug courts operating handling exclusively drug cases. Effective drug treatment must now be seriously considered in addressing this dilemma, as many now are beginning to admit. The goal of treatment must be to intervene effectively in an individual's addiction, to stop both the drug use and the collateral behaviors harmful to the individuals in this community.

Treatment must consist of educating and counseling to alter thinking and attitudes. In March 1994, the drug treatment court began to effectively counter this problem.

Another exhibit that should be included—in Baltimore City we now have 467 defendants in the Circuit Court, and in the District Court 271 defendants, participating in our drug treatment program. The program has proven very successful for those who have been involved.

The recidivist rate is significantly lower than for those on standard probation. Seventy-seven percent of the graduates were arrest-free as of June 1998. The program consists of active monitoring

and treatment. When a defendant goes into this program initially, we hope that the defendant is not employed and has all free time, because the first 4 to 6 weeks of the program are extremely rigorous, with urinalysis, treatment, and counseling. This program also has a job component built in once the defendant evolves through the program.

The average age of the participant in this program is 36 years of age. I have found that the older defendant is more amenable to treatment than many of the younger individuals. And I find that most of them just have to hit rock bottom before they are actually willing to consider treatment seriously.

Now, the gender ratio is 58.1 percent male and 41.9 percent female. Now, drug treatment can also be cost effective. The average daily cost of incarceration is $56.65. And that is annually over $20,000. The average cost of those involved in our drug treatment program is $10 a day, which averages out to just over $4,000.

Participants in this program, the only alternative—for most of the participants, the only other alternative would be incarceration, because most of them have such significant records because most of the defendants we have have long-standing, long-term addiction problems, and their records accurately reflect that. They have been—and you can look at a defendant's record and realize if it is an addiction record, because of the thefts, the shopliftings, and the continuous use of drugs.

As one graduate told me, the program is not going to work until the participant wants a life change. This is why I feel the successful participant is usually the older individual.

Our society must develop a means to make the addict realize the necessity to change. This will only be accomplished by our efforts to educate. We must recognize the actual health problems addiction presents and expand effective treatment.

Now, to some extent, the success of our program has caused us many problems because as of January we had to stop accepting defendants in the program because we ran out of funding, and, fortunately, another program gave us outpatient treatment slots but no inpatient residential slots.

We review this monthly in an effort to try to resume admission into the program because of its success. And I must admit the first time I went into drug court, I was not optimistic. I had real reservations about those that could—whether or not an individual could change. But I have seen many, many individuals who have changed.

One defendant comes to see me regularly, and now he has gotten his—whatever the license is required, to drive tractor-trailers, and he drives nationally now. And this individual usually comes to our drug court graduations, and our next graduation is April 28th, the Circuit Court, and I would invite all of you to attend.

To effectively combat this drug epidemic, law enforcement will also have to broaden its perspective and rearrange some priorities. When reviewing this problem, we must not only look at it from the perspective of the volume of illegal narcotics in the community, we must also begin to focus on the money generated from the sales.

Am I running out of time?

Mr. MICA. You could begin to conclude.

Judge NOEL. The average dealer earns one-tenth of the moneys or funds generated from drug sales, and where does this balance go? Tracking the money may ultimately lead us to those in control. Our past course of following the narcotics has yet to prove successful. All branches of Government, the clergy, law enforcement, as well as those working in the area of academics, are holding a meaningful dialog on the alternatives to the past. A strategy is necessary to effect change because this problem is having a devastating effect on our city.

Mr. Chairman, thank you.

[The prepared statement of Judge Noel follows:]

Realities of Our Drug Epidemic

The inner cities of many of our Nations metropolitan areas have long suffered the ravages of the unchecked and growing drug trafficking networks that have been set upon them. Baltimore is no different. As statistics will confirm, this illegal drug traffic is no longer solely concentrated in the inner city alone. The greed and temptation for unlimited profits have taken drug activity into many of the suburban areas as well, however the effects of drug abuse are deeply felt in the inner city. This cancer is growing in magnitude and devastation. There are some who would have us believe that effective steps are being taken to counter the drug problem: I see the ravages of drugs first-hand and know better.

We must unify the community to do something to prevent another generation of inner-city children from being destroyed. It is incumbent upon us to face this problem head-on with all the resources available to truly challenge this decimation. It is a rare occasion when at least not one person on a weekly basis does not lose his/her life from some drug-related activity: AIDS, or murder in the on-going battle for control of drug turfs and drug money.

Many harsh realities must be faced in viewing this problem. I believe the trafficking networks are growing in size and influence with no effective realistic efforts to contain same. And, we must realize the fact that the typical "street corner"

drug dealer is not at the root of this problem: he/she is merely a symptom of that problem. There are over 55,000 active drug addicts in Baltimore City alone, many of whom requires an average of $100.00 per day to attempt to satisfy the addiction. Thus, nearly $2 Billion is generated each year in illegal activity. Multiply that figure to include the entire country, and one begins to appreciate the enormity of the cash-driven problem of illegal narcotics corruption.

We have attempted for over (20) twenty years to fight this war on drugs. All will admit it has been a dismal failure. I am not pointing fingers or making any accusations; I accept the reality that our efforts have not achieved satisfactory results. This problem has touched most of us first hand one way or another; usually through a family member, or as victims of the rash of crime driven by this problem, or both.

Judges constantly complain of the futility of their efforts and the frustration of the day to day bombardment of case after case of those without hope. Many of us estimate that 80-90% of all crime in this city is in some way related to drug issues. Many of us recognize we can never try all the drug cases nor build enough prisons to house those who could be incarcerated. Moreover, simply incarcerating those convicted of drug offenses does not alleviate our drug problem; it is only a temporary "band aid" solution that only treats the symptoms of this cancer, though many people foolishly believe it to be the cure. When one drug dealer is taken off the street and

thrown into jail, it is inevitable that another will fill his shoes. In addition, people with drug abuse problems are not cured of those problems by being sent to jail, for they are "prisoners" in another sense. Serving jail time does not free them from their addictions, and serving jail time is not the equivalent of obtaining the proper medical and psychological treatment that addicts need in order to break from their addictions. Releasing addicts from jail only places them back into the vicious cycle of abuse from whence they came. These people are helpless to break that cycle without proper treatment. Thus, our efforts have, up to this point, been misdirected, and the vast sums of money we have wasted on those efforts could certainly be directed to other venues.

We must begin to perceive drug abuse as a social or health problem rather than a criminal problem. Many people with drug abuse problems are without the help to escape their addictions. We must begin to understand that, to the inner city drug traffickers, dealing drugs is their only viable economic alternative; they lack the education, resources, or opportunities required to break out of the socio-economic mold into which they've been cast.

We must begin to educate elementary school children in a way that they can understand the evils of drug abuse and lack of education. We must reinforce this in every grade through high school.

In short, we must being to focus our efforts on finding a cure for this social cancer, rather than allowing it to spread while we only treat the symptoms. A cold is not cured by merely treating the sneeze.

I invite all branches of government, the clergy, law enforcement as well as the world of academia to sit down and have meaningful dialogue on an alternative to the past. Open a dialogue to see if we cannot approach these problems with a strategy to bring change.

Drug Court Statistics
as of February 4, 2000

Probation Unit

Active Cases	738
A. Circuit	467
B. District	271
Delinquent Cases	357
NAU Cases	137
Total Probation Population	1236

Subject: Division of Pretrial Detention and Services Population
Date: March 22, 2000
Pages: 1

COMMENTS:

Inmate Population by Race:

Black – 2906
White - 300
Other - 15

Inmate Population by Sex:

Male -	2673
Male Juvenile -	88
Female -	461
Female Juvenile -	4

A Short-Term Outcome Evaluation of the Baltimore City Drug Treatment Court Program

by Denise C. Gottfredson, Kris Coblentz and Michele A. Harmon, Department of Criminology and Criminal Justice, University of Maryland

Arrests for drug abuse violations in the United States steadily increased during the 1980's. Although the rates dropped slightly in the early 1990's, the rate of arrest in 1992 was still higher than in any year prior to the peak in 1989. Arrest rates for violent crimes also rose sharply during the late 80's and early 90's (Federal Bureau of Investigation, 1993). Prison populations escalated, and prison beds were occupied by drug offenders in increasing proportions.

Data from urine tests of arrestees collected through the National Institute of Justice's Drug Use Forecasting Program (National Institute of Justice, 1993) reveal high rates of drug involvement among booked arrestees in 23 sites across the nation. In the fourth quarter of 1992, for example, 64% and 79% of arrestees in Washington, DC, and Philadelphia, respectively, tested positive for at least one of ten illegal drugs.

This national pattern was replicated in Maryland. In Baltimore City, felony defendants charged solely with a controlled dangerous substance (CDS) violation at the circuit court level in 1992 made up 54% of the total charged, up from just 36% six years earlier. At the point of intake into the correctional system in Maryland, 80% of the inmate population has significant involvement with drugs (Maryland Division of Parole and Probation, undated).

Traditional methods employed by criminal justice systems for handling drug-involved offenders have proven ineffective (Falkin, Prendergast, & Anglin, 1994; Fishbein, 1991). Mandatory minimum sentencing, intensive supervision, and court-imposed special conditions, all designed to "get tough" on crime, have met with limited success because they fail to address the underlying addiction. Drug Court Treatment Programs are intended to break the cycle of crime by treating the addiction that leads to crime.

The Baltimore Drug Court Treatment program (BDCT) began providing services to non-violent male and female offenders with drug abuse problems in March 1994. Some of these men and women are diverted from prosecution contingent upon an agreement to participate in a drug treatment program. Others who are not deemed eligible for diversion from prosecution are required to participate in a drug treatment program as a condition of parole or probation.

Relapse is anticipated in any drug treatment population. Intensive supervision and frequent drug testing are used to monitor each client. A drug court treatment program is then expected to apply graduated sanctions with non-compliant offenders in an attempt to maintain them in the community so that treatment can continue. Incarceration is imposed if an offender is judged to be a risk to public safety or if an offender fails to comply with treatment or reporting requirements. Program services may include education, job readiness and placement, housing assistance, substance abuse treatment, and life skills training. The nature and extent of sanctions and of services has not been examined in the present study, and these features of the BDCT program are beyond the scope of this report.

The BDCT is funded by Bureau of Justice Assistance grants administered through the Governor's Office of Crime Control and Prevention (formerly the Governor's Drug and Alcohol Abuse Commission) and state matching funds. In addition, a grant from the Bureau of Justice Assistance to develop a Correctional Options Program (a program of graduated intermediate sanctions) provides funds for similar treatment services and community-based supervision for parolees.

In May 1995, The Division of Parole and Probation (P&P) asked the Department of Criminology and Criminal Justice at the University of Maryland for assistance in evaluating the beginning efforts of the BDCT program. The goals of the evaluation were (a) to determine the extent to which the appropriate population was being targeted for the program, (b) to determine whether the services provided under this program were more effective than those provided under traditional parole and probation, and (c) to recommend ways to strengthen the program.

Method

Subjects

The study is limited to offenders who entered BDCT through parole or probation. It was not possible to identify an appropriate comparison group for the alleged offenders who were diverted from prosecution because records were not kept on diverted individuals who did not participate in BDCT.

BDCT Treatment Group

The treatment group in this study

includes 145 offenders who were assigned to BDCT parole or probation during the program's first year of operation: 84 district court and 34 circuit court cases who were assigned to the BDCT and whose cases were opened between March 1st, 1994, and February 28th, 1995, and 27 district court violation of probation (VOP) drug court cases whose hearing dates were between November 1st, 1994, and February 28th, 1995. A few circuit court VOP cases were also assigned to BDCT during this period. They were not included in the study because their numbers were too small to permit separate analysis.

Comparison Group

To assess the effectiveness of the BDCT, it is necessary to compare the performance of BDCT participants with similar offenders who were not assigned to BDCT. A comparison group was drawn from all district and circuit court drug court participants whose cases were opened between March 1st, 1994, and February 28th, 1995, and district VOP parole and probation cases whose hearing were held between November 1st, 1994, and February 28th, 1995. From this pool were selected the approximately 5,000 cases identified as having a drug or alcohol problem at P&P intake. These became the potential comparison group members.

To the extent possible, the same screening standards used to identify BDCT participants were applied to the pool of potential comparison group participants. Subjects whose alleged instant offense involved violence were excluded.[1] The resulting pool of eligible comparisons group members was then classified by gender and date of the hearing which either resulted in assignment to BDCT or traditional P&P services. Because of the large number of potential comparison group members, individuals were randomly selected from these strata in order to create a comparison group whose size was proportional to the BDCT population in terms of source of case (district, circuit, VOP), gender, and beginning date. Stratification by time of program entry ensured that each group had an equivalent time at risk for reoffending. This procedure resulted in a comparison group of 529 individuals: 53 VOP, 351 district, and 125 circuit court cases (see Appendix Table 1). This study compared the performance of all BDCT cases with all comparison group cases, separately by source (district, circuit, and VOP).

Data Sources

Demographic, criminal history, and recidivism information was obtained from the following sources for every study participant:

- OBSYS provided intake information, demographics, current offenses, special conditions, type of case, case status, and information on warrants, hearings, technical violations, and revocations related to the current offense.
- CJIS provided criminal history for offenses committed in Maryland, and the use of aliases.
- OBSYS & Microfiche provided information regarding periods of past supervision and their outcomes.
- DJJ ISYS system provided juvenile criminal histories for those individuals who grew up in Maryland.
- Urinalysis performed by P&P at intake for treatment group provided a measure of drug involvement. This information was unavailable for the comparison group due to a lack of a comparable intake urinalysis and equivalent instruments regarding drug use and history.

Analyses

Analyses were conducted to (a) describe the drug court clients and (b) examine the recidivism of the drug court clients compared to that which would be expected in the absence of drug court treatment. Descriptive analyses compared drug court clients to the entire comparison group, separately by source of client (district, circuit, or VOP) and gender, on measures of demographics, prior criminal history, and characteristics of the instant offense.

Because the BDCT treatment and comparison cases were not equivalent at the time of entry in terms of their level of risk for recidivism, a series of regression analyses were conducted to statistically control for these pre-existing differences while examining the effect of the BDCT program. The following recidivism outcomes, each measured during the 180 days following intake, were regressed on a set of predictors:

- Any arrest
- Any conviction
- Number of days incarcerated as a result of a new offense
- Number of days "free in the community" (i.e., number of days from entry into the study until rearrest or revocation)

Results

Demographics

The typical BDCT client was a single black male in his early thirties, who completed an average of 11 years of education, was unemployed at intake, and had a drug condition. Approximately one-third of the clients also had alcohol conditions, but this varied by source of case: 15% of VOP but 50% of district cases had alcohol conditions as well as other drug conditions. The gender composition of the treatment group also varied by source of client: 48% of VOP, 61% of district, and 82% of circuit BDCT clients were male.

Intake Urinalysis

Nearly half (48%) of drug court clients tested positive for cocaine at intake; 44% tested positive for opiates and 3% for marijuana. No clients tested positive for PCP.

Criminal History

For most measures of criminal history, significant differences were found

by source of client. Generally, circuit court clients had more extensive criminal histories than district or VOP clients. Also, the differences between the BDCT and comparison cases generally depended upon the source of the cases, indicating that different selection criteria were used in the three sources. The summaries below are broken out by source for this reason. Unless otherwise indicated, criminal history events refer to events in the adult court.

District Court

• 99% of district drug court cases had at least one prior arrest, and 76% had at least one prior conviction. The average number of prior arrests and convictions was 6 and 3, respectively, and females had significantly more prior convictions than males, although the convictions were primarily for misdemeanor charges.

• Most district drug court clients had been arrested previously for property offenses (81%) and drug offenses (77%); 52% and 50%, respectively, had been convicted for these offenses. About 27% had been arrested for offenses against persons, but only 4% had been convicted previously for these offenses. A large proportion of the female clients had been arrested (39%) and convicted (33%) for sex offenses.

• The typical district drug court client had been convicted of 3 prior misdemeanor charges. Every fifth client had a prior felony conviction.

• The typical district drug court client was 26 years old at his or her first arrest, and 29 at first conviction. Juvenile records were found for 8%.

• District drug court clients typically had between one and two prior periods of supervision, but less than half of the clients (.4) had a parole revocation.

• The "instant" offenses that led to assignment to the BDCT were primarily drug-related or property crimes: 53% of district drug court cases were convicted of a charge involving drugs, and 50% for a charge involving an offense against property. No charge involved offenses against persons. The instant offense was more likely to involve a misdemeanor than a felony offense.

Circuit Court

• 97% of circuit drug court cases had at least one prior arrest, and 88% had at least one prior conviction. The average number of prior arrests and convictions was 7 and 3.

• Most circuit drug court clients had been arrested previously for drug offenses (91%) and property offenses (68%); 74% and 47%, respectively, had been convicted for these offenses. About 47% had been arrested for offenses against persons, and 18% had previously been convicted for these offenses.

• The typical circuit drug court client had been convicted for 3 prior misdemeanor charges, but fewer than 1 (mean = .65) felony charge.

• The typical circuit drug court client was 24 years old at his or her first arrest, and 26 at first conviction. ~~Juvenile records were found for 6%.~~

• Circuit drug court clients typically had slightly more than two prior periods of supervision, but less than half of the clients (.4) had a prior parole revocation.

• The convictions for the arrests that resulted in placement in the drug court for 97% of circuit drug court cases were for drug-related crimes. Other charges were rare. No instant offenses involved charges against persons. The typical instant offense involved at least one felony charge.

Violation of Probation (VOP)

• Prior arrest records were found for 81% of VOP drug court cases. Only 59% had at least one prior conviction. The average number of prior arrests and convictions was 4 and 2, respectively.

• Most VOP drug court clients had been arrested previously for drug offenses (78%) or property offenses (48%); 51% and 22%, respectively, had been convicted for these offenses. About 33% had been arrested for offenses against persons, but only 4% had been previously convicted for these offenses.

• The typical VOP drug court client had been convicted for 2 prior misdemeanor charges, but no (mean = .07) felony charge.

A drug court treatment program is expected to apply graduated sanctions with non-compliant offenders in an attempt to maintain them in the community so that treatment can continue.

• The typical VOP drug court client was 25 years old at his or her first arrest, and 27 at first conviction. Juvenile records were found for 15%.

• VOP drug court clients typically had 3 (mean = 2.85) prior periods of supervision, but only one quarter of the clients had a parole revocation prior to the current one.

• For the instant offense, 78% of drug court cases were convicted of a charge involving drugs and 15% for a charge involving an offense against property. No offenses involved charges against persons. The offense typically involved a misdemeanor and not a felony charge.

BDCT and Comparison Clients

Recall that comparison cases were randomly selected from a large pool of probationers whose cases were heard during the same time period as the drug court participants, who were identified as having a special drug or alcohol condition, and whose current offenses did not involve a violent offense.

Despite these attempts to identify a similar group of clients, many differences were found between those clients referred to drug court and those assigned to traditional probation. This indicates that judges, prosecutors, and other parties involved in the selection of clients for the drug court are applying additional selection criteria. Given the intent of the BDCT to provide an

effective alternative to incarceration for drug offenders, one would expect to find more serious offenders among the BDCT clients (who would presumably have otherwise been imprisoned) than among the cases assigned instead to traditional probation (from which group the comparison cases were drawn).

The actual selection process appears to have differed for the three sources from which BDCT clients were drawn, so they will be summarized separately.

District Court

• District drug court clients were significantly more likely than comparison group clients to be male, black, older, unemployed, and to have been identified at intake as having a special drug condition.

• District drug court clients had significantly more prior arrests and convictions, and these arrest and convictions were more likely to be for drug, property, and sex (female only) offenses and less likely to be for crimes against persons.

• District drug court clients were significantly more likely than comparison group clients to have an instant offense involving property crimes and less likely to have an instant offense involving crimes against persons. The instant offense is more likely to involve felony charges for the district drug court participants.

• The length of the suspended sentence imposed by the judge for the instant offense was about twice as long for the district drug court as for the comparison cases. The meaning of this difference is ambiguous. It may indicate that judges, who would normally impose incarceration sentences for these clients, suspended the incarceration sentences for BDCT clients (consistent with the aim of the drug court). It may also mean, however, that judges would not have imposed incarceration sentences at all for these cases, but imposed long suspended sentences for the BDCT clients to provide an additional deterrent to crime or to provide for a longer period of treatment under court supervision. This last possibility appears especially plausible. Usually, if probationers violate the conditions of probation or parole, the suspended sentence is imposed.

Circuit Court

• Circuit drug court clients were demographically similar to their non-circuit drug court counterparts, but they were more likely to be unemployed.

• Circuit drug court clients were similar in their criminal histories to traditional probationers, except that they were more likely to have felony drug charges in their histories.

• Circuit drug court clients were significantly more likely than comparison group clients to have an instant offense involving a serious, felony drug charge and less likely to have an instant offense involving crimes against persons or property.

• The length of the suspended sentence imposed by the judge for the current offense was longer for the circuit drug court than for the comparison cases, perhaps (as described above) indicating that the judges were using the circuit drug court as an alternative to incarceration or to provide for an extended period of enforced treatment.

Violation of Probation (VOP)

• VOP drug court clients were demographically similar to the comparison group clients except that females were over-represented.

• VOP drug court clients were significantly less likely than comparison group clients to have prior arrests and convictions, and less likely to have had prior convictions for crimes against property and for serious, felony crimes.

• VOP drug court clients were significantly less likely than comparison group clients to have an instant offense involving property crimes, and their instant offense was less likely to involve a felony. The number of drug charges was, however, greater for the drug court clients.

Summary

The BDCT succeeded in targeting non-violent offenders with drug problems. Drug court clients were historically frequent offenders even when compared with other eligible probationers, and their offenses more often involved drug and property crimes and less often involved crimes against persons. Offenses for which they had been convicted were as serious or more serious in nature than those of the comparison group members, except for the BDCT cases contributed through the VOP track. These cases had fewer felony convictions and their current offense was of a less serious nature than VOP cases assigned to regular probation.

Large differences in the selection processes utilized in the three tracks examined here suggest that different profiles characterize the "ideal" BDCT client in the minds of different decision makers who control the flow of clients into the BDCT. Relative to the comparison groups from each track, the VOP drug court cases are less serious and the district and circuit cases are more serious. The circuit court sends almost exclusively its felony drug cases. Offenders from the other sources are more likely to be involved with a wide variety of crimes.

BDCT Recidivism Outcomes — BDCT Clients.

Three quarters of the BDCT clients avoided rearrest during the 180-day follow-up period.

• 23%, 26%, and 18% of the district, circuit, and VOP BDCT clients, respectively, were rearrested during the 180 days following intake to the program. The arrests were primarily for misdemeanor property and drug offenses. Only 4%, 6%, and 7%, of the rearrests from each source were for crimes against persons.

• 7%, 3%, and 0% of the district, circuit, and VOP BDCT clients, respectively, were re-convicted during the 18

days following intake to the program. These reconvictions were primarily for misdemeanor charges involving property and drug offenses. Only one BDCT client was re-convicted for a crime against person. Despite speedy trial requirements, few convictions could be expected for any offender population in a 6-month follow-up.

• Only seven BDCT cases received incarceration sentences as a result of new offenses. For these cases, most of the incarceration sentence was suspended. The average number of unsuspended days of sentence was 182 for the six district court cases receiving sentences, and 0 for the one circuit court case.

• The average number of days "free in the community" (i.e., without rearrest or revocation) was 158, 149, and 159, respectively, for the district, circuit, and VOP BDCT clients — more than 5 months out of the 6 month follow-up period.

Differences Between BDCT Clients and Comparison Group

Very few significant differences between BDCT and comparison clients were observed for recidivism outcomes. For the district court cases, no significant differences were observed. This is a positive outcome given the initial differences in the two groups which favored the comparison clients. That is, the treatment cases would have been expected to fail more frequently given their more serious prior records.

For the circuit court cases, most differences were insignificant, also a positive sign given the initial differences favoring the comparison clients. Nevertheless, among the subset of circuit court clients who were arrested, BDCT clients had significantly more total charges (1.4 more, on average) and significantly more felony charges (1 more, on average). These differences were due only to the circuit court males, and they had no implication for eventual days spent behind bars, as all of the sentences for both BDCT and comparison cases were suspended.

No significant differences were observed for VOP BDCT clients and comparison cases.

The above differences (or, more appropriately, absence of differences) are ambiguous because the BDCT and comparison cases were not equivalent to begin with. The comparison probationers were generally better recidivism risks than the BDCT clients. These differences were taken into account using regression analyses which controlled for criminal history and demographic variables and characteristics of the instant offense which differentiated the groups and were significantly related to recidivism. These analyses showed that, controlling for initial differences between the groups:

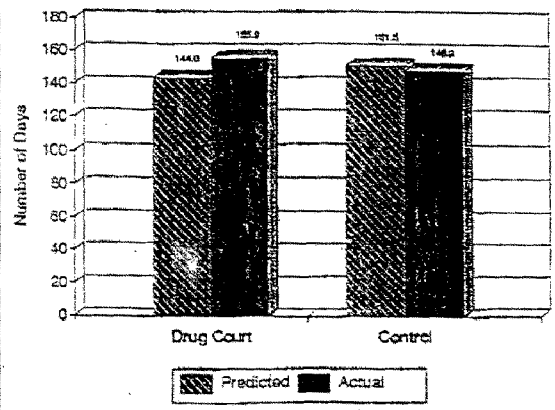
• BDCT clients from all three sources were less likely to be rearrested than comparison cases. This difference favoring BDCT clients was statistically significant over all, and was especially apparent for district court females. A difference of the magnitude observed would have arisen by chance fewer than 5 times in 100. Participation in the drug court was associated with a 50% decrease in the odds for rearrest.

• BDCT clients were less likely to be re-convicted across all three sources. This directional difference favoring BDCT clients approached significance (a difference of the magnitude observed could have arisen by chance 9 times in 100) only for cases in the VOP track. For the district and circuit tracks, the positive trend was due only to females.

• Among district court cases, the total days of incarceration served as a result of new crimes (i.e., the total days sentenced minus the days suspended) was significantly greater for BDCT clients than for comparison cases. A difference of the magnitude observed would have arisen by chance fewer than 5 times in 100. None of the comparisons of seriousness showed significantly greater seriousness for the BDCT clients.

• BDCT clients enjoyed more days free in the community across all three sources. This difference favoring BDCT clients was statistically significant over all (i.e., a difference of the magnitude

Figure 1: Number of Days Free in the Community



observed could have arisen by chance less than 1 time in 100). When the results are broken out by source of referral, the difference favoring BDCT clients approached statistical significance only for the district court cases, and was due more to females than to males in this group. Figure 1 shows that drug court clients remained free in the community for about twelve days longer than predicted on the basis of their criminal history data. Control cases remained free approximately three fewer days than anticipated.

Although few incarceration days were served as a result of new crimes which occurred during the brief follow-up period, one finding suggests that the system may be responding more harshly to Baltimore Drug Court Treatment re-offenders than to non-drug court re-offenders.

Conclusion and Recommendations

The preliminary evaluation of the BDCT program produced positive results. All three tracks have succeeded in targeting non-violent, drug-involved offenders. The pattern of results suggests that the BDCT program for the district and circuit court clients is being used as an alternative to incarceration, as the BDCT clients have more extensive criminal histories and their instant offenses are of a more serious nature than the probationers not referred to the program. This finding is important in light of the tendency in other experimental programs to place the best recidivism risks in the program. For the VOP track, the pattern of results suggests that the program is not being used as an alternative to incarceration, as the probationers sent to BDCT have less extensive criminal histories and their current offenses are of a less serious nature than those cases continued on traditional probation. We have no data on the characteristics of violators of parole and probation who are incarcerated as a result of their violations, but presumably the more serious cases eligible for the BDCT are in fact being incarcerated rather than being sent to the BDCT program.

The results for recidivism outcomes are also positive. Because the follow-up time period was brief, few new crimes were convicted. But the trend in the re-arrest data suggests that participation in the BDCT program slightly increases the number of days free in the community by reducing the percentage of clients rearrested. This positive finding is most statistically dependable for female BDCT clients from the district court track.

Although few incarceration days were served as a result of new crimes which occurred during the brief follow-up period, one finding suggests that the system may be responding more harshly to BDCT re-offenders than to non-drug court re-offenders. The number of days spent behind bars as a result of new crimes was significantly greater for district court BDCT clients than for comparison cases when controlling for prior criminal history and characteristics of the instant offense. Recall that one aim of the BDCT is to decrease days spent behind bars.

The modest positive effects observed can most likely be increased by strengthening the program. This evaluation was not designed to measure the actual levels of drug treatment received by BDCT clients or the extent and effectiveness of the graduated sanctions which were to have been applied.

The program would be strengthened if the Division of Parole and Probation clarified expectations for (a) the amount and type of drug treatment services to be provided to each client and (b) the type of, and schedule for, graduated sanctions to be applied. The effectiveness of this strengthened program should be studied more rigorously that was possible in the present study. The study should be repeated using a longer follow-up period to capture more variation in the recidivism outcomes. It should be conducted with clients wh entered in later months because it likely that the very early months c implementation of the program wer atypical. The study should also be ex tended to BDCT participants who ente through the diversion track, as these c ents may receive different treatment c they may be more or less amenable t treatment. Random assignment of eligi offenders to BDCT and control conditio would also strengthen future studies.

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Endnotes

[1] Subjects were excluded from co sideration if their alleged offenses cluded murder, assault, rape, kidn ping, domestic violence, violation probation, offenses involving firear sex offenses, child abuse, robbe felony drug offenses, and any attem of these offenses.

