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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.

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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.

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[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;

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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)
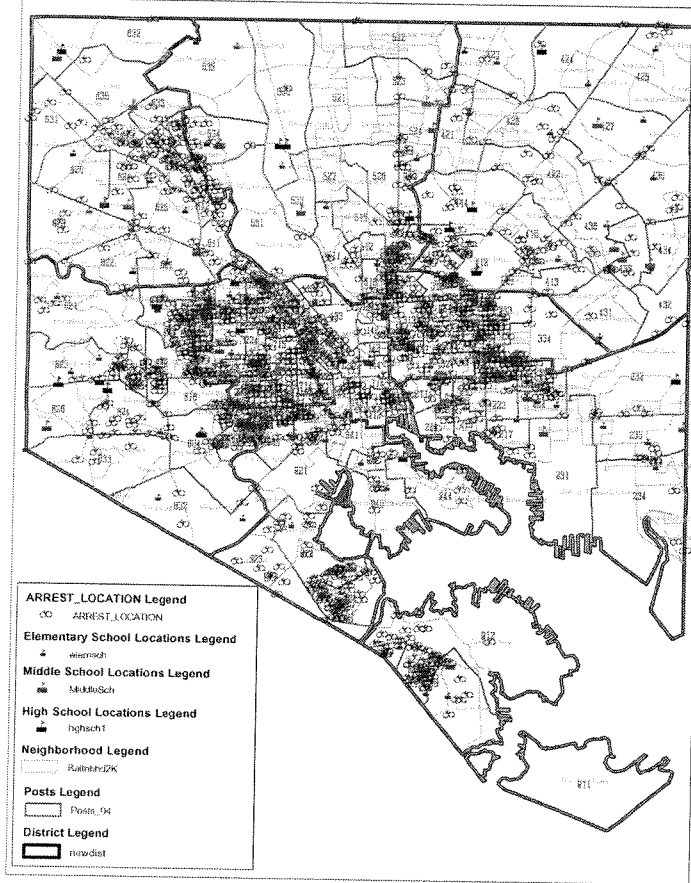
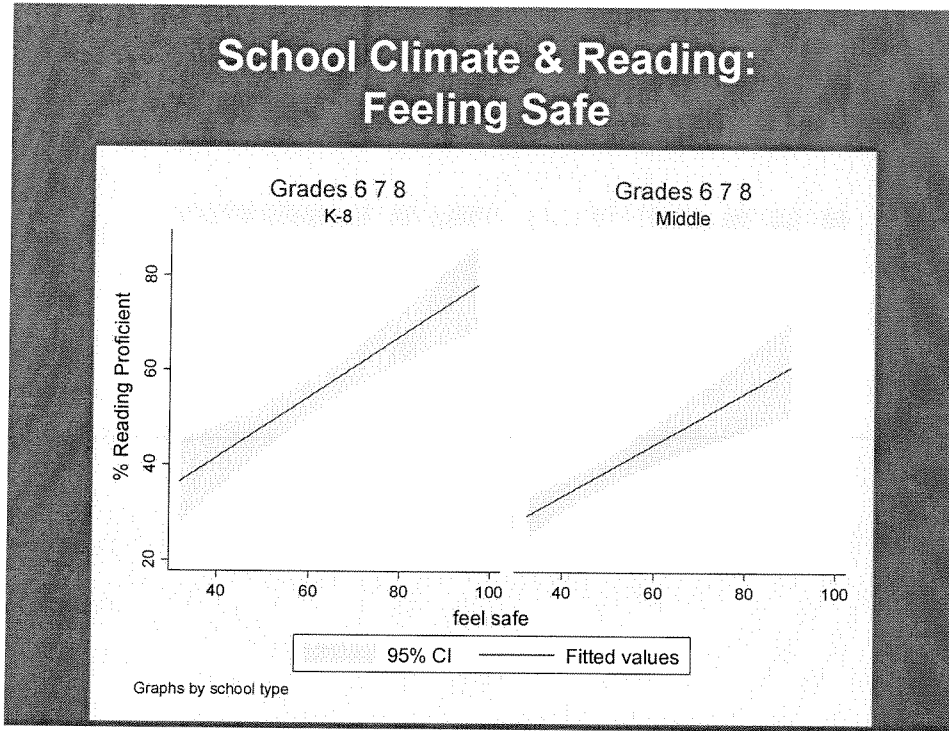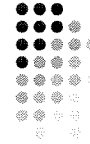**Figure 2. Baltimore City Public School System (2006)**

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) (28)
- 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)

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