COMBATING DRUG ABUSE AND DRUG-RELATED CRIME: WHAT IS WORKING IN BALTIMORE?

HEARING

BEFORE THE

SUBCOMMITTEE ON DOMESTIC POLICY

OF THE

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

OCTOBER 1, 2007

Serial No. 110–69

Printed for the use of the Committee on Oversight and Government Reform

Available via the World Wide Web: http://www.gpoaccess.gov/congress/index.html
http://www.oversight.house.gov

U.S. GOVERNMENT PRINTING OFFICE

44–006 PDF WASHINGTON : 2008

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2104 Mail: Stop IDCC, Washington, DC 20402–0001

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

HENRY A. WAXMAN, California, *Chairman*

TOM LANTOS, California
EDOLPHUS TOWNS, New York
PAUL E. KANJORSKI, Pennsylvania
CAROLYN B. MALONEY, New York
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
DANNY K. DAVIS, Illinois
JOHN F. TIERNEY, Massachusetts
WM. LACY CLAY, Missouri
DIANE E. WATSON, California
STEPHEN F. LYNCH, Massachusetts
BRIAN HIGGINS, New York
JOHN A. YARMUTH, Kentucky
BRUCE L. BRALEY, Iowa
ELEANOR HOLMES NORTON, District of Columbia
BETTY McCOLLUM, Minnesota
JIM COOPER, Tennessee
CHRIS VAN HOLLEN, Maryland
PAUL W. HODES, New Hampshire
CHRISTOPHER S. MURPHY, Connecticut
JOHN P. SARBANES, Maryland
PETER WELCH, Vermont

TOM DAVIS, Virginia
DAN BURTON, Indiana
CHRISTOPHER SHAYS, Connecticut
JOHN M. McHUGH, New York
JOHN L. MICA, Florida
MARK E. SOUDER, Indiana
TODD RUSSELL PLATTS, Pennsylvania
CHRIS CANNON, Utah
JOHN J. DUNCAN, Jr., Tennessee
MICHAEL R. TURNER, Ohio
DARRELL E. ISSA, California
KENNY MARCHANT, Texas
LYNN A. WESTMORELAND, Georgia
PATRICK T. McHENRY, North Carolina
VIRGINIA FOXX, North Carolina
BRIAN P. BILBRAY, California
BILL SALI, Idaho
JIM JORDAN, Ohio

PHIL SCHILIRO, *Chief of Staff*
PHIL BARNETT, *Staff Director*
EARLEY GREEN, *Chief Clerk*
DAVID MARIN, *Minority Staff Director*

SUBCOMMITTEE ON DOMESTIC POLICY

DENNIS J. KUCINICH, Ohio, *Chairman*

TOM LANTOS, California
ELIJAH E. CUMMINGS, Maryland
DIANE E. WATSON, California
CHRISTOPHER S. MURPHY, Connecticut
DANNY K. DAVIS, Illinois
JOHN F. TIERNEY, Massachusetts
BRIAN HIGGINS, New York
BRUCE L. BRALEY, Iowa

DARRELL E. ISSA, California
DAN BURTON, Indiana
CHRISTOPHER SHAYS, Connecticut
JOHN L. MICA, Florida
MARK E. SOUDER, Indiana
CHRIS CANNON, Utah
BRIAN P. BILBRAY, California

JARON R. BOURKE, *Staff Director*

CONTENTS

	Page
Hearing held on October 1, 2007	1
Statement of:	
Franklin, Lena M., director of Recovery in Community; Rita C. Fayall, program coordinator Meet Me Half Way Village Center; Leon Faruq, program director of Operation Safe Streets East; and Sheryl Goldstein, director mayor's Office on Criminal Justice	12
Faruq, Leon	20
Fayall, Rita C.	15
Franklin, Lena M.	12
Goldstein, Sheryl	25
Heller, Ellen M., Circuit Court Administrative Judge, president of the American Jewish Joint Distribution Committee; Jamey H. Weitzman, Associate Judge, District Court of Baltimore City; David W. Young, Associate Judge, Baltimore City Circuit Court; Dr. Joshua Sharfstein, Commissioner of Health of Baltimore City; and Dr. Philip J. Leaf, professor, Johns Hopkins Bloomberg School of Public Health	45
Heller, Ellen M.	45
Leaf, Dr. Philip J.	68
Sharfstein, Dr. Joshua	61
Weitzman, Jamey H.	51
Young, David W.	60
Letters, statements, etc., submitted for the record by:	
Faruq, Leon, program director of Operation Safe Streets East, prepared statement of	22
Fayall, Rita C., program coordinator Meet Me Half Way Village Center, prepared statement of	17
Franklin, Lena M., director of Recovery in Community, prepared statement of	14
Goldstein, Sheryl, director mayor's Office on Criminal Justice, prepared statement of	28
Heller, Ellen M., Circuit Court Administrative Judge, president of the American Jewish Joint Distribution Committee, prepared statement of	48
Kucinich, Hon. Dennis J., a Representative in Congress from the State of Ohio, prepared statement of	4
Leaf, Dr. Philip J., professor, Johns Hopkins Bloomberg School of Public Health, prepared statement of	70
Sharfstein, Dr. Joshua, Commissioner of Health of Baltimore City, prepared statement of	64
Weitzman, Jamey H., Associate Judge, District Court of Baltimore City, prepared statement of	53

COMBATING DRUG ABUSE AND DRUG-RELATED CRIME: WHAT IS WORKING IN BALTIMORE?

MONDAY, OCTOBER 1, 2007

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON DOMESTIC POLICY,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Baltimore, MD.

The subcommittee met, pursuant to notice, at 9 a.m., in Ceremonial Moot Court Room, University of Maryland School of Law, 500 West Baltimore Street, Baltimore, Maryland, Hon. Dennis J. Kucinich (chairman of the subcommittee) presiding.

Present: Representatives Kucinich and Cummings.

Staff present: Jaron R. Bourke, staff director; Charles Honig, counsel; and Jean Gosa, clerk.

Mr. KUCINICH. Good morning. The Domestic Policy Subcommittee of the Committee on Oversight and Government Reform will now come to order.

Today's hearing will examine innovative approaches to combating drug abuse and drug related crime in Baltimore.

Now, without objection, the Chair and other Members will have the opportunity to make opening statements, followed by statements of the witnesses not to exceed 5 minutes.

Without objection, Members and witnesses have 5 legislative days to submit a written statement or extraneous materials for the record.

And without objection, we will be joined on the dais by Members not on our committee for the purpose of participating in this hearing and asking questions of our witnesses.

I want to begin by recognizing the considerable contributions of Congressman Cummings in organizing this hearing. Congressman Cummings' commitment to his home city of Baltimore, as you know, is profound.

This is only the most recent of field hearings on the city's efforts to combat drugs and crime that he has helped this committee to convene. These hearings continue to be important, both because of the pressing issues facing Baltimore and what this city's experience tells us about national drug control and violence prevention efforts.

As we all know, the levels of drug abuse and drug related violence in Baltimore are unacceptably high. It is estimated that 60,000 of Baltimore's 650,000 residents are drug dependent, mostly abusing heroin and cocaine. By many metrics, Baltimore is the most violent major city in the country and recent indicators are

troubling. Non-fatal shootings and juvenile shootings are up and, most tragic, homicides have been creeping upwards since 2002. The city is on pace for more than 300 murders for the first time since 1999.

Five years ago our predecessor subcommittee held a field hearing in the War Memorial Building to examine what is termed Baltimore's innovative drug demand reduction strategy. Since then, "The Wire" has allowed a larger audience to learn about some versions of the Baltimore drug and crime problems.

In some respects, this hearing involves the same themes as the earlier hearing. It looks at city-led and community-wide efforts to provide effective drug treatment and in particular the role of drug treatment courts in this process.

It also highlights how crime reduction efforts are part of the solution. Back then it was methadone provision. Now it is buprenorphine.

By focusing here on drug treatment, the coordinated provision of services and community-based violence prevention, I do not want to suggest that law enforcement and policing strategies are not crucially important; they are even if they are not the main subject of this particular hearing.

In this subcommittee, we will look at the ways in which Federal policies, including the Tiahrt amendment and inadequate gun ownership registration, are stalling the efforts of local law enforcement to remove illegal drugs from the streets. In addition, criminal justice is not just policing. As the highest criminal court coordinator will explain, there are many other effective strategies. Nonetheless, drug abuse is largely a public health problem, and combating drug abuse is dependent on a coordinated strategy to offer at risk individuals multiple services.

Put another way, because drug abuse and drug related violence have multiple causes, programs and strategies to combat them must be multifaceted and provide multiple services in a coordinated fashion. Not just drug treatment, but job training, financial assistance, and referrals to mental health facilities when needed.

Similarly, to combat gangs and prevent violence it is not enough to place people behind bars. Instead we need to develop programs that ensure that youths stay in school, learn to resolve their differences peacefully, stay off drugs, and plan for a career.

That is the insight behind what our witnesses will variously term wrap around services or provision of a spectrum of services. A panel of witnesses will introduce a lot of these programs today. And they will discuss initiatives operated by community groups and faith groups.

This committee will also hear from a panel of judges who together have been most instrumental in Baltimore's successful implementation of drug treatment courts. Drug courts have been an effective route for coordinating criminal justice agencies, mental health, social agencies, and treatment communities to provide multiple services. Drug courts demand accountability from their participants and are sophisticated about monitoring outcomes and ensuring best practices as to how to operate.

The judges will describe efforts to improve these courts by providing more rapid evaluation and treatment referrals, a wider

array of participants and expanded services. They will also explain how the problem-solving court model is being applied to children and families in juvenile drug courts, teen courts, truancy reduction courts and family courts.

Important questions are raised by the simultaneous development of judicially led problem-solving courts and non-judicial programs that aim to provide a similar spectrum of services.

They are working at now to coordinate existing services in order to prevent wasteful replication. Further demands of collaboration and coordination have been reflected in institutional changes, and there are other challenges specially for the Federal Government. Does the government adequately fund drug treatment and types of institutions like drug courts that have been shown to be effective? Does the Federal funding process hinder the development of programs that provide multiple services because these programs naturally need grants from multiple Federal funding sources?

Breaking the cycle of drug addiction and violence in Baltimore or in any other city, for that matter, is an immense, but not an insurmountable task.

Understandable frustration about the persistence of these problems should not blind us to the fact that those who care passionately about this city, church members, social workers, judges, public policy advocates alike, and Congressman Elijah Cummings, have made progress identifying types of interventions that work.

To help, the Federal Government must be attentive to what is working. That is what we are going to hear about today.

At this time, I am pleased to introduce the gentleman who, in so many ways, has brought to the forefront matters of great concern to this community. He has brought them to the U.S. Congress and he has demanded that Congress pay attention. Whether it is health matters, housing matters or matters that relate to criminal justice and drug treatment and prevention, Congressman Elijah Cummings has been there and I am so grateful to Congressman Cummings, Elijah, to be with you here today in your home area, about this community you love so much about the matters that you are so concerned about. So the Chair recognizes Congressman Cummings.

[The prepared statement of Hon. Dennis J. Kucinich follows:]

Opening Statement
Congressman Dennis Kucinich, Chairman
Domestic Policy Subcommittee
Oversight and Government Reform Committee
"Combating Drug Abuse and Drug-related Crime: What Is Working in Baltimore"
Monday October 1, 2007 – 9:30 a.m.
Ceremonial Moot Court Room
University of Maryland School of Law

I want to recognize the contributions of Congressman Cummings in organizing this hearing. The Congressman's commitment to his home city of Baltimore is profound, and this is only the most recent of field hearings on the city's efforts to combat drugs and crime that he has helped this committee convene. These hearings continue to be important both because of the pressing issues facing Baltimore and what this city's experience tells us about national drug control and violence prevention efforts.

As we all know, the levels of drug abuse and drug-related violence in Baltimore are unacceptably high. It is estimated that 60,000 of Baltimore's 650,000 residents are drug dependent, mostly abusing heroin and cocaine. By many metrics, Baltimore is the most violent major city in the country and recent indicators

are troubling: non-fatal shooting and juvenile shooting are up, and most tragic, homicides have been creeping upwards since 2002. The city is on pace for more than 300 murders for the first time since 1999.

Five years ago, our predecessor subcommittee held a field hearing in the War Memorial building to examine what it termed Baltimore's "integrated drug demand reduction strategy." Since then, "The Wire" has allowed a larger audience to learn about some version of the Baltimore's drug and crime problems. In some respects, this hearing develops the same themes as the earlier hearing; it looks at city-led and community-wide efforts to provide effective drug treatment, and, in particular the role of drug treatment courts in this process. It also highlights how harm reduction efforts are part of the solution: then it was methadone provision, and now it is buprenorphine.

By focusing here on drug treatment, the coordinated provision of services, and community-based violence prevention, we do not mean to suggest that law enforcement and policing strategies are not crucially important. They are even if they are not the main subject of this particular hearing: in May, this subcommittee held a hearing that revealed the ways in which federal policies,

including the Tiahrt Amendment and inadequate gun ownership registration, were stymieing the efforts of local law enforcement to remove illegal guns from the streets. In addition, criminal justice is not just policing, as the Mayor's criminal justice coordinator will explain, there are many other effective strategies.

Nonetheless, drug abuse is largely a public health problem and combating drug abuse is dependent on a coordinated strategy to offer at-risk individuals multiple services. Put another way, because drug abuse and drug-related violence have multiple causes, programs and strategies to combat them must be multifaceted and provide multiple services in a coordinated fashion: not just drug treatment, but job training, housing assistance, and referrals to mental health facilities when needed. Similarly, to combat gangs and prevent violence, it is not enough to place people behind bars, but instead we need to develop programs that ensure that youth stay in school, learn to resolve their differences peacefully, stay off drugs, and plan for a career. That is the insight behind what our witnesses will variously term "wrap-around services," or provision of a spectrum of services.

Our witnesses will introduce a number of these programs today, and there are many more worthy initiatives operated by community groups and faith groups.

This hearing will also hear from a panel of judges who together have been most instrumental in Baltimore's successful implementation of drug treatment courts. Drug courts have been an effective model for coordinating criminal justice agencies, mental health, social services, and treatment communities to provide multiple services. Drug courts demand accountability from their participants and are sophisticated about monitoring outcomes and ensuring best practices in how they operate. The judges will describe efforts to improve these courts by providing more rapid evaluations and treatment referrals, better monitoring of participants, and an expanded array of services. They will also explain how the problem-solving court model is being applied to reach children and families in juvenile drug courts, teen courts, truancy reduction courts, and family courts.

Important questions are raised by the simultaneous development of judicially-led problem-solving courts and of non-judicial programs that aim to provide a similar spectrum of services. Have we thought hard how to coordinate existing services in

order to prevent wasteful replication? Have the demands of collaboration and coordination been reflected in institutional changes? And there are other challenges specifically for the federal government: does the government adequately fund drug treatment and the types of institutions like drug courts that have been shown to be effective? Does the federal funding process hinder the development of programs that provide multiple services because these programs naturally need grants from multiple federal funding sources?

Breaking the cycle of drug addiction and violence in Baltimore is an immense but not insurmountable task. Understandable frustration about the persistence of these problems should not blind us to the fact that those who care passionately about this city—church members, social workers, judges, and public policy advocates alike—have made progress in identifying types of interventions that work. To help Baltimore, the federal government must be attentive to what is working.

Mr. CUMMINGS. Thank you very much Mr. Chairman. And I want to thank you and I am sure the audience is well aware that you were the former mayor of Cleveland, OH, so you are familiar with many of these problems.

I want to thank you for holding this vitally important hearing to seek out the best practices for combating drug abuse and drug related violence.

I also want to thank the University of Maryland Law School. Dean, I thank you for hosting us this morning.

As you already know, violent crime is on the rise nationwide. According to a report recently released by the FBI's Uniform Crime Reporting Program, robberies surged in 2006 by 7.2 percent, homicides rose by 1.8 percent and violent crime, overall, rose 1.9 percent. Taken together, 2005 and 2006 represent the first steady increase in violent crime since 1993.

Here in Baltimore we have seen incidents of violence and gang activity increase at a record breaking pace. As of now, more people have been killed in Baltimore this year than at this time last year. We will not know for sure what has caused this national spike in crime until a full analysis is conducted, however, there are many things that we do know from the decades we have spent working to bring peace to our community. However, in Baltimore's inner city, the inner-inner city, I have seen the young men in my neighborhood lured into prison instead of college by illegal drug traffickers. I've also seen the young women seduced by addiction into selling their bodies on our streets. It is almost impossible for me to express how deeply I am troubled by this waste of human life.

Drug abuse and drug related violence have destroyed whole generations in our community and in so many communities across the country. Not only has it destroyed communities, but it has brought a lot of pain.

As you know, Congressman Kucinich has stood for several years as ranking Democrat in the predecessor committee to this committee, the Subcommittee on Criminal Justice, Drug Policy, and Human Resources. We are all acquainted with Representative Congressman Souder, who was the Chair then, and of course Congressman Souder is from Indiana. And we tried to identify the best practices in our national effort to stamp out the scourge of illicit drugs. You would assume that a Congressman from a rural Indiana town would have little in common with a Congressman from the inner city of Baltimore, and in many ways that would be correct. However, Congressman Souder, a Republican, and I were able to find common ground in our efforts to identify drug treatment and prevention strategies that work.

Congressman Souder's community is plagued mostly by methamphetamine addiction, whereas cocaine and heroin addiction are more common here, but the result is still the same. Drug abuse and drug related violence know no boundaries. They are equally destructive to all communities, Black, White, rural and urban.

In our past oversight investigations, we have frequently turned to Baltimore City, historically a leader in implementing innovating drug treatment and prevention strategies. Chairman Kucinich, I sincerely appreciate your willingness to continue that tradition today.

This morning we will hear from the individuals on the ground who are responsible for providing drug treatment and services. We will hear testimony regarding a highly effective drug treatment court model for which the State of Maryland has been a national leader.

Providing comprehensive drug treatment to non-violent offenders has been shown to stop drug related violence before it even starts. In this process we will also examine the emergence of other problem-solving courts, such as truancy courts and teen courts, which are aimed to address the needs of at risk youth. Finally, we will hear from city leaders on the identification and implementation of best practices, with such groundbreaking efforts as the Baltimore Substance Abuse System [bSAS]. Since it was established in 1990, bSAS has been in the forefront of harm reduction efforts. I applaud its recent efforts to widely distribute the highly effective, low risk opiate dependency treatment, buprenorphine.

Baltimore's Mayor Sheila Dixon has long been a leader in our shared fight against illegal drugs. I fully expect that the Mayor will continue to implement an aggressive drug control strategy that builds on the success of the past while meeting the new challenges we face. And I look forward to learning more about that strategy today.

I find it unconscionable that we are spending billions of taxpayer dollars to fight terrorism overseas while failing to address the terrorism right here in our own backyards. That, Mr. Chairman, is why it is so critically important that we hold hearings like this one.

Again, I agree with you that the programs that we have found in the past are the most effective and efficient of those that provide holistic treatment and services to our constituents.

I thank you again for holding this vitally important hearing. And I thank all of our witnesses for being with us today.

And it's my understanding, Mr. Chairman, that many of the law student friends will have to be leaving us to go to class at 10. So I hope that everybody will understand that these are the future lawyers of America and we want them to get every bit of knowledge that they possibly get, as much as we would love to have them with us.

And I want to thank all of you for taking your time to be with this morning.

With that, Mr. Chairman, I yield back.

Mr. KUCINICH. Thank you very much, Congressman Cummings.

And to those who are scheduled to go to a class, thank you for being here for the beginning of this hearing.

Are we going to have all the lights turned off? That is not the way I work. OK.

So as people are filing out, we will give you a chance to file out and then we will start with the introduction of the witnesses.

By the way, as you are leaving, this committee meeting is being taped and it will be on our committee Web site. So you will have a chance to watch it if you are on your way to class and can't be here for today.

I am going to begin by introducing our first panel.

Is it Lena or Lena?

Ms. FRANKLIN. Lena.

Mr. KUCINICH. Lena Franklin is director of Recovery in Community, a Baltimore substance abuse treating center that provides multiple services to its patients. She received a fellowship from the Weinberg Foundation 2007 for her work. Recovery in Community is one of three grassroots centers that makes up Baltimore city's Threshold to Recovery Program. Threshold centers offer a nontraditional holistic approach to substance abuse recovery with a range of options including all night 12 step meetings, acupunture, mediation, tai chi and buprenorphine.

Rita Fayall, welcome. Currently works as program coordinator for the Meet Me Half Way Village Center, a program founded by her husband which provides mentoring and family support services for students and families of Garrison Middle and Forest Park High Schools. Mr. Fayall is a long time grassroots community organizer and activist in northwest Baltimore where she has worked to help residents and stakeholders organize and take action to improve the quality of life for themselves and their families. Meet Me Half Way is part of Project Garrison, a faith-based, community-based nonprofit dedicated to advancing public safety faith-based and economic development initiatives in northwest Baltimore.