[2] A large proportion of the fem probationers who violate conditio probation and are eligible for the BD are referred to the BDCT. The num of such offenders available for the co parison group was limited. Therefo the comparison group contain smaller proportion of women pro tion violators (2%) than does the tr ment group (10%). ❑

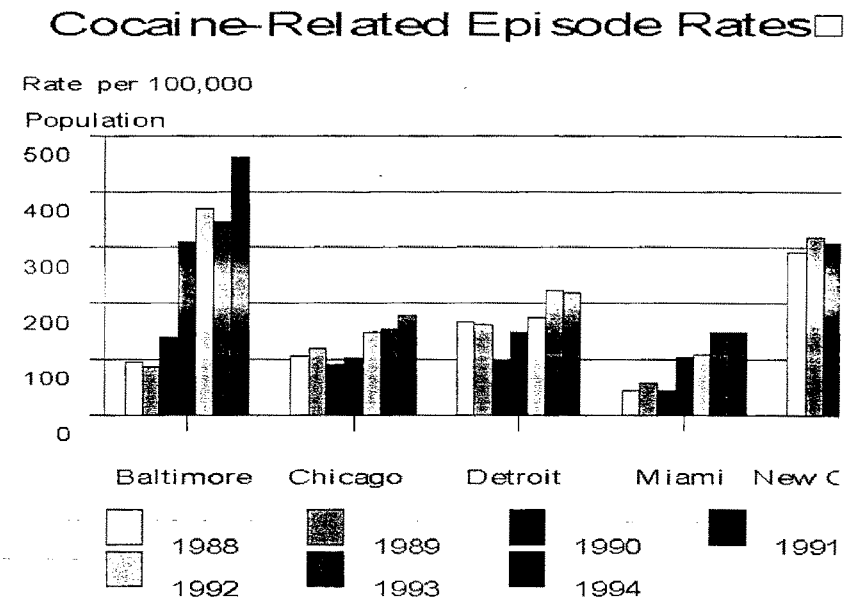
Annual Trends in Selected Metropolitan Areas

Total Drugs

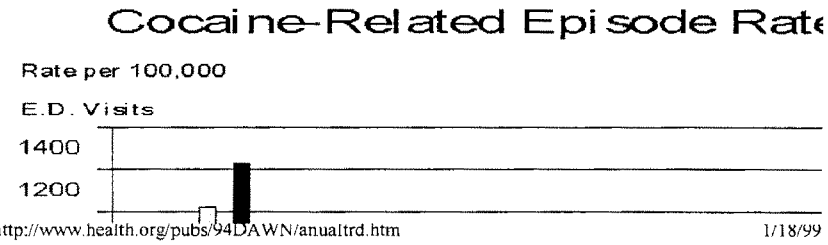
- Between 1993 and 1994, 12 of the 21 metropolitan areas covered in DAWN had statistically significant increases in the estimated number of drug-related emergency department episodes. The percent increases in these areas were: 55 percent in St. Louis (from 4,020 to 6,210); 38 percent in Atlanta (from 7,730 to 10,690); 36 percent in Denver (from 3,790 to 5,150); 33 percent in Baltimore (from 13,470 to 17,920); 25 percent in Boston (from 12,640 to 15,860); 21 percent in Seattle (from 7,270 to 8,780); 16 percent in Buffalo (from 2,520 to 2,920); 13 percent in Washington, DC (from 12,340 to 13,980); 11 percent in Chicago (from 17,980 to 19,910); 9 percent in Dallas (from 4,740 to 5,190); 9 percent in New Orleans (from 4,090 to 4,450); and 8 percent in Minneapolis (from 4,560 to 4,910). An 8 percent decrease was observed in San Francisco (from 11,760 to 10,770).

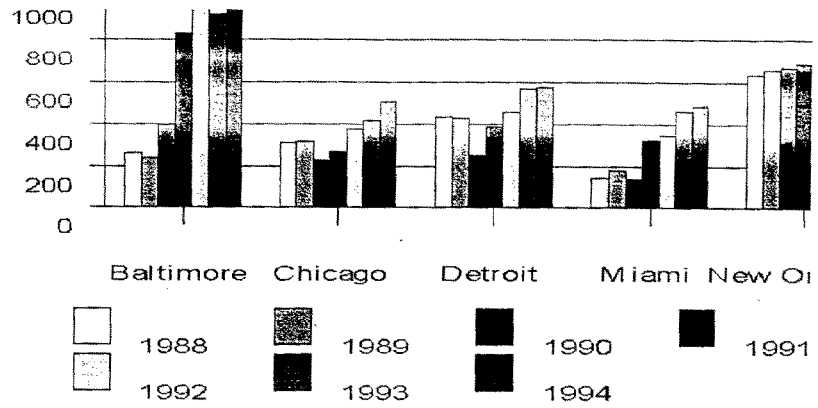
Cocaine

- During the same period, 10 of the 21 metropolitan areas had statistically significant increases in the estimated number of cocaine-related emergency department episodes. The percent increases in these areas were 104 percent St. Louis (from 1,220 to 2,490), 44 percent Seattle (from 1,760 to 2,540), 42 percent in Atlanta (from 4,380 to 6,240), 38 percent in Denver (from 970 to 1,330), 34 percent in Baltimore (from 7,640 to 10,240), 34 percent in Minneapolis (from 460 to 610), 26 percent in Boston (from 3,910 to 4,940), 24 percent in Buffalo (from 970 to 1,200), 22 percent in Phoenix (from 840 to 1,020), and 17 percent in Chicago (from 8,640 to 10,120). A six percent decrease was observed in San Francisco (from 3,040 to 2,860).
- The charts presented below attempt to isolate the trends in the number of cocaine-related episodes from changes in the population and emergency department visits for five cities by examining both the rates per 100,000 population and per 100,000 emergency department visits. The trend in the rate of cocaine-related episodes per 100,000 population in Baltimore had been increasing from 1989 through 1992, but decreased in 1993 then increased again in 1994. Chicago, Detroit, and Miami experienced increasing trends in the rate of cocaine-related episodes per 100,000 population from 1990 through 1993, but only Chicago continued to show an increase in 1994. The trend in New Orleans showed a decrease between 1992 and 1993; however, there was no change between 1993 and 1994.



- When the rate of cocaine-related episodes per 100,000 emergency department visits were calculated for the five cities, similar patterns in the trends within cities were observed.





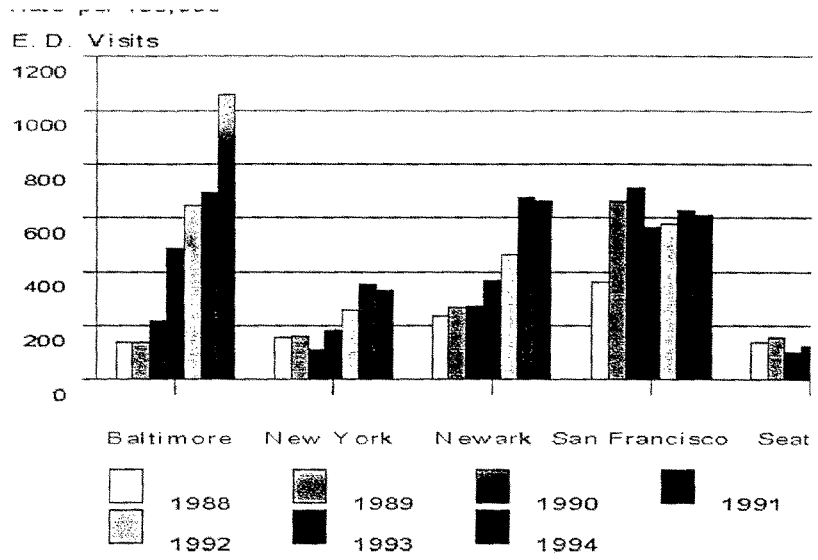
Heroin

- Six of the 21 metropolitan areas had statistically significant increases in the estimated number of heroin-related emergency department episodes between 1993 and 1994. The percent increases in these areas were: 54 percent in Baltimore (from 5,720 to 8,820) and 26 percent in Chicago (from 3,580 to 4,500). Statistically significant increases were also found in Atlanta, Buffalo, Denver, and St. Louis, however; the number of episodes reported for each city was relatively small. Four of the 21 metropolitan areas experienced statistically significant decreases in heroin-related emergency department episodes between 1993 and 1994. The percent decreases in these areas were: 20 percent in Los Angeles (from 3,720 to 2,960) and 12 percent in San Francisco (from 3,690 to 3,260). Statistically significant decreases were also found in Dallas, and Minneapolis, however; the number of episodes reported for each city was relatively small.
- The charts presented below attempt to isolate the trends in the number of heroin-related episodes from changes in the population and emergency department visits for five cities by examining both the rates per 100,000 population and per 100,000 emergency department visits. Both Baltimore and Newark experienced increasing trends in the rates of heroin-related episodes per 100,000 population between 1988 and 1993; however, the trend in Baltimore continued to increase in 1994 while there was no change in Newark. New York and Seattle had similar patterns of steady rates of heroin-related episodes per 100,000 population in the late eighties with a subsequent rise in the early nineties and no change between 1993 and 1994. The rate of heroin-related episodes per 100,000 population in San Francisco appeared to have peaked in 1989 and 1990 and decreased between 1993 and 1994.

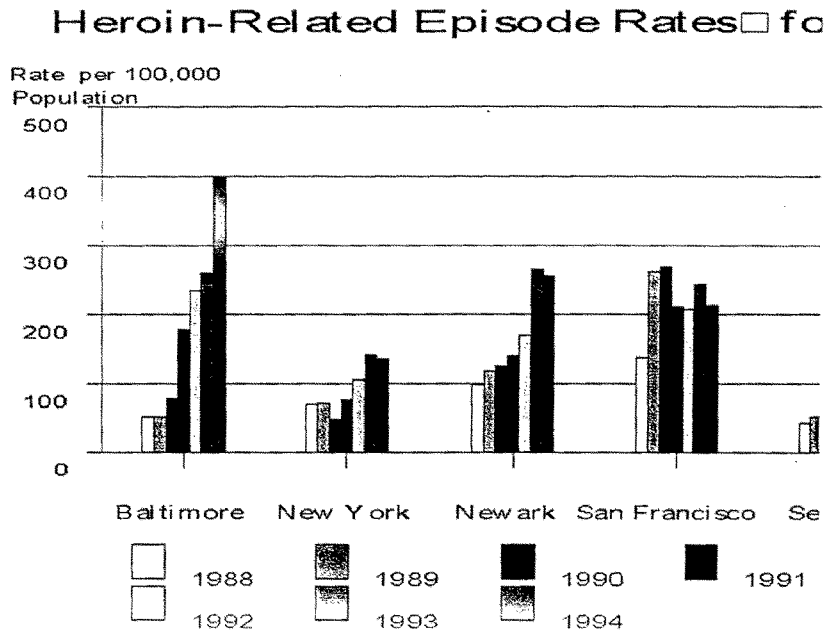
Heroin-Related Episode Rates

Rate per 100,000

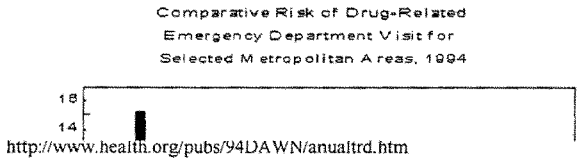
Preliminary Estimates From The Drug Abuse Warning Network



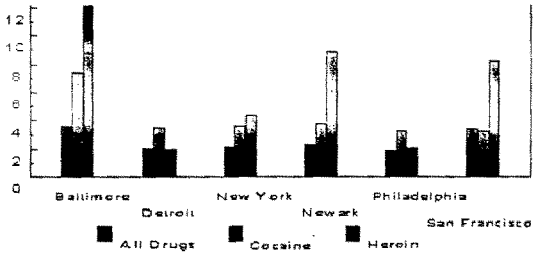
- When the rate of heroin-related episodes per 100,000 emergency department visits were calculated for the five cities mentioned above, similar patterns in the trends within cities were observed.



- Readers should note that small changes in estimates in Baltimore, Buffalo, Denver, San Diego, and San Francisco may produce statistically significant differences, since all eligible hospitals are selected in those cities.



Preliminary Estimates From The Drug Abuse Warning Network



- The rate at which emergency department visits in a selected city involved drugs was compared to the rate at which emergency department visits in the United States were drug-related. The ratio of the city rate to the national rate can be considered a comparative risk that indicates how much greater the city rate is than the national rate. Comparative risks for cocaine and heroin were calculated in a similar fashion. In 1994, emergency department visits in Baltimore, Newark and San Francisco were about 14, 9, and 8 times as likely, respectively, to involve heroin than the national average. In New York, the chance that a drug-related emergency

department visit involved heroin or cocaine was about the same, (i.e., 4 times the national average), while in Detroit and Philadelphia visits were more likely to involve cocaine than heroin.

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Mr. MICA. Thank you for your testimony. We will ask questions after we have heard from all of the panelists.

I would now like to recognize Mr. Ronald Daniel, who is the police commissioner.

Mr. DANIEL. Chairman Mica, Congressman Cardin, thank you for your kind invitation to participate today.

As a law enforcement officer, I enjoy arresting people involved in the drug trade. It is my job. But it pains me when I talk to so many individuals who are addicted to drugs, who want and seek treatment, and it is not available for them. Many police officers, particularly ones who develop informants and sources of information, talk to people who want to try to get out of their problem. A lot of them are bright, decent, hardworking people.

When you watch a drug dealer operate, if they just took that energy and just did something else, they could be very productive citizens. And coming up in Baltimore—you know, I grew up in this city, and so many of my childhood friends got involved with drugs. Some of my relatives have the same problems. Even people who grew up in the same households, one child goes one way, another goes another way. It happens all the time.

I think that if there were more treatment opportunities—I have worked with a program called "hot spots" for the past 2 years, which is a program sponsored to give parolees and probationers enhanced supervision by reducing the caseload in heavy crime areas of the city. And when I was going out with them on field interviews and talking to so many addicts, a lot of them weren't doing what they were supposed to. And the ones—again, I saw significant numbers of people wanting treatment and being told, "You have to wait 30 or 45 days just to be screened to get into a treatment program."

And with an addict, you know, when they make that decision they want to try to turn things around, you have got to have some type of immediate response to help them. Otherwise, you simply lose them. They are just back in the same environment they were in before. A lot of times an arrest situation could be the factor that triggers it. But if we can't offer them some assistance immediately, you know, it doesn't do us any good.

Without question, there is a connection between drugs and crime, especially violent crime in Baltimore. We have significant numbers of open air drug markets in this city. The mayor has committed, and I am committed, to shutting down 10 of them within 6 months. We have pledged to do that, and then we are going to identify 20 more open air drug markets within the next year.

These are the kinds of things and aggressive law enforcement action that we are going to take. Beyond the enforcement action regarding shutting down the open air drug markets, we have been working with the Health Department, the Department of Social Services, Department of Public Works, to improve the quality of life in the surrounding neighborhoods.

And we are not going to leave the neighborhoods or the areas until the problem goes away. So unlike some enforcement actions, where you come in, raid, and then leave, and the neighborhood reverts back, we are going to take steps so that that doesn't happen. And that is a little difference here for us.

I was going to talk a little bit about the dollar figure with addicts, but that was spoken about before. But the fact that addicts steal $100 a day to get $10 for cocaine, or a hit of cocaine, or heroin in this city, means when you multiply that by their needs and the number of addicts that we have in this city, that is why people's homes are broken into. That is why people get robbed. That is why cars are broken into down in the Inner Harbor, to feed and fuel this drug trade.

In this city, we also have some significant—you heard about it—suburbanites coming into Baltimore to buy drugs. We do something called reverse stings here, where police officers pose as drug dealers, and we target areas where we can get people from out of the city who come in. And a couple of weeks ago we ran an operation over in the southwest part of the city, and we asked the people, "Why did you come here? What led you to Baltimore?"

One gentleman was from southern Pennsylvania, and he told us that he had gotten the directions for this particular drug corner written on a 7–11 wall in Pennsylvania. And the reason that we have such high purity, low cost, and significant numbers of drug markets in this city, which is one of the reasons why we have this large drug problem. Also, quite frankly, we have had prior enforcement action of the drug trade that wasn't what it was supposed to be.

You asked about HIDTA. I met with the local HIDTA officials a couple of weeks ago, got a briefing. HIDTA is good for us, and I thank you for their support. We have underutilized HIDTA here. We have not kept up with our commitment for HIDTA. You know, most law enforcement agencies commit to having some of their own people, and we withdrew those people without explanation to HIDTA. I have already taken care of that problem, and I think HIDTA will say that we are cooperating much better than we had.

HIDTA helps us a lot. They have excellent crime analysis capabilities, criminal intelligence capabilities, and, of course, they have some sophisticated equipment that we use. And they are posed to tackle and take on some of our heaviest drug organizations, and we are extremely appreciative.

Heroin is the primary drug of choice in Baltimore, followed by cocaine and marijuana. I was surprised about the resurgence of marijuana with regard to violent crimes. In my old neighborhood, in West Baltimore, marijuana is the only drug sold on that corner. And I was surprised to see the violence shootings, killings, significant numbers of arrests, and so marijuana, cocaine, and heroin are some of the significant problems for us in this city.

Drugs are moved through this city every way imaginable. Primarily we get most of our drugs from New York. It is still a source city. Trains, cars, and we do interdiction exercises at most of these places, but it is difficult to stem the tides.

What we intend to do is to try to shut down as many open air drug markets that we can, because we think that that directly affects the violence in the city, and we are going to work as hard as we can on stabilizing neighborhoods and getting people to feel good about themselves, to move back into the city, because we are significantly losing some of our tax base. Citizens deserve to be safer than they are right now.

You asked the question about why, and about policies here. Our police officers have often been confused about policies of the leadership in the city, what direction they should take, do they want us to make drug arrests or not, what are they saying about drugs. There is no confusion any more. We are going to be aggressive with drug enforcement in the city. We have to be. We have a horrendous murder rate. We have got 64 murders so far this year, many of them—at least 40 to 60—are probably drug related.

We have had some significant problems investigating crimes because of failed policies in the past, and have taken corrective action for that. We feel that we should turn things around. We certainly appreciate your assistance. We appreciate your coming here, listening to us. But we do have a significant problem in Baltimore.

Mr. MICA. Thank you, Commissioner Daniel.

We will now hear from Dr. Peter Beilenson, commissioner of the Baltimore Department of Public Health. You are recognized, sir.

Dr. BEILENSON. Thank you very much, Mr. Chairman, and Congresspeople. Well, you have heard very eloquently from several people now about what the problems are, and I think you will find that we are an unusual jurisdiction in that most of the people you have been hearing from have criminal justice backgrounds. And you will be hearing from Secretary Simms shortly.

And in few, if any, other jurisdictions, can you find that public health and criminal justice officials agree completely that (a) you need to have some type of criminal justice activity on the violent, drug-related offenders, but you also clearly need more treatment, both voluntarily and through the courts. And I think you hear this loud and clear from the mayor, from the county executive, from our police commissioner. And I assume you will hear it also from Secretary Simms. I don't want to speak for him.

We have done a lot in this city over the last several years to increase drug treatment. Along with San Francisco, we are the only city that I know of that has doubled drug treatment. Most of that has been through city resources and foundation dollars that we have raised.

In answer to your earlier question, our block grant, at least until this past year, has been static—the State-Federal block grant—for several years. And the only increase we had recently was to increase salaries for some of our treatment providers because the counselors are woefully underpaid.

Even still, with doubling treatment availability in the city, we are serving only about 18,000 to 20,000 of the 55,000 or so addicts in this city. I would just point out that that chart is not right. In 1950, we didn't have 300 heroin addicts in Baltimore. We had tens of thousands. So it has not increased, whatever that is, 3,800-fold, or whatever.

Clearly, we have a major problem. We have about 55,000 addicts, as Commissioner Daniel was mentioning. The primary drug of choice is heroin about 70 percent of the time. However, most of our addicted individuals in the city are polysubstance users. They use heroin and cocaine, maybe marijuana as well, alcohol, tobacco. So it is a serious problem.

Our proposal is very simple. You asked the mayor earlier I think does his proposal include things like jobs, and Congressman

Cummings was talking about that. It has been in the paper—I don't expect that Congressman Mica has read this, but I know that our two congressional representatives certainly have. We have a proposal in to the Governor for $25 million. Just so you know, our general—where we are coming from, about $30 million is spent on drug treatment in Baltimore City each year.

The crime costs, as Commissioner Daniel was referring to, are $2 to $3 billion a year; $50 to $75 a day habit times 55,000 addicts times 365 days comes to about $1½ billion. But people get on the street, for what they—you can't sell what you steal on the street on a one-to-one basis. So the bottom line is $2 to $3 billion in crime each year.

What we have asked for is $25 million to be able to expand treatment so that we will be able to have people who are either required by the courts in whatever way that happens, through drug court or on parole and probation, or referred directly in from the streets, self-referrals, because they have hit bottom and are ready for treatment, to be able to have whatever modality that would serve them best within 24 hours. So you have this immediate treatment, as Commissioner Daniel was talking about—the importance of that.

But it is not enough just to get people clean. It is not that difficult to get people clean. And if you want to ask questions later, I have a lot of our statistics here from Baltimore, our performance measures of our treatment programs. The key is to keep them clean. And the way to keep them clean is, as Congressman Cummings was implying, are wraparound services—kind of a silly term for very important things.

So our $25 million proposal included enough treatment slots to provide the appropriate type of treatment for everybody who needs it or is required to go into treatment in Baltimore City within 24 hours; plus onsite housing services, so we can refer people to appropriate housing; job training and placement. And there is a strive program in Baltimore, which you may want to ask about, that has worked very well at getting addicted individuals who are recovering into jobs.

Babysitting and day care services—crucial for the moms and more and more a lot of dads who have custody of their kids who can't go to drug treatment during the day if they can't find someone to watch their children. And mental health and medical services. All of these are in the $25 million proposal. And as the mayor has said, he has met several times with the Governor and now the Lieutenant Governor, and so far we are not getting the $25 million.

It is a tiny amount of money in a huge State budget. And when you look at the incredible cost to the State of Maryland of these $2 to $3 billion in crime costs—and that is city cost alone. It doesn't include the Baltimore County crimes that are being committed by city residents. We think it would be money extremely well spent.

I would be happy when you ask questions—I know you are concerned, Congressman Mica, about the needle exchange program.

We have excellent statistics on that. And if you want to ask about the performance measures we use here in the city in our treatment programs to show that they do work, I would be happy to answer them as well.

[The prepared statement of Dr. Beilenson follows:]

The negative consequences of Baltimore's drug problem are well known: 75-90% of all crimes committed in the city are drug-related and 80% of all AIDS cases are due to injection drug use. Many businesses have trouble locating drug-free employees, and our schools are full of kids coping with at least one drug-affected parent in their off-school hours.

If we want to be serious about dealing with Baltimore's high crime and AIDS rates, improve our economy and schools, then we must be serious in addressing our drug problem which is 55,000 addicts strong.

Part of the solution is to reform the criminal justice system as the Mayor is currently proposing, which will allow the courts to focus on violent drug-related offenders. However, we simply cannot arrest our way out of the drug problem. Why? Because although we can temporarily clear our streets of the most violent offenders, who are often related to the drug trade – as long as the demand for drugs remain, new suppliers will take their place. The only way to decrease this demand is to significantly expand substance abuse prevention and treatment.

Baltimore's publicly funded drug treatment system currently treats about 18,000 individuals a year, and does so fairly effectively. In fact, a national scientific advisory group recently called Baltimore's treatment system one of the very best in the country. That doesn't mean it can't be better. The treatment system is about to implement extensive performance measures by which individual treatment programs will be judged and held accountable. But, the basic fact remains: we do not have anywhere near the treatment capacity we need. Our best estimate is that about 40,000 addicts will voluntarily request treatment or be required by the courts to receive treatment each year. In order for this to happen, the treatment system would need an influx of approximately $40 million in addition to the current $30 million budget.

What would this $70 million buy? It would allow for treatment on request or require in Baltimore City, which is defined as being placed in drug treatment within 24 hours of voluntarily request or being ordered by the courts to attend. Having treatment available immediately is crucial because treatment is most effective when an addicted individual admits they have a problem and seeks treatment or sanctions are rapidly enforced.

While becoming clean is relatively easy, remaining clean is more difficult. The key to long-term success is keeping the recovering addict clean. To that end, it is crucial that we address other problems in the addicted individual's life. Thus, the forty million additional dollars will also provide a variety of enhanced services on-site at all substance abuse treatment programs in the city including: mental health and medical services, job readiness training and placement, legal services, housing coordination and day care-babysitting.

Even in this time of economic prosperity and budget surpluses, $40 million in newly funding sounds like a lot of money. But, let's put it in perspective. Baltimore's 55,000

addicts commit an estimated $2-3 billion worth of crime each year, making treatment extremely cost effective.

The consequences of our substance abuse problems are so detrimental to the overall health of Baltimore, that it is absolutely imperative that comprehensive drug treatment be fully funded and widely available.

I am so convinced of the importance of this funding and the effectiveness of treatment in preventing crime that I will make this pledge in writing: if Baltimore's crime rate is not cut in half within three years of obtaining $40 million in additional funding for drug treatment, I will resign.

Peter L. Beilenson, M.D., M.P.H.
Commissioner of Health
March 1, 2000

Mr. MICA. Thank you. I would like to recognize now Mr. Stuart Simms, who is the secretary of the Maryland Department of Public Safety and Correctional Services. You are recognized, sir.

Mr. SIMMS. Good morning, Chairman. Good morning, Congressman Cummings. Good morning, ladies and gentlemen. I am Stuart Simms, secretary, Department of Public Safety and Correctional Services. We operate the prisons throughout the State, of which there are 26, also the Division of Parole and Probation, as well as the local jail facilities. And so we operate the Baltimore City Detention Facility as well.

I will try to move quickly through these remarks. I will submit the prepared remarks for your review, but very quickly I want to thank Congressman Cummings. His interest in this issue has been consistent throughout. As you may know, he had a substantial role in development of a study on African-American males by this State, which focuses particularly on the racial imbalance in our institutions. I have used it as a principle starting point to broaden educational services within our current system.

You can look at the ACA, American Correctional Association, review, which points out Maryland as being one of those States that has a progressive educational system.

I also want to express my thanks to the Congress for their early support of the correctional options amendments to the Crime Control Act of 1990. That act enables our State agency to be the State agency which funds the bulk of drug court, along with the State Department of Health and Mental Hygiene, which funds most of the substance abuse treatment services that have been discussed and will be discussed here today.

I also wanted to indicate, with respect to your interest about HIDTA, you are going to hear from Ms. Robinson. HIDTA has been of invaluable assistance certainly on the law enforcement side. I am familiar with that because I was the former elected prosecutor for Baltimore City for two terms, as well as a former Federal prosecutor.

And they have been extremely vital, both on the law enforcement side and on the treatment side as well. Indeed, one of our former directors of parole and probation served as treatment chairman for several years.

I also wanted to indicate there are two things that I think we have done as a State agency. The first fundamental principle is that basically treatment has to be viewed as a crime reduction strategy. Second, that the public safety agencies cannot solely implement after-care substance abuse services. We have done that in partnership with the local Department of Health. We have done that in substantial partnership with the State Department of Health and Mental Hygiene. Secretary Georges Benjamin was here. However, I know representatives of the State Alcohol and Drug Abuse Administration are here, and they have participated significantly in the local service delivery issue.

I want to point out, as has been said, I think it would be great to get the $25 million that Dr. Beilenson just discussed. We are moving forward as an agency to expand, I think, our service by expanding the number of parole and probation agents, as well as our services. You must understand also that there are State legislators

who are certainly interested in the returns that they are getting on these dollars.

And so at the same time that they are being appropriated, both from State and Federal sources, local and State are asking for results. I am pleased to report that HIDTA has been an important link in providing those results. And as you will hear from later, both from Ms. Robinson and from Dr. Taxman, your funding of HIDTA has elevated the whole delivery and monitoring system to show our results. And that has been a key issue.

There are three basic and interrelated approaches which comprise the balance of our service delivery, and I want to sketch those very quickly for you. The first is the correctional options program I just discussed. That began back in 1994, and in 1994 it was a direct response to unprecedented growth in the State's prison population, which had doubled between 1987 and 1997.

Basically, the program targets offenders whose criminality is due principally to substance abuse problems. Those entering the programs are screened to determine severity of their addiction, with the appropriate instruments, and we rule out any person who has been convicted or charged with a serious felony.

The offenders are often required to participate in mandatory drug testing, outpatient drug treatment, job counseling, and those who comply with the conditions may be placed in less stringent levels of supervision. And offenders who do not comply may be placed in more stringent levels of supervision and may be returned to State prison in special programs, such as a regimented offender treatment center, which is institutionally based.

Interesting components of the program include intensive supervision units, day reporting centers, which we are having problems locating incidentally, community resource coordinators, and a urine testing lab. We run a huge urine testing lab in East Baltimore, and it tests over 10,000 offenders a year.

Currently, there are 3,000 offenders in our correctional office's program locally, and about 400 of those are institutional, who are going back and forth as a sanction of sorts.

A study was conducted of this particular facet of our program and offering, and we found that there was a 30 percent difference in the rate of return versus regular DOC releases. We found that 50 percent of the people in programs are less likely to commit new offenses. We found—or I should say the National Center for Crime Delinquency, which did the study, found that there was a $50 million cost avoidance in prison construction and a $13 million cost avoidance in operating costs. In summary, the low recidivism rate and fiscal savings supported our conclusion that the program was cost effective. The second approach is drug treatment court that the judge just talked about, utilizing a partnership with the judiciary and prosecutor's office. I did see the DTAP program under—I Charles Hynes, who is a prosecutor up there, and I know John O'Hare, who was a prosecutor in Detroit.

We looked at the program, looked at the program facets. We utilized that partnership with the State Drug and Alcohol Abuse Administration, as well as the City Health Department, as well as the city prosecutor's office and the local public offender's office, to fea-

ture expedited case handling, intensive drug supervision, with periodic drug testing and mandatory drug treatment.

And it may be pointed out by other witnesses today, a University of Maryland official, Dr. Denise Gotferson, has done a preliminary analysis, and certainly the program has proved to be effective. Note from what Judge Noel indicated, the program has about 700 folks in it. And it is primarily focused for individuals who are usually about above 30 and have a heroin background.

The second approach is distinguished from the third basic approach that we use called "break the cycle" where we focus on a younger offender who potentially is more violent and more volatile. And in 1998, the legislation did fund about roughly $3 million to fund that program in seven jurisdictions.

