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2 HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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4 Pennsylvania's Drug Courts

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6 House Judiciary Committee
7 Subcommittee on Crime and Corrections

8 Irvis Office Building
9 Room G-50
Harrisburg, Pennsylvania

10 Monday, March 31, 2014 - 10:00 a.m.

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14 COMMITTEE MEMBERS PRESENT:

15 Honorable Ronald Marsico, Majority Chairman
Judiciary Committee
16 Honorable Timothy Krieger, Majority Chairman
Subcommittee on Crime and Corrections
17 Honorable Bryan Cutler
Honorable Sheryl M. Delozier
18 Honorable Brian L. Ellis
Honorable Glen R. Grell
Honorable Joseph T. Hackett
19 Honorable Mark Keller
Honorable Mike Regan
20 Honorable Rick Saccone
Honorable Marcy Toepel
21 Honorable Thomas Caltagirone, Minority Chairman
Honorable Bryan Barbin
22 Honorable Dom Costa
Honorable Madeleine Dean
23 Honorable Deberah Kula
24 Honorable Brandon Neuman

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Key Reporters

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1 NON-COMMITTEE MEMBERS:

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Honorable Kurt Masser
3 Honorable Doyle Heffley

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7 STAFF MEMBERS PRESENT:

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Thomas Dymek, Esquire
Counsel/Majority Executive Director

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10 Michael Kane, Esquire
Counsel/Majority Research Analyst

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12 Michelle Moore
Majority Administrative Assistant

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14 Jen Duralja
Majority Committee Secretary

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1 INDEX OF TESTIFIERS

2	TESTIFIERS	PAGE
3	Opening remarks by Maj. Chairman Marsico	4
4	Opening remarks by Co-Chairman Krieger...	6
5	Karen Blackburn, Program Administrator... AOPC Problem Solving Court Program	8
6		
7	Honorable Nancy Butts, President Judge... Lycoming County Court of Common Pleas	26
8	Honorable John Cherry.....	19
9	Dauphin County Court of Common Pleas	
10	Honorable John Kennedy.....	24
11	York County Court of Common Pleas	
12	Honorable Al Masland.....	23
13	Cumberland County Court of Common Pleas	
14	Stacy Dorman, Coordinator.....	78
15	Mifflin County Adult & Juvenile Drug Courts	
16	Matthew Schmonsees, Coordinator.....	60
17	Philadelphia Adult DUI & Drug Court	
18	Herman Harrington, Graduate.....	36
19	Chester County Drug Court	
20	Ashley McCrod, Graduate.....	43
21	Wyoming/Sullivan Drug Court	

21 SUBMITTED WRITTEN TESTIMONY

22 (See other submitted testimony and handouts
23 online.)

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1 MAJORITY CHAIRMAN MARSICO: Good
2 morning, everyone. I'm Representative Marsico,
3 Chair of the Judiciary Committee.

4 I just wanted to welcome everyone to
5 this hearing. It's being conducted by the
6 Subcommittee on Crime and Corrections. My good
7 friend here, Representative Krieger, who is the
8 Chair of the committee, will conduct the hearing.

9 I just want to, once again, welcome
10 everyone and thank you very much for spending time
11 with this morning on a very, very important issue
12 that's an epidemic, a heroin epidemic, that's
13 facing all of our citizens here in the
14 Commonwealth; and not just the heroin epidemic but,
15 also, the issue of illegal drugs and the
16 problem-solving courts that many of you are
17 involved with in the Commonwealth.

18 So, with that, I'm going to turn it over
19 to Representative Krieger. Before we do that,
20 though, I want to ask each member to introduce
21 themselves; starting down there, Representative
22 Saccone.

23 REPRESENTATIVE SACCONI: I am
24 Representative Rick Saccone, representing southern
25 Allegheny and northern Washington counties; the

1 39th District.

2 REPRESENTATIVE KULA: Good morning.
3 Deberah Kula; Fayette and Westmoreland counties,
4 52nd District.

5 REPRESENTATIVE BARBIN: Bryan Barbin,
6 representing Cambria County.

7 REPRESENTATIVE DEAN: Good morning.
8 Madeleine Dean from Montgomery County.

9 REPRESENTATIVE REGAN: Mike Regan; York
10 and Cumberland County.

11 REPRESENTATIVE COSTA: Dom Costa; 21st
12 District, Allegheny County.

13 REPRESENTATIVE HACKETT: Good morning.
14 Joe Hackett; Delaware County.

15 MR. DYMEK: Tom Dymek, Executive
16 Director of the committee.

17 CO-CHAIRMAN KRIEGER: Tim Krieger; 57th
18 District, Westmoreland County.

19 REPRESENTATIVE ELLIS: Good morning.
20 Brian Ellis; 11th District, Butler County.

21 REPRESENTATIVE TOEPEL: Good morning.
22 March Toepel from Montgomery County.

23 REPRESENTATIVE GRELL: Good morning.
24 Glen Grell; Cumberland County, 87th District.

25

1 REPRESENTATIVE KELLER: Good morning.

2 Mark Keller, I'm with the 86th District, which is
3 all of Perry and part of Franklin.

4 MAJORITY CHAIRMAN MARSICO: Okay. Thank
5 you, members, for being here.

6 Representative Krieger for remarks, and
7 also, then, you'll do the panel.

8 CO-CHAIRMAN KRIEGER: Thank you, Mr.
9 Chairman, for allowing us to do this. I think it's
10 a very important subject we're going to talk about
11 today.

12 Before we begin, however, I want to say
13 to the members and the guests, this is being
14 recorded, so be aware of that. Representative
15 Cutler has joined us. There's one member in the
16 audience, Representative Masser, that's very
17 interested in the subject and has worked with it.
18 He's not a member of the committee, but,
19 Representative Masser, you're more than free to
20 come up and join us on the committee if you'd like.
21 And thank you for being here.

22 As Chairman of the Subcommittee on Crime
23 and Corrections, I'm very interested, and we all
24 are. We've looked about this terrible problem we
25 have. We have a problem all over the state. In my

1 county, Westmoreland County, we've had a record,
2 June of last year, if you want to call it that, for
3 heroin deaths.

4 We know that heroin doesn't happen by
5 itself all the time, but sometimes there's a
6 precursor, and that's prescription drugs. So we're
7 very concerned about how that works and how that
8 can lead young people, and old, we find, into a
9 life of addiction.

10 One of the areas we've looked at is drug
11 courts. We know some counties are using drug
12 courts; some are not. We're interested in hearing
13 from you, the experts today, as to how that's
14 working and some things, perhaps, we can learn;
15 some things we can take back to our own counties as
16 to things that might work.

17 We do recognize this is a multi-faceted
18 difficult problem. We do not profess today to come
19 up with an answer that is going to solve this
20 problem. We know it's going to take a lot of work;
21 it's going to take a lot of effort. It's going to
22 take all of us, whether we're in public office or
23 not. In our churches, our homes, our communities,
24 we all need to work on this that is a very
25 significant problem.

