THE EFFECTIVENESS OF SUBSTANCE ABUSE EDUCATION AND TREATMENT PROGRAMS IN PREVENTION OF CRIME

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

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THE EFFECTIVENESS OF SUBSTANCE ABUSE EDUCATION AND TREATMENT PROGRAMS IN PREVENTION OF CRIME

MONDAY, JULY 29, 2002

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

The subcommittee met, pursuant to notice, at 10:05 a.m., at Representative Danny Davis' District Office, 3333 West Arthington Street, Suite 130, Chicago, IL, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder and Davis.

Staff present: Nicolas P. Coleman, professional staff member and counsel; Nicole Garrett, and Conn Carroll, clerks; and Christopher Donesa, staff director and chief counsel.

Mr. SOUDER. We are going to go ahead and get started. If you can start taking your seats, and the subcommittee will come to order.

Good morning, and thank you all for coming. It's a great pleasure to be here in Chicago today at the invitation of Congressman Danny Davis, a member of our Subcommittee on Criminal Justice, Drug Policy and Human Resources.

Drug treatment and substance abuse education are two of the most important weapons we have in reducing drug addiction and the death, and the death, crime and misery it creates. Two of the three main goals set forth in the National Drug Control Strategy announced earlier this year by President Bush are related to prevention and treatment. Stopping use before it starts, through education and community action, through helping America's drug users by getting treatment resources where they are needed.

Today's hearing focuses on these two goals. First, we will look at substance abuse prevention. In announcing the strategy, the President said, "It is important for Americans and American families to understand this: that the best way to affect supply, is to reduce demand for drugs, to convince our children that the use of drugs is destructive in their lives." The President requested approximately $900 million for fiscal year 2003 for the Federal Government's primary drug abuse education programs. The Safe and Drug-Free School Programs, the Drug-Free Communities Program, and the National Youth Anti-Drug Media Campaign and Parent Drug Corps programs. Although, there is broad support for the concept

of substance abuse prevention through education, disagreements remain on how best to pursue that strategy. Not every program is as effective as some others. Many are more effective if carried out by local communities, but some may require Federal supervision and leadership.

Second, we will look at drug treatment. Drug treatment represents a growing, but sometimes controversial strategy of reducing drug-related crime and health problems. The number of Federal dollars appropriated for drug treatment has steadily climbed over the past 25 years, from $120 million in 1969, to $1.1 billion in 1974, to about $3.2 billion in the year 2000. This represents about 20 percent of our total Federal drug control budget. The National Institute on Drug Abuse [NIDA] estimates that drug treatment reduces use by about 40 to 60 percent, and significantly decreases criminal activity after treatment. While drug treatment has proved effective in many cases, many questions about how to measure treatment success remain. Again, there are significant differences in the success rates of various programs, and what works in one community may not work as well in another.

This hearing gives those of us in Congress an opportunity to hear from people involved in substance abuse prevention and treatment on the front lines in our local communities. In crafting national policies to reduce drug abuse and related problems, we need to learn first-hand what works and what doesn't. I am, therefore, very pleased to welcome our witnesses today, each of whom has substantial experience in these areas. For our first panel we will be joined by Dr. Frank Lieggi, executive director of the Way Back Inn; Ms. Bettie Foley, associate director of Haymarket Center; Mr. Brad Olsen of the Center for Community Research at DePaul University, and Mr. Dennis Deer, president of Deer Re Hab Services. Also on the first panel, we'll have Assembly Woman Constance Howard. For our second panel, we will be joined by the Reverend Albert R. Housler, of Faces of Recovery, Gateway Foundation, Inc., Mr. Kevin Downey, director of operations at TASC, Ms. Dorothy Reid, president of the Oak Park NAACP Branch, and Mr. Jesus Reyes, director of social services at the Circuit Court of Cook County and Terrie McDermott of the Cook County Sheriff's Office.

We welcome you all and look forward to your testimony on these important issues. At this point, I'd like to turn this over to my friend and colleague and Congressman Danny Davis.

[The prepared statement of Hon. Mark E. Souder follows:]

Opening Statement
Chairman Mark Souder

"The Effectiveness of Substance Abuse Education and Treatment Programs in Preventing Crime"

Subcommittee on Criminal Justice, Drug Policy, and Human Resources

Committee on Government Reform

July 29, 2002

Good morning and thank you all for coming. It is a great pleasure to be here in Chicago today at the invitation of Congressman Danny Davis, a member of our Subcommittee on Criminal Justice, Drug Policy and Human Resources.

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This hearing gives those of us in Congress an opportunity to hear from people involved in substance abuse prevention and treatment on the "front lines" in our local communities. In crafting national policies to reduce drug abuse and related problems, we need to learn first-hand what works and what doesn't. I am therefore very pleased to welcome our witnesses today, each of whom has substantial experience in these areas. For our first panel we will be joined be Dr. Frank Allggl, Executive Director of Wayback Inn; Ms. Betty Foley, Associate Director of Haymarket Center; Mr. Brad Olsen of the Center for Community Research at DePaul University; and Mr. Dennis Deer, President of Deer Re Hab Services. For our second panel we will be joined by the Reverend Albert R. Housler of Faces of Recovery, Gateway Foundation, Inc.; Mr. Kevin Downey, Director of Operations at TASC; Mr. Dorothy Reid, President of the Oak Park NAACP Branch; and Mr. Jesus Reyes, Director of Social Services at the Circuit Court of Cook County.

We welcome you all and look forward to your testimony on these important issues.

Mr. DAVIS. Thank you very much Mr. Chairman. And first of all, let me commend you and representative, Elijah Cummings, who is the ranking member of this committee for the tremendous leadership that you have both shown as you have traveled throughout the country gathering information, listening to citizens, trying to find out how we can more effectively deal with the whole question of drug use, abuse, and its relationship to crime in our country. I am actually amazed, and must express tremendous appreciation, as I have observed the way that on almost every issue that comes up, every bill that we have to deal with someway or another, you try and find a way to make sure you got the interest of this committee reflected in that legislation. Most recently, I was watching, as we debated homeland security, and as we developed a new relationship for many agencies and organizations throughout the country as we reorganize the governments, and every time I look up, there would be Mark Souder, right there putting in, let's make sure that we understand the role that drugs play. Let's make sure that we try and intercept. Let's try and make sure that we try and keep those out that should not be coming in. Let's make sure that we have treatment for those individuals that are in need of it. And my mother always told us, you give honor where honor is due. And not withstanding partisan politics and different sides of the aisle and that kind of stuff, I really think you do a great job as chairman of the subcommittee and we are delighted to welcome you to Chicago.

I also want to thank all of those who have been taking time from whatever it is that you might have been doing, or would have been doing at this moment, to come and testify. Many people don't give great credence to this whole concept of what democracy really means. To me, democracy means that every member of a free and democratic society has some responsibility for determining what that society is. And that when we don't do that, we actually abdicate our citizenship responsibilities. If we simply leave it up to somebody else to determine what our policies and practices are, then it means that we have not really understood what it means to live in America. And so when you come and testify, you are helping those of us who might have the ultimate in terms of the responsibility to decide, but we decide, hopefully, based on what it is that you have told us, what it is that you have learned from your professionalism in an area. What it is that you have learned from living whatever the experiences are that you bring to a hearing, or that you give to us. So, I thank you. Also, I would just mention the fact that I want to thank TASC because I read this information every time I get a chance. But, just if we look at our own area, Cook County, where since 1984 the drug arrest rate in Cook County has tripled to over 80,000 persons per year. By 1994, 1 out every 1,000 people in Cook County had been arrested for drug-related offenses. Now, the numbers, approximately 1 out of every 700, up to 75 percent of both male and female arrestees in Chicago test positive for drug use, the average daily population the Cook County jail has been above 10,000 since 1995. Drug cases comprise more than 50 percent of all felonies charged in Cook County. And now, there are more drug felonies charged than total felonies charged in any year before 1998. And so just looking at those figures that TASC has put together, I mean you can see that there is probably no area of the

country that has more of a need, or more of a problem than what we experience here in Chicago and in Cook County. And so, this hearing is indeed a welcome sight; and, Mr. Chairman, I ask unanimous consent to have the opportunity to present written testimony and a written statement for the record.

Mr. SOUDER. Thank you, distinguished Member from Chicago. Before proceeding, I would like to take care of a couple procedural matters first. I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record. That any answers to those written questions provided by the witnesses also be included into the record. No objection. So ordered.

Second, I ask unanimous consent, all exhibits, documents and other materials referred to by Members and the witnesses may be included in the hearing record. And that all Members may be permitted to revise and extend their remarks. No objections. So ordered.

Now, if the first panel would come forth. Ms. Howard is on the end here; Dr. Lieggi, Ms. Foley, Dr. Olson, and Mr. Deer. And if you will remain standing. As an oversight committee, it is our standard practice to ask all of our witnesses to testify under oath.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that the witnesses have each answered in the affirmative. The role of the subcommittee in which we serve is to look at the holistic picture of the Federal Government, we have appropriating committees, we have authorizing committees, and our job is to see that laws are being executed, and the problems are being tackled the way the Congress intended. And we do hearing promotions, and we try to get, when possible, into key cities around the country to learn what's actually happening at the grassroot, and see what things that we can do on a daily basis.

Now, we are unusual because we also have the authorizing, in other words, we set the policy, and next year we are re-doing the Office of National Drug Control Policy, and the things that go under that, including the National Media Campaign, Committee on Drug Initiatives, and so we both oversee and write the programming for that office. So, we appreciate you each taking the time today. And we appreciate Congressman Davis's leadership on the committee and the importance of Chicago and the national mix. Sometimes it seems like New York and L.A. get all of the attention, we in the Midwest don't get any. It is helpful to have a speaker from this region, too, who is helping with Congressman Davis to make sure Chicago gets represented. So, we will start out first with Dr. Lieggi.

Mr. DAVIS. Mr. Chairman, could I just take a moment to acknowledge the presence of Alderwoman Emma Mitts, who has joined us, a member of the Chicago City Council from the 37th Ward. Alderman Mitts, we are delighted to have you.

Ms. MITTS. Thank you.

Mr. SOUDER. Thank you for being here.

Ms. MITTS. You're welcome.

Mr. SOUDER. Dr. Lieggi.

STATEMENTS OF FRANK A. LIEGGI, EXECUTIVE DIRECTOR, THE WAY BACK INN, INC.; BETTIE FOLEY, ASSOCIATE DIRECTOR, HAYMARKET CENTER; BRADLEY D. OLSON, CENTER FOR COMMUNITY RESEARCH, DEPAUL UNIVERSITY; AND DENNIS DEER, PRESIDENT DEER RE HAB SERVICES

Mr. LIEGGI. In my mind there is no doubt that treatment is a deterrent to crime for substance abuse patients. My interest in what I wrote about was basically my interest in speaking things primarily on how to, if you will, tweak out the existing drug court system, and how it works with treatment providers in our area. And the Way Back Inn is a facility that pushed us back a little bit, we have been for 27 years, and we serve both men and women who are adults, and we have been working closely with the drug court for the district drug court.

The drug court has been a fantastic thing. However, their numbers seem to reflect poor outcomes as far—over the last couple years, 300 came before the drug court and 19 had graduated the drug court. And I think that's my analysis of what's going on with that, is that there needs to be some changes that may need to be made, and one of those changes, that if a judge is going to have drug court, one of my recommendations would be that they have certification in substance abuse treatment. They are making determinations right there in front of the client, and although that they do have some professionals with them, they are the ones that are making the choice about how long a client is going into treatment, and generally those lengths of times are short.

We also believe at The Way Back Inn that it may be helpful for the community provider to not only be present in the drug court to assess and take the clients back with them, but also to help make that decision about whether a client needs to be in, and that decision should come from the provider, the community provider, and not fall into a legal type of decision that is made. I think with that would be quite more effective in graduating more clients than 19 of the 300 that we have.

For instance, if a client is committed to 90 days at our facility, The Way Back Inn, which is a residential extended care facility, on the 91st day they are typically gone, and that we would not say 90 days. We would make a determination between 3 and 6 months of treatment. Most of the clients that come before the drug court report have a significant drug history, and outpatient counseling typically isn't the best, or the most appropriate form, but that seems to be where a lot of clients get referred to, even though, despite they have a long history of substance abuse treatment in the past.

So we think long-term treatment is what's proven for clients who have legal problems as well as substance abuse histories, and we would like to see more long-term treatment and decisions about length of stay come from the community providers, rather than the judge.

Mr. SOUDER. Thank you very much.

[The prepared statement of Mr. Lieggi follows:]

COMMITTEE ON GOVERNMENT REFORM

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

TESTIMONY

DR. FRANK A. LIEGGI

EXECUTIVE DIRECTOR

THE WAY BACK INN, INC.

THE WAY BACK INN IS AN AGENCY THAT PROVIDES CLINICAL SERVICES FOR THOSE CLIENTS DIAGNOSED WITH ALCOHOL AND SUBSTANCE ABUSE DISORDERS. OUR AGENCY IS A MEMBER OF THE 7TH CONGRESSIONAL DISTRICT TASK FORCE ON SUBSTANCE ABUSE. ONE OF THE GOALS

IDENTIFIED BY THE TASK FORCE IS TO ADVOCATE FOR INCREASED TIME FOR TREATMENT SERVICE DELIVERY ESPECIALLY AS IT RELATES TO THOSE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM. THE SUSBJECT OF THIS HEARING IS: THE EFFECTIVNESS OF SUBSTANCE ABUSE EDUCATION AND TREATMENT PROGRAM AS A DETERRENT TO CRIME.

IN THE PRESIDENT'S SPEECH ON THE 2002 NATIONAL DRUG CONTROL STRATEGY, HELD IN FEBRUARY, (WHERE HE THANKED A NUMBER OF YOU PRESENT HERE TODAY, INCLUDING CHAIRMAN SOUDER), HE SAID," WE MUST AGRESSIVELY PROMOTE DRUG TREATMENT BECAUSE A NATION THAT IS TOUGH ON DRUGS MUST ALSO BE COMPASSIONATE TO THOSE ADDICTED TO DRUGS. TODAY THERE ARE 3.9 MILLION DRUG USERS IN AMERICA WHO NEED, BUT DID NOT RECEIVE HELP. AND WE'VE GOT TO DO SOMETHING ABOUT THAT." IT IS OUR EFFORT, AS AN AGENCY AND TASK FORCE, TO MAKE RECOMMENDATIONS TO THE CONGRESSMAN TO DO JUST THAT.

OUR AGENCY PROVIDES SERVICES TO A NUMBER OF MALE CLIENTS WHO HAVE A SIGNIFICANT CRIMINAL BACKGROUND. WE FIND THAT WITH TREATMENT, 64% OF THOSE CLIENTS WHO SUCCESSFULLY COMPLETE OUR LONG TERM TREATMENT PROGRAM RETURN TO THEIR FAMILIES, EMPLOYED, SOBER AND FUNCTIONAL MEMBERS OF SOCIETY. IN ADDITION TO THESE CLIENTS, WE PROVIDE SERVICES TO THOSE

MANDATED TO TREATMENT BY THE DRUG COURTS. LAST YEAR, THERE WERE APPROXIMATELY 300 PEOPLE, IN THE OUR LOCAL DRUG COURT SYSTEM, THAT WERE MANDATED TO TREATMENT FACILITIES THAT WERE DEEMED APPROPRIATE BY THE JUDGE. OF THE 300 CLIENTS RECEIVING SERVICES, ONLY 19 GRADUATED FROM DRUG COURT. THESE RESULTS ARE VERY DISTURBING AND WOULD INDICATE THAT THERE ARE PROBLEMS WITH THIS SYSTEM. WE BELIEVE THAT THESE NUMBERS CAN BE SUBSTANTIALLY IMPROVED WITH THE FOLLOWING RECOMMENDATIONS:

- THOSE JUDGES THAT ARE IN CHARGE OF DRUG COURTS SHOULD BE EDUCATED AND HAVE RECEIVED A CERTIFIED ALCOHOL AND DRUG COUNSELOR CREDENTIAL BY THE STATE, WHICH WOULD ALLOW THEM TO MAKE AN ACCURATE CLINICAL ASSESSEMENT AND PLACEMENT.
- WHERE THE JUDGES LACKS THE EDUCATION AND OR KNOWLEDGE, THE REFERRAL AGENCY SHOULD PROVIDE THE CLINICAL EVALUATION AND RECOMMENDATION TO THE COURT FOR LEVEL OF CARE, AND LENGTH OF STAY FOR THESE REFERRALS.

IT WOULD BE VERY UNLIKELY FOR A TREATMENT PROVIDER TO GRANT PROBATION, GIVE SENTENCING OR ANY OTHER LEGAL JUDGEMENT. THEREFORE, IT SHOULD BE JUST AS UNLIKELY FOR THE JUDGE TO ASSESS

THE CLINICAL REQUIREMENTS OF A POTENTIAL PATIENT AND THE LENGTH OF TIME NEEDED FOR THAT PATIENT TO IMPROVE.

TREATMENT IS DEFINITELY A DETERRENT TO AS EVIDENCED BY THE RESEARCH AND STATISTICS THAT YOU HAVE BEEN GIVEN. WE ALSO BELIEVE THAT LONG TERM TREATMENT GIVES THE PERSON FURTHER OPPORTUNITY TO ENHANCE AND IMPROVE THEIR QUALITY OF LIFE.

Mr. SOUDER. We will take each of your testimony, and then come back for questions of each one of you. The green lights, and yellow, and you won't be shot if you hit the red, but we do try to stick to our 5-minute rule. And your full statements will be in the record, and then we'll ask questions in followup to your testimony.

Ms. Foley.

Ms. FOLEY. Thank you, Chairman Souder, and Congressman Danny Davis for providing me the opportunity to testify before your subcommittee this morning. My name is Bettie Foley, and I serve as associate director of Haymarket Center, a comprehensive substance abuse treatment and related services facility located on the near westside of Chicago. Founded in 1975 by Monsignor Ignatius McDermott, to whom we fondly refer to as Father Mac.

Haymarket currently offers integrated treatment services to an average of 13,000 clients annually, making us the largest drug treatment abuse center in the city of Chicago, and the third largest in the State of Illinois. For over 25 years, we have remained committed to providing each of our clients with the maximum chance for sustained recovery from addiction so that they may become productive members of society. We achieve this goal by offering a continuum of care to each Haymarket client. This continuum is the integration of drug abuse prevention and treatment, health services, including HIV/AIDS screening and prevention, day care, parent training, vocational education, job placement, and screening for domestic violence, and gambling addiction.

We strongly believe that a treatment program should not only include recovery from substance abuse, but it also should go to the next step, in providing substance abusers with the tools to re-enter the world of independence. One of our signature programs, the Alternative to Incarceration program offers non-violent drug offenders who have accepted responsibility for their alcohol and/or drug-abusing behavior, a disciplined, yet supportive environment for which they can re-enter the society at a more productive level.

Haymarket's ATI program was originally established through a collaboration between Haymarket Center and the Cook County Sheriff's Office in 1993 to improve community safety for the residents of the State of Illinois. Developed cooperatively with the Circuit Court including the Cook County judges as well as the Social Service Department, and the Sheriff's Department to assure program effectiveness and adherence to judicial protocol. ATI is a sentencing option for the judges. It mandates residential substance abuse treatment in a confined environment and may be utilized in lieu of, or in combination with, incarceration. Since 1998, a grant from the Bureau of Justice Assistance [BJA] has provided funding to enable the ATI program to provide its array of services to all offenders despite their lack of income and subsequent inability to pay.

Haymarket's ATI serves as a sentencing option for multiple Driving Under the Influence [DUI], Driving Under the Influence of Drugs [DUID], and other non-violent offenders who have been charged with, and/or convicted of other alcohol or drug-related offenses. The length of stay for confinement is in increments of 7 days, as per court order. During residential confinement, the program provides group therapy, individual counseling and treatment

planning, alcohol and drug testing, and community service performed under the supervision of the Cook County Sheriff's Work Alternative Program.

After confinement is completed, ATI's clients are offered the opportunity to enter into a continued care/aftercare outpatient treatment regimen for 6 to 18 months. This regimen includes monitoring adherence to abstinence, and indicators for sincerity in commitment to positive lifestyle change. Additional wrap-around services, which vary and depend on the identified needs of the individual, include English-as-a-second language, literacy, GED classes, vocational training and employment services. Each offender's compliance to follow through on recommended aftercare programs is monitored by their assigned case manager, a designated court monitor or probation officer, and through the Illinois Secretary of State's Office due to the severity of most DUI/DUID offenses. All of these individuals oversee the offender's compliance to treatment recommendations.

Since program startup, ATI served in excess of 3,000 non-violent alcohol/drug related offenders in a highly regimented and corrections formatted approach; 420 clients have been a part of the BJA demonstration with more than half of them also engaged in the aftercare program. Over 90 percent successfully complete their ATI confinement; 80 percent of aftercare clients successfully completed, or are currently compliant with, their aftercare program.

Studies have found that non-violent drug offenders are much less likely to commit new crimes if they are given treatment through special drug courts rather than merely sent to prison. In conjunction with the BJA, Haymarket is working with the Institute on Crime, Justice and Corrections at the George Washington University in Washington, DC, to complete a comprehensive process and impact evaluation. Haymarket is also committed to undertaking a longitudinal study of the effectiveness of the program on overall reduction in recidivism and the impact to overall compliance and completion rates with low-income offenders, as opposed to those required to pay for their continuum confinement and treatment. Haymarket's preliminary figures are indicative of the significant impact in the amelioration of addiction and addictive behaviors.

In closing, Haymarket's ultimate goal is to effectively treat substance abusers in the criminal justice system, such that recidivism is reduced and cost savings are realized. Haymarket strongly believes that if more funds were spent on treatment as an alternative to incarceration, not only would substance abuse rates decline, but there would also be a decline in criminal activity and arrests. In addition, communities would greatly benefit from the savings achieved through lower rates of homelessness and high-risk sexual behavior and increased rates of employment and improved health status. We are pleased that Haymarket Center's Alternative to Incarceration Program may serve as a model program for the Nation.

Thank you for allowing me to speak before your committee. And I would be happy to answer any questions.

Mr. SOUDER. Thank you.

[The prepared statement of Ms. Foley follows:]

Testimony of Bettie Foley
Associate Director
Haymarket Center

Before

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

Field Hearing:
the Effectiveness of Substance Abuse Education and Treatment Programs in Preventing Crime

Monday, July 29, 2002
3333 W. Arthington Street, Suite 130
Chicago, IL

Thank you Chairman Souder and Congressman Danny Davis, for providing me the opportunity to testify before your Subcommittee this morning.

My name is Bettie Foley and I serve as Associate Director of Haymarket Center, a comprehensive substance abuse treatment and related services facility located on the Near West Side of Chicago. Founded in 1975 by Monsignor Ignatius McDermott, to whom we all fondly refer to as "Father Mac," Haymarket currently offers integrated treatment services to an average of 13,000 clients annually, making us the largest drug abuse treatment center in the City of Chicago and the third largest in the State of Illinois.

For over twenty-five years, we have remained committed to providing each of our clients with the maximum chance for sustained recovery from addiction so that they may become productive members of society. We achieve this goal by offering a "continuum of care" to each Haymarket client. This "continuum" is the integration of drug abuse prevention and treatment, health services including HIV/AIDS screening and prevention, day care, parent training, vocational education, job placement and screening for domestic violence and gambling addiction.

We strongly believe that a treatment program should not only include recovery from substance abuse, but it should also go to the next step, providing substance abusers with the tools to reenter the world of independence. One of our signature programs, the Alternative to Incarceration (ATI) program, offers non-violent drug offenders who have accepted responsibility for their alcohol and/or drug-abusing behavior, a disciplined, yet supportive environment from which they can reenter the society at a more productive level.

Haymarket's ATI program was originally established through a collaboration between Haymarket Center and the Cook County Sheriff's Office in 1993 to improve community safety for the residents of the State of Illinois. Developed cooperatively with the Circuit Court and the Sheriff's Department to assure program effectiveness and adherence to judicial protocol, ATI is a sentencing option for judges. It mandates residential substance abuse treatment in a confined environment and may be utilized in lieu of, or in combination with, incarceration. Since 1998, a grant from the Bureau of Justice Assistance (BJA) has provided funding to enable the ATI program to provide its array of services to all offenders despite their lack of income and subsequent ability to pay.

Haymarket's ATI serves as a sentencing option for multiple Driving Under the Influence (DUI)/Driving Under the Influence of Drugs (DUID) and other non-violent offenders who have been charged with, and/or convicted of other alcohol or drug-related offenses. The length of stay is in increments of seven days (i.e. 7, 14, 21, 28 days) as per court order. During residential confinement, the program provides group therapy, individualized counseling and treatment planning, alcohol/drug testing, and community service performed under the supervision of the Cook County Sheriff's Work Alternative Program.

After confinement is completed, ATI clients are offered the opportunity to enter into a continued care/aftercare outpatient treatment regimen for six to eighteen months. This regimen includes monitoring adherence to abstinence and indicators for sincerity in commitment to positive lifestyle change. Additional wrap-around services, which vary and depend on the identified needs of the individual, include English as a Second Language classes, literacy and General Equivalent Diploma (GED) classes, vocational training programs, and employment services. Each offender's compliance to follow through on recommended aftercare programs is monitored by their assigned case manager, a designated court monitor or probation officer, and an Illinois Secretary of State Officer due to the severity of most DUI/DUID offenses. All of these individuals oversee the offender's compliance to treatment recommendations.

Since program start-up, ATI has served in excess of 3,000 non-violent, alcohol/drug related offenders in a highly regimented and corrections formatted approach. 420 clients have been part of the BJA demonstration with more than half of them also engaged in the aftercare program.

- over 90% successfully completed their ATI confinement.
- 80% of aftercare clients successfully completed or are currently compliant with their aftercare program.

Studies have found that non-violent drug offenders are much less likely to commit new crimes if they are given treatment through special drug courts rather than merely being sent to prison. In conjunction with the BJA, Haymarket is working with the Institute on Crime, Justice, and Corrections (ICJC) at the George Washington University in Washington, D.C. to complete a comprehensive process and impact evaluation. Haymarket is also committed to undertaking a longitudinal study of the effectiveness of the program on overall reduction in recidivism and the impact to overall compliance/completion rates with low-income offenders, as opposed to those required to pay for their continuum of confinement and treatment. Haymarket's preliminary figures are indicative of a significant impact in the amelioration of addiction and addictive behaviors.

In closing, Haymarket's ultimate goal is to effectively treat substance abusers in the criminal justice system such that recidivism is reduced and cost savings are realized. Haymarket strongly believes that if more funds were spent on treatment as an alternative to incarceration, not only would substance abuse rates decline, but there would also be a decline in criminal activity and arrests. In addition, communities would greatly benefit from the savings achieved through lower rates of homelessness and high-risk sexual behavior and increased rates of employment and improved health status. We are pleased that Haymarket Center's Alternative to Incarceration program may serve as a model program for the nation.

Thank you for allowing me to speak before your committee. I'd be happy to answer any questions you may have.

Mr. SOUDER. Dr. Olson.

Mr. OLSON. Hi, my name is Brad Olson, and I'm from DePaul University, and the Research Oxford House. Basically, I wanted to talk about some of the problems I see with the present day substance use and its effect on crime.

In my statement, I give the estimate of $109 billion that it costs the country annually for substance use; and 58 percent of that is attributed to crime. However, those are probably underestimates because if we just take one crime, for instance, domestic violence, The Center For Disease Control and The National Institute of Justice estimates that 1.5 million a year are either victims of intimate partner rape or physical assault. One fifth of the intimate partner rapes are reported. One quarter of the physical assaults are reported. So, many domestic violence being just one of the many crimes attributed to substance abuse, at least partially, we have extreme underestimates of the cost, and more importantly, the emotional and physical harm it's caused.

I don't think there is any question that drugs lead to crime. Although, scientifically, it's difficult to test. We know that some people will commit crimes whether they do drugs or not. But some people who take drugs will—would not commit crimes ordinarily, would end up committing crimes. Drugs lead to impulsivity or decisionmaking, a disregard for social norms puts people in desperate situations, and there is no question that it contributes to crime.

Treatment helps. Some of the best research on treatment reducing crime is research on in-prison therapeutic communities that show random sign studies, that show at least 6 months after treatment there is a dramatic reduction in recidivism and prisoners were not returning back to prison.

Also, therapeutic communities in aftercare, after someone has been incarcerated, is highly effective. And diversion programs out in the community which can often be secured, can often be cost-effective, allows the person to be out in the community where they can eventually be any way, and those have been found to be as effective as the in-prison therapeutic communities.

In terms of prevention, getting treatment for someone before they commit a crime, or when they first committed low-level crimes, it is absolutely necessary, and it is very difficult to get an individual who is going to commit a crime or is using substances to go into treatment. Usually they go into treatment, or a lot of times, when they are absolutely in their worst situation, either when they have committed a crime, or they are about to, and many are turned away from treatment when they have the opportunity to be helped.

There is some research showing some significant health disparities. Caucasian Americans are much more likely to get treatment when they need it, than aftercare. And it is one thing when this is a health issue, it's another thing when substance abuse leads to crime and higher rates in certain groups.