The key approach to this is utilizing, as I said, the very funding that you made available through HIDTA, a program called HATTS, which is our Automated Treatment and Tracking System, because you need to know the outcomes on individuals and where they went, what happened to them, and what their rate of recidivism was or repeat offense was.

This program relies on all of the other facets that I have just mentioned, the drug testing, and monitoring, but it relies on follow-up with agents of the Division of Parole and Probation to ensure that the offenders attend urinalysis testing.

We haven't done any outcome study, yet. The program is relatively new, but some of the preliminary data, which I am sure Dr. Taxman will highlight in our discussion, was a typical offender is male, between 21 and 29, as opposed to a 36-year old; 23 percent decrease in the number of rearrests; a decline in drug use of 53 percent; and a decrease in the number of people who failed to appear for urinalysis testing as we developed this particular program.

We think these combined strategies and approach are very fruitful. They have to be continued and built upon. There are some additional factors I think that you need in order to sustain significant drug prevention and alternatives to incarceration programs. The first is a successful drug treatment delivery system.

Again, I salute my partners in the State health system, Dr. Benjamin and also Dr. Beilenson here. You will hear a little bit later about the Baltimore Substance Abuse System, BSAS. There is a representative of that organization here, which is a public-private partnership, to try to work with the providers and get people into treatment.

Second, you need community service. You need community service grants, whether that is from State, local, or Federal Government.

And, third, I think—and something that this Congress should think about—is appropriating dollars for sentencing guideline organizations, of which there is one in the State of Maryland, to look at developing local treatment options and alternatives to incarceration.

Three things I would like to recommend to you—the continuing funding of the residential substance abuse treatment program. This Department receives dollars from the Federal Government to treat offenders behind bars. We do not treat enough of them. Any program broadening would be helpful.

Second, expanding funding in technical assistance for transitional programs. You have heard here today that transitional programming, including those components of day care, after care, and other aspects, need to be offered from a Division of Parole and Probation or a State correctional perspective. That is not our core competency. Therefore, job referrals and other aspects that we do do, we should be referring them to professionals who do that on a full-time basis.

And, last, I think you have a clear opportunity—Maryland has one of the lowest referral rates of women to prison. And although that is a growing population nationally, we think because they are "smarter" than men, you have a clear opportunity, if you fund specific programs related to women, that we can develop in scale and score some big opportunities.

And so if you take nothing else from this hearing from me today, I think it is an incredible opportunity, I think, to specifically design and tailor programs related to women involved in substance abuse who primarily at all do not need to be in an incarcerative situation.

I thank you for the opportunity to testify and look forward to your questions.

[The prepared statement of Mr. Simms follows:]

U.S. HOUSE OF REPRESENTTIVES
HOUSE COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY
AND HUMAN RESOURCES
PUBLIC HEARING ON ALTERNATIVES TO INCARCERATION

TESTIMONY OF STUART O. SIMMS
SECRETARY, MARYLAND DEPARTMENT OF PUBLIC SAFETY
AND CORRECTIONAL SERVICES

MARCH 27, 2000

MR. CHAIRMAN, DISTINGUISHED MEMBERS OF THE SUBCOMMITTEE AND GUESTS, THANK YOU FOR THE OPPORTUNITY TO PRESENT TESTIMONY REGARDING MARYLAND'S EFFORTS ON THE UTILIZATION OF ALTERNATIVES TO RESPOND TO THE IMPACT OF SUBSTANCE ABUSE ON THIS STATE AND THE GREATER BALTIMORE CITY REGION.

I WANT TO EXPRESS MY THANKS TO THE CONGRESS OF THE UNITED STATES FOR THEIR EARLY SUPPORT OF THE CORRECTIONAL OPTIONS AMENDMENTS TO THE CRIME CONTROL ACT OF 1990 AND TO THE OFFICE OF NATIONAL DRUG CONTROL POLICY WHICH PROVIDED EARLY FUNDING TO EXPAND THE AVAILABILITY OF SUBSTANCE ABUSE SERVICES IN MARYLAND'S PRISONS AND JAILS. TWO FUNDAMENTAL PRINCIPLES SHOULD BE PRESENT TO ESTABLISH ALTERNATIVES TO INCARCERATION, ESPECIALLY FOR SUBSTANCE ABUSING OFFENDERS. FIRST, TREATMENT HAS TO BE VIEWED AS A CRIME REDUCTION STRATEGY. AN OFFENDER NEEDS TO BE TREATED AS AN INDIVIDUAL WHO CAN LEARN, ADJUST AND ADAPT, AND THEREBY MAKE SUBSTANTIVE BEHAVIORAL CHANGES IN RESPOND TO PERSONAL CONSEQUENCES, ESPECIALLY THOSE STEMMING FROM THE CRIMINAL JUSTICE SYSTEM. SECOND, LAW ENFORCEMENT OR THE PUBLIC SAFETY AGENCIES CAN NOT SOLEY IMPLEMENT AFTERCARE SUBSTANCE ABUSE SERVICES. IMPLEMENTATION OF SUCH SERVICES REQUIRE A PARTNERSHIP. IN THIS REGION, WE ARE PLEASED TO HAVE A PARTNERSHIP WITH OUR SISTER STATE AGENCY, THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND ITS ALCOHOL AND DRUG ABUSE ADMINISTRATION AND THE BALTIMORE CITY HEALTH DEPARTMENT. THROUGH THEIR JOINT COOPERATION, THIS DEPARTMENT IS OPERATING ITS OWN CERTIFIED ADDICTION TREATMENT PROGRAMS AND PERSONS UNDER CRIMINAL JUSTICE SUPERVISION ARE RECEIVING GREATER ACCESS TO RESIDENTIAL AND OUTPATIENT TREATMENT PROGRAMS.

THERE ARE THREE BASIC, BUT INTER RELATED APPROACHES WHICH COMPRISE THE BALANCE OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES "CRIME REDUCTION AND ALTERNATIVE SANCTIONS STRATEGY." EACH OF THE APPROACHES ARE ADMINISTERED THROUGH THE DIVISION OF PAROLE AND PROBATION AND EACH OF THEM UTILIZES SUBSTANCE ABUSE TESTING, TREATMENT AND SUPERVISION STRATEGIES TO ACCESS LESS EXPENSIVE AND LESS DISRUPTIVE ALTERNATIVES TO THE INCARCERATION FOR NON-VIOLENT OFFENDERS.

THE APPROACHES ARE:

CORRECTIONAL OPTIONS

BEGUN IN MARCH 1994, MARYLAND WAS ONE OF FOUR STATES TO RECEIVE FUNDING TO DEVELOP AND IMPLEMENT AN ALTERNATIVE TO INCARCERATION PROGRAM FOR NON-VIOLENT, CHEMICALLY DEPENDENT OFFENDERS. THE PROGRAM WAS A DIRECT RESPONSE TO UNPRECEDENTED GROWTH IN THE MARYLAND'S PRISON POPULATION. OVER THE TEN-YEAR PERIOD 1987 TO 1997, MARYLAND EXPERIENCED AN INCREASE IN ITS FEMALE SENTENCED POPULATION OF 153% AND AN INCREASE OF APPROXIMATELY 70% IN ITS MALE POPULATION.

THE PROGRAM IS ESSENTIALLY A "FRONT END" PROGRAM THAT INCORPORATES A BACK END STRATEGY OF REGRESSIVE SANCTIONS AND PROGRESSIVE INCENTIVES. THE PROGRAM TARGETS OFFENDERS WHOSE CRIMINALITY IS DUE PRINCIPALLY TO SUBSTANCE ABUSE PROBLEMS. BEFORE ENTERING THE PROGRAM, OFFENDERS ARE SCREENED TO DETERMINE THE SEVERITY OF AN OFFENDER'S ADDICTION, AS WELL AS THE OFFENDER'S CRIMINAL TENDENCIES. THE GOAL OF THESE TESTS ARE TO IDENTIFY OFFENDERS WITH ADDICTION PROBLEMS BUT WITHOUT PSYCHOPATHIC PERSONALITIES OR LIFESTYLES. INELIGIBLE OFFENDERS ARE THOSE OFFENDERS CONVICTED OF VIOLENT CRIMES (E.G., ARTICLE 27, SECTION 643B OF THE ANNOTATED CODE OF MARYLAND) WITHIN THE PAST 5 YEARS OR WHO ARE CURRENTLY SERVING A SENTENCE FOR A VIOLENT CRIME.

OFFENDERS ARE OFTEN REQUIRED TO PARTICIPATE IN PROGRAMMING SUCH AS MANDATORY DRUG TESTING, OUTPATIENT DRUG TREATMENT AND JOB COUNSELING. OFFENDERS WHO COMPLY WITH THEIR CONDITIONS OF SUPERVISION MAY BE PLACED IN LESS STRINGENT LEVELS OF SUPERVISION, AND OFFENDERS WHO DO NOT COMPLY MAY BE PLACED IN MORE STRINGENT LEVELS OF SUPERVISION, AND MAY BE RETURNED TO STATE PRISION – SUCH AS A BOOT CAMP OR A REGIMENTED OFFENDER TREATMENT CENTER (ROTC) WHICH IS AN INSTITUTIONALLY BASED INPATIENT TREATMENT PROGRAM.

SOME OF THE MORE INTERESTING COMPONENTS INCLUDE:

- PAROLE AND PROBATION SUPERVISION UNITS FOR INTENSIVE SUPERVISION;
- DAY REPORTING CENTERS TO COORDINATE DAY ATTENDANCE, AND EDUCATIONAL AND EMPLOYMENT SERVICES;
- COMMUNITY RESOURCE COORDINATORS TO PROVIDE EMPLOYMENT READINESS TRAINING AND REFERRAL;
- AN AUTOMATED STATE-OF-THE-ART URINE TESTING LAB TO COLLECT 9,200 URINES PER MONTH.

CURRENTLY, APPROXIMATELY 2,900 OFFENDERS PARTICIPATE IN COP – 2,500 IN THE COMMUNITY AND ABOUT 400 INSTITUTIONAL. ABOUT 2,200 COMMUNITY PARTICIPANTS ARE BASED IN BALTIMORE CITY.

A STUDY OF THE PROGRAM WAS CONDUCTED IN 1997 BY THE NATIONAL COUNCIL ON CRIME AND DELINQUENCY (NCCD). AMONG THE SIGNIFICANT FINDINGS WERE:

(1) A 30% DIFFERENCE IN THE RATE OF RETURN VERSUS DOC RELEASES;

(2) 50% LESS LIKELY TO COMMIT NEW OFFENSES;

(3) $50 MILLION IN COST AVOIDANCE IN PRISON CONSTRUCTION;

(4) $13 MILLION IN COST AVOIDANCE IN OPERATING COSTS;

IN SUMMARY, THE LOWER RECIDIVISM RATE AND FISCAL SAVING SUPPORT A CONCLUSION OF PROGRAM AND COST EFFECTIVENESS.

DRUG TREATMENT COURT

THE IMPLEMENTATION OF THE BALTIMORE CITY DRUG TREATMENT COURT WAS A LOGICAL EXPANSION TO THE SUBSTANCE ABUSE PROGRAM PORTFOLIO OF THE DIVISION OF PAROLE AND PROBATION. INITIATED BY A GRANT REQUEST TO THE DEPARTMENT OF JUSTICE IN 1995, THE PROGRAM IS AGAIN ANOTHER "FRONT END" PROGRAM EXCEPT IN THIS INSTANCE, THE FOCUS IS ON DIVERSION FROM INCARCERATION FOR THE NON-VIOLENT, DRUG-INVOLVED OFFENDER.

UTILIZING A PARTNERSHIP WITH THE JUDICIARY, THE PROSECUTOR'S OFFICE AND THE PUBLIC DEFENDER'S OFFICE, THE DRUG COURT PROGRAM

FEATURES EXPEDITED CASE HANDLING, INTENSIVE SUPERVISION WITH PERIODIC DRUG TESTING AND MANDATORY DRUG TREATMENT. THE PROGRAM IS ACTIVE IN BOTH THE DISTRICT COURT – WHICH HANDLES PRIMARILY MISDEMEANORS AND THE CIRCUIT COURT – WHICH HANDLES PRIMARILY FELONIES. THERE ARE DEDICATED DOCKETS WITH SPECIALLY ASSIGNED JUDGES, PROSECUTORS AND PUBLIC DEFENDERS. THE LEVEL OF SUPERVISION AND THE PROCEDURES VARY BY THE PARTICULAR PHASE THE OFFENDERS IS IN (E.G., INTENSIVE, MODERATE – NO POSITIVE URINES – MINIMUM, AND GRADUATION). OUTPATIENT TREATMENT IS PROVIDED BY THE TREATMENT PROVIDERS COUPLED WITH A JAIL BASED ACCPUNCTURE TREATMENT PROGRAM.

AS WILL BE STATED BY OTHER WITNESSES TODAY, THE EARLY RESULTS ON DRUG TREATMENT COURT ARE EXTREMELY ENCOURAGING AND ITS SUCCESS, PARTICULARY GIVEN THE INVOLVEMENT OF RELIGIOUS NON PROFITS LENDS SUPPORT TO ONE OF THE DEPARTMENT'S RECOMMENDATIONS OF EXPANDED FEDERAL SUPPORT FOR TREATMENT DELIVERY BY NON PROFIT ORGANIZATIONS.

BREAK THE CYCLE

THIS IS BASICALLY A MANAGEMENT APPROACH, WHICH BUILDS ON THE PIONEERING WORK OF LOCAL CRIMINAL JUSTICE/TREATMENT COALITIONS AND THE CORRECTIONAL OPTIONS/DRUG TREATMENT COURT IN BALTIMORE CITY. BEGUN IN DECEMBER 1997, THIS APPROACH RELIES ON TESTING, SANCTIONS AND TREATMENT TO CHANGE BEHAVIORS AND LOWER REOFFENDING.

IN FISCAL YEAR 1998, THE STATE LEGISLATURE PROVIDED $2.9 MILLION TO IMPLEMENT THE APPROACH IN 7 JURISDICTIONS. THREE URINALYSIS LABORATORIES WERE ESTABLISHED AND DAY REPORTING CENTERS WERE OPENED. IN THE FIRST YEAR, 19,500 OFFENDERS WERE ENTERED INTO THE PROGRAM.

A KEY ASPECT OF THE BREAK THE CYCLE (BTC) APPROACH IS UTILIZATION OF A COMPUTERIZED NETWORKED OFFENDER DATA TRACKING SYSTEM KNOWN AS HATTS (HIDTA AUTOMATED TREATMENT AND TRACKING SYSTEM). HATTS MAINTAINS SUPERVISION AND TREATMENT DATA ON OFFENDERS WHICH IS SHARED AMONG PAROLE AND PROBATION AGENTS AND TREATMENT PROVIDERS. THE DEPARTMENT AND RESEARCHERS UTILIZE THE SYSTEM TO TRACK PERFORMANCE MEASURES SUCH AS VIOLATION OF PROBATION TRENDS, URINALYSIS RESULTS, TRENDS IN WARRANTS, USE OF SANCTIONS, NEW ARRESTS AND RETURNS TO JAIL OR PRISONS. THIS DEPARTMENT IS GRATEFUL FOR CONGRESSIONAL SUPPORT OF THE OFFICE OF NATIONAL DRUG CONTROL AND PREVENTION (ONDCP), WHICH IS THE PRIMARY SUPPORT OF HIDTA WHICH HAS BEEN ESSENTIAL

TO PROVIDING A SYSTEM OF DOCUMENTING TREATMENT OF THE CRIMINAL JUSTICE POPULATION.

THE BREAK THE CYCLE APPROACH TO SUBSTANCE ABUSE MANAGEMENT RELIES ON FOLLOW UP BY THE AGENTS OF THE DIVISION OF PAROLE AND PROBATION TO ENSURE THAT OFFENDERS ATTEND URINALYSIS TESTING, REMAINING IN TREATMENT, AND WHERE APPLICABLE, RECEIVE SANCTIONS (E.G. REVOCATION, HOME MONITORING, INCREASED TESTING) FOR NON-COMPLIANT BEHAVIOR. A COMPLETE EVALUATION WLL PROBABLY NOT BE AVAILABLE UNTIL LATE THIS YEAR OR 2001. HOWEVER, PRELIMINARY PROGRESS MONITORING BY DR. FAYE TAXMAN OF THE UNIVERSITY OF MARYLAND REVEALS THE FOLLOWING HIGHLIGHTS RELATED TO BALTIMORE CITY:

(1) THE TYPICAL OFFENDER IS MALE BETWEEN 21 AND 29 YEARS OLD WITH 6 PRIOR ARRESTS;

(2) A 23% DECREASE IN THE NUMBER OR REARRESTS OF OFFENDERS DURING THE FIRST 90 DAYS OF SUPERVISION;

(3) A DECLINE IN DRUG USE OF 53% FOR THOSE TESTED 8 WEEKS (FROM 34% BEFORE TESTING TO 16%);

(4) A DECREASE IN THE NUMBER OF PERSONS WHO FAILED TO APPEAR FOR URINALYSIS TESTING (FROM 33% TO 14%).

THE COMBINED APPROACHES OF THE THREE INTERVENTIONS, CORRECTIONAL OPTIONS, DRUG COURT, AND BREAK THE CYCLE, FORM THE NUCLEUS OF A STRATEGY OF TREATMENT AND ACCOUNTABILITY TO REDUCE DRUG USE, SUBSEQUENT CRIMINAL BEHAVIOR AND BED DAYS. THE CRIMINAL JUSTICE COMMUNITY HAS LEARNED AND DESIRES TO EXPAND UPON PROVEN THEORIES WHICH DEMONSTRATE THAT THE UTILIZATION OF INTENSIVE DRUG TREATMENT, CLOSE MONITORING, DRUG TESTING AND SWIFT SANCTIONS CAN CHANGE A SUBSTANCE ABUSER'S BEHAVIOR AND REDUCE HIS OR HER DEMAND FOR DRUGS.

ADDITIONAL FACTORS ENHANCING ALTERNATIVE TO INCARCERATION

THERE ARE SEVERAL AREAS WHERE ENHANCEMENTS CAN BE UNDERTAKEN TO SIGNIFICANTLY ENRICH OPPORTUNITIES TO EXPAND SUCCESSFUL SUBSTANCE ABUSE TREATMENT AND JAIL DIVERSION PROGRAMMING. AMONG THEM ARE:

(1) A SUCCESSFUL DRUG TREATMENT DELIVERY SYSTEM. IN BALTIMORE CITY, THE DEPARTMENT OF PUBLIC SAFETY IS

FORTUNATE TO HAVE THE BALTIMORE SUBSTANCE ABUSE SYSTEMS, INC. (BSAS) A PUBLIC-PRIVATE NON-PROFIT ORGANIZATION WHICH COORDINATES TREATMENT DOLLARS AND AVAILABLE TREATMENT SLOTS. ALTHOUGH STILL IN ITS INFANCY, THE ORGANIZATION SERVES AS A STEERING GROUP TO ADVOCATE TREATMENT AND MAXIMIZE TREATMENT UTILIZATION, AND MEASURE EFFECTIVENESS.

(2) COMMUNITY SERVICE GRANTS. THE DIVISION OF PAROLE AND PROBATION OPERATES A $600,000 COMMUNITY SERVICE GRANT PROGRAM WHICH ENABLES LOCAL COUNTIES AND THE CITY OF BALTIMORE TO DEVELOP ALTERNATIVE SENTENCING PROGRAMS. SUCH PROGRAMS NEED EXPANDED STATE AND FEDERAL SUPPORT.

(3) SENTENCING GUIDELINES. MARYLAND HAS HAD SENTENCING GUIDELINES SINCE 1983 AND CREATED A STATUTORY STATE SENTENCING COMMISSION IN 1999. PAROLE HAS BEEN RETAINED AND THERE IS CONSIDERABLE DISCUSSION BY THAT COMMISSION CONCERNING THE REVISION OF DRUG POSSESSION GUIDELINES DOWNWARD AND THE EXPANSION OF CORRECTIONAL OPTIONS APPROACHES FOR LOCAL JURISDICTIONS.

RECOMMENDATIONS

TO FURTHER ENHANCE AND EXPAND SENTENCING OPTIONS FOR SUBSTANCE ABUSE OFFENDERS, THE DEPARTMENT OFFERS THE FOLLOWING ADDITIONAL RECOMMENDATIONS:

(1) CONTINUED FUNDING OF RSAT (RESIDENTIAL SUBSTANCE ABUSE TREATMENT). RSAT IS THE FEDERALLY FUNDED PENAL INSTITUTION-BASED DRUG TREATMENT PROGRAM. THE DEPARTMENT HAS RECEIVED FUNDING OF $6.2 MILLION THROUGH FEDERAL FY 2000. CONSIDERATION OF EXPANSION WOULD BE APPROPRIATE.

(2) EXPANDED FUNDING AND TECHNICAL ASSISTANCE FOR TRANSITIONAL PROGRAMS WHICH COMBINE COLLATERAL SERVICES (E. G., EMPLOYMENT, HOUSNG AND SOCIAL SERVICES) AND INCLUDE NON-PROFIT SUPPORT ORGANIZATIONS

AGAIN, THE DEPARTMENT APPRECIATES THE OPPORTUNITY TO PRESENT ITS VIEWS ON THIS IMPORTANT SUBJECT.

Mr. MICA. Thank you, and we will now recognize Ms. Renee Robinson, who is the treatment/criminal justice coordinator for Baltimore/Washington, HIDTA. You are recognized.

Ms. ROBINSON. Good morning, Mr. Chairman and Congressman Cummings. I would like to thank everyone for the opportunity to speak on the Washington/Baltimore HIDTA. I thank my distinguished colleagues for their positive comments of support, and I ask that the committee indulge my fluctuations in voice. Today is the day that my allergies decided that they would attack me, but I will proceed as best I can.

You have heard a lot about the Washington/Baltimore HIDTA, and I represent specifically, as Congressman Mica mentioned, the treatment/criminal justice component. That initiative is comprised of 12 jurisdictions across the Maryland and Washington, DC area.

The Washington/Baltimore HIDTA is considered somewhat of a prototype because it is one of the only HIDTAs across the country that has a treatment, criminal justice, and a prevention component. I would like to share with you also that the primary goal of that initiative is to reduce the demand for drugs for the hard core drug addicted offender population.

We recognize that the demand reduction approach and the criminal justice supervision and treatment interventions for this population are effective tools. By improving outcomes for hard core offenders, changes can be expected in their substance abusing consumption as well as their criminal behaviors.

The second goal is to improve treatment services for the hard core offender population. The objective of this goal is to address enhancing and developing the continuum of care and wraparound services that my colleagues have mentioned previously, and using HIDTA funds to provide for one part of that continuum.

Both treatment interventions and sanctions are incorporated into this process and expanding the use of community resources in addressing critical gaps in services.

The third goal aims to improve communications by developing regional and local management information systems. Dr. Simms mentioned the HATTS system. An objective of HATTS is to create an automated system for both treatment and criminal justice systems in each jurisdictions to case manage automatically and appropriately services for offenders who are involved in both systems, so that both will have access to progress or lack thereof of those offenders while they are involved in those systems.

This automation will allow for prompt and appropriate information dissemination and sharing across these systems, and within jurisdictions within the region. The cornerstone of the HIDTA model is the development of a seamless system in the jurisdiction, and that was mentioned earlier this morning, too. The seamless system is defined as having service delivery links across criminal justice and treatment agencies, together with umbrella policies and procedures.

And that is a very, very critical piece because there is a misnomer, I believe, that exists within the community, the criminal justice community, as well as the treatment community, that there is a system. There is not a system per se, but there are separate agencies that have separate functions that don't always work to-

gether collaboratively in order to manage the offender while they are effectively under supervision in those respective agencies.

They don't always communicate with one another effectively, so establishing those links between those systems, and establishing communication across those systems, is what ensures accountability for those offenders as they move through the service continuum. If we are not talking to one another, we are not allowing these offenders opportunities to know up front what is expected of them while they are involved in the treatment system, and while they are involved in the supervision system. We are creating gaps for them to wiggle between.

We need to close those gaps if we are going to be effective in developing systems, and if we are going to be effective in increasing the likelihood of success and increasing the outcomes for these offenders.

Agencies who are involved in the HIDTA continuum make decisions based on memorandums of agreement, whereby the responsibilities are outlined by each agency, and they are signed off on. There is no miscommunication between these agencies as to what is expected, what role each of them will play, and which role each of them are responsible for as the offender goes respectively through that system.

This mix increases coordination between these agencies and reduces duplication of services, and that is critically important. We all know that there is a resource pool that is dwindling. There is a resource pool that does not meet the need of that population that we serve, so it makes absolutely no sense that we are duplicating services.

What HIDTA tries to do is to bring together all of the players involved and make these decisions up front, so that we can best expend the resources as we can.

Finally, agencies must define how these entities are going to be integrated in order to meet the tasks and the service functions in this delivery system.

The other set of policies that are required for an effective seamless system has already been mentioned earlier this morning, and that is the development of graduated sanctions. Graduated sanctions are critical in ensuring that the offender is held accountable while they are involved in the system, so that the wiggle room that I mentioned earlier is closed.

That is how I believe the recidivism rates continue to escalate throughout the criminal justice system in the manner that it does, because we have these large gaps where they are just in limbo, and the system has not all the time set up adequate mechanisms to address the offenses once they occur. The offenders get the opinion that they are not going to be held accountable.

In a previous life, I worked in the Virginia Department of Corrections, and I was the program director of the largest substance abuse prison facility at the time in the country. And on numerous opportunities I have spoken with the offenders, and one of the things that they always shared with me is, "Ms. Robinson, no one ever told me what I needed to do. No one ever said to me—or if I did something wrong, no one came back to me and said that this was going to be the response for that."

It is critical that jurisdictions come together and develop the set of graduated sanctions, so that the offenders, when they first come into the system, are specifically told what it is that is expected of them, and what is going to happen to them in the event that they are not performing at the levels that we expect that they should.

Excuse me. My voice is fading.

The development also of drug testing policies is critical because we need to know that with the interventions that we are utilizing that they are not outwardly complying but still using, and drug testing is a critical component in ensuring that they are adhering to their sanction schedule, that they are adhering to their supervision schedule, that they are adhering to their treatment expectations, and, most importantly, that they are not using drugs anymore.

I would like to also, in closing with my comments, mention that the Washington-Baltimore HIDTA has received level funding for the treatment/criminal justice initiative. I think that in order for us to continue to assist the jurisdictions involved in our project that we need to account for the lack of funding that the jurisdictions are facing in expanding the services for the number of offenders that continually are coming through their system.

HIDTA does not provide absolute funding for any of the jurisdictions. What we have allowed them to do is to utilize HIDTA moneys to augment existing gaps in their current system. And in doing so, there are a number of clients that are not being served with HIDTA funds for a number of reasons. Some of them do not meet the criteria for the HIDTA protocol, and there are such numbers involved in that system that we cannot serve all of—we cannot provide funding in those jurisdictions for the number of clients that may meet our criteria.

So I would like to also close with that comment.

[The prepared statement of Ms. Robinson follows:]

Congress of the United States Committee on Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources

March 27, 2000

Testimony By:
R. Renee' Robinson, MPA
Washington/Baltimore
High Intensity Drug Trafficking Area
(HIDTA)
Treatment/Criminal Justice Program Manager

Written Testimony for Public Hearing On: *Alternatives to Incarceration – What Works and Why?*

Submitted by: Renee' Robinson, MPA
Washington/Baltimore High Intensity Drug Trafficking Area/HIDTA
Treatment/Criminal Justice Program Manager
March 27, 2000

The need to develop alternatives to incarceration began as a method to treat the overcrowding and explosive increases in the prison population in the mid 1970s. Examinations into why prison populations began to increase compelled researchers and corrections administrators to look at the strong relationship between drugs and criminality. Recent data referencing this trend in the State of Maryland indicate that of the approximate fourteen thousand five hundred (14,500) offenders incarcerated in the State, four thousand seven hundred (4,700) of them have committed offenses related to drug possession, sales or property crimes to support their drug habits.

Localities within the State have developed various alternatives to incarceration. A number of interventions were designed to divert the offender from prison. They range from drug courts, which focus on providing a series of graduated sanctions, treatment to drug involved criminal justice offenders that offer the judge authority over case management. Drug courts have shown very promising degrees of success.

Similarly, it appears that intermediate sanctions options such as intensive supervision programs, home confinement, community service, day reporting centers and boot camps have all seen limited success, at best, in reducing recidivism and drug involvement. Most evaluators of these programs agree that the lack of follow-up continuum of care services reduces the success of such programs.

More specifically, I would like to discuss the approach modeled through the Washington/Baltimore HIDTA Treatment/Criminal Justice Initiative in Baltimore City and Baltimore County. The model serves as a viable option to incarcerating drug-involved offenders in the above mentioned jurisdictions. I would like to begin my discussion by providing you with an overview of the W/B HIDTA model, and offer evidence as to why it is a viable alternative to incarceration.

In my role as Treatment/Criminal Justice Program Manager at the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) I am tasked with the responsibility of providing administrative oversight and technical assistance to local jurisdictions involved in the HIDTA project. The W/B HIDTA is funded through the Office of National Drug Control Policy (ONDCP). The project is designed to reduce drug trafficking and demand for drugs in the Washington, Virginia and Maryland areas through coordinated Criminal Justice/Treatment, Law Enforcement and Prevention Initiatives.

The Treatment/Criminal Justice Initiative supports the mission of the W/B HIDTA by supplementing local jurisdictions budgets in adopting the innovative HIDTA treatment models for the hard-core

substance abusing offender population. This is accomplished by intensifying treatment conditions, drug testing, supervision and the sanctioning process for offenders to ensure compliance with conditions imposed by the courts. The model also stresses offender accountability and strives to increase successful outcomes for the population while involved in the criminal justice system. The Washington/Baltimore HIDTA's model attempts to improve and strengthen the existing treatment system in the region by providing small grants to the localities involved in the HIDTA project to expand, establish and enhance the localities existing treatment continuum.