1 We want to thank you for taking your
2 time today, and I appreciate it, and I won't make
3 any more remarks.

4 Karen Blackburn. Karen, I understand
5 you're going to introduce our panel and then start
6 us off?

7 MS. BLACKBURN: Yes.

8 CO-CHAIRMAN KRIEGER: Please go ahead.
9 Thank you.

10 MS. BLACKBURN: Good morning, and thank
11 you very much for your interest in problem-solving
12 courts. My name is Karen Blackburn. I coordinate
13 these programs on behalf of the administrative
14 office --

15 CO-CHAIRMAN KRIEGER: Karen, let me
16 interrupt. Can you make sure you talk into the
17 mikes? Since this is being recorded, We want to
18 make sure we hear you.

19 MS. BLACKBURN: I work for the
20 Administrative Office of Pennsylvania Courts and
21 coordinate problem-solving courts around the
22 Commonwealth on behalf of the Supreme Court.
23 Again, I thank you all very much for your interest
24 in these programs.

25 Adult drug courts have been around for

1 25 years, and they've lasted 25 years because they
2 work. They have been researched at the national
3 level. There have been research of individual
4 programs and research of multiple sites and
5 research of research. So, there's a lot there to
6 document the success of these programs.

7 The first one started in 1989 in
8 Miami-Dade County, Florida, responding to a crisis
9 that we were experiencing nationwide during our War
10 on Drugs when we had the three-strikes-out laws.
11 We had drug arrests up by over 134 percent.
12 Incarceration rates for drugs were up about
13 317 percent.

14 So a small group of people in Miami-
15 Dade County, Florida, decided to look at the
16 underlying cause of this behavior, and started
17 looking at addiction, and drug courts were born.
18 In drug courts, we divert individuals from
19 incarceration into treatment; treatment that is
20 monitored by a team of professionals. That
21 includes the judge, the prosecutor, the defense
22 attorney, the treatment provider, the individual
23 responsible for community supervision, and a
24 manager or what we call a coordinator, and they
25 monitor the conduct of the individuals that are

1 referred into their programs.

2 Initially, it's very intense; intense
3 drug testing, intense supervision until the person
4 stabilizes and starts to get a grip on their life
5 once again and reconnect with family and their
6 support systems.

7 In 1989, the first drug court was in
8 Miami-Dade County, Florida. Ten years later, we
9 had 472 courts around the country. Today we have
10 about 2,400. We have served in our drug courts
11 about 120,000 people every year. In Pennsylvania,
12 the first drug court started in 1997 in
13 Philadelphia County, and by 2007, we had 38
14 programs. In a short period of time, today, seven
15 years later, we have almost a hundred. We have
16 exactly 98.

17 I mentioned the 25 years of research. I
18 just wanted to share some of the statistics around
19 the success of these programs. Drug courts are
20 known to reduce crime. 75 percent of drug court
21 graduates remained arrest-free for at least two
22 years after leaving the program. The reductions in
23 crime lasted at least three years and can endure
24 for over 14. The most rigorous, conservative,
25 scientific meta-analysis of all concluded that drug

1 court significantly reduced crime as much as 45
2 percent more than any other sentencing options out
3 there.

4 Drug courts save money. For every
5 dollar that's invested in the drug court, taxpayers
6 are saving as much as \$3.36 in criminal justice
7 costs alone. When considering other costs, such as
8 savings from reduced victimization, health care
9 service utilization, studies have shown that that
10 one-dollar investment can save up to \$27. Every
11 federal dollar that's invested in drug courts has
12 been shown to save at least \$9 dollars in state
13 funding.

14 Drug courts ensure compliance. We know
15 that the longer folks are in treatment, the more
16 likely they are to succeed in the community. In
17 drug courts, unless substance-abusing, addicted
18 offenders are regularly supervised by a judge and
19 held accountable, 75 percent of those men and women
20 drop out of treatment prematurely. That's without
21 drug court. Drug courts are six times more likely
22 to keep offenders in treatment long enough for them
23 to get better.

24 Drug courts restore families. Parents
25 in family drug courts are twice as likely to go to

1 treatment and complete it. Children of family drug
2 court participants spend significantly less time in
3 out-of-home placements, such as foster care.
4 Family reunification rates are 50 percent higher
5 for family drug court participants than for
6 nonparticipants.

7 What I've shared with you thus far are
8 national numbers. We do not yet have state
9 numbers, but I'm very proud to be able to tell you
10 that we will shortly. Over the past two and a half
11 years, we've been developing a case management
12 system that will manage the information for the
13 problem-solving courts here in Pennsylvania, and
14 that data that we're able to capture from case
15 management will finally start giving us some
16 outcome measures and some impact measures for the
17 drug courts here in the Commonwealth.

18 I wish I had them for you today, but I
19 just don't. But at least we will. I can say, a
20 year or so from now, hopefully, I'll be able to sit
21 here and read off those same kind of numbers to you
22 about the programs here.

23 I don't want to talk that much more
24 about the programs. I'd rather introduce the
25 panelists and let them tell you more about their

1 experience.

2 To the far end of the table, we have
3 Judge John Cherry from Dauphin County Court of
4 Common Pleas. He's been committed to working with
5 juveniles not only from the bench, but in his prior
6 life as a high school teacher and coach. Over the
7 past 12 years as judge with the Court of Common
8 Pleas, he's heard cases involving juveniles, and
9 he's here to tell you what he has seen and his
10 concerns while sitting on the bench.

11 The gentleman with the bowtie is Judge
12 Masland, one of your colleagues before he was
13 elected to the bench in Cumberland County. He's
14 been presiding over the drug court in Cumberland
15 County since February of 2010, although he was
16 involved in it a year plus prior to that. In
17 Cumberland County, the drug court hears cases
18 involving addiction and abuse of both drugs and
19 alcohol, so it's somewhat unique when it comes to
20 the panelists here.

21 With 24 active cases, the program has
22 admitted over 120 participants since its inception
23 in 2006. 96 percent of those participants have
24 remained crime-free during the 15 plus months in
25 the program. Recidivism rate for graduates have

1 averaged about 23 percent; meaning, 77 percent have
2 remained crime- and/or arrest-free.

3 The national average is right around --
4 Recidivism rate right now, I believe, is about 60
5 percent, if I'm not mistaken; some of the recent
6 research that I've been looking at. So that's half
7 of what you see for folks that do not participate
8 in the program.

9 I'd also like to introduce Judge Nancy
10 Butts, who is the President Judge in Lycoming
11 County Court of Common Pleas, where she presides
12 over the drug court and has since its formation in
13 1998. She has been head of the DUI court and
14 juvenile drug court in Lycoming County since 2004,
15 and established the mental health court there in
16 2008.

17 A particular interest to this community
18 is the fact that, in September of 2013, President
19 Judge Butts called together members from the
20 community, all ages and all interests, to
21 strategize on how to combat the growing heroin
22 problem in Lycoming County. The Lycoming County
23 Drug Court Task Force was created to reduce the
24 demand for illegal drugs, to educate citizens about
25 the resources available for prevention and

1 treatment of addiction, and reduce drug-related
2 crime in the community through education and law
3 enforcement.