There are many great programs out there. The initiative Proposition 36 in California, isn't perfect, but it's a promising way to reduce crime and save the State money, and in many ways, be a more humane program. And so far, California, with Proposition 36, has been meeting many of its projective goals, although I think it

is important for outsiders to really study the data a lot more closely, find out what parts are effective, what parts have been funded, how it should be modified.

When it comes to treatment, as been stated earlier, the longer people stay in treatment, the better. Of course, that's more expensive to keep people in treatment longer. So we need some innovative cost-effective programs for individuals who abuse substances. There needs to be a focus on more resources, employment, housing, medical. There needs to be individuals who are being brought into the appropriate type of treatment for their stage of recovery, for their position in stages of change.

I think one of the most effective things that can be done is really to take all treatment centers and correctional agencies and really create better working station systems where there is more communication. We need more integration with mutual help groups that are cost-effective: Analon, who works with the families; Oxford House, completely self-run residential program for individuals who can be on electronic monitoring and they get social support, self-government, they pay for the program, they pay for their rent, and so it's fair. So I think we need a lot of different treatments and we need the demand out there.

Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Mr. Olson follows:]

The Need for Cost-Effective Treatment On Demand

Bradley D. Olson, Ph.D.
Center for Community Research
DePaul University

Written Testimony for Field Hearing on
Substance Abuse Education and Treatment Programs
In Preventing Crime
7-26-02

1. Economic impact of drugs on crime. Economic costs of substance abuse is estimated at over $276.4 billion, not including the impact of tobacco. Alcohol abuse costs the nation $166.5 billion in 1995, a lower to moderate year of consumption (Robert Wood Johnson Foundation, 2001). Nine percent of the cost is attributable to direct costs of crime (i.e., for the criminal justice system, property damage and private legal defense) and indirect costs (i.e., value of lost productivity related to victims of crime, incarceration, and criminal careers). Drug abuse costs were 109.9 billion, 58% of which is attributable to crime.

2. Drug uses increases crime. About 51% of inmates in State prisons were under the influence of alcohol or drugs at the time of their current offense. This rises to 60% for the mentally ill (U.S. Department of Justice Bureau of Justice Statistics, 2001). Alcohol use contributes to the incidence of physical assault and sexual offenses, and is reported to be involved in at least 30% of all corroborated assaults in which tissue damage occurs, as well as in 30% of the deaths (O'Farrell & Murphy, 1995). Individuals who use and sell crack have the highest crime rates (Best, Sidwell, Gossop, Harris, & Strang, 2001), are involved in the most violent crimes, and the most serious non-drug related crimes (Fagan & Chin, 1990). The inclinations of all individuals are known to be exacerbated by drug use. Drugs provide motives for crime, they lead to poorer decision-making, reduce well-being, increase impulsivity, lead to paranoia, are comorbid with other disorders, and can amplify the energy it takes to be involved in an act of crime. However, the direction of the causal relationship between drug use and crime can rarely be obtained. One study compared two groups, those for whom their initial crime preceded heroin use and those whose initial heroin use preceded crime. Those who committed their first crime before heroin use had committed more violent crimes and were more likely to be diagnosed with anti-social personality disorder, but, for all individuals, the effects of drugs and crime are inextricable.

3. Substance abuse treatment reduces crime. In-prison therapeutic communities for substance abuse are effective in reducing recidivism rates and several studies include large samples, control groups, and assess participants up to 6 months after release (Wexler, 1995). However, the majority of in-prison therapeutic communities are

inaccessible, of limited capacity, and can only be implemented at high costs. Many also lack treatment for mental disorders and antiretroviral therapies (NIDA, 2002). In 1998, the Office of National Drug Control Policy estimated that 70% to 85% of state inmates needed substance abuse treatment; however, only 13% received it while incarcerated (NIDA, 2002). Some outcome studies on community-based prison diversion programs suggest that they are as effective as in-prison therapeutic communities two months after release (Steadman, Cocozza, & Veysey, 1999). Diversion programs reduce overpopulation in prisons and therefore cost. They can be used alongside crime prevention programs that offer substance abuse treatment on demand. Despite many excellent programs, not all correctional facilities are ideal for recovery from substance abuse or criminal behavior. Suicide rates are high in most correctional facilities and even higher in states where detainees live in more overcrowded conditions (Lester, 1990). One study found that over one-half of the detainees had been victimized by other detainees one week prior to the study (Ireland & Ireland, 2000). Studies have also found that detainees who have experienced severe and repeated trauma as children and adolescents are especially prone to stressors, suicide, and isolation (Kupers, 1996).

4. Treatment in the community is often inaccessible. Regrettably, under the present managed health care system, private and public sector inpatient substance abuse facilities have reduced their services dramatically (Jason, Olson, Ferrari, & Davis, manuscript submitted for publication). When denied access, individuals do not postpone use until they gain access to treatment, but instead revert back to crime to finance continuing drug use (Wegner & Rosenbaum, 1994).

5. Inaccessibility compounded by treatment disparities. The ability to receive treatment is greater in some populations than others. Several recent studies have indicated that Caucasians who abuse substances are more likely to receive treatment than African Americans (Wells, Klap, Koike, & Sherbourne, 2001). The nation's problems with health disparities in substance abuse treatment are also apparent in lower retention rates for minority populations (Mertins & Weisner, 2000). Biases may also exist in the rates at which some groups get referred to the criminal justice system rather than treatment (DeLeon, Melnick, Schoket, & Jainchill, 1993).

6. Length of treatment should be expanded. Individuals recovering from substance abuse problems require treatment for longer periods and across the continuum of care. Individuals have been found to recover more effectively if they have longer treatment stays. For instance, in one program that had been reduced from one year to three months, researchers found that the one-year program had a failure rate of 26% while the three-month program had a failure rate of 47% (Charuvastra, Dalaili, Cassuci, & Ling, 1992).

7. Breadth of treatment should be expanded. Individuals require treatment for a complex of problems that are the antecedents and consequences of substance abuse and dependence. Medical, legal, psychiatric, family, employment, housing, transportation, and social support can all contribute to the more effective substance abuse recovery for offenders (National Clearinghouse for Alcohol and Drug Information, 2002).

8. Cost-benefit of treatment. While many forms of treatment have substantial expenses, cost-benefit analyses indicate that substance abuse treatment programs are financially effective due to the subsequent reduction of criminal behaviors, particularly when victims' intangible losses are included in the estimates (Rajkumar & French, 1997).

9. Cost-effective policies. The U.S. as a whole has not followed California in its implementation of innovative programs such as Proposition 36. The attempt to divert offenders away from prison toward treatment is expected by the state to have significant savings. For instance, calculations suggest that $100 million to $150 million in annual net savings will be obtained. In addition, the state is expected to receive $450 million to $550 million in one-time cost avoidance. Communities in California are also likely to have savings of roughly $40 million annually, where significant reductions are expected to occur in prison and jail operations, the construction of prisons, parole operations, and other court-related funds (Analysis by the Legislative Analyst, 2000).

10. Cost-effective treatment. There are many examples of innovative, cost-effective alternatives to traditional treatment. For instance, Oxford House is a residential mutual-help program that is cost-effective because, like any 12-step program, it involves no professional staff. Residents pay rent through their own employment, provide each other with social support, and prevent one another from using substances through peer enforcement of a small set of rules (Jason et al., 1997; Olson et al., 2002). Over 850 Oxford Houses presently exist in the United States, and through the use of electronic monitoring, the model has the potential to be utilized as a therapeutic community diversion-like program or criminal prevention program that can be implemented and maintained at a fraction of the cost of staff-run programs.

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Mr. SOUDER. Mr. Deer.

Mr. DEER. Good morning, my name is Dennis Deer, president of Deer Rehabilitation Services, also the chairman of the Seventh Congressional District and Task Force, as well as a community resident.

Substance abuse education and treatment programs are imperative in efforts for crime reduction. For example, the community in which this hearing is being held today is known as North Lawndale. In this community alone, 70 percent of men between the ages of 18 and 45 are ex-offenders, and the number of women offenders has tripled since 1990. A large percentage of the individuals arrested were arrested on drug-related charges, yet there continues to be a service gap in the accessibility of substance abuse treatment services for those individuals in need of such services.

I am a proponent of the premise that education is not neutral. It's either liberating or oppressing. An individual can receive education that either puts them into bondage, or education that sets them free. Many individuals who become a by-product of the criminal justice system have, in many cases, received oppressive education. That is, education that has led them to make choices that are not conducive to society rules.

This position is evident according to a study done by the Bureau of Justice Statistics. In this study, it was found that 71 percent of women reported substance abuse problems had no history of prior treatment. In essence, these women had not received the liberating education that comes with drug-treatment process. Instead, their minds had been subject only to the drug education of the streets. That is, "Get your high on," in other words, let's get high. And "Drugs do the body good," in other words, this will make you feel good.

Last week I sat and talked with a group of women at the Sheriff's Department of Women Justice Services, where I serve as a consultant. The women who are now on the right track to establishing systemic change in their lives. The meeting that I attended was the second meeting of the Department Ex-Incarcerated Alumni Association.

The most interesting part of this meeting was hearing the women dialog amongst each other. One woman asked another woman, "Why is it that individuals who are incarcerated serve their time and then leave the institution just to go back to the streets to do the same thing over again?" Interestingly enough, the woman responded and said, "I can only speak for myself. Incarceration is punishment, not education. You sit in your cell thinking about all that you have done and how you would like to change, but there is no one to show you how to change. No one will teach you how to change. So upon release, you go back and do what you know how to do, even if you don't want to do. It's what you know."

It is my belief that substance abuse education and treatment are very effective in preventing crime. On the contrary, as mentioned earlier, the problem is that there is a large service gap as it relates to the number of substance abuse education and treatment programs available. Therefore, many individuals that would like to access these particular services are in many cases turned away. Many are even mandated by the Illinois Department of Correction

and Treatment Services as a condition of their release. But, unable to access such services, if an individual cannot ascertain the liberating education and treatment needed to transform their lives, then the alternative is to go back to doing what they used to do.

At Deer Rehabilitation Services, it is our belief that education is essential to the soul, yet knowledge is not power. The belief that knowledge is power is the biggest lie that was ever told. Knowledge is potential power. It becomes power when one applies the knowledge that he or she has ascertained in his or her life. But one must first have access to knowledge in order to gain the potential to change.

Thank you.

[The prepared statement of Mr. Deer follows:]

Deer (Re)habilitation Services

3510 W. Arthington
Chicago, IL 60624

Telephone (773) 619-2586

Testimony
Subcommittee on
Criminal Justice, Drug Policy and Human Resources

Substance abuse education and treatment programs are imperative in efforts for crime reductions. For example, the community in which this hearing is being held today, is known as North Lawndale. In this community alone, 70% of men between the ages of 18 – 45 are ex-offenders (Clarita's Study) and the number of women offenders has tripled since 1990. A large percentage of the individuals arrested, were arrested on drug related charges. Yet there continues to be a huge service gap in the accessibility of substance abuse treatment services for those individuals in need of such services.

I am a proponent of the premise that education is not neutral, its either liberating or oppressing. An individual can receive education that either puts them into bondage or education that sets them free. Many individuals who become a by-product of the criminal justice system, have in many cases received oppressing education, that is, education that has lead them to make choices that are not conducive to societies rules. This position is evident according to a study done by the Bureau of Justice Statistics, in this study it was found that 71 percent of women reporting substance abuse problems had no history of prior treatment (Bureau of Justice Statistics, 1999). In essence, these women had not received the liberating education that comes with the drug treatment process. Instead their minds had been subject only to the drug education of the streets. That is, "Get your high on" (lets get high) and "Drugs do the body good"(this will make you feel good).

Last week I set and talked with a group of women at the Sheriff's Department of Women Justice Services, where I serve as a consultant. The women that I was talking to were all previously incarcerated individuals as well as recovering drug users. Who are now on the right track to establishing systemic change in their lives. The meeting that I attended was the 2nd meeting of the Departments Ex-incarcerated Alumni Association. The most interesting part of this meeting was hearing the women dialogue amongst each other. One women asked another women why is it that individuals who are incarcerated serve their time and then leave the institution just to go back to the streets to do the same thing over again? Interestingly enough, the women responded and said "I can only speak for

myself, incarceration is punishment not education, you sit in your cell thinking about all that you have done and how you would like to change. But there is no one to show you how to change, no one will teach you how to change. So upon release, you go back and do what you know how to do even if you don't want to do it. It's what you know".

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Mr. SOUDER. Well, thank you each for your testimony.

Our first—I should have, also because we have a really strong Illinois contingent in our committee, noted that Congresswoman Schakowsky has been very active on this committee, and on international drug issues, as well as Chicago regional issues. And my friend Rod Blagojevich, has been, as well. In fact, he and I were in South America together a few years ago in Colombia and Peru, and looking at some of the source countries where the cocaine and heroine come in. That is not necessarily endorsement of his campaign for Governor, he and I are good friends, and we had a good discussion about his campaign on Thursday, and he did a great job. I want to thank, once again, not only those on the panel, but those here in attendance for kind of doing God's work in the streets, and really trying to reach people, in addition to providing us with the testimony today. It is important that we get out and hear as much as possible, and say as much as possible as what goes on in areas outside of our own area. Through Congressman Davis and Congressman Cummings, we did do—we were made even more aware of this disparity question and treatment and had a hearing in Washington on that very subject. Because there is an increasing concern, that particularly in treatment programs, it is becoming cost-defined as opposed to needs-defined. And trying to figure out how to address that, and also the length of treatment, and obviously there have been those concerns and sentencing, as well, and how to reach those. I wanted to ask, just for further clarification, Mr. Deer, could you explain a little bit what your organization does, regarding the offenders?

Mr. DEER. Yes, basically what we do is provide psychological services and treatment programs for ex-offenders as it relates to those individuals that are recovering substance abuse users. But, also, those individuals who are re-entering society from the Department of Corrections, we try to help provide a smooth transition. But, really what we focus on is the change of the mind set.

Mr. SOUDER. So, how would—What would be some examples of—Do you just go around the different organizations of different things? Do they come into a center, and it's a series of programs, what would be——

Mr. DEER. What we do is connect up with larger organizations, like for instance, right now, the majority of our work is done with the North Lawndale Employment Network and individuals who are ex-offenders actually, who are released from the Department of Corrections come through a community service delivery system. And what we do is take them through an approach which we call right thinking. It isn't that particular approach. We focus on the mind set that causes them to make some of the choices that they've made in the past. In addition to that, we use street language, because many of these individuals, you know, you can't use the language that we probably talk every day. We have to talk—For instance, we use "tip," and tip is basically known as a street term, for where drug sales are conducted. We use "gel packets" because that's what they sell on the streets. And so, basically, we use what we call replacement therapy. And then that particular therapy, we go in and help the individual to re-program to thinking that what

has caused them to make some of the irresponsible choices that they've made in the past.

In addition, that individual has drug drop-ins on a random basis. And if they need treatment, then we connect up with a larger organization such as Gateway, Haymarket Center, so forth, and so on, to help them ascertain that treatment that they need.

Mr. SOUDER. I guess I'll jump over to Dr. Lieggi, if you can get the microphone over there. You made some fairly serious comments about the drug court. Somebody who has been a strong supporter of drug courts, and I'm wondering, for example, I represent Northeast Indiana, and there we have had a much higher success rate in the drug courts. Do you believe that the primary problem there is the length of treatment or what; 19 of 300, is that what you said?

Mr. LIEGGI. Yeah, that was over the last couple of years. You know, in mine as being the Fourth District, and our facilities are primarily in Maywood and Cook County, than the local area over there. We are seeing a great deal of clients coming to us without a real clear understanding of what treatment, or what—why the sentence of going to The Way Back Inn, as opposed to jail time, about the facility, about what it is they need to expect out of The Way Back. And basically, what happens is it seems to be more of a time. You have to be here for this period of time, and we like to make that determination, because in most cases, longer-term treatment is required. And our hands are tied then, you know, because the internal clock for the client is on 90 days from day 1. You know, they are already thinking that they are going to be leaving at some point. The problems that I am seeing are multifaceted problems. One of them is that I don't know if the client, themselves, are educated, exactly what to expect from this type of treatment until they get to us. And we tell them, and they're shocked. Or, the fact that somebody else is making a determination by exactly how long, to the day that they need to be there, which sets up kind of a dissidence for us and the client in terms of——

Mr. SOUDER. Is that predominately driven by the cost of or is the length of time that the person is under supervision in the drug court program.

Mr. LIEGGI. The latter.

Mr. SOUDER. The latter. Let me see what's the—Do you work for the drug court?

Ms. CULLER. Actually, I work for Cook County Jail, and in further addition——

Mr. SOUDER. If I want to ask a question, I need you to state your name. Will you come to the mic and state your name, I have to swear you in, please.

[Witness sworn.]

Mr. SOUDER. Will you state your name clearly for the record.

Ms. CULLER. My name is Crystal Culler. I'm a public health educator at Cook County Jail. And what I do is teach healthy lifestyles, healthy living. Kind of like what he was talking about, changing people's thinking. In addition to what Dr. Lieggi was talking about, you kept wanting to know if it was the amount of time. He mentioned in his statement, I think also it's the length of cohesiveness between the treatment professionals and the court

system itself. In somewhere that is not cohesive. It is not getting together and clients are falling in between and during that time, they're getting high.

Mr. SOUDER. Thank you. Mr. Davis.

Mr. DAVIS. Thank you very much, Mr. Chairman, and I want to thank each one of the witnesses for their testimony. I also would like to just acknowledge the presence of Ms. Adrienne Jones, who is assistant to, what I consider to be the best U.S. Senate in the country. To Senator Dick Durbin. Ms. Jones, we are delighted that you're here. Thank you so much for coming. I also would like to acknowledge the presence of Mr. Ralph Grayson, who is the Deputy Director of Illinois Department of Corrections. Ralph, thank you so much for being here. Listening to the testimony, the question that sort of kept running through my mind, is, what happens to the individuals after they go through interaction? Are you finding that people are able to go back to work, or to get employment, and leave anything approximating what we call normal lives. And all of you can respond.

Mr. LIEGGI. Yes, the program at The Way Back Inn is designed that they are employed after 2 weeks when they come to us. And that's difficult for some clients with criminal backgrounds, but we have participating businesses in our area, will hire our guys or women. And, you know, they are not career jobs, but they're still jobs that pay decent wages, and allow a client to buildup a resume. We also do financial planning and start savings accounts for each client. And there is a certain amount of money that goes into that from each check. So, at the end of the 6-months, which is typically how long the length of stay is, they have, you know, some savings, and they have a work history, and the most—the fastest program that we have, we have outpatient, we have extended residential care for 6 months. But our fastest is transitional housing. And, you know, you can graduate a client and give him a coin, and a little ceremony, and they go back to where they came from, and usually that triggers use, because of all the associations, abuse in their home. Our fastest growing thing is the transitional housing. It allows them to keep working, keep saving and live in a drug-free environment. And I think that there is a continuum, care that needs to happen for these clients to successfully become self-sufficient and that is, you know, long-term treatment, and transitional housing, and when they are in transitional housing, they step down to outpatient. Typically, what we have in this country is the opposite. You start off an outpatient, if you don't make it, and you still live, you get to go to a higher level of care. You know, well, that model to me, it might be it doesn't work. The opposite model of providing them with places and outpatient aspect of the treatment. This is especially important for the drug court clients that we have. They need to be able to be self-sufficient or they'll never make it.

Ms. FOLEY. Although I am Associate Director of Haymarket Center, I think it's also important for me to note that I was on the committee that went to New York and helped receive the training for the three drug courts in Cook County. I have worked very closely and integrally with the drug courts in Cook County. Haymarket also serves a number of the drug court offenders. In addition to the fact that I have served for a number of years with the Cook County

Sheriff's Female Advisory Council, so I'm quite vested with women services also in the State of Illinois. I think one of the things that Haymarket has had to offer that has helped make the successes of its program, is the long-term treatment. The opportunity that offers so many levels of care, whether it's detoxification, residential services, recovery homes, outpatient services, and in multiple locations, so that they can stay close to the local communities in which our offender/client reside. The other thing, which I have brought to the attention both to the State, local, and Federal level on a number of occasions, is that the largest percentage of our criminal justice population that we serve, are DUI offenders, multiple DUI offenders. And one of the things that supports us as a treatment provider is the oversight of the Secretary of State's Office, as we try to monitor through the court system the individual's commitment to change. Whether it's getting education, whether it's vocational training, employment, etc. It is the backing of the Secretary of State's Office to support any type of services that had been clinically recommended. And I think this is one of the shortcomings of the court system over all, which goes back to what you're talking about, which is giving them a number of days and then it's over. Where, with the Secretary of State oversight, we're talking years. So, that long-term support services, long-term oversight, I think does play a major factor in this.

Mr. DAVIS. Thank you.

Mr. OLSON. I think someone who is coming from the correctional system out into the community needs to have appropriate social support. The patterns of family enabling, the patterns of past friends who use, physical setting. All of those things need to be changed, along with the individual. There needs to be groups like Al-Anon, and community-based organizations that are working with the family. I think, in many cases, it's ideal for the recovering individual coming out of the correctional system to get into a program where they are creating new social networks for people who are not using. And as much as they interact with the family, and as much as they should be where their home is, a recovery setting like Oxford House, where it's all self-run and everyone makes democratic decisions. The whole house makes democratic decisions. People can stay there for the rest of their lives. It's ideal because they are creating social networks.

Mr. DEER. And my answer to that question is, yes. As hard as it is to ascertain employment for individuals who have been incarcerated, client success is contingent on first, who they're choosing to change for. Many individuals are choosing to go through the treatment process simply because the judge told them to go through the treatment process. If they're choosing not to change for themselves, then that change may last for a little while, but in the long haul, failure is inevitable. The second thing is, environment; many individuals who are attempting to change, don't have a healthy living environment to go home to. Individuals in many cases who are trying to get off the drugs go home to a situation where their father is using, where their mother is using, where, in many cases, their children are using, and that's why I think it's really important that we move forward to pass the Public Safety Ex-Offender Self-Sufficiency Act which would allow for some hous-

ing for individuals that are in these particular situations, because I can try to change as much as I want to, but if a person is in my home, who is doing the same thing that I'm trying to get away from, sooner or later, I'm going to go back to the same old stuff all over again.

Mr. DAVIS. Thank you all. And I thank you, Dennis, because I don't have to make that point. I think you just made it, and I thank you.

Mr. SOUDER. We have been joined by Assembly Member Constance Howard. I appreciate you coming this morning, and if you would like to present an opening statement, we will take your opening statement at this point, then we will do some more questions. Oh, that's right, I have to swear you in, according to our House rules.

[Witness sworn.]

Mr. SOUDER. Let the record show the witness responded in the affirmative. It is part of our committee rules that we have to do that with each witness.

Ms. HOWARD. I understand.

Mr. SOUDER. Thank you.

STATEMENT OF CONSTANCE HOWARD, STATE REPRESENTATIVE, 32ND DISTRICT, STATE OF ILLINOIS

Ms. HOWARD. And good morning, gentlemen. I am privileged to testify before you today; and, Honorable Chairman Souder, it is indeed a pleasure to be here, and I'd like to thank Congressman Davis for extending me the invitation to be able to address this extremely important issue. We have only to look at our local newspaper headlines to know that drug-related crime and substance abuse are on the rise in our Nation. In recent years, both Federal and State government leaders have passed a number of laws instituting more vigorous sentencing guidelines, and longer terms of incarceration. Such actions have caused dramatic increase, in the number of non-violent drug-related offenders in the prison operation.

Given this unanticipated impact, we are holding drug-education programs aimed at preventing drug experimenting and reducing people's penchant for addiction may be a more logical and cost-effective approach. A crucial distinction must be made between the addict and casual user who are arrested on minor possession charges, and the dealers, pushers and kingpins, who distribute massive amounts of illegal substances, and an all-coordinated distribution network.

According to the figures from the Illinois Department of Corrections, it is one-half of all of those incarcerations in this State are related to non-violent drug offenses. The question is, "Should an effective anti-drug strategy treat non-violent drug abusers the same as those involved in narcotic distribution?" The answer is, "No." They are two separate, though related problems. Helping average non-violent offenders become discontributing members of our population is not only moral but it is in our best economic and social interest. Academic research fairs out the cost efficiency of treatment of incarceration. A study funded by the National Institute of Health found that comprehensive drug treatment reduces the drug

possibility by 57 percent. That drug addicted inmates will be revested to 37 percent, being less likely to use drugs again. Another study, this one by the U.S. Department of Health, found that drug treatment reduces arrests rates by 64 percent. A study by the Renin Institute found that drug treatment was 70 times more cost effective than using law enforcement alone, as a drug control strategy. Given that alternative treatment programs are generally less expensive than housing inmates in prison, many of my colleagues in the legislature have shown support for this better use of State resources. The general assembly recently passed a bill creating alternative drug courts. That allowed juveniles who have committed non-violent drug offenses to enter a 12 to 18-month treatment program. This program has frequent drug tests, and is under the supervision of the Chief Justice Circuit Court Legislature, also established the treatment center in the Cook County, Department for Women, who have been convicted of non-violent drug offenses, both of those messages pass the central, actually one must be demonstrating very strong support for time and incarceration. They need an opportunity to live their lives and provide the hope of restitution for citizens, who instead of tossing the State money, may contradict to State revenue, straight through income and poverty taxes. Unfortunately, like other States, ours has a budget through leaders and the government to reduce the funding for various adults, taxation by $6.9 million. The amortization of this cut, I believe, will be a greater cost to State and future incarcerations, than receiving treatment soon after they are released from prison living in a cell. Given any number, my emphasis is in drug treatment, rather than this. My hope that the number of offenders returning to prison and using drugs will decrease, and this year cost this State $193 billion with respect to that, it is imperative that we begin to improve the percent of others incarcerated and provide every non-violent drug offender.

I applaud the regional award of $2 million for the Illinois Department of Corrections to provide the tentative action for serious and violent offenders who return to Illinois communities after prison. However, I would ask this committee to also consider the benefit of providing strong preventative programs that strike against substance abuse through established alternative rentention programs for non-violent drug offenders.

In closing, I want to touch on another concern of our community in anticipating war on our criminals. That when ex-drug offenders leave, after they've paid their time and debt to society, that they have a chance in society. I submitted a bill without success to expunge low crime misdemeanors and make it easier for some individuals to get a second chance at life by removing prior offenses from their criminal records, reducing recidivism, and helping society as we consider our strategy in the fight against the war on illegal drugs. We will do well to consider additional steps that must be taken as part of successful intervention.

Mr. Chairman and distinguished other members of the committee, I applaud you for all your leadership, I commend all of you. Thank you for this opportunity to share my concerns, and I will be happy to answer any of your questions.

[The prepared statement of Ms. Howard follows:]

Rep. Constance Howard

Remarks for the Official Field Hearing

of the US Congressional Sub-Committee on

Criminal Justice, Drug Policy and Human Resources

Monday, ~~June~~ July 29, 2002

10:00 a.m. until 1:00 p.m.

Prepared by Joi Brooks, Legislative Aide

Salutation

Good morning Ladies and Gentlemen. I am Illinois State Representative Constance Howard. I am privileged to testify today before your sub-committee (the House Sub-Committee on Criminal Justice, Drug Policy and Human Resources).

To the Honorable Chairman Souder and Ranking Member Elijah Cummings, it is indeed a pleasure to be here. I would also like to thank Congressman Danny Davis for extending this invitation to address the effects of drug-related crimes and the effectiveness of current deterrence efforts in Illinois.

[Recognize any other members or guests on the panel as well.]

Introduction

We only have to look at our local newspaper headlines to know that drug-related crime and substance abuse are on the rise in the nation. Preventing drug addiction and related crimes will require that we send a strong but balance message to potential users and perpetrators of drug crimes.

In recent years, both federal and state government leaders have passed a number of laws instituting more rigorous sentencing guidelines and longer terms of incarceration. Such actions have caused a dramatic increase in the number of non-violent drug-related offenders in the prison population.

Given this unanticipated impact, promoting drug education programs aimed at preventing drug experimentation and reducing the potential for addiction may be a more logical and cost effective approach.

Illinois Incarceration

A crucial distinction must be made between the addict and casual user who are arrested on a minor possession charge and the dealers, pushers and kingpins who distribute massive amounts of illegal substances in a well coordinated distribution network. The latter group of convicted criminals should be targeted for long prison sentences and made to live with the full ramifications of their criminal offense.

According to figures from the Illinois Department of Corrections, twenty-five percent (25%) of all adult incarcerations in Illinois are related to non-violent drug offenses.

The crux of the matter is: does an effective anti-drug strategy treat non-violent drug abusers the same as those involved in narcotics distribution? The answer is "no." They are two separate, though related, problems.

Why Treatment is Better

Helping non-violent offenders become contributing members of our population is not only moral but is in our best economic and social interest. Academic research bears out the cost-efficiency of treatment over incarceration.

A study funded by the National Institute of Health found that comprehensive drug treatment reduces the probability that drug-addicted inmates will be re-arrested by fifty-seven percent (57%) and thirty-seven percent (37%) were less likely to use drugs again.

Another study, this one by U.S. Department of Health, found that drug treatment reduces arrest rates by sixty-four percent (64%). A study by The RAND Institute (a non-profit policy research group in California) found that drug treatment was seven times more cost effective than using law enforcement alone as a drug-control strategy.