Leon Faruq, welcome, is currently the program director of Operation Safe Streets East, a shooting and homicide reduction initiative in east Baltimore. He also serves as the director of reentry services for the Living Classrooms Foundation where he oversees pre-release and post-release services for juvenile and adult ex-offenders. Mr. Faruq was founding director of Respect Outreach Center, a community-based ex-offender run reentry organization. He's a member of the mayor's Ex-Offender Steering Committee, Maryland Division of Corrections Useful Offender Initiative Task Force and Baltimore City's Ex-Offender Employment Steering Committee, and is an Open Society Institute fellow.

Sheryl Goldstein, is that correct? Was appointed director of the Mayor's Office on Criminal Justice in February 2007. Welcome. Prior to her appointment she worked for the Center for Court Innovation, a public/private partnership with the New York State Unified Court System that focuses on problem solving initiatives. At the center she created and operated a community-based mediation center in Crown Heights, Brooklyn, helped develop community justice centers in Red Hook and Harlem and assisted criminal justice agencies, governments, NGO's and community groups. She has also served as criminal justice coordinator to the Baltimore County Executive Jim Smith, worked on legal reform in Kosovo and litigated criminal cases for 6 years.

I wanted to thank all of the witness for being here, and thank those who are in attendance in the audience.

It is the policy of the committee on Oversight and Government Reform to swear in all witnesses before they testify. I would ask that you would rise and raise your right hands.

[Witnesses sworn.]

Mr. KUCINICH. Thank you.

Let the record reflect that the witnesses answered in the affirmative.

And I will ask that the witnesses now give a brief summary of your testimony. I want you to keep in mind that this summary

should be kept 5 minutes or under in duration, but also your complete written statement will be included in the record of this hearing.

Ms. Franklin, let us begin with you. And again, thank you so much for your presence here today. You may proceed.

STATEMENTS OF LENA M. FRANKLIN, DIRECTOR OF RECOVERY IN COMMUNITY; RITA C. FAYALL, PROGRAM COORDINATOR MEET ME HALF WAY VILLAGE CENTER; LEON FARUQ, PROGRAM DIRECTOR OF OPERATION SAFE STREETS EAST; AND SHERYL GOLDSTEIN, DIRECTOR MAYOR'S OFFICE ON CRIMINAL JUSTICE

STATEMENT OF LENA M. FRANKLIN

Ms. FRANKLIN. Thank you.

Recovery in Community, Inc., is a program that started in Baltimore City with funding from the Abell Foundation and Weinberg Foundation in 1999 in three of the oldest southwest Baltimore neighborhoods in southwest Baltimore, which was Franklin Square Fayette Street Outreach and Boyd Booth.

The program was designed with input from the community as well as representatives from Health, Human Service and law enforcement agencies. After locating to its permanent site in 1999, it began to offer services to the community itself.

Recovery in Community differs significantly from the major existing drug treatment outpatient programs in that it provided from the beginning a street outreach component as well as transitional housing. Because one of the things that was found in, I guess we would call needs assessment prior to the program opening, was that traditional outpatient when looking at 3 to 6 month involvement that did not address all of the other barriers, a lot of the barriers in terms of treatment, that it was not useful. The community did not see it as useful. And also our experience tells us, that is, people are involved in treatment that if we do not address the barriers, then it sets up the likelihood that they are going to be continuing to recidivate or, you know, keep coming in and out because all of the things that they need are not being addressed.

So a big part of what we do at Recovery in Community is the piece where we do concentrate on comprehensive case management in addition to the outreach, in addition to the transitional housing and nontraditional kinds of services inclusive of acupunture, as was talked about before.

The process is also an ongoing thing in that we do not look at finite level or finite times that people are in treatment. Recovery in Community expects that when folks walk through the door they make a commitment, as we make a commitment to them, they make a commitment to us for at least 1 year. So as a part of our service we see that the graduation that we do at the end of 1 year being enrolled in treatment as well as whatever time it takes them to achieve 9 consecutive months of clean urines, that we do a huge graduation where we do the dedicated speaker, the dinner inviting the family, community everybody. Because we see that it's a great accomplishment to so many of our folks, you know not having ever

finished something and to be able to be allowed to celebrate it with their family, friends and community.

As a part of the concept of Recovery in Community also we're not just looking at the individuals that are identified or effected with the substance abuse problem. Because, as we know, substance abuse effects everybody not just the individual, but the families as well as the community. So it's always one of my things that if I ever forget, or start to forget, what it is that I'm doing all I have to do is remember the name Recovery in Community. Because unless we are addressing all of the community in terms of families, individuals and the neighborhoods themselves, then we're really not doing a good job I don't feel in dealing with the problems as we see them.

We have had since we began treatment in 1999, 257 folks that have completed the 1-year minimum and 9 months of consecutive clean urines. And of those 257, 203 of them were in traditional housing. And so it just kind of indicates to us how important transitional housing is as a part of this process.

As you talked about it in my introduction, we're also involved in the Threshold to Recovery project. And we see that as a natural extension of what we do. We don't see our involvement with our client, again, is just in these increments of 3, 6 months that kind of thing. We truly believe that in order for people to continue that continuum of recovery in being and getting the support, that we can't just talk about the treatment part of it. We also have to talk about the recovery part of it. Because as you know, with all of the difficulties that people experience as a result of their substance use; employment, housing, family support, all those kinds of things that, again, we have to address that it takes time for folks to be able to get back on the level ground and the footing that allows them to maintain recovery in the long run.

So we design our program, as we continue to develop our program and to bring in other initiatives or to be involved in other initiatives as a Threshold to Recovery, then it's very apparent to us that we have to continue our efforts in developing programs with community input with other agencies, social services agencies within our community. We have collaboratives with employment services, with legal services, with the family treatment or the family health center that is located in our community as well.

Did I do 5 minutes. OK. But I think that in a nutshell kind of gives you an overview of what it is that we do.

[The prepared statement of Ms. Franklin follows:]

Testimony of Lena M. Franklin
October 1, 2007
Domestic Policy Subcommittee
Oversight and Government Reform Field Hearing
Recovery in Community, Inc. (RIC)

RIC Mission Statement: RIC's mission is to contribute to the quality of life by reducing substance abuse primarily in the Franklin Square, Boyd-Booth and Fayette Street Outreach communities. RIC is a community-focused program where comprehensive long-term commitment to substance abuse intervention services and treatment are provided to individuals, families and their communities.

RIC Values Statement: At Recovery in Community, Inc. (RIC) our clients and the community are our priority and each individual is treated with respect and dignity. RIC's services are offered in a welcoming and caring way in the community to help individuals in recovery succeed. These services are evidence based and we always seek to continue learning and improving their quality.

Recovery in Community, Inc. (RIC) is a certified outpatient drug free treatment program that offers center based and street outreach services. On site services include case management, individual and group counseling and acupuncture. Off site services are street and community outreach, transitional housing placement, and treatment placement. RIC also provides treatment readiness services for clients to help ensure their success in treatment. In addition, RIC provides a support base to which the client returns upon success or failure in treatment.

RIC was conceived by and developed with community leaders from Southwest Baltimore in response to a 1996 mayoral request to expand the city's ability to provide substance abuse treatment. The initial project was funded by the Abell Foundation with the dual goals of reducing substance abuse and reducing the associated crime. RIC strived to accomplish these goals through assisting the addicted individuals it serves to end their drug dependence, achieve stability in housing and family relationships, and to progress toward economic self-sufficiency.

RIC differs significantly from the majority of existing drug treatment outpatient programs in that it provides a street outreach component, comprehensive on-site case management, stipends for transitional housing, on-site auricular acupuncture and follow-up services designed to rehabilitate, find employment, and bring stability to RIC participants lives. RIC is dually certified as a drug free standard outpatient and intensive outpatient program, which does not begin to adequately describe the levels of services provided to RIC clients. The majority of outpatient programs focus on clients remaining in treatment with them from three to six months, whereas RIC participants only graduate once they have been enrolled in RIC for at least twelve months and achieved nine consecutive drug free months in the program. Since its inception in 1999, data has consistently shown that RIC's emphasis on long-term participation is proving very effective.

Mr. KUCINICH. Thank you very much for your testimony, Ms. Franklin.

Ms. Fayall.

STATEMENT OF RITA C. FAYALL

Ms. FAYALL. Meet Me Half Way Village Center is a school-based mentoring and family support program run by community residents. Operating from the basements of Garrison Middle and Forest Park High School in northwest Baltimore, center staff mentors students and coordinate wraparound services for the students, their families and neighbors.

Meet Me Half Way operates full time during the school day. The Program impacts youth, drug abuse and violence prevention by providing mentoring, career exploration and other positive alternatives and provides interventions through counseling, referral and support services.

Center staff conduct conflict resolution sessions and lunchtime conversation circles. There is a kinship support group for grandparents and other relative care givers, individual and family counseling, grief support groups and GED classes.

Welding, printing and carpentry equipment has been purchased or denoted to introduce youth to trades and career exploration. Licensed community professionals volunteer their time to perform the services or classes for the students.

According to the director, 90 percent of what the staff does is listen.

That is what is unique about Meet Me Half Way. Students say this is the one place where adults actually listen to children. Until very recently the staff did not even realize the impact the program has relative to drug usage, drug related crime or gang violence until one student shared that she spends so much time in the basement because it is one of the few places where she is not being recruited by gang members. Other then admitted that there are recruiters in the building and that this is a serious issue for students.

Last week when a girl was beaten by several girls, she returned 2 days later with nine girls to attack her own cousin because she did not join in to help the fight. The cousin was reluctant to have staff call her mother because she said her mother would make her fight each of the 10 girls individually while the mother stood guard to make sure it was fair fight. The cousin is the young lady who is trying to resist gang involvement.

Last summer, four youth workers returned from lunch admittedly under the influence of marijuana and were sent home for the day. Rather than terminate the young men ages 15 to 17, program staff decided unanimously to give them the option to undergo drug testing and treatment for the duration of the summer work assignment as a condition of their continued employment. Program staff collaborated with a nearby treatment facility and each youth accepted the offer.

One was reluctant to submit to the test because he was already on probation through the courts and because he believed the treatment was not really going to make a difference because he said all the people in his house smoke marijuana.

Sometimes it is the parents who seek help from Meet Me Half Way. In two separate runaway cases within the past few months program staff have helped parents to secure residential placement and treatment for the students on the very day they were located.

All these cases are fairly representative of issues faced by Meet Me Half Way staff and clearly illustrate the need for a comprehensive approach that involves family and community stakeholders.

To maximize the impact in combating youth drug and gang involvement, the program's parent organization Project Garrison, Inc. coordinated a drug-free community coalition following the guidelines set forth by SAMHSA. On this past Saturday a Recovery Walk was held on Park Heights Avenue in Baltimore to celebrate recovery. Over 350 people participated in the walk sharing their support and appreciation for the support of those in recovery.

Meet Me Half Way has just started its fifth school year and conflict resolutions are down from 61 in September 2005 to 17 this September. Out of school suspensions are down by over 83 percent. Last year student attendance improved and an unexpected result, teacher attendance also improved.

Thank you.

[The prepared statement of Ms. Fayall follows:]

Testimony of Rita C. Fayall

Before the Domestic Policy Subcommittee
House Committee on Oversight and Government Reform

Meet Me Halfway Village Center
...where children are celebrated, not just tolerated

The Meet Me Halfway Village Center is a school-based mentoring and family support program run by community residents. Operating from the basements of Garrison Middle and Forest Park High Schools in Northwest Baltimore, Center staff mentor students and coordinate wrap-around services for the students, their families and neighbors. Meet Me Halfway operates full-time, during the school day. The program impacts youth drug abuse and violence prevention by providing mentoring, career exploration, and other positive alternatives; and provides intervention through, counseling, referral and support services.

Center staff conduct conflict resolution sessions and lunchtime conversation circles. There are a kinship care support group for grandparents and other relative caregivers, individual and family counseling, grief support groups and G.E.D. classes. Welding, printing and carpentry equipment has been purchased or donated to introduce youth to trades and career exploration. Licensed community professionals volunteer their time to perform the services or classes for the students.

According to the director, 90% of what the staff does is listen. That is what is unique about Meet Me Halfway. Students say this is the one place where adults actually listen to children.

Until very recently, the *staff* did not even realize the impact the program has relative to drug usage, drug-related crime or gang violence until one student shared that she spends so much

time in the basement, because it's one of the few places where she is not being recruited by gang members. Others then admitted that there are "recruiters" in the building, and that this is a serious issue for students. Last week, when a girl was beaten by several girls, she returned two days later with nine girls to attack her own cousin because she did not join in the fight to help. The cousin was reluctant to have staff call her mother, because she said the mother would make her fight each of the 10 girls individually while the mother stood guard to make sure it was a "fair fight." The cousin is the young lady who is trying to resist gang involvement.

Last summer, four youth workers returned from lunch admittedly under the influence of marijuana and were sent home for the day. Rather than terminate the young men (ages 15-17), program staff decided unanimously to give them the option to undergo drug testing and treatment for the duration of the summer work assignment as a condition of their employment. Program staff collaborated with a nearby treatment facility, and each youth accepted the offer. One was reluctant to submit to the test because he was already on probation through the courts, and because he believed the treatment was not really going to make a difference because all the people in his house smoke marijuana.

Sometimes, it's the parents who seek help from Meet Me Halfway. In two separate runaway cases within the past few months, program staff have helped parents to secure residential placement and treatment for the students on the very day they were located.

All these cases are fairly representative of issues faced by Meet Me Halfway staff and clearly illustrate the need for a comprehensive approach that involves family and community stakeholders.

To maximize the impact in combating youth drug and gang involvement, the program's parent organization, Project Garrison, Inc., coordinated a Drug-Free Community Coalition

following the guidelines set forth by SAMHSA (U.S. Substance Abuse and Mental Health Administration). On this past Saturday, a Recovery Walk was held on Park Heights Avenue in Baltimore to celebrate recovery. Over 350 people participated in the walk, sharing their support and appreciation for the support of those in recovery.

Meet Me Halfway has just started its fifth school year, and conflict resolutions are down from 61 in September 2005 to 17 this September. Out-of-school suspensions are down by over 83%. Last year, student attendance improved, and an unexpected result – teacher attendance also improved last year.

Mr. KUCINICH. Thank you very much for your testimony.
Mr. Faruq.

STATEMENT OF LEON FARUQ

Mr. FARUQ. Thank you.

Operation Safe Streets is based on the CeaseFire model to reduce shootings and homicides in high risk neighborhoods. The model has five core components: Community coalition building, street outreach, public education, clergy involvement and law enforcement collaboration.

The program seeks to create behavior change and shift the social norm that violence is acceptable through repetitive prevention messages and concrete services that support and give credibility to the message.

The key message is that shooting is not acceptable in our communities. Operation Safe Streets site focus on Police Post 221 in the southeast police district. This area is selected based on its high rate of violence including homicides and shootings. We deliver stop shooting messages through our outreach workers, community leaders, posters and flyers. We also emphasize that this message at Safe Streets events. Our workers are on the streets Tuesdays and Wednesdays from 2 p.m. until 10 p.m. and on Thursdays, Fridays and Saturdays they're on the streets from 6 p.m. until 2 a.m.

Our outreach workers are hired from the community. They are working with similar backgrounds to those who they are trying to reach. These are individuals who are respected n the community. The outreach workers both deliver the message that shooting is not OK and are able to interrupt and de-escalate volatile situations before they lead to violence. We have four outreach workers in our site, four full time and one part time.

The workers identify at risk individuals, they canvas the neighborhoods, they case manage clients, they work with youth and they identify and they mediate conflicts in the community.

An example of a conflict mediation one of the outreach workers recently mediated a conflict between two groups related to a theft of a drug stash. The situation escalated to the point where friends were involved and violence was threatened. The outreach worker was able to bring both subjects away from their friends and engaged them in mediation where they discussed the situation and talked about the issues and misunderstanding relating to the conflict. And the situation would have likely ended in violence was resolved in a peaceful manner.

We have over 20 conflict these kind of mediations, and most of them in my opinion I believe they would have led to violence.

Workers continue to monitor situations and are prepared to intervene again if needed.

We organize a response to shootings in our area. The response emphasize the message that shootings is unacceptable and bring the community together and heals community spirit. Responses can be a vigil, a march or some other kind of activity.

We also conduct community events such as midnight barbecue, movie nights and basketball tournaments. Our most recent event, Peace Night Out, included a community resource area, free drinks non-acholic, free food, a dance contest and musical performances.

The event drew a crowd of approximately 250 community members and stressed the importance of reducing shootings and homicides in the targeted area.

The community oriented events promote confidence in the program and allow community members to take ownership of the program and its message.

Operation Safe Streets have been operating in the east side of Baltimore in this part of McElderry Park since June 2007. At that time there had been five shootings in that targeted area, and Operation Safe Street had responded to each shooting by galvanizing community members to deliver the message that shooting is not OK.

There have been between 65 and 200 community members at each of these shooting responses. In addition, Operation Safe Streets have held four community events in a targeted area since June with between 175 and 300 residents attending these events. The program has handed out over 5,000 public education materials. Outreach workers have mediated over 20 conflicts and assure that these conflicts did not result in shootings and homicide.

We are optimistic that this program, we have an impact in reducing homicides and shootings in Baltimore.

And thank you for your time and attention to this important issue.

[The prepared statement of Mr. Faruq follows:]

Testimony of Leon Faruq
Program Director
Operation Safe Streets East

Domestic Policy Subcommittee
Oversight and Government Reform
Field Hearing – Baltimore, MD
Monday, October 1, 2007 – 9:30 a.m.
"Combating Drug Abuse and Drug related Crimes in Baltimore

Thank you for the opportunity to provide information on Operation Safe Streets. Operation Safe Streets is a community mobilization and outreach program based on CeaseFire, the highly successful Chicago program created by the School of Public Health at the University of Illinois at Chicago. Ceasefire was developed by public health practitioners to create behavior change through repetitive prevention messages and concrete services that support and give credibility to the message. In its first year of operation in high violence communities in Chicago, CeaseFire achieved reductions between 25% and 67%.

Operation Safe Streets (OSS) represents an important addition to existing programs by bringing a community-based and community-driven approach to violence prevention and intervention. The program is based on the CeaseFire model, which focuses on five core components: community coalition building, street outreach to at risk youth, public education, clergy involvement and law enforcement collaboration. Operation Safe Streets relies heavily on public education to change attitudes and behaviors toward violence, using both media campaigns and community organization techniques to change social norms. The primary messages of this program are that shooting is not acceptable in our communities, and that alternatives exist for our youth. OSS also incorporates and emphasizes a strong street outreach component, with outreach workers canvassing neighborhoods and connecting with at-risk youth and young adults during evenings and weekends to diffuse situations and link them to services, in order to bring about behavior change and develop alternatives to a life of violence.

Currently, the Baltimore City Health Department has awarded two grants totaling $765,200 to two community organizations in high crime areas to implement the program. Funding for the initial two Operation Safe Streets sites comes from a grant award from the United States Department of Justice. This funding will support two sites for thirteen (13) months each, and is not renewable. Living Classrooms foundation was awarded the first award in April 2007. The program has been fully operational since July 2007 and has a complete staff including a violence prevention coordinator, outreach supervisor, 4 outreach workers and 1 community canvasser. The second community partner, Communities Organized to Improve Life (C.O.I.L.), was awarded a grant in August of 2007 and is in the beginning stages of the implementation process. Staff has been hired and will begin training with representatives from Chicago Ceasefire next week. C.O.I.L.'s OSS site is expected to be fully operational by November of 2007.

Living Classrooms' Operation Safe Streets Site focuses on police post 221 in the Southeastern police district. This target area is near McElderry Park and is bordered by Patterson Park Avenue to the west, Monument Street to the North, Linwood Avenue to the East, and Fayette Street to the South. This area was selected based on its high rate of violence including homicides and shootings.

The primary message of our program is "Stop Shooting". By focusing on the violent act, instead of other activities, we are able to build on existing anti-violence attitudes without making the most high-risk audience – youth involved in the drug trade – feel attacked or defensive. We deliver this message through our outreach workers, community leaders, posters, and flyers. We also emphasize this message at Safe Streets events.

Since launching our Operation Safe Streets site, our outreach workers have really connected with our target community in presenting the message of "No Shooting". Our workers are on the street Tuesday & Wednesday 2pm - 10pm and Thursday thru Saturday 6pm - 2am, which allows us to meet with and talk you youth during high-crime times of day. This allows us to learn what is going on in the neighborhood, who the key players are, and to identify and diffuse situations as they arise. Our outreach workers were hired from the neighborhood that they are working in, with similar backgrounds to those that they are trying to reach, and are respected in the community. This helps them to over come barriers of mistrust and to reach those most at risk of shooting or being shot.

Our outreach workers seek to identify at-risk individuals and, if they are willing, have them become program clients. Outreach workers work with their clients and their families to help them disengage from the violent lifestyle and provide case management, helping clients to access needed services, such as employment, housing, and substance abuse treatment. We currently have approximately 30 clients on our caseload.

In addition to canvassing the neighborhood, serving clients, and working with youth, a key component of our outreach workers' activity is identifying and mediating conflicts in the community. Community members and outreach workers identify conflicts that may escalate into violence and the outreach workers do whatever is necessary to defuse the situation, including mediation between parties or rapid relocation of one of the parties.