4 Beside Judge Butts is Judge Kennedy, who
5 was elected to the bench in York County in 1995.
6 In 1997, Judge Kennedy established the York County
7 Drug Court, which was the second drug court in
8 Pennsylvania. Recognizing the success of the drug
9 court model, in 2002, he established the reentry
10 court program, which is a partnership between state
11 probation and parole using the drug court model for
12 the reintegration of offenders leaving prison and
13 returning to the community. In 2012, he expanded
14 the York County DUI Court target population from 50
15 participants up to 150.

16 Judge Kennedy is now assigned to
17 Orphans' Court, but continues to preside over York
18 County's mental health court, DUI court, drug
19 court, where 43 percent of their participants have
20 reported heroin to be their major drug of choice.

21 Now moving from the judges, I'd like to
22 introduce the people that actually run these
23 programs, the court coordinators, and I have two
24 that have joined us here today.

25 Matt Schmonsees is a graduate of the

1 University of Michigan and has been the coordinator
2 and manager of Philadelphia's drug and DUI courts
3 for over 10 years, following five years in the
4 field of substance abuse and mental health
5 treatment in Philadelphia. Just so you have some
6 sense of things, the Philadelphia drug or treatment
7 court has an active enrollment of 560 participants
8 at any given time, and their DUI court has 125. So
9 Matt has a pretty big job.

10 Philadelphia's treatment court, which is
11 the first problem-solving court in the
12 Commonwealth, has enrolled 4,200 participants;
13 graduated 78 percent of those men and women and
14 witnessed only 9 percent of successful graduates
15 being convicted of a new crime within a year after
16 graduation.

17 Philadelphia's DUI court, established
18 in 2007, has enrolled 456 participants; graduated
19 91 percent of those participants and witnessed only
20 4 percent of successful graduates being convicted
21 of a new crime.

22 Mr. Schmonsees also has served as the
23 treasurer of the state Association of Drug Court
24 Professionals and on the executive committee since
25 2011. Every year we have an annual conference

1 that's attended by between 250 and 300 people to
2 learn more about drug courts and how to operate
3 them and the use of best practices.

4 To Matt's right is Stacy Dorman, who
5 planned and implemented both the juvenile and the
6 drug court in Mifflin County. I thought Stacy
7 could bring a lot to our discussion about juvenile
8 drug courts and the work that's being done there.

9 The adult drug court was started in
10 2011, and after -- Excuse me. I think it was --
11 the adult drug court came after the juvenile drug
12 court, which was started in 2006. She filled both
13 the role of coordinator and probation supervisor
14 there in Mifflin County.

15 Perhaps our most distinguished graduates
16 here on the panel I'd like to introduce to you now.
17 To my left is Mr. Herman Harrington. He was
18 arrested in 2007 at the age of 58, addicted to
19 crack cocaine. It's interesting to note that he
20 had had no prior contact with the justice system
21 prior to that arrest.

22 He entered Chester County Recovery Court
23 in December of 2007 and successfully graduated from
24 that program in March of 2011. While going through
25 the drug court, he gained employment and continues

1 to be employed at the Good Friends recovery house
2 in Bristol, PA; now as assistant manager. He has
3 been drug-free for six years and seven months; and,
4 in 2010, received an award for advancing in
5 recovery from Bucks County Mental Health Drug
6 Addiction Department.

7 He's reunited with his daughter while he
8 was in drug court. And since drug court, he has
9 completed countless hours of community service and
10 continues to volunteer with the homeless
11 population. One year ago today, Herman's mother
12 passed away. She was a major source of support for
13 him while he was working through the phases of drug
14 court, attending court with him every week.

15 At the far end of the table, in between
16 Judge Masland and Judge Cherry, is Miss Ashley
17 McCrod, who was initially denied admission to the
18 Wyoming/Sullivan County Treatment Court. No one
19 had any real confidence that she would succeed
20 because of previous violations and parole
21 experiences they had had with her.

22 On April 13th, 2011, at the age of 26,
23 she was finally admitted into this 24-month
24 program. Her drug of choice was opiates. She did
25 not have a home, so they placed her in a sober

1 house. It was tough; touch and go in the
2 beginning, the first year. But after a severe car
3 accident in which she almost lost her arm, she
4 started taking recovery more seriously.

5 She got into her own apartment; started
6 the process of attempting to gain custody of her
7 son. She started chairing AA and NA meetings in
8 the area to share her life story and today sponsors
9 individuals in recovery. She graduated from
10 treatment court on April 13th, 2013, and remains
11 active with the program, mentoring new participants
12 and helping to get them into AA and NA meetings.
13 She has gained custody of her son and is actively
14 involved in school functions.

15 So, with that, you know who's in front
16 of you today. We have not come with prepared
17 remarks, but we have come to respond to any
18 questions that you might have for any one of the
19 panelists here this morning. Thank you.

20 CO-CHAIRMAN KRIEGER: Does anyone on the
21 panel have anything they'd like to say, a
22 statement, up front here?

23 HONORABLE CHERRY: Good morning. I'm
24 Judge John Cherry. I've been a judge in the Court
25 of Common Pleas in Dauphin County for 14 years.

1 Prior to that I was District Attorney of Dauphin
2 County. As was explained, I'm a former high school
3 teacher, coach and assistant principal. My whole
4 life has been spent in pursuit of helping youth.

5 I have a few remarks to make today. We
6 have an adult drug court. We do not have a
7 juvenile drug court. However, I ran into
8 Representative Marsico in a very educational
9 setting. And, at that time, I approached him about
10 the severe problem that I see in Dauphin County
11 with heroin, particularly among juveniles.

12 Since December of 2013, I have had eight
13 juveniles appear in front of me charged with
14 delivery of heroin; not use of heroin; delivery.
15 Four of the eight were 14 years old. One of the
16 14-year-olds, when arrested on the scene, because
17 it was a confidential informant with a police
18 officer, had \$980 in his pocket and five bundles of
19 heroin in the vehicle that he was traveling in.

20 Another juvenile, recently arrested, 14
21 years old; \$560 in his pocket, two bundles of
22 heroin. It's obvious, of course, that they're
23 getting these from other individuals; that they're
24 the basic street dealers, but age 14.

25 The 14-year-old with the \$960 was

1 brought before me to be sent to adult court. I did
2 not do that. I kept him in the juvenile system.
3 He went to a long-term secure placement. In that
4 vehicle were three guns, including a sawed-off
5 shotgun.

6 So, overall, my concern is that the
7 individuals involved with this are using juveniles
8 to deal.

9 The other four were 15-, 16- and
10 17-year-olders. Two 16-year-olders and a 17 have
11 been transferred to adult court. They had lengthy
12 juvenile records, including possession of firearms
13 by a minor. They did not have firearms at the
14 time.