Treatment in Illinois

Given that alternative treatment programs are generally less expensive than housing inmates in prison, many of my colleagues in the Illinois Legislature have shown support for this better use of state resources. Illinois does have a number of facilities available to help ex-offenders re-enter society.

The Illinois General Assembly recently passed a bill creating alternative drug courts that allow juveniles who have committed non-violent drug offenses to enter a 12-18 month treatment program. The program has frequent drug tests and is under the supervision of the chief justice of the circuit court.

The legislature also established a treatment center in Cook County for women convicted of non-violent drug offenses. Both of these measures passed the General Assembly unanimously, indicating very strong support for treatment versus incarceration.

The legislature in Illinois must continue its work of advocating treatment. Treatment programs reduce the strain on corrections facilities currently over-populated with non-violent drug offenders. Treatment programs give drug offenders a much-needed opportunity to change their lives. Treatment programs provide the hope of rehabilitating

citizens who, instead of costing the state money, may contribute to state revenue streams through income and property taxes.

Unfortunately, Illinois' budget deficit forced legislative leaders and the Governor to reduce the funding for various adult transition centers by $6.9 million. The ramifications of this cut, I believe, will be greater costs to the state in future incarcerations.

As lawmakers and government officials we must continue to search for better public policy. It is vitally important that we encourage the establishment of facilities and programs that improve our quality-of-life by decreasing the negative influence of drug abuse on all our constituents.

Prisons that have revolving doors, with inmates returning soon after they are released, represent a failure of the corrections system. By further emphasizing drug treatment rather than prison time for non-violent drug offenders, it is my hope that the number of offenders returning to prison and using drugs will decrease.

By the same token, providing adequate funding for corrections so that violent drug offenders remain behind bars is critical to the safety and well being of our population.

In this year of budget shortfalls, the Illinois Department of Corrections cost the state 1.3 billion dollars. In these tenuous economic times, governments at all levels have had to cut budgets to the bone. With resources strained to their limit, it is imperative that we begin to implement other, more creative solutions to prevent incarceration and provide effective rehabilitation for non-violent drug offenders.

How the Federal Government Can Help

I applaud the recent award of $2 million from U.S. Department of Justice to the Illinois Department of Corrections to provide intensive transition services for serious and violent offenders who return to Illinois communities after prison.

However, I would plead with your committee to consider the benefit of providing similar funds for a pre-emptive strike against substance abuse through established alternative rehabilitation programs for non-violent drug offenders.

I am sure that everyone in this room today would prefer a drastically different economic backdrop for our legislative actions, rather than the fiscal storm clouds that instead confronts us. But without federal help,

innovative intervention and fiscally efficient policy programs cannot be implemented in Illinois because of our dire budget crisis.

Although we have returned to the era of deficit spending and increasing national debt, compounded by the unfortunate events of September 11th, I believe every state lawmaker across America understands and supports the President's increased funding of our defense and national security agencies.

Yet in so doing, progressive social programs such as substance abuse education and drug rehabilitation, which ensure a different kind of domestic security and stability, will not be fully funded in the short-term.

A Final Consideration: Expungement

Finally, I wanted to speak to you about another consequence of our somewhat indiscriminate "War on Drugs" – criminal records that haunt and hinder ex-drug offenders long after they have paid their debt to society.

I sponsored legislation in the Illinois House of Representatives to make it easier for some individuals to get a second chance at life by removing minor offenses from their criminal records. This expungement process provides another opportunity for these individuals to live a normal and productive life.

I also introduced a bill to reduce recidivism by funding programs that provide effective job placement, long-term follow-up, drug treatment and comprehensive support services to help ex-offenders transition from prison back to society.

Too many young people who have wander from the straight and narrow by becoming involved in drug-related activity, find themselves unable to get a job and be productive members of society because of their criminal record. As we reconsider our strategies in the fight against the scourge of illegal drugs, we would do well to consider additional steps that must be taken as part of successful rehabilitation.

[Add Racial Sentencing Disparities for Drug Crimes in Cook County?]

Thank you

In conclusion, let me re-emphasize the importance of federal funding to our attempts in Illinois to provide more efficient, less expensive

alternatives to incarceration of non-violent offenders for minor drug violations. Our society cannot afford to lose another mind, another life or another soul to the plague of drugs.

Mister Chairman, distinguished members of the sub-committee, I applaud each and every one of you for your leadership on this issue and for your work on behalf of your constituents and all Americans. Thank you very much for this opportunity to share my concerns and appeal for your assistance.

I will be happy to answer any questions.

Mr. SOUDER. Thank you. I want to followup a little bit with something said by Mr. Deer on your—I think it's pretty well established that for a program to be effective people must want to deal with the real dilemma here. What precisely does that mean? In other words, in a drug court, what we've seen in some cities, the judge mandates whether the individual will be heard. We heard that in the Dalmore area, in high-income home areas, the penalty is severe with the drug court. Which, I think is really part of the reason. Although the term reasonable for success with the mandate as well. Do we want to do this? I mean, I want to be out of myself for the day going to a lecture. Does it mean I really can portray my life? To what extent is that committing? Because, for example, you quoted in your testimony saying they wanted to do it, but they didn't have followup service to enable them to do it. So, does really wanting you to do it, if you had a second point, but to with what degree does the first point make that decision, as opposed to do services?

Mr. DEER. Yes. In my answer to that, it is my belief, over the years of experience that I have, when an individual voluntarily chooses to change because they generally get to a State where they're uncomfortable with themselves, and if I can get through to them they are more apt to do well, they have been involved with the drugs in their lives and are sick and tired of being sick and tired, of being, you know, on drugs. Or, you know, not having a job, so forth, and so on. When we have a situation where they are being evicted or told that, "Hey, you must change and go along with the process." But anybody can either make the choice to go through this and get, you know, treatment for it, the substance abuse problem that you have, or you may end up going to jail. That's another problem that I deal with on a daily basis. They say, you know, "Hey, I'm not going to get out my mind that I have 6 months in jail, because at least I know that I'm not going to go through a treatment process for 6 months to a year. So, if I voluntarily chose to change because I want to, then I'm more apt to move toward that life change and life transforming liberation change."

Mr. SOUDER. Let me ask you another dilemma related to that. In the mid-'80's when I was a staff with the general committee, I was asked, and I went into this huge gang problem, which has worked with a lot, and I met some other people who all worked there with government, was we need to get alternative programs for some of the kids if we are going to get them out of the gangs. We found, however, some kids in the gangs increased and the reason was because the programs were there for the kids who went in the gangs in the first place. The only way not to be targeted was to join the gang. One of the dilemmas we have in government is, should we make this hard decision. We as legislators, having to deal with the people who are following the law, who are working hard to pay for their housing, whose kids are behaving, and they clearly see the need, if there is a violent offender about to come out to try to address that question, and the degree it's less than that it becomes, whether it's a non-violent offender who is not, in many cases, given the fact that they can already barely pay in many cases their own housing and their own types of problems, no matter how wealthy you are, you can barely make your bills, and,

therefore, TASC is usually not a very good thing for politicians. TASC tries to advocate and that puts us in a real dilemma with violent offenders, who don't want to report, and yet, they know and lose some of that. From your experience and personal knowledge, I would be interested in some of your concerns.

Mr. DEER. And I do think that certainly I agree with what you heard being said. I do think that certainly dollars need to go toward prevention, in many cases, public opinion some really are related to them, because people do see what could happen. It's also like, hey, I'm not going to put a bunch of money if something—And I don't know if it is going to happen for sure or not. I believe that prevention is really the key and the change process in teaching some sense.

When we take a look from the youth file prospective, there may be files who they all present poor education in a school system, and, thereafter, school programs, and so forth, and so on, the person would choose to go there because they would have to go on out in the environment. And what I'm trying to say is, if we take a look at this from the present situation; people are saying that the way for people to sell drugs, what are the consequences? I'm saying, educate not from inception, I think that is really, yes. We do need money set for violent offenders, and as each case, the people that I see daily feel like the world has just kicked them to the curb. They feel like in every case they come from dysfunctional homes. In many cases, they have burned all of their bridges, they showed from their comments, they showed from their services, that nobody wanted anything to do with them whatsoever. See, if I come to you with a program and say, I'm here to make you change and first build a rapport. How many of those programs have faces that they can recognize faces of individuals from their communities, faces of individuals who can actually show you that they say, I'm here for you, instead most of the programs came from people they don't trust those individuals. And in many cases, it's people they have never seen before in their lives. To this particular answer, I think that there should be partnerships with communities, their leaders and individuals who are in a group which have come out so that they can move and go out and talk to, you know.

Mr. SOUDER. You make a strong point. I don't think Congressman Davis wants you to run against him.

Mr. DEER. I wouldn't do that.

Ms. HOWARD. I'd like to support and agree with it. I have been a long-time supporter of prevention and early intervention. I have worked in the public school systems and the private school system for a number of years, and communities to support education prevention and intervention treatment. Lifestyle change is so important, it is so critical that I think it's got to start at the very lowest level in each community. It has to bring in with it the schools, the education service organization, and the members of the community to draw everyone together. Because there is nothing better than a recovering person going back out to the community with support. And I think this is the thing that we feel that there needs to be a partnership for each and every individual that has gone through the criminal justice system, and the substance abuse program, to help them, not only in the recovery programs, but also put them

into education training, English as a second language, getting vocation training, job training, job teaching, job support. All of this is critical. Thank you very much, Mr. Chairman.

Mr. DAVIS. Your work in this area has become legendary, and especially as it relates to the whole question of expungement, and yet you indicate that we are having difficulty with success. Even though research, even through positive friends, even through people who work in the field, continue to suggest that the ability to acquire and maintain jobs, as one of the most needed goals for individuals, period. Because then they can experience self-worth, they can feel that there is some hope for them, that their lives can be different than what they currently have. Where do you see the next step being as we try and deal——

I'm remembering the expungement summit that we had last year downtown. There were over 1,500 people, came on a Saturday morning to Garfield Park trying to get their records expunged. They came from over the country as far as California; one fellow came from Milwaukee, from North Chicago, from Champaign, from Indiana, from Michigan, because they had heard about it, and yet the law enforcement community especially wanted to agree, and of course, not enough members of the legislature, to have simply those individuals records' sealed, expunged, so that it doesn't count against them. Where do we go?

Ms. HOWARD. As I mentioned earlier, I just have not been successful in matters, although, I have been trying to do for 3 years.

My next step is going to be to file a legislation again in January when the new session starts. My mission is to try to help those individuals get a second chance again with clean records. I think that we as a society, we as a country who talk about reflection, who talk about one's pain, one's debt, must step up and make a decision to give people a second chance to do not do; that means that we don't care about their faith, that they can't take care of adults, take care of children, children can't get government loans, grants, there are so many things that they are not able to do when they become second class citizens. I am hopeful that some of my colleagues who believe that to support this legislation that they are being soft on crime who have a whole different arrest action of some, but, of course, I am going to be talking to them and trying to——

We're not talking about people not paying their debt, we're not talking about people guilty, we are saying that once they've done their time, they're out to get some consideration. And mind you, we are talking about the less serious offenses, Congressman, they are not heinous crimes.

As well, the law enforcement agency knows that we are not asking that their records be sealed from them. That was our intention early on. This legislation will only take the information away from those who have ability to give employment to the individual.

So we are not talking about some criminals, violent criminals, second crime criminals having to do with changing the DUI law, none of that. We are saying the lessor serious offenses which, in fact, that would cover a lot of people who live in Illinois.

Mr. DAVIS. You have done wonders with helping the individuals, as I have tried to help them, and I think that if others put as much effort into this particular mission as you have, then I think that

we will be successful. I am certainly going to continue to try, as well, I certainly want to again thank you, and I really don't have any other questions of the panel.

But let me, just in Illinois, there are 56 job titles that an ex-offender can't hold, and so when you talk about individuals going through drug treatment, and you are banned from 56 jobs, legally you can't get a license to cut hair, you can't get a license to be a beautician, you can't get a license to be a nail technician. You can't work around a day care center. You can't work around a school. You can't be the janitor or maintenance man around a nursing home. You can't wash dishes in a hospital. You can't work in doctor's office and the list goes on, and on, and on.

In that respect, I guess we are as bad as anybody in some other respect, not quite as bad like the State of Florida. There were 204,000 African-American males who could not vote in the last election; 204,000, that's unbelievable, or you would consider the 13 percent of African-American males in this country are caught up with records, I mean it's a major problem. So I want to thank you again, all of the witnesses, for the work that you do and have done and for your testimony.

I thank you, Mr. Chairman.

Mr. SOUDER. And I will offer my time. There is a gentleman, Pat Nolan, who has the same issue that he is working on. I am sure his organization—they have a division called Judicial Fellowship that can actually deal with policy problems, and maybe if you haven't talked with them, you can touch base with him.

Ms. HOWARD. Yes, I'm familiar with him and I'm going to be in touch with him.

Mr. SOUDER. Pat Nolan has a judicial fellowship division. Pat was a State Senator in California working on a case where a worker got arrested in a sting operation which was questionable, but he was convicted and he has testified in court, as well as other places on Capitol Hill, that being in prison, seeing it from the inside, then seeing what that does with your approach, you and he have a lot of ability to communicate to people, where others might not listen because of his involvement and his background, his credentials much like what you have.

Ms. HOWARD. I just mentioned that conversation because I know an individual who just received his Ph.D., and, of course, I was very happy for him, but as he spelled out in his background, he is not able to teach in the public school system in this State, and it's really sad. What does one have to do to prove that you have decided to do good, that you have decided to turn your life around. So we have a lot to do, and I'm going to be in touch with Mr. Nolan.

Mr. SOUDER. Thank you, thank you. And any additional comments that you would like to put in the record, we have the book here, and then people will refer to that, and legislators will look that over. Thank you again for your work.

[Recess.]

Mr. SOUDER. The second panel can now come forward.

Mr. DAVIS. If we could reconvene. We are ready to start the second panel. Thank you all very much.

Mr. SOUDER. So much more of a commanding voice than mine.

[Witnesses sworn.]

Mr. SOUDER. I want to let the record show that each of the witnesses responded in the affirmative.

Reverend Housler could not be here. We are joined by Ms. Sharron D. Matthews, of Safer Foundation. I am glad that you can be here.

Our first witness is Terrie McDermott, from the Cook County Sheriff's Department.

Mr. DAVIS. Excuse me, but if I could, I would like to acknowledge also the presence of Judge Dorothy Cox for the Circuit Court of Cook County.

STATEMENTS OF TERRIE MCDERMOTT, COOK COUNTY SHERIFF'S OFFICE; SHARRON D. MATTHEWS, DIRECTOR OF PUBLIC POLICY AND ADVOCACY, SAFETY FOUNDATION; TIM WHITNEY, SPECIAL COUNSEL, TASC, INC.; DOROTHY M. REID, PRESIDENT, OAK PARK NAACP BRANCH; AND JESUS REYES, DIRECTOR, SOCIAL SERVICES, CIRCUIT COURT OF COOK COUNTY

Ms. MCDERMOTT. Good morning. My name is Terrie McDermott. On behalf of Cook County Sheriff Michael Sheahan, I would like to thank Congressman Danny Davis, Representative Mark Souder, and Elijah Cummings for the opportunity to address this body, and bring attention to the plight and crisis of the female offender population, not only in Cook County but nationally.

From 1990 to the present, the female population at the Cook County jail has increased by almost 100 percent; 83.5 percent of women were booked at the jail for nonviolent crimes that include drug offenses and crimes committed to support their drug habits, particularly theft and prostitution.

The drug-dependent woman at the jail suffers from multiple risk factors that complicate substance abuse, poverty, psycho-social problems, mental illness, histories of trauma and abuse, and involvement in abusive relationships. Many were sexually abused as children.

The women are the primary caretakers of their children. According to recent data collected from a research project conducted by the University of Chicago of Women at the Cook County jail, the female population is getting older. They are single mothers in their mid-thirties with multiple children, with over one half having three or more children ranging from age 4 to 14.

The women have a history of substance abuse with multiple prior incarcerations and are serving a year or less for drug-related or property offenses. Also according to a recent publication from the National Committee on Crime and Delinquency, there are more than 1.3 children in the United States that have parents who are incarcerated.

The University of Chicago study predicts that in Illinois alone the next generation will number around 60,000 children that will have a mother who spent time in an Illinois prison; 60 percent of the women in Illinois prisons come from Cook County.

Studies are indicating that children of parents, especially mothers show higher involvement in criminal or violent behavior and are six times more likely to become involved in the criminal justice

system in their lifetime. The potential impact of having another generation involved in the criminal justice system is staggering.

The Center for Substance Abuse Treatment is convinced that addicted women can be helped through comprehensive programs and services designed for women that include criteria to treat factors associated with substance abuse and trauma.

According to the Center for Substance Abuse Treatment, effective treatment programming does empower the addicted woman offender to overcome their substance abuse, to lead a crime-free life and become a productive citizen.

The Cook County Sheriff's Department of Women's Justice Services was created in December 1999, with the help and advice of national experts and is nationally recognized. The purpose of the Department is to help women offenders develop healthy drug-free lifestyles by healing from trauma and addiction while improving mother-child relationships.

The department currently oversees three comprehensive pre-trial programs that include a 100-bed residential drug treatment unit, a day reporting center known as the Sheriff's Female Furlough program, and a program specifically created to treat pregnant addicted women known as the MOM's program. This unique approach allows the new born and preschool children to live with their mom while she is undergoing treatment for substance abuse and trauma. This program is housed in an offsite facility. To date, the MOM's program is responsible for 76 babies being born drug free.

The Cook County Hospital estimates that the cost associated with treating a drug-addicted baby in the neonatal intensive care unit is around $2,500 a day for approximately 10 days. To date, the MOM's program has saved the taxpayers of Cook County almost $2 million.

Traditional treatment programs for substance abuse were male modeled and male designed. There was little if any consideration to the issues that needed to be addressed for women. A colleague refers to this approach as the add women and stir concept.

The Department of Women's Justice Services is committed to programs and services that create an environment and program development that reflects the reality of women's lives and is responsive to the issues of women participants.

The development of the department's gender and culturally responsive programs and services over the past few years have lead us to realize that because of the women's background, the participants are very high risk and need intensive treatment. Therefore, a longer period of treatment is needed.

The Sheriff, along with Representative Tom Dart, sponsored a bill that passed the State legislature in May 2002. It is currently on the Governor's desk awaiting signature. The concept of the bill is to create a residential and transition center for women allowing the Cook County Sheriff's Office to place nonviolent women drug offenders in an intensive residential and community transition treatment program for a 1-year alternative sentence to prison. The program, which would be operated by the Sheriff's Department of Women's Justice Services, would provide a sentencing option for women in lieu of a State prison sentence.

The program will integrate gender-responsive interdisciplinary drug treatment, mental health and physical health services, parenting skills, family relationship counseling, life skills and job readiness training. The female participant will also be required to obtain a GED and/or a vocational certificate. An aftercare component will provide case management, mentoring, and support services for up to 12 months after program completion.

Currently, there are no funds to support this initiative, but we are actively seeking all avenues of revenue that include both traditional and non-traditional means. We respectfully request your advice and support with this endeavor.

The predictions for the future of another generation being involved in the criminal justice system are alarming and are at a crisis status. It is imperative that we take a different approach. Treatment is needed and is necessary. The revolving door syndrome must end. We cannot afford to write off the next generation.

Mr. SOUDER. Thank you.

[The prepared statement of Ms. McDermott follows:]

Testimony presented by
Terrie McDermott
Executive Director
Cook County Sheriff's Office
Department of Women's Justice Services

On behalf of Cook County Sheriff Michael Sheahan, I would like to thank Congressman Danny Davis, Representative Mark Souder, and Representative Elijah Cummings for the opportunity to address this body and bring attention to the plight and crisis of the female offender population, not only in Cook County but nationally.

From 1990 to the present, the female population at the Cook County jail has increased by almost 100%. 83.5% of women were booked at the jail for nonviolent crimes that include drug offenses and crimes committed to support their drug habits particularly theft and prostitution.

The drug dependent woman at the jail suffers from multiple risk factors that complicate substance abuse, poverty, psycho social problems, mental illness, histories of trauma and abuse and involvement in abusive relationships. Many were sexually abused as children.

The women are the primary caretakers of their children. According to recent data collected from a research project conducted by the University of Chicago of women at the Cook County jail, the female population is getting older. They are single mothers in their mid-thirties with multiple children, with over ½ having three or more children ranging in age from 4-14.

The women have a history of substance abuse with multiple prior incarcerations and are serving a year or less for drug related or property offenses. Also according to a recent publication from the National Committee on Crime and Delinquency, there are more than 1.3 million children in the United States that have parents who are incarcerated.

The University of Chicago study predicts that in Illinois alone the next generation will number around 60,000 children that will have a mother who spent time in an Illinois prison. 60% of the woman in Illinois prisons come from Cook County.

Studies are indicating that children of parents, especially mothers' show higher involvement in criminal or violent behavior and are 6 times more likely to become involved in the criminal justice system in their lifetime. The potential impact of having another generation involved in the criminal justice system is staggering.

The Center for Substance Abuse Treatment (CSAT) is convinced that addicted women can be helped through comprehensive programs and services designed for women that include criteria to treat factors associated with substance abuse and trauma.

According to CSAT, effective treatment programming does empower the addicted woman offender to overcome their substance abuse to lead a crime free life and become a productive citizen.

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Sheriff's Female Furlough program and a program specifically created to treat pregnant addicted women known as the MOM's program. This unique approach allows the new born and preschool children to live with their mom while she is undergoing treatment for substance abuse and trauma. This program is housed in an off-site facility. To date the MOM's Program is responsible for 76 babies being born drug free.
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The development of the department's gender and culturally responsive programs and services over the past few years have lead us to realize that because of the women's background, the participants are very high risk and need intensive treatment. Therefore a longer period of treatment is needed.

The Sheriff along with Representative Tom Dart sponsored a bill that passed the State legislature in May 2002. It is currently on the governor's desk awaiting signature. The Concept of the bill is to create a residential and transition center for women allowing the Cook County Sheriff's Office to place nonviolent women drug offenders in an intensive residential and community transition treatment program for a one-year alternative sentence to prison. The program which would be operated by the Sheriff's Department of Women's Justice Services would provide a sentencing option for women in lieu of a state prison sentence.

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The predictions for the future of another generation being involved in the criminal justice system are alarming and are at a crisis status. It is imperative that we take a different approach - Treatment is needed and is necessary. The revolving door syndrome must end. We cannot afford to write off the next generation.

Mr. SOUDER. Ms. Matthews.

Ms. MATTHEWS. Yes, good morning. Thank you. I'm Sharron D. Matthews, director of public policy and advocacy for the Safer Foundation.

First, I'd like to thank Chairman Souder and Congressman Cummings and our own Congressman Danny Davis and the other honorable members of this particular committee for providing an opportunity for ex-offenders, community leaders, service providers, employers and policy advocates working at the community level in Illinois to present our views on this particular topic, our experiences, thoughts and recommendations on what is arguably one of the most important areas of public policy in our Nation today.

The Safer Foundation is a non-profit organization that was established 30 years ago for the explicit purpose and with the mission of providing employment assistance and other supportive services to ex-offenders to reduce recidivism and, thereby, increase public safety. Since 1972, we have had the opportunity to work with and on behalf of over 100,000 individuals, and have provided employment placement services to over 40,000 ex-offenders.

In recent years, there has been noted an increase in the number of drug-related offenses and subsequent convictions. In our own State, the Illinois Department of Corrections has cited in their fiscal year 2001 report that at least 25 percent of men, 38 percent of women, and 39 percent of juvenile-committed offenses were specifically drug related. These statistics are of major concern as we look at the rising problems of substance abuse in our society, and in our State in particular.

Unfortunately, however, the situation is even more critical when considering that criminal justice authorities, both locally and nationally, indicate that the actual percentage of crimes which are drug motivated ranges from 50 to 70 percent once you include some of the crimes that are placed in the categories of person and property offenses. In a recent presentation before the City Club of Chicago that I attended, State's Attorney Richard Devine cited a 50 percent drug-related crime rate for the State of Illinois. He also mentioned that for many who are first time offenders and who have not committed non-violent drug offenses, prisons were not the best or most appropriate places for them to receive treatment. He suggested that alternative sentencing needed to be utilized more in such cases as a strategy of intervention, rehabilitation and crime prevention. Mr. Devine then went on to speak about such a program that his own office has initiated which was working well.

The Safer Foundation does not provide substance abuse treatment. We do, however, provide education and pre-employment drug testing. We also make referrals for individuals who are in need of treatment to several of the agencies that specialize in this area of services as part of our in-depth client intake and assessment process. Once an individual is referred and enters into treatment, at the appropriate time, she or he can return to Safer for employment assistance.

We also have been noting an increase in the number of ex-offenders who are in need of such referrals and are, therefore, very concerned that additional resources, and expanded alternative programming are provided as soon as possible to more adequately and

appropriately address the needs of ex-offenders who are substance abusers. In addition, we are here to suggest that the scope of these proceedings also include a review of policies related to the strategy of employment as an essential part of any ex-offender substance abuse treatment program and re-entry process.

As rates in incarceration have drastically increased, so have rates in recidivism. In a report released by the Bureau of Statistics of the U.S. Department of Justice earlier this year, it was indicated that one in 32 Americans are now involved in the American criminal justice system. The Bureau has more recently projected a one in twenty involvement level and a 60 percent recidivism rate. Due to their substance abuse issues, drug offenders are among ex-offenders with higher potential for recidivating. Employment is seen as one of the key factors in successful re-entry for all ex-offenders. To reduce repeat offenses, the employment of substance abusers must also be viewed as a central part of their road to recovery. Once able to work, these individuals need access to legal and gainful employment in order to retain and further their progress on the journey to self-sufficiency.

Unfortunately, however, at a time when so many are in need of assistance, there are policies that may serve as barriers to their efforts of rehabilitation and subsequent successful re-entry. Currently, access to public aid benefits, public housing, the Pell Grant for college tuition, and State occupational licensure all have restrictions, if one is an ex-offender with drug convictions ranging from misdemeanors to felonies. Also several government agencies in recent years have adopted more restrictive hiring and employee retention policies regarding ex-offenders and, in particular, those with drug convictions.

One may ask how are these policies related to today's topic of inquiry? There is a chain of events that may lead to one's becoming addicted to drugs, committing a drug-related offense, being convicted, and then incarcerated. Fortunately, there is also a chain of resources and opportunities once accessed that can lead to one's rehabilitation. Unfortunately, however, the continuum of access is broken. In addition to there not being enough treatment programs and alternative sentencing approaches, there is also no or very limited access to affordable housing, temporary emergency public aid benefits, funds for higher education, or the possibility of better paying jobs or self-employment through occupational licensure. Each of these resources is critical to a substance abuser's rehabilitation process during and post-incarceration.

According to the Illinois Department of Corrections, women are the fastest growing segment of those now being incarcerated for non-violent drug offenses. Most are mothers with children waiting to reunite with them, but family re-unification requires financial resources and housing. However, according to the Illinois Department of Human Resources, currently there are more than 10,000 families with mothers who are ex-offenders with drug offenses that are subject to the Federal ban from receiving TANF benefits. On the city level, in Chicago there is a bar to public housing for convicted drug offenders. On the State level, as reported in a study conducted by DePaul University Law Clinic in 2000, 57 of our 98

professional occupations that require State licensure have various restrictions pertaining to eligibility for ex-offenders.

These types of policies that were promulgated to prevent crime and ensure a quality work force impact particularly hard on the rehabilitation quotient for offenders and ex-offenders with substance abuse challenges. To address the wider issue of these resultant systemic barriers that some policies have directly or inadvertently served to promote, the following recommendations are offered:

One, provide more funding for existing and new substance abuse education and treatment programs.

Two, provide funding for early initiation during the incarceration period of the delivery of substance abuse treatment services, and planning for re-entry, including employment, housing, vocational training, family re-unification, identification of emergency resources, etc.

Three, given the increasing rate of homelessness among ex-offenders in general, provide funding for the establishment of more longer-termed treatment residential community based facilities.

Four, introduction of Federal legislation to establish and provide funding for alternative sentencing strategies that are gender and age specific in design for women, men and youth that would allow them to stay in their homes or communities in lieu of incarceration while receiving treatment and employment assistance. The House Bill 1961-an alternative sentencing program for women non-violent drug offenders in Cook County recently passed by the Illinois General Assembly.

Five, provide flexibility to States for the allowance of ex-offenders with drug convictions to be eligible for, or to resume receipt of TANF cash benefits.

And the last, is establishment of a funding mechanism on the Federal and/or State level to provide emergency temporary cash grants for 3 to 6 months to ex-offenders who are not parents, but our Workforce Investment Act eligible to assist them financially until they become employed.

Your consideration of these suggestions and of the others presented today is greatly appreciated by our clients, their families, their current and potential employers, our staff, and all of our communities. Thank you very much for this time.