The HIDTA endeavors to assist the localities in developing a systematic approach to the development of a continuum of care for the offender population that they serve. Most of the HIDTA funded programs in the localities are comprised of jail based treatment connected to treatment in the community (intensive outpatient) or intensive outpatient with outpatient care.

The HIDTA encourages the localities they fund to develop what is known as a "seamless system" of care for offenders involved in the services continuum. In a seamless system, joint decisions are made regarding an offender's treatment regime. "A seamless system requires that criminal justice and treatment agencies link together with umbrella policies and procedures. The goal of a seamless system is to improve offender outcomes. The agencies participating collaborate in both decision making and managing the offender while under community supervision. Each agency focuses on performing and identifying the necessary functions to be performed within their service delivery system. These functions are performed through specific roles and responsibilities that are mutually defined and agreed upon by all of the participating agencies. The service delivery system then consists of policies linking all participating agencies to ensure that all the functions are performed. These policies are designed to affect decision-making at the systems' operational levels.

Ultimately, a seamless system involves an integration of services. The integrated service mix refers to the synthesis of the criminal justice and treatment systems where options from both systems are available in responding to client progress, as well as noncompliance. An integrated service mix requires participating agencies to span the boundaries of their separate agencies and systems. This increases coordinated efforts and reduces duplication. They must also identify priorities to effectively use limited resources. This prioritization also includes identification of target populations to receive the integrated service mix. Finally, agencies must define how the separate entities will be integrated to meet the task and functions of the service delivery system.

HIDTA's seamless systems have been developed through a number of pathways. Each participating HIDTA jurisdiction has identified the most appropriate strategy to develop its seamless system. The HIDTA initiative varies across localities, but maintains the core principles of continuum of care, drug testing, intensive levels of supervision and graduated sanctions across multiple agencies. However, each jurisdiction is required to develop a strategy to meet the common HIDTA goals and objectives. The core components are outlined in Figure 1.

FIGURE 1
HIDTA
GOALS & MEASURABLE OBJECTIVES

GOALS:

1. Develop a seamless criminal justice/treatment system.
2. Improve treatment services for hard-core substance abusing offenders

MEASURABLE OBJECTIVES:

PRIORITY POPULATION – Define a hard-core substance abusing offender population to target as priority for treatment services and supervision.
POLICY COMMITTEE – Convene a committee comprised of representatives from participating agencies which has the authority to address, improve and develop policies and which meets, at minimum, quarterly.
OPERATIONAL COMMITTEE – Convene a committee comprised of representatives from participating agencies which has the authority to implement and monitor the HIDTA initiative and to identify needed system changes and which meets, at minimum, monthly.
CONTINUUM OF CARE – Develop and implement client-focused policies ensuring at least two consecutive treatment episodes.
GRADUATED SANCTIONS – Develop and implement client-focused policies to respond to and sanction noncompliant behavior. Begin to address and plan integration of treatment and criminal justice graduated sanctions.
CLIENT ASSESSMENT PROCEDURES – Review current procedures and begin to redesign procedures to effect more comprehensive assessments and increased information sharing aimed at joint decision-making.
DRUG TESTING – Identify priority population for drug testing and begin to develop a schedule for drug testing.
COMMUNICATION – Develop a consistent message of accountability for offender.

Two of the components are essential for developing and implementing a seamless system: a policy committee and an operational committee. The policy committee is a group of representatives from both the criminal justice and treatment systems who meet regularly to discuss and make decisions about the systems and necessary changes. The representatives comprising this group have the authority and responsibility to set policy affecting the criminal justice and treatment systems, including the HIDTA project. This group takes an active role in the development of the HIDTA project. It is through these committees that communication and agreements are formulated and improved. Formal communication and agreements such as Memorandums of Understanding (MOU) ensure programs are implemented as designed.

The operational committee is a group of representatives from both the treatment and criminal justice systems who are responsible for the implementation of policies, including solving operational problems. These representatives are involved in the implementation of the HIDTA project on a daily basis.

Two of the core components are related to policies necessary to affect and ensure a seamless system. The first policies related to a continuum of care are designed to create a treatment system where

clients are involved in multiple levels of care consecutively. For instance, clients entering a residential program upon completion will be transferred to intensive or traditional outpatient treatment and then to aftercare. A continuum flows both up and down; therefore a client who is not progressing in an outpatient setting may be transferred to intensive outpatient or to a residential program. In the HIDTA project, each client offender must complete at least two consecutive treatment experiences for the continuum of care to be effective." (Taxman and Lockwood, 1997)

The other set of policies necessary to create the seamless system are graduated sanctions. Graduated sanctions are a set of planned and progressive responses to noncompliant behavior. They involve three principles: 1) Swiftness of responses to noncompliant acts 2) Certainty of responses 3) Progressiveness of severity of responses. Use of these concepts increases the consistency in the delivery of responses to behavior. Both criminal justice and treatment systems should enforce these sanctions. The integrated application of graduated sanctions is aimed at holding both systems, as well as the offender, accountable. Unity and cohesion is ensured between systems and reduces manipulation of either system by the offender.

The development of drug testing policies is also an important core component of the seamless system model. These are written policies stating the schedule of drug testing for offenders. This schedule is administered consistently and is frequently a part of the criminal justice sanctions policies.

Since the treatment/criminal justice initiatives involved in the W/B HIDTA vary significantly in their composition, different aspects of the seamless system are being addressed in different ways in each jurisdiction. Although the specifics vary, the general approaches across jurisdictions are similar.

BALTIMORE CITY/COUNTY HIDTA INITIATIVES

The HIDTA initiatives in Baltimore City and Baltimore County serve drug abusing offenders in jail or on probation/parole who are public safety risks because of their continuous use of drugs and commission of crimes to support their drug habits. These offenders tend to commit the most crimes and plague the community. The purposes of these initiatives are to reduce the criminal behavior of hard-core substance abusing offenders in each area. Coerced treatment achieves this goal by having hard-core offenders participate in an intensive treatment and community control program that uses drug testing and sanctions to monitor the progress of the offender. The controls placed on the offender are designed to alter behavior. The emphasis is that treatment and supervision are crime control efforts targeted at hard-core offenders in the community.

In the Baltimore City HIDTA Treatment Initiative, HIDTA funds are specifically being used to purchase a coordinator position which works with all agencies to ensure that treatment services, sanctions and drug testing are being provided to hard core substance abusing offenders. The Program Manager works with agencies to implement the coerced model of treatment. The Program Manager is also responsible for supervising vendor contracts in the community. The Program Manager oversees care provided to three thousand five hundred (3,500) offenders per year.

HIDTA funds also purchase an Inpatient Treatment Coordinator to ensure that offenders are provided quality treatment services and case management. The Inpatient Treatment Coordinator supervises the care of two hundred fifty (250) offenders a year. HIDTA funds a Laboratory Technician position and

purchases reagents to run the drug testing laboratory for the fifteen thousand (15,000) offenders that are drug tested in Baltimore City, MD. The Lab Technician administers the drug testing using the HATTS (HIDTA Automated Treatment Tracking System). HIDTA funds a Network Specialist position, which implements HATTS into all probation agencies in the City of Baltimore, to ensure that drug test results are provided to agents in a timely manner in the HATTS system. The Network Specialist assists with HATTS implementation, training of staff, servicing the computers and updating the software on the computer. HATTS is being installed for all twenty thousand (20,000) offenders under supervision in Baltimore City with the drug test results readily available for the agents within hours after the test is taken. This facilitates the use of sanctions for any positive tests.

With use of the coerced treatment system, hard-core offenders are involved in treatment, which reduces their use of illicit substances and criminal behavior. HIDTA's recidivism study, which was conducted by the project evaluator, Dr. Faye Taxman, found that in a twelve (12) month period, thirteen percent (13%) of offenders were arrested while we would have expected fifty-two percent (52%) to be arrested. The result was a seventy percent (70%) reduction in re-arrest due to involvement in the HIDTA protocol. The HIDTA model was the only change in events during the time the offenders were involved in the criminal justice and treatment system. (Taxman and Cronin, 2000)

Through HIDTA, the Baltimore City Initiative has developed a coerced model of treatment and supervision focused on high-risk drug offenders. Offenders involved in a treatment experience in Baltimore City will be assessed for services based on their criminal justice risk factors and their substance abuse problem. Only hard-core offenders are involved in the initiative with many offenders' self-reporting multi-drug habits. An assessment is provided by the Division of Parole and Probation where the assessment is used to match offenders to the appropriate treatment services. The system contracts with vendors through the Public Health system to deliver multiple levels of services. In addition, the Division runs two inpatient programs and several intensive outpatient programs at the Day Reporting Program. Offenders are placed in the appropriate level of care depending on their risk to the community with more criminally active offenders placed in inpatient programs for thirty (30) to ninety (90) days and then transitioned into intensive outpatient services. All offenders are drug tested at the rate of twice a week for three (3) months, and monthly thereafter. The system has developed the use of sanctions to respond to positive urines. The sanctions are applied to positive urines, failure to attend treatment and supervision reporting or other transgressions. The system has developed a court order for the Circuit Court that allows the use of jail-based sanctions for the most serious offenders residing in high crime neighborhoods (Hotspots). Treatment and supervision are used then to control the behavior of the offender.

In addition to the HIDTA project's efforts, the Baltimore City Health Department has established a Needle Exchange Program (NEP) that has made a significant reduction in unsafe drug behaviors in substance abusing individuals. The NEP program provides: one-for-one exchange of used needles for sterile needles and syringes; harm reduction education on the use of needles; HIV testing and counseling; health education; referral for testing for tuberculosis, syphilis and other infectious diseases, and referral to traditional drug treatment programs. Since 1994 the program has enrolled over 9,360 persons through mobile NEP van visits to eight (8) sites throughout Baltimore City weekly and one pharmacy-based site. An evaluation conducted by the Johns Hopkins University Evaluation Study (1999) found a 20% reduction in the frequency of drug use among Baltimore City's NEP

program participants. The NEP program has served as an effective "bridge" for drug abuse treatment for substance abusers, successfully guiding over 1,000 people into treatment programs. The study specifically noted that it was highly unlikely that these substance-abusing individuals would have sought treatment if not encouraged by the NEP staff and the program's initiatives.

BALTIMORE COUNTY HIDTA INITIATIVE

In the Baltimore County HIDTA Initiative funds are being used to purchase twenty-eight (28) day residential treatment for fifty (50) hard-core offenders. These offenders are unstable in the community and involved in criminal activities. HIDTA funds outpatient and inpatient treatment services for fifty (50) hard-core offenders to further reintegrate them into the community and recovery process. HIDTA also drug tests offenders involved in its treatment continuum. All services are provided as contract services through a vendor that specializes in services to the criminal justice population.

The recidivism study found that in a twelve (12) month period, thirty percent (30%) were arrested while we would have expected fifty-two percent (52%) to be arrested. The result is a seventy percent (70%) reduction in re-arrest due to involvement in the HIDTA protocol. (See figure 2 and 3)

Through the HIDTA model, the Baltimore County Initiative put in place a coerced model of treatment and supervision focused on high risk, drug involved offenders. The program is designed to couple intensive treatment services with supervision, sanctions and drug testing to reduce criminal propensity and drug using behaviors of offenders. The program has three components: 1) intensive treatment for up to one year, 2) drug testing, 3) sanctions to respond to noncompliant behavior.

In the treatment component, a combination of twenty-eight (28) day residential treatment services, intensive outpatient services and outpatient services (treatment for three hours weekly) provide the full continuum of care to bring about behavioral changes in the offender. HIDTA funds increased the number of offenders that could be served in twenty-eight (28) day residential treatment and provided funds to drug test those offenders. HIDTA treatment is required for the most highest risk offenders under TASC (Treatment Alternatives to Street Crimes) supervision. The treatment services are used as part of the system of care that allows for detoxification or other intensive services to control the behavior of the offender. HIDTA treatment also includes more intensive monitoring and oversight by the TASC officer with the use of intensive drug testing and sanctions for failure to abide by program and/or supervision requirement. (Taxman and Lockwood, 1997)

The above mentioned descriptions and data regarding the generic HIDTA model, as well as specifics pertaining to the Baltimore City and Baltimore County HIDTA initiatives offer HIDTA funded treatment as a viable and cost effective alternative to incarceration.

The following table depicts by jurisdiction, the re-arrest data by jurisdictions of the 1997 sample cohort of offenders involved in HIDTA treatment

Figure 2: Comparison of Actual Re-arrest Rate at 6 and 12-month follow-up periods

SITE	6 Month Arrest for New Crime	12 Month Arrest for New Crime
Alexandria City	8%	16%
Arlington City	3%	16%
Fairfax/Falls Church	17%	32%
Loudoun County	5%	10%
Prince William County	11%	24%
District of Columbia	10%	22%
Baltimore City	5%	13%
Baltimore County	3%	30%
Charles County	9%	20%
Howard County	11%	**
Montgomery County	0	6%
Prince George's County	6%	11%
OVERALL	**11%**	**16%**

*** Due to problems with FBI records, no records were provided in this sample. The records are on order.*

Figure 3: Comparison of Base Rate with Participation in the W/B HIDTA Protocal*

SITE	Base Rate (Prior HIDTA TX)	HIDTA TX	Recidivism Reduction
Alexandria City	.47	.16	-67
Arlington City	.55	.16	-55
Fairfax/Falls Church	.50	.32	-33
Loudoun County	.50	.10	-80
Prince William County	.65	.24	-63
District of Columbia	.40	.22	-45
Baltimore City	.60	.13	-78
Baltimore County	.62	.30	-52
Charles County	.71	.20	-72
Howard County	.33	**	**
Montgomery County	.60	.06	-90
Prince George's County	.49	.11	-77
OVERALL	**.53**	**.16**	**-70**

** Records were only received for 1,027 offenders due to Y2K issues at the FBI. With the exception of Howard County, each other site had a representative sample of offenders.*

This table notes that among offenders involved in the HIDTA protocol the average re-arrest rate was sixteen percent (16%) compared to the expected fifty-two percent (52%) re-arrest rate. This is a seventy percent (70%) reduction from the base rate. The base rate is derived from a calculation that determined the average rate of offending for the offender prior to HIDTA treatment.

References

Taxman, Faye S. and Dorothy Lockwood, 1997. Case Studies of Developing 12 Seamless Systems. The W/B HIDTA Treatment/Criminal Justice Project. University of Maryland, College Park: unpublished report

Taxman, Faye S., Jim Cronin, 2000 Technical Report on Treatment as Crime Control: Update on 1997 sample & 1998 chart. University of Maryland, College Park, unpublished report

Congressional Testimony (Oral) Subcommittee on Criminal Justice Drug Policy, and Human Resources "Alternatives to Incarceration: What Works and Why? March 27, 2000

The need to develop alternatives to incarceration began as a method to treat the overcrowding and explosive increases in the prison population in the mid 1970s. Examinations into why prison populations began to increase compelled researchers and corrections administrators to look at the strong relationship between drugs and criminality. Recent data referencing this trend in the State of Maryland indicate that of the approximate fourteen thousand five hundred (14,500) offenders incarcerated in the State, four thousand seven hundred (4,700) of them have committed offenses related to drug possession, sales or property crimes to support their drug habits. Localities within the State have developed various alternatives to incarceration. A number of interventions were designed to divert the offender from prison. They range from drug courts, which focus on providing a series of graduated sanctions, treatment to drug involved criminal justice offenders that offer the judge authority over case management. Drug courts have shown very promising degrees of success.

Similarly, it appears that the intermediate sanctions programs such as intensive supervision programs, home confinement, community service, day reporting centers and boot camps have all seen limited success, at best, in reducing recidivism and drug involvement. Most evaluators of these programs agree that the lack of follow-up continuum of care services reduce success of such programs.

More specifically, I would like to discuss the approach modeled through the Washington/Baltimore HIDTA Treatment/Criminal Justice initiative in Baltimore City and Baltimore County, where it serves as a viable option to incarcerating drug involved offenders in the above mentioned jurisdictions. I would like to begin my discussion by providing you with an overview of the W/B HIDTA model, and why it is a viable alternative to incarceration.

The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) was initiated through the Office of National Drug Control Policy (ONDCP) in 1994. The W/B HIDTA is considered a prototype because it has developed a multidisciplinary approach, which encompasses law enforcement, treatment, criminal justice and prevention components. Twelve jurisdictions throughout the region participate in the treatment/criminal justice component.

The primary goal of the HIDTA treatment component is to reduce the demand for drugs for hard-core drug addicted offender. The demand reduction approach recognizes

criminal justice supervision and treatment interventions for hard-core offenders as effective tools. By improving outcomes of hard-core offenders, changes can be expected in their substance abuse consumption and criminal behaviors.

The second goal is to improve the treatment services for hard-core offenders. The objective for this goal addresses enhancing or developing a continuum of care and using HIDTA funds to provide one part of the continuum. Both treatment interventions and sanctions are incorporated in the process, expanding the use of community resources and addressing critical gaps in services.

The third goal aims to improve communications by developing regional and local management information systems. The objectives for this goal are to create an automation system for both treatment and criminal justice systems in each jurisdiction. The automation will allow for prompt and appropriate information sharing across systems within the jurisdiction as well as across the region.

The cornerstone of the HIDTA criminal justice and treatment initiatives is the development of a seamless system in each jurisdiction. A seamless system is defined as a service delivery system that links criminal justice and treatment agencies together with umbrella policies and procedures. The participating agencies collaborate in both decision making and managing the offender in the community. Involved agencies determine the necessary functions to be performed within their service delivery system, and these functions are mutually defined and agreed upon. The system then has policies linking all the agencies together to perform the designated functions. A seamless system has an integrated service mix. Integrated service mix is the synthesis of the criminal justice and treatment systems where options from both systems are available in responding to offender progress as well as noncompliance. An integrated service mix requires participating agencies to span the boundaries of their separate agencies and systems.

This mix increases coordination between agencies and reduces duplication of services. This process requires that the agencies identify priorities and utilize scarce resources in the most effective manner. Finally, agencies must define how the separate entities will be integrated to meet the task and functions of the service delivery system.

The other set of policies necessary to create the seamless system involve graduated sanctions. Graduated sanctions are a set of planned and progressive responses to noncompliant behavior. They involve three principles 1) swiftness of responses to noncompliant acts 2) certainty of responses 3) progressiveness of severity of responses. Use of these concepts increases the consistency in the delivery of responses to behavior. Both criminal justice and treatment systems should enforce these sanctions. The integrated application of graduated sanctions is aimed at holding both systems, as well as the offender, accountable. Unity and cohesion is ensured between systems and reduces the manipulation of either system by the offender.

The development of drug testing polices is also an important care component of the seamless system model. These are written policies stating the schedule of drug testing for offenders. The schedule is administered consistently and is frequently a part of the criminal justice sanctions policies.

Since the Treatment/Criminal Justice initiatives involved in the W/B HIDTA vary significantly in their composition, different aspects of the seamless system are being addressed in different ways in each jurisdiction. Although the specifics vary, the general approaches across jurisdictions are similar.

The Baltimore City and Baltimore County HIDTA initiatives are providing sound research supported intervention services for offenders. Coerced treatment services, coupled with intensive community supervision and drug testing, provide enhanced community controls and public safety. Data from an evaluation conducted on one thousand twelve hundred (1,200) offenders involved in HIDTA funded treatment in 1997 determined that HIDTA treatment resulted in a seventy-eight percent (78%) reduction in re-arrest of offenders after treatment in Baltimore City. The numbers in Baltimore County were equally promising. They indicated a fifty-two percent (52%) reduction in re-arrest based on HIDTA treatment.

In addition to the HIDTA project's efforts, the Baltimore City Health Department has established a Needle Exchange Program (NEP) that has made a significant reduction in unsafe drug behaviors in substance abusing individuals. The NEP program provides: one-for-one exchange of used needles for sterile needles and syringes; harm reduction education on the use of needles; HIV testing and counseling; health education; referral for testing for tuberculosis, syphillis and other infectious diseases; and referral to traditional drug treatment programs. Since 1994 the program has enrolled over 9,360 persons through mobile NEP van visits to eight (8) sites throughout Baltimore City weekly and one pharmacy-based site. An evaluation conducted by the Johns Hopkins University Evaluation Study (1999) found a 20% reduction in the frequency of drug use among Baltimore City's NEP program participants. The NEP program has served as an effective "bridge" for drug abuse treatment for substance abusers, successfully guiding over 1,000 people into treatment programs. The study specifically noted that it was highly unlikely that these substance-abusing individuals would have sought treatment if not encouraged by the NEP staff and the program's initiatives.

These figures suggest that the provision of coerced treatment, drug testing and intensive supervision will increase the likelihood of successful outcomes with the hard-core substance abusing offender population, while reducing the rate of recidivism within Baltimore City and Baltimore County.

Mr. MICA. Thank you for your testimony.

I would like to now recognize Mr. George McCann. He is the executive director of the Baltimore Addict Referral and Counseling Center.

Mr. MCCANN. I would like to thank the chairman and Congressman Cummings for the opportunity to be here. My perspective is a little different. I am an executive director of a treatment program in Baltimore City, and I have been affiliated with that program since 1970. It was a program that was established to treat the criminal justice system.

I am also a recovering alcoholic and drug addict. I have been a part of both systems. I have been incarcerated as many times as I have been in treatment. I say that not braggingly but to illustrate that we are dealing with illness here that has a relapse factor, and that many people do not get well the first time they are put in a treatment program.

There is a dire need for multi-modalities of treatment, especially involved in the city. Prior to 1997, we were the central referral for Baltimore City programs, and our service was discontinued at that time because it was—the situation presented itself, it was more problems—I mean, more patients presenting themselves for treatment than there were treatment slots in the community.

So people were being put on waiting lists, rearrested, and reincarcerated, and it was deemed that this service was no longer needed.

However, we are now a part of this criminal justice initiative, drug court, break the cycle. And we, at our agency—I won't speak for the whole system—at our agency, it has caused extreme difficulties in operating an agency, in keeping the staff employed, in keeping clients in treatment, because they have put together a treatment—with break the cycle, with graduated sanctions, where you must comply, go to, and complete urinalysis during treatment.

However, if you don't go, nothing happens. And as a result, when the people that come to us know that nothing happens, first of all, 50 percent of the people do not even show up for their first appointment at the treatment program. And when you inquire about that, we are told by a unit that that is not their job. Their job is to make the referral, and then it is so—what I am trying to say, is that hundreds of people are falling through the cracks, out there roaming the streets of Baltimore, continuing to commit crimes, use drugs, all because the system is broken.

I mean, the concept makes sense to me. Had I not been coerced in my own experiences, I probably would not have entered treatment. That is the nature of the illness. You know, you don't wake up 1 day and say, "I think I will run to a treatment program and get my life together." There is usually some force that pushes you in there.

I have to tell you, had I been in the system today, I would probably either be in jail or be dead. The system is so overburdened—the treatment system that is. It has been since the Nixon administration. From that administration down, there has been a—year after year they have taken money out of the funds for substance abuse and alcohol treatment, continually.

Whenever there is a shortfall, the history indicates to go to mental health, go to substance abuse, and take it there. As a result, we have lost social workers, psychiatrists, doctors, and many resource people that we had at one time when I was a part of the system, that allowed it to work that are no longer a part of that system.

It is hard to—I have employment opportunities now. And I will tell you, it is hard to even hire people because for the salary you want—you want them to be a death and dying counselor. They have to be an employment counselor. They have to be a family counselor. They have to provide child care services. And that is what we are asked to do, and we can't do it.

I think if we look at what is effective treatment, and Congressman Cummings alluded to it, if you look at the things that are effective for the recovering community, they basically have to deal with spiritual or 12-step programs. And I think it is worth mentioning that I think one of the reasons they are so effective is that they have a primary purpose.

They are not to treat everything and everybody and do everything for everybody. What they are designed to do, and do do, is allow people to get clean and sober, allow them to have resources and to get jobs, allow them to put their families back together, and allow them to go into a treatment program and utilize the treatment services, because at that point they recognize they need other help.

So there are a lot of things—I have submitted written testimony. I started using and abusing drugs when I was 13 years old. And, you know, I am not proud of it, but that is what happened. I was caught up in the criminal justice system similar to what was spoken about here today. I would go away for a year, serve my time, I would—I had the same lifestyle in jail as I had outside. You know, I would deal, buy, and use drugs to stay high, in prison as well. It was like a city within a city.

Anything that was available on the street was available in the institution. I would get out. I would stay out for about 6 months. I would start drinking again, start using drugs. I would be caught back up in the system. Went back in.

And it was just a continual cycle. I knew I was a drug addict. I knew I needed help. But I didn't know what kind of help I needed, but I kind of suspected I was not going to get it in jail. So I was a part of that revolving door they were talking about.

I would like to close with this, because I can get lengthy sometimes and I try not to do that. One of the things that is very needed are treatment slots. OK? And I have to say, along with the treatment slots, they need agents on the Division of Parole and Probation.

When I inquire as to why sanctions and why action is not taken for these people not following the plans that are set up for them, we are told things like there is not enough agents. I know there are not enough agents, but there are not enough drug counselors either.

We have a treatment program located in Baltimore City that treats the sickest of the sick and the most needy of Baltimore City. And we deal with every kind of issue possible. One of the things

I never hear anybody talk about is the client-counselor ratio. I mean, as a way to address funding sources, they say to the counselors, "You have to see more people." So instead of seeing 20 people and being able to do a good, effective job, they want you to see 35 or 40 people. You know, so the soup gets so watered that the help is not really rendered to the degree that it can be.

There needs to be residential treatment, graduated sanctions, a mechanism put in place—there was a mechanism in place prior to this break the cycle initiative where we went from operating at 20 percent above capacity to operating at 40 percent below capacity. And that was when the agents could refer themselves. Now they set up a little network here, chose a gatekeeper, and you have got to go through the gate and jump through all of the loops, and ultimately, you get a referral to a treatment program. If you go, fine; and if you don't go, also fine.

So, you know, the system is obviously broken. I have a commitment to do what I can, to try and make it work. I think conceptually it is a good system. Both parties need to be at the table—criminal justice and treatment. But neither agency has the resources or manpower needed to do a complete job.

[The prepared statement of Mr. McCann follows:]

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Area Code 410-366-1717 ■ Fax 410-889-4167

January 18, 2000

ALTERNATIVE TO INCARCERATION

My name is George McCann. I have worked at Addict Referral & Counseling Center since 1971 and am presently the Executive Director. Our program was developed to assist the prison population and to serve as an alternative to incarceration. Since 1971 we have provided counseling services to over 30,000 substance abusers in the Baltimore Metropolitan area and most are from the Criminal Justice System. As you are probably aware, for many reasons this has always been the under served population. However our experiences and results with these clients for the most part have been positive.

At present, we are in the process of integrating treatment services with the Division of Public Safety. Our presenting problem is that the Criminal Justice Administration wants to dictate more than necessary what the client is to do while in treatment. Therefore, the treatment is less effective than it could be. Politically the person who controls the money prevails. At this point it is the Division of Public Safety. We are working hard to integrate these two systems, so I feel it will improve over time. However, both systems are lacking the manpower and other resources to facilitate this change in a timely manner.

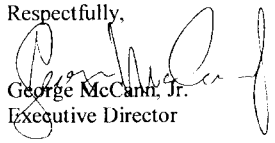
I have personally been a part of both systems and believe the treatment system to be the more effective approach both from the cost perspective and the outcome results. I have been incarcerated on approximately five occasions (all drug-related) for lengthy periods of time. I left the jail system traumatized and worse than when I entered psychologically, socially and spiritually. I believe this is inherent in the incarceration process where the emphasis is on punishment, warehousing and public safety. The jail system is very much lacking in substance abuse treatment, employment, life style changes and other support services that are needed to become drug/alcohol free and stay that way.

Upon my last release in 1970, I was fortunate enough and blessed to enter a treatment program (Addict Referral & Counseling Center, Inc.) and have been given many opportunities to change and adjust to a new way of life. I have seen this in many lives since I have been employed here and truly believe that treatment over incarceration for the non-violent offender or substance abuser is a more effective choice. I believe addiction to be chronic disease and should be treated as such and not be given lip service to the concept and then continue to incarcerate without treatment for the illness. I also question whether effective treatment can be provided in a jailhouse environment where an inmate's energies are mostly diverted in learning how to survive in this kind of system. I survived without any physical harm, but had no skills or understanding to educate me about addiction and the part I must play to break the cycle of relapse, re-addiction and re-incarceration.

Our experience is that formal, traditional counseling or therapy is not very effective for this group who lack any insight to the degree of their illness and in fact that it can be arrested. For the most part, those released from prison fail to understand that substance abuse is not the problem but a result of many other problems that must and can be corrected to achieve and maintain a substance free life style. Most believe that they can make these changes on their own or at least demonstrate more will power to keep them clean and sober. This in almost all cases proves to be very ineffective and short lived. Treatment is most effective at the point the client's own attempts have failed and treatment is available to them in the community. I might add there is no one treatment that works for everyone, so various treatment options need to be available. Sometimes combining treatment approaches needs to happen to achieve successful outcomes. In closing, I believe we have many years of experience that tell us incarceration does not work and possibly causes additional problems. At least in my case it did. Hopefully, my experience having been on both sides can be of some help.

Thank you for allowing me to participate in this very important hearing

Respectfully,



George McCann, Jr.
Executive Director

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FAX: (410) 889-4167

Addict Referral and Counseling Center, Inc. (ARCC) has operated from its present location since 1971. At this setting, ARCC has provided evaluation, counseling and referral services to over 30 thousand alcohol and drug abusers in the Greater Baltimore area. Operating on a walk-in model, ARCC was often the only alcohol and drug abuse treatment facility in the community that was able to see a client on the day of service request. ARCC was a central source of information about the availability of drugs on the streets, the kinds of services being requested and the availability of treatment.

ADDICT REFERRAL AND COUNSELING CENTER, INC.
(410) 366-1717

NARCOTICS ANONYMOUS
1 (800) 317-3222

ALCOHOLICS ANONYMOUS
(410) 663-1922

ALCOHOL AND DRUG ABUSE ADMINISTRATION
(410) 767-6910

BALTIMORE SUBSTANCE ABUSE SYSTEMS
(410) 637-1900

ARCC

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ARCC

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PROVIDING:

Intensive Outpatient
Standard Outpatient
Assessment/Evaluation

Certified
by the
State of Maryland
Department of
Health and Mental Hygiene
to provide an
Outpatient Alcohol
and
Drug-Free Treatment Program

Addict Referral and Counseling Center, Inc.