As an example, one of our outreach workers recently mediated a conflict between two parties related to a theft from a drug stash. The situation had escalated to the point where friends were involved and violence was threatened. The outreach worker was able to get both subjects away from their friends and engage them in a mediation, where they discussed the situation and talked through the issues and misunderstanding relating to the conflict. This situation, which was likely to end in violence, was resolved in a peaceful manner. In another situation, while walking home, one of our outreach workers came upon two individuals making serious threats against each other. He was able to interrupt the argument and talk to both individuals, getting them to resolve their issues, hug each other, and agree not to use violence.

When a shooting occurs in our around our target community, we organize a response to the shooting. This can be a vigil, a march, or some other activity. We also mobilize community volunteers and outreach workers to canvass the area providing anti-violence messages for several nights afterwards. This serves emphasizes the message that shootings are unacceptable and also brings the community together and builds community spirit.

In order to engage and strengthen the community, we conduct community events, such as midnight barbecues, movie nights, and basketball tournaments. Our most recent event, Peace Night Out, was held last weekend in partnership with Amazing Grace Evangelical Lutheran Church and the McElderry Park Community Association. The event, Peace Night Out, included a Community Resource Area, free food and drink, a dance contest, and two musical performances. One of musical groups was Warzon Snakes, a positive rap group lead by one of our Outreach Workers. The event drew a crowd of approximately 250 community members and stressed the importance of reducing shootings and homicides in the target area. We have also brought together a strong community coalition of partners in and around the target area, and are holding coalition meetings on a monthly basis. These community-oriented activities promote confidence in the program and allow community members to take ownership of the program and its message.

We look forward to continuing to provide Operation Safe Streets to this community, and are optimistic about its success in Baltimore. Thank you for your time.

Mr. KUCINICH. Thank you very much for your testimony.

Our next witness is Ms. Goldstein.

STATEMENT OF SHERYL GOLDSTEIN

Ms. GOLDSTEIN. Thank you. Good morning, Mr. Chairman and Congressman Cummings.

I appreciate the subcommittee's desire to help cities like Baltimore reduce violence, and I thank you very much for the opportunity to testify here today.

Baltimore is a city with many strengths, but we also have some serious challenges. Gang culture and criminal activity are threats to the many law abiding citizens of our city and they create some long term challenges because gangs recruit young, and young people who commit crimes often spend their entire lives on the wrong side of the law. Many never could finish school, many have very limited employment options. And unfortunately, all too many end up in jail or becoming the victims of violence.

Preventing juvenile crime, combating gang activity and reducing youth violence in Baltimore City requires a citywide effort, including local, State and Federal agencies, social service providers, community-based organizations, faith-based groups, neighborhood associations, community leaders, residents and youths. And it is really my privilege to sit on a panel with three people who represent community-based organizations that are in the trenches doing this work. Because without partnerships with people like you who have been out there and are working with the people, the city could never be successful, or nearly as successful in combating violence and helping the people in our community. So I thank you and applaud what you are doing.

We must all work together to address health concerns, substance abuse, criminal justice, recreation, employment and other socio-economic issues confronting Baltimore's youth.

What we see in Baltimore today is that youth involvement in gangs and violence is a growing concern. Police estimate that we have over 50 known criminal street gangs with over 1,500 adult members. This number is an interesting number in that last year we had 170 known criminal street gangs. We are not losing criminal street gangs, they are just becoming more organized in identifying themselves as Blood sets and Crip sets. And so while the numbers are growing, the gangs are actually become more organized.

School policy estimate that we have 600 high school involved in 60 gangs. Six hundred youth involved in gangs in middle schools and elementary schools.

Juvenile violence and juvenile crime is also on the rise. Last year 9,000 young people were arrested and put in the juvenile justice system. A third of those young people were arrested for substance abuse related crimes.

Juveniles account for nearly 20 percent of all people charged with adult felony gun charges this year. And even more disturbing is that Baltimore City has experienced a 64 percent increase in juvenile shooting victims and juvenile shooting suspects from last year.

Mayor Dixon has adopted a multifaceted approach to combat gangs and youth violence. The strategy includes law enforcement

and prosecution components which are not the focus of this hearing, but recognizing the police and prosecutors cannot do this alone.

Mayor Dixon's administration supports gang and juvenile crime reduction through outreach, community partnership and providing opportunities to those who choose to take positive steps toward realizing their full potential. The goal is to create a full continuum of services and supports, starting at creating opportunities for young people and others to keep them out of the system entirely, keep their lives free of crime, engage in positive opportunities as well as programs and systems that will intervene with young people who get in trouble with the law at all points in the system.

In my written testimony I have presented a number of different programs, and I wanted to highlight a few of the really promising programs that we have research and data on for the committee.

One of the main initiatives under Mayor Dixon starting in January of this year was to create more outreach opportunities. One of the things that we find is that there are many people who want to access opportunities and services but can't get connected, don't know about those opportunities.

Mr. Faruq just testified about Operation Safe Streets. With the support of Federal funding, Baltimore City has been able to launch two Operation Safe Streets sites. The east side site started in July and we have just funded a site on the west side of town as well.

This program is modeled on Chicago's CeaseFire, which is an outreach program to prevent and reduce homicides and shootings. It is a program that really focuses on having people who have street credibility, who are either ex-offenders or who have been involved in gangs in the past out on the streets at nontraditional times when most people are out on the streets and conducting outreach to try to get people to make different choices and to link them with different support, such as substance abuse treatment, job training, job opportunities so that they change their lifestyle.

In Chicago, CeaseFire achieved reductions in shootings of between 25 and 67 percent in different communities. And we are optimistic that we will see these same results here in Baltimore.

Baltimore is also partnering with grassroots organizations that have been working on the ground and have been successful just on their own reaching out to people to try to get them out of the lifestyle and connected with positive supports. So far the city has partnered with and has funded programs such as Reclaiming Our Children & Community Project, Precision Youth Power, On Our Shoulders and New Vision Youth Services. These four programs are an example of programs that were started by people who used to be in gangs or were in the criminal justice system who wanted to change their lives and change other people's lives. And we are continuing to build those partnerships, investment in those programs to help people to change their lives.

Another program that I want to talk about is the Health Department's Office of Youth Violence Prevention runs a program called Operation Safe Kids.

Operation Safe Kids was developed in response to young people who were at risk of violence. The program really seeks to engage young people who are in the juvenile justice system as an alter-

native to placement or detention, and it is focused on young people who are either likely to be victims or perpetrators of violence.

What we find in these young people is that many of them have multiple prior arrests, five or six for CDS and other types of offenses. And many of them have their first arrest as young as age 13.

The outcomes of this program are promising. The total arrests for young people in the program after their first year dropped by 32.9 percent. Arrest for drug crimes dropped 41.2 percent. And arrest for violent crimes dropped 44 percent.

One of our other lessons learned by that program is that for every 10 percent increase in employment of participating youth was associated with a 20 percent drop in arrests, which takes me next to looking at our Mayor's Office of Employment Development.

The Mayor's Office of Employment Development has really taken a leading role on providing opportunities for young people who are at risk of not completing school or out of school. The Youth Opportunity Centers have reconnected over 1,000 youth each year who have dropped out of school to a broad menu of academic, personal growth and employment opportunities. Our Futures program serves nearly a 1,000 young people each year who are at risk of dropping out of school and keeps them in school. And 5,000 city teens are employed each summer through the Mayor's Office of Employment Development's Youth Work Summer Jobs Program.

These programs all have proven to reduce dropout rates and to reduce arrests.

So I see that my time is up. And if there are any questions, I would be happy to answer them.

Thank you.

[The prepared statement of Ms. Goldstein follows:]

Testimony of Sheryl Goldstein,
Director of the Mayor's Office on Criminal Justice, Baltimore, Maryland
Before the Domestic Policy Subcommittee of the Oversight and Governmental Reform Committee
October 1, 2007
9:30 a.m.

Introduction

Good morning. I appreciate the subcommittee's desire to help cities like Baltimore reduce violence and address the growing gang problem, and I thank you for the opportunity to testify today. Baltimore is a city with many strengths, but we also have some serious challenges – crime is perhaps the most serious. Gang culture and criminal activity are threats to the many law-abiding citizens of our city, and they create long-term challenges because gangs recruit young, and young people who commit crimes often spend their entire lives on the wrong side of the law. They don't finish school, their opportunities for employment are limited, and they stay in gangs until they go to prison or die violently on the street.

Preventing juvenile crime, combating gang activity and reducing youth violence in Baltimore City, requires a citywide effort including local, state and federal agencies, social service providers, community based organizations, faith-based groups, neighborhood associations, community leaders, residents and youth. City agencies must work together to address health, criminal justice, recreation, employment, and other socioeconomic issues confronting Baltimore residents. The Mayor's Office on Criminal Justice works to coordinate the efforts of City agencies, as well as build relationships with state and federal agencies, non-profit organizations and community groups to combat and prevent juvenile and gang related crime and violence.

The Problem

Youth involvement in gangs and violence is a growing concern. Gang members have been identified in each of the nine police districts and gang graffiti is seen in many neighborhoods in Baltimore. Police estimate that, as of September 2007, the City of Baltimore had 50 known criminal street gangs with over 1500 adult members, including over 800 Blood and 200 Crip members. In addition, Baltimore City School Police estimate that in city high schools there are over 60 gangs with approximately 550-600 members. In the middle and elementary schools it is estimated that there are an additional 600 members of gangs. There is a significant decrease in the total number of "known criminal street gangs" from last year. This decrease is a result of geographically based neighborhood gangs becoming more organized and joining "sets" of the nationally recognized gangs of the Bloods and Crips.

Juvenile crime and violence is also on the rise. In 2006, over 9000 juveniles were arrested in Baltimore. A third of these arrests were for drug offenses. Juveniles account for nearly twenty percent of all adult suspects charged with felony gun offenses this year. Even more troubling -- Baltimore City has experienced a 64% increase in juvenile shooting victims and shooting suspects.

The Strategy

Mayor Dixon has adopted a multi-faceted approach to combat gangs and youth violence. The strategy includes targeting violent offenders, gathering and using gang intelligence, getting illegal guns off the streets and preventing violence through targeted outreach, partnership and service delivery. It is the role of law enforcement and prosecution agencies to arrest and prosecute violent offenders, gang members involved in illegal activity and people who possess and use illegal guns. While this enforcement focus is a critical component of Mayor Dixon's

strategy, law enforcement and prosecution agencies cannot solve the problem and youth crime, gang activity and violence alone. Therefore, Mayor Dixon's Administration supports gang and juvenile crime reduction though outreach, community partnership and providing opportunities to those who chose to take positive steps towards realizing their full potential.

The Mayor's Office on Criminal Justice collaborates with the Baltimore Police Department, the Health Department, the Department of Recreation & Parks, the Mayor's Office of Employment Development, the Family League of Baltimore City and other agencies and community groups to coordinate services and create a continuum of youth violence prevention and intervention programs. By working together, agencies and community based organizations provide a wide array of opportunities and services for youth – from interventions for those most at risk to positive opportunities for all youth, regardless of risk factors.

Outreach Initiatives

Mayor Dixon, through the Baltimore Health Department, has launched Operation Safe Streets, a community mobilization and outreach program designed to combat shootings and homicides. It replicates CeaseFire Chicago, a highly successful program created by the School of Public Health at the University of Illinois at Chicago. The intervention targets at risk youth aged 14 to 25 through outreach and service connection and targets the community as a whole through a media campaign and community mobilization.

The program uses proven public health methods to create behavior change through repetitive prevention messages and concrete services that support and give credibility to the message. In its first year of operation in high violence communities in Chicago, CeaseFire achieved reductions in shootings of between 25% and 67%. Baltimore is funded to operate two Operation Safe Streets sites through fiscal year 2008. The first site, Living Classrooms, was

selected through a competitive process in April 2007 and the second site, COIL, was recently selected and will begin operations in October.

Baltimore is also partnering with grassroots organizations that are working on the ground to intervene with gang members. Through the Family League of Baltimore, the City is partnering with and has funded programs such as, Reclaiming Our Children & Community Project, Precision Youth Power Program, On Our Shoulders and New Vision Youth Services to intervene and provide other opportunities to gang involved youth. The Administration continues to develop partnerships with other community based and faith groups that can provide opportunities and alternatives.

Providing Services and Creating Opportunties

Providing services to build on existing assets and give ex-offenders, gang members and youth at risk the opportunities and tools they need to succeed is a central part of Baltimore City's vision. Job training, education, employment, housing, substance abuse treatment, mental health services and recreation will help individuals to realize their true potential and stop engaging in acts of violence. The Mayor's Office on Criminal Justice collaborates with the Baltimore Police Department, the Health Department, the Department of Recreation & Parks, the Mayor's Office of Employment Development, the Family League of Baltimore City and other agencies and community groups to coordinate services and create a continuum of youth violence prevention and intervention programs.

The Health Department's Office of Youth Violence Prevention administers multiple programs that provide at-risk youth in the juvenile justice system with alternatives to placement. Operation Safe Kids (OSK) is a youth violence prevention program that provides community-based case management and monitoring to juvenile offenders who are at high risk of becoming

victims or perpetrators of violence. The Baltimore City Health Department workers work closely with Department of Juvenile Services (DJS) case managers and other state and city agencies to reduce youth violence in the city by ensuring these young people have the tools they need to become productive adults.

Operation Safe Kids has reduced recidivism and improved academic and employment opportunities. Arrest data from 2005 for youth enrolled in OSK for at least one year show that compared to the year prior to program entry, total arrests dropped 32.9% in the first year of the program, arrests for drug crimes dropped 41.2%, and arrests for violent crimes dropped 44%. OSK youth are also connected to education and employment opportunities as a part of the program. While in OSK, 72.3% of youth not enrolled in school at admission were enrolled through the program, and 55% received at least one employment placement through OSK. Data analysis has revealed that every 10% increase in employment of participating youth is associated with a 20% drop in arrests.

Based on the success of OSK, the City recently launched Operation Safe Kids Court (OSK Court), a collaborative effort between the Office of Youth Violence Prevention, DJS, the Circuit Court, Baltimore Police, State's Attorney's Office, and the Office of the Public Defender. OSK Court is an intensive community based program that seeks to prevent out of home placement for youth on probation. Youth in the program receive the same services as OSK clients, but are subject to more extensive monitoring. A juvenile judge monitors progress and compliance with the program, in accordance with the OSK Consequences and Rewards Policy. OSK Court participants and their families are expected to comply with terms of the court order and conditions of the program. These may include monthly court reviews and other conditions as appropriate.

In October, the Health Department will begin to offer Multisystemic Therapy (MST) to 50 juvenile justice involved youth each year as an alternative to placement. MST is an evidence-based practice with a two-decade record of success that has been recognized by the Surgeon General, National Institutes on Drug Abuse, National Institutes of Health, and Center for Substance Abuse Prevention, and President's New Freedom Commission on Mental Health. It is an intensive family- and community-based treatment for youth presenting with serious emotional disturbance, including substance abuse problems, major conduct disorders, and other problems, who are at risk of out-of-home placement. The intervention assists patients to function in their natural settings in order to reduce rearrest, substance abuse, and out-of-home placements and improve family functioning in the long term. The typical length of treatment is 3 to 5 months and it is an alternative to out of home placement.

Failure to complete high school and unemployment are significant risk factors for youth. To best intervene with this high risk group, the Mayor's Office of Employment Development provides programs that engage young people in productive activities that promote their career development and build the skills they will need to succeed in the work place. The FUTURES program targets students most at risk of dropping out of school and provides them with mentoring and comprehensive support to keep them in school through graduation. Last year, the FUTURES program served 725 youth. Two full-scale Youth Opportunity Centers re-connect over 1000 youth each year who have dropped out of school to a broad menu of academic, personal growth and employment services. MOED also partners with the City school system's Alternative Options Network and run two schools, the Career Academy and the YO Academy, that give at risk and out of school youth the chance to earn their high school diploma or GED along with career skills. Additionally, over 5000 City teens are employed each

summer through MOED's YouthWorks summer jobs program where they learn job readiness and work place skills in a safe environment.

Young people who participated in MOED's programs benefited from it. Participants dropped out of school less often, attended class more frequently and graduated from high school at a higher rate than their school peers who did not enroll in the program. Female participants had babies less frequently than non-participants and, in fact, were 25% less like likely to have a child than the comparison group. Participants who were 18 years old and above had a third fewer arrests and convictions for crimes and were half as likely to be arrested for a violent offense.

The Department of Recreation and Parks and The Family League of Baltimore City provide positive opportunities for young people to encourage them to stay on the right path. The Family League focuses on violence reduction through the funding, coordination, and monitoring of a continuum of youth development programs specifically intended to strengthen youth and family resiliency while reducing risk factors associated with violence and delinquency. Sponsored programs include primary prevention activities for all youth regardless of risk factors, early intervention services for youth with early at-risk behaviors, diversion services for youth who have already begun to exhibit problem behaviors, and intervention and treatment services for youth with a pattern of problem behavior.

The Department of Recreation & Parks offers Baltimore youth a range of recreational opportunities at recreation centers, sports leagues, and through targeted programming. The Department operates 47 recreation centers and 29 pools across the City. All programs incorporate an anti-violence curriculum that encourages youth to stay out of trouble and become involved in their communities. Additionally, at seven sites throughout the city, Recreation

Centers operate under extended hours on Friday nights (7 p.m. – 1 a.m.) providing teenagers with a positive environment for socializing with peers.

The Baltimore Police Department operates 18 Police Athletic League centers which provide positive opportunities for youth to stay out of trouble, works with young people who want to get out of gangs through its Get Out of the Game program, provides gang education through its GREAT program and holds informational forums about gangs. In addition, the Baltimore Police Department diverts appropriate juvenile offenders to Teen Court and the Community Conferencing Center as an alternative to the juvenile justice system.

The Mayor's Office on Criminal Justice works with these agencies, and others, to coordinate service delivery, develop new pathways to connect citizens to needed resources and create a full continuum of opportunities and alternatives to incarceration and placement. Thank you very much for the opportunity to provide testimony to the Committee on this important issue today.

Mr. KUCINICH. I want to thank Ms. Goldstein for her testimony.

And maybe what I could do is to begin with questions of you. What percentage of at risk children in Baltimore do you estimate are served by the more aggressive multi-service intervention, be it in Teen Court or Operation Safe Kids, and has these saturation services reached the point where you can see an improvement in overall social indicators like school attendance, new drug indication, gang affiliation, level of violence?

Ms. GOLDSTEIN. Sir, these programs reach a very small number of children. Operation Safe Kids reaches about 100/150 kids a year, our Teen Court service about 200 kids a year. So while they are programs that are successful with the young people they intervene with, it is a very small number of young people who are receiving those services. And so in terms of saturation services, absolutely not. We would certainly need more support and funding for that.

Mr. KUCINICH. You have broad experience in New York and other localities. Can you tell us how Baltimore compares to the other localities in criminal justice strategies and the services it offers? And does it offer more programs that have been shown to work?

Ms. GOLDSTEIN. I think it is hard to make those types of comparison. I think that Baltimore has a number of programs. It has actually recently started a number of programs that are successful for the small populations that it serves.

New York City, you know which is probably my best basis of comparison, has a broader scale and scope of programs. It serves a larger number of people.

I think Baltimore has faced many challenges in terms of trying to serve these populations. And the more support that we could obtain from Federal sources would be greatly appreciated.

Mr. KUCINICH. Let me go to that then. What can the Federal Government do better to help support criminal justice and public health strategies that work?

Ms. GOLDSTEIN. I think a few things. First, you know, I think as Congressman Cummings began at the hearing, you know it's really a holistic approach. And we need more after-school opportunities for young people. You know the data shows that by the time these kids are 13 it is almost too late in terms of trying to intercede. So we need more opportunities for young people, more early intervention and prevention program, more opportunities earlier on.

And then as you can see even from my description, the programs that we have developed here are intervention programs for kids who are already in the system. We have not had the resources to do real prevention programs for the young person who is first stopped by police. You know, for the very first time they should not even be arrested, but could be referred to a service program to meet their needs. So certainly early intervention and more opportunities are needed.

Mr. KUCINICH. Thank you.

Mr. Faruq——

Mr. FARUQ. Yes, sir.

Mr. KUCINICH [continuing]. I can see from background that you spend time out on the street.

Mr. FARUQ. Right.

Mr. KUCINICH. And you are talking to these young people.

Mr. FARUQ. Yes, sir.

Mr. KUCINICH. Can you relate to us what are they thinking? What is it that draws them into the violent crimes and the drug abuse? If you could characterize it in a few minutes, how would you characterize what is going on in the street with these kids?

Mr. FARUQ. You know, they characterize it that they are trying to eat. Their characterization is that they are trying to eat. They do not see a lot of opportunities in trying to negotiate the system to come for some success with a meaningful lifestyle. So they think that they do what they do best or know best.

So, hopefully, some of the things that we want to do is to partner with them to show them there is something different. And to take their hand and partner with them to get to negotiate the system to try to unveil opportunities. To show that there's hope.