15 The point of my fear here is that, in
16 three months, we've had eight juveniles arrested;
17 heavily involved in dealing heroin, with many
18 bundles of heroin in their possession and large
19 amounts of cash. Obviously, the next step is going
20 to be that one or more of those juveniles are going
21 to be murdered, because, with drugs, comes that.

22 I heard the comment by one of the
23 committee -- or concerning the fact that
24 prescription drugs and other drugs of that type are
25 the gateway to heroin. I can assure you that we

1 are taking a very good view of the drug marijuana
2 in all of this, because it is my position, having
3 dealt all these years with these individuals, that
4 70 percent or more of our juveniles are addicted to
5 marijuana, and many of those juveniles move on to
6 other drugs.

7 I know there are naysayers. I know
8 there are people that are calling it recreational,
9 and I know that's a very popular thing to say in
10 this country, particularly in this state now that
11 they're trying to legalize this stuff. My point is
12 that, I deal every day with these children and
13 these adults who are addicted.

14 And I raise a question to the committee.
15 And I realize I promised Mr. Marsico I would not go
16 into my marijuana diatribe, but I've done it, so
17 he's trapped.

18 Nonetheless, if it isn't addictive; if
19 it's recreational--and I see nothing recreational,
20 by the way, of the destruction of children and
21 families, because that's what it does--why then
22 can't they walk for even two weeks on supervision
23 without testing dirty, if it's recreational?

24 My point is that, we are ignoring many
25 things. We're talking about heroin, and I'm with

1 you all the way. But what's involved with the
2 eight juveniles that I had, along with delivery of
3 heroin, is marijuana use. That's my position.

4 I think the committee has some hard work
5 to do. I believe the drug courts have a great deal
6 to do with the success of those who do not come
7 back into the system. However, I'm very concerned
8 about juveniles that are having access to large
9 amounts of heroin, and they're being used as the
10 dealers.

11 CO-CHAIRMAN KRIEGER: Thank you, Judge.
12 Point very well-taken. Thank you.

13 HONORABLE MASLAND: If I may.

14 CO-CHAIRMAN KRIEGER: Yes, Judge,
15 please.

16 HONORABLE MASLAND: Very briefly. I'm
17 not going into a diatribe. Very well done. But,
18 let me just say this: Thank you, Chairman Marsico,
19 Chairman Krieger, for inviting us here.

20 I want to apologize. I passed out some
21 remarks, but based on my stay here in the General
22 Assembly and trying to save a tree, I did the math.
23 I didn't think many of you would show up. So,
24 unfortunately, I hope somebody can make some copies
25 of it. I'm happy to answer questions, but I won't

1 be reading anything to you today. So, if there's
2 one or two of you, or three or four of you that
3 don't have copies of that, I hope you do get that.
4 And I'm happy to answer questions. Thank you.

5 CO-CHAIRMAN KRIEGER: Thank you, Judge.
6 There are some members with some
7 questions, but first of all -- Please.

8 HONORABLE KENNEDY: This isn't prepared,
9 but it seems to me the issue generally is, how do
10 you fund this? Everybody agrees; treatment courts
11 agree, but how do you fund it?

12 When you look at the state budget, and I
13 know you passed the Justice Reinvestment Act (sic)
14 a couple years ago, what we have to do is, we have
15 to do what Texas and Virginia and California have
16 done to some degree, whereby, shifting some funds
17 to the front end of the process, for instance, to
18 treatment courts, we can really keep people out of
19 the state prison system.

20 In Pennsylvania, I've been running a
21 treatment court. I've been involved in running a
22 treatment court since '97. I said from day 1, if I
23 could have the money I save the state prison system
24 to expand the program, I could easily expand it
25 tremendously; we could expand it much more quickly.

1 So that's one of the issues.

2 And again, these programs are not for
3 violent individuals. We wouldn't take somebody
4 into our program who was involved in shootings, who
5 was out on the street with bundles and bundles of
6 heroin and who had weapons in their car. They
7 wouldn't be appropriate for our program. We're
8 looking for the guy that's on the corner that's
9 selling a bag to get a bag, or we're looking for
10 the woman who's sheltering drug dealers so she can
11 get her heroin. Those are the folks that we're
12 looking for. We're looking for the nonviolent
13 people; but who, otherwise, would probably be
14 looking at state prison sentences.

15 As it relates to the juveniles, the
16 juvenile drug treatment courts, that's a big bang
17 for the buck for a county. When we can get
18 somebody in the juvenile system who would be going
19 into placement at 300 plus dollars a day, and we
20 can pull them out and put them into a program, we
21 can get our county commissioners to fund that. But
22 when it comes up to the adult level, that's really
23 where some state funding is needed for treatment
24 courts.

25 I think, if the counties that didn't

1 have the treatment courts had access to funding
2 and, particularly, diversionary programs, which,
3 frankly, is what York does and what Philadelphia
4 does, where we actually take care of the people
5 before they're even sentenced. A lot of the other
6 programs are post-sentence programs.

7 Good programs; they work. But when you
8 do a diversionary program where, currently, there
9 is no state funding for at all. There are some
10 dollars out there on the state level for the post-
11 sentence programs. There are no dollars at all for
12 diversionary programs. We tend to get the people
13 into the program much sooner after arrest than the
14 post-sentence programs do.

15 So that's my spiel.

16 HONORABLE BUTTS: If I could just tack
17 onto what Judge Kennedy said, in Lycoming County,
18 we've been the recipient of restrictive
19 intermediate punishment funds for a number of
20 years. And probably about 10 or 12 years ago, I
21 spoke to a group from the state level regarding
22 that type of funding.

23 Judge Kennedy talks about the ability to
24 fund up front or to fund treatment-core programs.
25 I would submit, you do have the opportunity even

1 now. Those funds are only designated for Level 3
2 and Level 4 offenders; individuals who are DUI
3 offenders with their second or third conviction
4 with the highest tier; meaning, a refusal or the
5 highest blood alcohol level.

6 If you were to consider expanding that
7 pool of money to encompass Level 2 offenders--they
8 would be the individuals who, again, are not
9 violent offenders; they're individuals with minimal
10 or zero prior contact with the system--that would
11 enable counties such as mine, and the majority of
12 the counties throughout the Commonwealth that
13 receives that money, to be able to offer greater
14 treatment services throughout the state. That's
15 been a huge hurdle for us to be able to take -- in
16 our post-plea program, to take a number of
17 individuals in the program, they have to be Level 3
18 or Level 4 to be able to fund them.

19 As I said, we receive a significant
20 amount of money, but to be able to expand it to
21 Level 2 offenders would be a huge opportunity for
22 treatment courts in the Commonwealth.

23 Thank you.

24 CO-CHAIRMAN KRIEGER: Thank you, Judge.
25 If I could just start off briefly, and, Karen, I'm

1 not sure who to direct this to. Could someone just
2 very briefly walk us through -- Someone gets
3 arrested for a drug offense. Walk us through the
4 process they go through if they're going into a
5 drug court.