Fees are based upon the Department of Health and Mental Hygiene's Ability to Pay schedule. **NO ONE IS TURNED AWAY BECAUSE OF AN INABILITY TO PAY.**

Information and Treatment is **CONFIDENTIAL**

Hours of operation are from 8:00 AM to 8:00 PM Monday through Thursday, and from 8:00 AM through 5:30 PM on Friday. Clients are seen for registration by appointment or walk in.

Treatment services are provided during morning and evening hours.

Narcotic Anonymous meetings are on premises two times per week

For an appointment call the Intake Worker

What types of services does ARCC provide?

INTENSIVE OUTPATIENT TREATMENT

With three levels of Structured Treatment:

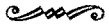
- Track I Intensive
- Track II Intermediate
- Track III After Care

All tracks administered independently depending on client need. Clients can enter at any Track that is appropriate after an assessment is made.

STANDARD OUTPATIENT TREATMENT

Counseling treatment available to alcohol/drug abusers who are willing to commit themselves to a less structured counseling regimen directed toward helping them establish social stability. Services for both may include:

- Assessment
- Treatment Planning
- Individual/Group Counseling
- Alcohol/Drug Education
- Urinalysis/Alco-Sensor
- Case Management
- After-care Planning
- 12 Step Support Groups
- Referrals as appropriate



ASSESSMENT/EVALUATION

This service is frequently requested by parties seeking to establish if a substance abuse problem exists. It is frequently requested by courts, attorneys, employers, families, etc. It includes counseling sessions, drug/alcohol testing and referrals if indicated. Length of time is 12 weeks and written reports are sent to referring parties. Services are billed and paid weekly.

COMMUNITY EDUCATION ON ALCOHOL/DRUG ADDICTION AND RECOVERY

Who qualifies for treatment?

The services are available to anyone in Baltimore City with an alcohol/drug problem.

What is the cost of the service?

Fees are based on costs and an applicant's ability to pay. If a person cannot afford to pay a fee according to the sliding scale of the Department of Health and Mental Hygiene, no fee is charged. No one is turned away because of inability to pay.

How long does treatment last?

Each client develops an individualized treatment plan with his/her counselor which determines the length of counseling. Treatment plans are reviewed on a 90 day cycle. However, a client may stay as long as needed.

Are the following statements facts or myths concerning alcohol/drug use?

Most drug users make their first contact with illicit drugs through "pushers."

Recreational alcohol/drug use never leads to alcohol/drug dependency.

Chronic alcohol/drug abusers cannot become abstinent.

Relapse refers only to the actual return to alcohol/drug use.

The effects of alcohol/drug use are experienced only by the user.

Any person who wants to become clean/sober can just stop using.

The lack of motivation to remain clean/sober is the primary reason why people return to substance abuse.

If you agree to any of the above statements, you may subscribe to myths concerning chemical dependency. For more information on alcohol/drug counseling programs, alcohol/drug education, support programs or treatment please refer to the centers listed on the back of this brochure.

Mr. MICA. Thank you.

I would like to now recognize Ms. Anne Swern. She is the deputy district attorney, and she is coming to us today from Kings County, NY. I think she will talk about the DTAP program, for which we have had previous testimony in Congress. Also, our panel has visited the program in New York. Welcome, and you are recognized.

Ms. SWERN. Thank you, Congressman Mica. Thank you, Congressman Cummings, for inviting me to Baltimore. I am here on behalf of District Attorney Charles J. Hynes to speak to you about drug treatment alternatives to prison, and substance abuse. With me is my colleague, Hillel Hoffman, who is woking on the legislative proposals with your committee.

On the way over here, Hillel and I remarked to each other that it feels like Fort Green, Brooklyn, as we drove through Baltimore. I have seen and I have heard a lot about the similarities between Brooklyn and Baltimore as I sat and listened for the past several hours.

Brooklyn is Kings County, NY, and it is one of the five counties in New York City. If it were a city, it would be the fourth largest in this Nation. It has a very ethnicly diverse population—30 percent foreign-born, and there are 2.3 million people living in Brooklyn.

In Brooklyn, in 1999, we had over 30,000 drug arrests. Most of those were misdemeanor cases, although a substantial portion of them were felony cases as well. In 1990, District Attorney Hynes was elected to the position of DA, and in that year there were 765 homicides in our county.

I am pleased to say that last year there were fewer than 300 homicides in our county, and I think some of the strategies that District Attorney Hynes has employed, and some of the strategies of the police department, have helped us bring our homicide rate down. There is still much more that we can do, though.

One of the programs that District Attorney Hynes is most proud of is the Drug Treatment Alternative to Prison Program, also know as DTAP. He started DTAP in 1990, recognizing and targeting drug addicted predicate felony offenders who were destined for prison.

In New York, you may know that we have some of toughest drug laws in the country. Those laws have actually been in existence since 1973, and they are commonly called the Rockefeller Drug Laws. There are mandatory prison sentences for second-time felony offenders accused of possessing or selling drugs. Typically, that defendant—somebody who has been previously convicted of a felony is facing a mandatory minimum sentence of 4½ to 9 years in prison.

Now, even when assistant district attorneys engage in substantial plea bargaining, the average defendant facing that second felony offense on a non-violent felony receives sentences of 2 to 4 years in State prison or 3 to 6. Recognizing the senselessness of continuing to incarcerate non-violent addicts, the District Attorney proposed the Drug Treatment Alternative to Prison Program, which targeted predicate felons who were non-violent who were selling drugs to support their habit, and obviously possessing

drugs. As long as the defendants were non-violent and not major traffickers, we accepted the addicts into the program.

Recently we have expanded DTAP to include people not only charged with selling and possessing drugs, but other types of crimes as well as long as they are not violent crimes. Typically, we have included larcenies and other types of crimes that contribute to or are caused by the drug addiction.

Now, when the District Attorney started this program, it wasn't politically popular to take the mandatory prison bound defendants and place them in a drug treatment program. But he felt if he could deal with this difficult population, then maybe we could make some in-roads into the revolving door aspect of the criminal justice system.

As it has turned out, predicate felons are one of the easiest to treat populations of defendants. We have learned, and we have seen through our drug court and DTAP, that actually targeting people who face a substantial amount of time in prison contributes enormously to the success of the treatment outcomes.

Now, what we do in DTAP is we require the defendant to take a plea to the felony charge, then we defer the sentence for the period of time that the defendant is in a therapeutic community, in a residential drug treatment program, and at the end of that time, if the defendant successfully completes the program—which includes the job component, and gets housing that is appropriate to continue the defendant to be drug-free and crime-free—we will allow the defendant to withdraw that plea and end up with a dismissal of the charges. So for the instant case, the defendant will have no criminal record.

If the defendant fails in treatment, then the defendant is returned back to court to be sentenced on the original plea.

DTAP also recognizes a system of rewards and sanctions, as prosecutors have learned that recovery is a process. And so we recognize that there may be minor relapses, there may be other matters on the road to recovery that we as prosecutors have learned to address in an appropriate way, and that includes this system of rewards and sanctions, intermediate prison sentences, and things like that.

As we have become more adept at dealing with the intricacies of addiction, we actually find that our retention rate improves, and our recidivism rate is lower. So recognizing what the treatment community has known for a long time has actually been successful in reducing crime for us.

When we started with DTAP, we were hopeful that it posed no risk to public safety. And, in fact, we have demonstrated that that is true. Basically, the DTAP "in prison" recidivism rate is lower than that for the pretrial and in-prison recidivism rate for a comparison group.

So, basically, while people are in treatment, they are actually committing fewer crimes than they would if they were sent to prison.

Also, we looked at recidivism for the treatment graduates as opposed to the people who were eligible for the program but did not accept the program or were found ineligible for other reasons, and we found that our DTAP graduates, 3 years after receiving treat-

ment, recidivated at a rate of 23 percent. In comparison, the people who were sent to prison for at least 2 years, after 3 years of being released from prison recidivated at a rate of 47 percent. So basically by putting them into treatment we reduced their recidivism rate by half.

Now, the other thing—the other reason that we know that DTAP poses very little risk to public safety is we employ a warrant enforcement team. The team consists of detectives hired by the Brooklyn DA's office who interview the defendants before we accept them into the program, to make sure that they have appropriate contacts, so should they leave treatment facilities, we can return them back to court to face sanctions for leaving.

In fact, we have been able to return 96 percent of our defendants in a median time of 9 days, leaving virtually no opportunity to commit a new crime.

The other measure of DTAP's success is the length of time we keep defendants in treatment. All of the literature suggests that the longer people stay in treatment, the more likely a successful outcome, meaning managing a drug-free and crime-free life.

We started with two therapeutic communities, and now we have more than 11 therapeutic communities. The therapeutic communities in DTAP use use a social learning model that emphasizes a self-help approach and relies on program graduates to act as peer counselors, role models, and administrators. It uses 12-step approaches.

We also, require our defendants who are prison-bound for at least 2 to 4 years to stay in treatment 15 to 24 months. And because it is a court-mandated program, in New York State the Government pays for treatment. As a result of staying for almost 2 years in treatment, the defendants not only become drug-free, they are given pro social skills that help them adapt to life after they leave the treatment facility.

We have a 1-year retention rate of 66 percent, and that is far higher than other programs that are either not mandated or not run by effective monitors. Nearly 60 percent of our people are still in treatment or have graduated from treatment.

After we changed the program slightly, we have raised the retention rate from 64 percent to 74 percent, so we expect that our overall retention rate will increase with the number of new graduates. We also note, that this is not because of the selection process, but people entering DTAP now are a little bit older and they were previously employed prior to entering DTAP. So we expect those numbers to actually increase over time.

Congressman Cummings, I just want to reemphasize something you mentioned earlier. DTAP, at our own expense, has a job developer, a full-time job developer. Additionally, we have a Business Advisory Council, whom we meet with on a regular basis, to assess the community's needs for employment as well as our ability to service that employment.

I think this strategy together provides a very effective tool for allowing our defendants to stay drug-free and crime-free. We noted that 26 percent of our DTAP graduates were employed before they entered DTAP. Now we note proudly that 92 percent of our employable graduates are working or are in a training program.

We not only help them get their first job, we help them get every job. A lot of these jobs are seasonal employment. A lot of these jobs are transitional. And it is unrealistic to expect that the first job is the only job that the defendants will ever have.

A very important tool that we have is this job developer, who allows us to keep in touch with our defendants, to support them after the case is over, after the case has been dismissed, to keep them in jobs, which is to my mind, and certainly to the District Attorney's mind, one of the key elements in keeping them drug-free and crime-free.

I just want to point out that DTAP is highly cost-effective. I see my time is up. We had 441 graduates of DTAP. Our graduates represent a cost saving to New York State of more than $16 million. Most of those cost savings are corrections cost savings. In New York, it costs about $82,000 to provide a slot for a defendant in both the city and State corrections system.

By contrast, in New York it costs about $21,000 per year to treat them in a residential facility. The success of DTAP is demonstrated also by the law enforcement community's adoption of DTAP. Basically, our four city DAs and our special narcotics prosecutor, have all started DTAP, as well as many of the other upstate county DAs. We have been recognized by the Justice Department as one of the successful recipients of original Byrne funding, which supported DTAP for a period of time.

We are also the subject of a 5-year NIDA study. That study has been extended for another 2 years to continue to look at some of the post-treatment outcomes, cost effectiveness, the participants' perception of legal coercion, and other things that NIDA has found particularly helpful and instrumental in terms of their further study of substance abuse.

The success of DTAP encouraged us to support our drug treatment court. We have had 1,600 people in our drug treatment court. They also have a tremendous retention rate. They have a tremendous success rate. They recently added a job development component, based on the success of DTAP, and we support our drug treatment court by sending a very experienced DA into it who has a lot of discretion to take the pleas and to divert people into treatment where it is warranted.

I invite anybody who is in this room to come to us in Brooklyn to see what we do, and I thank you for inviting us here to Baltimore today.

[NOTE.—The report entitled, "DTAP, Drug Treatment Alternative-to-Prison Program Ninth Annual Report, October 15, 1998 to October 14, 1999," may be found in subcommittee files.]

[The prepared statements of Ms. Swern and Mr. Hynes follow:]

REMARKS OF DEPUTY DISTRICT ATTORNEY ANNE SWERN
ALTERNATIVES TO INCARCERATION HEARING
HOUSE COMMITTEE ON GOVERNMENT REFORM, SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES
UNIVERSITY OF MARYLAND SCHOOL OF NURSING
655 WEST LOMBARD STREET, BALTIMORE, MD.
MARCH 27, 2000 11:00 A.M.

Good morning, everyone. On behalf of Brooklyn District Attorney Charles J. Hynes, I would like to thank Chairman Mica, Congressman Cummings and the other members of the Committee for inviting us to speak to the Subcommittee on Criminal Justice, Drug Policy and Human Resources, about alternatives to incarceration, substance abuse and crime.

I am a Deputy District Attorney in the Brooklyn District Attorney's Office, and I am in charge of our Drug Treatment Alternative to Prison Program, known as DTAP. With me is Deputy District Attorney Hillel Hoffman, who is in charge of our legislative program, and who has been working with Chairman Mica's staff on legislation to provide federal funding for DTAP.

Our county, Kings County, which is known to everyone as Brooklyn, is one of the five counties of New York City, and if it were a city, it would be the 4th largest city in the United States. Brooklyn has an ethnically diverse population of 2.3 million people, of which 30 percent are foreign-born. In 1999, the New York City Police Department made 30,357 felony and misdemeanor drug arrests in Kings County.

In 1990 when District Attorney Hynes was first elected, there were 765 homicides in Brooklyn, many of which were drug related. Using some of the toughest drug laws in the country, which are known as the Rockefeller Drug Laws, he developed a policy that allowed us to separate the traffickers from the addicts.

He created DTAP, the first prosecution-run drug treatment alternative to prison program for those addicts who were not major drug dealers, but selling drugs to support their habit. He targeted predicate felons - those individuals previously convicted of a non-violent felony offense - who were now arrested for a second non-violent drug felony and were facing a mandatory prison sentence under New York State's second felony offender law. Generally, these mandatory prison sentences could be as high as 4½ to 9 years, although a typical sentence might be two to four years.

DTAP identifies these prison-bound non-violent addicts, who sell drugs primarily to support their habit, early in the prosecution of the case. DTAP offers these addicts the opportunity to plead guilty to a lesser charge and have their sentence deferred, and gives them a chance to enter and remain in a long term residential treatment facility for 15 to 24 months. DTAP screens these addicts for suitability; makes an appropriate placement in a therapeutic community; monitors their progress while in treatment and reports regularly to the court in which the case arose. DTAP also takes responsibility for helping them to find and keep jobs. If they succeed, generally after two full years of treatment, all charges against them are dismissed. If they fail, however, they are returned to court by DTAP's special enforcement team and sentenced on their plea to the original charges.

As the Deputy District Attorney in charge of DTAP, I am proud to report to you that by every important measure, DTAP has been highly successful in accomplishing its goals.

As prosecutors we were very concerned about the risk to public safety of letting second felony offenders enter residential treatment programs instead of being sent to state prisons. Our nearly ten year experience with DTAP shows that the treatment alternative poses almost no risk

to public safety. DTAP's "in treatment" recidivism rate is lower than both the pretrial and "in prison" rates for a comparison group.

We did a comparative study of 184 DTAP graduates and 215 defendants who were paper eligible but did not participate in the program. We found that after three years the recidivism rate for DTAP graduates was half the rate for non-participants: only 23 percent of the graduates had been rearrested, but defendants who spent a comparable amount of time in prison had a 47 percent recidivism rate.

DTAP also enhances public safety by having its enforcement team carefully screen defendants to verify their ties to the community. This assures us that there is no history of violence that is not reflected in the defendant's criminal record, and it enables us to quickly return absconders to court. DTAP's enforcement team has been so successful in apprehending absconders from treatment, that 96% are returned to court in a median time of 9 days. This leaves little opportunity to commit a new crime.

DTAP has been quite successful in keeping people in treatment and helping them complete this tough regimen. In 1990, we started the program with only three therapeutic communities. Now we have eleven therapeutic communities. They use a social learning model that emphasizes a self help approach and relies on program graduates to act as peer counselors, role models and administrators. The program has a one-year retention rate of 66 percent, far higher than the average retention rate for treatment programs nationwide. Ultimately nearly 60% of our participants have graduated or are still in treatment.

DTAP employs a job developer and has established a Business Advisory Council to help our graduates find and maintain employment. Almost 92% of our graduates who are able to work

are employed. That compares very favorably with 26% of the participants who were employed during the one-year period prior to entering DTAP.

DTAP has also proven to be highly cost effective. Our 441 graduates represent economic benefits of over $16 million dollars to the taxpayers of New York State. Not only does DTAP save the cost of imprisonment and parole supervision, but it creates further savings because gainfully employed graduates do not need public assistance or medicaid. What is more, they pay taxes.

DTAP is much less expensive than incarceration in a state prison. A defendant who receives a sentence after plea bargaining a typical drug charge, will spend two years in jail and prison at an estimated cost of $82,000. A typical two year placement in a residential facility costs about $42,000. DTAP has saved over $11 million in correction costs alone.

I think the success of DTAP can also be measured by the interest it has generated in the Law Enforcement Community. DTAP has been adopted by the four other District Attorneys of New York City, by our Special City-wide Narcotics Prosecutor and by several other prosecutors in upstate New York. It was also recognized by the Department of Justice as one of the outstanding state programs to receive federal funds, when it received Byrne Grant funding in its early stages.

DTAP has been the subject of a five-year research effort funded by the National Institute of Drug Abuse, studying retention, post treatment outcomes, cost effectiveness and participants' perception of legal coercion. Preliminary findings based on a six month follow up of DTAP participants compared to a prison control group show that DTAP participants made greater improvements in almost all social and psychological areas and in reducing drug use. Based on

these preliminary findings, the study has been extended for an additional two years to continue to measure DTAP's effectiveness.

DTAP shows that a treatment program for repeat offenders can be run successfully as an alternative to incarceration. The lessons we learned from DTAP encouraged us to support the creation of the Brooklyn Treatment Court, the largest drug court in New York State. Our court has over 1,600 participants, with charges ranging from misdemeanor to multiple felonies. Its one-year retention rate is 65%. It is staffed with an experienced assistant district attorney who has a broad range of prosecutorial discretion with regard to treatment pleas and eligibility.

Substance abuse treatment as an alternative to incarceration, supervised and carefully monitored by a prosecutor, for an appropriate length of time in an appropriate setting, works. DTAP works. I invite all of you to visit our program in New York and to speak with our graduates and participants. We are confident that you will be impressed.

Thank you.

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CHARLES J. HYNES
District Attorney

Drug Treatment Alternative-to-Prison Program (DTAP)

The number of offenders in New York State prisons for drug offenses has increased dramatically, from 3,000 at the onset of the crack cocaine epidemic in 1986 to 31,500 in 1998. Almost one-half of the inmates are drug offenders, many of whom committed nonviolent crimes to support their drug habit. In October, 1990, Kings County District Attorney Charles J. Hynes initiated the Drug Treatment Alternative-to-Prison Program (DTAP) on the premise that defendants would return to society in a better position to resist drugs and crime after treatment than if they had spent a comparable time in prison at nearly twice the cost.

DTAP is the first prosecution-run program in the country to divert prison-bound felony offenders to residential drug treatment. The program targets drug-addicted defendants arrested for nonviolent felony offenses who have previously been convicted of one or more nonviolent felonies. Qualified defendants enter a felony guilty plea and receive a deferred sentence that allows them to participate in a residential therapeutic community (TC) drug treatment program for a period of 15 to 24 months. Those who successfully complete the program have their charges dismissed; those who fail are brought back to court by a special warrant enforcement team and sentenced to prison. To prevent relapse and reduce recidivism, the District Attorney's Office has formed a Business Advisory Council to identify and develop employment sources in Brooklyn. DTAP also has a job developer to assist graduates in finding and maintaining employment.

As of March 1, 2000, 1136 defendants have been accepted into the program, 235 are still in treatment and 439 have completed the program and have had their charges dismissed. Ninety-two percent of DTAP's graduates who are able to work are employed. Ninety-six percent of the participants who left treatment have been returned to court for prosecution and sentencing in a median time of nine days. DTAP has a one-year retention rate of 66% and a three-month retention rate of 82% which compares very favorably with retention data reported in other studies of residential drug treatment programs. The Drug Abuse Treatment Outcomes Study (DATOS), the most recently quoted source of statistics on drug treatment effectiveness and client characteristics, reported three-month retention of 65% for clients in residential TC treatment programs.

DTAP carefully monitors every aspect of the program. Federal funds have been awarded to an independent evaluator to document post-treatment outcomes with respect to criminal recidivism, drug and alcohol abuse and other indicators of social adjustment. The research will also include a comprehensive cost-benefit analysis of savings realized by reducing incarceration and post-treatment costs.

Preliminary findings demonstrate that DTAP is highly cost effective. An analysis of the savings of correction, health care, public assistance and recidivism costs combined with the tax revenues generated by the DTAP graduates has produced economic benefits of $16.1 million dollars for the 439 graduates.

Initial data shows that DTAP prevents crime and poses no risk to public safety. Based on our analysis of 184 DTAP graduates who had been at risk of rearrest for one year as of January 1997, only 11% had been rearrested. This rate was less than half that of similar Brooklyn predicate felony drug offenders who had received sentences of incarceration. Three years after treatment, only 23% had been rearrested as compared with 47% who had been traditionally prosecuted and incarcerated.

For information contact Anne J. Swern, Deputy District Attorney, at (718) 250-3939.

Mr. MICA. Thank you, and I want to thank each of our witnesses on this panel. We will start with our first round of questions here.

Commissioner Daniel, did I hear you correctly when you testified that I guess the city of Baltimore really wasn't participating actively with the HIDTA?

Mr. DANIEL. No, we participate. But we enter into an understanding with HIDTA. We had a commitment for a certain number of officers that was not sustained throughout the term of the agreement. And when that knowledge——

Mr. MICA. What was the term of that agreement?

Mr. DANIEL. They usually run for a year at a time.

Mr. MICA. So in the past, you are saying that the city did not keep its commitment to participate at the level that it agreed upon with the HIDTA?

Mr. DANIEL. That is correct.

Mr. MICA. And your directive and policy from the mayor and the current council is to participate at a full level. Is that correct?

Mr. DANIEL. No, I didn't get a directive from them. I just did it. Basically, there was a need for us to have appropriate staffing levels in HIDTA. HIDTA gives us so much, we certainly—it is a small commitment in return.

Mr. MICA. You testified one of the problems is that you are having difficulty getting the intelligence and information to go after some of these dealers?

Mr. DANIEL. No. I testified that HIDTA has exceedingly high criminal intelligence capabilities, and that we needed to use that capability to enhance our efforts in the city.

Mr. MICA. I am sorry. Then you weren't able to utilize that in the past, is that the problem?

Mr. DANIEL. I don't think it was utilized in the past because we didn't make significant numbers of high-level drug cases in the city, but as many as we could and should be making, based on not using HIDTA. HIDTA was there. They have intelligence capabilities.

Mr. MICA. Right. It has been there. It has also leveled at a fairly high level, $11.4 million I understand, which is one of the higher ones that I am aware of. But something seems wrong in the enforcement end.

Now, the playground that the mayor referred to that was cleaned up——

Mr. DANIEL. Yes, sir.

Mr. MICA [continuing]. That was through tough enforcement, a new enforcement initiative. Is that similar to the kind of activity you are going to go after in the open—you said you are going to close down 10 open air drug markets in the next 6 months and go after 20 afterwards. Is that correct?

Mr. DANIEL. Yes, sir, that is correct.

Mr. MICA. Why not go after all of them now?

Mr. DANIEL. We simply don't have enough police officers and support assistance——

Mr. MICA. What would it take to close down drug trafficking in Baltimore? Is this something you can't handle because of lack of personnel, resources? What do we need?

Mr. DANIEL. We do have a personnel shortage in the police department currently.

Mr. MICA. What would it take to close down all of the drug markets and go after the big drug traffickers here?

Mr. DANIEL. 500 additional police officers.

Mr. MICA. 500 additional police officers.

Mr. DANIEL. To do it at one time, yes, sir.

Mr. MICA. To do it at one time. What about Federal prosecution? Are these people—now, everywhere I have been they fear Federal prosecution more than they do State. States seem to be sort of a revolving door. I heard testimony over here that there is so much wiggle room, and the mayor described a situation where there—it could be weeks and months before they are heard, they are back out on the street, the problem continues.

And those aren't decisions we make at the Federal level, as far as State and local prosecution. Those are decisions that are made here. It sounds like you have a very ineffective enforcement mechanism.

And then I heard testimony from someone, I thought they said 50 percent of them don't even show up for their first treatment. Is that correct?

Mr. SIMMS. That is correct.

Mr. MICA. What is the problem?

Mr. SIMMS. On the Federal end, if I might, Congressman——

Mr. MICA. OK. The Federal end.

Mr. SIMMS [continuing]. Linda Tagley, the U.S. Attorney, has devoted significant resources to going after Federal prosecution.

Mr. MICA. Are prosecutions up here?

Mr. SIMMS. Prosecutions are up.

Mr. MICA. The last 4 or 5 years?

Mr. SIMMS. Have been up consistently since the 1980's. I myself was involved in drug prosecutions of local cases in Federal court, basically. There are some concerns within the judiciary, obviously, of how much you do. The Federal Government here also has its own version. It, in effect, predated project exile with its own program called project disarm. And it is a program which the commissioner, myself, and other law enforcement agencies are also participating in.

And so we don't lack for the fact that there are Federal cases being handled here. And with respect to the operational issues that was mentioned by the gentleman, there are——

Mr. MICA. All right. For the record, I would like submitted the number of Federal prosecutions in the last 10 years, the record of those, and where we are. We need to see what it is going to take at the Federal level. You are telling me the Federal level is adequate. I am hearing that they don't have adequate resources at the State and local level.

Why is the State of Maryland so reluctant to fund—to put additional resources into this area?

Mr. SIMMS. It has appropriated additional resources. I think the question that we are grappling with now is the rate of that increase, as well as your colleagues at the State level asking questions about the returns that they are getting with respect to those investments.

Mr. MICA. It sounds like there is a real problem even with the treatment programs that we do have in place, that we can't even get people to show up from the programs to—and I have heard people say they are not held accountable. I am taking phrases. That there is no—I mean, the program that I visited with Ms. Swern, and I visited one in Hawaii, I have been in California——

Mr. SIMMS. Right.

Mr. MICA [continuing]. Different programs, you don't show up, you don't participate, even in the drug courts, you are in the jail.

Mr. SIMMS. Yes. Two things that are different here than a number of other jurisdictions. Baltimore City is a city unto itself. It has no county. And in Baltimore City, where I was a State prosecutor, as Mr. O'Malley said, there was no addition to prosecutorial resources for over 10 years.

When I went to see Charles Hynes to talk about that program, Charles Hynes had the support of the Federal Government. And although it was somewhat controversial, he had some other political support. We had none. The State started the correctional options program. The State funds the prosecutors for drug court. The State funds Break the Cycle. The State takes the whole deal. And right now in Baltimore City the State funds it all. So the——

Mr. MICA. Have you applied for any discretionary funds?

Mr. SIMMS. Anything that is out there we go for. Anything that is out there we go for it. So what we are attempting to do at the State level, and what we did with a number of programs in the last 3 years, we ramped up very fast. In Break the Cycle, for example, we are almost up to 20,000 people over a 2-year period. Very fast to try to throw them into the program.

Did we have operational issues? Yes. Still have some. Did we have some successes? Yes, we have some. Did we have some operational difficulties with people showing up? Yes, we have some. And we are trying to mull through and cut through a number of those.

Mr. MICA. It is interesting. Most of the attention today has focused on after somebody is an addict, after someone has probably committed many crimes to get into the system. It appears that there has been a fairly sizable gap in going after active drug dealers, people dealing in death on the streets.

Somewhere, there is something missing. At least if you don't have the narcotics being dealt with on the streets, that is a pretty good alternative to incarceration. They are not dealing here in this venue, and these people are not getting drugs to start with.

Mr. SIMMS. I think the piece that you saw missing is part of the piece that you heard the Deputy District Attorney talk about when she spoke about the involvement of detectives, and spoke about the involvement of capacity apparatus. And one of the issues that we are trying to move forward here is our ability to have the capacity to address all of the service issues related to all of these models.

Mr. MICA. A lot of what has been talked about here is that people at the end of the spectrum that have committed crimes and are already drug addicts. They have $100-plus a day habit. Then we get them in the system, and the best I have heard today is that 50 percent may have a success ratio.

I have heard that—the same thing I hear in other communities—the best programs are the faith-based or spiritual programs. They don't even qualify in most instances for Federal funds. Mr. Cummings and I have heard that testimony before.

So I am concerned that we are manufacturing many of these people into a system that is failing. And you can keep adding more and more folks into it. You will never have enough beds. I mean, if we continue at the rate we are at, in 2050, there will be 10 percent of the population that won't be addicted in this town. We will never have enough beds at that continued rate.

So there is something wrong with what is going on here, and I am trying to find out what pieces we are not helping with. I have heard from the State that, or at least the Federal aspect, that there is prosecution they are going after. I heard from the locals. I have questions about their participation and commitment in the past, not today.

I have heard from the judicial branch that he is part of a system that is sort of regurgitating these folks out. I have heard from this lady over here that there is so much wiggle room, no one is held accountable. And then I have heard from this gentleman here that tells me 50 percent of them don't even show up for their first treatment session. There are problems here.

Let me hear from the judge.

Judge NOEL. Mr. Chairman, we need to determine what programs we are talking about. The drug treatment program has proven to be quite effective. The problem is the funding for it, the lack of available spaces. We don't have a situation where people don't respond. In the drug treatment program, they do respond. They are held accountable, and sanctions are imposed regularly.