And, you know, them seeing the outreach workers, used to sharing their lifestyle and that outreach workers having turned their lives around and doing something different, then that is an example of hope. If he can do it, I can do it. So there is hope presented in the outreach worker who used to be on that side of it.

And for many of them, do not have hope, you know. So also with the hope is the possibilities that it is possible for me, too.

But their characterization is that they are trying eat, so they are trying to make a living. You know, they are trying to get money. But, you know, the thing that we want to do is that they can this without risk, without going to jail.

Mr. KUCINICH. My time has just about expired and I am going to go to Mr. Cummings for questions. We are going to have one more round of this panel, Mr. Cummings, so we can get all the witnesses' reflections.

I just want to say that while your testimony focuses on what you are doing to try to help deal with the situation with drug abuse and violent crimes, I think it is important for us to try to get under it and ask some questions about why. Because we may learn something from that as well, and you are the ones that are dealing with these young people every day. I think you have some reflection, and that is why I asked those questions.

The Chair recognizes the gentleman from Maryland, Mr. Cummings.

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

As I was listening you, Mr. Faruq, a lot of people do not know this but I met Mr. Faruq many, many years ago in prison when I was teaching a course for Compton State many years ago. And I thought about something that is in the movie "Sicko". And going back to what you just said, Mr. Chairman, and in that movie by Michael Moore a parliamentarian from England said something that is so profound. They were trying to figure out why, for example, do we have universal health care, some form of it, in France and in England but not America. And he said something to this effect. He said, first of all, the people would rise up if they didn't have it. But then he said if you keep people sick, unhealthy, if you keep them uneducated and if you keep them hopeless and helpless, they will not rise up.

And when I think about all that you are saying, this whole thing of holistic, I want you to talk about the holistic piece. I think you have talked about, Ms. Franklin, and I think all of you hit on it to a degree.

One of the things that I have noticed is that you can get—it seems like even when we pull, that we are able to folk saying not to use drugs. You have to have something to replace that. And going back to what you said, Mr. Faruq, one of the things you got to establish is hope. Because when people are not hopeful, that is a real problem.

So going back to, Ms. Franklin, how do you or Ms. Fayall, how do you all get to that piece? You know, how do you get that piece where a person perhaps has fallen or is falling and then you are able to get them at least hold the falling, stop the falling for a moment, but then get them back on the right track? Because you talked about 257 people who I think you said has successfully stayed clean for a whole.

Ms. FRANKLIN. Completed the program.

Mr. CUMMINGS. And you said 203 were in transitional housing.

Ms. FRANKLIN. Yes.

Mr. CUMMINGS. Housing is one thing. I mean, we are talking about basics.

Ms. FRANKLIN. Right.

Mr. CUMMINGS. So go ahead.

Ms. FRANKLIN. And that is what we're talking about, we are talking about basics. But the real basic that we are talking about in Recovery in Community is providing a community of support so that the program does not just stop just because you have completed your 12 months or whatever, however long it takes you to get to that point. It is about providing a place where people can be if they pass or fail in success or failure so that, you know, understanding that as a part of the process of recovery that is a process.

I look at it as any other chronic illness, chronic disease, diabetes, hypertension all those kinds of things. We do not beat people up because they do not stick to their dietary regiment in diabetes. We understand. Very clearly we understand that once you got it under control, then what happens with is that we make a decision well I am doing good now, I can just go back to my old habits. We do not beat people up for that. But we beat people up for that in terms of substance abuse, in terms of relapse and that kind of thing.

Now that is not to say that relapse has to be a part of it, but we need to understand that relapse sometimes is a part of it. And what we do, what we can do in that process in terms of support or we can make them feel even worse than they already feel and alienate them from the treatment process or we can help them to stay in the process and understand that you are not failure just because that happened.

The whole thing of, you know, looking at all the things that are impacted. We also know that a number of our folks are impacted with mental health issues. That we have gone out into the community and gotten folks that are interested and willing to provide mental health services to our folks who do not have insurance or who are eligible for insurance under the gray zone, whatever, with the mental health services. But again——

Mr. CUMMINGS. I see my time is running out. Yes.

Ms. FRANKLIN. Yes.

Mr. CUMMINGS. But let me just ask this question. The other thing I am very concerned about, you know one of the things that has always concerned me and we have seen it in Washington when people come just doing some investigations that we have done, we have seen sometimes people providing services, services like drug treatment and in some instances the drug treatment is not what it ought to be. And people are making a profit. The addict is not getting properly treated.

And in talking to addicts that I have known, they tell me that if they go into something that they find to be false or they think it is just not the real deal, that it sets them even further back. Yes.

Ms. FRANKLIN. Yes.

Mr. CUMMINGS. Maybe in the future answering of questions you all can get into that a little bit.

And the other piece that I am concerned about is how do we interact with the various agencies? I mean, sometimes I think that what we do is we set up situations, we almost set ourselves up for failure. In other words, if I have an agency that is doing this and doing well, how much interaction with, say, the job component do I work with; the health community, do I work with? I mean things that are already in place for people who are experts. I am not saying that you do this, but sometimes I think that what happens is we are trying to do so much but if we zeroed in and a better interaction and like a web of services coming to truly wraparound the people who are experts on these things, so if somebody needs I can send them to somebody that is all they do is find people job and train them. If they got health thing—you know, you hate to be sending people to different places. But if they are got to help them, perhaps if they are suffering from some chronic disease, sending them to the appropriate place for that.

Again, going back to what the parliamentarian said in "Sicko", uneducated, unhealthy, hopeless and helpless. And I think if we can get, going back to what you were saying Mr. Chairman, to some of those things and truly provide a safety net for them, I think you can get to the bottom of some of this.

Mr. KUCINICH. We will take one more round of questions for this panel.

I would like to go back to a discussion that you started with Ms. Franklin relating to the mental health issues. These young people we are talking about, they are living in an environment where there is a lot of violence, where the violence might be inside the home as well as outside the home, while people in the home may not have a secure sense of economic vitality, may not have jobs, right?

Ms. FRANKLIN. Yes.

Mr. KUCINICH. They are likely not to have health care, right?

Ms. FRANKLIN. Yes.

Mr. KUCINICH. That kind of an environment is really ripe for mental health problems for anyone.

Ms. FRANKLIN. Yes.

Mr. KUCINICH. And would you agree with that?

Ms. FRANKLIN. Yes, I would, absolutely.

Mr. KUCINICH. So these young people if we are looking at looking at young people in situations where they could become at risk, one of the areas that we should be looking to and we're seeing is access to mental health.

Ms. FRANKLIN. Yes. Absolutely.

Mr. KUCINICH. Tell me more about your experience in that, I mean if you can think of any cases in particular.

Ms. FRANKLIN. Well, we do not treat young adults.

Mr. KUCINICH. I understand.

Ms. FRANKLIN. OK. But one of the issues, what we do with that is that we work within the community, within the community where we are. And, you know, there are a couple of hospitals and community mental health centers that are right there that we take advantage of that we have our clients to be able to go there without having to go through a bunch of barriers to access and treatment, as well as providing space in the facility for those community folks to come in and provide mental health services to our people, as well as to the families, the children the other folks that are impacted that are associated with our clients that are involved in treatment at our program. And we see that working very well.

As a matter of fact, we have been fortunate that we have been able to raise some funds to develop a community mental health center right across the street from where we are. And one of the providers that has been coming in to see our clients has agreed to set up an office there that is not only going to treat and be available for the folks that we see, but for the folks in the surrounding community. So it's not going to be just for adults, but it's going to be for children and anybody who is in need of mental health services and they have the ability to be able to find out their eligibility for coverage for their mental health services medications as well as treatment. So that is one of the outcomes that we have had that has been very successful with having mental health as an integral part of what we do. Because we know that people are in need of those services just because of the circumstances in which you have so elegantly describes: You know, in just living in a situation like that will set you up for——

Mr. KUCINICH. Right. It is a tough society out there for a lot of people, particularly for children.

Ms. FRANKLIN. I am sorry?

Mr. KUCINICH. I said it is a tough society out there for a lot of people, particularly for children.

Ms. FRANKLIN. Absolutely. Absolutely.

Mr. KUCINICH. And these programs that you are setting up where it is a sense of prevention and then referral become——

Ms. FRANKLIN. Right.

Mr. KUCINICH [continuing]. Life savers for young people.

Ms. FRANKLIN. Yes, we are.

Mr. KUCINICH. Congressman Cummings and I have had this discussion about looking at drug addiction as, first, a health problem. It can be a physical and emotional health problem. And if it is delegated, it ends up being a criminal justice problem. Would you agree with that?

Ms. FRANKLIN. Yes, I would. Absolutely.

Mr. KUCINICH. I have a minute for another question here. I wanted to Ms. Fayall how do students end up in your program? Is it voluntary or——

Ms. FAYALL. It is voluntary. They also can be recommended or referred by administration. We have a membership of 1,100 students who have voluntarily come down and joined the center. And it is just not for troubled youth. We help them with anything that is on their minds. It could be something like starting a new club, a dance group; anything that they want to do, anything that they are having issues with. It can be health related. We help families to meet their basic needs. We do perform the wrap around services. We have outreach to all kinds of agencies. We have a retired social worker who is on staff who provides the resources that the students need to get what they want.

Mr. KUCINICH. Now in your written testimony you state that suspensions are down 83 percent after the implementation of your program. Do you attribute this decrease to improvements in student behavior or the provision of alternative sanctions to your program?

Ms. FAYALL. The first year that we were there the policy was in force yet. But the students were able to come down. The one thing we do, we offer in-house suspension so that instead of sending the children home or out on the streets, they come downstairs. They're out of the student population. And while we have them down there, we work on the issues that led to the behavior in the first place rather than punishing the behavior or trying to find out specifically what is going on, meet the need where the student is and literally meet them halfway.

Mr. KUCINICH. Thank you very much.

Mr. Cummings.

Mr. CUMMINGS. Yes. Ms. Goldstein, the gang situation. You were talking about one of the programs and you were saying in answer to the chairman's question that there was a limited number of young people that you could help, is that right?

Ms. GOLDSTEIN. Yes.

Mr. CUMMINGS. And so that means that there are probably a lot of people who need the services but do not get them.

Ms. GOLDSTEIN. Absolutely.

Mr. CUMMINGS. Do you have any idea what kind of numbers we are talking about? I think you said it was a hundred and something that you are. What program was that?

Ms. GOLDSTEIN. I think we were talking—if you look at just the school dropout rates, for example. You know in Baltimore City, as we know, our graduation rate is about 50–60 percent. And when we look at our programs that serve our out-of-school youth in terms of education and employment opportunities, we are serving 500,000 young people a year. So just looking at that universe there are so many young people who are out of school and who are susceptible to those types of opportunities, as Mr. Faruq said, because they do not have other opportunities or hope. That is a huge number.

Mr. CUMMINGS. What would you all like to see us do on the Federal level to help you address these problems?

Ms. GOLDSTEIN. I think we need more resources to create what you have talked about, which is a seamless web of services so that

we can catch young people early and provide them opportunities to stay on the right path.

And I think one of the struggles that you were talking about is you have different people who have different areas of expertise and they need to be connected up. But research also shows that if you send people to five different places, they don't often get there. And so the challenge is sort of creating one stops. You know, one stop shops where you can colocate people who have that expertise so that they can provide the maximum services to that group of folks.

And I would say that really what we need is more funding opportunities to support those types of initiatives so that we can help people before to keep them in school, to keep them out of trouble and then to catch young people at all places along the system to give the supports and services they need in a holistic fashion.

Mr. CUMMINGS. Mr. Faruq, with regard to mediation, you talked about trying to get to folk before they get into some very violent situations. Do you find folk open to that? It seems like that would be very difficult at times?

Mr. FARUQ. Actually, when you got the right people it is very easy.

The guys that we choose have a lot of credibility with the population that we are targeting. They have a lot of influence. In some cases, they even have command.

So when issues erupt and they present themselves, they are in a situation where, first, they already got the respect. So they are in a strategic position where they can mediate from all sides because all sides respect them, you know. And they take their word at heart.

And I think this has emerged as a real cornerstone in our approach. Because it is preventive. You know, in most of the incidents that we have mediated, you know that come out with peaceful resolution, even to the extent where we have mediation where guys hugged and shook hands after they was threatening each other.

Mr. CUMMINGS. Yes.

Mr. FARUQ. You know, I would also like to add that with this approach is a public health approach. And what it does is to try to sift a behavior norm. You know, violence is a learned behavior. You know, so with credible messages, with a credible message we try to change the behavior. You know, in the same way that the smoker who was changed by having this credible message, dominated the person with the message and then all of a sudden the expectations about smoking changed. You know, drunk driving the same thing.

And so it is with violence, you know, that we can change how people look at violence. That people can begin to see that they can have another outcome and there are other options other than violence.

You know, when we have people that they used respect representing that, talking that, pushing that and we dominate environment with this message, that we can bring about a change. It's so evident in Chicago.

Mr. CUMMINGS. And so you take them to a bigger picture?

Mr. FARUQ. Yes, sir. Yes, sir.

Mr. CUMMINGS. All right. Well, I thank all of you.

And, Mr. Chairman, I just say that there were a number of people who wanted to testify, but the limitations of these hearings limited it. So I am hoping that we will be able to get some of their written testimony and get it into the record.

Mr. KUCINICH. Thank you, Mr. Cummings.

We certainly want to invite the testimony of those who are interested in this. And we have 5 days to do that. So ordered.

I want to just make a brief comment before we dismiss this first panel.

Mr. Faruq, you started to talk about violence being learned and nonviolence can also be learned. I mean, that is what Dr. King's life was about, that is what the teachings of Christ and Gandhi were about.

There's a proposal in the Congress, H.R. 808, to create a Cabinet level department of peace and nonviolence. And it directs itself to these domestic issues of domestic violence, spousal abuse, child abuse, violence in the schools, gang violence, gun violence, racial violence, violence against gays, police/community clashes. And I would just recommend for your interest a bill which I'm the author of, and I believe Mr. Cummings is one of the co-sponsors of. Because it really reflects the deep understanding that you have about how you can teach nonviolence just as people learn violence. That is a very important observation. I think everyone here on the panel understands that, and I just wanted to share that with you.

On behalf of the committee, I want to thank the witnesses. Not only for their testimony, but for the service which they give to the people of this community in providing a path for hope and recovery. So thank you.

And at this point we will dismiss the first panel. Staff will prepare for the second panel. We are going to actually combine the second and third panels to facilitate the testimony of some of our witnesses.

I would ask all those in the audience to please join me in expressing appreciation for the first panel.

[Recess.]

Mr. KUCINICH. The committee will come to order, please. Thank you.

I want to welcome our second and third panel of witnesses for coming forward. And I would like to begin with the introduction of this panel, so those who are in the audience can understand the significance of having this distinguished group of people here to testify.

I will begin by introducing the Honorable Ellen M. Heller. She was appointed as a Circuit Court Judge for Baltimore City in December 1986. She became the Judge in charge of the civil docket in 1993 and served in that position until 1999. She became the first woman in Maryland to be appointed as the Circuit Administrative Judge overseeing the entire court, that was in 1999. Although Judge Heller retired in December 2003 she continues to sit part-time as a trial judge and coordinates and sits on the Felony Drug Diversion Initiative. Prior to her appointment on the bench she served as an Assistant Attorney General of Maryland and was Deputy Chief of the Educational Affairs Division. Judge Heller is currently president of the American Jewish Joint Distribution Com-

mittee which provides humanitarian assistance to both Jewish and non-Jewish communities globally.

The Honorable Jamey H. Weitzman has served as Associate Judge of the District Court of Baltimore City since 1991. She founded the first drug treatment court in Maryland in 1994 and continues to serve as its supervising judge and developed Teen Court, which provides alternative sentencing for troubled youth. Judge Weitzman designed and chaired Maryland's Drug Treatment Court Commission and serves as Chair of Maryland's Problem Solving Courts Committee. She's the author of Drug Courts: A Manual for Planning and Implementation. Serves on the faculty of the National Judicial College. And has lectured nationally and abroad regarding therapeutic justice and drug courts.

The Honorable David W. Young has been Associate Judge of the Baltimore City Circuit Court since 1996 where he presides over the Baltimore City Juvenile Drug Court and has worked on developing the city's Family Dependency Drug Courts. He's Vice Chair of the Foster Care Court Improvement Implementation Committee. Prior to his current appointed Judge Young served as Associate Judge with District of Court of Maryland and Assistant City Solicitor to Baltimore. He's taught at the University of Baltimore School of Law. Has been a long time trustee of the Bethal AME Church and member of the Board of Directors of the YMCA of Greater Baltimore.

Dr. Joshua Sharfstein has served as commissioner of Health of Baltimore City since December 2005. From 2001 to 2005 he worked on the Democratic Staff of the Government Reform Committee of the House of Representatives for Congressman Henry A. Waxman.

So, just want you to know there's a future after this.

Dr. Sharfstein is a graduate of Harvard Medical School, trained in pediatrics at the Boston Medical Center and Children's Hospital and completed a fellowship in general academic pediatrics at Boston University.

Dr. Philip J. Leaf is a professor in the Johns Hopkins Bloomberg School of Public Health with joint appointments in the School of Medicine, the School of Professional Studies in Business and Education and the Kennedy Krieger Institute. At Johns Hopkins he is director of the Center for Prevention of Youth Violence, co-director of the Center for Prevention and Intervention, senior associate director of the Urban Health Institute. For two decades Dr. Leaf has worked with community groups, schools systems, law enforcement officers, ex-offender groups and the faith community of strengthening families and communities and buffering the effects of violence over neighborhoods. In 1995 he received the Johns Hopkins University Martin Luther King, Jr. Award for community service for his work in Baltimore.

I want to thank members of this panel. This is, indeed, a distinguished panel. And we are eager to hear your testimony.

It is the policy of the Committee on Oversight and Government Reform to swear in all of our witnesses before they testify. So I would ask, if you will, to rise and raise your right hands.

[Witnesses sworn.]

Mr. KUCINICH. Thank you very much.

Let the record reflect that the witnesses have answered in the affirmative.

As with the first panel, I asked that each witness give an oral summary of his or her testimony, bearing in mind to keep the summary to 5 minutes or under in duration. But your entire written statement will be included in the record of this hearing. And, again, our gratitude.

We are going to begin with Dr. Sharfstein. We are going to begin with Judge Heller. OK. Go ahead, Your Honor.

STATEMENTS OF ELLEN M. HELLER, CIRCUIT COURT ADMINISTRATIVE JUDGE, PRESIDENT OF THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE; JAMEY H. WEITZMAN, ASSOCIATE JUDGE, DISTRICT COURT OF BALTIMORE CITY; DAVID W. YOUNG, ASSOCIATE JUDGE, BALTIMORE CITY CIRCUIT COURT; DR. JOSHUA SHARFSTEIN, COMMISSIONER OF HEALTH OF BALTIMORE CITY; AND DR. PHILIP J. LEAF, PROFESSOR, JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

STATEMENT OF ELLEN M. HELLER

Judge HELLER. Thank you.

Good morning, Chairman Kucinich and Congressman Cummings. I am very appreciative of the opportunity to address you today on behalf of the Circuit Court for Baltimore City, which is in Maryland the State trial court in Baltimore, a court of unlimited jurisdiction with civil, family, juvenile and Judge Young has been a long time Judge in the Juvenile Court, as well as the criminal docket.

My testimony today is going to focus on the Felony Drug Diversion Program, a special initiative that was begun in 2003 with great assistance, indeed I would say 100 percent assistance, from Congressman Cummings in response to a crises at that time that had hit the city. There had been a horrific murder of a family that had been reporting drug crimes in their neighborhood. But in addition, there were many drug arrests. The dockets were clogged. And there was a need to tweak what we already had in order to see what we could do.

And out of the crises that occurred at that time, and unfortunately and the testimony today will indicate it is still there. For example in 2006 I got statistics and I was told there were 3,358 new felony drug offenses in the Circuit Court for Baltimore City alone. That doesn't include the misdemeanor drug offenses that Judge Weitzman will talk about, a high percent not abating. But we were looking for a model that would get the felony drug offenders, those not violent offenders who faced 5 to 20 years real time into a different situation that incarceration, where I am sure you are aware there is very little drug treatment especially in the State prisons, and there has been as long as I've been on the bench there has been almost no drug treatment for the incarcerated community, and where people were released with almost no support services, only to re-enter once again.

So we worked as a team. And I heard this morning Congressman Cummings talk about the need just a few moments ago to work as a team. This court couldn't have been developed without them and

continuing now a positive relationship between the partners in the criminal justice system, the Office of the Public Defender, the Office of the State's Attorney, the Division of Parole and Probation, the Division of Corrections, Baltimore Substance Abuse systems just all the way down the line to come up with a new variation on the umbrella drug treatment court. And let me tell you quickly the features.

We wanted to make sure within a month of arrest we were going to have an individual into treatment. And, again, these are people who have long records, felony charges who faced 5 to 20 years incarceration. We were able to do that.

We found, although we had thought we were going to have a continuum of services that the population we were addressing needed long term residential structured placements. And they had to be quality of placements. We didn't want to set people up to fail and go back into the system. We were able to do that with the assistance of Baltimore Substance Abuse Systems. We only used placements that they have certified as adequate and appropriate.