6 MS. BLACKBURN: I can probably give you
7 the most generic answer to that.

8 A person is arrested for an offense
9 that's considered an eligible offense by that
10 particular treatment court, because all the courts
11 sit down as a team and develop policies and
12 procedures to guide the operation of their program.
13 It's at that time that they decide whether it's
14 going to be a pre-plea, post-plea, post-sentence
15 type of court.

16 But a person is arrested, they are
17 deemed eligible for the program based on that
18 criteria, and then they are assessed both for their
19 legal -- legally and clinically, to make sure the
20 legal background would not prohibit their
21 participation; and that, clinically, they are
22 diagnosed with an addiction or a disorder.

23 The case is then referred to the team
24 and reviewed by the team, and the team recommends
25 to the judge that the case be accepted into the

1 program. When that takes place -- And this all
2 happens prior to a court event.

3 Immediately after these meetings, the
4 judge goes into the courtroom, team members go into
5 the courtroom, the participants come in front of
6 the judge, and the judge will admit a participant
7 at that particular point in time. And then,
8 programs can last anywhere from 18 to 24 months as
9 a rule of thumb; some a little bit shorter, some a
10 little bit longer.

11 Typically, each program is broken into
12 three, perhaps four, phases. And during that
13 initial phase, there's intense community
14 supervision, intense treatment and intense drug
15 testing. And when I say intense, there's probably
16 contact with a PO or a treatment provider daily.
17 Probation officers should be contacting the
18 participants at least twice a week. They should be
19 drug tested at least twice a week, and that drug
20 testing is random. In other words, they don't know
21 when they're going to be tested. And then as they
22 start to show improvement -- Excuse me. Let me
23 step back.

24 They're drug tested frequently. They're
25 coming in front of the judge at least every two

1 weeks. That first phase lasts about two months.
2 And as they're coming in front of the judge, prior
3 to every hearing, the judge is sitting around with
4 the team, getting an update on how the person is
5 progressing through both treatment and complying
6 with the conditions of the program.

7 Assuming all goes well, at some point
8 the person will proceed into Phase 2 where the
9 supervision is a little less intense. They started
10 working on things like job, home, family
11 reunification, and then the program proceeds that
12 way. Now, sometimes there are setbacks, but
13 throughout the program there are incentives and
14 sanctions that are awarded to try to modify that
15 behavior, and eventually the person will graduate.

16 That's kind of how -- Did I miss
17 anything? That's kind of how the programs
18 progress.

19 CO-CHAIRMAN KRIEGER: I do have some
20 follow-ups, but I'll defer those because we have
21 other members who would like to ask some questions.

22 Representative Hackett.

23 REPRESENTATIVE HACKETT: Thank you,
24 Co-Chair. And also, thank you to Chairman Marsico
25 for being so active on this issue.

1 I think there's many of us here in this
2 room, both representatives and nonrepresentatives
3 that have lost family and friends at least over the
4 last 12 months. I would bet that would be pretty
5 large odds that we have that we know someone,
6 either family or friend, that has passed because of
7 this epidemic. That's why it weighs heavy on a lot
8 of our hearts as we proceed with these hearings.

9 But Chairman and Co-Chair and all the
10 committee members have been traveling the state,
11 really trying to find out the answers how we can
12 truly help, and that's our job.

13 Little bit of background. I'm 26 years
14 in law enforcement. Your Honor, I have to side
15 with one of your stories and tell you, I remember
16 interviewing a drug dealer. He was talking to him,
17 to the other guy, and one guy says, all right, I'm
18 going to get you some of this heroin, this H,
19 right? And he says, oh, no, no. I can't do that.
20 I don't have any customers for that. I just need
21 the weed and I just need some coke. We don't need
22 any of that heroin stuff. And he says, no, no, no,
23 really. See that school --

24 So, he's a couple feet, by the way,
25 outside the school zone. He points over to the

1 school yard, a local elementary, and says, no, no,
2 no. There's your customers over there. He says,
3 go give it away and you'll have a customer for
4 life.

5 So, keep in mind how bad this is out
6 there. They are pushing it on our elementary
7 school kids, and they're actually giving it away.
8 They don't even have to buy it. They're giving it
9 away just for permanent customers down the road.

10 My thing is, I agree; prisons are full.
11 70 plus percent, I think, was the last number in of
12 drug-related folks in our prisons. I agree that is
13 the wrong place for them to be.

14 I guess my question, or to lead into,
15 I'm looking for what I call option 3. If I can get
16 some of your opinions and some feedback on this, it
17 would really help me to establish something.

18 As a cop, I always knew I had two
19 options. If I rolled up on a car and there's some
20 drug paraphernalia in the car or even a little bit
21 of narcotics of some sort, I have two options: I
22 could seize the stuff and let them go with a
23 warning, believe it or not, and I can cite them and
24 lock them up and bring them in.

25 I'm looking for like an option 3. I'm

1 thinking, why don't we do something like we do
2 maybe on the DUI level where we read them some
3 rights and bring them down; get their blood drawn
4 from a local hospital. Maybe we have an option
5 here to keep them out of the system and get them
6 right to the treatment; if the police officers have
7 some way, maybe, to get them right to the treatment
8 center where there could be a waiver of some sort
9 that gets them right into treatment. What they
10 really need is the help first.

11 So can I ask you to give some
12 consideration over that, maybe over the next couple
13 months as we're moving forward, with maybe putting
14 together some legislation for these things? I'd
15 really appreciate it. I would like any feedback
16 that you have now on that issue. But I would like
17 to give law enforcement, maybe, a third option.

18 Thank you.

19 HONORABLE BUTTS: May I respond?

20 One of the critical components of our
21 treatment team is participation from law
22 enforcement. The representative that we have is
23 one of the vice narcotics corporals from the state
24 police, so we exchange information with them
25 regarding, you know, are these people not

1 necessarily involved in bad things, but they're
2 always around when something bad happens. So
3 that's an important part of our consideration for
4 anybody.

5 But, I think to have that option 3,
6 funding has got to change because, when we want to
7 try and get somebody into treatment, one of the
8 issues that we have to choose is -- Our SCA, West
9 Branch Drug and Alcohol Abuse Commission, will
10 assess someone. If they meet criteria for
11 outpatient only, we may not have any money.

12 Your police officer may want to take
13 them off the street and put them into a rehab, and
14 that's wonderful. It'd be great if we had all the
15 money we could do, but if we've only got a limited
16 amount of money, we've got to make the best
17 decision. And the best decision often is,
18 outpatient counseling; factoring in their age,
19 their years of prior treatment, but their age,
20 primarily, is a critical factor.

21 We've found, at least with our court,
22 and ours has been in existence since 1998, that
23 individuals under the age of 25 are probably the
24 toughest nuts to crack when it comes to that type
25 of intervention; where you scoop them up off the

1 street and try and get them into treatment. If
2 they're not in a structured program, they're just
3 going to go off and hang out with their friends,
4 which is people, places and things, which is going
5 to suck them back into everything that they had
6 been doing.

7 But, we would love to be able to
8 intervene in that way, somewhat similar to the way
9 we do in our county for mental health treatment;
10 that we have a liaison that they can contact to see
11 if they can get them into mental health treatment.
12 But the funding seems to be a lot easier, and the
13 identification that that is more of a disease than
14 addiction is; that that's why the money isn't
15 there.