This is a very proactive program, where the defendant comes before a judge on a routine scheduled basis, sometimes within every 2 to 3 weeks. Sanctions are imposed most frequently, and they are graduated. But it is usually at the discretion of the court.

It is quite different than the other programs you are hearing about. We have almost begged the Governor for additional funding to expand the drug treatment court because this is the one program that has proven effective.

Mr. MICA. Yes.

Judge NOEL. It is quite similar to the program in New York.

Mr. MICA. Yes, Your Honor. My whole point is that you are manufacturing these people in this locale at a rate we cannot keep up with.

Judge NOEL. I agree.

Mr. MICA. You will never keep up with it at this rate. If Mr. Beilenson is correct that it was from 10,000—I don't know what the number DEA gave us is—but we will take 10,000, and we are at 60,000 or 80,000. It has just been on a continual rise.

You have a city with a crisis and we have got to stem that. I don't want to be sending them to you for an alternative to incarceration. That is where I am trying to stop it, before we get them into any of these programs down at this end. Not that I am against any of those programs. I want them to be in the most successful programs.

Unfortunately, I am told by some constraints we work under that we can't even support those spiritual or faith-based programs, and we are trying to find a way to—because they do have a high rate of success. Most of the public programs I have seen, even the DTAP program, it does a good job, they are expensive, they are at the other end of the spectrum.

And you testified, sir, too, that when they hit rock bottom, and they want a change in their life—I just heard this same thing on the West Coast and also in Hawaii, and I sat in the prisons with these guys, and most of them were older rather than younger. Most of them had spent—if they were 36 years, they had been 18 years either in jail or in and out of prisons at great expense.

So we have got to have something—education. We have got to have something—an early diversion that works, and those things I don't—I don't see as readily available.

The DTAP—I sat with folks, a heroin addict, his wife just had died from a heroin overdose. Most of them were—they had hit rock bottom, and we were pulling some of them out. That is very necessary. But there is a bigger part of this picture, and that is—and there are pieces to that missing in this community and across the country we need to fill in.

Mr. Cummings, I have taken more than my time. Go ahead.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

I want to just pick up where you left off. One of the things that has always concerned me is the question of how we prevent people from even getting in this process? I have told the Congress many times about the neighborhood that I live in, which is the neighborhood, by the way, Mr. Chairman, where that school is, the one that the mayor showed.

And I was just wondering if you all had any comments on any—I mean, we are not just talking about—I am not just talking about young people. I mean, I think about the whole process of what the chairman was just talking about, how year after year these people are committing more and more crimes, that are hitting our communities harder.

The interesting thing is, that what I find in my community is that it sort of feeds on itself. People who work hard every day—and you see it, Judge, I know. People who work hard every day, raise their families, go to church, the whole bit, they come home and their place is ransacked because somebody took some items that they are going to sell for about 5 percent of what they are worth.

And, we have Judge Ken Johnson who brought this to my attention very early on.

Do you have any comment on that, Judge? Why don't you move—they need to get—you need to get to a mic. If you can just pick it up, I guess that will work. He gave you his seat, so——

Judge JOHNSON. Oh.

Mr. CUMMINGS. Thank you, sir.

Judge JOHNSON. Thank you very much.

Mr. CUMMINGS. Judge, how long have you been on the bench?

Judge JOHNSON. Eighteen years pretty soon. And I would just like to add I was a former Judge Advocate General's Corps [JAGC] officer in Southeast Asia with the United States Army for 3 years

during the war. And then from there to the Justice Department, in President Lyndon Johnson's days, I headed up Alabama and Georgia and then to Baltimore. So I have been on the bench for about 18 years.

And some time ago, June 21, 1992, I wrote a piece in the Sun paper that said the war on drugs is mainly eyewash, and for that I have been in trouble ever since for it. But it is true. We have to start following the money trail rather than the drug trail only. We should follow both. When you follow the drug trail, you are going to find a young, black, high school dropout. When you follow the money trail, you are going to find a banker, a lawyer, and the others.

So we have to start looking at both, and we have to stop them from getting on drugs in the first place. Interdiction sure is fine, but the money should be reallocated wherein we have education. We have to have a job for this person. We must educate this person to keep him off of drugs in the first place, and that is where I have always stood, and that is where I stand now.

It is a controversial position because there are billions of dollars out there, and you would be surprised at the people who are making this money. It is not this little black boy on the corner down here who pedals his bicycle down the East Coast, rides all the way across the Gulf of Mexico, across the Rio Grande, and he pedals back up to sell on Monroe and North. That is not the way to get here. We may as well face facts.

What has happened is the press—and I must say the white press, and I don't mean to be racist. If I had a racist bone in my body, I would take it out and put this mic in it. But we must admit that the press, the white press, has fooled the public into thinking that the drug problem is a black problem when just the opposite is closer to the truth.

Thank you.

[The information referred to follows:]

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The War on Drugs Is Mostly Eyewash

By KENNETH LAVON JOHNSON

During the course of my tenure in the Felony Arraignment Court last year, not a single case involving a drug dealer at the importer-wholesaler drug-dealing level passed through that court. These drug dealers earn tens of thousands of dollars a week, and they are responsible for crimes of institutional destabilization, such as bribery and corruption.

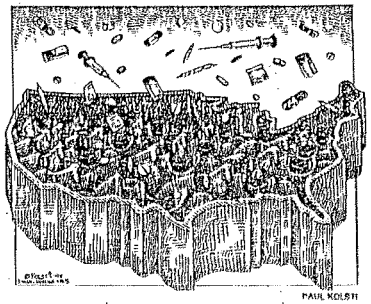
Instead, I saw the street-level retail dealers. They amounted to a total of 7,352 felony cases in ten months, of which 1,722 resulted in guilty pleas. The average age for drug-case defendants was 25 years, and the average education level was 10th grade. By contrast, the wholesaler-importer drug dealers hold regular jobs as bankers, accountants, lawyers, doctors and businessmen.

Counting such "drug-related" crimes as murders, robberies, thefts and burglaries, approximately 85 percent of all felony cases in Baltimore involve illegal drugs. Yet there is no pressure by society to require the political leadership to confront and control the grave and pervasive problems that are caused by the drug trade.

The dealings of the importer-wholesalers are difficult to detect and prosecute, which is why scant priority has been given to prosecuting lawyers who collect and file false affidavits on behalf of their clients; lawyers who pay alibi witnesses to testify falsely at criminal trials; businessmen and bankers who finance the importation and wholesaling of illegal drugs or who launder drug money and front for drug dealers; and lawyers, accountants and investment bankers who provide the expertise to keep the enormous flow of cash hidden from public scrutiny.

The availability of large sums of cash from the drug trade and the lack of sincere effort on the part of government to control it have corrupted a substantial number of professional people who are now full partners in the importer-wholesaler drug trade. They are not pursued and prosecuted mainly because the social ravages and devastation caused by the drug trade in the inner city have barely touched suburbia.

The government has successfully confined open-air drug dealing to the inner city, where the importer-wholesalers and their professional cadre remain invisible. They cannot be detected with binoculars, arrested and paraded on the evening news as are street-level retail drug dealers. Parading these street-level arrestees on television has fooled the public into believing that something is being done to combat the drug problem — and into thinking incorrectly that the drug problem is a "black problem." The major criminals — the importer-wholesalers, who are usually white — go undetected and unindicted.



PAUL ROLSH

It cannot be seriously contended that the government cannot drastically slow the supply side of the drug trade with a firm commitment to do so. The financial resources for effective enforcement of the current drug laws would be sufficient to combat the drug trade if the will were present.

The necessary political will will come only when the white (suburban) community feels the pain and ravages of the drug trade to the same extent that they are felt in the African-American (inner city) community. If society postpones the war on drugs much longer, drugs will destroy our institutions. The level of corruption will have so thoroughly infested and corrupted all levels of society as to prevent an effective eradication by law enforcement.

Already we have begun to notice the bribery and murder of potential witnesses and police officers to prevent criminals from being tried and convicted. We also know that the profits from the illegal drug trade contribute substantially to the economy. In the not too distant future, we will see the bribery and murder of prosecutors, jurors and judges in order to protect drug profits.

When this day comes, the law of the streets will govern and our government will be too weak to regain effective control. The public will cry out, demanding that something be done; it will be more than willing to abandon constitutional liberties in an effort to confront and control the drug trade. Given the sorry state of our present political leadership, there is little hope that our future political leadership would resist the sacrifice of civil liberties to the desperation fostered by the pain and ravages of the drug trade. The time to confront and control the drug trade is now.

The drug trade cannot be controlled without jailing the importer-wholesalers and their professional cadre, just as street-level retail dealers and users are jailed. The so-called "war on drugs" is nothing more than a political illusion that mollifies an uninformed public even as large segments of our society are terrorized by crime and corruption and respect for our institutions is being weakened.

A legitimate war on drugs will require simultaneous fighting on two fronts: the importer-wholesaler supply side and the demand side. We have not seriously warred against either side. Through education, we can lower the demand for drugs. By jailing importer-wholesaler drug dealers, we can reduce the drug supply. Until society engages in a drug war on these two fronts, the so-called "war on drugs" will remain a convenient political illusion and the country will continue to pay the deathly price.

On May 11, 1992, I asked the Baltimore city grand jury to investigate why the importer-wholesaler drug dealers were not being pursued and prosecuted. It is my fervent hope that the grand jury's investigation and public report will be a call for action before it is too late.

Kenneth Lavon Johnson is a Judge of the Circuit Court of Baltimore City.

Mr. CUMMINGS. Thank you, Judge.

Anybody else?

Mr. SIMMS. I just wanted to say, Congressman Cummings, again, I wanted to thank you and the chairman because, again, with your funding, and what you made available to help us start correctional options through your work, correctional options, and the drug court, you answered part of the issues that were brought up by Dr. Taxman and people like Mark Kliman, who said there are three things that community corrections has to do—the technology to monitor behavior that occurs outside your presence, the authority to impose rapid and predictable sanctions, and the resources to acquire and use the technology and administer the authority.

We have answered two of those things, I think, with the support that you have given us. And what you hear today, and I think the Congressman was concerned about, is our—that last step, that last link is part of the capacity issue that we are struggling with at this point in time.

Now, on the prevention issue that you asked, there is effort, both within the Health Department and a massive grant that they have received and the city of Baltimore is working on, called the Safe and Sound Campaign that you are familiar with, which is really a ground-level campaign to bring those who are causing difficulty within the community in, and to say, "Here are the resources. Here is what you need to do. We can't have this particular problem."

Now, that effort is less than a year old, and it is making and moving some things within the community. But it is that kind of educational community effort that is very important.

The last piece is the efforts that you have done to continue to talk—to have people talk about the whole issue of restore through justice. That is, the community as a victim—and to put that out in the community and to educate the community.

We are trying to do that. We are trying to put together victim panels to go to institutions to educate people, to rethink people, so that it doesn't start in the first place. So I didn't want the Congressman to leave here today and think there is a dearth of things that aren't happening—things that aren't happening in the community on the prevention side. There are some things that are happening on the prevention side.

Ms. ROBINSON. And, Chairman Mica, Congressman Cummings, I would like to address some I think misunderstanding about my comments. What I intended to say was that certainly there is wiggle room in the traditional system. What HIDTA tries to do with the jurisdictions that are involved in our system particularly, in Baltimore County and in Baltimore City, is to assist them in developing the capacity within those jurisdictions to address, through drug treatment sanctions, through the accountability factors, so that the wiggle room that I reference is closed.

We provide them with technical assistance, and we have excellent outcomes that I have attached to my written testimony that attest to the effectiveness of the HIDTA model. But the HIDTA model only works in a small vacuum. What we would like to see happen is that that model is replicated across the system-wide, not just in individual jurisdictions, because in order to effect change within these systems, we have got to come to a point where we rec-

ognize that certain pieces of it are non-functional, certain pieces of it are not working together, certain pieces are not communicating well, bring all of those entities together and collaborate on a mechanism to address this problem.

We have the knowledge, I believe, and we have the technology. What we are struggling with at this point, I believe, is the whole funding piece. And that is a critical piece. Once we begin to look at these issues from a systemic viewpoint, then we know what it is we need to do. We just need assistance in gaining funding to do what is required, because we have a lot of information on best practices.

HIDTA has published again a recent study on the effectiveness of our model. We know what it is that we need to do. We know where we have struggled with operational issues. We are addressing those issues, but we need support and assistance.

Mr. CUMMINGS. Ms. Swern, one other thing, if you have worked with drug addicts at all. I had a brother-in-law who died about 2 years ago who was a drug addict, and he was 43 years old and I would just watch him disintegrate.

One of the things that you notice, and I think people like Ricky Phaison could tell us about this, when you talk to them, is that somebody who is on drugs appears as if you are not really talking to them. They look like them, but they are it is basically a ghost of their former selves.

And what I have found in dealing with people who are on drugs, is that a lot of times they are not always honest. They will do almost anything to get their drug. And I think what happens to the business community—I mean, if I am—let us say, for example, I run some copying company or something, and I want to hire somebody.

And I have got to have somebody who I can depend on to come to work, somebody who if I am not there I know all my receipts are going to be, you know, straight, and I know they are going to do what they say they are going to do. That is maybe not the person—and if I have got a choice between three or four people, and that is one of them, that person probably won't, you know, come to the top of my list.

What I am trying to get at is, you know, when I listened to Mayor O'Malley, and we were talking a little bit earlier about jobs, because I do believe that is very important. How do you make sure in the DTAP program that—I mean, and I realize this is—the job piece apparently comes at the end. But still, it comes in the middle?

But I am just wondering, how do you convince employers to participate and to hire folks?

Ms. SWERN. I think what you said earlier helps a lot. When employees have had successful graduates working there, they are the best public relations for DTAP.

Also, our defendants, because they spend a substantial amount of time in a therapeutic community, they—we could basically vouch for the last 2 years of their life. Not only are they off drugs. That is—in a way—the easiest thing. The harder things are the social skills, all of the other things that we have kind of alluded to here that are being addressed in these therapeutic communities.

Now, I come from a State that, relatively speaking, after listening here, is a little bit more rich in resources in terms of residential treatment beds. And we utilize them to the maximum capacity. And so what we do is we make sure DTAP participants spend 15 to 24 months in treatment.

When defendants come into DTAP, about 80 percent of them say the reason they come in is to avoid jail or prison. They don't come in because they think they have hit rock bottom, to help their family and friends, to address any of that stuff. The No. 1 reason that they have given, by far and away, is prison or jail avoidance.

Over time, and different amounts of time for different people—it could be the first month, it could be the 14th month—they decide, you know, maybe these things that all of the other peers are talking about, all of the others in the substance abuse community, makes sense. And then not only do we convince them that a drug-free life seems to be the best option, we provide them with options.

We have constant feedback from our business community. When I speak to groups, frequently somebody at the end of the speech says, "I have a job, one job." And I will go out myself and see the place where the job is. My job developer goes too—even for 1, because I know 1 job could lead to 5, that could lead to 10.

And the other thing is we do everything. It doesn't matter whether the job is 3 months or 3 years. We try to use every available resource to make sure that people get employed and stay employed, and they are our best spokespeople.

Mr. CUMMINGS. Judge Noel, when you see people coming into court, who have violated probation, or whatever, do they usually have jobs?

Judge NOEL. The typical——

Mr. CUMMINGS. With regard to drug situations.

Judge NOEL. The typical defendant in the drug treatment program is unemployed when they come in. We expect relapses. It would be unrealistic to expect, once they got into the program, that they would not relapse. Jobs usually come along.

Also, I find that they relocate, and that seems to have quite an impact on the success rate. They have to move from that continuous negative environment before they will make changes, before they will want that change in their life.

Typically, they do come in to avoid incarceration, obviously. But to stay in the program, and to go through the rigors of the program, they have got to want that for themselves.

Mr. CUMMINGS. Last but not least, one of the things that I know, just piggybacking on something you just said, when I was in the State legislature we had an after care program for juveniles in the boot camp system. And one of the things that we noticed is that the people who stopped hanging with the guys who sent them there did fine.

But usually there were not a lot of options. That is the problem. Because they didn't—maybe they didn't have a job, and they sort of—they may have—said all of these wonderful things while they were in prison, and then when they got out, they had all of these high hopes.

But then when they got out they couldn't find a job, and the next thing you know they were gravitating. They might do OK for a

month or two, but then they gravitate right back to the corner, and the next thing you know they were back in prison.

Judge NOEL. That is why we expect the relapses. And it is typical in the program. Many defendants stay in our program for over 2 years when you consider the relapses before they ultimately become drug-free, and they have to remain drug-free for at least a year before they are even considered for graduation.

Mr. CUMMINGS. Finally, if there is something, commissioner, that you want from us, because we are trying—we are not here just for window dressing. We are trying to figure out how to help. What is at the top of your priority list, I mean, that we could do to help you help us?

Mr. DANIEL. I think just your interest today, this hearing, is helpful. It is helpful when we are fighting this battle and know that other people care. You know, I am new on this job, with about 3 months experience, and we are looking for some of the best practices, so that we can come back to you and say this works. That is what I am a firm believer in. You know, I want to make sure that you are confident that your money is being well spent, and that we can show you some types of results.

I am looking forward to going to Chairman Mica's meeting to discuss matters dealing with HIDTA. I hope I get invited to that because I think that will be very helpful as well.

Mr. CUMMINGS. He just said you certainly will be. And I was just wondering, as we move forward in this process, I guess you would be willing to go to the mayor, to the business community, and to ask them to help us out with regard to the job piece. Would you?

Mr. DANIEL. Certainly we can do that. We are going to start a police foundation here, and we are going to ask businesspeople to support that foundation for other things that we don't want to ask Government for, for special projects and things like that as a funding source. So we are going to have an excellent relationship with the business community, and we certainly would be confident that we can help my co-workers up there with some of the other aspects of this thing that aren't necessarily police-related, like looking for jobs.

But, you know, police officers do that with people that we encounter every day. You know, it is not organized, but we often are out there helping people, trying to find them jobs, going to businesses. Officers go in their own pockets and buy clothes for people to be able to go to an interview. I mean, those kinds of things happen all the time in the police department.

Mr. CUMMINGS. In answer to an earlier question, the chairman asked you what it would take to eliminate all of the drug corners, and you said 500 officers. One of the things that concerns me is that a lot of times, when I look at the folks on the corners, I wonder where they are going to go.

In other words, because there are so many of them, and I know we push them here and we push them there. I am just wondering, what we would see, let us say if we had the 500 officers.

Mr. DANIEL. OK.

Mr. CUMMINGS. Hypothetically.

Mr. DANIEL. I can tell you where they are going to go.

Mr. CUMMINGS. Where?

Mr. DANIEL. They are going to go to Baltimore County. They are going to go to Anne Arundel County. They are going to go to the surrounding jurisdictions, which is why we have the great collaboration that we now do with my counterparts.

You know, I meet regularly with the Baltimore County police chief, and with the Anne Arundel County police chief, and with the State police superintendent. And we meet regularly because we know that we are tired of pushing this thing between borders, and we know that we are going to get more bang for the bucks if we work together and collaboratively. So no law enforcement has no turf battles at all.

And, you know, we want to drive this problem that we have with open air drug markets completely out of the State, and where they go after that I can't answer.

Mr. CUMMINGS. Thank you.

Ms. ROBINSON. I would like to take an opportunity to address that. One of the things that HIDTA has been doing is developing a cross-border initiative, that is bringing together the law enforcement community as well as the supervision community in Washington, DC, and Prince George's County. And that has been a very helpful process in where they are going to go. But there is a secondary piece to that.

I mentioned that that was a law enforcement and a supervision liaison. That has not been inclusive of the treatment community. What is going to need to happen, if you really want to look at addressing that issue, is that the treatment slots that are allocated to Baltimore City and treated slots that are allocated to Baltimore County are going to have to be looked at very closely, because once you incarcerate those individuals then you summarily are also going to have to provide a level of treatment services and wraparound community-based services, so that once they complete the treatment regime and they go out into the community, that they get jobs, and that they are placed in a different environment for at least a period of time in order for them to integrate internally the new value system.

I mean, she speaks very eloquently about the therapeutic community, and I worked for years in the therapeutic community. What you endeavor to do in that is to teach pro social values to these individuals. And it takes 2 years for those pro social values to be internalized. But if they are going back into the same environment, what you are looking at is a 6-month period and they are going to lose all of the benefits basically that they acquired while they were in treatment.

We have got to provide opportunities for them to move to a different community, and that is a faith-based community, that could be AA, NA. I mean, there are support mechanisms that are existing in the community to assist them along their recovery path.

Mr. CUMMINGS. I don't want you to answer this now. I just want, maybe you can give us something in writing or contribute it to the HIDTA meeting that will be held. But you said something a little bit earlier about the fact that funds that HIDTA is now using to I guess supplement drug treatment in Baltimore City and Baltimore County, and elsewhere I guess, it then takes away from other things that you might want to do. Is that what you said?

Ms. ROBINSON. No, no. No, no.

Mr. CUMMINGS. What did you say?

Ms. ROBINSON. Once you—you asked the question, what would happen to these individuals——

Mr. CUMMINGS. No. I am going back to something you said a little bit earlier.

Ms. ROBINSON. OK.

Mr. CUMMINGS. You were talking about the fact that you use HIDTA money with regard to treatment.

Ms. ROBINSON. Yes.

Mr. CUMMINGS. And you said something to the effect of, we need to maybe look at that and see whether we are taking away from other things that you might want to use the money for, or other people.

Ms. ROBINSON. No.

Mr. CUMMINGS. OK.

Ms. ROBINSON. Each jurisdiction that is involved in the HIDTA projects has an opportunity to look—assess their own system, and they utilize HIDTA funds to augment gaps within those systems. So once they make that determination—and it is different in just about every jurisdiction that is involved in HIDTA—then that does conversely take resources away from other pursuits.

Mr. CUMMINGS. OK.

Ms. ROBINSON. Because they could utilize that money in Baltimore County specifically. Their money is all utilized in drug treatment slots, and in Baltimore City it ranges from drug treatment to positions that are purchased with their money. I mean, they have——

Mr. CUMMINGS. Sure.

Ms. ROBINSON [continuing]. Utilized it in very different ways.

Mr. CUMMINGS. Right. Thank you.

Mr. MICA. Thank you, Mr. Cummings.

And I want to thank each of the witnesses on this panel. It appears that there has been a slaughter going on in this community for the last decade or more. If it is on average 300 dying, that is 2,500, 3,000 people have died in this slaughter. I have been in the Washington area, as I said, for about a decade, and I saw every night a slaughter going on there. It averages as many as 400 a year in our Nation's capital close by, which I guess is part of this HIDTA effort.

We have had some success in bringing the deaths down in Washington. They have been fairly reduced. But in Baltimore we haven't seen that success, and we have got to stop that slaughter in some fashion.

We have our jails full. The judge testified that it is imprisoning not only a record number, but also the ones that are suffering most are the minority population who are the victims of these murders, of the incarceration. And then we have a system that is failing them even at the end where they are cast into a community that doesn't have the jobs.

Coming from the business community, I can tell you that any community that has the kinds of problems this community has experienced, I would not invest where you have rampant drugs, crime, murders. And so you have a perpetuation of a cycle of even

when these folks come out, the judge said their best hope is to go someplace else, and that is their best success rate.

Somehow this has all got to be turned around, and I am hoping working with the mayor, with the new commissioner, with the individuals who are here—the county executive, and all of those who have testified—and my colleague, Mr. Cummings, and others, that we can be a partner in turning this situation around.

I guarantee you we will do everything possible. It may not have been possible before the beginning of this year, but I guarantee you we will give every effort to turning this around and working as a partner with you.

With those comments, I will excuse this panel, and thank you again.

I call our third and final panel. The third panel consists of Dr. Faye Taxman, who is a professor of criminology at the University of Maryland. The second witness on the panel is Mr. Ricky Phaison. He is a program participant in project excel. The other panelist on this third and final panel is Mr. Israel Cason. He is president of I Can't, We Can.

I am pleased to welcome the three witnesses to our panel. Once again, I will reiterate that this is an investigations and oversight subcommittee of the U.S. House of Representatives. In that capacity, and with those responsibilities, we do swear in our witnesses for testimony.

If you have any lengthy statements to be made part of the record, upon request to the subcommittee that will be included in the record.

At this time, I will ask our three witnesses on this panel to please stand and be sworn. Raise your right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. Again, I thank each of you for joining us. I will recognize first Dr. Faye Taxman, professor of criminology at the University of Maryland. Welcome, and you are recognized.

STATEMENTS OF FAYE TAXMAN, Ph.D., PROFESSOR OF CRIMINOLOGY, UNIVERSITY OF MARYLAND; RICKY PHAISON, PROGRAM PARTICIPANT, PROJECT EXCEL; AND ISRAEL CASON, PRESIDENT, I CAN'T, WE CAN

Ms. TAXMAN. Good afternoon. Thank you very much for inviting me to testify today, and I appreciate the opportunity, Congressman Mica and members of the subcommittee, to talk a little bit more about an issue that you have been discussing today which has to do with a redirection in national policy in terms of dealing with the problems of drugs and crime in our community.

In particular, my interest is in terms of building more effective community correctional treatment and control programs that prevent criminal behavior and penetration into the criminal justice system. I think what you have seen today is the tragedy in a city like Baltimore where we have people with very lengthy criminal justice histories. And it affects them and their families and their children and their communities, and I think we have to reflect on how better to provide services to prevent all of these factors.

If you look at what we have done over the last 30-somewhat years, is we have really focused on incarceration at the State, Federal, and local levels. We have built jails. We have built prisons. And in many States, including this State, we spend more money on incarceration than we spend on educating school-age children. In my own community, we are currently building—I live down the road—a very large jail, once again, that is taking away needed resources for the school children. And I think that is part of the travesty that we feel.

If you look at what we have done through RSAT at the Federal level and other crime control initiatives, we put money into programs in prisons and jails, which makes sense. But we haven't invested the same level of resources into the community-based programs, and there have been some minor modifications in RSAT which have allowed the programs to use like 10 percent of the funds in after care or continuing care in the community.

But that does not really build the types of programs like DTAP or the drug courts or some of the longer term initiatives to really help people get themselves back on the right track. So I think we really have to look at how we fund things, and begin to look at where our priorities are.

The other thing I would like to mention is this State and many States struggle with this notion that everything in the community has to be done at a cost containment or a cost reduction over incarceration. So while we are comfortable to spend $23,000 a year, or $85,000 a year in the State of New York, to incarcerate someone, we skirmish at the notion of spending $2,000 or $3,000 a year to put someone in a drug treatment program.

I think that is a clear reflection of priorities that are mismatched in terms of where to get the most effective care for our community.

So what I would like to do is basically talk about three points very quickly, because I know your time is short, and hope that you will consider from a Federal level to really start some national Federal initiatives to deal with people on community supervision, because I believe, as Congressman Cummings noted earlier, that I feel we can get the most effectiveness in terms of reducing crime and improving the quality of lives and communities by focusing on probation and parole services.

My three points today which I would like—as part of some testimony that I entered in—are, first that incarceration has a limited impact. And, in fact, I think what we have done and the research literature has shown is that incarceration actually is no longer a deterrent to criminal behavior. And I will talk about that a little bit more.

My second point, is that treatment is very effective, but some programs work better than others, and we need a system of care.

And my third point, is that effective supervision is the key to reduced crime.

On the first point about incarceration, we have seen generations of families that have been in prison and jail. What we have seen—and you can see this through a number of ethnographic studies—is that people are immune to prison and jail. It does not matter now. You can talk to most prison wardens, you can talk to most

jail wardens, and they will tell you that people don't fear jail. And even kids don't fear jail as much as one would think.

And I think we have to reflect on where we perceive jail to be a deterrent, it is no longer the deterrent. And that is—that raises a number of questions in terms of a national priority of how to change that value system so people do fear periods of time away in incarceration facilities.

Related to that is that in order to—from my perspective, to overturn that, is to really deal with the issue that we need to build better things within the community and the community framework. Repeatedly, we have over the past several—15 or 20 years—built correctional programs in the community that mainly focus on controlling orientation. And when I say control I mean things like house arrest, electronic monitoring, drug testing only.

But what we haven't done is given the people who get caught up in the criminal justice system the tools to help themselves. Now, we have heard discussion today about how people need to hit rock bottom, have to be motivated to want to change their lives. I take a slightly different position. I think that you can help people become motivated, and that we need to build treatment systems and correctional systems that include components of effective care, that will help people become motivating.

There is a whole body of literature, scientific literature, on motivational readiness programs, cognitive behavioral restructuring programs, that really deal with building people's motivation to change their lives.

Now, you can't deliver those services in a short period of time. You can't do that in 6 months or less. So what we need to do is we need to develop a treatment delivery system based upon the scientific principles of effective care, and those treatment delivery systems have to be for longer durations.

You heard the judge talk about the drug court program being 2 years in duration. You heard Ms. Swern talk about DTAP being 2 years in duration. We can work within time periods if we are given the resources to do that, and right now people under treatment or under supervision are under supervision for 12 to 24 months.

We don't effectively use that whole period of time, but we could build programs that connect and walk people through stages of change, so they get the motivation to change their lives. You give them the skills and tools. You help them reorient their value system, and you have to deal with the criminogenic value system. And you help them in some of the areas of stabilization, which many people have talked about today in terms of jobs.

I am not going to go over it, but I did provide for you some analysis that was done actually at the request of Congress in a report that was done by my department, the Department of Criminology and Criminal Justice on what works and what doesn't work. There are many programs that we fund that do not work. There are many programs that we don't fund that do work.

And so I suggest that as you begin to look at providing scientifically based programs to help overcome these long-term problems, we focus on those programs that work. Those programs have some key principles. They provide programs of significant duration to change the behaviors of offenders. They utilize cognitive and behav-

ioral approaches to provide consistent and effective techniques to assist offenders in learning how to assume accountability for their lives.

They assure that these programs assist individuals in restructuring their lives. And they emphasize value systems, attacking the criminogenic traits and the ability to stabilize yourself in the community.