[The prepared statement of Ms. Matthews follows:]

571 W. Jackson Blvd.
Chicago, IL 60661-5701
(312) 922-2200
FAX: (312) 922-0839
www.safer-fnd.org

Testimony Presented To The Sub-Committee On
Criminal Justice, Drug Policy and Human Resources
Of The Government Reform Committee
U.S. House Of Representatives
Submitted July 29, 2002
Chicago, Illinois

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Illinois Trade Association

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Illinois Ready Mix Concrete

I am Sharron D. Matthews, Director of Public Policy and Advocacy for the Safer Foundation. First, I want to thank Chairman Souder, Congressmen Cummings and Davis, as well as the other honorable members of this Committee for providing an opportunity for ex-offenders, community leaders, service providers, and policy advocates working at the community level in Illinois to present our experiences, thoughts and recommendations on what is arguably one of the most important areas of public policy in our nation today.

The Safer Foundation is a nonprofit organization that was established thirty (30) years ago for the explicit purpose and with the mission of providing employment assistance and other supportive services to ex-offenders to reduce recidivism and, thereby, increase public safety. We were the first agency in the country to focus exclusively on providing such services to this particular segment of American citizenry. Since 1972, we have had the opportunity to work with and on behalf of over 100,000 individuals, and have provided employment placement services to over 40,000 ex-offenders.

In recent years there has been noted an increase in the number of drug -related offenses, and subsequent convictions. In our own state, the Illinois Department of Corrections has cited in their "Fiscal Year 2001 Report" that at least 25% of men, 38% of women, and 14 % of juvenile committed offenses were specifically drug related. These statistics are of major concern as we look at the rising problems of substance abuse in our society, and in our state in particular. Unfortunately, the situation is even more critical when considering that criminal justice authorities, both locally and nationally, indicate that the actual percentage of crimes which are drug motivated ranges from 50 to 70% once you include some of the offenses that are placed in the categories of person and property.

In a recent presentation before the City Club of Chicago that I attended, State's Attorney Richard Devine cited a 50% drug related crime rate for the state of Illinois. He also mentioned that for many who are first time offenders and who have committed non-violent drug offenses, prisons were not the best or most appropriate places for them to receive treatment. He suggested that alternative sentencing needed to be utilized more in such cases as a strategy of intervention, rehabilitation and crime prevention. Mr. Devine then went on to speak about such a program that his own office has initiated which is working well.

The unprecedented increases in the arrests, convictions, probation and incarceration rates for drug related offenses are a direct result of the paradigm shift in public policy during the last two decades. This shift produced a "tough on crime" approach, and a subsequent "war on drugs" legislative response from federal policymakers such as yourselves. Understandably, these policy changes were enacted to prevent, discourage and deter the commission of such crimes, which we certainly support and applaud. The desired effects of these policies, however, thus far have not been manifested as evidenced by the growing number of Americans who continue to struggle with the horrible disease of substance abuse addiction, and their concomitant commission of crimes to obtain money for their drug(s) of choice. It is also very evident that something more and different needs to be done given this Committee's awareness of the need to conduct such a series of hearings on "The Effectiveness of Substance Abuse Education and Treatment Programs as a Deterrent to Crime".

The Safer Foundation does not provide within our array of supportive services substance abuse treatment. We do, however, provide prevention education and pre-employment placement drug testing. We also make referrals for individuals who are in need of treatment to several of the agencies that specialize in this area of services as part of our in-depth client intake and assessment process. Once an individual is referred and enters into treatment, at the appropriate time, s/ he can return to Safer for employment assistance.

We also have been noting an increase in the number of ex-offenders who are in need of such referrals. We are, therefore, very concerned that additional resources, and expanded and alternative programming are provided as soon as possible to more adequately and appropriately address the needs of ex-offenders who are substance abusers. In addition, we are here to suggest that the scope of these proceedings also include a review of policies related to the strategy of employment as an essential part of any ex-offender substance abuse treatment program and re-entry process.

As rates in incarceration have drastically increased, so have rates in recidivism. In a report released by the Bureau of Statistics of the U.S. Department of Justice earlier this year it was indicated that 1 in 32 Americans

are now involved in the American criminal justice system. The Bureau has more recently projected a 1 in 20-involvement level and a more than 60% recidivism rate. Due to their substance abuse issues, drug offenders are among ex-offenders with higher potential for recidivating. Employment is seen as one of the key factors in successful re-entry for all ex-offenders. To reduce repeat offenses, the employment of substance abusers must also be viewed as a central part of their road to recovery. Once able to work, these individuals need access to legal and gainful employment in order to retain and further their progress on the journey to self-sufficiency.

Unfortunately, however, at a time when so many are in need of assistance, there are policies that may serve as barriers to their efforts of rehabilitation, and subsequent successful re-entry. Currently, access to public aid benefits, public housing, the Pell Grant for college tuition, and state occupational licensure all have restrictions if one is an ex-offender with drug convictions ranging from misdemeanors to felonies. Also several government agencies in recent years have adopted more restrictive hiring and employee retention policies regarding ex-offenders and, in particular, those with drug convictions.

One may ask how are these policies related to today's topic of inquiry? There is a chain of events that may lead to one's becoming addicted to drugs, committing a drug related offense, being convicted, and then incarcerated. Fortunately, there is also a chain of resources and opportunities once accessed that can lead to one's rehabilitation. Unfortunately, however, the continuum of access is broken. In addition to there not being enough treatment programs and alternative sentencing approaches, there is also no or very limited access to affordable housing, temporary emergency public aid benefits, funds for higher education, or the possibility of better paying jobs or self-employment through occupational licensure. Providing more access in each of these areas is critic to a substance abuser's rehabilitation process during and post incarceration.

According to the Illinois Department of Corrections, women are the fastest growing segment of those now being incarcerated for non-violent drug offenses. Most are mothers with children waiting to reunite with them but family reunification requires financial resources and housing. However, according to the Illinois Department of Human Services, currently there are more than 10,000 families with mothers, who as ex-offenders with drug offenses, are subject to the federal ban from receiving TANF benefits. On the city level, in Chicago there is a bar to public housing for convicted drug offenders. On the state level, as reported in a study conducted by DePaul University Law Clinic in 2000, 57 out of 98 professional occupations that require state licensure have various restrictions pertaining to eligibility for ex-offenders.

These types of policies that were promulgated to prevent crime and ensure a quality workforce impact particularly hard on the "rehabilitation quotient" for offenders and ex-offenders with substance abuse challenges. To address the wider issue of these resultant systemic barriers that some policies have directly or inadvertently served to promote, the following recommendations are offered.

- Provide more funding for existing and new substance abuse education and treatment programs.

- Provide funding for early initiation during the incarceration period of the delivery of substance abuse treatment services and planning for re-entry including employment, housing, vocational training, family reunification, identification of emergency resources, etc.

- Given the increasing rate of homelessness among ex-offenders in general, provide funding for the establishment of more longer- termed treatment residential community based facilities.

- Introduction of federal legislation to establish and provide funding for alternative sentencing strategies that are gender and age specific in design for women, men and youth that would allow them to stay in their homes or other community settings in lieu of incarceration while receiving treatment and employment assistance. (e.g. HB 1961-an alternative sentencing program for women non-violent drug offenders in Cook County recently past by the Illinois General Assembly.)

- Provide flexibility to states for the allowance of ex-offenders with drug convictions to be eligible for, or to resume receipt of TANF benefits.

- Establishment of a funding mechanism on the federal and/or state level to provide emergency temporary cash grants for 3 to 6 months to ex-offenders who are not parents but are Workforce Investment Act (WIA) eligible to assist them financially until they become employed.

Your consideration of these suggestions and of the others presented here today is greatly appreciated by our clients, their families, their current and potential employers, our staff, and all of our communities. Thank you.

Mr. SOUDER. We are going to take your testimony first, and we will get to the questions afterwards. So, next we will hear testimony from Tim Whitney.

Mr. WHITNEY. Mr. Chairman, my name is Tim Whitney, special counsel for TASC, Inc. TASC is an independent, non-profit entity that, by virtue of State statute and administrative rule, serves as the linking agent between the criminal court system and community-based treatment. We are the largest such entity in the country, with a statewide scope.

TASC's role in connecting the Illinois justice system to community-based treatment is as follows: Non-violent offenders who demonstrate drug abuse or addiction and meet certain statutory eligibility requirements are referred to TASC for a comprehensive clinical assessment. As a result of that assessment, TASC will determine which candidates are acceptable for treatment, based on any number of factors including the drug use history, other service needs, and readiness for treatment. Those clients who are accepted to TASC will develop an individualized treatment recovery plan and place clients into the appropriate treatment services in the community, including many of the agencies who have testified and who are representing here today.

TASC does not provide the treatment services directly. However, we do monitor the offender's recovery progress and make regular reports and recommendations back to the court and probation. In this capacity, we receive about 12,000 referrals a year from the criminal court system and statewide.

As the entity given the responsibility for setting these certain categories of drug-involved offenders on the road to self-sufficiency and health, we hold our clients, the clients that we serve, to very high standards of participation and completion. These fairly rigorous standards recognize that recovery from addiction is a long process, it is a challenging process, and that further conditions to be discussed here today, such as income and housing, have to be satisfied in order to increase the likelihood of successful recovery.

So, in order to be what we call "terminated successfully" from TASC, an individual must meet all of the following criteria: First, completion of their clinical treatment plan, which may take 12 months or longer; 4 straight months drug-free, as determined by drug testing; a stable living environment; a legal source of income; and no new arrests or convictions.

Forty percent of TASC clients will meet all of these success criteria. And considering the strict nature of each of the five criteria, as well as the combination of all five, as the ultimate determinant of success, we believe 40 percent is a very positive reflection on the impact of our program. This is especially true in light of national research that indicates that close to two-thirds of offenders who do not receive rehabilitative services will recidivate. Most justice programs do not even consider important issues such as housing, employment when evaluating their effectiveness.

As far as the 60 percent who don't meet these success criteria, the most common reason is by far a violation in terms of their probation prior to completion of the treatment plan. As a result of the violation, some are sent to jail or prison, and some will have their probation conditions amended. Others will face changes in their

justice status and may be terminated unsuccessfully for technical reasons, simply because TASC no longer has supervision of the offender.

For those who are terminated due to failure in treatment, it is important to note that an unsuccessful discharge from TASC does not connote permanent failure. As I said, treatment and recovery are long and difficult processes, which involve re-learning certain social, psychological and neurological functions, and many individuals go through treatment two or more times before lasting recovery can even be hoped to be achieved.

So in closing, what we would suggest of the Federal Government, much of which has been mentioned already, is more funding for treatment and other communities support services. We've heard a number of stories about the number of clients served, and generally, it is in the hundreds or the thousands, but when we look at the total supervised population in Illinois reaching a number up to 200,000, we just can't possibly hope to serve a number of people who need these services with all of the services that are in place now. We simply need more money for treatment.

Second, and this is on services, and as we discussed other issues, like education, employment, housing, child welfare, mental health.

Third, programs that are designed to intervene early in the criminal justice involvement, such as the sheriff has mentioned, and continued through incarceration and through the re-entry process.

Fourth, recognition of treatment and recovery as a long-term often relapse-prone process.

And fifth, recognition and proliferation of programs that have proven successful and who are using substance abuse and crime, and accountability for those who don't.

Mr. SOUDER. Thank you very much.

[The prepared statement of Mr. Whitney follows:]

Testimony before the Sub-Committee on Criminal Justice, Drug Policy and Human Resources

Field Hearing, Monday, July 29, 2002

Testifying: Tim Whitney Special Counsel
~~Kevin Downey, Jr., Director of Operations~~, TASC, Inc.
George A. Williams, Jr., Director of Community Partnerships, TASC, Inc.

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As the entity given the responsibility for setting certain categories of drug-involved offenders on the road to self-sufficiency and health, we hold the clients we serve to high standards of participation and completion. These rigorous standards recognize that recovery from addiction is often a long and challenging process, and that further conditions such as income and housing must be satisfied in order to increase the likelihood of successful recovery. To be "terminated successfully" from TASC, an individual must meet *all* of the following criteria:

1. Completion of the clinical treatment plan (which may take up to 12 months or more)
2. Four straight months drug-free, as determined by urinalysis testing
3. A stable living environment
4. A legal source of income
5. No new arrests or convictions

Forty percent of TASC clients will meet all of these success criteria. Considering the strict nature of each of the five criteria, as well as the combination of all five as a determinant of success, we believe forty percent is a very positive reflection on the impact of the program. This is especially true in light of national research that indicates that close to two-thirds of offenders who do not receive rehabilitative services will recidivate. Most justice programs do not even consider important issues such as housing and employment when evaluating effectiveness.

Regarding those who do not meet all of the success criteria, the most common reason is a violation of the terms of their probation prior to completion of the treatment plan. As a result of the violation, some are sent to jail or prison, and some will have their probation conditions amended. Others will face changes in their justice status, and may be terminated unsuccessfully for technical reasons simply because TASC no longer has supervision and the offender's treatment mandate has ended. For those who are terminated due to failure in treatment, it is important to note that an unsuccessful discharge from TASC does not connote permanent failure.

Due to the difficulty of the treatment and recovery process, which essentially involves re-learning certain social, psychological and neurological functions, many individuals will go through treatment two or more times before lasting recovery is achieved.

Mr. SOUDER. Next we will move to Ms. Reid. Dorothy M. Reid, Seventh Congressional District, resident who lives in Oak Park.

Ms. REID. Thank you, Chairman Souder, and Congressman Davis, and others, for the opportunity to address this body today. My name is Dorothy Reid, and I'm a Seventh Congressional resident who lives in Oak Park, IL. I am also an elected member of the Oak Park District 97 School Board and president on leave the Oak Park Branch of the NAACP.

In addition, I am a democratic candidate for State representative in the 78th District.

My remarks this morning reflect my concern that the State of Illinois has not done enough in the areas of substance abuse education and treatment programs as deterrents to crime. In fact, Illinois, like probably many States, has continued to be under the misconception that prison and zero tolerance are the most effective deterrents of crime.

Illinois, according to the John Howard Association, has the fastest growing prison population in American. Legislators continue to support the notion that incarceration, not treatment, is what the public wants to see. The "lock 'em up" mentality that pervades in Springfield is evident in the inability of State Representative Constance Howard to pass the expungement legislation. Even a bill that would expunge from the record a conviction that was totally in error. The result is there are many individuals in Illinois that have to carry erroneous convictions for the rest of their lives because some Legislators and elected officials do not want to appear to be soft on crime. In my view, this is unconscionable.

Another negative example of the outdated zero tolerance approach by legislators is to deal with substance abusers. A study by the National Institute of Justice on drug use in Chicago revealed that in 1999, over 80 percent of the people arrested and booked for felonies and misdemeanors tested positive for recent illegal drug use. The John Howard Association reported that of the accelerated prison population in Illinois nearly three of four prisoners were classified as substance abusers. Yet, fewer than 1 percent received treatment. Experts, including the former drug czar Barry McCaffrey, verify that treatment is cheaper and safer way to cut crime than imprisonment. A Rand Corp. study indicated that for every one incarceration, every one crime and incarceration, would eliminate treatment—treatment would eliminate at least fifteen.

Both New York and Arizona have developed programs to treat rather than to imprison non-violent drug offenders. New York's program is expected to save taxpayers more than $500 million a year. As important, their program will dramatically reduce recidivism. Illinois needs to get on board.

I support changing our laws to make non-violent drug abuse offenses health issues, rather than criminal justice issues. By emphasizing diagnosis and treatment rather than incarceration we could easily double next year's funding for prevention and treatment. Incarcerating an adult for 1 year costs up to $37,000. Compare that with residential treatment of $15,000, or if applicable, outpatient care of less than $3,000 per year. Research indicates that treatment reduces both recidivism and relapse. Adding community-based care reduces re-arrests even further.

I also support emphasizing education in our correctional institutions for substance abuse education, vocational education, as well as reinstituting college-level classes. Statistics show that 61 percent of prisoners classified as regular drug users, do not have a high school diploma. Substance abuse and lack of education reinforce and exacerbate each other. Breaking that cycle is paramount. And inmates who receive educational and vocational training are less likely to return to prison after release.

Congressman Davis of Illinois has showed the Nation that we must address the needs of prisoners and ex-offenders. If we don't, they shall not only be non-productive citizens, but predators within our community. Our State legislators must step up to the plate, and show courage. They must change the laws and have that result in record numbers of imprisoned substance abusers. They must recognize substance abuse need—Substance abusers need understanding and treatment, not punishment. It is the humane way to solve this burgeoning drug problem in America. Punishing the substance offender eventually punishes the whole society and accomplishes nothing.

Thank you.

[The prepared statement of Ms. Reid follows:]

TESTIMONY OF DOROTHY M. REID
OFFICIAL FIELD HEARING ON CRIME AND DRUGS
JULY 29, 2002 CHICAGO, ILLINOIS

My name is Dorothy M. Reid, a 7th Congressional District resident who lives in Oak Park, Illinois. I am also an elected member of the Oak Park District 97 School Board and the former President of the Oak Park branch of the N.A.A.C. P.

In addition, I am a democratic candidate for state representative in the 78th District. My remarks this morning reflect my concern that the State of Illinois has not done enough in the areas of substance abuse education and treatment programs as deterrents to crime. In fact, Illinois, like probably many other states, has continued to belabor under the misconception that more prisons and "zero tolerance" are the most effective deterrents to crime. Illinois, according to the John Howard Association, has the fastest growing prison population in American. Legislators continue to support the notion that incarceration, not treatment, is what the public wants to see. The "lock 'em up" mentality that pervades Springfield is evident in the inability of State Representative Connie Howard to pass expungement legislation, even a bill that would expunge from the record a conviction that was totally in error. The result is there are many individuals in Illinois that have to carry erroneous convictions for the rest of their lives because timid elected officials do not want to appear to be "soft on crime." In my view, that is unconscionable.

Another negative example of this outdated "zero tolerance" approach by legislators is how we deal with substance abusers. A study by the National Institute of Justice on drug use in Chicago revealed that in 1999, over 80% of people arrested and booked for felonies and misdemeanors tested positive for recent illegal drug use. The John Howard Association reported that of the accelerated prison population in Illinois, nearly three of four prisoners were classified as substance abusers...yet fewer than 1% received any treatment. Experts including former drug czar Barry McCaffrey verify that treatment is a cheaper and surer way to cut crime than imprisonment. A Rand Corporation study indicated that for every one crime incarceration would eliminate, treatment would eliminate at least 15.

Both New York and Arizona have developed programs to treat rather than imprison nonviolent drug offenders. New York's program is expected to save the taxpayers more than $500 million a year. As important, their program will dramatically reduce recidivism. Illinois needs to get on board.

I support changing our laws to make non-violent drug offenses health issues rather than criminal justice issues. By emphasizing diagnosis and treatment rather than incarceration, we could easily double next year's funding for prevention and treatment—incarcerating an adult for one year costs up to $37,000. Compare that with residential treatment($15,000) or, if applicable, outpatient care of less than $3,000 per year. Research indicates that treatment reduces both recidivism and relapse. Adding community-based care reduces rearrests even further.

I also support emphasizing education in our correctional institutions from substance abuse education, vocational education as well as reinstituting college-level classes. Statistics show that 61% of prisoners classified as regular drug users did not have a high school diploma. Substance abuse and lack of education reinforce and exacerbate each other. Breaking that cycle is paramount and inmates who receive educational and vocational training are less likely to return to prison after release.

Congressman Danny Davis of Illinois has showed the nation that we must address the needs of prisoners and ex-offenders. If we don't, they shall not only be non-productive citizens but predators within our communities. Our state legislators must step up to the plate and show courage. They must change laws that have resulted in record numbers of imprisoned substance abusers. They must recognize substance abuses need understanding and treatment, not punishment. It is the humane way to solve this burgeoning drug problem in America. Punishing the substance offender eventually punishes the whole society and accomplishes nothing.

Mr. SOUDER. Mr. Reyes.

Mr. REYES. Thank you, Chairman Souder, and thank you, Congressman Davis. I am pleased to be here before you today to present testimony in my capacity as director of the Social Service Department of the Circuit Court of Cook County.

In order to place my testimony in context, I will briefly tell you about my department. The Social Service Department is one of three probation departments in the Circuit Court. It is primarily a misdemeanor probation department. The Circuit Court of Cook County is the largest unified court system in the Nation and it is administered by Chief Judge Timothy C. Evans. The Department handles approximately 22,000 misdemeanor court referrals each year. The offenses include substance abuse, domestic and family violence, sexual offenses, drunk driving, petty theft and many other crimes. Underlying substance abuse issues, as my testimony will show, are present in a majority of the offenders we see.

My department's mission is to restore the offender to useful citizenship. We accomplish our goal through a variety of individual and group intervention strategies within our department and through linkages with hundreds of community-based treatment providers, including some of the agencies that have presented testimony today.

The department has a staff of approximately 270, and the main point of my testimony today is to tell you that it is not possible to accomplish our mission without proper evaluation in the possible presence of substance abuse issues and appropriate treatment in all our offenders, regardless of the offense that brought them to our attention.

So, I will focus on three areas: No. 1, the prevalence of substance abuse in the probation population; No. 2, why evaluating for underlying substance abuse issues makes sense; and, No. 3, programs of the Social Service Department and how we approach the issue.

The first part, prevalence of substance abuse in the probation population. A good place to begin is to review the size of the probation population in the United States. As of the end of 1996, there were approximately 3.2 million adult U.S. residents sentenced to probation. This number represents 58 percent of the U.S. population of adults under correctional supervision, which includes parolees, local jail inmates, as well as State and Federal prisoners. Of the more than 3 million probationers in the United States, various surveys have found that between 50 and 80 percent have a history of alcohol and liquor abuse.

Most probationers have a history of substance abuse. In addition, research strongly suggests that substance abuse plays a significant role either in a period of time closely preceding the offense or during the actual time of the offense. The first national survey of adults on probation took place in 1995. That survey found that 32 percent were using illegal drugs in the month before their offense, and 32 percent were under the effects of drugs while committing the offense. More than 20 percent were on probation for driving under the influence of alcohol or other drugs, and 25 percent were intoxicated at the time of the offense.

The demonstrated high incidence of substance abuse and its temporal relationship to many offenses compel criminal justice agen-

cies to address the issue. It is now quite clear that regardless of the type of offense that brings each offender to our attention, exploration of the possible presence of substance abuse should be standard procedure. A Massachusetts task force on substance abuse and the courts concurred, there is no other circumstance in our society where there exists such a high interaction between the presence of substance abuse and the power and leverage of an institution that presently exists when the substance abuse or early courts interact. So stated in the panel.

Part two. Why evaluating for underlying substance abuse issues make sense? It is important that criminal justice professionals look beyond the specific offense that caused the individual's conviction. It is intuitively sensible to administer substance abuse evaluations to a person convicted of driving under the influence and drug-related offenses. For example, the 1995 survey of adults on probation is finding that probationers sentenced for driving while intoxicated made up a fifth of all probationers, and 98 percent confirmed they committed the offense while under the influence of alcohol or drugs, is really not surprising.

However, it has not always been thought of as equal, sensible to ask other types of offenders about their involvement in alcohol and other substances. Studies suggest that we really should. The same survey found that 49 percent burglary, 48 percent of assault, and 44 percent of violent offenders had used alcohol or drugs at the time of the offense while the percentage for poverty offenders was 23 percent. The least likely to report drug or alcohol use during the offense were probationers sentenced for fraud, and it was 13 percent.

A fundamental question that arises is, "Can treatment be successful in the context of the criminal justice environment?" Research findings strongly suggest that it can. A number of studies have concluded that criminal justice clients do as well, or better, than others in drug abuse treatment. Furthermore, the studies suggest that involvement in the criminal justice system helps clients stay in treatment. Numerous studies support the efficacy of the treatment of the substance-abusing offender. A 1996 position paper of the American Probation and Parole Association on substance abuse treatment states that, Probation is an effective context for treatment to occur. An integrated approach involving assessment, treatment-offender matching, intervention, i.e., treatment, surveillance, i.e., drug testing, and enforcement, in other words sanctions, is an appropriate strategy for dealing with drug-involved offenders.

Evaluating all probationers for substance abuse and, if applicable, providing treatment is cost-effective. A Massachusetts task force on substance abuse and the courts declared that treatment is far cheaper than incarceration. And I had some of the same statistics that have already been cited, so I won't take your time with that.

In its 1996 position paper on substance abuse treatment, the American Probation and Parole Association states: It is estimated that for every $1 invested in treatment of drug-involved individuals, taxpayers enjoy a $4 return in the reduction of costs related to alcohol and drug abuse. A 1994 study of treatment outcomes in California revealed a $7 return for every $1 invested.

So, having established that number when substance abuse issues are present in a large percentage of all probationers, that substance abuse treatment has been found to be effective with probationers, and that substance abuse treatment in probation setting is cost-effective. Another question necessary follows, how does a probation department establish mechanisms when a detection of underlying substance abuse issues. I will answer that question by telling you what we do in the Social Service Department of the Circuit Court of Cook County.

The department's approach to evaluating all clients for substance abuse issues is done in one of four ways, depending on the offense that brought the client to our department. The first two of those ways are for clients whose offenses are directly related to drug or alcohol use. They are our DUI programming under a treatment program. I won't elaborate on those because that is not a main focus of my testimony. Instead, I will concentrate on the two approaches that focus on evaluating clients and offenses not primarily substance-abuse related. Domestic and family violence offenders and those falling into our general category of diversified offenses.

The Social Service Department has one of the first court-based certified abuser services program in the State of Illinois. One of the distinguishing characteristics of our Batterer's Intervention Programs is its comprehensive Domestic Violence Assessment developed in cooperation with experts from the University of Illinois at Chicago. As part of a comprehensive assessment of all aspects of the offender's background, the domestic violence assessment instrument devotes considerable attention to substance abuse issues. Any offender determined to have substance abuse-related issues, is brought to the court's attention with a recommendation for a comprehensive evaluation for substance abuse treatment as a precursor to involvement in batterer's groups.

The literature supports the existence of substance abuse issues in batteries. Various studies have concluded that the incidence of substance abuse among men in batterer's programs is between 50 and 100 percent.

As part of diversified offenders, all clients that come to the department on offenses not primarily related to substance abuse, undergo a thorough assessment of criminogenic factors known to contribute to involvement in the criminal justice system. The case history and case planning interview devotes considerable attention to evaluating for substance-related issues. Any client found to have the potential for those issues is returned to court for a modification of the court conditions to include a complete substance abuse evaluation.

The department's current measurable goals and objectives in the summer of 2000 called for the tracking of every client in all types of offenses to ascertain re-arrested convictions for a period of 1 year following the completion of the period of their supervision by the Department. Our offenders are ordered for supervision by our department for a period between 18 and 24 months. Therefore, the first court in this study has yet to complete its supervision period.

In conclusion, it is my belief that evaluating for underlying substance abuse issues must be an integral part of the comprehensive probation strategy. The evidence of their assistance in the general

probation population is overwhelming. Their role is key. Determinants in success or failure of our work is great, as I request to our society. Thank you for allowing me to participate in this hearing. In addition to thanking Chief Judge Timothy C. Evans for his leadership and support in my department's work. I also thank President John Stroger and all the Commissioners who work, Commissioners of Cook County that continue support. Thank you.

Mr. SOUDER. Thank you very much.

[The prepared statement of Mr. Reyes follows:]

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

By
Jesús Reyes, AM, ACSW, LCSW
Director
Social Service Department
Circuit Court of Cook County, Illinois

July 29, 2002

Substance Abuse and the Probation Population:
A Challenge to the Criminal Justice Community

Mr. Chairman, members of the subcommittee, distinguished guests:

I am pleased to be here before you today to present testimony in my capacity as Director of the Social Service Department of the Circuit Court of Cook County.

In order to place my testimony in context, I will briefly tell you about my department. The Social Service Department is one of three probation departments of the Circuit Court of Cook County, the largest unified court system in the nation, administered by Chief Judge Timothy C. Evans. The Department handles approximately 22,000 misdemeanor court referrals each year. The offenses include substance abuse, domestic and family violence, sexual offenses, drunk driving, petty theft and many other crimes. Underlying substance abuse issues, as my testimony will show, are present in a majority of the offenders we see. My Department's mission is to "restore the offender to useful citizenship." We accomplish our goal through a variety of individual and group intervention strategies within our Department and through linkages with hundreds of community-based treatment providers. The Department has a staff of approximately 270. The main point of my testimony is that it is not possible to accomplish our mission without proper evaluation of the possible presence of substance abuse issues and appropriate treatment in all our offenders, regardless of the offense that brought them to our attention.

My testimony today will focus on three areas:

a. Prevalence of substance abuse in the probation population
b. Why evaluating for underlying substance abuse issues makes sense
c. Programs of the Social Service Department: How we approach the issue

I. Prevalence of substance abuse in the probation population

A good place to begin this discussion is to review the size of the probation population in the United States. As of the end of 1996, there were approximately 3.2 million adult U.S. residents sentenced to probation. This number represents 58% of the U.S. population of adults under correctional supervision, which includes parolees, local jail inmates, as well as State and Federal prisoners (Mumola, 1998, p.2). Of the more than 3 million probationers in the United States, various surveys have found that between 50 and 80 percent have a history of alcohol and other drug abuse (Wanger and Milkman, 1998, p. xxi).

Most probationers have a history of substance abuse. In addition, research strongly suggests that substance abuse plays a significant role either in a period of time closely preceding the offense or during the actual time of the offense. The first national survey of adults on probation took place in 1995. That survey found that 32% were using illegal drugs in the month before their offense and 32% were under the effects of drugs while committing the offense. More than 20% were on probation for driving under the influence of alcohol or other drugs and 25% were intoxicated at the time of the offense (Mumola, 1998, p. 1).