16 MS. BLACKBURN: If I could just add to
17 that: Research has shown that only about 30
18 percent of the people that start treatment finish
19 treatment under normal circumstances. With drug
20 court, that's cut in half. I mean, drug court
21 participants are six times more likely to finish
22 treatment than nonparticipants.

23 I don't know. Maybe the graduates could
24 respond to this; if you have any thoughts about
25 this and whether you'd been in treatment before and

1 if it worked.

2 MR. HARRINGTON: My name is Herman
3 Harrington, and I'm a graduate of recovery court in
4 March of 2011. I'm 64 years old now. I had a
5 40-year addiction -- over 40 years. I started
6 using in the '60's. I went in the military. My
7 drug of choices were heroin first, but didn't like
8 it. It was just too dangerous for me. Then I went
9 to meth; then snorting cocaine; then finally in the
10 '80's, smoking cocaine, which is when the bottom
11 fell out.

12 I went to the VA Coatesville, 28-day
13 program. Then they had what they called the LZ,
14 landing zone, like Vietnam veterans and so forth.
15 We were allowed to be in a domiciliary. We had to
16 go out and work. We had to save 70 percent of our
17 money, so forth and so on. It worked for me. I
18 saved quite a bit of money; came off the hill. I
19 moved to Downingtown with a guy; got a job at Bob
20 Evan's in Exton, up in Chester County. I was doing
21 great; but my ego.

22 I'm a Philadelphia boy. I grew up in
23 Philadelphia. I wanted to go down in north
24 Philadelphia and show my buddies how good I looked.
25 That's the worse mistake you can make; people,

1 places and things. So I fell through the cracks;
2 kept doing what I was doing.

3 Then, finally, got involved with some
4 real bad people in 2007. I didn't know I was under
5 surveillance. One of the greatest days of my life
6 was being arrested; trust me when I tell you this,
7 October 17th, 2007. They had me under
8 surveillance. I had no win. They had five felony
9 charges on me for buys. I was the middleman in an
10 operation, and I was definitely a crack user.

11 So, when I was taken to Chester County,
12 I knew I was going away for a while. And then a
13 parole officer, Bill Kelly, came to see me and told
14 me there was a chance I could get out of this, but
15 I had to go through this long, enduring program
16 with four phases. I didn't care. I was 58 years
17 old at the time. I really didn't even know my kids
18 and grandkids. So I said, it's got to stop here.
19 They say you get sick and tired of being sick and
20 tired. I finally said, I'm not going to tell
21 anybody, but I'm going to do this thing.

22 Eventually, like she says, I was
23 sentenced 5 to 10 years and then told what I was
24 going to do in this treatment program. I was sent
25 home for 20 days, house arrest; sent to the Penn

1 Foundation in Sellersville where you do nothing but
2 go through class after class after class. After 19
3 days they told me I was ready to go to the next
4 facility. I said, I'm not ready yet. They said,
5 what do you mean you're not ready? I said, I need
6 more. Right there I knew I was changing.

7 I stayed another 12 days. Then they
8 told me I could go to three facilities:
9 Morrisville, Allentown, Pottstown. I went to Good
10 Friends, Incorporated. I had an interview. The
11 first thing caught my eye was the golf course. As
12 a black man from north Philadelphia, golf courses
13 just didn't come around in my day. I said, this
14 must be a nice place to be. That was the
15 beginning.

16 I had good friends. I stayed there. It
17 was a three-month facility, but my P.O. got my
18 counselor to keep me there six months. Then they
19 have a house next door, which is a three-quarter
20 house. It's like an honor house. You've done good
21 here; we're gonna send you over here. My
22 counselor, Theresa, sent me there for four months.
23 So I spent 10 months there; went to a recovery
24 house for 22 months. Didn't care that much for it,
25 but I stayed there.

1 Meanwhile, I'm volunteering helping the
2 homeless and people with mental illnesses, and I
3 meet a lady named Sylvia Gentry, who's on the board
4 in Bucks County where I'm at. They're coming up
5 with a new program called Shared Living. It's a
6 program for people with alcohol and drug addiction
7 and mental illness who don't really have a place to
8 stay. They provide apartments. They get you in
9 these places. They monitor you. You have rules to
10 go by. You can't drink. You can't bring people in
11 to drink. You don't have overnight stays. It's a
12 real good program.

13 I wasn't qualified for it, but the lady,
14 Sylvia Gentry, she liked me a lot and she overruled
15 the board. I'm still living in that apartment that
16 she got for me, now with a guy with a mental
17 disorder. We've been there three and a half years.
18 It's working great for me. I work at the facility,
19 Good Friends, that I went through as a client. Now
20 I'm an associate manager there. I also work at the
21 Giant supermarket where I was associate of the
22 quarter two years ago in the meat department. So
23 if you guys need any meats or anything, come see
24 me.

25 I want to tell you, I have three grown

1 kids. I have a son who's a correctional officer.
2 Nineteen years he's been at CFCF in Philadelphia.
3 I have a daughter who's a corporate buyer for
4 David's Bridal. So, this thing isn't hereditary.
5 My kids are good kids. I have nine grandkids.
6 They're just starting to know me in the last seven
7 years.

8 But the thing that I said to them, when
9 I first got with them seven years ago, was, I'm not
10 going to tell you anything. I want you to watch
11 me. See what I do; see how I do. Now, it's seven
12 years later.

13 My daughter called me last night telling
14 me how proud she was of me coming up here. She
15 said, daddy, is it going to be on TV? She's 44
16 years old. I said, I don't know, baby. She said,
17 daddy, I want my friends to see this. I want
18 people to see this. She said, you know tomorrow is
19 grandmom's anniversary of her death. I said, your
20 grandmother is riding with me.

21 My mother is here today. I know she is.
22 My mother was there with me through thick and thin.
23 She even went to see my counselor. She sat with my
24 counselor. She went to see Judge Mann. She talked
25 to the judge. The judge liked her. He would

1 always ask for her when he saw her.

2 My mother died at 87, and she didn't
3 have a gray hair on her head. I don't know why she
4 didn't, because me and my brother sure did a good
5 job of trying to put it there. A mother's love,
6 there's nothing like it. I was always her baby.
7 I'm almost 65 years old, and she always called me
8 her baby.

9 When she passed away Easter of last
10 year, the last phone call I have, she was in
11 Virginia at a resort, believe it or not, enjoying
12 herself when she passed away in her hotel room.
13 The last word she said to me on March 30th was,
14 baby, I love you. Happy Easter. I'll see you
15 Tuesday, and I want you to know how proud I am of
16 you. That's the last thing she ever said to me.
17 So, she's looking at me now. I hope she thinks I'm
18 doing a pretty good job. She's probably telling
19 me, you're talking too much.