Those multi-dimensions are very important. They encompass everything from helping people motivate change to helping people get more active in their community, whether that includes their faith community, family, or other support mechanisms that they may have. But I implore you to really look at the scientific literature, because over the last 15 years we have built a very nice base in order to really decide what works and what doesn't work. And we have to move away from the myths.

A lot of people work on one person, that one war story here or there. But really focus on, you know, good, controlled studies.

My last point today has to do with supervision. People commonly talk about probation as being a slap on the wrist. And, in fact, you know, to be more accurate, it probably is because most people who are on probation, not only in the State of Maryland but nationwide, are not supervised adequately. They have this "wait and see" period of self-destruction. And, unfortunately, most States' prison population is driven by the failures on probation and parole.

So what we need to do is look at how to build effective supervision systems. And we right now have much like what law enforcement had about 30 years ago—a much more reactive stance to supervision. It used to be that law enforcement was reactive in terms of crime problems. That is what probation and parole is. So we can build different models of probation, and I think that there is a need at the Federal level to encourage that and to help States learn to turn around the problem.

This is not just a problem in Maryland. I deal with about 15 other States that are all grappling with how to deliver the best effective probation and parole services to control crime. In that end, we also know that there are key principles of what works under supervision.

One is that we need to use that whole supervision period as an intervention period, not just a period of wait and see. We need to make sure that supervision agents learn how to use behavioral management techniques. Many people today have talked about accountability, through sanctions. I would also add a reward system, because we know from the psychological literature that most people react better to rewards than sanctions.

But we need to have these principles of swiftness, certainty, and progressiveness, to address the problem behaviors of offenders. And these become the tools to help people restructure their lives.

We need to ensure that the criminal justice system provides timely response to offender non-compliance. It is a major problem. It contributes to crime in the community, and it contributes to the offender's perception that the criminal justice system is a joke.

And, finally, we need to incorporate effective treatment services throughout that whole period of supervision. Added together, these

components can significantly reduce crime at a very minimal cost enhancement to current probation services.

There were several examples today of programs that you have heard that employ little components of these programs. I think the challenge that Secretary Simms mentioned is, how do you go from running a program for several hundred people to dealing with the system? Because that is where the bottlenecks occur.

I have been analyzing Baltimore City data for about the last 10 years, in terms of the criminal justice system, and the bottlenecks occur all the way from the intake in number of arrests through all of the different components of their system. And Maryland's break the cycle effort is one effort that was aimed to look at systemic changes in how the criminal justice system works.

Now, the program has been up and running for less than 2 years, and it takes a while in terms of getting some of the results. But what the initial findings were were, you know, in the direction which suggests that some systemic reforms could have long-term changes. The first systemic reform was adding drug testing as a component.

What the evaluation found was that by a consistent pattern of testing—and when I say consistent I mean every—twice a week testing for 3 months in duration, which is unlike most other States or jurisdictions where they drug test people at most once a week, maybe several times a month, or at random.

But this consistent pattern of testing reduced the drug test positive rate by 53 percent within a 60-day window of time. When you do not do the consistent drug testing, what we found is that there was not a significant reduction in drug test positive rates.

We also looked at the rearrest rate during this period of time for these hard core offenders, or for the offender population. Again, most of the offenders here had an average of four prior arrests, so they had been through the criminal justice system many times. And we have reduced—what we have seen is that—this is only Baltimore City data, where for this short period of time we reduced the probability of rearrest by 23 percent.

That was just merely with the drug testing component. Adding treatment and the accountability, which are the system components, being built as we are here today; they are in the process of construction. You know, the expectation is is that we could see even more market changes in terms of rearrest rates and improvements in safety in the community.

As you heard mentioned earlier, this requires better coordination across all levels of Government, amongst criminal justice and treatment programs, and a tool is the ability to track people.

Have I run out of time?

Mr. MICA. Getting close.

Ms. TAXMAN. OK. And there was a tool that was developed under the HIDTA program, called HATTS, that provides a very easy tool, but it is difficult to retool the whole industry. And when I say the industry, the criminal justice system, the public health system, because you have a work force that is not used to automation.

So what we found in the implementation of HATTS is that, you know, we basically had to give the employees of these programs, whether they be in treatment or supervision agencies, computer

skills. But as, you know, the county executive, Mr. Ruppersberger, talked about, it is important for the criminal justice system to be able to talk automatically with other systems about the progress of people.

And what HATTS does is provide a nice tool to get away from the phones and faxes and letters sent, so someone can open up a screen and see, did the person come to treatment? Were they testing positive? Did they go to supervision? Did they go to court? And are they working? All of the key components that one needs to really know whether someone is making some progress.

And so there is a need for some more investment, though, and, you know, that is part of your responsibility in Congress, to really look at how to provide technological tools to help advance the field. And, if you would like, I can submit in writing some other ideas about technological tools.

But it is really critical in this thinking about reshaping probation, and reshaping supervision, to really work on advancement of the field, much like what LEAA provided back in the 1970's. It provided the funding for training. It provided the funding for tools for the field. And it helped to redirect law enforcement into being much more strategic in its activities. There has been nothing in the supervision field that has really done that.

In conclusion, I would like to suggest that we really need to talk about alternatives to incarceration in the context of trying to prevent penetration into the criminal justice system. An alternative suggests that the person should go to prison. What would be nice is if we really built a structure up front, including the juvenile justice system, that was focused on prevention and providing the earlier intervention, taking the principles of what we know that works for very younger kids who start to have troubles within their own communities.

But we must employ these effective tools and move away from the short-funded episodic type of interventions that we seem to have a mindset. The gains that can be made are really important in terms of trying to overcome, particularly in communities like Baltimore City where you have, you know, significant poverty problems and other types of social, you know, safety net disintegration.

But even in rural communities, you can see the effects that drugs have had in those communities where they could also benefit from better quality supervision in building of systems, to build a safety net to prevent people from penetrating into the system.

So I would like to suggest, in conclusion, that at the Federal level the following would really help States. One is to be able to put more funding into supervision agents to protect communities. Most States have very large ratios of staff to agents, 1 agent to 100 to 300 offenders. Obviously, this is very insufficient to meet any type of supervision or oversight needs.

The second, is that we need to fund the expansion of graduated responses capacity in many of these systems by offering day reporting programs, day treatment programs, longer term therapeutic community programs that link across the different legal statutes, to really enhance our community control efforts, and to focus in on trying to help that person learn to restructure their life.

I would add, that we should try to really move away from the simple notions that people have to hit rock bottom to help us understand why they need to change their lives.

Third, I would like to suggest that there is a need to expand funding for training and technical assistance, much like you did through LEAA, to develop comprehensive treatment, testing, and sanction and responses practices throughout the jurisdictions.

[The prepared statement of Ms. Taxman follows:]

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Statement of Faye S. Taxman, Ph.D., Director of the Bureau of Governmental Research and Associate Research Professor of Criminology at the University of Maryland, College Park Before the Criminal Justice, Drug Policy, and Human Resources Subcommittee On March 27, 2000 in Baltimore, Maryland

Honorable Congressman John Mica and members of the Subcommittee, I would like to thank you for this opportunity to share with you research findings and models of effective practices in community supervision generally referred to as "alternatives to incarceration". I commend you for your inquiry into this important area as we continue to search for effective sentencing and correctional policies. I also implore you to consider a redirection of national policy to focus on building effective *community correctional treatment and control programs* that prevent criminal behavior and penetration into the criminal justice system. A change is needed in our penalty structures to ensure that community based programs serve the purpose of punishment and habilitation of the offender. With a modest investment in community correctional programs, we can change the lives of nearly 6 million adult Americans and their loved ones that are caught in the web of the criminal and juvenile justice system.

In the last 30 years, we have built prisons and jails to address the problem of crime in our society. At the same time, we have depleted our ability to effectively manage the offender in the community; few resources have been devoted to investing in strong, effective community-based interventions. Today we have nearly 2 million American adults in prison/jail and nearly 2 times that number in some form of supervision in the community. Yet, we have increased our funding of prisons and jails at the expense of the community based programs including those to supervise offenders, to provide quality drug treatment services, to provide quality vocational and educational services, and to provide adequate housing. In other words, the components of effective policies that would control crime and reduce the harm to our communities have been neglected. Recent research findings confirm the importance of what are typically referred to as aftercare or continuum of care. Many states today appropriate more funds for prisons and jails than for primary and secondary education—in Maryland the average cost of incarceration for one offender is $23,000 a year compared to the $4,000 to $7,500 that we spend to educate a child each year. States tend to spend nearly $23,000 to $30,000 to incarcerate an offender a year but only spend anywhere from $2,000 to $5,000 to supervise an offender in the community for a year. All of these are out of balance with the harmony and needs of our communities.

A true "alternative to incarceration" is the array of correctional options that occur in the community to *prevent* entry into prison/jail. Revocation from parole and/or probation contribute anywhere from 30 to 80 percent of the intake into prison; in Maryland, nearly 35 percent of the admissions to prison are from parole and probation violators. This is the major crisis affecting crime in our community—offenders under supervision continue to violate their conditions of release, continue to be involved in the abuse of substances, and continue to be involved in criminal activities. Yet, our community supervision and/or treatment services are essentially non-existence. It is not uncommon for offenders under supervision to be supervised a maximum

of once a month, to be supervised without drug testing, and to be involved in treatment services for a maximum of 90 to 120 days. All of these are wholly insufficient to prevent criminal behavior and address the socio-psychological issues that affect involvement in criminal behavior. *My theme today will be that we need to develop a correctional system that is designed to prevent crime and preserve the safety of the community by addressing the nearly 4 million American adults that are involved in the community. We must adequately provide a system of control through the integration of treatment and control to ensure offenders are adequately punished as well as assume responsibility for their behavior.* I have three main points that I will make:

1. Incarceration has Limited Impact
2. Treatment Works, But Some Programs Work Better Than Others
3. Effective Supervision is the Key to Reduce Crime

Incarceration has Limited Impact

Our criminal justice and sentencing policy has been driven by incarceration-based policies. Recent research findings confirm that these policies actually have resulted in limiting the crime control impacts of incarceration. In some communities, incarceration is part of the "right of passage". A recent study by Todd Clear and Dina Rose in a community in Florida illustrates how the community has been affected by incarceration. Several generations of families have experiences with prison and jail, and it is expected that incarceration will be part of their life experiences. The implication of our policies is that prisons and jails are not a deterrent in our society to criminal behavior. If such a study were conducted in Baltimore, Maryland, it would not surprise many of us that the similar findings would occur. In Baltimore, it is estimated that nearly 50 to 60 percent of the African American males from 18 to 35 years old are involved in the criminal justice system at any given time; it likely that nearly 80 percent of the 18 to 35 years olds would have had prior contact with the criminal justice system. This of course means that their families must deal with the criminal justice system. My own research has shown that offenders coming into the system in Baltimore City, MD have an average of six prior arrests and four prior convictions which means they have been seen the prison and jail walls. As Commissioner LaMont Flanagan from the Baltimore City Detention Center (BCDC) remarks, prison and jail do not bother most of the inmates at BCDC.

Correctional Treatment Works, But Some Programs Work Better Than Others

Research has consistently demonstrated that correctional treatment has a consistent, significant, and positive impact on reducing criminal behavior, drug use, and disease transmission while increasing employment and productivity in society. In 1997, the U.S. Congress commissioned a study on effective crime prevention policies. The Department of Criminology and Criminal Justice conducted this study at the University of Maryland, College Park. In this report the researchers developed a scheme to identify effective interventions based on the scientific rigor of the studies examined[1]. The University of Maryland developed four categories to classify treatment approaches: 1) works; 2) doesn't work; 3) promising; and 4) don't know[2]. Programs which were found to "work" were defined as those with at least two

[1] The key components are; 1) the scientific rigor of individual studies based on the methods used[1]; 2) the effect size, or difference between the mean result for the treatment and control groups, as well as the use of statistical significance tests to examine program effectiveness; and 3) whether there are several studies providing similar findings.

[2] The following are the categories used: 1) Works is for two empirical studies with a score of "3" on rigor, the effect is at least .1 from the control condition, and the preponderance of the evidence supports the same conclusion.; 2) Doesn't Work has at least two studies with rigor greater than or equal to "3' reporting significance

studies demonstrating a "scientific methods" score greater than 3, an effect size difference of .1, and a preponderance of the evidence illustrating the effectiveness of the program. The findings from the Maryland report are similar to others conducting similar meta-analysis, as depicted in Table 1 below.

Table 1: Meta-Analysis Findings on Effectiveness for Correctional Programs

Program	Recent Meta-Analysis[3b]
Incarceration	Works for select offenders
Boot Camp/Confrontation Programs	Doesn't Work
Physical Challenges/Juvenile Wilderness	Doesn't Work
Intensive Supervision Programs	Doesn't Work
Home Confinement	Doesn't Work
Community Residential	Doesn't Work
Urine Testing with no treatment/sanctions	Doesn't Work
Case Management Programs	Doesn't work
Nondirective Counseling	Doesn't work
Reality Therapy	Doesn't work
Anger/Stress Mgt.	Don't Know
Victim Awareness	Don't Know
Life Skills	Don't Know
Vocational Training Program	Don't Know
Work Ethic	Don't Know
12 Step or Self Help Group	Don't Know
Psychoanalytical/Dynamic	Don't Know
PsychoSocial Education	Don't Know
Directive counseling	Promising
Juvenile Aftercare	Promising
Drug Treatment combined with urine testing	Promising
Adult Basic Education	Promising
Drug Courts	Promising
Day Fines	Promising
Moral Reconation Therapy (MRT) &Reasoning	Promising
Correctional Industry Programs	**Works**
Vocational Education	**Works**
In-Prison Therapeutic Communities & Aftercare	**Works**
Social Competency Models	**Works**
Emotional Skill Development	**Works**
Cognitive Skills	**Works**
Behavioral Sills	**Works**

tests and preponderance of other evidence; 3) Promising has at least one study with methodological rigor greater than or equal to "3" and a mean effect size of at least .1; and 4) "Don't know" is for studies where the empirical evidence is not sufficient enough to be included in the above category (Sherman, et al., 1997).

[3] Palmer, 1995; Andrews, et al., 1990; Lipsey and Wilson, 1993; MacKenzie, et al, 1997; MacKenzie, et al., 1998; Taxman, 2000

The key to effective programming is simple, yet we continue to support initiatives that do not meet the basic criteria to be effective. Four key principles derive from our research experience:

- Provide programs of sufficient duration to change the behavior of offenders with programs ranging from 6 to 18 months;
- Utilization of cognitive and behavioral approaches to provide consistent and effective techniques to assist offenders in learning how to assume accountability for their behavior;
- Ensure that programs are intensive to assist the offender in restructuring their lives; and
- Emphasis on criminogenic traits (risk factors) and needs (e.g. mental health, substance abuse, vocational/employment, etc.)

We do not fund interventions to meet these principles. Most of the programs that we deliver are limited in duration (usually 3 to 6 months), use ineffective counseling approaches (or none), involve minimal interaction with the offender (once or twice a week contact for a maximum of 2 hours), and do not address the criminal value systems of the offender. It is no doubt that programs do not work--we essentially expect a 2-hour a week intervention for several months to guide offenders in changing their behavior. We need to strengthen our interventions based on these simple principles.

I highly recommend that we establish standards in the field that adopt correctional treatment programs that are no less than 12 months in duration beginning with very intensive services (9 to 20 hours a week) for six months followed by another six months of 3 to 9 hours a week of services. The services need to include drug treatment, employment/vocational assistance, mental health or similar needs of offenders and programming that address the criminogenic traits of the offender. Using techniques of cognitive behavior therapy and interventions for all of the services would ensure that a consistent intervention could occur as the different services are delivered. These services must be provided in the community where the offender resides and where the temptations exist—providing services in prison or jail without a majority of the services in the community (at least 12 months) will not give the offender the skills to be productive in the community.

Effective Supervision is the Key to Reduce Crime

Probation is commonly referred to as a "slap on the wrist". Unfortunately, we have not invested in one of the strongest components to control crime—supervision of the offender. In our society, supervision is considered an "alternative to incarceration", yet we treat it as a non-sanction. Most offenders are under the supervision of the criminal justice system in the community for 12 to 24 months; yet we treat this period of time as a period of "wait and see". We need to effectively use this 12 to 24 months to give offenders the opportunity to be accountable and to repay society for the harm done through the involvement in criminal behavior. That it, we must revamp existing supervision services to incorporate the principles of effective intervention. In our efforts to revamp, we should not repeat the experience of the 1980's where we focused on control strategies (e.g. more supervision, more testing, etc.) which only contributed to increased violations and reincarcerations. As stated by criminologist Joan Petersilia (1999) in her review of the last 15 years of correctional programming, "The empirical

evidence regarding intermediate sanctions is decisive. Without a rehabilitative component, reductions in recidivism are elusive."

Four key principles are needed to revamp supervision services:

- Use the whole period of supervision (12 to 24 months) as an intervention period;
- Ensure that supervision agents use the principles of swift, certain, and progressive sanctions and rewards to address the behavior of offenders;
- Ensure that the criminal justice system provides timely responses to offender non-compliance—it is critical to respond to offender compliance; and,
- Incorporate effective treatment principles (discussed above) during the whole period of supervision.

In other words, strengthen our community responses by ensuring that offenders are held accountable and that we assist offenders in obtaining the tools to be responsible. We need to make sure that the supervision system proactively responds to offenders, just like our police proactive respond to crime in the street. That is, it is imperative that supervision be changed from a reactive to a proactive structure. We must equip the supervision systems with the tools to do effectively control crime. In fact, it might be worth considering a national initiative to add 100,000 more supervision agents to the community with the similar technological advancements (including treatment and automation as tools of supervision) offered to the law enforcement community. We have not invested nationally in supervision in the same manner we have law enforcement—yet we know that offenders under supervision account for much of the harm to our communities.

Maryland's **Break the Cycle** program is an example of a new initiative aimed at revamping supervision. **Break the Cycle** (BTC) was implemented by the Glendening-Townsend administration as a crime control tool with the specific purpose of reengineering supervision for all offenders. BTC uses testing, treatment, and sanctions to retain the drug-involved offender in treatment services as a means to reduce recidivism and substance abuse. BTC encompasses three basic principles of intervention:

- **Drug Testing.** Drug testing is a tool to monitor frequent drug use. Since heroin and cocaine can be detected in the urine for up to 3 days, the BTC strategy uses twice per week testing for the first three months of supervision to ensure detection of illicit drugs. Drug testing should be conducted during the offender's supervision tenure to provide for a sustained period of external control.

- **Sanctions and Rewards.** Deterrence occurs when positive or missed drug tests result in swift, certain, and escalating responses to the negative behavior. Sanctions are a tool to motivate the offender to remain drug-free and to comply with their legally ordered conditions of supervision. Rewards are a tool to encourage prolonged periods of abstinence and supervision compliance.

- **Continuum of Treatment & Duration.** Assessment should determine the appropriate treatment placement for the offender, based on the severity of the substance abuse and the risk to public safety. Offenders should receive a minimum of six months of treatment services to ensure the achievement of recovery and maintain

abstinence. Treatment placement should be adjusted based on the offender's drug testing results and progress in treatment.

The combination of testing, treatment, and sanctions has been empirically found to be an effective formula to deter drug use and retain offenders in treatment. Research consistently shows that longer stays in treatment significantly increase the chances that addicts will maintain a drug-and crime-free lifestyle (Simpson & Curry, 1997).

Under the BTC, the state of Maryland has expanded drug testing and changed the criminal justice response structures. Prior to BTC, only 3,000 offenders were drug tested n the state a year; with BTC, over 19,000 offenders were drugs tested. Agents now have a set of sanctions and rewards that they can use to proactively supervise the offender in the community. BTC is a process with different components that are being implement. But *early evaluation findings found that the process of drug testing reduced the drug test positive rate by 53 percent within 60 days and reduced the probability of rearrest by 23 percent during the first 90 days of supervision.* BTC is currently being implemented in stages with the integration of treatment and more sanctions occurring during the next year. This should assist with the hard-core substance abuser that continues to test positive. With BTC, the system now has the ability to identify these hard-core substance abusers that continue to create harm to our community and to target appropriate supervision and treatment resources towards reducing their substance abuse and criminal involvement. However, BTC is a process that will take several years to implement because it requires fundamental changes in the supervision and treatment delivery systems.

As part of the BTC, Maryland has benefited from the software developed by Washington/ Baltimore High Intensity Drug Trafficking Area (HIDTA) for client tracking in the criminal justice and treatment system. The tool is the HATTS (HIDTA Automated Treatment Tracking System) which allows for a real-time system to track clients from assessment through discharge. The drug-testing component is built into the system. Essentially HATTS provides the criminal justice and treatment systems the tool to monitor compliance with community release conditions and use that information to guide the supervision and treatment of the offender. Unfortunately few innovations have occurred in the field to provide supervision and treatment staff with timely information on client progress. More investment is needed in inexpensive tools for the field to increase the capacity of the criminal justice and treatment systems to use their interventions to control crime.

In another study of the HIDTA protocol involving treatment, testing, and sanctions, the study found a 70 percent reduction in the likelihood of recidivating and a 49 percent reduction in the drug test positive rate (Taxman and Cronin, 2000). This protocol includes all of the components of effective programs that we have discussed—treatment for a sufficient duration to affect change in the lives of individuals, drug testing, and sanctions. This study demonstrates that concentrated efforts can be effective in making sure that offenders are provided interventions that work and that offenders can be held accountable. Together these offer the potential to change the lives of offenders.

Invest in Community Based Programs—The Future

Alternatives to incarceration need conceptually and empirically sound interventions in the community. Supervision and treatment services need to be reengineered as part of an overall strategy to strengthen our efforts to control and prevent criminal behavior. Unless we employ the principles of effective intervention, in both the fields of treatment and supervision, we will

continue to rely on incarceration. But, as we have discussed this focus on incarceration has many negative consequences, including the destruction of human life and the inability of society to allow all citizens to thrive and be productive members of our community. As we continue to spend more scarce resources on prisons and jails, we deplete our education and community resources. We need to invest in community programs to prevent revocation, which is a contributor to the increasing demand for prisons. But we also need to make sure that we invest in interventions that can be effective. More efforts are needed to assist states implement sound treatment and supervision approaches.

Some small investments are needed. From the federal level, the following would assist states in putting in place effective tools of interventions:

1. Funding to support more probation and parole agents to protect communities. Most states have ratios of 1:100-300 agents to offenders. This is insufficient to offer meaningful supervision.
2. Funding to expand graduated sanctions capacity through the offering of day reporting and other community control programs.
3. Funding to expand training and technical assistance to develop comprehensive treatment, testing, and sanction practices.

Again, thank you for the opportunity to share with you the results from the research field on effective practices. I look forward to working with you on improving the quality of interventions and would be happy to make us available to examine how to use research findings to support legislation and appropriations to strengthen our community efforts.

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Mr. MICA. Thank you for your testimony.

We will now hear from Mr. Ricky Phaison, who is a program participant with project excel. You are recognized, sir. Welcome.

Mr. PHAISON. Thank you. First of all, I would like to thank God for allowing me to be here, and thank Congressman Cummings and Congressman Mica for allowing me to testify.

I want to testify on a personal level. I heard a lot of talk today about alternative to incarceration. I remember at the end of my addiction when I was—when they locked me up and I went to jail, and the furthest thing from my mind was my disease, my disease of addiction.

I knew that I had some type of problem. I just could not identify the problem. So when I went to jail, and when I got to jail, I didn't see any educational programs, any meetings which I attend now, and any 12-step program or nothing when I went to jail. So the first thing I had on my mind—my attitude was—see, all my life I have blamed society on what I did, on all of my problems.

So my thoughts were, while I was incarcerated was, I was going to pay society back when I got out of jail. When I got out of jail, I paid society back by repeating the same thing I had always done. Went back to the same corner, repeated the same thing. No education whatsoever. I really didn't understand about the disease of addiction. I didn't know I had a problem.

I had to be at my bottom before I realized that I needed some help. I got my help through a treatment center, thank God, called excel. And in participating—it was a 28-day treatment center, and on the second floor they had a juvenile facility, and then on the first floor they had a long-term behavior program. And I found out that I had to be broken all the way down and built back up again.

I had to see my personality was part of my problem. My addictive behavior was part of my problem. I remember seeing so much travesty in my younger life, trying to forget it, and when I took that first drug it made me forget all of my problems, everything. I didn't start off using drugs to become an addict. I started off using drugs as social acceptability, curiosity, and then it became my problem at the end.

At the end, I had to surrender. I had to forgive. I had to get off—I had to move out of my way. And I remember going through this treatment program, and for the first time in my life I started identifying that I had a problem, that I had a disease. Now, what am I going to do about this disease? What am I going to do about this problem?

I had to learn how to get rid of all of those deep, dark secrets I carried all of my life. I also had to learn how to start living step by step, day by day, all over again. I got a lot of help through my 12-step program. My 12-step program has taught me how to become a father, become a husband, become a responsible individual. In other words, grabbed me by the hand and rebuild me all over again.

It has got to be treatment for me. It has got to be treatment for me. It is like everybody that I have talked to or I have come across in the last 13 years of my sobriety has dealt with treatment, has come out of treatment, has been successful with going to treatment.

A lot of people I know have gone into jail have come back out and repeated the same thing.

So my answer to alternative to incarceration would absolutely be treatment. And we need to put everything together that I have heard here today and maybe give me some of your ideas, and take some of my ideas, and take some of her ideas, and take some of his ideas, and then put them all together. Because I know every time I come to a symposium, or I see something going on like this, when I shared my idea I am rolling out the door and I am not listening to other people.

And I think we all need to listen to each other and come together and understand that you can lock me up as much as you want to. But, I mean, as long as I am locked up in the mind, there is nothing else you can do to me.

Thank you for letting me share.

Mr. MICA. Thank you for your testimony.

We will now hear from Mr. Israel Cason, who is president of I Can't, We Can.

Mr. CASON. Good afternoon. First of all, I would like to thank God for allowing all of us to be here. My name is Israel Cason. I am the president and founder of I Can't, We Can recovery program. I Can't, We Can is a spiritually based tough love, self-supported, grassroots, nonprofit recovery program for alcoholics and addicts. Our primary purpose is to save lives, win souls, and to uplift the fallen of humanity. We utilize the therapeutic value of one addict helping another addict.

I Can't, We Can, through positive networking, works closely with prosecutors, public defenders, lawyers, penal institutions, and judges. We have gained the trust of the criminal justice system through the good works we have accomplished in our community. As ex-offenders, I Can't, We Can staff, we are asked for our opinions and expertise on how lives can be changed by way of alternatives to prison.

Although we are self-supported, we manage to monitor and take the responsibility for people who want to change. Through urinalysis, case management, tough love, spiritual meetings, educational programs, and job readiness training programs, we are able to change deviants into productive members of society.

We realize that people who are imprisoned are a part of that fallen humanity, but human nonetheless. As Plato said it more than 2,500 years ago, "the parts can never be well unless the whole is well." Here the solution must be approached holistically. We have come to understand that incarceration will never allow a person the opportunity to acquire true clean time.

This clean time—incarceration—does not equal recovery. From this observation, we realize that drugs are not the real problem, but the symptoms of the problem. We also understand that substance abuse and drug addiction are the results of the acquisition and the practicing of addictive behaviors. These behaviors cause people to form negative networks and thus become familiar with that negative environment.

Now, there is comfortability in familiarity. When people are incarcerated, they are attracted to negative networks. This means whatever zone they find comfortable to practice their addictive be-

havior in, they will. Case in point: What do you have when you clean and sober up a drunken horse thief? Answer: a horse thief.

We have now discussed three parts—the biological, the psychological, and the social aspects—of inmates. Let us remember that the parts can never be well unless the whole is well. A man is made of mind, body, and soul.

There is another part that needs to be addressed: spirituality. We are going to define the term spirituality as a source that gives your life meaning and purpose. Spirituality allows inmates to encounter that which is unfamiliar to them, which is a positive networking. This positive network should begin as soon as the inmates are detoxed or free of mind-altering or mood-changing substances.

Alternatives to incarceration should be approached with familiarity of each individual's background and the understanding that what may seem to be the reason for the incarceration may only be the effect of the problem which caused the incarceration. We also must implement steps to change negative networks into positive networks by using the following steps.

Education on the disease of addiction should begin with the teaching of psychological effects, sociological effects, physical effects, and spiritual effects. Exposure to spiritual understanding. Case management should be in place to determine short-term and long-term goals. Co-dependents must be identified, and if possible, educated. A smooth transition back into society must begin long before release, such as birth certificates, driver's license, or State ID, Social Security card, child support, and housing. Secondary diseases identified. A place of residence conducive to recovery identified and contacted.

I Can't, We Can has realized that when given the opportunity, the majority of people can make the transition back to being a productive member of society. Our recovery program has grown into a recovering community that utilizes a holistic approach to incorporates individuals back into society. This structure, which I Can't, We Can uses, allows members to practice building their lives on a daily basis. The members live in neighborhoods as residents and neighbors, and belong to the community associations, civic groups, religious organizations, and support the merchants in our communities.

The gratitude one acquires for the opportunity to be part of such a positive society is tremendous. Residents are encouraged to further their education while working on creating balanced lives.

Being a self-supported organization, we have found ways to help sick and suffering addicts regardless of their financial status. In the therapeutic community, we manage to salvage our most precious resource, our people. When people recover, everything is reduced—crime, grime, and negativity.

In conclusion, addicts seeking recovery should not be denied treatment or left to die. It is God's will, not ours, that must be done.

Thank you.

[The prepared statement of Mr. Cason follows:]

Speech to Alternatives to Incarceration

First of all I would like to thank GOD for allowing us to be here. My name is Israel Cason. I am the President and founder of I Can't, We Can Recovery Program. I Can't, We Can is a spiritually based, tough love, self-supported grass root nonprofit recovery program for alcoholics and addicts. Our primary purpose is to *Save Lives, Win Souls and to Uplift a Fallen Humanity*. We utilize the therapeutic value of one addict helping another addict.

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Although we are self-supported, we manage to monitor and take the responsibility of people who want to change. Through urinalysis, case management, tough love, spiritual meetings, educational programs and job readiness training programs we are able to change deviants to productive members of society.