The demonstrated high incidence of substance abuse and its temporal relationship to many offenses compel criminal justice agencies to address the issue. It is now quite clear that, regardless of the type of offense that brings each offender to our attention, exploration of the possible presence of substance abuse should be standard procedure. A Massachusetts task force on substance abuse and the courts concurred, "There is no other circumstance in our society where there exists such a high interaction between the presence of substance abuse and the power and leverage of an institution than presently exists when the substance abuser and courts interact" (Supreme Judicial Court Substance Abuse Project Task Force, 1995).

II. Why evaluating for underlying substance abuse issues makes sense

It is important that criminal justice professionals look beyond the specific offense that caused the individual's conviction. It is intuitively sensible to administer substance abuse evaluations to persons convicted of driving under the influence and drug-related offenses. For example, the 1995 Survey of Adults on Probation finding that "probationers sentenced for driving while intoxicated (DWI) made up a fifth of all probationers, and 98% confirmed they committed the offense while under the influence of alcohol or drugs" (Mumola, 1998, p. 2) is not surprising.

It has not always been thought as equally sensible to ask other types of offenders about their involvement in alcohol and other substances. Studies suggest, however, that we should. The same survey found that 49% of burglary, 48% of assault and 44% of violent offenders had used alcohol or drugs at the time of the offense while the

percentage for property offenders was 23%. The least likely to report drug or alcohol use during the offense were probationers sentenced for fraud (13%) (Mumola, 1998, p. 3).

A fundamental question that arises is: Can treatment be successful in the context of the criminal justice environment? Research findings strongly suggest that it can. A number of studies have concluded that criminal justice clients do as well, or better, than others in drug abuse treatment. Furthermore, the studies suggest that involvement in the criminal justice system helps clients stay in treatment (Collins, Hubbard, Rachal and Cavanaugh, 1988). Numerous studies support the efficacy of the treatment of the substance-abusing offender (Annis, 1988; Field, 1989; Inciardi, 1995; Vigdol and Stadler, 1992; Weekes, 1997; Weekes, Moser and Langevin, 1997; Wexler, Falkin and Lipton, 1990). A 1996 Position Paper of the American Probation and Parole Association on Substance Abuse Treatment states that "[probation] is an effective context for treatment to occur. An integrated approach involving assessment, treatment-offender matching, intervention (i.e. treatment), surveillance (i.e. drug testing), and enforcement (i.e. sanctions) is an appropriate strategy for dealing with drug-involved offenders" (American Probation and Parole Association, 1996).

Evaluating all probationers for substance abuse and, if applicable, providing treatment is cost-effective. A Massachusetts task force on substance abuse and the courts declared that treatment is far cheaper than incarceration. Incarcerating an adult for one year costs up to $37,000.00. In contrast, residential substance-abuse treatment costs an average of $14,600 and outpatient treatment costs [approximately 50% less] (Supreme Judicial Court Substance Abuse Project Task Force, 1995).

In its 1996 Position Paper on Substance Abuse Treatment, the American Probation and Parole Association states:

> It is estimated that for every dollar invested in treatment of drug-involved individuals, taxpayers enjoy a $4.00 return in the reduction of costs related to alcohol and drug abuse (NIDA). A 1994 study of treatment outcomes in California revealed a $7.00 return for every dollar invested (National Opinion Research Center, 1994). In June 1994, the Rand Corporation also released a study indicating that treating cocaine addicts is 7 times more cost effective than drug enforcement.

Having established that (1) substance abuse issues are present in a large percentage of all probationers, (2) that substance abuse treatment has been found to be effective with probationers, and (3) that substance abuse treatment in probation settings is cost-effective, another question necessarily follows. How does a probation department establish mechanisms for the detection of underlying substance abuse issues? I will answer that question by outlining the programs of the Social Service Department of the Circuit Court of Cook County.

III. Programs of the Social Service Department of the Circuit Court of Cook County

The department's approach to evaluating all clients for substance abuse issues is done in one of four ways, depending on the offense that brought the client to our department.

The first two of those ways are for clients whose offenses are directly related to drug or alcohol use. They are our Driving Under the Influence Program and our Drug Treatment Court Program. I will not elaborate on those programs here because, being designed for primary substance-related offenders, they are not the main focus of this testimony.

Instead, I will concentrate on the two approaches that focus on evaluating clients with offenses not primarily substance abuse related: domestic and family violence offenders and those falling into our general category of "diversified offenses."

Domestic and Family Violence Offenders:

The Social Service Department has one of the first court-based batterers intervention programs in the nation and the only court-based certified Abuser Services Program in the State of Illinois. The certifying authority in the State of Illinois is the Illinois Department of Human Services. One of the distinguishing characteristics of our Batterer's Intervention Program is its comprehensive Domestic Violence Assessment developed in cooperation with experts from the University of Illinois at Chicago. As part of a comprehensive assessment of all aspects of the offender's background, the Domestic Violence Assessment instrument devotes considerable attention to substance abuse issues. Any offender determined to have substance abuse related issues is brought to the court's attention with a recommendation for a comprehensive evaluation for substance abuse treatment as a precursor to involvement in batterer's groups.

The literature supports the existence of substance abuse issues in batterers. Various studies have concluded that the incidence of substance abuse among men in batterers programs is between 50 and 100 percent (Bennett, 1995).

The Domestic Violence/Substance Abuse Interdisciplinary Task Force of the Illinois Department of Human Services declares:

> Batterers referred through the courts are more likely to have substance abuse problems than men who are violent only within their families. Alcohol or drug abuse does not *cause* the abusive behavior. However, for most batterers. Alcohol and drug use may: Increase the risk that he will misinterpret his partners behavior; increase his belief that violent behavior is due to alcohol or drugs; make him think less clearly about the repercussions of his actions; reduce his ability to tell when a victim is injured; reduce the chance that he will benefit from punishment, education, or treatment (Domestic Violence/Substance Abuse Interdisciplinary Task Force, pp. 11). Approximately half the men who batter their female partners have substance abuse problems (Ibid, p. 15).

"Diversified" Offenders:

All clients that come to the department on offenses not primarily related to substance abuse undergo a thorough assessment of criminogenic factors known to contribute to involvement in the criminal justice system. The Case History and Case Planning Interview (CHCPI) devotes considerable attention to evaluating for substance related issues. Any client found to have the potential for those issues is returned to court for a modification of the court conditions to include a complete substance abuse evaluation.

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Wanberg, K. and Milkman, H. (1998). *Criminal Conduct and Substance Abuse Treatment.* Thousand Oaks, CA: Sage Publications, Inc.

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Mr. SOUDER. We have also been joined by Reverend Albert Housler, executive director of the Faces of Recovery. As we explained earlier, we have to swear in each of the witnesses in front of this committee, so that—although I understand that God would be even madder than the government, if you could stand and raise your right hand.

[Witness sworn.]

Mr. SOUDER. Let the record show that the witness responded in the affirmative. Thank you for making time to join us and we look forward to hearing your testimony.

STATEMENT OF REVEREND ALBERT R. HOUSLER, DIRECTOR OF THE FACES OF RECOVERY

Mr. HOUSLER. As I sit here—and first giving thanks and praise to God, because that is who brought me here, to the chairman, the Congressman Davis.

As I sit here and listen to all the statistics, does treatment work, and all of the things that kind of brings us to this circle. Me representing Faces of Recovery is just not enough. I actually represent every addict and every person that has been in the criminal justice system. I have a 25 year history of substance abuse. I also have a criminal background that actually put me in and let me know that I was an addict and that I needed help. I work in the field of substance abuse as well.

When I look at all of the bureaucratic things that go on, for an individual to get treatment, it kind of encourages me to keep pushing for more treatment, more treatment, because I honestly understand what has happened here. Most of the moneys that have been provided for treatment when I came through, we actually had 9 months of treatment, and now it's cut down to 3 months. And some programs it's cut down to 30 days. I went through TASC; I have been part of the probation department, so I understand all of the elements that come along with having treatment.

It's about life. It's not about how much money, I mean how much do you think your life is worth, and that's where we are at here. Do you honestly believe that this person that has a minor offense in the criminal court system should have treatment?

Well, I said I had a 25 year history. They didn't catch me until I was up to my 24th year. All of the times that I escaped the system and all of the times that I wasn't able to get treatment when they did catch me, and me realizing that I needed treatment, it was there for me. Now if you're caught, they're saying, lock them up. I mean, whether it be 1 bag, or 100 bags, if an individual shows or in a assessment that he has been using, or he is an addict, then he deserves to have treatment. You are saying, and not you per se, but the system is saying, we rather lock you up, whether it was 1 bag or 100 bags, and you will get better in the penitentiary. In the meanwhile, 99 percent of all addicts don't really know they're addicts, or the society doesn't know they're addicts until they are caught. They don't deal with any issues.

Today I came because I realize that this is a disease, and this is part of mental health, as well as physical health. And those moneys need to be increased. Because if you think about it, I mean, when I think about where I came from and where I am now, it's

a whole other world. I think that everybody should be able to get some kind of treatment for this disease. And it is a disease, gentlemen; I had it for 25 years and I still have it. It has to be treated. And the only way that it can be treated is funds from the government. TASC, or ASA, all of those agencies had to cut their moneys because the government has cut their moneys. A lot of people that need treatment won't receive treatment; a lot of people that need housing, won't receive housing because there is no moneys. They are cutting budget on all kinds of health things where this actually enables us to have a life. The addict can't live if he doesn't get treatment. Can't live.

And you want to know why when you send them to prison, they don't rehabilitate and come out and join society, because they have not dealt with the issue that they had prior to going in. You know, I'm not a success story, but after 25 years of addiction, 7 years of being clean, I have a church that is worth $15 million. I work for the Gateway Foundation; I make about $60,000. I got all of that because I went through treatment and found out what my issues were. And dealt with my issues. You can't do that. You want people to re-enter society and be productive, give them some treatment. Give the addict some money, help them, help them sustain the life that they had.

If you don't do that, you will continue to have tons and tons of people in the criminal justice system. You will continue to have no housing. You will continue to have—The crime rate will continue to go up.

A lot of people are not bad people. They just have a disease that's bad. And we need to start addressing the fact that these are really sick people. I'm really a sick person. And by the grace of God, I've actually got some treatment and start dealing with some of the sickness that I have. If I can say more, it would be that if you want to help somebody sustain life, give them some more forms of treatment. Thank you.

Mr. SOUDER. If I can just followup a little on your testimony. You said that you were addicted for——

Mr. HOUSLER. Twenty-five years——

Mr. SOUDER [continuing]. Twenty-five years. What did it take, the arrest, to change you?

Mr. HOUSLER. Actually, I have been arrested several times. But the last time that I was arrested, I actually had a public defender, who actually was trying to win my case. I actually got caught with some heroin. And the public defender told me, "Have you used before?" And I said, "That's one of the reasons that I sell this, because I use, and I don't sell it for myself, I sell it for somebody." He said, "I'm not even interested in that." He said, "Let me see if I can get you a TASC evaluation." And he did, and they found out that, you know, after the evaluation that I was an addict.

He took me back in front of the judge, the judge actually gave me TASC. I went to Gateway, stayed there 9 months, and through the course of that time I actually started dealing with some stuff that I have totally forgotten about, because it was all blocked out with drugs. So, in essence, well, I mean, I got re-entered back into society.

Mr. SOUDER. Did that transition, were you still resistant in the first part of the treatment program?

Mr. HOUSLER. You know what, and really to be honest, I was so grateful that they offered me treatment, and I wasn't resistant at all. I mean, you know, you think about taking a ride on the blue bird, which means going to the penitentiary, opposed to taking a ride in a TASC car going to some treatment facility. And saying, "Hold it, we want to try and help you."

You know, I talked to a lot of clients, I work with the Gateway Foundation, and most of their fears are, are you going to accept me back into society? Well, it wasn't, you know, that's a feeling everybody sees, you know, they use the word anonymity, because no one is really, wants to say that I was an addict. I don't have a problem with it, because me saying that I was an addict enabled me to get some help.

But, you know, the whole essence of the whole thing is that they are not staying long enough to deal with the issues they have. Just to give you an example, if you've had, some kind of sexual issue, which happens a lot, and you've covered it up with using drugs, the initial first 30 days is really just to get the fog out. The next 30 days is really something where you can actually start to getting your momentum back, to doing things, and having your brain actually start working and functioning. The next 30 days is you getting close to your counselor and being able to talk to him and tell him some of the issues that you have, and they actually pry. After that, it's time to go. At least in our facility, which is a 90-day facility.

And some facilities, it's not 90 days. It's 30 days and some people don't meet the criteria to get 90-day treatment, or there is not enough room, or not enough money. So, they don't get ample treatment. I mean, you know, if you can use it for 10 years, and you have been clean for 30 days, how does that figure out. You know, you can add it up yourself. It just doesn't pan out equally.

So, what I'm saying is, the longer that you are in treatment, the more time that you are able to process those things that got you to use them in the first place. You know, we all just didn't think it was out of recreation. Some of us did it to hide the pain, some of us did it to hide the hurt. There is a lot of different reasons that addicts get high, and most of them is to skip what they are going to do.

Mr. SOUDER. At the Gateway then, offer you a job? Or does Gateway have a processor, or would they just dump you back out in the street and say good luck?

Mr. HOUSLER. No, actually Gateway has a—at that time, they still do, they have a halfway house that now, actually, once at a halfway house, stay there a year, donated my time, and went back and filled out an application and I was hired as a chem tech at that particular time. And now I am a supervisor for all of the chem techs there. So, what I'm saying is, because of me having that long period of time. I mean, I'm not saying that it works for everybody, but I have seen everybody that has come in my class. Everybody, and I wish I can bring all of them here, have successfully re-entered back into society. I actually know some people that are directors that perhaps——

Mr. SOUDER. Do you believe that it takes basically a process where spiritually you're broken before you open for this? Would you have been as miserable when you were younger the first couple of times and on the individual, could you give me some thought to that? Because I met many addicts who have gone, basically hustled their way from penitentiary programs.

Mr. HOUSLER. You know, we do have some people that actually use it as a resort, for means to live, you know. They already know that, well, if I call, say, Gateway, and I've had treatment, and I'm looking in to a program that utilizes the tool that they instilled in you. So they would call them again, and again they would allow them to have treatment. You actually can have it once a year providing they have funds, and some people do that, which makes it harder for those people that really need it.

But again, it's not about a divine power, it's about the individual wanting to stop, you know. Nine times out of 10 an individual finds himself in the jail cell, looking at some time, realizes that this disease has really beat him. The first thing he does when he gets in front of the judge, he says, "Listen, I'm an addict," and I can't remember the number of the law, because I've known about that law, because that is the same law that I used. He says, look, I'm an addict, Judge, I mean, so help me. And he needs TASC evaluation.

I wound up in Gateway, but a lot of people don't understand that neither. You know, so a lot of guys in jail don't know about treatment, you know. Have they heard about it, you know. They didn't think it was an alternative for them. Nobody has talked to them about it. There is no education about it. When you're locked up, you're just locked up. They give you three meals a day and a place to sleep, and they lock the door, six by nine cell. That's it. There is no education here.

Then you expect that, well, if you send them to the penitentiary, they get down there, and we have all kinds of programs, and all of this that you have a whole lot of people that are illiterate. And some that are not illiterate, but they have been getting high for so long, they just don't care to read anything. They want to get down there, do their time and come on back. And the minute they get back, the first celebration they get is one of their buddies, or somebody that they used to get high with, comes up and says, here, and starts him all over again.

You know, there needs to be some provision. There needs to be some intervention, and the only way that will happen is that we start giving more money for treatment. A lot of different places, Haymarket, Gateway, tons and tons of places, actually have preventative programs that they are going out and going to the judge. I can see that, but if you don't have the money to do that, nobody in their right mind is going to listen, and not go to the jail now for free. But nobody in their right mind is going to go and say, listen here, I'd like to, can I get in there and talk with them? You know, they have AA and NA meetings in jail, someone who you can go to and speak. But, those are in specific areas, and specific programs.

You know, interventions might have this, and we get a chance to go up there and talk, but that suggests, if they said that they are substance abuse, what about those individuals that have a

criminal history of getting high, or getting caught with drugs, and nobody has ever told them that, you know, listen, you need some help, or, let's talk and find out that they do need help, and do some kind of assessment.

If there is no money, it won't get done. And you're talking about the criminal justice system, the probation department, TANNON, TASC, and all of these places that provide some kind of service, but they can't provide that service to those individuals, because there is no money.

Mr. SOUDER. Thank you.

Mr. DAVIS. Ms. Matthews, did I understand you to say, or to suggest, that in the State of Illinois there are individuals who can be denied temporary assistance to needy families, although they meet all of the criteria in terms of being needy? Not having a job. Not having any money. But if they have a drug offense, and have been convicted of a drug offense, they can be denied welfare?

Ms. MATTHEWS. Yes, in terms of drug felonies, yes. And Illinois I must point out putting welfare reformers first enacted by the States, took the softer, if I may use that phrase, road in terms of drug bans, drug user bans, because there are some States that have harsher bans. However, if you go into treatment, there are other types of qualifications that they have, or criteria, you may be able to meet—and you have a certain level of a drug offense, then you may be able to continue receiving assistance.

However, once you have come out of prison, and for many mothers, as many as 10,000 now, their families are vulnerable to this and you have a certain level of a drug conviction on a felony level. The mother is not now eligble, but the children are. But the mother is not any longer eligible necessarily to resume the receipt of TANF or be eligible to apply for it in the first place. And this number is growing, especially since women are the fastest growing segment of the prison population in our State, we are going to presume for drug-related offenses, as reported the Illinois Department of Corrections, in its most recent fiscal year 2001 report. So we have not only individuals who are in danger, but we also have now children; we have children who are in danger because of this particular reform which was, I am sure set up, although with all good intentions of being a deterrent to people becoming drug abusers and also doing crime to obtain money for their drug of choice.

But the intents versus the impact and potential harm is what we have to look at. We have to look at the total picture.

Mr. DAVIS. Well, how do we—How do these people live? I mean, people who fall into that category? How do they live?

Ms. MATTHEWS. By the grace of God, apparently because it is not from support by—The support that they need is not given by a government or by private industry, and only so much can be done by the community, and family members by themselves. So, it must be by the grace of God. Because it is not by our grace, unfortunately right now, and we need to change that. We need to change that.

We are not just talking about one individual, now we are talking about families, we are talking about babies.

Mr. DAVIS. Yes, go ahead.

Ms. MCDERMOTT. I believe another reason why they are out there surviving also, is they're back in the criminal justice system.

As we said, women are multiple consumers of the criminal justice system and are re-incarcerated numerous times. If we took a look at, you know, our population from our day reporting center last year and out of the hundred women, on one given day, the women had been in the Illinois Department of Corrections over a 7-year period three times, or excuse me, two times, and the CCDOC at least three times. So it is five times over 7 years. They're coming in and out of the system. So there is no treatment for them. There is no help.

Mr. DAVIS. You know, I was interested, Ms. Matthews, especially I tried to generate an amendment when we were debating TANF, that would have changed that opportunity for States to make those decisions, of course, like Representative Howard's efforts at expungement, my amendment also failed. Because it seems unconscionable to me that people who are the neediest people that you could put your finger on. I don't know how you get any needier. But out of the penitentiary, no job, no skill, a drug user, no employment, no opportunity, two or three children, and you can't get temporary assistance for needy families. I just can't imagine how we comply with the intent, and yet have those kinds of regulations that those kind of rules, that gives State the flexibility to make those decisions that way. And some States, of course, do, in fact, exercise that flexibility.

The other question, Mr. Whitney, Ms. Reid, or Mr. Reyes, how do you—How do we convince a capitalistic society that when we institute these programs, that we are actually making an investment, that we have been taught in America adhering to the concept of capitalism that there is no such thing that there is something for nothing. And that anything you put out, you ought to get something back. And so, how do we convince our society that what we are talking about is really an investment rather than a gift, or giveaway? Or, is it an investment?

Mr. REYES. I reckon the problem is really far deeper than that. You know, we heat up our water for our tea in the morning and we want immediate results. And I think the prior problem is that weakens amounts. Citing statistics and there is numerous studies that will indicate that investing in treatment is certainly cost effective because it is going to save a lot more on incarceration which really doesn't do any good, other than keep somebody locked up for a while. I think the real issue is, we want the immediate gratification in our society. We cannot show any immediate result out of this, because how you show that by investing money in treatment, that person will never go to jail. It's a negative, it's not something you can point to. And I think that's really at the heart of this.

Ms. REID. I think really it's an investment versus a giveaway. What we're talking about today are individuals who have gotten caught up in the criminal justice system. But, I'm certain that the numbers of individuals who haven't gotten caught up in the criminal justice system, who use substances, is equally as great. And that treatment needs to be available as well. So, that individuals who may not have been caught yet, and want to get out of the system can get the treatment that they need to stay out of the criminal justice system, so that it is not precipitating back on our communities. So, I think it is an investment in individuals, regardless

of skin color, community, drug abuse and substance abuse doesn't know skin color, it doesn't know age, it just knows a victim. And so unless we invest in the individuals to make sure that they have their treatment. Whether they have gone through the criminal justice system or not, they were giving up on society. So we've got to invest it in the individuals.

Mr. WHITNEY. I have three points which are somewhat related. First, I think that there is some social shift that is occurring. We can use California as an example of that, Proposition 36 was essentially a voter mandate. So, there are obviously areas of the country where the public is deciding that incarceration isn't effective and that treatment is more effective. Now, especially for a State like Illinois where we have a very large urban area, and a very large county justice system. I think we are reaching a point of critical mass, especially here in Cook County. With the jail, and as people begin to see overwhelming numbers who are coming into the system and they hear about recidivism statistics and justice statistics just came out through drug offenders that show, 66 percent of these people will be re-arrested and over half will end up back in prison after 3 years. The numbers get to a point where people realize that this just isn't working. Whatever we are trying, just isn't working.

The third, is I really think that we have to involve in our public policy initiatives involvement communities that are in recovery. I mean, I can sit here for hours and rattle off statistics. But when the Reverend comes and tells a story of redemption like his, I mean, because that has far more an impact, so we need to be able to engage those communities and with all of them, and get them invested in the process of shifting otherwise.

Mr. DAVIS. Thank you very much.

Ms. REID. Can I followup? I'm sorry. With the individual, take a casual user, for example, who worked for Enron, lost their job, now has no income and doesn't know how they are going to work. They may get into the system that we are trying to keep them out of. I just want to put a face on that picture. As far as how it can affect us on any given day. You never know who is going to be affected or who is going to be unemployed without income and be forced to go into the criminal justice system to survive, and that ultimately is a substance abuser and caught up in the system.

Ms. MATTHEWS. If I may, Congressman, going back to your question of how women are surviving and we are talking about consequences, in addition to one of the industries that is growing, along with the prison industry, which is a $50 billion a year industry now, topped to that one in our country, is the industry of prostitution. Many of the women are surviving economically. Existing if you will. Simply by making choices and I don't absolve individuals of personal choices, but I do know if you have limited options, you make decisions that are not good for yourself and those you love. So there has been a recent study done by the Chicago Coalition on the Homeless in terms of Cook County jails, where they have documented that a good percentage of the women that we are talking about who are drug offenders and have substance abuse challenges are going in and out, and in between, in terms of the economic survival when TANF is not available and other economic

opportunities are not available, they are turning more and more to prostitution. So, this is another side effect of policies that may have had good intentions when initially enacted, but the results are sad, very sad and tragic.

Ms. MCDERMOTT. I would just like to reiterate the statement regarding children, and that is to have policymakers change putting more money into treatment versus incarceration. We look at the statistics and we talk about the females having more children now, three or more, and the research is telling us that these children are six times more likely to be in the criminal justice system themselves, we can just do the addition and figure out what it is going to cost us in the future. This is something that we really have to educate the policymakers and public; I think it is critical, I think it is important that all is realized what those dollars are going to be, some things have done.

Mr. DAVIS. Well, thank you all and I would also like to acknowledge the presence of Ms. Alda Whitler, who is the under Sheriff of Cook County. And also Reverend O.B. Hendricks from the Progressive Way Church of God and Christ, that I saw just a couple of minutes ago. So, thank you both for being here.

Mr. SOUDER. I have a couple more questions. What is the—Why are so many more women getting arrested now than they were before?

Ms. MCDERMOTT. Drug laws. Basically, drug laws.

Mr. SOUDER. Are you saying that they were abusing the drugs before, but there weren't laws against them?

Ms. MCDERMOTT. Yes.

Mr. SOUDER. Was there a particular point when the—was it an enforcement change or a law change?

Ms. MCDERMOTT. Law changes. National law changes.

Mr. SOUDER. I don't think it was ever legal to use drugs.

Ms. MCDERMOTT. No, the mandatory amendments.

Mr. SOUDER. So, it's an enforcement procedure on mandatory minimums?

Ms. MCDERMOTT. Yes.

Mr. SOUDER. That were the—have you seen a change in the sense of grandmothers being able to take care of the kids?

Ms. MCDERMOTT. We have—at one time or another we had three generations in the jail. Grandmothers, mothers, and daughters. And this is becoming quite a problem. Three generations at once. The wealthy, and caretakers primarily are relatives. Unless they've gone to prison, and the DCFS takes over.

Mr. SOUDER. Is there a flexibility in Illinois law that would allow the payments to go to the caretaker?

Ms. MCDERMOTT. I'm not sure.

Ms. MATTHEWS. Mr. Chairman, the case, where there are actually foster parents or someone who the responsibility of being the guardians. We do have cases that they call child only cases. But again, that is part of a possible solution to see more flexibility. Also, you have the issue of mothers, their parental rights have been taken away once they are incarcerated. Whether they want them to or not, if they do not have a situation where there is someone who can step up, who is a relative or not, you know, take care of your children, while you are incarcerated. So you are seeing the

severing of parental rights going on also as a result of law changes, so that this is a—This is a public policy in terms of impact tradgedy.

Mr. SOUDER. Isn't it true that relatives, though, don't get compensation from the State?

Ms. MATTHEWS. No, they don't.

Mr. SOUDER. I mean, relatives——

Ms. MATTHEWS. They get a lower level of compensation, if any, but the preference is not to provide them with that type of support. You have many grandparents. Grandparents, quite frankly, helped to save welfare reform in this country. And they are the ones who are taking care of the children and they can't do it without more assistance, and also it's unfair to ask them to. And it's again not the issue. The issue is that we have laws that initially had good intent that don't work. They are not producing the results that we want. And private industry, when you have a product that is not producing, or a service that is not producing what we want, you go back to the drawing board and you change it. You re-look at it. And that is why we are happy that you're here to re-look, and potentially to what we are talking about that has happened as a result of policies in the 1980's, the 1990's, and also in this century, too.

Mr. SOUDER. It's a—and I don't mean to engage or get in a policy debate, but I would argue that the previous welfare system was a total failure in that what we have now is a total failure in the highest risk groups, but has actually worked well for marginal groups. And what we now have to figure out in this mix, because, in fact, we have moved a significant percentage of the population off of welfare who have come into dependency, and I don't think any social science observer who doesn't have an ideological cut can argue that the current system for them. If you took a media outreach, it is worse off than the system that was before it. And that is why we made the shift. But I would argue, and I don't necessarily disagree that in those who are mirrored in it, that we have fewer ways with which to get out, particularly years ago before the current welfare changes in a process of dealing with the highest risk populations when I was a staffer on juvenile delinquency and in welfare reform. And part of the problem is, what do you do when somebody has really hit the bottom? What do you do when they don't have extended families and they move to multiple places where they're not really particularly wanting to go to church. They don't—neighbors don't particularly want them there. Their relatives don't particularly want them, we've heard that on a couple of panels. When somebody hits the bottom, what do we do?