20 But I just want to say, recovery court
21 was a blessing for me; being arrested was a
22 blessing for me. The things that have followed,
23 the tools that I've learned, it's just great. I
24 never knew life could be this good, because I was
25 getting high for so long. So I just would like to

1 say that, whatever you're doing, whatever you're
2 gonna do, keep it up, because there are other
3 people out there like me and, hopefully, you can
4 reach them, because we're not all --

5 I don't know what the percentage rate
6 is, but I know after 40 years of addiction, to be
7 clean for six years and seven months and thanking
8 God every day like I do, I just want this to go on.
9 I don't know when I'm gonna leave this earth. And
10 my mother used to say, it's not when you're born on
11 the tombstone or when you die on the tombstone,
12 it's that dash in the middle. What happens in that
13 dash in the middle, that characterizes you. And I
14 hope I'm changing that dash in the middle, because
15 I grew up sort of a tough guy, whatever. I don't
16 want to get into the war story today.

17 I know what I am now. I'm a decent
18 human being who is loved by some important people
19 and my family, and I even have people who like me
20 now. There's a lot of people that didn't like me
21 at one time, because I was unlikable.

22 But thanks for letting me explain
23 myself, and please keep these programs going.
24 Thank you.

25 MS. BLACKBURN: Thank you.

1 MS. McCROD: Hi, everybody. My name is
2 Ashley McCrod, and I'm from Wyoming County
3 treatment court.

4 I love your suggestion about the police
5 thing. But, for me, I have numerous felonies and
6 misdemeanors before I had been accepted to
7 treatment court. I've been in seven different
8 treatment centers, like rehabilitation centers, and
9 it didn't work. I've been enrolled in halfway
10 houses, and I pushed treatment court because the
11 stability it gave me.

12 Even when I didn't want to do certain
13 things, I had to do certain things for the court.
14 Somewhere in the middle of treatment court, my
15 perception changed into, oh my God, I want to do
16 these things, instead of, I have to do these
17 things.

18 So these long-term programs you guys
19 fund was my opportunity, because I used heroin
20 intervenously since I was 17 years old, and my
21 story is different. I've been arrested and I've
22 been to jail. I spent almost three years in jail
23 and that didn't stop me until I was given tools. I
24 started in the sober house, and I started out on
25 house arrest for four months, and then drug and

1 alcohol counseling and AA meetings, and less
2 supervision and less supervision. I needed that.
3 I needed that 24 months to be able to find my
4 foundation because I know, in the first 10 months,
5 I didn't do it perfectly on treatment court. I had
6 to slip and fall a little bit to find my way.

7 But, I just want to thank you guys for
8 the opportunity to be here today. That's all I
9 have.

10 CO-CHAIRMAN KRIEGER: Thank all of you
11 very much. We have a few more members.

12 Before we go on, I want to recognize
13 Chairman Caltagirone, Representatives Heffley,
14 Delozier and Neuman have joined us. Welcome.

15 Representative Barbin.

16 REPRESENTATIVE BARBIN: Thank you. I'm
17 glad you've had -- This is a follow-up to our
18 heroin public hearings that we've held throughout
19 the state. Representative Krieger and
20 Representative Marsico have scheduled these things.
21 And what's come out of it from my perspective is, I
22 sit along the same line as Judge Cherry. I believe
23 we have a problem, and I guess my question for you
24 would be:

25 If it's true that we have higher-purity

1 heroin; and if it's true, like Representative
2 Hackett said, that people are giving away heroin,
3 then can we afford to allow this addicted to
4 marijuana to be viewed any differently than
5 addicted to heroin? Because, to me, what's
6 happening in Johnstown, all the people that are
7 addicted, no matter what they're addicted to, are
8 being used fungibly (phonetic) to sell heroin.
9 That's what it looks like in my city. I'd like
10 your comment on that.

11 HONORABLE CHERRY: And that's what it
12 looks like here, and you were right in the same
13 parlor as I am. This is what I believe.

14 I believe that, if you open the flood
15 gate, why don't people speak. Go into a classroom
16 and ask kids--And I do this--how many don't speak,
17 and everybody laughs. Then I say, okay, raise your
18 hand when I hit the subject. You don't speak
19 because you're going to get stopped by the police;
20 you're going to get a fine. The hands keep going
21 up. The police are going to call your parents;
22 you're going to be grounded; you're going to lose
23 car privileges. Fine. That's why you don't speak.

24 Nobody doesn't speak because it's a
25 moral issue. It's the law. That's why they don't.

1 Then I say to them, don't raise your
2 hands. Same kind of question, different subject:
3 How many of you don't use drugs because it's
4 immoral, unethical, illegal? Now, how many of you
5 don't use because you'll get arrested; you'll go to
6 juvenile court or adult court; you'll lose your
7 license; you'll be grounded, et cetera, et cetera,
8 et cetera? And you know that 90 percent of those
9 same hands are going to go up for that reason.

10 You legalize this stuff, you're going to
11 open up the flood gates for those people on the
12 edge who don't break the law because of all of
13 those other reasons. And many of them -- Excuse
14 me. Wrong choice. Some of them may be sitting
15 right in here, including me, maybe. So, that's my
16 fear.

17 If you sit with me in juvenile court for
18 a day -- Dauphin County is always in the top three
19 in the state per capita in juvenile crime per
20 thousand people. We've got to be number 1 or 2 in
21 violent crime per capita. And when I look at all
22 of this, all across the board there's an addiction
23 there. And to say that that is not something to be
24 centered on -- not for punishment, but for
25 rehabilitation.

1 But to ignore that to talk about tax
2 money, that's all I hear. All the people that stop
3 me and say, what do you think about this, Judge?
4 Look at all the money we can get. Look at
5 Colorado. Yeah. And look at all the destruction
6 that's gonna follow, because you better get ready
7 to double and triple and quadruple your treatment
8 centers because you're going to be loading all of
9 those places with these people that you allow to be
10 recreational.

11 I don't know if that answered your
12 question, but it's -- I'm very passionate about it,
13 because we have to clean up the mess, the judges
14 sitting at this desk every single day; all these
15 children who don't have the guidance at home.

16 HONORABLE BUTTS: What we see is
17 individuals under the age of 25 making rash
18 decisions. We know that brains don't fully develop
19 until 25.

20 What we've also discovered from doing
21 treatment court for the numbers of years that we've
22 been doing is, we essentially substitute as a
23 parent or a role model with them because they don't
24 have legitimate role models. When they start
25 using, essentially, their emotional development

1 stops at whatever age that is. So I'm dealing with
2 a 40-year-old man who started using when he was 16
3 and is still thinking as a 16-year-old person.

4 To allow drugs to be in the hands of
5 younger people, just as Judge Cherry says, creates
6 the problem, compounds the problem that we're
7 already dealing with. So I would echo his
8 sentiments.

9 REPRESENTATIVE BARBIN: My follow-up
10 question would be for any of the judges. Right now
11 we spend upwards of \$300 million on treatment
12 programs that aren't necessarily supervised by the
13 court system. I commend York County and
14 Philadelphia for having a system that does kind of
15 overview those drug treatment courts.