We realize that people who are jailed and imprisoned are a part of that fallen humanity, but human none the less. Plato said more than 2500 years ago, "the parts can never be well unless the whole is well." Here the solution must be approached **holistically**. We have come to understand that incarceration will never allow a person the opportunity to acquire true clean time. This "clean time" (incarceration) does not equal recovery. From this observation we realize that drugs are not the real problem but the symptoms of the problems. We also understand that substance abuse and drug addiction are the result of the acquisition and the practicing of addictive behaviors. This behavior causes people to form negative networks and thus become familiar with that (negative) environments.

Now there is comfortability in familiarity. When people are incarcerated, they are attracted to negative networks. This means, whatever zone they find comfortable to practice their addictive behavior they will. Case and point, what do you have when you clean and sober up a drunken horse thief? Answer - A horse thief.

We have now discussed three parts, biological, psychological and social aspects of inmates. Let's remember that the parts can never be well unless the whole is well. And man is made of mind, body and soul.

So there is another part that needs to be addressed, that is **SPIRITUALITY**. We're going to use the term SPIRITUALITY as a source that gives life-meaning and purpose. Spirituality allows inmates to encounter that which is unfamiliar to them, which is a positive networking. This positive network should begin as soon as the inmates are detoxed or free of mind altering or mood changing substances.

Alternative to incarceration should be approached with familiarity of each individual's back ground and the understanding that what may seem to be the reason for the incarceration may only be the effect of the problem which caused the incarceration. We also must implement steps to change negative networks into positive networks by using the following steps.

- Education on the disease of addiction should begin with the teaching of psycho-effects, social-effects, physical-effects, and the spiritual-effects.
- Exposure to spiritual understanding.
- Case Management should be in placed to determine short and long term goals.
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The gratitude one acquires for just the opportunity to be part of a positive society is tremendous. Residents are encourage to further their education while working on creating a balanced life.

Being a self-support organization, we have found ways to help the sick and suffering addicts regardless of their financial status. In a therapeutic community we manage to salvage our most precious resource, **our people**. When people recover everything reduces crime, grime and negativity. In conclusion, addicts seeking recovery should not be denied treatment nor left to die. IT'S GOD'S WILL NOT OURS THAT MUST BE DONE.

Sincerely,

Israel Cason

Israel Cason
President and Founder
I Can't We Can, Inc.

Mr. MICA. I want to thank all of our panelists for their testimony this afternoon. I have a couple of questions. I don't want to get too personal, but I want to ask Mr. Phaison and Mr. Cason some questions about where we failed as a society, or where your problems began, whether—did you have problems as far as your family life to begin with, Mr. Cason?

Mr. CASON. I come from a religious family. My mother and father were preachers. But in my environment I learned the behaviors of the people that I hung around with and——

Mr. MICA. So that is where your problems started? You came from a very good, religious, nuclear family that—and you say that your problems started with the people you——

Mr. CASON. That I hung around with.

Mr. MICA [continuing]. Associated with.

How about you, Mr. Phaison?

Mr. PHAISON. Well, I came—my mother did the best she could raising us, and she was a practicing alcoholic. But I never wanted to be a part of that family. I always wanted to be outside, so I looked for things outside of my family structure.

Mr. MICA. But is there something that either of you could have seen that we could have done early on, either as a society—maybe in education, or who you—is there something you could identify where you might have taken another path? Mr. Cason.

Mr. CASON. Well, looking back, I see that addictive behavior is the polar opposite of spirituality, and no two things can occupy the same space at the same time. You either have to——

Mr. MICA. But you hung with some folks, and it must—you must have gotten involved either with alcohol or drugs at some point. Did you finish your education? Was there ever anything in school? Or did you have any exposure to anything that would stop you?

You know, the topic of this is alternatives to incarceration, and I am trying to back it up to say, well, maybe we are doing something wrong; we didn't do something. We obviously short-changed you in some way. You had a good religious family, but you said you hung with the wrong guys. Were there drugs out there that were available? Did you do this because of peer pressure? What happened?

Mr. CASON. Well, with me, I—the drug life seemed more inviting, and it appealed more to me.

Mr. MICA. Did you finish your education, your high school diploma?

Mr. CASON. Well, I went to jail first.

Mr. MICA. Went to jail first.

What about you, Mr. Phaison?

Mr. PHAISON. Well, the——

Mr. MICA. Was there anything—when did you leave school?

Mr. PHAISON. Well, I attended Antioch University and obtained 96 credits in human services and worked in the Juvenile Justice Department before I even decided to take a drink or a drug.

Mr. MICA. Before you took a drug?

Mr. PHAISON. Right. Before I took a drink or a drug. In other words, I am saying it just—in my——

Mr. MICA. And then where did you—where did things fail for you?

Mr. PHAISON. Well, curiosity, say, killed the cat. I——

Mr. MICA. So the availability of drugs——

Mr. PHAISON. Yes. Absolutely. It was—I mean, it was just readily available.

Mr. MICA. Readily available for you?

Mr. PHAISON. Yes.

Mr. MICA. Both in the city of Baltimore and outside?

Mr. PHAISON. Yes.

Mr. MICA. Still available today?

Mr. PHAISON. Absolutely.

Mr. CASON. More so.

Mr. MICA. More so. All over the——

Mr. PHAISON. Yes. Ten times as much.

Mr. CASON. At one time it was—you know, it——

Mr. MICA. How would you—I have heard mixed reviews on the enforcement. It sounds like there is not that much enforcement. If a guy from Pennsylvania can get the locale on a 7–11 wall for where to get drugs in Baltimore, it doesn't sound like there is much enforcement here. So is that part of the problem or——

Mr. CASON. Yes, I think that if they would go after the drug dealers—instead they are chasing the victims.

Mr. MICA. Yes. Well, you are the—you are victims. There are a lot of young people that are victims, but they are not going after—we heard Judge—was it Johnson, the other judge?

Mr. CUMMINGS. Right. Yes.

Mr. MICA. He said that the people that are making the money, that are doing the deals, the big deals, and bringing the drugs in, there is no—I said there is no poppies or coca grown in Baltimore.

Mr. CASON. That is right.

Mr. MICA. That I know of. So we are not going—there is definitely a plentiful supply and availability, and somebody is making money and killing people off of this deal. Is that correct?

Mr. CASON. Right.

Mr. PHAISON. Absolutely.

Mr. MICA. You think so?

Mr. PHAISON. Absolutely.

Mr. MICA. So that is part of it.

You have both been involved in treatment programs. And you are both here, you said, by the grace of God. And you are lucky because there is—I don't know the names behind these. I have read some of them before, the ones that died in Washington and Baltimore. On the House floor, I do that from time to time.

I picked up a paper—I fly into Baltimore and often pick up a paper and read of the slaughter going on here. And it has got to be humanity and a real person behind all of those people that die, and certainly you two are fortunate to even be with us.

My question is, again, what elements—you both came from—you told me yours was faith-based, no public money, did you say? Or is there public money?

Mr. CASON. No public moneys.

Mr. MICA. And what about you?

Mr. PHAISON. Well, we had public money, but when they took away the public funds, the treatment centers closed.

Mr. MICA. You did have, though.

Mr. PHAISON. Yes.

Mr. MICA. But you both came out of treatment programs that worked, one that is closed, one that is faith-based that we couldn't put money——

Mr. CASON. Well, we are spiritually based, and we still operate now. We have over 500 people that is in the program.

Mr. MICA. All right. Well, I am just trying to find out—we are spending a lot of money on the whole drug effort—prosecution, enforcement. Mr. Cummings and I helped put together $1 billion education program, which is underway now, plus combined with private donations it will be double that, we hope. And we are trying to find out what works.

As a final question, what in these programs really made a difference in your lives that we could replicate in our future programs?

Mr. PHAISON. Well, for me it was "Talk, Hurt, and Grow." In other words, I identified what the problem was and talked about it. You talk about a bad——

Mr. MICA. And there were elements of that program that helped you get to that point.

Mr. PHAISON. Absolutely.

Mr. MICA. And that is what is important to you, sir.

Mr. CASON. To me, the key is to bring a person to a spiritual awakening, and that is—you have to work on addictive behaviors, because they are two—that is what gets two different results. One is spiritual and one is addictive thinking. And that takes a process. A spiritual awakening, a person will become self-supporting and productive members of society.

Mr. MICA. Just a final question for Dr. Taxman. I heard you testify to different things. You said the criminal justice system is sometimes a joke, that we need swiftness and certainty—and you gave several elements—in these programs. That you know that drug testing does produce better results if it is an element introduced into these programs.

Why haven't these reforms, if we know what works, and elements like drug testing that prove such dramatic increases in success, why haven't those reforms been instituted? And that is the first part of my question. And the second is, should the Federal Government mandate that they be a part of programs to receive our funds, at least our funds?

Ms. TAXMAN. I think that the first question you asked is why aren't the best practices that we know are available, put in place in programs across the Nation——

Mr. MICA. Well, let us just deal with right here.

Ms. TAXMAN. OK. Or here. And I think part of it is there is a gap of knowledge in terms of, you know, what is funded and what the practitioners look at in terms of their base. And over the last 5 years, there has been an increase in terms of trying to disseminate more best practice information.

So some of the things that I talked about are things that the research literature has discussed over the years, but hasn't necessarily been readily available in the actual field.

Mr. MICA. OK. The other part is you testified here today you know what works.

Ms. TAXMAN. Well, the components.

Mr. MICA. Why shouldn't Mr. Cummings and I go back and make that a requirement to get Federal funds so that we would require that what you say works is incorporated in these programs to make them successful?

Ms. TAXMAN. I would think that it would be good for there to be some Federal initiatives that have standards in them. Much like what RSAT tried to do was putting some standards into place. What is good quality prison-based treatment? The same could be true for the Federal block grant dollars that go to many of the States in terms of their public health funding for treatment and prevention programs.

There is no Federal initiative on drug testing itself, but it seems to me that it would make a lot of sense, and the research literature suggests that drug testing should be in drug treatment programs as well as in correctional programs. Why those haven't occurred in the past has to do a lot with what you heard today—a lack of funding specifically.

I mean, program administrators have choices. They fund clinical services, or they fund drug testing. And they are scrambling enough to fund quality, you know, clinical services. So they took away from other things that they would like to do.

If you talk to many of the treatment providers in the city, they would desire for more drug testing as well as the ability to expand the types of services that they offer to clients.

Mr. MICA. Thank you.

Mr. Cummings.

Mr. CUMMINGS. Thank you very much.

As I listened to the testimony, I couldn't help but think about all of the people who are dead, you know, the ones who were not as fortunate as you all here today.

And, Mr. Phaison, you and I have talked about this. One of the things that—and it is the direct result of my conversations with you that I have constantly pushed in the last few hearings that we have had in Washington about effective drug treatment. One of the things that you said to me a while back is that one of the worst things you can do is send an addict to a treatment situation that ain't real. It is not real.

Mr. PHAISON. Yes.

Mr. CUMMINGS. Because all that does is send it is very frustrating and, of course, he is not getting better.

Mr. PHAISON. Right.

Mr. CUMMINGS. Right now, I guess you have a lot of people that come to you asking for——

Mr. PHAISON. Oh, yes.

Mr. CUMMINGS [continuing]. Help.

Mr. PHAISON. Oh, yes, on a daily basis, sir. I have about 15 or 20 people on a daily basis trying to get into treatment. Thank God for my commitment, so I have at a couple of treatment centers that allow me to get a couple of free slots every month. But if you have got 20 people per day asking you and you have only got one or two slots per month, you know, it just doesn't add up.

You know, I have a question, too, because I remember speaking in front of Congressional Black Caucus before, and as a result you

said $156 million was allocated for the black and Hispanic community——

Mr. CUMMINGS. That is right.

Mr. PHAISON [continuing]. On drugs and AIDS. But in my community, I still have not seen any change. See, we are talking $156 million, but when it trickles down I really haven't seen any change.

Mr. CUMMINGS. Well, I can address that at some other point. Let me just ask my questions.

Mr. PHAISON. OK.

Mr. CUMMINGS. But I can tell you one of the organizations that received some of that $156 million is Ms. Pascal, who is right behind you. And I think she can tell you that we pulled together a little coalition to try to deal with the whole drug problem, but I want to talk to you about that.

But let me just ask you this. There is something about that critical point when you said people come to you asking for treatment. I mean, where are you looking to send them? In other words, what are the things that you think are going to be best—I know everybody is different. But you are just not going to send them anywhere.

Mr. PHAISON. No. First of all, I am going to look for the sincerity. That is No. 1, because a lot of times people have a tendency to play a lot of games. I can't. I have to look for the sincerity of the person because I may only have one or two slots, with 200 people asking for them.

So I have to try to the best of my ability, to feel them, to understand that this is what they really want because once you put them—or once you suggest where they should go, and they go and they don't stay, that is not—the credibility is not good for you.

Mr. CUMMINGS. OK. Assuming that they are sincere——

Mr. PHAISON. Assuming that they are sincere——

Mr. CUMMINGS [continuing]. What criteria are you looking for? If you have five or six different programs, what are you looking for as far as treatment and thinking, hoping, and believing that it will be most effective? That is what I am trying to get at.

Mr. PHAISON. OK.

Mr. CUMMINGS. In other words, you are just not going to send them anywhere.

Mr. PHAISON. Right. In other words, I am looking for a place like I went to—excel, the drug treatment center. They have seminars. They have candlelight seminars. They talk—they have a program called "Talk, Hurt, and Grow," to get down to the root of the problem.

I wouldn't just send them somewhere where they—you know, people are just getting a dollar, just getting a dollar for them. I am going to send them somewhere where they really, really can get some help, and they have recovering addicts who work in those positions who really understand where they are coming from.

Mr. CUMMINGS. Now, Dr. Taxman says that you have to have—the most effective treatment needs to be—you need to spend a substantial amount of time in-house. Is that right, Dr. Taxman?

Ms. TAXMAN. Well, when you say in-house, do you mean in a residential component?

Mr. CUMMINGS. Yes.

Ms. TAXMAN. No. It is really an issue of trying to use residential services for those who need to be away from their community stabilizing themselves. So it depends on the person, but I would say from what we have learned that somewhere around 30 percent of the people need some sort of residential component.

Mr. CUMMINGS. And that is so that they can get away from their community.

Ms. TAXMAN. Right. For those who are probably less motivated, for those who need more stable—initial stabilization. I think the key is making sure that the treatment process includes a motivational enhancement component up front. A lot of people aren't quite ready there. Whether you are trying to decide to quit smoking, or you have a diabetic situation, you don't come to a doctor saying, I want to change my behavior today. You need to be motivated to do that.

So I was just going to add that it is really a treatment process. The way funding is for treatment is thorugh episodes usually. You fund an outpatient program that has an episode to it. You don't fund a treatment process for a person. So that if they can begin—let us say if they need some residential, and then move from a residential to day treatment to an outpatient program, to some support services.

Mr. CUMMINGS. In one of our recent hearings with SAMHSA, we spent quite a bit of time talking about the best practices, and one of the things that they said was that there are some States, that when it comes to drug treatment they don't have any way of analyzing whether the treatment is effective. On the other hand, there are States that do.

Ms. TAXMAN. Right.

Mr. CUMMINGS. Is that something that you think is important as far as when a State takes a look at effective treatment, to have some kind of criteria?

Ms. TAXMAN. Most definitely. You know, in the public sector, what we are most concerned about is getting outcomes that, you know, work toward the greater good of trying to help people recover. But we have to be able to sort through two issues: what programs work, and what programs work for what types of people. And without having good data, you really can't make those determinations.

The field has suffered because we don't have enough studies. I mean, NIDA has done and CSAT has done some studies over the last 5, 7 years that have found the base for us. But, really, if you look over the last 30 years, there are very few studies that have been done on different types of programs' effectiveness.

Mr. CUMMINGS. Mr. Cason, this is my last question. We are running out of time here. But, looking back at what you are dealing with today and the process that have been through, and going back to some things that Chairman Mica was talking about is how do we try to make sure that people—do what we can to make sure that people don't have to go through what you did.

I mean, are there things that if you could request of Congress, in the most powerful Nation of the world, what would you want to see? I am just curious.

Mr. CASON. Well, first of all, I would like to see that—because the grass-roots organization, we work with the people that is in the city, in the gutter, and in the neighborhood. And a lot of the addicts that is recovering becomes the example that—to the people that is coming up. That is the preventative measurement.

I would like to see the recovering communities be more supportive because they get no support from State, Federal, or nobody. So we have got to become self-supporting, which is that adversity causes us to develop because we are going to recover anyway.

But I would like to see the people be held accountable because we have got people who come from jails, from institutions, and they send them to this—to our program, and if they would have kept them in jail they would have to pay for them. But they refuse to give us any money. We have got hundreds of people that are coming out of jail every day—I mean, that is in the program.

Mr. CUMMINGS. I just want to take a moment to thank all of you for—and everybody who testified today. This is an ongoing struggle, as you all well know. And I think when we look at—I once said that, you know, when drugs was introduced to this society, it really—I mean, and when people talk about drug-infected, that is probably a very accurate word, because I don't think a lot of people even know the depth of the drug problem.

I am not just talking about the person who is addicted. I am talking about the family members and the children, and it just goes on and on. Even people who may be in the choir every Sunday and singing may have a son who, you know, who is drug addicted. And the deaths that we see. But I am just hoping that hearings like this puts a face on this whole situation.

One of the reasons why, as I conclude, Mr. Chairman, I wanted to come to Baltimore was because so often in Congress we hear about Baltimore and the negative comments about drug addiction and various problems. A lot of times I think it is important to put a face on all of that. I think it is important to put a face on the fact that there are people who are struggling every day, who have had problems, but got up, dusted themselves off, and are doing a good job now.

We didn't get into it too much, Mr. Phaison, but the fact that you are a barber and you took off today, and you are not going to regain that money——

Mr. PHAISON. Certainly not.

Mr. CUMMINGS [continuing]. But nobody is going to pay you leave time.

Mr. PHAISON. We can talk about that.

Mr. CUMMINGS. Yes. [Laughter.]

But the fact is that that is the kind of commitment, Mr. Chairman, that I am talking about. And I am sure it is a similar situation for you. And, Dr. Taxman, all of the work that you have done, and you seem like you have made a life commitment to try to address this problem. And we appreciate it.

And I guess what I am trying to explain to you is that we take this—several reporters have asked, "Well, what do you do with all of this?" What we do is I think we have to—we can't just be policymakers. Dr. Martin Luther King, Sr., said you cannot lead where you do not go, and you cannot teach what you do not know. And

that is why it is so important for us to reach out and come here and listen and try to figure this out.

As a matter of fact, I know, that these hearings have an impact. When somebody like Chairman Mica addresses his Republican colleagues, he has a greater base of knowledge because he was here and he is senior.

My last question is—and I have said it earlier, Mr. Phaison and Mr. Cason, I am amazed at the number of recovering addicts in Baltimore who are successful. I am sure there are thousands upon thousands——

Mr. PHAISON. Absolutely.

Mr. CUMMINGS [continuing]. Working every day, who have been working for years, raising their families, doing what they are supposed to be doing. They don't drink, smoke, and a lot of them don't even take an aspirin.

Mr. PHAISON. Right.

Mr. CUMMINGS. A fellow was telling me that the other day because he considers it a drug. They are special people, and I want to thank you all for being here, and I want to thank you, Ms. Taxman.

And I want to thank the university, as we come to our end, I want to thank everybody, my staff, who has worked tirelessly on this and done a great job. And I want to thank the majority staff, too. Ms. Beverly Fields who is in the back, our legislative director in Washington, and Aliyah Horton, who is out in the hall, and others, who have worked so hard to make this happen. I want to thank you.

Mr. MICA. Thank you, Mr. Cummings, and I do appreciate each of our witnesses coming forward today. And I know you waited some time to testify, particularly those who gave up compensation personally to be with us and provide testimony at this hearing.

And just to reiterate what Mr. Cummings said, what we do with this is we try to take this back. Our subcommittee is responsible for trying to put together a coherent Federal drug policy. The speaker—I inherited this responsibility from the current Speaker of the House, Mr. Hastert, who I can tell you this is one of his very highest priorities, that we get a handle on this, that we fulfill our Federal responsibility.

If the war on drugs was closed down, as we heard—was it Judge Johnson also say—that that has become a joke. That is a Federal responsibility, to stop this stuff before it ever gets into our shores or into these communities. And that needs to be fulfilled.

This is an incredibly—I am a bit of a historic fan. I love history. This community holds an incredible amount of rich history from this Nation, and there is no reason that it should be in the condition or the situation it is in today, that we are just left with—and we don't want to be just left with discussing alternatives to incarceration, incarcerating the population or remembering the thousands that have been lost in this war. We have got to turn this around.

So we will meet with the HIDTA. We will meet with our Federal officials involved that are supposed to be working with Maryland and with this local community. We will convene as many meetings as we need, additional hearings. We have got to do something to

fulfill our responsibility to the good people of this community and the country. We cannot let this continue.

So with that commitment, Mr. Cummings, I thank you again, your staff, and others, for helping bring us here, and for your commitment to working together to resolve this problem for our community and Nation.

There being no further business to come before this subcommittee, this meeting of the Criminal Justice, Drug Policy, and Human Resources Subcommittee is adjourned.

[Whereupon, at 1:57 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

Testimony of Georges C. Benjamin, M.D., Secretary
Department of Health and Mental Hygiene

Submitted to the

House Committee on Government Reform and Oversight
Subcommittee on Criminal Justice, Drug Policy, and Human Resources

In response to the Field Hearing in Baltimore, Maryland
"Alternatives to Incarceration: What Works and Why"
March 27, 2000

Introduction

The State of Maryland, under the guidance and leadership of Governor Parris Glendening and Lt. Governor Kathleen Kennedy Townsend, is changing the way we fight drug abuse and crime. In Maryland, as in many other states around the country, we have brought together police, prosecutors, parole & probation agents, parents, business leaders and health professionals for the purpose of forming new partnerships and making our communities a safe place in which to live and work.

Last year, the Maryland General Assembly created the Drug Treatment Task Force to study and recommend strategies for increasing funding for and access to substance abuse programs. Governor Glendening appointed Lt. Governor Kathleen Kennedy Townsend Chair of the Task Force. Presently, the Task Force is developing a blueprint for a comprehensive, statewide drug treatment and prevention system that will expand access to life saving treatment and prevention services while increasing system accountability.

Allow me to describe a few of Maryland's strategies for reducing drug use and crime in our communities.

Drug Use Is a Public Health Problem that Requires a Public Health Response

A public health approach to reducing drug use, which provides access to appropriate prevention, intervention, and treatment services, is essential to significantly reducing drug use. Whenever possible the public health system and the criminal justice system should tackle the problems of drug use and crime cooperatively so that the goals of both systems are met.

Research Provides Abundant Evidence that Substance Abuse Treatment Reduces Drug Use and Criminal Behavior.

- The Treatment Outcomes and Performance Pilot Study (TOPPS), conducted by the Center for Substance Abuse Treatment, found a 60% reduction in heroin use 1 year after treatment, increasing to 70% reduction rate 2 years after treatment.

- The same federal study found that the proportion of clients working increased by 50% after treatment.

- The 1997 National Treatment Improvement Evaluation Study (NTIES), conducted by the Center for Substance Abuse Treatment, found significant decreases in crime 1 year after treatment:

  - 78% decrease in drug sales.
  - 78% decrease in assaults.
  - 82% decrease in shoplifting.
  - 64% decrease in arrests for any charges.

Drug Use Increases the Incidence of Other Public Health Problems

Research also demonstrates connections between substance abuse and other public health problems, including sexually transmitted diseases, TB, renal failure, HIV, and other chronic diseases such as hypertension and diabetes. For example, it is estimated that nearly half of all new HIV infections in the United States are occurring among injection drug users.

Earlier and increased access to prevention, intervention and treatment services reduces the risk of drug users acquiring these disorders. For example, a 1991 study found that individuals in drug treatment were four times less likely to become infected with HIV than untreated substance users.

Coordination and Cooperation between the Federal Government and Maryland Enhances the State's Ability to Provide Effective Treatment and Prevention Services

The Department of Health and Mental Hygiene enjoys a cooperative relationship with a number of federal agencies, including:

- the White House Office of National Drug Control Policy
- the Department of Justice
- the Substance Abuse and Mental Health Services Administration

These federal agencies provide essential support to Maryland's drug treatment, prevention and criminal justice activities by responding to technical assistance requests, establishing priority

populations, providing data and providing funding support. For example, a significant portion of the Alcohol and Drug Abuse Administration's funding comes from the Center for Substance Abuse Treatment, a subdivision of the Substance Abuse and Mental Health Services Administration.

Drug Treatment Plays an Important Role in Maryland's Criminal Justice System

The Lt. Governor has identified four pillars of the statewide crime reduction strategy:

- Targeting high-risk offenders.
- Reclaiming at-risk neighborhoods.
- Protecting and supporting victims.
- Preventing youth violence, drug use and gangs.

Providing drug treatment to addicted offenders is a critical component of several criminal justice initiatives underway throughout the State. Allow me to elaborate on a few of the most significant strategies to reduce substance abuse and crime in Maryland.

Maryland Hot Spot Communities

Maryland's Hot Spot Communities initiative targets high crime and at risk neighborhoods with aggressive law enforcement and prevention strategies. Hot Spots helps communities make tangible and sustained reductions in crime through the strategy of linking:

- community mobilization
- community policing
- community probation
- delinquency prevention
- support for addiction recovery
- housing and business revitalization

In 1997, the State launched the Hot Spots initiative in 36 neighborhoods in every jurisdiction throughout the state. This year that number will double to 72 communities.

Break-the-Cycle of Crime and Addictions

Break the Cycle initiative is the first statewide approach of its kind in the nation. It takes advantage of growing research supporting the effectiveness of coerced treatment and results in improved clinical success and a decrease in criminal activity.

Break-the-Cycle coordinates supervision and addiction treatment strategies among Maryland's Division of Parole and Probation and local health departments, through the Maryland Alcohol and Drug Abuse Administration. Offenders in the program are subject to:

- frequent drug testing (urinalysis)
- escalating penalties for failed tests
- increased treatment requirements
- swift and certain graduated sanctions for negative behavior.

Early data indicates an improvement in treatment success and a decrease in criminal activity.

Drug Treatment Court

The amount of drug related criminal cases entering the Baltimore criminal justice system is overwhelming and degrading the capability of the courts to operate effectively. Baltimore's judges recognize that the addiction is a treatable disease that has both medical and criminal justice implications. Drug Treatment Court offers the judge and the offender a meaningful alternative to incarceration by requiring:

- close supervision
- mandatory drug treatment attendance
- daily Narcotics Anonymous meetings

Over the past five years the Drug Treatment Court has demonstrated proven success in increasing treatment retention and lowering recidivism rates.

Court Commitment Program

Under Maryland law, judges also can commit offenders directly to the Department of Health and Mental Hygiene for a substance abuse evaluation to determine whether the offender needs and would benefit from substance abuse treatment; and, if indicated, for placement in a substance abuse treatment program. Court Commitment orders have sharply increased in recent years; there were approximately 400 such orders last year. This program represents another opportunity for close collaboration between the legal and health systems to appropriately identify and place offenders who can be best served through a process of court commitment to substance abuse treatment.

Jail Based Treatment Programs (JSAP)

In Maryland, federal Byrne Grant dollars have been used to implement substance abuse treatment programs in a number of the local county correctional facilities. State funding has been used to continue support for worthwhile programs following expiration of federal funding.

Presently, the Alcohol and Drug Abuse Administration supports jail-based substance abuse treatment services for approximately 700 offenders per year in eight jurisdictions. Structured jail-based substance abuse treatment programs supported by federal, state, or local funds exist in 14 of Maryland's 24 jurisdictions. Ultimately, Maryland will implement such programs in all jurisdictions.

Co-Occurring Disorders

The agencies within the Department of Health and Mental Hygiene which are responsible for substance abuse treatment and mental health services are the Alcohol and Drug Abuse Administration (ADAA) and the Mental Hygiene Administration (MHA), respectively. They collaborate to develop new approaches to address those individuals involved in the criminal justice system who also need substance abuse and mental health services.

The Mental Hygiene Administration has implemented mental health services in local correctional facilities in eighteen (18) counties throughout Maryland. The Alcohol and Drug Abuse Administration, with assistance and collaboration from the Mental Hygiene Administration, has developed a 15 bed co-occurring disorders unit in a drug treatment facility for court committed offenders. ADAA provides direct funding and MHA provides extensive support and in-kind services.

Residential Substance Abuse Treatment (RSAT) Program

With federal dollars from the U.S. Department of Justice, the Department of Health and Mental Hygiene (DHMH) and the Department of Public Safety and Correctional Services (DPSCS) have collaborated to develop an intensive therapeutic alcohol and drug treatment program consisting of "behind-the-walls" treatment, post-release aftercare, and close coordination between the criminal justice and treatment agencies. DHMH is providing the necessary 25% state match over four (4) fiscal years to leverage the federal funding to support the program.

Correctional Options Program (COP)

The goal of the Correctional Options is to provide treatment and supervision of non-violent offenders in the community in order to create prison bed space for violent criminals, child-sex offenders and major drug traffickers. The program is operated by the Department of Public Safety and Correctional Services. Program components include:

- a range of addiction treatment options
- highly structured community supervision
- swift and certain sanctions for non-compliant behavior.

This project serves over 3,000 offenders per year and is a cost-effective alternative to traditional incarceration for selected non-violent offenders.

Juvenile Court Early Intervention Project

The Juvenile Court Early Intervention Project provides assessment and evaluation of children and their parents' addiction treatment needs. Individuals identified as having drug problems are referred to appropriate treatment resources and are followed by Juvenile Justice staff.

Closing

The Department of Health and Mental Hygiene is committed to reducing drug abuse, crime and delinquency on all fronts by working with the criminal justice system, other state and local agencies and community members. Thank you for coordinating the field hearing on March 27, 2000, which brought together officials from federal, state and local government as well as public health, public safety, the judiciary and the community. Such events help us all to focus on the goal of creating safe streets and healthy citizens.

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