We wanted to have in-court assessors. Never in the history of Maryland have we put accessors in the court so that right there and then we could have people brought over within 30 days. They were literally assessed in the morning. If found appropriate, brought down in the afternoon before the judge. Entered the program the very next morning because of the cooperation with the Division of Corrections actually transported by the division into a residential placement where they stayed for a minimum of 6 months. Twenty-four hour turnaround within a month of arrest. And we are still doing it.

We have structured after care. We learned soon into the program that we needed more services as people succeeded.

I also heard this morning there had to be hope and something to replace the drugs. And we did that with job training and liaisons with job opportunities.

We started to evaluate and we continue each month to look at our statistics and have a meeting of that whole team. There is a very positive, cooperative nice to see environment with the State's Attorney and the Public Defenders talking with each other. The Division of Parole and Probation agents who are specially trained take a special interest in each of their clients.

What are the achievements? In 2004 we had the largest number of people. Seventy-three percent successfully completed treatment, 86 percent of those who did complied with their conditions of probations.

In 2007, 4 years down the line, 68 percent of our people, that's almost 70 percent, of either successfully completed the entire program or in successful good standing in drug treatment. That's a really fine statistic that we work on.

Cost saving. In contrast to the $25,000 noncapital expense of incarceration. This, again, we are talking about residential long term care for a minimum of 6 months, our average cost for diversion is $6,535. So that is quite good.

Are there needs? Yes. Needs for quality drug treatment programs.

Need for job opportunities and employment for felony and criminal offenders so that they can qualify for them. Need for what we call dual diagnoses programs. Chairman Kucinich, mental health issues are a very large part of adult offenders. There is a shortage of programs. I have actually kept people incarcerated for months while we try to search a program that would take these so called dual diagnoses individuals. They almost do not exist.

We need housing. I have a man right now who is almost finished our program, was in from the beginning. He is confined to a wheelchair. He has been drug free for 3 years. He has a job, notwithstanding his paralysis. He has no housing. He no longer qualifies because of his felony conviction. And he needs supportive housing.

So I want to end. I think my time is up. But saying I thank Congressman Cummings for the chance to work with the team at the court. I think this is a program that can be replicated. And we are actually this year expanding it in the Circuit Court. It could be replicated across the country.

And I also think that the services you talked about, not only help the offender, help the clogged dockets. They introduced back into the community productive, self-sufficient participants in our society.

Thank you.

[The prepared statement of Judge Heller follows:]

Felony Drug Diversion Initiative

Testimony of Judge Ellen M. Heller (Ret.)
Circuit Court for Baltimore City
111 N. Calvert Street
Baltimore, Maryland 21202

Domestic Policy Subcommittee of the Oversight and Government Reform Committee
House of Representatives
Congress of the United States
Monday, October 1, 2007

Background

In response to the ongoing crises created by drug addiction and crime in Baltimore City, a $1.1 million grant was received from the Federal Center for Substance Abuse Treatment. This one-time only grant, awarded for the period September 1, 2003 through August 31, 2004, was used to support new and innovative substance abuse assessment and treatment programs for adolescent and adult offenders. One of the programs was the Felony Drug Diversion Initiative ("FDI") in the Circuit Court for Baltimore City. FDI was so hugely successful as a pilot program that the City of Baltimore and the State of Maryland continued the program with various levels of funding in 2005 until present.

Need

Prior to the FDI pilot project, individuals charged with nonviolent felonies with serious records had great difficulty and delays in accessing criminal justice drug treatment slots. For most, their only option was incarceration where there was little, if any, drug treatment available. In addition, the huge number of felony drug offenses was clogging the Court's Criminal Docket. It is estimated that 85% of all felony charges are drug related. In 2004, half of the then 30 judges were assigned to the criminal docket. (The other dockets are Civil, Family, and Juvenile.) These cases delayed the trials for serious violent crime cases. The Court, in conjunction with the Office of the Public Defender and Office of the State's Attorney, identified a need for a different model of drug treatment than the traditional criminal prosecution of defendants who were in fact involved with drug offenses because of their addition.

Implementation

Baltimore City was able to quickly design and implement the FDI program. Within only three months, a working group identified needed program features and completed legal forms and procedures. The working group consisted of representatives from the judiciary, the Office of the State's Attorney, the Office of the Public Defender, the state Division of Parole and Probation, and the Division of Corrections. Baltimore Substance Abuse Systems (BSAS), the substance abuse authority for Baltimore City, contracted with six substance abuse treatment programs to provide a range of substance abuse treatment for FDI referrals.

- The FDI pilot project provided drug treatment as an alternative to incarceration for those individuals charged with felony drug offenses and who were deemed qualified for treatment by an assessment done by a trained in court assessor. Program participants were felons who had serious records and who, in

most instances, faced five to ten years of incarceration. Successful completion of drug treatment and compliance with their terms of parole and probation enabled them to avoid prison.

- The range of treatment went from intermediate 28-day residential treatment to long term six month residential treatment placements. In addition, a small number of individuals received methadone outpatient treatment. Aftercare was also provided that ranged from intermediate residential care to intensive outpatient counseling. Aftercare services were funded by both FDI funding (residential) and existing state, local and federal funding for drug treatment in Baltimore City (outpatient).

Achievements and Features of Program

The FDI pilot project established an impressive record of achievement. Some of its achievements include:

- 73% of program participants successfully completed treatment.
- 86% of offenders who completed treatment complied with the conditions of their probation.
- Both the Office of the State's Attorney and the Office of the Public Defender succeeded in promptly screening eligible offenders within a month of arrest so that they could access treatment options at the earliest point in the criminal justice system.
- The deployment of in court drug assessors to the Circuit Court allowed the program to assess and place defendants into drug treatment programs within 24 hours of their initial court appearance.
- The Court intensively monitored defendants on a monthly basis. Specially trained probation officers performed the monitoring.
- There were significant cost savings notwithstanding that most of the treatment placements were residential—the most costly kind of treatment. Costs for residential include $215/day or $1,075 per patient for 5-day detoxification, $96/day or $2,688 per patient for 28-day intermediate residential care and $61/day or $10,980 for 6-month long term residential. The average cost for offenders diverted to residential treatment is $6,535 in contrast to the yearly non-capital costs for incarceration of $25,000.
- Structured after care for remainder of probation period under court supervision and review is part of every participant's plan.
- Job training and placement opportunities as a result of liaisons with government and nonprofit job training programs were added to the program two years ago.
- Monthly meetings of FDI team to review program and participants take place before court sessions.
- Case managers will be added in the next month to assist with housing, job placement and health issues.

Conclusion

Mr. H., a 22-year old African American male, began snorting six pills of heroin and smoking $50 worth of cocaine daily when he was 14 years old. In January 2004, he was arrested for the second time for possession of a controlled dangerous substance. At that time, he entered the FDI, and was admitted to a halfway house in Hagerstown, Maryland. After completing the six-month program, Mr. H. obtained full-time employment, and is currently drug-free and attends outpatient treatment. Mr. H. reports that FDI "saved my life."

Ms. B., a 39-year old African American female, began using drugs at age 19. After many heroin-related arrests, Ms. B. entered the FDI in April 2004 Ms. B. successfully completed a 28-day treatment program, but then relapsed shortly after being discharged. As a result of her relapse, the judge sentenced Ms. B. to one week of incarceration followed by admission to a long-term residential treatment program. Ms. B. was admitted to a special program for persons with co-occurring substance abuse and mental health problems, and i s now stabilized on medication and doing very well. At her last court appearance, Ms. B. thanked the judge for sanctioning her until she could get into treatment.

FDI fundamentally has changed the way that the Circuit Court of Baltimore City handles drug-addicted felony offenders charged with possession of controlled dangerous substances. The level of collaboration and cooperation among the judiciary, court officials, state's attorney, public defender, parole & probation, treatment providers and detention center personnel was unprecedented. The introduction of addictions assessors into the circuit court was extremely well received by all parties. A strongly committed planning group developed new legal processing forms for FDI cases quickly, and procedures were revised, as needed, during the start-up period.

Drug Treatment Courts are a more efficient, less costly alternative to incarceration. There is no "magic" perfect model, and innovations should be encouraged with the goal of prompt placement of an offender into drug treatment. There remain, however, great needs for the "system" to implement these courts, which include:

- Quality drug treatment programs both outpatient and residential
- Job training and placement programs for drug offenders
- "Dual-diagnosis" programs for those offenders in need of mental health support
- Supportive housing
- Adequate and trained personnel including judges, prosecutors, defense attorneys, probation officers, assessors, and case managers

Government at all levels should support these initiatives, which result in a less costly, more longstanding solution to the addiction and crime resulting from drug abuse. In this way, rehabilitated offenders can once again become productive, self-sufficient members of the community.

Mr. KUCINICH. Thank you, Judge.
Judge Weitzman.

STATEMENT OF JUDGE JAMEY H. WEITZMAN

Judge WEITZMAN. Good morning, Chairman Kucinich and Congressman Cummings. I am honored to be able to testify and show off a little bit about what we're doing here in Baltimore City. Judge Heller has already elegantly spoke about Drug Court. It is one of my babies, too.

Started it in 1994 and it is one of the first in the country. And the hallmarks of Drug Court are clear. It's immediate, intensive treatment and collaboration, intensive monitoring. And that famous word that I find to be of biblical proportions to me is holistic support systems.

But I would also like you to consider some other programs. So by way of illustration, consider Alese, who was a 14 year old who was arrested for fighting in schools. And she already has a distinguished criminal history of thefts and disorderly conducts, and fighting, and five suspensions under her belt already, poor grades. So we've diverted her into Teen Court, which is a program that is run by children, staffed by children, all of the criminal justice positions are by the children and then the jury of their peers sentences. It provides a holistic sentence that tried to address the needs of the child, such as mandatory jury sentences, jury duty, peer mediation, anger management.

We also have a social worker that is on staff to triage services to Alese and her family so that we can get to the underlying problems that are contributing to the criminal behavior.

Teen Court has been running for the last 7 years in Baltimore City. Unfortunately, we can only handle 250 people so far, children. Just a drop in the bucket. But so far the statistics show tremendous success.

How about the child named Alex? He already has 24 absentees in the last previous two quarters of school and 18 days of being tardy. He doesn't wear uniforms when he comes to school. He has an attitude. We find out that when he doesn't come to school, his little sister doesn't get to school either. So enter the truancy program which tries to provide support services to the child to try to find out why, what is causing this truancy. And then, of course, there is collaboration with the school system.

So these three programs highlight just three of the problem solving programs in Baltimore City, but they really attempt to try to meaningfully effect children's lives by getting them away from the maelstrom and the cycle of violence and crime. But they are all significant because of the extreme collaboration, the wonderful collaboration of criminal justice and non-criminal justice partners such as business community, social clubs.

I am proud to say in Drug Court, for example, we have a wonderful partnership with Goodwill Industries where they actually provide job training and placement for our folks so that they can get a meaningful wage and living. And it's so successful in Baltimore City that Goodwill is now trying to market this throughout the country.

But do not make no mistake: These programs are not easy. This is not hug-a-thug justice, as Judge Young likes to say. It requires intense work and a lot of judicial monitoring and accountability of the defendants and the team members as well. But my passionate assertion of the effectiveness of these programs are really supported by numerous evaluations of Drug Court which show its success. We are making taxpayers. We are having drug free babies born to our folks. And so there's numerous, wonderful intended and unintended consequences to Drug Courts as well as the Teen Courts which we have.

Truancy courts are a little young, but I have every reason to believe and do believe that they will benefit from the same success.

The sum is definitely greater than the parts, and it costs money to run these. Nothing comes for free. And so if anything, I would ask that the Federal Government partner with us to provide more of these programs to the community.

Thank you.

[The prepared statement of Judge Weitzman follows:]

TESTIMONY OF THE HONORABLE JAMEY H. WEITZMAN

Domestic Policy Subcommittee
Oversight and Government Reform Committee

"Combating Drug Abuse and Drug related Crime:
What is Working in Baltimore?"
Field Hearing - Baltimore, Maryland
October 1, 2007
9:30 A.M.

Good morning chairman Kucinich and members of the Domestic Policy Subcommittee of the Oversight and Government Reform Committee. I appreciate this opportunity to share insights regarding approaches to combating drug abuse and related violence in Baltimore.

Baltimore is a city where astonishing 1 out of 10 citizens use or are addicted to drugs. It has earned the dubitable distinction of having some of the highest rates: teen pregnancy, juvenile crime, school drop out, generational drug addiction, poverty, and single parent homes. Unfortunately, it is understandable why youth might seek gang affiliation to gain structure and to gain illusory self-importance. The grim reality is that more than half of all individuals arrested in Maryland are alcohol or other drug dependent. With over 150,000 criminal cases yearly in the district court alone, and 9,400 juvenile causes in Baltimore City, approximately 85% are estimated to be drug related. The human price associated with addiction is inestimable, but the cost to the State with respect to crime and the collateral health care and social consequences is staggering and in the billions of dollars. Violence is the leading cause of death of young African-American men in Baltimore City. According to the Annie E. Casey Foundation's Community Level Information on Kids data, both Baltimore's violent death and violent crime rates for juveniles is more than double the statewide rate. It takes little guesswork to accept that youth who stay in school, who engage in positive prosocial activities, and even become involved in spiritual activities are less prone to succumb to the drug culture, violence and gang activity.

Courts have increasingly become the institution of choice by the public and other branches of state government to address complex, problematic societal issues including drug related crime, family dysfunction, and repeated nuisance crimes in both urban centers and rural towns. Throughout the United States, courts are increasingly focusing on problem solving and alternative remedies not effectively accommodated by the current legal and adjudicatory process. Numerous problem solving courts are being established to provide sustained and meaningful resolutions for thousands of difficult cases that enter our courtrooms daily. The Maryland Judiciary has acknowledged the importance of these innovations by establishing The Office of Problem Solving Courts to oversee and guide the development of these courts in the state.

Drug Treatment Court (DTC) is of the best know and perhaps the first institutionalized problem solving innovation. DTC is a judicially led, coordinated system that demands accountability of all participants and ensures immediate, intensive and comprehensive drug treatment, supervision and support services using a cadre of incentives and sanctions to encourage offender compliance. Drug Courts represent the coordinated efforts of criminal justice agencies, mental health, social service, and treatment communities to actively and forcefully intervene and break the cycle of substance abuse, addiction, and crime. As an alternative to less effective interventions, drug courts quickly identify substance-abusing offenders and place them under strict court monitoring. In this blended system, the drug court participant undergoes an intense regime of substance abuse and mental health treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before a judge with specialized expertise in the drug court model. Additionally, drug courts provide support services that address problems that contribute to addiction such as: housing, job training and placement, GED readiness, life skills training and family/group counseling.

National evaluations demonstrate the effectiveness of DTCs in reducing recidivism, protecting public safety, providing effective treatment and realizing substantial cost savings.

This was markedly verified in a comprehensive Cost-Benefit/Avoidance Evaluation of the Baltimore City Adult District and Circuit Courts Drug Treatment Courts in 2003. Baltimore Drug Courts are one of the first in the nation and have been categorized by the evaluators as having the "most difficult" drug court population in the country due to its highly addicted population with extensive criminal records. Despite the obstacles, even this drug court demonstrated a cost savings of greater than $2.7 million in total criminal justice savings over the three year study period. A performance evaluation of the Harford County Juvenile Drug court in 2006, also evinced equally positive results including: 1) 36% fewer juvenile and adult arrests than the comparison group, 2) 59% fewer days on probation than non-participants, 3) 60% less criminal justice costs (e.g., arrests, incarceration, probation) than non-participants.

Through the promulgation of key components, best practices and trainings, DTCs have laid the foundation and have provided an effective model upon which other problem solving initiatives can be based

Teen Court (TC) is a peer driven, problem solving innovation, which affords offenders the opportunity to be tried informally before a jury of peers. Sentences are based upon a menu of options which are holistically designed to address problems that contribute to delinquency and which may include: mandatory jury service, participation at the police athletic league, community service, peer mediation, anger management, restitution, and counseling. The Baltimore City Teen Court (BCTC) in particular utilizes a social worker to broker services to the offender and family to address needs such as housing, job placement, medical care, and individual and family counseling. Volunteer teens assume the criminal justice roles including that of attorney, bailiff, clerk and jury.

An important component of TC is youth volunteer leadership development. TC provides volunteers safe and constructive ways to spend after school hours, while developing critical thinking decision-making and leadership skills that will prepare them for their futures.

BCTC serves one of Baltimore's most impoverished and undeserved groups, youth ages 11-17. Negative messages, poor schools, diminishing service broken families and a juvenile justice system that largely ignores them until they commit a serious crime, impact this group. Despite the obstacles over seven years of operation, BCTC anticipates that 75% of the offenders will successfully complete the program and their sanctions within ninety days and that 75% of the offenders who successfully complete the program will not be rearrested within one year. This is in comparison to the 65% recidivism rate within the general Baltimore City juvenile justice population. Additionally, BCTC boasts that 30% of the youth offenders will transition to become youth volunteers who must remain in school and arrest free to qualify.

Teen Court is one of the fastest growing youth diversion programs with over 1300 youth courts nationally. They are one of the most effective early intervention delinquency prevention programs available according to The Department of Justice Office of Juvenile Justice and Delinquency Prevention. TCs are designed to reduce violence and criminal involvement thereby engaging juvenile offenders and volunteers in pro-social and positive peer leadership development focusing on self-control, accountability, responsibility and life skills developments.
It affords at-risk-youth a chance to redirect their lives by accepting responsibility for their actions in front of their peers. Statistics suggest that peer-to-peer accountability makes a greater impression on adolescents than adult mandated sanctions.

TRUANCY REDUCITION COURTS

Truancy has long been identified as linked to many behavioral problems, school dropout and juvenile delinquency. Truancy reduction programs employ a broad based collaborative approach to identifying barriers to attendance, and to developing a supportive context for the family and child to improve. There are a number of models including school based, court based programs and those that operate through community service agencies. They all share the same goal of improving school attendance, raising grades and encouraging graduation.

A school-based model established by The University of Baltimore School of Law's Center for Families, Children, capitalizes on the stature and authority of a judge. The program consists of weekly in-school sessions with a volunteer judge, a team of school representatives, the child, and his/her family. It is based on an early intervention model and targets students who are "soft" truants—students who have from three to twenty unexcused absences—in the belief that this group retains academic, social, and emotional connections to school. The judge presides at weekly reviews and discusses with the child and family issues of attendance and other difficulties encountered during the week. Each child is rewarded with a small gift, and is invited to special field days and "graduation" from the program.
Judicially monitored truancy courts have been operational in the Lower Eastern Snore of, Maryland (Dorchester, Somerset, Wicomico and Worcester Counties) since 2005.

Chronic truancy leads to high school dropouts who are over-represented among prison and jail inmates. Studies further show that reincarceration rates for those completing educational programs while incarcerated are significantly lower. One study estimated that increasing the high school graduation rate by one percent would yield $1.8 billion dollars in social benefits, largely as a result of preventing an estimated 94,000 crimes yearly. Lochner, L.& E. Moretti (2004) "The Effect of Education on Crime: Evidence from Prison Inmates," American Economic Review 94(1):155-189. While too soon to conduct evaluations of the Maryland models, preliminary data is encouraging.

MENTAL HEALTH COURT

Increasingly large numbers of mentally ill people are entering the criminal justice system each year. The criminalization of those with mental illness is a growing social problem, which burdens both the criminal justice and the public mental health systems. It is estimated that 16% of the incarcerated population suffer from a serious mental illness, and at least 75% of those have a co-occurring substance abuse problems. The traditional approach to processing criminal cases often creates a barrier that prevents the court from identifying and responding to the unique needs of mentally ill offenders.

These offenders frequently spend unnecessary time in jail, and lacking access to mental health treatment services on release, tend to be re-arrested and repeatedly cycled through the system. The needs of the community are not addressed, the costs to the taxpayer escalate, and defendants continue to struggle with the same problems and associated risks as before.

In cities like Baltimore, the mentally ill offender population is quite large and the problems are extreme. Agencies impacted by this group recognized the need to take action to change the course, and every agency, without exception, commit time, energy, and services to develop plans to address the particular needs of our jurisdiction.

Beginning in 2002, the Baltimore City Mental Health Court consolidated approximately 250 cases each year on one docket. This consolidation allows for case processing by a dedicated team of individuals trained in mental health law, who follow the cases throughout the process and provide systemic approach to addressing the needs of mentally ill defendants. Currently there are three operational Mental Health Courts in Maryland

These four Baltimore City programs are categorized as Problem Solving initiatives that are engaging children in meaningful life changes to avoid the maelstrom of violence. All are significant because they embody effective collaboration among criminal justice and other non-criminal justice's partnerships such as universities, faith based institutions, schools, businesses, and social clubs & law schools. Problem solving courts and related initiatives provide important and vital alternatives to handling juvenile offenses and related issues, but they are limited in scope.