And then also in that population, to some degree, I will grant that the welfare reform statistics look better because the economy was stronger in the last stretch. And that while sometimes programs can look worse when the economy—in other words, the numbers to some degree get hooked by other numbers and aren't directly relevant then. Somewhere in between I think we made some progress, but we're trying to figure out now how do you deal with the people where the rising tide didn't lift them, and where it's fairly disorganized and we have to look for creative ways to do that. We don't want to change, bottom line, and here I am certainly speaking for the majority of Congress, because it didn't and what

we need to do is increase sensitivity with it, is how we can, not change the social statement that drugs are wrong, that not change a incentive system and yet realize when somebody, as we heard in the Reverend's personal testimony, that when your life is in a fog, you're not just going to have the normal reactions to what we think are motivations. In other words, just be incarcerated, just being told that what you did was wrong is not going to change you. Second, because you have issues, which as a suburban valley girl term, in addition to her term, that have to be worked through, and it's also not going to be true and I certainly support it and work with the Europe programs and other, it's not going to be just enough to say, oh, you're clean now, good luck, because often, nobody wants to employ them. They don't have enough certain education skills, a variety of things that need to be created. But we need to look at some ways that, because with all due respect, and what we need out of private communities like this, if you're going to reach and get policy changes in the law, is to figure out how to get that compromised. I mean, I think it is intriguing to look at other caregivers, clearly I visited and participated in transition housing programs, I have heard—I was a Republican staff director with the Children Youth and Family Committee and the House, and I've heard social service people tell me over and over for 15 years, as well as my boss, that you save this much money by doing preventive programs as opposed to incarceration. If that were true, let me assure you that every politician and his brother would want to save the money. The fact is, it's a tad more complicated than that. The savings accrue to multiple agencies, State, Federal and local levels, and the cost accrues to whatever is the person doing. Therefore, no particular branch of government, no particular private sector group make that, because we can't figure out how to share the responsibility of the cost as opposed to the gain. Now, we've made some progress of that. Let me give you a very practical example. If we concentrate on people who are incarcerated, we know what the universe is, and that we all agree it's too late. But only even in the worst situations, there is one study that shows, that if your—both parents have been in jail, if both parents are drug addicts, if neither parent graduated from high school. If neither person has a job. It's the absolute worst thing. One third of those kids will never hit the juvenile system in a tough way because somebody will reach out to them at church, a neighbor, a coach at school, something will happen which means that in prevention—that some of the people in a prevention program will never hit the Federal payroll or for State. Some of those in those areas may hit it lightly, may get arrested once or twice, and don't go through. So the cost variable is really tough and to the rate that we can tackle it, what we know in Congress, and this is our biggest challenge, that while, what's happened is there is a small but growing group of people who have been left completely behind who are disorganized, who are the poor souls in the country, and that whether or not it became a risk, some people say, well, just wall them off, leave them in West Chicago, or other places, not only may it not happen, it is not an ethical solution, and so that what we need to look at are some creative ways to tackle this. And the hard part is, those are the hardest people. They're the hardest people to get through job training. The

reason they didn't make it through school is that they had tough things that, maybe third generation in my land, if your great-grandmother, your mom, your grandma and you are all in prison, what chance does the next generation have there? I mean, I hear a lot of people saying, oh, these problems are in the suburbs, too. Let me guarantee you they are not in the suburbs to the same extent. I don't know anybody whose grandma and mom and child that is in prison together. And you can't have a system where you're simultaneously saying, oh, it's exactly the same out in the suburbs as here, but it's not exactly the same out in the suburbs as here. There are higher risk situations, you can't say all we need is more money here, but our problems are the same as everywhere. The problems are, in fact, concentrated. There are different types of problems elsewhere. Obviously, the executives at Enron could use an ethical lesson as well, that is just as catastrophic to the society. But it's a different set. And so the type of testimony you gave us today is helpful in a degree you can push us understanding that dilemma of—we are—That the reason politicians, may not say suddenly, oh, we're going to change some of these laws we looked at. We need to look at creative ways is because the people who elected me don't want them changed. Because they don't fully understand it, so you've got to come up with a way that can explain to a broad sense of the population, ways that can work, and can fit in their stereotypes; as well as Congressman Davis and others, brings it up in committee all the time, until he is a pain in the neck, and so he brings it up on the floor, and he says, look, the people in my area have this problem, and you may not know about it. And that's another way to do it. So, sorry I didn't mean to preach because that's not my goal here today, but so you can hear a balance. How do we tackle this? This is not easy, and it has to be frustrating at your level, because, you go, look, we know all these problems and nobody will listen to us. And we can tackle it, what we know in Congress, and this is our chance to do good.

Ms. MATTHEWS. Thank you, thank you for all of what you said, and for being—offering this opportunity to come. I just wanted to say one thing if I may. The one third, that you're talking about. The grace of God effect, sort of reaches out to them and intervenes so they don't get caught up. And we sometimes, you've heard them to the talented tenth who chose themselves. But I will say this, it has reached a critical mass and the impact in terms of numbers in many of the communities. We are talking about collateral damage and it won't be that church, that preacher, it won't be that teacher, it won't be that business person, because something finally in the business ownership left these communities sometime ago. So, on one hand I applaud what you're saying in terms of the hopefulness and the fact that not all are going to be caught up in this mess. On the same point, we are talking about the glass; people who refer to the glass as being half empty and half full. I don't look at it that way anymore. I look at who's in the glass and if they're drowning. So thank you very much for this opportunity.

Mr. SOUDER. I think one of the biggest challenges is the very opportunities in opening up more jobs for minorities and enabling them to move out of certain areas. I have a close friend who basically—I mean, one of the difficult things is for middle class African-

Americans, as well as Hispanics, when they get the opportunity to leave, what obligations do they have in the neighborhoods that they left behind, and the question of why would you if you had an opportunity to get or stay. In fact, one of the most interesting studies that was ever attempted which turned out to be a flop as a study, was that they told the project over by Robert Taylor Homes, and one of the things that they found in trying to do integrative services because one of the big ideas a long time ago when Thompson was Governor, was to try—it was the first State—here to try to integrated all the services to target. Let's follow these kids from the time the mom gets pregnant, until we can follow through afterwards. But they found out was that if a mom from Robert Taylor Homes was interested enough to go to the program for prenatal care, the first thought she was, was I want out of Robert Taylor Homes, and that they didn't stay in the neighborhood to be able to track them, and so part of our problem, the good part is more people have escaped. The problem is those who are behind, then when they come out of the prisons, they go back into that neighborhood, and every city in the country, now that we've had people in the prisons, a higher percentage due to the mandatory minimums, and they haven't gotten the education, they haven't gotten their treatment, and now they're even more discouraged when they come out and putting them back into the neighborhoods that have been working to try to rehab themselves, and what are we doing about it. The Justice Department has multiple pioneer projects right now to try to figure out what are we going to do, this is a new variation to our problem in the last 5 years. When people say, what do you do about drug abuse, what do you do about child abuse, what do you do about rape, if you just at look your failures, you get really depressed. The truth is that every area, Robert Woodson told me this, he said, "Don't be a typical white guy who sits on your duff and pronounces what you want in the urban areas, go out and visit people, and everywhere you will find a rose blooming somewhere, we've got to figure out how to define those, build on them and find the programs that are working and they can do it because we can do it and if we give up hope, then we will wind up walling off certain communities which you can't afford to do." Thank you once again.

Mr. DAVIS. Well, let me just, in terms of closing comment, let me make some acknowledgments. I want to thank the members of the committee staff for helping us make sure that this could happen, and for working with my staff, especially, you all in the Washington office, and Tumia Romero here in our district office, because without staff work, you are never able to put these things together, and when staffs do good work, then, of course, they can happen, and everybody can benefit.

I also would like to acknowledge the presence of our district director, I saw Dan Contrale, who is the District Director of our staff here in the district office. I want to thank all of the witnesses who have come to testify, as well as those of you who have come to be a part of the discussion. As I listen to the chairman express his understanding of the issues, and how difficult it is to bring about change, Mr. Chairman, I become more and more appreciative of your efforts. Because when you deal with a country as diverse as

the United States of America, and you deal with the notion and concept of the democracy really being what you can extract from your peers. Not the notion that there is something going to be available, that is often times, a misconception of how democracy really works. I mean, democracy works essentially the way that Frederick Douglas suggested that it work. And that is struggle, struggle, stride and pain. Are the prerequisites for change. If there is no struggle, then there is no progress, and so struggling with social policy to try and effectuate they may be talented, but then there is some individuals who have the resilience I've known individuals who come out of the very worst environment that you could possibly have, and just do extremely well in a number of things. Then I know other individuals who come out of a limited environment where the broader environment captures their imagination and they get caught up in the broad environment and don't make it. Which really means that you have to change the total environment in order to create the kind of playing field where every individual has optimal opportunity. I agree that there are individuals who escape and move, but the question becomes what about those who are left behind. You can't move a community out of a community. Individuals can move out of communities, part of the problem with the early war and poverty programs were not that the programs didn't work for some individuals, they did. But they didn't work for some communities. As individuals would benefit, they would leave the communities, and when they left the communities would be worse than they were before they left, because they were the individuals who were the strongest, who were the brightest, who were the most upward mobile, who could take advantage of programs and projects and efforts and move away and do well for themselves. But just doing all right for someone's self is not really the motivation. Trying to make America become the kind of America that it has never been, but yet has the potential of being. That really is the goal, and it's through these processes of interaction through these different levels of understanding. Through the experiences of different individuals who can inspire and motivate. And, yes, through all of the other processes that are necessary in terms of the politics of voting, the politics of power, the politics of influence, the politics of majority minority. All of it becomes part of what happens. And so, Mr. Chairman, I can't thank you enough for making yourself available, for making the committee and its staff and the staff resources available to come and listen and hear and go back with further understanding. Ending with the notion that as a society, when we reach the point where we can say, If I can help somebody, as I pass along. If I can cheer somebody with a word or song. Then my living, whether I'm an agency director, whether I'm an average citizen, whether I am a Member of Congress, whether I am the President of the United States, if I can help move America out of yesterday into tomorrow, then my work, my living, and my effort will not be in vain. Thank you so much.

Mr. SOUDER. I thank you for being part of our national debate. If you have any additional statements or information you want to

put into our record, and any of the others in the audience want to do so, to Congressman Davis, our record will be left open for a number of days. With that the hearing stands adjourned.

[Whereupon, the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

JEFFERY M. LEVING
WILLIAM G. DOWLING
JAMES M. HAGLER
MATTHEW C. ARNOUX
MICHAEL W. OCHOA
MARTIN A. DELANEY III*
JOHN O. WALSH
TIMOTHY S. O'GRADY**
ELEANOR M. PROCTOR
TIMOTHY E. ROGUS
MICHAEL H. SCHATZ
VALERIE K. SEWELL
JOHN A. KAY
ANDREY B. FILIPOWICZ

LAW OFFICES
JEFFERY M. LEVING, LTD.
A PROFESSIONAL CORPORATION
19 SOUTH LA SALLE STREET
SUITE 450
CHICAGO, ILLINOIS 60603
(312) 807-3990

DUANE J. ST. PIERRE
OF COUNSEL

* ALSO LICENSED IN NEW YORK AND VIRGINIA
** ALSO LICENSED IN MISSOURI

July 29, 2002

United States House of Representatives
Sub-Committee on Criminal Justice,
Drug Policy and Human Resources

RE: Official Congressional Field Hearing Testimony:
The Effectiveness of Substance Abuse Education
and Treatment Programs as Deterrents to Crime

Father Absence As A Causation of Crime,
Violent Crime, Juvenile Delinquency and Drug Abuse

The most reliable predictor of crime in America is growing up fatherless. There is a direct correlation between violent crime, juvenile delinquency, drug abuse and father absence. However, responsible father involvement is a substantial deterrent to these societal ills. Responsible father involvement is a solution, but it needs to be implemented. I preliminarily suggest the following implementation strategies:

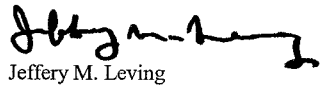
(1) Promoting substantial positive father imaging and involvement by use of the media;
(2) Providing free parenting education to indigent, teen and incarcerated fathers; and
(3) Creating a Judicial Task Force on Father Absence to educate judges on the effects of fatherlessness on children, families and society. The necessity of such a task force is based upon my opinion that many judges adjudicate the consequences of father absence but don't have the data, such as the attached.

The attached is supportive data concerning, in part, the effects and causal connection of father absence to crime and drug abuse. I have taken the liberty to highlight certain parts of the attachment for your study.

United States House of Representatives
Sub-Committee on Criminal Justice,
Drug Policy and Human Resources
July 29, 2002
Page Two

In conclusion, implementing pro-active father involvement strategies may prevent many men from engaging in crime and drug addiction. Therefore, damage control strategies necessitating treatment programs may not be needed for this population.

Respectfully submitted,



Jeffery M. Leving
Attorney at Law
Concentrating in
Marital & Family Law

Attachment

Crime

"I met with a group of young men at our juvenile prison not long ago...everyone of them had grown up without a father in the home...Then I finally asked them point blank: Would it have made a difference if your dad had been around...if he'd helped you with your homework or played ball with you, if he'd been there to teach you right from wrong? That's when I actually saw the tears coming. And I had my answer. It would have made all the difference."

SOUTH CAROLINA GOVERNOR DAVID M. BEASLEY AT THE GOVERNOR'S FATHERHOOD SUMMIT, CHARLESTON, SOUTH CAROLINA, SEPTEMBER 30, 1997.

"Neighborhoods without fathers are neighborhoods without men able and willing to confront errant youths, chase threatening gangs and approach delinquent fathers...the absence of fathers deprives the community of those little platoons that informally but often effectively control boys on the street."

JAMES Q. WILSON, CULTURE, INCENTIVES AND THE UNDERCLASS, IN HENRY J. AARON, THOMAS E. MANN AND TIMOTHY TAYLOR EDS., VALUES AND PUBLIC POLICY, BROOKINGS INSTITUTION 1970-71.

"I believe it is the improper channeling of male aggressiveness — largely due to the absence of fathers to teach and enforce the socially acceptable patterns — that accounts for much of the lawlessness among young men these days. In other words, cultural change may be transforming the special roles of men and women into a sort of generic adulthood. But boys will still be boys."

WILLIAM RASPBERRY, COLUMNIST, THE WASHINGTON POST, NOVEMBER 17, 1995

"From the wild Irish slums of the 19th century Eastern Seaboard to the riot-torn suburbs of Los Angeles, there is one unmistakable lesson in American history: A community that allows a large number of young men to grow up in broken families, dominated by women, never acquiring any stable relationship to male authority, never acquiring any rational expectations about the future — that community asks for and gets chaos."

DANIEL PATRICK MOYNIHAN, "THE NEGRO FAMILY: THE CASE FOR NATIONAL ACTION," U.S. DEPARTMENT OF LABOR, 1965

"The research is absolutely clear... the one human being most capable of curbing the antisocial aggression of a boy is his biological father."

CALIFORNIA-BASED FORENSIC PSYCHOLOGIST SHAWN JOHNSTON, AS QUOTED IN THE PITTSBURGH TRIBUNE REVIEW, MARCH 29, 1998.

Juvenile Delinquency and Father Absence

A 1994 survey of incarcerated youths aged 14-17 found that:

- the majority said they would like to father a child and thought they would be a good father
- 26% had gotten a young woman pregnant
- 63% said they would be pleased if they got a young woman pregnant
- 78% thought they would be a good role model
- 85% thought they would be able to get a good job and support a child

Source: Nesmith, J.D. et al. ***"Procreative Experiences and Orientations Toward Paternity Held by Incarcerated Adolescent Males"*** Journal of Adolescent Health 20 (1997): 198-203.

...the one human being most capable of curbing the anti-social aggression of a boy is his biological father.

Children in single parent families are more likely to be in trouble with the law than their peers who grow up with two parents.

Source: U.S. Department of Health and Human Services. National Center for Health Statistics. ***National Health Interview Survey.*** Hyattsville, MD, 1988.

In a study using national data on over 1600 juveniles in treatment for sex offenses, it was found that:

- only 27.8% were living with both biological parents
- 26.1% were living with a biological parent and a step-parent
- 23.1% were living with their mother only
- 3.2% were living with their father only
- 6.3% were living with a parent and that parent's housemate
- 15.1% were living with neither parent

Source: Ryan, Gail et al. ***"Trends in a National Sample of Sexually Abusive Youths."*** Journal of the American Academy of Child Adolescent Psychiatry 35 (January 1996): 17-25.

A study of juveniles in state reform institutions found that seventy percent grew up in single or no parent situations.

Source: Beck, Allen, Susan Kline, and Lawrence Greenfield. ***Survey of Youth in Custody, 1987.*** U.S. Bureau of Justice Statistics. Washington, DC: GPO, September 1988.

"Teens from single-parent or stepparent homes are more likely to commit a school crime (possess, use or distribute alcohol or drugs; possess a weapon; assault a teacher, administrator or another student) than teens from intact homes."

Source: Jenkins, Patricia H. ***"School Delinquency and School Commitment."*** Sociology of Education 68 (1995): 221-239.

"The prevalence of delinquency among children from broken homes is 10-15 percent higher than among children from intact homes."

Source: Wells, L. Edwards and Joseph H. Rankin. ***"Families and Delinquency: A Meta-Analysis of the Impact of Broken Homes."*** Social Problems 38.1 (1991): 71-93.

A study in the state of Washington using statewide data found an increased likelihood that children born out-of-wedlock would become a juvenile offender. Compared to their peers born to married parents, children born out-of-wedlock were:

- 1.7 times more likely to become an offender and 2.1 times more likely to become a chronic offender if male
- 1.8 times more likely to become an offender and 2.8 times more likely to become a chronic offender if female
- 10 times more likely to become a chronic juvenile offender if male and born to an unmarried teen mother.

Source: Conseur, Amy et al. ***"Maternal and Perinatal Risk Factors for Later Delinquency."*** Pediatrics 99 (1997): 785-790.

A study of 1,800 middle school students found that children who did not live with both biological parents were more likely to carry a gun than children who lived with both biological parents.

Source: Bailey, Susan L., Robert L. Flewelling, and Dennis P. Rosenbaum. ***"Characteristics of Students Who Bring Weapons to School."*** Journal of Adolescent Health 20 (1997): 261-270.

A study on over 1,000 middle school students found that those who reported high levels of family attachment, on average, lived in intact households. Their peers with low levels of family attachment were significantly more involved in delinquent acts, and cigarette, alcohol, and drug use.

Source: Sokol-Katz, Jan, Roger Dunham, and Rick Zimmerman. ***"Family Structure Versus Parental Attachment in Controlling Adolescent Deviant Behavior: A Social Control Model."*** Adolescence 32 (1997): 201-214.

...children who [do] not live with both biological parents [are] more likely to carry a gun than children who live with both biological parents.

In a study using a national probability sample of 1,636 young men and women, it was found that older boys and girls from female headed households are more likely to commit criminal acts than their peers who lived with two parents.

Source: Heimer, Karen. ***"Gender, Interaction, and Delinquency: Testing a Theory of Differential Social Control."*** Social Psychology Quarterly 59 (1996): 39-61.

A longitudinal study on 919 children indicated that family disruption during childhood, marital conflict and low parental involvement increased the odds that a child would engage in anti-social behaviors such as fighting, lying, cheating, and criminal activity.

Source: Sim, Hee-Og and Sam Vuchinich. ***"The Declining Effects of Family Stressors on Antisocial Behavior From Childhood to Adolescence and Early Adulthood."*** Journal of Family Issues 17 (1996): 408-427.

In a re-analysis of data from a study of 500 delinquent and 500 non-delinquent youths originally conducted in the 1950s, it was found that the low supervision of adolescents frequently found in father-absent homes was more the cause of delinquency than poverty.

Source: Sampson, Robert J. and John H. Laub. ***"Urban Poverty and the Family Context of Delinquency: A New Look at Structure and Process in a Classic Study."*** Child Development 65 (1994): 523-540.

In a study on 194 white, urban boys, researchers found that being in a stepfamily or living with a single mother at the age of 10 more than doubled the odds that a boy would eventually be arrested, compared to children who lived with both biological parents.

Source: Coughlin, Chris and Samuel Vuchinich. ***"Family Experience in Preadolescence and the Development of Male Delinquency."*** Journal of Marriage and the Family 58 (May 1996): 491-501.

"The likelihood that a young male will engage in criminal activity doubles if he is raised without a father and triples if he lives in a neighborhood with a high concentration of single-parent families."

Source: Hill, M. Anne and June O'Neill. ***Underclass Behaviors in the United States: Measurement and Analysis of Determinants.*** City University of New York, Baruch College (1993).

Compared to boys from intact, two-parent families, adolescent boys from disrupted families are not only more likely to be incarcerated for delinquent offenses, but to also manifest worse conduct while incarcerated.

Source: Matlock, M. Eileen et al. ***"Family Correlates of Social Skills Deficits in Incarcerated and Nonincarcerated Adolescents."*** Adolescence 29 (1994): 119-130.

"Teenage fathers are more likely than their childless peers to commit and be convicted of illegal activity, and their offenses are of a more serious nature."

Source: Pirog-Good, M.A. ***"Teen Fathers and the Child Support System."*** In Paternity Establishment. Public Policy Conference. Vol. II: Studies of the Circumstances of Mothers and Fathers, SR #56B. Institute for Research on Poverty. University of Wisconsin, Madison, WI. 1992.

The vast majority of juvenile delinquents in Wisconsin were either born out-of-wedlock or the product of broken homes. Only 13 percent of delinquents came from families in which the biological mother and father were married to each other. By contrast, 33 percent had parents who were either divorced or separated and 44 percent have parents who were never married.

Source: Wisconsin Department of Health and Social Services. Division of Youth Services. ***"Family Status of Delinquents in Juvenile Correctional Facilities in Wisconsin."*** April 1994.

"The relationship [between family structure and crime] is so strong that controlling for family configuration erases the relationship between race and crime and between low income and crime. This conclusion shows up time and again in the literature."

Source: Kamarck, Elaine and William Galston. ***Putting Children First: A Progressive Family Policy for the 1990s.*** Washington, DC: Progressive Policy Institute, September 1990.

Violent Crime and Father Absence

A 1988 study found that the proportion of single-parent households in a community predicts its rates of violent crime and burglary, but the community's poverty level does not.

Source: Smith, Douglas A. and G. Roger Jarjoura. ***"Social Structure and Criminal Victimization."*** Journal of Research in Crime and Delinquency 25 (February 1988): 27-52.

One study of adolescents charged with murder found that seventy-two percent grew up without their fathers.

Source: Cornell, Dewey et al. ***"Characteristics of Adolescents Charged with Homicide."*** Behavioral Sciences and the Law 5 (1987): 11-23.

A study of men accused of rape found that sixty percent grew up absent their biological fathers.

Source: Davidson, Nicholas. ***"Life Without Father."*** Policy Review (1990). see also Zinsmeister, Karl. ***"Crime is Terrorizing Our Nation's Kids."*** Citizen (August 20 1990): 12.

Adult Criminality and Father Absence

Young black men raised in single-parent families on welfare and living in public housing are twice as likely to engage in criminal activities compared to black men raised in two-parent families also on welfare and living in public housing.

Source: Hill, Anne M. and June O'Neill. ***Underclass Behaviors in the United States: Measurements and Analysis of Determinants.*** City University of New York, Baruch College (1993).

The children of single teenage mothers are more at risk for later criminal behavior. One main reason for this may be the fact that single teenage mothers monitor their children less than older married mothers do. It was also found that in the case of a teenage mother, the absence of a father increases the risk of harshness from the mother.

Source: Morash, Merry and Lila Rucker. ***"An Exploratory Study of the Connection of Mother's Age and Childbearing to Her Children's Delinquency in Four Data Sets."*** Crime & Delinquency 35.1 (1989): 45-93.

A survey in the summer of 1991 of 13,986 prison inmates found 43 percent grew up in a single-parent household - 39 percent with their mother and 4 percent with their fathers. An estimated 14 percent of the inmates had lived in households with neither biological parent. About 14 percent had lived in a foster home, agency, or other institution at some time during childhood.

Source: U.S. Bureau of Justice Statistics. ***Survey of State Prison Inmates 1991.*** Washington, DC: GPO, March 1993.

Drug, Alcohol, and Tobacco Abuse and Father Absence

A study on 22,000 children ages 12 to 17 indicated that those who live with single parents or in stepfamilies are 50% to 150% more likely to use illegal drugs, alcohol, or tobacco compared to children who live with both biological or adoptive parents. The adolescent girls in the study who live in mother only families were found to be 1.9 times as likely to use alcohol, 1.8 times as likely to use cigarettes, and 2 times as likely to use any illicit drug, compared to girls who live with both biological parents.

Source: Johnson, Robert A., John P. Hallman, and Dean R. Gerstein. ***"The Relationship between Family Structure and Adolescent Substance Use."*** National Opinion Research Center for the United States Department of Health and Human Services. Washington, DC. 1996.

A longitudinal study on 60 middle and upper middle class divorced families found that over half of the children became seriously involved with drugs and alcohol as teenagers.

Source: Wallerstein, Judith. Second International Congress on Rights of Children. San Francisco, June 6, 1997.

Children reared in single-parent households are 2-3 times more likely to smoke cigarettes than children living with both parents.

Source: Bolvin, Gilbert J. et al. ***"Predictors of Cigarette Smoking Among Inner-City Minority Youth."*** Developmental and Behavioral Pediatrics 15 (1994): 67-73; see also Bolumar, Francisco et al. ***"Smoking and Drinking Habits Before and During Pregnancy in Spanish Women."*** Journal of Epidemiology and Community Health (1994): 36-40.

Children who live apart from their fathers are 4.3 times more likely to smoke cigarettes as teenagers than children growing up with their fathers in the home.

Source: Stanton, Warren R., Tian P.S. Oei and Phil A. Silva. ***"Sociodemographic Characteristics of Adolescent Smokers."*** The International Journal of the Addictions 7 (1994): 913-925.

"...the absence of the father from the home affects significantly the behavior of adolescents and results in greater use of alcohol and marijuana."

Source: Beman, Deane Scott. ***"Risk Factors Leading to Adolescent Substance Abuse."*** Adolescence 30 (1995): 201-206.

Children growing up in single-parent households are at a significantly increased risk for drug abuse as teenagers.

Source: Denton, Rhonda E. and Charlene M. Kampfe. ***"The Relationship Between Family Variables and Adolescent Substance Abuse: A Literature Review."*** Adolescence 114 (1994): 475-495.

Parental divorce can create a home environment that leaves adolescents especially prone to marijuana use.

Source: Hoffman, John P. ***"Investigating the Age Effects of Family Structure on Adolescent Marijuana Use."*** Journal of Youth and Adolescence 23 (1994): 215-232.

Teenagers living in single-parent households are more likely to abuse alcohol and at an earlier age compared to children reared in two-parent households.

Source: Duncan, Terry E., Susan C. Duncan and Hyman Hops. ***"The Effects of Family Cohesiveness and Peer Encouragement on the Development of Adolescent Alcohol Use: A Cohort-Sequential Approach to the Analysis of Longitudinal Data."*** Journal of Studies on Alcohol 55 (1994): 588-599; see also Emery, R.E. ***Marriage, Divorce, and Children's Adjustment.*** Beverly Hills: Sage, 1988.

Fatherless children are at a dramatically greater risk of drug and alcohol abuse.

Source: U.S. Department of Health and Human Services. National Center for Health Statistics. ***Survey on Child Health.*** Washington, DC, 1993.

Fatherless children are at a dramatically greater risk of drug and alcohol abuse.

About TASC

Overview of TASC

TASC (Treatment Alternatives for Safe Communities) is a not-for-profit organization that specializes in social service technology and delivery. Active in criminal justice, juvenile justice, child welfare and other public service systems, TASC provides direct services, designs model programs and builds collaborative networks between public systems and community-based human service providers. TASC's purpose is to see that under-served populations gain access to the services they need for health and self-sufficiency, while also ensuring that public and private resources are used most efficiently.

During the past 25 years, TASC has pioneered and delivered community-based interventions at every level of criminal justice supervision, and has also expanded its services to reach HIV-affected persons, youth involved in the juvenile justice and child welfare systems, and others in need of intensive intervention. In addition to its direct services, TASC conducts research, develops policy and programs, provides training, develops internet-based data management systems, administers a urinalysis laboratory, and offers management and professional consultation for social service providers and systems.

To achieve successful outcomes for both individuals and society, TASC's approach is multi-faceted. TASC works with public systems to develop effective, systems-level responses to managing special populations; it works with communities to build collaborative service networks; and it works directly with clients to ensure their successful habilitation and functioning in society.

TASC delivers comprehensive direct services which address substance abuse, mental health and related issues such as criminal and delinquent behavior, under-employment and under-education. TASC recognizes the life circumstances and cultural diversity of its clients and delivers relevant programming to support positive behavior change.

Along with its work in Illinois, TASC is active in developing national public policy related to behavioral health services, as well as in conducting and disseminating research and best practices that inform policy-makers and service providers across the country.

Administrative Offices
1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

Core Clinical Case Management Services

Pursuant to Illinois statute, TASC is the sole agency designated by the Illinois Department of Human Services, Office of Alcoholism and Substance Abuse (OASA) to provide substance abuse assessments and services to the Illinois courts. Operating in every county in the state, TASC provides direct services to nearly 15,000 substance-abusing offenders in Illinois each year, offering state-of-the-art independent, clinical case management services. At the core of TASC's services is a specialized model of case management which consists of:

Assessment — TASC's in-depth assessment determines the nature and extent of the client's presenting problem, and the likelihood for successful recovery. The assessment also uncovers underlying ancillary issues that could be barriers to recovery.

Specialized Service Planning — TASC develops an individualized care plan for each client, taking into account such factors as the complexity and degree of the client's problems, ancillary services needed by the client to reduce barriers to recovery, and the treatment and other resources available to address these needs.

Service Referrals & Placement — Individuals who meet TASC and state criteria are placed in treatment or referred to the appropriate service agency. TASC coordinates all the activities necessary to place the client into appropriate treatment, and provides continuing support and intervention as necessary.

Monitoring & Reporting — While a client is in treatment, a TASC case manager continually reevaluates the client's progress and reports to the agency or court that referred the individual.

Urinalysis — TASC uses urinalysis to provide initial baseline information on the nature of the client's drug use, to monitor abstinence during the recovery process, and to provide objective information to referral sources.