Resources are needed for support agencies such as the National Association of Drug Court Professionals/National Drug Court Institute, and federal and State oversight agencies that facilitate the development of comprehensive Management Information Systems to generate reports and collect statistics necessary for evaluations. They provide technical assistance and training for the array of professionals that impact these programs. Commitment on the federal level for funding for comprehensive treatment is critical as well as to provide support for core functions.

Problem Solving Courts are collaborative in nature and funding and enhanced resources must be provided for all components or the program will falter.

Simply put, long term and sustained support funding is vital, for short term funding leads to short term results and multi-faceted issues of addressing youth violence and youth leadership development necessitates longer term interventions with more comprehensive answers.

Mr. KUCINICH. Thank you, Your Honor.

Judge Young.

STATEMENT OF DAVID W. YOUNG

Judge YOUNG. Good morning, Chairman Kucinich and Congressman Cummings.

If I might just, I believe you said that I was a graduate of the University of Baltimore. I am actually a graduate of this fine institution where my classmate was Judge Heller, and one of our predecessors was Congressman Cummings.

Mr. KUCINICH. I thank the gentleman. And the record will be corrected to reflect that. Thank you.

Judge YOUNG. Thank you.

Since 1998 the Baltimore City Juvenile Drug Treatment Court has offered comprehensive intensive outpatient drug treatment to juvenile offenders between the ages of 15 and 18. The exciting thing about Drug Treatment Court is it works. As Judge Weitzman said, we have a hard time explaining to people that Drug Treatment Court is not hug-a-thug, it is intensive. The participants in Drug Treatment Court in the initial phase of the three phase program are required to attend 5 days a week. They have an individual counselor. They are required to participate. They have an addiction counselor. Additionally, they are required to undergo random urine analyses, breathalyzers and to attend NA and AA.

As if that's not enough, they are required to go to school. Each one of them is given an educational assessment. If they are in school, they are required to go to school. If they are not in school, they are required to go to either the YO program, the Youth Opportunities Program which is operated through the Mayor's Office of Employment Development or to the Baltimore City Community College.

We also provide intensive services to families in the way of functional family therapy. And the one thing about Juvenile Court is there is a device called the Order Controlling Conduct. So if your child is court involved, the court does have within its authority that we can require the families to also receive services.

We are also fortunate to have family intervention specialists who come to us through the Johns Hopkins University. And their job is to do a family assessment and to identify ongoing family needs. As was said earlier, addiction is a family disorder.

We also have discovered that many of the youth participating in Juvenile Drug Treatment Court have mental health problems and they are, in fact, self-medicating. So we have a relationship with the University of Maryland Hospital. As a matter of fact, our drug treatment is conducted through the Harambee Drug Treatment Program, the addiction counselors.

We also have a relationship with the Johns Hopkins University. Many of our participants do suffer from depression. Many of them have been diagnosed with ADHD. And so we take a comprehensive approach to addressing their needs. This is a collaborative effort. We have a dedicated State's Attorney, Prosecutor, a dedicated Public Defender. They always see the same judge, yours truly, but they have the same counselor.

In addition, we do recommend them if they are in need of vocational training to one of the programs in the community. Judge Weitzman mentioned the Goodwill. We were fortunate to get a grant through the Administrative Office of the Courts that allows us to refer teenagers to the Goodwill Industries for job readiness. And quite a few of them have now actually been transferred into full time positions.

There are needs. What they need? We need more inpatient treatment. Many times we refer youngsters to inpatient treatment, but there are only one or two programs that will take them. Additionally, even when they go they are released after, as short a period is 3 to 7 days.

We need independent living programs so that they can be referred to independent living. Many of them are 18. They have no family or a fractured family to go home to.

We need professionals who are college educated who have backgrounds in juvenile justice who want to work with young people rather than hiring people for whom it's not a calling, it's just a job.

We need advocates at the national level, such as yourself and Congressman Cummings to say that children count and that drug treatment courts work.

And finally, we do need more resources for after care. When youngsters graduate from the Juvenile Drug Court or they get a certificate of completion we need after care. It costs, I'm told, $68,000 a year for an out of home placement. And so we just need some resources to keep these people at home.

I thank you for the opportunity address you.

Mr. KUCINICH. Thank you very much for your testimony, Your Honor.

Dr. Sharfstein.

STATEMENT OF DR. JOSHUA M. SHARFSTEIN

Dr. SHARFSTEIN. Thank you. Thank you very much, Chairman Kucinich and Congressman Cummings. I really appreciate the opportunity to be here. And I am also pleased that you heard about the Safe Streets program earlier today, which is run out of the Health Department.

I am testifying as the health commissioner. And I think to look at some of these issues from a public health perspective, meaning across the whole city and looking at the whole need, I think the key word is capacity. How do you have the capacity to serve the people who need to be served so as many people as possible can turn their lives around? How do you wind up not just talking about individual programs that are making a difference for the people they are serving, but overall what is the need and are we meeting that need over.

And I think when you think about capacity there are two ways to go. One is that there need to be more resources. No question about it. One of the ways that I think would make a difference, particularly for drug treatment in Baltimore, is if the State of Maryland passes the Medicaid expansion that's been proposed. Because Medicaid will cover at least outpatient substance abuse treatment. And there would be tens of thousands of more people in Baltimore who would qualify for drug treatment through Medicaid.

There is also, you know, additional resources for drug courts, other things that would be extremely helpful. But what I am going to talk about in the next 3 minutes is an approach to capacity that does not necessarily require additional funding. It is using funding already in the system. It is using a new technology called buprenorphine that is available to provide highly effective treatment for heroin addiction, but necessarily in the substance abuse system, but actually in the medical systems. And Congressman Cummings has been a national leader in this because of the legislation that he sponsored.

It used to be that every hospital could have 30 patients receiving buprenorphine. And then it became every doctor 30 patients. And then it became 30 patients per year, and then up to a 100. This is any licensed physician in the city of Baltimore.

So if you are thinking about capacity when you have all these limits to drug treatment; funding and locations in the drug treatment system. If you can tap into the medical system in Baltimore as a sponge to soak in patients, giving them very high quality treatment where the evidence is 6 months of treatment, 75 percent of them may be absent from drugs, from illicit drugs. It's just a huge potential impact of the city.

So just briefly, we have been embarked for about the last year on a big effort to try to make this work in Baltimore. And, you know, if you can do that, that frees up resources in other places. I agree there are deficiency. We need more residential care. If we can shift some of our nonresidential care into the medical system, then we can free up resources to do that or for more people to come into the system.

Buprenorphine is similar methadone in the sense that it stimulates the same receptors in the brain as heroin and can keep people without getting a high from really craving heroin. But it is different in the sense that at high doses it antagonizes itself. So it is very hard to overdose. In fact, if you give buprenorphine to someone high on heroin, it precipitates withdrawal. So the risk of abuse is much less. The risk of diversion is much less. And that's why they consider it safe for doctors in the substance abuse system to prescribe.

In November last year we became the first city to pay for any doctors in training buprenorphine. And we have over 110 physicians who have signed up for training around the city, and over 50 of them have completed through that effort.

We have basically broken it into three parts. The first thing is the patient calls us needing help. They go into the substance abuse system as they did before for 3 or 4 months to intensely receive buprenorphine, counseling and other services.

As soon as possible we get a social worker to meet with them and try to get them access to a very basic kind of health insurance, called the Primary Adult Care Program or Medicaid. So that they then will have the capacity to transfer into the medical system. This gets them health insurance that will at least provide for some of their other needs and then the social worker can help with other things to the extent possible.

Every single patient in our effort has been through this process with the social worker.

Then after 3 or 4 months they move to primary care or psychiatry where they can continue to receive a highly effective treatment while receiving their counseling back at the drug treatment center. At that point they become stable patients in primary care and you can use that spot in the drug treatment system for another person.

So it is a cycle that brings more people into drug treatment and then uses the medical system in Baltimore as the sponge. And it is a collaboration between Baltimore Substance Abuse Systems, Adam Brickner its president is here, Baltimore Health Care Access which organizes the social workers and tracks every patient and the Health Department, which has taken a lead in trying to enroll people.

The data is in the written testimony. Over 500 patients have come in. We have 91 patients now who have moved over into the medical system. And all those patients have other medical conditions addressed. And we have over 100 doctors signed up, and two residency programs in the city have committed to train all their residents.

So there is a lot more to be done, but I think it is important for you to know how the Federal effort on buprenorphine is really having a big impact here in Baltimore.

Thank you.

[The prepared statement of Dr. Sharfstein follows:]

Comments of Joshua M. Sharfstein, M.D., Commissioner
Baltimore City Health Department
Domestic Policy Subcommittee
Oversight and Government Reform Committee
Field Hearing – Baltimore, Maryland
October 1, 2007
9:30 a.m.

Mr. Chairman, Ranking Member Issa and members of the Subcommittee, I would like to thank you for this opportunity to testify today on behalf of the Baltimore City Health Department's (BCHD).

Despite ongoing efforts, substance abuse remains a substantial challenge for the United States. According to a 2006 report released by the Substance Abuse and Mental Health Services Administration, each year, there are nearly 20 million illicit drug users throughout the country. In 2005, there were over 3 million cocaine and crack users, 600,000 more than the previous year.

In Baltimore, heroin addiction remains particularly challenging – heroin continues to be the primary drug of abuse in Baltimore City, and we've found that most patients admitted to treatment facilities abuse multiple substances such as heroin in combination with cocaine, marijuana and alcohol. Despite a major expansion in access to effective substance abuse treatment for uninsured persons over the last decade, available services still fall far short of the demand.

While Baltimore has been successful in nearly doubling treatment capacity since 1995, at least half of those calling for help cannot get treatment. This gap in services results in long waiting periods for people requesting treatment, and significant consequences in terms of crime, public safety, health care costs, foster care costs and human suffering.

Nationally, we have a three-pronged approached to substance abuse – enforcement, treatment, and public education. For years, far too little attention has been paid to prevention and treatment. If our goal is to reduce drug consumption, then our policies must reflect that addiction is a medical illness and approach substance abuse from a public health perspective.

In Baltimore, we have worked with the public health community to develop a comprehensive strategy for substance abuse. This includes increasing the availability and accessibility of drug treatment services. Specifically, over the last decade, funding for substance abuse treatment in the city of Baltimore has increased from $17.7 million in fiscal year 1996 to $52.7 million in 2006. More than 7,000 uninsured individuals receive treatment each day, about half of whom receive methadone for heroin addiction.

In October 2006, Baltimore launched a citywide effort to expand access to buprenorphine treatment, a recently approved therapy for heroin addiction that can be prescribed by

doctors in their own offices. It offers the potential of tapping into Baltimore's world-class medical system to achieve a major reduction in heroin use.
Buprenorphine is a synthetic opioid used to treat addiction to heroin and other narcotics.

It has three important properties:

- **Reduces cravings.** Buprenorphine binds to and blocks the same brain receptors activated by heroin and other short-acting opioids -- reducing craving and promoting abstinence from illicit drugs.
- **Less potential for illegal diversion.** Buprenorphine is a "mixed agonist-antagonist," which means it can reverse the effects of more potent opioid drugs. Someone taking heroin who abuses buprenorphine will suffer withdrawal symptoms. This characteristic discourages diversion for illicit use.[5]
- **Fewer overdoses.** Due again to the fact that buprenorphine is a partial agonist, there is a cap to its effect, making it extremely difficult to overdose.

Because of this ample margin of safety, regulatory authorities around the world have approved buprenorphine for prescription by doctors *in their own offices*

There are three principal components of the Baltimore Buprenorphine Initiative (Figure).

- **Step 1: Patient starts buprenorphine in a substance abuse treatment program.** The program provides the patient with buprenorphine as well as other therapeutic services including group therapy and individual counseling.

- **Step 2: Patient transitions to the medical system.** While the patient is receiving treatment in a substance abuse treatment program, a social worker from Baltimore Healthcare Access, Inc. assists with locating appropriate health insurance and other social services. The social worker then helps the patient find a buprenorphine-trained doctor in the medical system and transfer to care there.

- **Step 3: Patient continues to receive buprenorphine from his or her own doctor.** The patient can also receive at least another 3 months of counseling at the original treatment site and will continue to receive another 3 months of case management services from the social worker. Meanwhile, the spot for buprenorphine treatment in the substance abuse treatment program is now available for someone else.

Three agencies are working together to implement the Baltimore Buprenorphine Initiative.

- **Baltimore Substance Abuse Systems, Inc.** is overseeing contracts and providing guidance to the substance abuse treatment programs.
- **Baltimore Healthcare Access, Inc.** is providing social workers to manage transfers to physicians' offices and is leading outreach to insurers and managed care plans.

- **Baltimore City Health Department** is recruiting city physicians to prescribe buprenorphine, providing free-online training, and overseeing efforts to find new ways to finance buprenorphine treatment.

In July, BCHD conducted a preliminary review of the program, and the encouraging results were presented to the City Council. As of September 27, 2007 the following results have been achieved:

- **Through September 27, 2007, 543 patients have entered the Baltimore Buprenorphine Initiative.**
  63% have remained in treatment for at least 90 days, nearly meeting the initial benchmark of 67% retention at 90 days.
- **At least 79% of patients are able to qualify for health insurance for transfer to the medical system.**
  This exceeds the initial benchmark of 75%. Moreover, it appears that all but a few patients will eventually obtain the coverage they need to receive buprenorphine from their own doctor.
- **Through September 27, 2007, 91 patients have transferred care to the medical system, and 13 have dropped out in 236 total months of medical care.** The average length of time until transfer to the medical system has been greater than anticipated, in part because of delays in obtaining insurance coverage. Patients are having other medical problems addressed in primary care, including HIV, high blood pressure, and depression.
- **About one in two patients are continuing to participate regularly in counseling or other supportive treatment after transfer to the medical system.**
  Because the patients who do not participate in counseling may be at higher risk of relapse, social workers will monitor these patients and encourage ongoing supportive care.
- **107 doctors as well as 31 residents from 2 residency training programs have signed up for buprenorphine training in Baltimore, and 57 have completed the training.**
  While this is less than the initial benchmark, it represents a surge in capacity for the city.
- **The HIV treatment system is providing a new source of funding for buprenorphine.**
  Maryland added buprenorphine to its AIDS Drug Assistance Program, and the Baltimore Ryan White Planning Council has made primary care funding contingent on the ability to provide buprenorphine to patients.

While we are pleased with the initial success of this initiative, it is clear there is also room to improve and expand.

In Step 1, the substance abuse treatment system needs to identify factors associated with success in buprenorphine, both to enhance retention and facilitate timely transfer to the

medical system. Additional capacity and funding to prescribe buprenorphine would expand the front door of the Baltimore Buprenorphine Initiative in fiscal year 2008.

In Step 2, the challenge is for Baltimore Healthcare Access, Inc. to reduce the wait time for Primary Adult Care insurance and facilitate faster transfers to the medical system. Baltimore Healthcare Access, Inc. is planning to hire additional case mangers to expand its key role.

In Step 3, more providers are needed. Hospitals, community health centers, and private physicians should redouble efforts to prioritize buprenorphine training and use their skills and compassion to save the lives of thousands of city residents. We are looking into

Finally, additional funding streams need to be developed to support buprenorphine treatment in the medical system. Promising funding streams could include funding saved from reduced inpatient medical admissions, and funding from the mental health care system for patients with severe mental illness.

Again, thank you for inviting me to participate in today's field hearing. This provides us with a great opportunity to evaluate the effectiveness of the Baltimore Buprenorphine Initiative and explore methods to increase its success. We look forward to working with the Congress in this regard, and we welcome the opportunity to provide more information about the Baltimore Buprenorphine Initiative.

Mr. KUCINICH. Thank you very much, Doctor.
Dr. Leaf.

STATEMENT OF PHILIP J. LEAF

Mr. LEAF. Good morning, Chairman Kucinich and Congressman Cummings. Thank you very much for inviting me today.

Before I run out of time, I want to highlight one of the things that was mentioned today in passing numerous times, and that is the role that Congressman Cummings played in the development and support of programs. And I want to emphasize not simply the funding that is available, but having a Congressman who comes home every night to live in this city who has close ties with lots of different kind of people here, and whose staff actually sits on many of the planning efforts that you are hearing about today. I think it has been one of the important implications, it is around information exchange. It is being able to access information and access information not just for those of us at academic institutions or on the city government, but in local community programs, the church groups, other groups.

And I think one of the challenges is how to get information about the opportunities that are out there, whether it is Federal funding programs, whether it is best practices or whether it is things that are working in your child's school to people who really need to know those things. And I think Congressman Cummings is a wonderful example.

We also benefit from having a Senator who lives in our city and up until recently had two Senators living in our city. And I think, again, at the information level, knowing what the problems are, their staffs are really critical.

Increasingly, as you have heard, there is an agreement that we require multifaceted response, a response involving not only governmental agencies but also local school systems, providers of substance abuse, the mental health services, the faith and business communities, local institutions of high education, civic association, ex-offender and ex-offender organizations and parents, families and other caregivers. Local communities and States increasingly are calling for systemic interventions rather than programs. We have lots of programs. The issue is how to fund these in a systemic manner, how to sustain these and to expand the ones that are working so they can meet, as you have raised to the previous panels, the real needs that exist in these communities.

We have lots of things that work. Often people do not know about them. Often the programs that work have difficulties sustaining themselves because sometimes they are funded by one time Federal funds for 3 to 5 years. And as Dr. Sharfstein said, sometimes our normal funding procedures whether it is Medicaid, State budgets or city budgets are not adopting as rapidly as possible and as rapidly as necessary these proven practices.

So clearly we are talking about lots of different strategies. You have heard a little bit about the need for community mobilization, particularly by those living in the communities.

We need social intervention programs. Programs that are supporting the full range of needs.

In Baltimore we have many youth who are essentially homeless. Who move from different living circumstances 1 week to another week. Maybe living with an aunt 1 week. Maybe living with a friend another week.

We also have lots of children have to move through fairly violent neighborhoods to get to school. And it is not irrational as our chief executive officer of our school system said at the Board meeting last week for youth having to move through some of these neighborhoods to be carrying a weapon. Not necessarily a gun, but a knife, a scissor, something that is going to get them expelled from school because it really is not safe for them to move to and from school. And clearly, that is not an issue for the schools themselves. That is going to require multiple government agencies, but also multiple communities.

We do need service provision, but also we need opportunities provisions. We need employment opportunities. And has been mentioned, when we have individuals with multiple dual diagnoses, substance abuse/mental health problems, we need to use those strategies that have been shown effective for meeting those needs.

We obviously need also suppression activities, but also organizational change in development. We all need to change the way we are working. And I think you have heard some very positive examples of how programs have organized themselves differently, have structured their funding systems differently, have changed their collaborations.

Increasingly in the Baltimore City Public School system we are also focusing on the behavior of the adults. Essentially, as you have heard several people talk about, behaviors are learned. Violence is learned. Well, nonviolence is also learned. And we need to be training behavioral and problem solving skills in our schools, but we also need to be supporting the people in our faith community. The people in our neighborhoods who have traditionally taught nonviolence, who have taught problem solving, who have supported those most in need.

Baltimore is paying increasing attention to the fact that many of the individuals to be reached our communities suffer not from a single problem, you have heard that today. In Baltimore we do not encounter an individual who only has a drug problem and others who have lots of assets and their deficiency is violence. We have people who commit crimes or engage in violence, do not have a lot of community supports and also have very limited aspirations. And, again, I think the role models are particularly important.

It is essential that we think about how the Federal, State and local governments can be organized. But also supporting families, supporting neighborhoods, supporting communities.

You have heard a lot about voluntary work. Many of the programs you have heard about today were supported or if not innovated through help with University of Maryland Law School, University of Baltimore Law School. Again, we are fortunate in Baltimore because we have wonderful educational institutions, faith communities, we have many city and State organizations. And I think some of the successes you heard today because we really do have the confluence of the multiple partners in this jurisdiction.

[The prepared statement of Mr. Leaf follows:]

Statement of Philip J. Leaf, Ph.D.
Professor, Johns Hopkins Bloomberg School of Public Health
Director, Johns Hopkins Center for the Prevention of Youth Violence

Before the
Domestic Policy Subcommittee, House Committee
On Oversight and Government Reform

Hearing on
"Combating Drug Abuse and Drug-related Crime: What Is Working in Baltimore?"
October 1, 2007

Good morning, Chairman Kucinich and members of the Committee. Thank you for inviting me here today to comment on the challenges presented by the drugs in our communities and the violence related to drugs.

I am Philip Leaf, a Professor at the Johns Hopkins Bloomberg School of Public Health. I also hold appointments in the Schools of Medicine and Education. I am the Director of the Johns Hopkins Center for the Prevention of Youth Violence, an Academic Center of Excellence funded by the Centers for Disease Control and Prevention and the Co-Director of the Center for Prevention and Early Intervention jointly funded by the National Institute of Mental Health and the National Institute on Drug Abuse. I serve as a mayoral appointee to the Baltimore City's Local Management Board, a quasi governmental agency charged by the state legislature with supporting positive child, adolescent, and family development. I currently co-chair for the Baltimore City Public School System the Steering Committee for Creating Safe and Supportive Learning Environments and serve on the Management Team for PBISMaryland, a collaboration of the Maryland State Department of Education, Sheppard Pratt Health System, the Johns Hopkins University, and all 24 local school systems in Maryland aimed at ensuring that all students in Maryland have access to positive learning environments and graduate to success.

In my testimony, I will describe some of the concerns and issues related to violence and drug use in our communities. I will provide information concerning efforts that are working to reduce community and school violence and break the cycle of violence. I will conclude with discussing the challenges and opportunities that states and local communities face in funding and implementing community-based programs to maximize their chances for positive outcomes.

I. The Problem of Community Violence and Drugs

Although I will be focusing my testimony on Baltimore City, the trends and issues exist for many of America's City's. On September 29th, Baltimore experienced its 231st homicide of the year, Jason Fortune, a 24 year old man shot multiple times in the upper torso. Baltimore is not alone in losing too many young men. Many other cities are experiencing increases in homicides, with many of these homicides victims under age 25.

Although many neighborhoods in Baltimore, including the one I live in, have not experienced a homicide in many years, the fear of crime is pervasive. Increasingly, local residents, criminal justice experts, educators, and health professionals agree that it is not possible to arrest our way out of the problems confronting urban communities. Increasingly there is agreement that we require a multifaceted response, a response involving not only governmental agencies but also local school systems, providers of substance abuse and mental health services, the faith and business communities, local institutions of higher education, civic associations, ex-offenders and ex-offender organizations, and most important, parents and caregivers.

These responses certainly includes law enforcement agencies and improved policies and practices. But where communities are suffering from multiple generations of school failures, declining economic opportunities, drug use, and violence, an approach based purely on suppression is unlikely to do more than relocate problems for short periods of time. Local communities and states increasingly are calling for systematic rather than programmatic responses. We need not just programs but sustainable strategies that pay attention to program fidelity and emphasize the reduction of racial and economic disparities in access to services and the outcomes achieved from services.

Many of the approaches being used in urban areas are based on principals of public health that have proven effective in reducing both injury and illness in the U.S. and throughout the world. Our challenge is not simply drugs or violence. Our challenge is the development and effective implementation of evidence-based solutions to the prevention of substance use, violence reduction, the treatment and rehabilitation of substance abusers, support of the large number of individuals affected by trauma, overhaul of school systems, elevation of self-esteem, and increasing of family, peer, and community supports. This will require efforts that first determine the magnitude and locations of the problems, then determine the causes and factors that increase individual and community resilience, that move towards the testing of strategies and programs, and that concludes with the effective replication and widespread use of effective strategies.

As described in a recent application by the Baltimore City Public School System to the U.S. Department of Labor to expand efforts to prevent school drop-out, increase workforce involvement, and reduce youth violence, with a population of approximately 650,000, Baltimore has been identified by the FBI as the second most dangerous city in the US. Baltimore has a median family income of only $35,438 per year and 19 % of all families living below the poverty line, as compared to $50,046 and 9.2% nationally.[1] Baltimore is experiencing an increase in gang related activity, shootings, and homicides with 231 murders as of September 29, 2007. All but 18 of these victims were African American. All but 18 of the victims were male. Twenty-four of the victims were age 17 or younger at the time of their deaths. For FY2006, the Maryland Department of Juvenile Services (DJS) reported that 6,829 youth contributed to 11,020 juvenile intakes, resulting in 1,190 youth detained, 6,921 on probation, and 1,526 youth committed to the department.

The Baltimore City Police Department has identified over 2,600 known or suspected street gang members and the BCPSS school police have identified an additional 1000 gang members. According to a recent study published by Education Week, only 34.6% of Baltimore public high school students graduated four years after they began school. Of the nation's fifty largest cities, Baltimore ranks worst in terms of the percentage of youth ages 16-19 that are not in school and unemployed. A 2005 analysis of the education enrollment and employment status of youth between the ages of 16 and 24 in the nation's 60 largest cities by researchers at Northeastern University found that 39,507 (52%) of Baltimore's youth between ages 16 and 24 are not enrolled in school. Of those, 19,633 (50%) are not employed. 31% of Baltimore's children live in poverty; 53% live with an adult who has no full-time employment; and 30% live in a household where the parent was a high school dropout.

Although reducing violence and substance use is an important goal, it is important to recognize that many of the youth engaged in violence in Baltimore are second or third generation drug users. Many of these individuals never achieved at school. When they failed to achieve, they were more likely to receive a suspension than remedial services. Their personal traumas were never identified or attended to.

Many of our city's youth are essentially homeless, moving from bed to couch with friends, family members, often without a parent. Many of our students have to move through drug dealers to get to and from school. Figure 1 shows the location of Baltimore City public schools and arrests of individuals believed to be gang members. As Figure 2 shows, there is a strong relationship in Baltimore between student perceptions of safety and their academic achievement. But when students need to walk through or gang territories to get to and from safety school safety is not an issue that can be ensured without significant input from community agencies and residents.

[1] All figures based on the 2000 U.S. Census.

II. Ongoing Efforts to Reduce Drug Use and Violence in Baltimore

In 2006, a consortium of Baltimore's agencies and stakeholders created a comprehensive gang violence prevention plan using the principal recommended by the Office of Juvenile Justice Delinquency and Prevention integrating public health and law enforcement perspectives. The Plan included a multi-faceted, multilayered approach consisting of eight critical elements:

1) Initial and continuous problem assessment using qualitative and quantitative data;
2) Targeting of the area and populations of individuals most closely associated with the problem;
3) Utilizing five key activities: community mobilization, social intervention, opportunities provision, suppression, and organizational change/development;
4) Creating a Steering Committee;
5) Mobilizing a direct contact team including community outreach staff in addition to law enforcement, probation, and others;
6) A plan for coordinating efforts and sharing information among those working with youth on a daily basis;
7) Community capacity building; and
8) Ongoing data collection and analysis to inform the process.

In 2007, the Baltimore City Public School System created a Steering Committee to Create Safe and Supportive Learning Environments to develop, implement, and monitor efforts to ensure that all children enter Baltimore's schools ready to learn and graduate to success. Recognizing that a number of city and state agencies greatly influence the success or lack of success of Baltimore's children, the Steering Committee includes the CEO of the Baltimore City Public School System and other senior school system personnel, the Mayor, the Health Commissioner, the Police Commissioners, the CEOs of Baltimore Mental Health System, Inc. and Baltimore Substance Abuse Systems, Inc., the State's Attorney, staff from Congressman Cummings' Office, parents and parent and youth advocates.

The goal of the plan is to support schools in creating environments that are conducive to teaching and learning. These priority areas are linked to the supportive environment components- Parent/Family Engagement; Curriculum and Instruction; Youth Development and Leadership; Intervention Services and Supports; Policies and Procedures; Community Involvement; School Police; Safe Facilities; Professional Development; and Data-based Decision-making.

The priorities for the Baltimore school system are:

1. Enhance positive behavioral practices by adults;

2. Increase positive behavior and social emotional learning of students through instruction, student involvement, and interventions;
3. Implement the Family/Community Engagement Policy with an emphasis on the collaboration of all stakeholders;
4. Create and maintain effective Student Support Teams;
5. Effectively transition students within and between schools;
6. Utilize alternatives to suspension practices; and
7. Implement effective security processes and crisis management strategies.

A *Steering Committee* was established to aid in the development and oversight of the strategy aimed at improving school climate; and parent, family, and community support of students. A number of workgroups were established to aid in the development and implementation of specific activities. Each committee was co-chaired by BCPSS staff and a community/agency partner. The *Creating and Sustaining Environments to Support Teaching and Learning* plan also includes a list of proposed actions with an accompanying timeline, identification of duties and responsibilities, and recommendations for continued planning developed by each workgroup with input from other stakeholders.

These plans are allowing multiple agencies and organizations to collaborate in developing a Baltimore that is safe, supportive, and economically viable. Increasingly, all agencies in Baltimore that serve youth are utilizing school attendance, disciplinary actions, academic performance, students entering school ready to learn, and students graduating as outcomes to which they must attend. There also are increasing attempts to utilize programs and practices that have shown or that are showing positive outcomes.

For example, last Tuesday, Dr. Alonso, the Chief Executive Officer for the Baltimore City Public School System, presented data to the School Board that indicated that Baltimore is moving in the right direction. In the past, many students were suspended from school because of attendance problems. Students were suspended from school because for failing to attend to school procedures. Unfortunately, many of these students were suspended and expected to have magically transformed their attitudes and behaviors while they were out of school. Few interventions were provided before or after the suspension.

In the past year, with Dr. Alonso's assuming leadership at the Baltimore City Public School System in July and an increase in school-based staff training, suspensions have been greatly reduced. Although Table 1 presents data only for the first month of the new school year, it is clear that suspensions have been reduced, especially in the areas most likely to be affected by improving school climate and increasing school connectivity. Although there is more work to be done, Baltimore appears to be moving in a positive direction.

The school system and other service providers and planners are increasingly recognizing that there are areas where all youth and families need

support, areas where some youth and families need greater attention and a much smaller number of youth and families who require focused treatment or rehabilitation services.

III. Challenges to Reducing Drug Use and Violence in Urban Communities

Baltimore and many other urban communities have begun to make progress towards reducing drug use, violence, and the consequences of violence and drug use. However, much of the success is due to local factors rather than the existence of an effective federal strategy to help local communities meet the multiple needs of individuals engaged in violence and involved with the use or sale of drugs. Much of what Baltimore is attempting to do is not easily done nor consistently supported by federal agencies.

Success in Baltimore is being achieved when it is possible to effectively implement evidence-based programs, adopting programs to local cultures and needs. Baltimore is paying increasing attention the fact that that many of the individuals to be reached in our communities suffer not from a single problem but from multiple problems. In Baltimore, we don't encounter an individual who only has a drug problem and others that have lots of assets and the only deficit is that he or she engages in violence. The reality is that our communities have many offenders and ex-offenders and youth who use drugs, who commit crimes, who have poor work skills, who are without positive mentors, and who frequently have very limited aspirations for their future. Many of these individuals receive only limited positive supports from their families with their illegal activities frequently constituting a significant component of their families' incomes. When those in need consider available programs, frequently the programs are not perceived as meeting their needs or even understanding of their needs. Government programs establish priorities and criteria that are driven more by funding opportunities for specific programs than an organized effort to prevent the root causes of the problems and to provide early and effective interventions when problems have been identified. All too often, requirements for participation in federal programs require resources and experiences available only to a minority of the communities and individuals in need.

Federal and state legislative bodies continue to work through a committee structure and to allocate funds that create organizational silos that make it difficult for states and local jurisdictions to merge or braid funds or to develop programs aimed at the multiple needs of the individuals and families served. Because priority outcomes and reporting requirements differ markedly from agency to agency, state and local service providers frequently find that it is difficult to support community-wide strategies that recognize that many who engage in violence also are substance abusers, frequently have poor or no work histories, were poorly educated by their local school systems, have low self esteem and frequently have diagnosable mental health problems. At this time most if not all federal agencies are generating lists of "evidence-based practices."

Although a perfectly good idea, the existence of these lists may be contributing to the discontinuation of effective local programs that have data demonstrating positive outcomes but which have not had the resources required to meet the review requirements of many of the best practice lists. Some of these programs designed for and by members of ethnic minorities may have higher rates of engagement and more positive outcomes than programs on the "best practice lists" developed by academic institutions.

Inconsistencies in the rating of programs by different federal agencies creates one more hurdle for strategies attempting to intervene with multiple outcomes. Equally problematic, few of these "evidence-based programs" were evaluated using the staff and populations that exist in the communities where they are most needed; typically, the programs are targeted toward a single problem or issue, and there is no information about how programs may be used in conjunction with one another for the multiproblem situations that are encountered in our cities. Little attention is paid to differential responses to the practices, and the reliance on the use of published practices leaves little room for innovation. The experience and time available to the staff involved in research evaluations usually differs considerably from that available in the communities where the programs are to be implemented. Although there is clearly a need for the effective dissemination of programs that work, there is little evidence that the strategies used by federal or state agencies in their attempts to disseminate effective programs and practices is reaching the large number of individuals in need.

Innovative programs that involve key community members and stakeholders are essential. Increasingly, substance abuse programs are involving those in recovery in program implementation. As you heard earlier today, Baltimore also is utilizing ex-offenders and other community residents to design and implement programs. It is clear that Baltimore has many are interested and capable of developing and implementing programs that engage the population of concern and that help contribute to more positive outcomes. Although it is clear that program development and implementation benefit with community residents are engaged in the development, implementation, and monitoring of programs and strategies, it is rare that there are opportunities to provide funds to these individuals commensurate with their involvement in the projects. Even when our services are available beyond 9-5 Monday-Friday, our planning efforts still are likely to occur during the "working day" and in agencies rather than in communities.

There also remains a stigma concerning the involvement of ex-offenders and community residents, especially youth, in program development and implementation. A similar stigma had existed concerning the engagement of individuals in recovery for substance abuse or mental illness. It is important that mechanisms exist for supporting all those who can contribute to the improvement of our communities if we are to maximize the outcomes achieved. It is not likely

that this will occur without the federal, state, and local governments focusing more on the outcomes obtained from programs than on the academic credentials of those developing programs. If we are to make more rapid progress in reducing racial, gender, and economic disparities in health and violence, greater attention needs to be paid to fostering and expanding community-based solutions.

Once again, thank you, Chairman Kucinich and the Committee for the opportunity to present this testimony and for holding this timely hearing. I would be glad to answer any questions the Committee may have.

Figure 1. Baltimore City Suspected/Known Gang Member Arrests w/ School Overlay Citywide (2006)

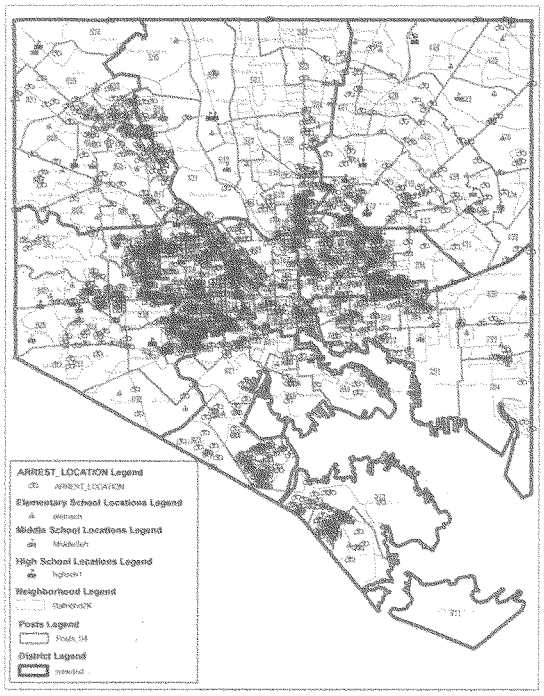

Figure 2. Baltimore City Public School System (2006)

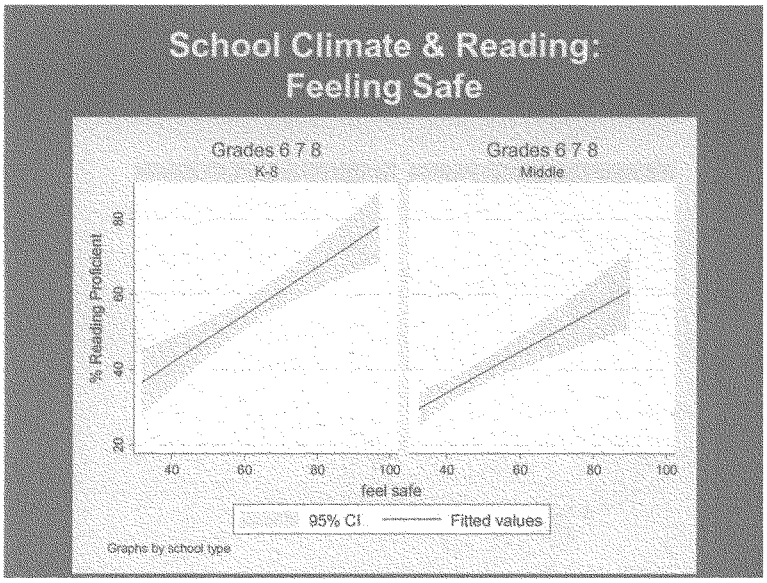

Table 1. Offenses for which students were suspended through September 21, 2007 (Numbers in blue are from 06/07)

- **Class Cutting (24)** (74)
- **Truancy (4)** (3)
- **Drugs (17)** (11)
- **Tobacco (2)** (6)
- **Firearms (0)** (1)
- **Other Guns (3)** (1)
- **Other Weapons (24)** (26)
- **Physical Attack on Adult (32)** (25)
- **Physical Attack on Student (41)** (84)
- **Verbal/Physical Threat-Adult (22)** (26)
- **Verbal/Physical Threat-Student (10)** (19)
- **Fighting (166)** (225)
- **Bullying (2)** (0)
- **Arson/Fire (2)** (1)
- **False Alarm/Bomb threat (3)** (1)
- **Explosives (0)** (3)
- **Sexual Assault (2)** (2)
- **Sexual Harassment (3)** (3)
- **Sexual Activity (4)** (0)
- **Disrespect (33)** (90)
- **Insubordination (39)** (59)
- **Harassment (3)** (7)
- **Classroom Disruption (41)** (81)
- **Inciting/Participating in Disturbance (49)** (71)
- **Portable Communication Device (2)** (7)
- **Theft (9)** (6)
- **Trespassing (3)** (8)
- **Vandalism/Destruction of Property (9)** (12)
- **Refusal to Obey School Policies (38)** (144)

Mr. KUCINICH. Thank you very much, Doctor.

I would like to start the questions with the Commissioner. How do you think the city's buprenorphine initiative fits in with the overall treatment philosophy? And is it a departure from programs like methadone maintenance or abstinence-based treatment?

Dr. SHARFSTEIN. I think it's a great option to have for patients. That it is very well established that almost—I would say most heroin addicts will do just as well on buprenorphine as methadone. There are some groups of people addicted to heroin who will probably better on methadone. It is very important to continue to have methadone as part of the approach. But buprenorphine, some patients prefer it. It is better tolerated in some respects. And because of the potential to engage the medical system, it creates this potential for really expanded capacity.

Mr. KUCINICH. Now you made free buprenorphine available, right, to every doctor practicing in Baltimore since October? Are you satisfied with the level of participation among doctors?

Dr. SHARFSTEIN. That is one of the areas, we made the pre-training available. And I think we would like to see more doctors training. Right now it is not limiting the number of patients who can be seen. But I think we would like to see more doctors trained around the city.

One of the ways we are hoping to do that is through the HIV program. The Ryan White money which comes in from the Federal Government. The local planning council is putting some strings on that money to try to make sure that it goes to clinics that really do prescribe buprenorphine.

Mr. KUCINICH. So with this free training what percentage of doctors participated?

Dr. SHARFSTEIN. Well, there are probably—there have to be at least a few thousand doctors in Baltimore City. And so far we have had about hundred plus a few sign up for training. So as an overall percentage of doctors, it is pretty low. We are looking particularly at internists, family physicians and psychiatrist. I would say we could definitely better.

Mr. KUCINICH. What kind of steps can the Health Department or others like the Federal Government take to improve participation?

Dr. SHARFSTEIN. Well, I think particularly you look at where the particular funding streams are. And I think the Ryan White funding stream, like I said, is a real opportunity. Because there is so much money coming in for treatment of people with HIV. And the evidence is that if people who are drug addicted and are also HIV infected if they are getting their drug addiction taken care of, they will stay on their HIV medicines better. They are less likely to infect someone else because they will not be sharing needles.

So if we can take—you know, and basically I would like to have the expectation in Baltimore that it is like a required part of taking care of an HIV patient to have this as an option for the right patient to prescribe buprenorphine.

Mr. KUCINICH. So how many of Baltimore's drug addicted persons could benefit from buprenorphine?

Dr. SHARFSTEIN. Well we have, I think, the statistics I have seen about 70 percent of the people seeking treatment of heroin problems. So certainly I think right now we have about 3,500 people in

the publicly funded system on methadone everyday in Baltimore. And I think easily we could double or triple that with buprenorphine if we could get that kind of capacity.

Mr. KUCINICH. Thank you.

Now Judge Heller, prior to the development of the Circuit Drug Courts and the Felony Drug Diversion Initiative would the individuals in the programs actually have served a substantial portion of their felony sentences?

Judge HELLER. That is not up to the courts. That is up to the Parole Boards. But I would say nonviolent offenders, about a third of their sentence. These days I think it is up to a half of their sentence that they would serve. The problem is they would spend, whether it is 2 years, 3 years, 6 years incarcerated time. And you would think that merely being incarcerated when someone reentered, they would be drug free. But that is not true. And there is virtually no drug treatment programs in the system.

This is a long answer. Today we are focusing even for those who are in our programs like Felony Drug Diversion or Incarcerated with reentry support.

Mr. KUCINICH. If there were more funding just in your court based on demand and reasonable eligibility criteria, how much could you envision participation expanding?