Client Services

Effective behavioral health programs require close collaboration and the active participation of an array of key stakeholders. TASC works with administrative bodies, public systems and hundreds of social service providers to develop meaningful responses to complex societal problems. These responses require efficient use of scarce public resources. Recognizing this need, TASC works to leverage the skills and resources of the stakeholders to achieve the highest level of clinical effectiveness and cost efficiency. Through a carefully designed delivery of services, TASC seeks to reduce individuals' long-term reliance on public systems for support.

Courts and Probation

TASC's aim is to divert non-violent substance-abusing offenders out of the costly corrections system and into treatment services that address a wide range of social service needs. TASC serves over 10,000 people each year in its adult court and probation programs alone. TASC works closely with courts in every jurisdiction in Illinois to ensure that clients receive rehabilitative services that support community-based recovery while also maintaining public safety. Treatment plans and recommendations are made on a client-by-client basis,

with each client receiving the appropriate level of services for his/her presenting problems. Some clients benefit from outpatient treatment, while others require more intense, long-term residential services. Many also require ancillary services, such as HIV risk-reduction, family skills, and educational and vocational training.

Corrections

TASC serves an additional 4,000+ adult clients who are re-entering the community following their incarceration in state and local corrections facilities. TASC manages clients' access to substance abuse treatment and other services necessary for successful community reintegration, such as housing and employment. TASC has also established *Winners' Circles* in several locations which provide peer-led support groups for ex-offenders who are committed to remaining drug-free and crime-free.

Juvenile Justice

TASC's specialized case management services have been adapted to serve the unique and complex needs of delinquents involved in the juvenile justice system. In addition to its juvenile court diversion and treatment-matching services, TASC administers a number of community-based programs for at-risk youth. These programs provide safe, structured and productive environments that help direct youth away from gangs and criminal activity and toward accountability and community involvement.

Child Welfare and Family Services

TASC works with families, community-based service providers, schools, and other individuals and public systems to help youth in the child welfare system become stabilized in a permanent living situation. TASC also links children and their families to wraparound services, including clinical care and family counseling, and works with parents whose children may have been placed in the child welfare system as a result of the parent's substance abuse. TASC provides all of the assessment, treatment-matching, reporting and other case management services, and also makes recommendations as to reunification issues and other necessary social services.

Welfare to Work

TASC helps remove barriers to employment for individuals receiving Temporary Assistance to Needy Families (TANF). TASC collaborates with public aid offices and employee assistance programs in Illinois to provide drug education and testing services, and works with employers to identify and address signs of substance abuse by employees, including facilitating access to treatment.

HIV/AIDS Intervention

TASC provides HIV/AIDS intervention and education services to at-risk populations, both independently and as a component of other TASC programs. TASC offers case management services for those who may have already contracted HIV, and educates adults and juveniles on the nature and transmission of HIV/AIDS and other sexually-transmitted and infectious diseases.

Ancillary Services

Finally, TASC provides a number of ancillary services to publicly-served clients. In Cook County, for instance, TASC sponsors a Women's Center for those who are seeking a safe haven to support them in their recovery. Also, TASC's urinalysis laboratory processes hundreds of thousands of drug tests every year for many of TASC's programs.

Social Systems and Public Policy

For lasting change to occur, individual behavior change must be facilitated and supported at the community level and broader systems level. Any successful approach to difficult health and human service issues must be shared with providers in the field and made known to the public officials and decision-makers who allocate resources and develop public policy. TASC has long been active in the process of sharing information on what works and providing technical assistance to public systems in Illinois as well as across the country. TASC helps public systems understand the complex interaction of sanctions, incentives, legal pressures and all of the attendant biopsychosocial issues that accompany behavioral health problems.

TASC collaborates with public systems and service providers to plan for a range of issues related to service delivery, from initial collaboration between stakeholders to performance contracts to clinical standards and protocols. TASC also plays a significant role in the formal development of public policy at local and national levels. Its leaders regularly participate in research and peer review for federal agencies overseeing both justice and substance abuse issues, and also serve on state and national advisory committees that address a broad scope of issues relating to addiction, crime, and other social and behavioral health concerns.

Research to Practice

Internally, TASC's research division and quality improvement teams consistently evaluate client needs and programming to ensure that TASC continually implements best clinical practices. As part of the larger social services field, TASC has partnered with prominent research universities in Illinois to study broad systemic behavioral and psycho-social problems related to publicly-funded clients, with the primary purpose of converting that knowledge into clinical practice. TASC has been awarded numerous contracts to perform substance abuse and other behavioral health research as part of both local and national efforts. These studies include such concerns as the prevalence of drug use among arrestees, inmates and probationers, and the health service utilization patterns of certain publicly-funded populations.

Management Information Technology

Information management is critical to the long-term effectiveness of any managed service delivery model. Having developed its own internet-based client tracking system, TASC uses its management information systems skills to develop similar care management software for state agencies and other private entities. Utilizing the latest in software design and network configuration, TASC helps agencies manage their client data and other administrative functions while minimizing paperwork and other extraneous expenses.

Training and Consultation

With 25 years' experience addressing substance abuse and other behavioral health issues among publicly-funded clients, TASC is recognized as a national expert on a host of issues related to the provision of services to traditionally under-served populations. TASC regularly conducts training and provides consultation on issues related to alternative sentencing, juvenile justice, substance abuse interventions within public systems, comprehensive case management, treatment matching and a number of other topics. TASC also provides training and consultation on organizational issues, such as program design and implementation, clinical standards and protocols, and curriculum development.

TASC
Treatment Alternatives for Safe Communities

TASC, Inc. (Treatment Alternatives for Safe Communities) is an independent, not-for-profit organization that provides services to individuals in criminal justice, juvenile justice, child welfare and public aid systems. Through a unique system of client case management, TASC helps individuals gain access to substance abuse treatment and other services they need, while also ensuring that public and private resources are used most efficiently.

What TASC Does

- Assessment to identify the nature and extent of the individual's presenting problem
- Specialized service planning that takes into account the client's complete service needs
- Treatment matching and placement into appropriate treatment and/or other services
- Monitoring of the individual's progress for the courts or other referral source
- Ongoing case management to support client success

Where TASC Operates

TASC has eleven offices statewide and provides services throughout Illinois, and also offers training and consultation services nationwide.

Managing Care for a Variety of Populations

TASC manages access to treatment and other services for the following specialized populations:

- Adult offenders
- Juvenile delinquents
- Persons at risk for HIV and/or affected by HIV
- Youth involved in the child welfare system
- Individuals moving from welfare to work

Individuals Served by TASC Statewide in FY 2001*

- Adult court/probation services: 21,579
- Corrections programs: 3,053
- Juvenile court/probation services: 3,870
- Child welfare & family services: 344
- Health services programs: 1,518
- Welfare-to-work: 1,494

* Individuals served refers to all clients who have been assessed and/or monitored in FY 2001.

Administrative Offices
1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

TASC receives funding from a variety of federal, state and county sources, as well as several private foundations, organizations and individuals.

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Community Re-entry & TASC

Clinical Reintegration for Ex-Offenders

Facilitating Community Re-entry

According to the U.S. Bureau of Justice Statistics, 21 percent of all state prison inmates in 1998 were incarcerated for non-violent drug offenses. Upon release, these individuals often find themselves without a support system to help sustain recovery and motivate a change in behavior. Research shows that recidivism results from several factors, including the chronic nature of addiction, criminal thinking, social and educational deficits, joblessness and poverty. Given these barriers, many parolees re-offend and many do so within the first three to six months after release (Inciardi 1997).

The combination of substance abuse treatment in a therapeutic community and post-release case management and treatment is effective in reducing substance abuse and recidivism among chronic substance abusers with extensive criminal histories (Inciardi, 1997). Successful community reintegration requires an effective synthesis of treatment, community supports and habilitative services, and pro-social skills building.

TASC Can Help

TASC (Treatment Alternatives for Safe Communities) has worked with state and local corrections officials across the country to help develop progressive substance abuse treatment programs within correctional facilities, and has collaborated with public and private entities to develop systems-level responses to recidivism and other corrections concerns. TASC has provided post-release case management services since 1994.

TASC identifies "junctures of vulnerability" for parolees, and has case management strategies in place to respond to them. It brings extensive experience and proven ability to any planning and implementation effort. Services concentrate on continuing clinical intervention for substance abuse and relapse prevention, meeting survival needs so parolees can stay focused on recovery, and providing the structured support necessary to develop drug- and crime-free lifestyles.

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Chicago, IL 60622
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fax: (312) 787-9663
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Access to and management of "wrap-around" services is essential to long-term recovery. Housing, employment, clothing, educational or vocational training, health care and treatment are among the essentials most parolees lack. In Illinois, TASC has developed extensive resources, including a

statewide network of recovery homes and halfway houses which are otherwise difficult to access for this population.

TASC recognizes the importance of fostering positive peer support and provides access to pro-social communities that understand substance-involved parolees' special needs. Based on a Texas model, supported by the Center for Substance Abuse Treatment (CSAT), TASC sponsors several *Winners' Circles*, self-help groups for male and female ex-offenders who are committed to living drug-free and crime-free.

TASC is acknowledged nationally for expertise in criminal justice and corrections related to research, informing public policy, consultation, training and technical assistance. TASC employs extensive experience in helping communities safely manage ex-offenders to assure they have the best chance for long-term recovery and pro-social living.

About TASC

TASC is a not-for-profit organization that specializes in social service technology and delivery. Active in criminal justice, juvenile justice, child welfare and other public service systems, TASC provides direct services, designs model programs and builds collaborative networks between public systems and community-based human service providers. TASC's purpose is to see that under-served populations gain access to the services they need for health and self-sufficiency, while also ensuring that public and private resources are used most efficiently.

For more information on how TASC can help your organization, please call (312) 573-8210.

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Drug Courts & TASC

Managing Successful Outcomes

Linking Courts and Treatment

Growing numbers of drug offenses and drug-related crimes have caused court backlogs in many jurisdictions throughout the country. Since 1989, a number of jurisdictions have been experimenting with judicial management methods, commonly referred to as drug courts, for the disposition of drug-involved offenders. As a means to interrupt the drug/crime cycle while also managing large numbers of individuals, drug courts were created as a tool to link the courts with community-based treatment.

TASC (Treatment Alternatives for Safe Communities), has managed linkages between criminal justice and treatment for over 25 years, and has helped design and implement model drug court programs in Illinois and around the country. TASC collaborates with treatment agencies and criminal justice professionals to assist communities in developing effective drug court teams, engaging multiple systems, and designing and developing drug courts.

TASC Can Help

In 1997, the Drug Courts Program Office (DCPO) of the Office of Justice Programs (OJP) published *Defining Drug Courts: The Key Components*. TASC provides technical assistance to new or existing drug courts responding to these 10 key components of effective drug courts. The key components defined by the DCPO and TASC's operational elements provide the structure needed to inform meaningful and effective sentencing decisions and ensure the implementation of individually tailored sentences that involve both treatment and sanctions.

Key Component #1: **Drug courts integrate alcohol and other drug treatment services with justice system case processing.**

Effective drug courts rely on the collaboration and cooperation of the criminal justice system and the substance abuse field, which in turn depends on a clear understanding of each system. To ensure that offenders/clients in need of treatment receive appropriate services, the two systems must understand each other's professional purposes and language.

Administrative Offices
1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

TASC can offer technical assistance on:

- Successful collaboration between the justice system and alcohol/drug treatment services
- Establishing formal communication and agreements for client and justice system
- Establishing and maintaining communication with the treatment community to ensure appropriate treatment for clients.
- Developing a system of rewards and sanctions
- Integrating clinical services with sanctions.

Key Component #2: **Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.**

It is vital that drug court participants be screened and monitored carefully so that public safety and the role and authority of the court is not compromised, while also upholding the rights of the individual.

TASC can offer technical assistance on:

- Screening
- Cross-training across disciplines: Building a cooperative team
- The roles of prosecution counsel and defense counsel
- Protecting clients' rights/confidentiality

Key Component #3: **Eligible participants are identified early and promptly placed in the drug court program.**

Early identification and screening involves setting clear standards for drug courts so that all cooperating components— court, treatment providers, clients, etc. — understand who is eligible for drug court participation. The assessment enables the court to set treatment and supervision parameters that facilitate appropriate program recommendations by properly matching offenders to the correct level of care and the least restrictive and least expensive sanction.

TASC can offer technical assistance on:

- Establishing explicit and agreed upon eligibility criteria
- Developing screening procedures for the early identification of eligible offenders
- Creating documented procedures for assessment and referral
- Developing immediate intervention strategies

Key Component #4: **Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.**

One of the key components of a successful drug court is that those who are responsible for administering it truly understand the nature of addiction and how it manifests itself in the actions of substance abusers.

TASC can offer technical assistance on:

- Substance abuse and addiction
- Clinical aspects of treatment
- Case management
- Relapse prevention
- Clinical staff training

- Methods of improving treatment access for offenders
- Systems issues in publicly-funded treatment
- Impact of managed care issues on the availability and length of treatment

Key Component #5: **Abstinence is monitored by frequent alcohol and other drug testing.**

Establishing documented policies, procedures and technology for drug testing is necessary to ensure that tests are reliable and fairly administered.

TASC can offer technical assistance on:

- Using drug/alcohol testing to monitor abstinence and compliance
- How to use and interpret results
- Drug testing as part of overall drug court system of sanctions and rewards

Key Component #6: **A coordinated strategy governs drug court responses to participants' compliance.**

Within a drug court setting, effective case management provides a system to ensure continuity of care and supervision as offenders move among correctional and treatment levels and sanctions. Ongoing feedback and information enables the judge to provide direct support, offering sanctions or rewards to encourage offender compliance and a greater chance at successful recovery. Relapses can be dealt with immediately and modified treatment programs can be ordered.

TASC can offer technical assistance on:

- Establishing drug court policies and procedures
- Integrating drug courts with other justice system processes
- Case management and monitoring
- Developing a system of rewards and sanctions for participant compliance

Key Component #7: **Ongoing judicial interaction with each drug court participant is essential.**

TASC can offer technical assistance on:

- Identifying judges nationally who are leaders in drug court development and operation to assist in providing technical assistance and training.

Key Component #8: **Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.**

Timely and accurate data about program services and operations not only provides the judiciary with needed information, but it also is essential in evaluating program effectiveness.

TASC can offer technical assistance on:

- Setting process and outcome goals for the drug court
- Developing useful data collection systems
- Program evaluation

Key Component #9: **Continuing interdisciplinary education promotes effective drug court planning, implementation, and operation.**

It is important to have an ongoing educational component that allows local jurisdictions to benefit from the latest knowledge and technologies.

TASC can offer technical assistance on:

- Assessing the effectiveness of drug court treatment services and suggesting methods for improvement
- Cross-training to improve communications and working relationships among criminal justice and treatment professionals.
- Support for the development of effective policies, procedures, and methods for client identification, screening, assessment and case management
- Communicating effectively with the court
- Development and utilization of comprehensive clinical and ancillary services

Key Component #10: **Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.**

Drug courts are dependent upon effective working relationships among judges, prosecutors, defense attorneys, treatment providers and other service providers in the community. The success of offenders' recovery is reliant on these entities' collaboration with one another. In addition, most drug court clients have additional needs beyond substance abuse treatment-- domestic violence intervention, HIV/AIDS services, family counseling, etc.-- and these issues need to be addressed along with their recovery.

TASC can offer technical assistance on:

- Developing community partnerships
- Establishing linkages with specialized services

About TASC

TASC is a not-for-profit organization that specializes in social service technology and delivery. Active in criminal justice, juvenile justice, child welfare and other public service systems, TASC provides direct services, designs model programs and builds collaborative networks between public systems and community-based human service providers. TASC's purpose is to see that under-served populations gain access to the services they need for health and self-sufficiency, while also ensuring that public and private resources are used most efficiently.

For more information on how TASC can help your organization, please call (312) 573-8210.

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External Training Services & TASC

About TASC

TASC (Treatment Alternatives for Safe Communities) is an independent not-for-profit organization that specializes in social service technology and delivery. Active in criminal justice, juvenile justice, child welfare and other public service systems, TASC provides direct services, designs model programs and builds collaborative networks between public systems and community-based human service providers. TASC's purpose is to see that under-served populations gain access to the services they need for health and self-sufficiency, while also ensuring that public and private resources are used most efficiently.

TASC's Training Services

TASC is nationally recognized for its training and technical assistance to criminal justice systems, juvenile justice programs, health and human service providers, community groups, and public and private agencies. TASC provides accredited staff development programs, training for external organizations, and teaching in conjunction with local universities.

TASC offers training and consultation in the following areas:

- AIDS/HIV
- Alternative Sentencing and Sanctions
- Assessment and Diagnosis of Substance Abuse (including ASAM criteria)
- Case Management
- Child Welfare
- Criminal Justice Interventions (from court to corrections)
- Community-Based Corrections
- Drug Courts
- Drug Use Trends
- Juvenile Justice
- Marketing for Nonprofits
- Neuroscience of Addiction
- Program Design and Implementation
- Substance Abuse and Addiction
- TASC Program Model

For more information on TASC's training services, please call (312) 573-8374.

Administrative Offices
1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

Family Courts & TASC

Helping Parents and Families Recover

Substance Abuse and Family Courts

Throughout the nation, courts and public child welfare systems struggle with the complicated issues of child protection and parental addictions to alcohol and other drugs. New legislative initiatives aimed at more timely permanence for children and a reduction of the numbers of persons dependent on public welfare magnify this struggle.

Child neglect and mistreatment often lead to intervention by child protective agencies. When family circumstances are aggravated by parental substance abuse, there is a need for interventions that can help parents and adolescents gain access to substance abuse treatment and other services that will help them achieve drug-free health and home stability.

TASC Can Help

In association with courts, child welfare agencies, family members, community-based service providers and schools, TASC (Treatment Alternatives for Safe Communities) designs and administers programs to improve treatment outcomes for parents and to increase the number of children who achieve stable living situations. TASC offers specialized, intensive, therapeutic case management to effect lasting changes in the behavior of substance-abusing parents involved with public systems.

In Illinois, TASC's intensive case management services improve outcomes for parents by following them through the full continuum of substance abuse treatment, from initial intervention to post-treatment recovery maintenance. Services include clinical assessment, evaluation of client benefits, drug testing, service plan development, treatment placement, ongoing case management, reporting to referral sources, outreach services, and permanency assessment and recommendations.

TASC also links families to community wraparound services that address such issues as domestic violence, sexual abuse and family dysfunction. It provides all assessments, treatment matching, reporting and other case management services, including crisis intervention and long-term monitoring to maintain placement viability. Through these intensive case management services, TASC strives to create safe and healthy homes for children and their families.

Administrative Offices
1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

Additional Technical Assistance

Beyond designing and administering direct services, TASC provides technical assistance to child welfare agencies through its Internet-Based Technologies division. To facilitate expedited service placements, TASC has created real-time, Internet-based client referral applications that match children with social service providers best qualified to meet their special needs.

About TASC

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Juvenile BARJ & TASC

Helping Youth Develop Responsibly

Balanced and Restorative Justice

Many children grow up with daily exposure to drugs, violence and abuse, often within their own families. Youth who commit offenses often do so after having abused alcohol, inhalants, and other drugs. For many, the juvenile justice system provides the first real opportunity for intervention and support. Balanced and Restorative Justice (BARJ) interventions involve juvenile offenders, victims and the community in repairing harm and habilitating youthful offenders.

According to guidelines set forth by the Office of Juvenile Justice and Delinquency Prevention, there are 11 key principles of restorative justice:

1. Crime is injury.
2. Crime hurts individual victims, communities, and juvenile offenders and creates an obligation to make things right.
3. All parties should be a part of the response to the crime, including the victim if he or she wishes, the community, and the juvenile offender.
4. The victim's perspective is central to deciding how to repair the harm caused by the crime.
5. Accountability for the juvenile offender means accepting responsibility and acting to repair the harm done.
6. The community is responsible for the well-being of all its members, including both victim and offender.
7. All human beings have dignity and worth.
8. Restoration — repairing the harm and rebuilding relationships in the community — is the primary goal of restorative juvenile justice.
9. Results are measured by how much repair was done rather than by how much punishment was inflicted.
10. Crime control cannot be achieved without active involvement of the community.
11. The juvenile justice process is respectful of age, abilities, sexual orientation, family status, and diverse cultures and backgrounds — whether racial, ethnic, geographic, religious, economic, or other — and all are given equal protection and due process.

Source: OJJDP Guide for Implementing the Balanced and Restorative Justice Model, 1998

Administrative Offices
1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

TASC Can Help

Working in collaboration with justice systems, community service providers, youth and their families, TASC (Treatment Alternatives for Safe Communities) seeks to help young people grow and develop in a positive and productive manner, while learning to assume their responsibility and accountability to the community. TASC designs and implements programs and provides technical assistance on incorporating BARJ principles into juvenile justice interventions.

TASC has more than 15 years' experience in administering programs for juvenile offenders in Illinois. Using the principles of balanced and restorative justice, TASC's services are designed for youth who are involved in the juvenile justice system and who may also be abusing drugs or alcohol. TASC's juvenile case management services involve:

- An in-depth assessment and verification process to determine the nature and extent of the youth's alcohol and/or drug abuse problem.
- The development of an individualized care plan for each juvenile that addresses not only his/her substance abuse problem, but also any ancillary services needed and the resources available to meet those needs. TASC works with the youth's family, the community, and other service providers to identify and address problems and to provide support during the recovery process. Services also incorporate victim impact statements and panels into the recovery process.
- Placement into substance abuse treatment or referral to the appropriate service agency. TASC coordinates all the activities necessary to place the youth in needed services.
- Ongoing case management, support and advocacy to the youth and his/her family to ensure continued pro-social development. TASC also monitors the youth's progress through treatment and submits periodic reports to the referring agency or court.

About TASC

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Prosecutorial Diversion & TASC

Saving Criminal Justice Costs while Accessing Clinical Resources

Benefits of Prosecutorial Diversion

Between 1980 and 1997, drug arrests tripled in the United States. Four out of five drug arrests in 1997 were for possession, with 44 percent of those for marijuana possession (The Sentencing Project 1999). Programs that divert first-time and low-level drug offenders out of the criminal justice system and into drug education or treatment programs can save the heavy criminal justice costs of further prosecution, defense attorneys, judicial services, court personnel, filing fees, and potentially detention. In addition, they promote justice by addressing the social, medical and personal factors associated with crime and recidivism, and providing services that reduce the individual's likelihood to reoffend.

TASC Can Help

In conjunction with local prosecuting attorneys' offices and substance abuse treatment providers, TASC (Treatment Alternatives for Safe Communities) creates and implements diversion programs designed to interrupt the cycle of substance abuse and crime in adults and juveniles before that cycle evolves into a pattern of addiction and criminal behavior. Such programs offer diversion options to prosecutors while maintaining the accountability of the offender.

In Cook County, Illinois, the State's Attorney's Drug Abuse Program (SADAP) identifies first-time and low-level drug offenders and places selected eligible participants in drug education classes. Participant assessments are conducted by TASC, and drug education services are provided by community-based treatment providers. Eligible participants include those who have been charged with low levels of:

- Possession of cannabis
- Possession of cannabis with intent to deliver
- Possession of a controlled substance
- Possession of a controlled substance with intent to deliver

The program has proven to be a successful and cost-effective diversion option for thousands of adult and juvenile offenders. Nine out of ten enrolled participants have completed attendance at all required drug education classes. Upon successful completion, participants may elect to have the offense expunged from their record.

Administrative Offices
1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

Offering Specialized Programming

In addition to providing drug education and access to treatment to eligible participants, prosecutorial diversion programs can provide added services that respond to the particular needs of the community. TASC has designed specialized services for prosecutorial diversion, including:

- Gender-responsive drug education and intervention services to address issues specific to female offenders.
- Juvenile-focused programming to focus on the entrepreneurial aspects of juvenile drug involvement.
- On-site intake locations in district courts as well as branch courts.

About TASC

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Welfare to Work & TASC

Breaking Down Barriers to Employment

Building Successful Employment Outcomes

Employment service organizations across the country have undertaken ambitious efforts to move recipients of Temporary Assistance to Needy Families (TANF) to employment and self-sufficiency. While some TANF recipients are able to negotiate this transition on their own, others may require some level of support. TANF recipients face many challenges which can pose barriers to successful long-term employment. These individuals may lack confidence in their ability to function in the workplace, they may have difficulties managing workplace conflicts, or they may face more serious challenges such as substance abuse, mental illness, domestic violence and/or other family problems. These issues must be fully addressed in order for individuals to perform successfully in a work environment.

TASC Can Help

TASC has 25 years' experience in designing and administering programs that provide access to care for persons addicted to alcohol and other drugs. Working in collaboration with government and community service providers, TASC develops networks of service so that populations that are traditionally underserved can get the help they need in order to become healthy and productive.

TASC helps to identify the nature and scope of individuals' substance abuse and provides access to quality behavioral health care services that will help participants achieve productive employment. Using state-of-the-art methods of evaluation and case management, TASC identifies service needs and then works as a neutral broker to match each participant with the appropriate treatment program. With a growing network of over 250 behavioral health care providers throughout Illinois, TASC coordinates care to allow each participant the maximum potential to become a healthy and self-sufficient worker.

TASC helps identify personal problems which pose barriers to successful employment, links participants with needed substance abuse treatment and provides resources for other services, and provides participants with comprehensive support.

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1500 N. Halsted St.
Chicago, IL 60622
tel: (312) 787-0208
fax: (312) 787-9663
www.illinoistasc.org

Core Services

TASC offers an array of supportive services to employment service organizations working with TANF participants. These include *core services* — those minimally necessary to meet outcome goals — and *optional services* which can be added to the core model to enhance outcomes. Organizations may contract separately for any of these options. Regardless of which services an agency selects, TASC will provide comprehensive initial orientation and training to staff regarding effective use of these services. All programming can be tailored to meet the needs of your organization.

Individual Services

Evaluation of Employment Barriers

Using proven evaluation methods, TASC determines the nature and extent of each participant's behavioral health care problems which may lead to barriers in employment, and uses the results in designing individualized service agendas.

Individualized Service Agenda

TASC creates a service agenda to guide participants' clinical service needs during treatment, through discharge and post-discharge support.

Service Matching and Placement

TASC uses evaluation data to match participants with the substance abuse treatment which best meets their specific needs. In doing so, TASC collaborates with the employment service organization to ensure that a client's treatment plan fits into an overall employment plan. Treatment matching considers not only the clinical best interest of the participant, but also other factors that influence participant success, such as cultural concerns, geographic location, access to necessary transportation and child care.

Case Management, Mentoring and Ongoing Support

TASC provides comprehensive, culturally-competent and gender-specific case management services that are balanced with the ongoing supports offered by the employment service organization. TASC assists participants by monitoring their progress in treatment and providing continual support toward recovery and stable employment. TASC also helps participants to solve problems that impede ability to work by providing crisis management services and facilitating peer support.

Group Services

"Substance Abuse, Life and the Workplace"

Substance abuse education activities focus on gaining understanding of the dynamics and consequences of alcohol and drug use and ways to reduce drug use. Topics include: the effects of substance abuse in the workplace, the effects of substance abuse on the family, the effects of specific drugs and alternatives to substance use.

Identification, Orientation, and Preparation Groups

TASC assists participants in developing a personal understanding of, and commitment to, the changes they need to make to cope with the demands of the workplace. Participants will identify their individual barriers to success,

Optional Services

Pre-Evaluation Screen

Pre-evaluation screening of potential behavioral health issues saves time and resources. For organizations that may not have a screening process in place, TASC will perform brief screens designed specifically to determine if a longer behavioral health evaluation is required. Or, TASC can train employment staff on screening techniques.

Drug Testing

TASC's toxicology laboratory performs high quality, accurate urine drug testing services for programs throughout Illinois. TASC conducts drug screening, handles chain of custody, and reports results.

MIS Data Collection and Review

TASC will evaluate your management information system (MIS) and ascertain the additions, modifications and enhancements necessary to support your work preparing TANF recipients for and placing them in the workforce.

Training and Technical Assistance

TASC provides training on a variety of subjects including substance abuse and mental health issues as barriers to employment, and working with substance-abusing and mentally ill participants who are involved in the criminal justice system.

Additional Options

Many individuals lack access to transportation, child care, and literacy skills, and therefore face additional barriers in finding or keeping jobs. TASC will develop screening systems to allow you to determine which participants will require special attention or services in these areas.

For Further Information

For more information on how TASC can help your organization, call (312) 573-8210.

The Cook County Sheriff's Office
Department of Women's Justice Services

Michael F. Sheahan
Cook County Sheriff

Terrie L. McDermott
Executive Director

Residential Treatment and Transition Center for Women

A New Cook County Initiative

Department of Women's Justice Services
3026 South California • Chicago, Illinois 60608
Phone: (773) 869-7731 Fax: (773) 869-5441
www.cookcountysheriff.org/womensjustice

Cook County Sheriff's Office
Department of Women's Justice Services

Residential Treatment and Transition Center for Women

A New Cook County Initiative

Overview:

The Residential Treatment and Transition Center for Women will allow the Cook County Sheriff's Office to place non-violent female drug offenders in an intensive residential and community transition treatment program for a one-year alternative sentence to prison. The program, which would be operated by the Sheriff's Department of Women's Justice Services, would provide a sentencing option for Cook County Judges.