Judge HELLER. Oh, I think enormously. I think I gave the statistic that in my court alone there were 3,358 felony drug offenses. This is nothing else. Pure drug offenses. So we are not talking about the robberies, the homicides, the gun. Most of those people in State court in contrast to the so called big traffickers and kingpins that are often in Federal court, are really addicted people who have mainly nonviolent, although long records who could benefit significantly diverting out of the system into a treatment program, and once again reentering this time with support for their addiction into communities.

Mr. KUCINICH. Now the after care portion FDI is funded largely through existing State, local and Federal funding. I assume that the funding streams for this treatment are not specifically earmarked for drug court referrals. Should they be?

Judge HELLER. You are getting a little out of my expertise.

I think I would say yes. But I have to be honest. I have for 4 years, and this is one of the unfortunate challenges, you come with a program that succeeds, initial funding ran out and then we have been looking year after year, month after month, at every level city and State for support services. I sometimes think it is magic when the funding reappears. But it would be very nice if it was targeted so we know it was there to help these people.

Mr. KUCINICH. Right. OK. Thank you very much, Judge.

Mr. Cummings and then we will have a second round of each panel as well.

Mr. CUMMINGS. You know, Dr. Sharfstein, buprenorphine. When one is treated with that if that is a person—and I am going back to Judge Heller and I think Judge Weitzman was saying, that a lot of times we have people who have a dual——

Judge HELLER. Dual diagnoses.

Mr. CUMMINGS. What do you call it?

Judge HELLER. Dual diagnoses.

Mr. CUMMINGS. Yes, dual diagnoses. And we have talked about that in our committee, in the Drug Committee when it existed about how people have a drug problem, but they also there's an underlying, and I guess it is the same thing, mental problem. too. Probably going back to childhood in many instances.

So if we treat them with the buprenorphine, are we looking at that dual piece, too? Because I am just wondering whether we are just scratching the surface? You follow me?

Dr. SHARFSTEIN. Yes. And for some patients the answer is we are scratching the surface. For some patients they do very well in buprenorphine. They do not need a lot of intensive mental health treatment. Nationally about 40 percent of people with substance abuse have serious metal health problems and 15 percent of people with mental disorders have substance abuse problems.

Here is one of the big problems that is facing us in Baltimore. The system of funding for substance abuse and mental health are completely and utterly separate. They are not just separate, they are totally different types.

Mental health is like an insurance program. Substance abuse comes in in grants. They have each of their own sets of requirements.

The Federal level you have SAMHSA, which is at least one agency. The State level you have the Mental Health Agency and the Substance Abuse Agency.

And, you know, maybe about 18 months ago somebody came to me from a different agency saying that their job was to coordinate the two agencies at the State level, and could I help, you know. And I mean I am not even at the State level. So I said "Yes, I will do whatever it takes." But it is very, very difficult.

I think just one of the ways we are seeing that is the frustration of the judges are having for certain patients. But across the system there is a real gap.

We have renewed energy on this. We have a new head of Baltimore Mental Health System who just started, who was an Assistant Commissioner in New York. Who is really an expert in how to do better for people with dual diagnoses or co-occurring disorders. But there is no question it is a big frustration.

In our report about buprenorphine initiative we identified, our goal was to have patients be free from heroin in their urine and able to move into primary care after 90 days. That was one of the targets we did not meet. And one of the reasons it has taken so long and why some patients have never been able to move over, like I told you 500 patients have started and about 100 have moved over into primary care, is we think that there are some patients who because of their mental health issues have not been able to be successful. So a big focus that we have now is to try to improve that mental health part. But the system works against us, I think.

Mr. CUMMINGS. Judge Weitzman, in your written testimony you talk about short term funding leads to short term results. What does that mean? Does that mean you cannot plan? I mean what does that mean?

Judge WEITZMAN. The problem is multifaceted.

Mr. CUMMINGS. And Judge Heller, you might want to chime in on this also.

Judge WEITZMAN. The problem is multifaceted and needs support from many different areas. And so just bursts of funding does not really get to the problem.

So dribs and drabs of treatment, for example, where we need long term residential treatment for example does not help.

We have multiple problems with dual diagnoses bucks. And we need mental health slots as well as substance abuse slots.

One of the long term goals for my program in Drug Court is to have a community Drug Court haven, so to speak the one-stop shop where the folks do not have to go to many different multiple places to get their health. They are treatment and the courts, and the support services are one place which will help facilitate their wellness. Because they are not able to manage their lives as well. Plus money.

Mr. CUMMINGS. Let's say we know we need. We have somebody who needs the dual treatment. And they are doing everything they are supposed to do. Do they sort of just hang there until you get them the treatment? You follow what I am saying? Could year? I mean, years, months?

Judge HELLER. They can hang there and often with unsuccessful results.

I have a woman that I was looking. She could not go in the community because she just could not make it. She had major psychiatric problems. We were looking for a dual diagnoses program. I had no where to keep but over in the Baltimore City Detention Center.

She said to me when she would come in for the monthly monitoring, "So I am incarcerated, Judge Heller, because you cannot find a program, not because I violated—" well, originally she did or she would not be under the system. And I had to say "That is right." She was kept there for 5 months waiting for us to find a program.

On your other questions, Congressman Cummings, having short term funding is so important for a startup and creating programs. But here in Felony Drug Diversion we created a successful model that was working, and then the funding ran out. And it would have been very easy to say no. But we kept looking. I have to thank Dr. Sharfstein helping in part in the interim for funding. But replicating and then expanding the programs that worked is difficult if you only have short term funding.

Mr. CUMMINGS. Just one other question. You know, the interesting thing is, you know I am just sitting here and I am just thinking it sure would be nice to be able to prevent some of this. Because the cost to society is so great. I mean, and the individual. And I was just thinking ways that you all could—I guess it is like with witness protection. I mean, you would have thought that I was talking about something that should have zero attention in the Congress. And to me it goes to the very essence of our system of justice.

So do you all have any recommendations, you all are dealing with these things on a daily basis, how we get over what you all are talking about to our colleagues. I know that it is a flip, but I am just curious I mean why do you think folk do not see what you all see or understand it? Judge? I am sorry. It is like we are walking down the hall in Washington and you got 30 Congressman and

you just want to say "Congressman, Congressman," and everybody turns around.

Judge Young.

Judge YOUNG. I think that many times, Congressman, public perception drives public policy. And we are seeing it especially in the area of juvenile justice where because everything, the media is saturated with gangs everywhere you go, we have noticed that there has been a shift away from focusing on drug treatment and intervention programs toward suppression even in our city. So one of the things that I think is important is that our decisions be research based. That is why we are fortunate to have the University of Maryland and University of Baltimore collaborate so that we are making decisions based on research as opposed to what the media tells us.

I think there is an additional problem, and that is many times we go into communities and we tell communities what is best for them rather than bringing them in at the front end and asking them help us determine what you need through needs assessments.

And so one of my frustrations, if you will, with our approach to juvenile justice is the 6 o'clock news determines what is a priority versus what the young people in this city actually need.

Mr. KUCINICH. As I am listening to this testimony and to answers to the questions, and I am sure everyone involved in this hearing whether you are at the panel or on this dias or whether you are sitting in the audience has to be thinking about the connection between drug abuse, mental health and crime and how many people are in our prisons are people who did not get mental health treatment or treatment for an addiction. And so the prisons end up being places where the people are just held because their whole reality is distorted. I mean in a sense if crime by definition is some behavior that is anti-social, if someone goes through that labyrinth of drug use and with the additional crippling factor of let's say a mental health problem, how would they know what social is? How would anyone know what normal is?

Judge, would you like to comment on that?

Judge HELLER. I think they would not know. And I think your observation brought to mind the following: One, we need different models. Although drug abuse and mental health problems these days in this country equate to incarceration, that is costly, it is ineffective and it is not working and it is clogging the courts; two, I think something Judge Young just said, we are focusing as judges when we already have a problem in the criminal justice system, which is almost at the end of the road. All of us can focus much early on.

I know that the Johns Hopkins Bloomberg School of Public Health has just started an Urban Health Institute where we are going to actually look, this sounds ridiculously, prenatally, early childhood education and the wrap around support so that from the very beginning perhaps we will not have a next generation here, but we can try to make health——

Mr. KUCINICH. Well, yes, it actually makes sense. Because you know we know from studies of prenatal that if a mother is taking a lot of alcohol or drugs that has an effect on the developing fetus. And so it is good to see that.

You know, obviously, Congressman what we are looking at is a system here. And to talk about it prenatally. But then you look at all the societal influences that occur as well; does someone have a roof over their head, is there food on the table, is there a job, is there some kind of an education, are there goals out there that children have aspirations? I mean, these things all come into play in terms of whether there is enough social organization and stability to permit mental health, a healthy mental climate to develop and whether or not conditions develop that would precipitate drug use. I mean, even in the best homes where everything seems to be stable you can have drug abuse. But, you know, as you are talking I am just drawing kind of diagrams here. And you think about all the factors that are involved are and you are actually dealing with them as best you can, which has really said something about this community and about your Congressman.

I just wanted to make that observation.

And let me, perhaps, ask one final question here of Judge Weitzman. Did you think that the problem solving court should be expanded to include individuals who have committed acts of violence? And could there be specific conditions on violent offenders that address a monitor and attempt to rectify their violent actions?

Judge WEITZMAN. The research is out on that. There are some schools of thought that feel that violent offenders should be in a whole another category of themselves. That we are really trying to target people that but for their substance abuse or other problems such as mental health, that they would not be committing crimes. Violence tends to be psychopathic and is higher on the risk scale. So they need other kinds of support such as better monitoring perhaps.

Yes, any problem solving court I think can help criminal justice issues. I think the complexity of it and the complexion of it will look very different than the problem solving courts that deal with the strictly social issues that we have.

Mr. KUCINICH. Thank you.

Congressman Cummings to you for any final questions.

Mr. CUMMINGS. Yes, just one question. Judge Heller, or all three of you judges, the key I guess to the effectiveness of the Drug Courts is having a hammer over the head sort of, so to speak, to say that if you do not do this and you have the certain things that they have to do. You say appear 5 days a week and get the treatment, and get the education and whatever; that they then may very well end up serving the sentence. But then there are some who do not do it. I think you said 76 percent, Judge?

Judge HELLER. In the beginning. Right now we have almost 70 percent success rate. But that means 30 percent do not make it.

Mr. CUMMINGS. Right. And what do you find? I mean, first of all when you look at all programs, that is a phenomenal rate. But I am just wondering about that other 30 percent or so percent that are not.

I mean what seems to be the kind of things that you hear? Do you think they are more the dual situation problems? Do you think it family problems that you just cannot seem to get to? I am just curious.

Judge YOUNG. I can tell you with many of the juveniles who do not succeed in Juvenile Drug Court it is because even after you get them clean, and even after you get them coming to the program every night they go back to the same environment. There is a great need to be able to help families transition, not just the individual.

We had a young man who was almost murdered. He was shot and even after he was in rehab and got himself together, his mother lost her Section 8 voucher. So she moved right back to the neighborhood where he had been shot. And so it's just an ongoing need to help people, not only move up but also to move out.

Mr. CUMMINGS. That reminds me of a story when I had an after care program some years before I went to Congress. And we had a young man who had come out of the Boot Camp program. The mother of his child lived on the east side and the guys in the neighborhood had told him that if you come back on the east side, we're going to kill you. Remember that? Well, we have some people in the audience who know about that case.

And he decided that he was going to do it anyway. You know, he was not going to be—and we begged him not to do that, to find a way. We told him we would help move her on the west side. But his manhood and other—you know, he's gone.

And I say that to say I guess some of the issues are so difficult and they go so far back. I tell my staff that a lot of the problems that we deal with are problems that were created, going back to what you were saying, Mr. Chairman, when folks were little kids. And trying to deal with that is very, very difficult.

And so, Mr. Leaf, you have something on that? You look like you need to say something?

Mr. LEAF. Well I think, as you said, some of the people in the courts who are going through that also have little kids. And so this is an opportunity. Again people are talking about needing to support families, people do a lot of things for their family including the illegal activities. And I think recognizing that some of the relief won't be effective unless it is also supporting the family needs besides the individual needs.

Mr. CUMMINGS. Right. Right.

Mr. LEAF. And your earlier question about how to convince some of your colleagues. Unfortunately, ex-offenders and people in recovery and even people with mental disorders, there's a certain amount of stigma from being physical for some of them. And as with any legislation, without having a consumer group, without having a vested constituency who is actively advocating for their own needs, it is probably very difficult to convince legislators who have lots of demands on them where there are lots of organized lobbying going on. And so how to support the efforts of the ex-offenders, the people in recovery who are successful. Some of them, you know, are in recovery for life are very successful businessmen, academics. You know, it's the whole range of both those individuals and ex-offenders. And you can have it support those efforts so that they can be vocal and visible about their successes, not about their problems. But about their successes and their identification of where additional successes could come from I think are part of the solution.

Mr. CUMMINGS. Yes?

Judge HELLER. I think that there are some people that will not make it because of their mental illness, their background, their age or they just do not want to make it. I mean the reality is you can't have everyone succeed. But, having said that, every time we have had people drop out we look to see what we could do better and might have done differently and have kept that person in.

I do not really believe it is the Judge that is sitting there with the gavel. I do not know that any of us actually use a gavel, or I know as we are saying symbolically. I think what keeps people in the program to succeed is quality care, quality drug treatment. I think the structure is so important. And then I heard a word at the previous hearing which I really must use, and it is hope. And I think by letting people begin to think they actually can change; these people have given up hope, you can make a change. You can control our addiction. You can get a job. You can get an education. You can actually move your housing. And we are going to structurally be there with you for the next few years while you do it. I think it does help succeed.

Mr. CUMMINGS. Thank you. Thank you all very much.

Mr. KUCINICH. I want to thank the members of the panel for their participation. And when you hear your testimony and your answers, it is very clear that what your lives have been about is saving other people's lives. And there cannot be any higher service. And so thank you for what you do, continue to do.

And this has been a hearing of the Oversight and Government Reform Committee, the Subcommittee on Domestic Policy. I am Dennis Kucinich, chairman of the committee.

We want to thank the University of Maryland School of Law for letting us use their Ceremonial Moot Courtroom. I think we agree these facilities are beautiful and have been conducive to this hearing.

The title of the hearing has been Combating Drug Abuse and Drug-Related Crime: What is Working in Baltimore. We know what is working and who is working at it, and we want to thank all of you for making it happen.

Again, to Congressman Cummings. Thank you for suggesting this hearing, for facilitating it. I look forward to continuing to work with you on all these matters of importance to our communities and to urban America.

This committee stands adjourned. Thank you all for being here.

[Whereupon, at 12:06 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

Israel Baptist Church
OF BALTIMORE CITY

1220 North Chester Street
Baltimore, MD 21213-3393
Church Office: 410-732-3494
Pastor's Office: 410-732-1516
Church Annex: 410-276-9694
Church Fax: 410-732-7076
Website: www.israelbaptistchurch.com

Rev. Dr. H. Walden Wilson, II
Senior Pastor

Jacqueline R. Cooper
Pastor's Administrative Assistant
jackie_israel@hotmail.com

Ralph Williams
Church Business Administrator
ralph_will@hotmail.com

James Gardner
Chairman of Deacons
jgar5554@aol.com

Thomas Richburg
Church Clerk

TESTIMONY OF

REV. H. WALDEN WILSON, PASTOR ISRAEL BAPTIST CHURCH
BALTIMORE, MARYLAND

BEFORE THE

Domestic Policy Subcommittee of the

Oversight and Government Reform Committee

October 1, 2007

Good morning Chairman Kucinich and Rep Cummings of the Domestic Policy Subcommittee of the Oversight and Government Reform Committee. I appreciate the opportunity to share my views and concerns about approaches to combating drug abuse and related violence in Baltimore.

The data from the Baltimore Health Department clearly show that Baltimore has a problem of drug addiction where one out of 10 persons use or are addicted to drugs. Moreover, the city has another high distinction also reported by the Baltimore Health Department that involves high rates of teen pregnancy rates, low birth rates, youth crime rates, and school drop out rates. The facts are that we have a serious problem in Baltimore City in term of how we live and raise our children. Much of this problem is due to the lack of parental support by adult parents supporting our youth. Often times our parents are very young and don't have the skills and abilities to assist their children to understand the values of conflict resolution, family planning, nutritional education and substance abuse prevention. In many cases the parents are abusing drugs even often in the presence of their children. As a result, our young parents are not good role models for their children.

We must establish programs to assist our parents to become better parents and help them gain access to drug treatment services. We proposed the development of a comprehensive case management program to assist parents to learn parenting skills and expand drug treatment services for all individuals regardless of their ability to pay.

The Collington Square Non Profit Corporation was established in 1989 to perform such as role in East Baltimore. This human service organization was established as a faith-based organization designed to combat the deterioration of conditions in East Baltimore and to assist parents to gain access to resources such as parenting skills and drug treatment services.

The Collington Square Non Profit Corp obtained capital development bonds from the State of Maryland and matching bond funds from Baltimore City and a corporate loan from a local bank to establish and build the Mattie B. Uzzle Outreach Center in 1994.

The operation of the Mattie B. Uzzle Outreach Center provides the parental support services to residents of East Baltimore in the following ways:

1. Maintenance of a dormitory to provide sleeping quarters for men involve in drug treatment services at the Johns Hopkins Hospital and other treatment facilities.
2. Provide a food bank and clothing to residence in need of assistance.
3. Provide AA and other drug counseling services free of charge to area residents in need of drug treatment services,
4. Establish a license for inpatient drug treatment services and out patient services to expand the delivery of drug treatment services in a comprehensive and quality manner.
5. Provide after school and Saturday schooling services to area children to reduce the school drop out rates.
6. Establish a cooperative agreement with local middle and high schools to implement the Peace Builder program and expand conflict resolution training in the schools throughout East Baltimore.

We view these services provided by the Mattie B. Uzzle Holistic Treatment Center, Wilson House, Bernice E. Meade House of Safe Haven and Daysprings Village House are examples of how a community organization can provide support services to young parents and their families and better meet the needs of children in East Baltimore.

(2)

"Serving and Rebuilding" COLLINGTON SQUARE NON-PROFIT CORPORATION
1211 North Chester Street
Baltimore, MD 21213-3326

TESTIMONY OF

DR. JEWEL MOSELEY GRAY, EXECUTIVE DIRECTOR

COLLINGTON SQUARE NON PROFIT CORPORATION

BALTIMORE, MARYLAND

BEFORE THE

Domestic Policy Subcommittee of the

Oversight and Government Reform Committee

October 1, 2007

Good morning, Chairman Kucinich and Rep. Cummings of the Domestic Policy Subcommittee of the Oversight and Government Reform Committee. I appreciate the opportunity to share my views and concerns with the committee regarding effective evidence-based approaches to combating drug abuse and related youth violence crimes in Baltimore City.

The Baltimore City Criminal Justice Coordinating Council's report called The Baltimore City Gang Violence Reduction Plan was developed in November 2006 and reported on the need to develop a comprehensive approach for combating gang violence. This plan was established based upon a request from the Governor's Office of Crime Control and Prevention on the need to collect data and identify the cause and responses to gang activity. This plan showed for the first time that Baltimore City has a strong and established gang problem. It also revealed that the gang members were recruited from both middle school and high schools students. Many of these individuals are involved in the drug trade in Baltimore. And many of these gang members are addicted to drugs. Consequently, the need for drug treatment is severe in Baltimore City. As a result, one of the approaches to address the youth violent crime and gang formulation is to expand drug treatment slots on demand for all individuals in need. The Baltimore Health Department recently reported that Baltimore has a drug addiction problem where 1 out of 10 persons use or are addicted to drugs.

Consequently, the solution to the crime and gang problem in Baltimore City rest with expanding drug treatment services and increasing human service programs in most communities throughout the City.

This proposed solution to the growing gang problem in Baltimore and other urban communities was highlighted in a major study called Gang Wars by the Justice Policy Institute in July 2007. The report suggested that an effort to address gang violence must include expanding human service programs, which have been successful in New York City. This effort was also compared to cities such as Los Angeles, which stressed supporting a more established police presence through hiring and extending more overtime of the local police department.

We at the Collington Square Non Profit Corporation have encouraged the Baltimore City leadership to expand the following programs to address and reduce gang participation and violence as an important tactic to challenging gangs:

1. Expand after school education programs to assist students to obtain assistance with their homework and other assignments.

2. Provide parenting counseling and support services to assist young parents to gain the skills that will help their children achieve success.

3. Expand drug treatment services to all residents that demand treatment to reduce their addiction to drugs and alcohol.

4. Provide more outpatient mental health treatment services to young adults and adolescent youth.

5. Establish conflict resolution programs in Baltimore middle, high schools and Charter Schools and the support evidence–based programs such as the PeaceBuilder program

6. Develop a case management program to coordinate the human services programmatic needs for young adults and youth throughout Baltimore City.

7. Include the concept of Spirituality in the planning and delivery of human services to youth.

8. Increase job training and skill development for youth to learn a skill to gain employment in the changing job market of the Baltimore Metropolitan area.

We believe that community organizations as well as the faith based community organizations can play a critical role to challenge gangs and help to reduce youth violence in Baltimore City.

○