The program will integrate gender-responsive interdisciplinary drug treatment, mental and physical health services, parenting skills, family relationship counseling, lifeskills and job readiness training. The female participant will also be required to obtain a GED and/or vocational certification. Graduates will complete a work/community experience and/or be placed into jobs. An aftercare component will provide case management, mentoring and support services for women up to 12 months after program completion.

A December 1999 report by the Bureau of Justice Statistics found that an estimated 3.2 million women were arrested in 1998 and nearly one million women were under the care, custody or control of probation, prison or parole agencies. Of those, about 84,000 women were confined to prison. In the same report, women under supervision by justice system agencies were mothers of 1.3 million minor children and about two thirds of them had lived with their children prior to entering prison. Case studies of women incarcerated in Cook County Department of Corrections indicated the average women had at least seven prior incarcerations with at least 2 children at the time she was taken into custody. Not only will the New Initiative treat the mothers, but will inadvertently treat the children and stop the inter-generational cycle.

The desire to reunify the mother with her children can be the most powerful motivator for a women's recovery from substance abuse along with preventing wide scale damage to the next generation. Denial of access to her children can be a powerful trigger for relapse and despair.

Vision:

Develop effective residential and community transition alternative to prison for drug offending women with children.

Mission:

Provide gender-responsive treatment for the non-violent female drug offenders that gives her the tools necessary to deal with drug addiction, heal from trauma, focus on her children, break inter-generational cycle in and out of the criminal justice system and return to the community as a productive citizen.

Eligibility Criteria:

- Non-violent female offenders with children, being prosecuted in Cook County and facing prison terms.
- Participants would voluntarily enroll in the 12-month program as an alternative to prison.
- At some point in treatment, the children would reunite with their mothers and participant in the program.

Female Offender/Participant Profile:

Most of the offender population at Cook County Jail possesses the following characteristics:

- Non-violent
- Drug/alcohol addictions
- Single parents with two to four children
- Income level at or below poverty line
- Undereducated and unemployed
- Victim of physical and sexual abuse
- Arrested between ten and twelve times
- Mental health issues
- Incarcerated at the Cook County Jail and the state prison system

Cost Effectiveness:

It costs less money to treat a woman offender for substance abuse than to incarcerate her. It cost the criminal justice system an average of $20,000 to $30,000 per year to incarcerate a women in prison. The average women enters the criminal justice system an average of 7 to 10 times in her life span.

Not only does treatment save the criminal justice system, but also foster care and health/social cost. Foster care for the child of an incarcerated woman adds $3,600 to $14,000 a year. When the woman does not receive treatment for her addiction, society also pays by health and social damage. These are young woman, likely to become pregnant unfortunately with addicted babies. For example, when a drug addicted baby is born in Cook County Hospital, it cost $2,500 a day for care in the neo-natal intensive care unit.

The costs of maintaining a revolving door system are staggering and the results are ineffective. Therefore, the Cook County Sheriff is taking an aggressive approach to stop this pattern of recidivism. According to the Illinois Department of Corrections, the number of female prison inmates jumped by more than 170 percent between 1990 and 1997 to 2,430 compared with a 69 percent increase for male inmates. The Illinois Department of Corrections is overcrowded and the idea of building a new prison is costly.

Through collaborating with legislatures, community activist, organizations and governmental agencies to promote leadership, shared responsibility and accountability for public safety, the Cook County Sheriff's Department of Women's Justice Services looks forward to assisting improvements through integrated services and systemic change.

Cook County Sheriff's Department of Women's Justice Services

The Female Offender: A Closer Look

- During the past decade, statistics clearly indicated that the rapid expansion of the female prison population is being driven largely by increased rates of incarceration for drug offenses. A December 1999 report by the Bureau of Justice Statistics found that an estimated 3.2 million women were arrested in 1998 and nearly one million women were under the care, custody or control of probation, prison or parole agencies. Of those, about 84,000 women were confined to prison.

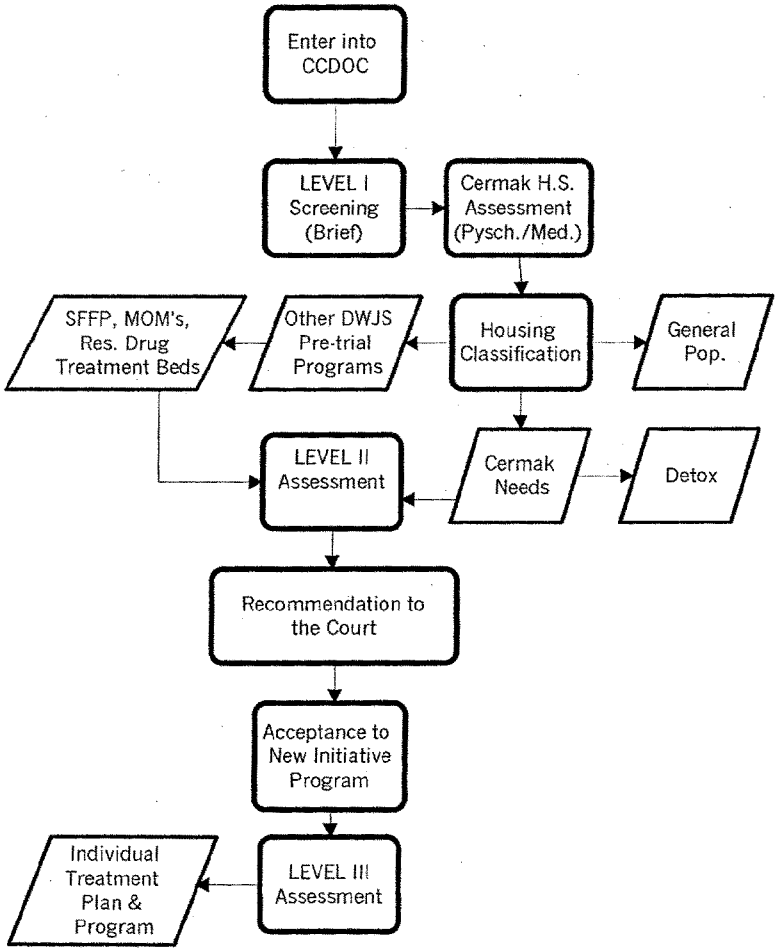
- In the same report, women under supervision by the justice system agencies were mothers of 1.3 million minor children and about two thirds of them had lived with their children prior to entering prison. The Women's Prison Association & Home, Inc. of New York states that children are hurt by their mother's drug use, traumatized by her arrest and the resulting separation from her. They suffer a wide range of psychological problems including trauma, anxiety, guilt, shame and fear. These problems frequently manifest themselves in poor academic achievement, truancy, dropping out of school, gang involvement, early pregnancy, drug abuse and delinquency. Children of offenders are six times more likely than their peers to end up in prison themselves.

- Between 1990 and 1996 the number of convicted females grew at two and one-half times the rate of male defendants. Put more simply, one in every 109 adult women in the United States is now under some form of correctional supervision. Nearly half of the women in state prisons were under the influence of drugs or alcohol when committing their offense and one in three women reported committing their offense to buy drugs.

- According to the Illinois Department of Corrections, in Illinois, the number of female prison inmates jumped by more than 170 percent between 1990 and 1997, to 2,430 compared with a 69 percent increase for male inmates. Today there are 2,840 women in state prison and 1,642 are serving time for drug offenses. In 1999, more than half of the 1,800 women sent to state prison from Cook County were convicted on the charge of drug possession alone. A typical repeat woman offender from Cook County who is sentenced to state prison on drug charges has spent an average of 10 years in and out of the criminal justice system.

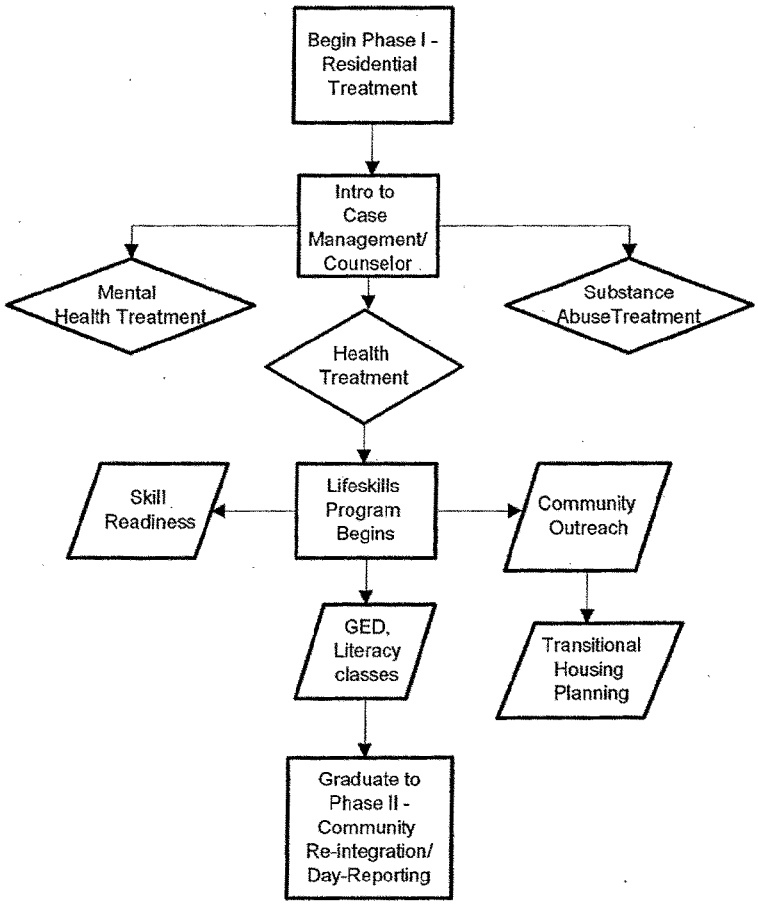
- Studies show that most of these women are single parents of two to four children, poor, undereducated, unskilled, unemployed, marginally housed and victims of childhood and adult physical and/or sexual trauma. They experience a high rate of HIV infection, other sexually transmitted diseases, tuberculosis and untreated chronic diseases. Substance abuse is the most common psychiatric disorder among women offenders. According to a 1996 survey in Cook County Jail, which was documented in a Northwestern University Study by Teplin, Abram, & McClelland, 80 percent met the DSM-III-R criteria for one or more lifetime psychiatric disorders. "The most common disorders were drug abuse or drug dependence (63.6%), alcohol abuse or alcohol dependence (32.3%) and PTSD [Post-Traumatic Stress Disorder] (33.5%)."

Cook County Sheriff's
Department of Women's Justice Services
New Initiative -
Overall Program Breakdown



Cook County Department of Women's Justice Services
New Initiative Breakdown

PHASE I - Residential Treatment
(4 months)



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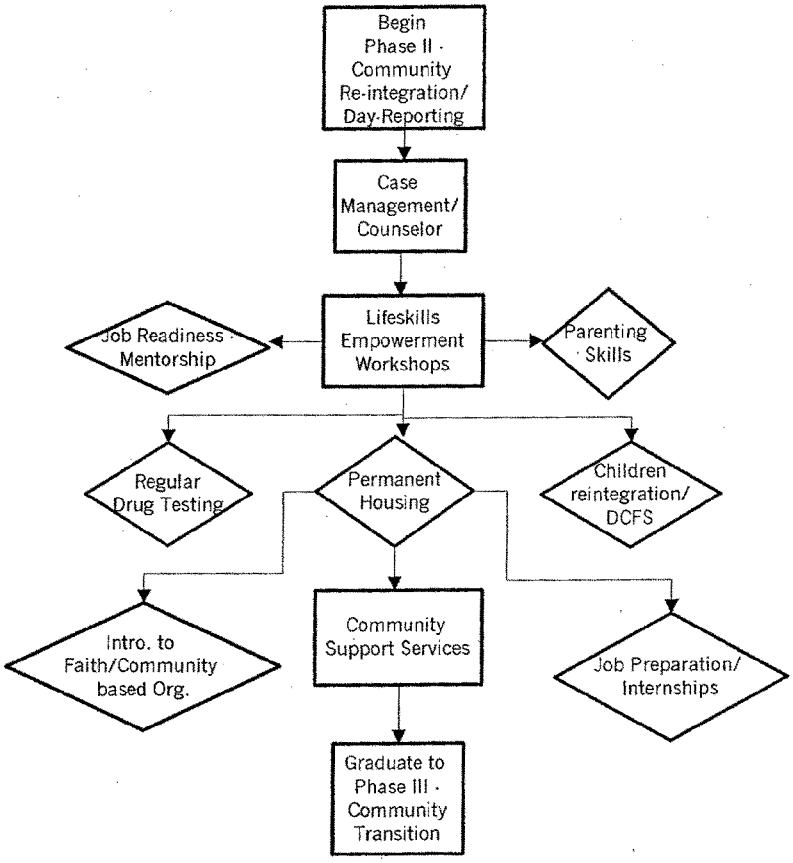
Cook County Department of Women's Justice Services
New Initiative Breakdown

PHASE II - Community Reintegration & Day-Reporting
(5 Months)



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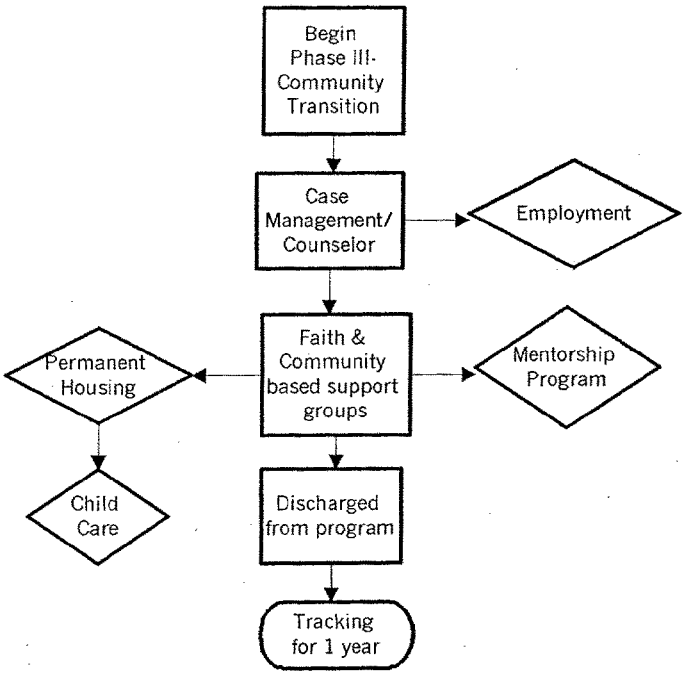
Cook County Department of Women's Justice Services
New Initiative Breakdown

PHASE III - Community Transition
(3 months)



DWJS 3/8/01

Profile # 1 - Sue

Date of Arrest	Age at Time of Arrest	Charge	Disposition
June 1985	17	Theft	Supervision 3 months
November 1990	22	Theft	Bond Forfeiture Warrant
January 1991	23	Theft	Bond Forfeiture Warrant
February 1992	24	Solicitation	SOL
June 1993	25	Disorderly Conduct	SOL
July 12, 1993	25	Disorderly Conduct	SOL
July 17, 1993	25	PCS	Probation 18 months
May 1994	26	Theft	SOL
December 1997	28	PCS (less than 15 grams of Heroin)	1 year IDOC
June 1999	30	PCS (Heroin)	NOLLE
March 2000	32	Solicitation	NPC
July 2000	32	PCS (Cocaine)	Probation 2 years
February 15, 2001	33	PCS (less than 15 grams Heroin)	Pending
February 27, 2001	33	PCS	Pending

- 33 years old
- single
- unemployed
- 12 years of education
- 2 dependent children (ages 10 & 16)
- 15 years of Heroin Addiction (daily use)
- 14 years of Cocaine Addiction (daily use)
- # of arrests 14
- # of times in CCDOC 13 (average length of stay 62 days)
- # of times in IDOC 1

Total CCDOC Costs - $45,136
Total IDOC Costs - $23,725

Department of Women's Justice Services
3/8/01

Profile #2 - Jane

Date of Arrest	Age at Time of Arrest	Charge	Disposition
April 1980	18	DCS (Marijuana)	SOL
March 1981	19	DCS (Marijuana)	Probation 1 year
February 1988	24	PCS	NPC
August 1990	26	VOP	3 years IDOC ***Served 1 year
August 1991	27	DCS	3 years IDOC *** July 1992 Paroled
November 1994	30	DCS	6 years IDOC *** Served 1 year
January 1995	31	PCS (Cocaine)	NOLLE
May 1995	31	PCS (Cocaine)	Dismissed
August 1995	31	DCS	Bond Forfeiture
January 1998	32	DCS	6 years IDOC *** April 1998 Paroled
February 2001	38	DCS (Marijuana)	Pending

- 38 years old
- single
- 3 dependent children (ages 18, 15, 13)
  ******* 18 year old has spent time in Juvenile***
- lacks high school diploma and GED
- unemployed
- 20 year Heroin Addiction (daily use)
- # of arrests 11
- # of times in CCDOC 9 (average length of stay 69)
- # of times in IDOC 4

Total CCDOC Costs - $34,776
Total IDOC Costs - $106,600

Profile #3 - Mary

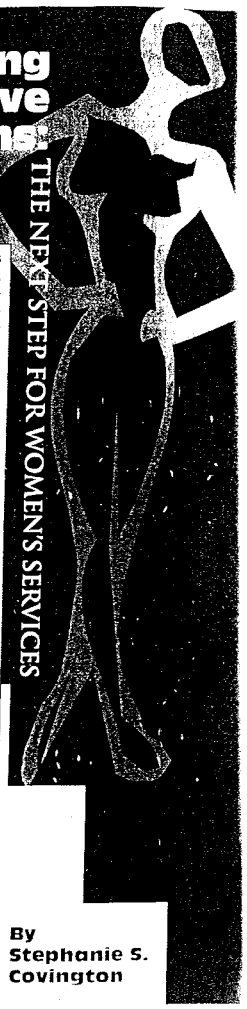
Date of Arrest	Age at Time of Arrest	Charge	Disposition
November 1996	20	Miscellaneous Criminal Offenses	Dismissed
May 1997	21	Criminal Trespass to Vehicles	SOL
June 1997	21	PCS	Probation Terminated Satisfactory
December 1997	21	Criminal Trespass to Vehicles	SOL
August 1999	23	Assault	SOL
July 2000	24	DCS (Marijuana, less than 10 grams)	NOLLE
August 2000	24	Criminal Damage to Property	Bail Bond Forfeiture
September 2000	24	Disorderly Conduct	Bail Bond Forfeiture
January 2001	24	PCS/DCS (Cocaine, less than 15 grams)	Pending

- 22 years old
- single
- 2 children in fathers care (ages 3, & 5)
- 13 years of education
- unemployed
- # of arrests 9
- # of times in CCDOC 7 (average length of stay 54 days)
- # of times in IDOC 0

Total CCDOC Costs - $ 21,168
Total IDOC Costs - $0

Creating Gender-Responsive Programs

THE NEXT STEP FOR WOMEN'S SERVICES



By Stephanie S. Covington

Some of the most neglected, misunderstood and unseen women in our society are those in jails, prisons and community corrections. The female rate of incarceration has increased dramatically, tripling in the last decade.

The primary reason for the growing numbers is the increase in drug-related convictions, along with the advent of mandatory sentences for these offenses. According to the Federal Bureau of Prisons, more than 60 percent of women in custody are serving sentences for drug offenses. In many state prisons, the rate is even higher, yet, our society does not provide a comprehensive continuum of care for these women.

A high correlation also exists between drug abuse and incarceration and probation and parole violations for women. Historically, treatment, research and recovery from addiction have been primarily geared toward men. This has had a serious impact on women and treatment programs in both the criminal justice system and the free world.

Women in the Criminal Justice System

The 1986 mandatory drug sentencing laws were designed to rid society of drug dealers and major players in the illegal drug trade, and specified that anyone caught in possession of a drug would automatically be sentenced. Unfortunately, the war on drugs has led to an explosive increase in the number of women who are incarcerated. Since 1980, the rate of incarcerated female drug offenders has surpassed the rate of incarcerated male drug offenders. Between 1995 and 1996, the number of women in state prisons for drug offenses increased by 95 percent compared to a 55 percent increase for men. Between 1986 and 1996, the number of women incarcerated for drug offenses rose by 888 percent (Mauer, Potler and Wolf, 2000). Currently, 35.9 percent of women serving time for drug offenses were charged solely with possession.

We must ask ourselves if incarceration is always necessary. In a private conversation, a warden at one of the largest women's prisons in the United States stated that 75 percent of the women in her custodial care would be better served in the community. The warden, as well as many women who work in the corrections field, thinks this would be a more humane and economical solution to the crowding of our prisons by women who have committed nonviolent, petty offenses.

Characteristics of Female Offenders

A basic principle of clinical work is to know who the clients are and what they bring into the treatment setting. In order to design a treatment program that matches female offenders' needs, it is important to consider their demographics and histories, as well as how various life factors impact their substance abuse and offending patterns.

Nature of crime. Female prison populations differ from male prison populations in several significant ways. First, women are less likely to have committed violent offenses and more likely to have been convicted of crimes involving alcohol, drugs or property. One study showed that 71.9 percent of female offenders in California had been convicted of drug or property charges, vs. 49.7 percent of male offenders. These statistics are consistent with national trends (Bloom, Chesney-Lind and Owens, 1994). Many of these property crimes are economically driven, often motivated by the abuse of and addiction to alcohol and other drugs and/or by poverty.

Response to treatment. Besides being significantly less violent than men, women show more responsiveness to prison programs, although they have less opportunity to participate in them due to lack of availability. Another difference is that men often deal with their anxieties through physical activity, but women tend to deal with their

anxieties with too much sleep, food and prescription pills (LeBlanc, 1996).

Demographics. Most female inmates are poor, undereducated, unskilled single mothers, and a disproportionate number of them are minorities. In one state, more than half the women inmates were African-American (35 percent) and 16.6 percent were Hispanic. One-third were Caucasian and the remaining 13 percent were composed of other minorities. Of those who had been employed before incarceration, many were on the lower rungs of the economic ladder, with only 37 percent working at legitimate jobs. Twenty-two percent were on some kind of public support, 16 percent made money from drug-dealing and 15 percent were involved in prostitution, shoplifting or other illegal activities (Bloom, Chesney-Lind and Owen, 1994).

Health and mental illness. In a study conducted of 400 female volunteers in a Massachusetts prison, 35 percent tested HIV-positive. In addition to health problems, nearly one-quarter (24 percent) of women in state prisons have been identified as being mentally ill. (Ditton, 1999).

Motherhood. Two-thirds of incarcerated women have children younger than 18. Many feel enormous guilt about being absent from their children's lives and worry about whether they will have custody of their children when they are released (Bloom and Steinhart, 1993). These and other concerns, including unresolved issues of physical and sexual abuse, lead female inmates to make requests for psychological counseling that far exceed those made by men. Penal experts agree that women would benefit from these additional services.

Abuse. Many women in prison have histories of physical and sexual abuse. In one study, nearly 80 percent reported experiencing some form of abuse. 29 percent reported being physically abused as children and 60 percent reported abuse as adults, usually by their partners. In some cases, abuse in childhood and adulthood overlapped. Thirty-one percent experienced sexual abuse as children and 23 percent as adults; 40 percent reported emotional abuse as children, and 48 percent as adults (Bloom, Chesney-Lind and Owen, 1994).

Women also are abused within the prison system. A report by the Human Rights Watch Women's Rights Project documented verbal degradation, sexual assault, unwarranted visual supervision, denial of goods and privileges, and use or threat of force.

Available vs. Optimal Treatment

With nearly 60 percent of women in prison for drug-related crimes, and with the number of addiction and abuse issues that women bring with them, it would not be unreasonable to expect prisons to invest substantial resources in alcohol and drug recovery programs, support groups and psychological counseling. Unfortunately, the current programs for men in prison are few and inadequate, and there are even fewer for women. The term "correctional institutions" becomes a sad euphemism in a system that provides few programs to help redress the most basic needs and concerns of women inmates.

There also is a lack of integration and too little coordination among the programs that do exist. For example, a woman can be in a therapeutic community that regards addiction as a secondary issue, while also attending 12 Step meetings that view addiction as a primary disease and that advocate abstinence, as well as participating in a cognitive-behavioral program that treats addiction as a learned behavior. These built-in contradictions can create confusion and lead to relapse. A female also is likely to be in one type of treatment program while incarcerated and then be treated from a different theoretical perspective when in a community continuing-care facility. In a nationwide survey conducted under the auspices of the U.S. Department of Justice, the National Criminal Justice Association found that "virtually every survey respondent reported that there is too little funding for treatment services, that there are not enough drug treatment facilities or appropriate placements for drug-dependent clients, and that there is a lack of qualified personnel to staff treatment programs" (Zawistowski, 1991).

Gender-Responsive Issues

The Center for Substance Abuse Treatment (CSAT) has developed the following list of issues that reflect a comprehensive treatment model for women:

- The etiology of addiction, especially gender-specific issues related to addiction, including social, physiological and psychological consequences of addiction, and factors related to onset of addiction;
- Low self-esteem;
- Race, ethnicity and cultural issues;
- Gender discrimination and harassment;
- Disability-related issues, where relevant;
- Relationships with family members and significant others;
- Attachments to unhealthy interpersonal relationships;
- Interpersonal violence, including incest, rape, battering and other abuse;
- Eating disorders;
- Sexuality, including sexual functioning and sexual orientation;
- Parenting;
- Grief related to the loss of alcohol or other drugs, children, family members or partners;
- Work;
- Appearance and overall health and hygiene;
- Isolation related to a lack of support systems (which may or may not include family members and/or partners) and other resources;
- Life/plan development; and
- Child care and custody.

Women's Issues

When women across the country who recovered in 12 Step programs described what had changed the most for them in their journeys to recovery and the issues that contributed to relapse, they listed the self, relationships, sexuality and spirituality as most important (Covington, 1994). It is interesting to note that these four issues incorporate the CSAT list above. Thus, if recovery programs are to be created for women in correctional settings, these issues need to be understood and addressed.

One example of a program that addresses women's issues is *Helping Women Recover: A Program for Treating Substance Abuse* (Covington, 1999), a 17-session program with a module for each of the issues identified below.

The self. Addiction clearly is a disorder of self. The generic definition of addiction I use is: the chronic neglect of self in favor of something or someone else. Many women enter the prison system with a poor self-image and histories of trauma and abuse. One of the first questions women in recovery address is, "Who am I?" They find words to describe who they are from a deep, inner place, rather than through roles such as wife, mother or daughter.

Relationships. Some women use addictive substances to maintain relationships with using partners, while some use them to fill relationships void and still others use them to deal with the pain of being abused (Covington and Surrey, 1997). One of the tasks of any recovery program is to teach women self-soothing techniques to address the myriad of feelings that surface during abstinence.

Women in prison often have unhealthy, illusory or unequal relationships with spouses, partners, friends and family members. For that reason, it is important for recovery programs to model healthy relationships among both staff and participants, providing a safe place for healing (Bloom and Covington, 1998). The greatest challenge is to overcome the alienation that is fostered within prison walls and to replace it with a greater sense of relationship in the community.

Sexuality. Sexuality is one of the most neglected areas in addiction treatment and one of the major causes for relapse. Healthy sexuality is integral to one's sense of self-worth. It represents the integration of the biological, emotional, social and spiritual aspects of who one is and how one relates to others.

Many women entering the early stages of recovery report: sexual dysfunction, shame and guilt, sexual identity issues, prostitution, sexual abuse and fear of sex while clean and sober. These issues must be addressed if women are expected to maintain their recovery (Covington, 2000).

Spirituality. The design of the criminal justice system is anti-thetical to spiritual values. Although we live in a secular culture, helping women reconnect with their own spirituality is critical to the recovery process. Religion and spirituality are not the same and may or may not be connected. Religion is about form, dogma and structure, and is institutionally based. Spirituality is about transformation, connection, wholeness, meaning and depth.

It is essential that women find their own definitions of a "higher power." In recovery groups, it often is useful to give women art history books to look at how, for thousands of years, the female was revered. It also is helpful to show women that they are part of a long history of birthers, growers and caregivers, helping them reconnect with that energy.

Conclusion

Even though most professionals believe addiction is a disease or disorder, societally, we respond to it chiefly as a crime. With women being incarcerated for drug-related offenses at an alarming rate, it is imperative to design treatment services that reflect the realities of their lives. There is a critical need for comprehensive, integrated programs that address the interrelationships among race, class, gender and addiction. A definition of gender-responsive that can help guide our work is: creating an environment through site selection, staff selection, program development and content that reflects an understanding of the realities of women's lives and is responsive to the participants' issues.

The task of corrections is to provide better services for the invisible women caught in our criminal justice system, imprisoned for substance abuse and their attempts to survive poverty and trauma. It is crucial that the link between the crimes and each woman's drug addiction, mental illness, and/or economic distress be acknowledged. It is equally important to challenge the belief that incarceration is the answer. Perhaps substance-abusing females could be treated more effectively and economically in community-based gender-responsive programs. We must understand the reality of the lives of the women who come into the system in order to develop programs to serve them.

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Stephanie S. Covington, Ph.D., LCSW, is co-director of the Center for Gender and Justice in La Jolla, Calif. Her consulting work includes the Pennsylvania Department of Corrections and the National Institute of Corrections. She has more than 20 years of experience in the design and implementation of treatment services for women.