16 But, to me, we have, like, halfway
17 houses in our city as well, and our halfway houses
18 have no responsibility at the conclusion of the 30-
19 or 60- or whatever-day term to even know where the
20 person goes. So, I would like your opinion as to
21 whether or not all of our treatment programs,
22 whether they're pursuant to a post-sentence or a
23 pre-sentence, ought to be supervised by the court
24 system.

25 HONORABLE KENNEDY: Well, it's really a

1 matter of personnel and dollars. We don't have the
2 money to do that. Frankly, the folks that come
3 into our treatment programs all are folks that have
4 committed a crime, obviously, and have been
5 arrested. The only difference is, we're able to
6 take a small percentage and we're able to supervise
7 their treatment. Because, if somebody gets an 11-
8 and-a-half to 23-month county jail sentence, I'll
9 order them to do drug treatment, but it doesn't
10 happen until they're on parole.

11 The big difference with us is, when
12 somebody doesn't show up for a treatment session,
13 we know about that immediately. The probation
14 officer will get that out to us right away, and
15 that person is in court the very next day or within
16 a week. In fact, if somebody goes to treatment and
17 they just sit there and kind of sleep, we know
18 about that. And when they come into my courtroom
19 I'll say, now, Mr. Smith, I understand you slept
20 through treatment last week, and we'll say, okay,
21 you're going to do eight hours of community service
22 this weekend. So, you have swift, certain
23 sanctions.

24 The other thing that we offer that
25 hasn't been mentioned -- And if you think any of us

1 are soft on crime, I think all the judges here are
2 prior DAs. Incentives have been shown to work
3 tremendously better than the sanctions we put out.
4 Most of us use incentives.

5 For instance, somebody does really well,
6 they'll walk out of court with a 10-dollar gift
7 card for McDonald's. It doesn't cost taxpayers a
8 cent in our county because we have a 501(c)3
9 organization through the Bar Association, but
10 they'll be able to take their kids to lunch for
11 something down at McDonald's. Most people are
12 saying, oh, gee, you can't do that. But all the
13 research shows that those things are a lot more
14 effective.

15 But the big difference is that we
16 supervise them closely. Folks can stay clean when
17 they're in inpatient rehab, generally. Folks can
18 stay clean when they're in jail. There are drugs
19 in jail, but most folks can stay off the drugs in
20 jail. It's when they get back out on the street as
21 to what they can do.

22 Granted, we need better reentry
23 programs. There's lots of things that we need.
24 But we know these programs are very effective.

25 HONORABLE BUTTS: And using your

1 example, if I have a participant in my program
2 that's in a halfway house, we have restrictions on
3 what they can do and what they cannot do. And if
4 the halfway house won't work with us, we just don't
5 put our business with them. We move to another
6 facility.

7 HONORABLE MASLAND: And that's pretty
8 much what I was going to say. We don't want to
9 supervise all those inpatient/outpatient recovery,
10 halfway house facilities. But, in essence, we are
11 doing that; not formally, but for our participants
12 who are there, we find out which are the good ones
13 and which are the bad ones. If they're bad, we
14 don't send people there anymore.

15 HONORABLE KENNEDY: Our SCAs love us
16 because they know we give them a good bang for
17 their buck. That's the bottom line.

18 MS. BLACKBURN: The SCA is a single
19 County of Authority that -- Okay. I wasn't sure if
20 you were aware.

21 CO-CHAIRMAN KRIEGER: Representative
22 Saccone.

23 REPRESENTATIVE SACCONI: Thank you.
24 Thank you for your testimony today.

25 I really believe that the moral decline

1 of our society is a direct contributor to our drug
2 problem, and that's why people don't raise their
3 hand. Morality doesn't affect them, their
4 decision, anymore.

5 So I'm curious as to how many of your
6 treatment programs include faith-based programs in
7 them. I bring that up because, when we had our
8 hearings in Greensburg, we had two young people
9 testify there; very compelling testimonies of how
10 they started at a very young age on drugs; how it
11 ruined their lives and the lives of their families,
12 and entering into a faith-based program is what
13 turned them around, and now they have good lives
14 today.

15 I'm wondering, what part of your
16 treatment programs are faith-based programs?

17 HONORABLE KENNEDY: We're very willing
18 to work with faith-based programs. We do work with
19 a number of faith-based programs in our community.
20 However, it's got to be the individual's decision
21 to do the faith-based program. I can't order
22 somebody to go to a Christian-based program if
23 they're not Christian, et cetera, and generally
24 those programs don't want them.

25 We do work with a lot of community

1 support organizations. In fact, our individuals in
2 their first phase will be required, sometimes, to
3 attend a community-support meeting every day. A
4 lot of those individuals choose Alcoholics
5 Anonymous. If you read the Twelve Steps through
6 Alcoholics Anonymous, the second step, I believe,
7 is understanding that I have a higher power and I'm
8 turning my life, essentially, over to the higher
9 power.

10 So, if you look at that, I'd say a lot
11 of us see components of faith-based situations
12 within the programs, but it isn't anything that we
13 can promote, so to speak.

14 REPRESENTATIVE SACCONI: But you don't
15 deny them access to your treatment program --

16 HONORABLE KENNEDY: Absolutely not.

17 REPRESENTATIVE SACCONI: -- they're part
18 of the process?

19 HONORABLE KENNEDY: No, absolutely not.

20 HONORABLE BUTTS: In fact, in a number
21 of occasions where we have women with children who
22 don't have their own ability to get their own
23 housing, we have support from local churches in the
24 community that will -- We have a sober house for
25 women that we have used to enable women to be able

1 to be released from the county prison, to have a
2 residence, and we've had a number of programs step
3 forward to work with our participants.

4 HONORABLE KENNEDY: We will count
5 attendance at church as one of the community
6 support systems that they have to attend each week.

7 HONORABLE CHERRY: In Dauphin County,
8 the Catholic Charities has at least two homes, and
9 we also have a county-based program that promotes
10 that; and that women are free to be part of those
11 programs.

12 Also, in juvenile court, every child
13 that appears in front of me that's being placed on
14 probation and for community service, I ask the
15 question, do you attend any type of church or a
16 faith-based program? When they say yes, I ask
17 where it is, and then I put that child there for
18 the community service in the hand of pastor or
19 whoever it might be.

20 Then someone probably calls that pastor
21 and talks to the pastor about the individual person
22 and, perhaps, how effective it might be. Because I
23 tell them, if he tells you to sit in the front pew
24 for two hours, that's where you sit. If he tells
25 you to scrub a commode for two hours, that's what

1 you do.

2 I think the former rather than the
3 latter takes place more often than not, but we
4 can't force anyone, as I tell them, to worship. We
5 don't want to offend anybody. But I do, and our
6 other judges use that sort of thing. Beyond that,
7 I think, as the Judge said, we're constrained.

8 HONORABLE MASLAND: If I might just add
9 very briefly, Representative Saccone, I think the
10 significant thing and the significant aspect of the
11 Twelve Steps is for the individual to come to the
12 point where they realize they can't do it on their
13 own and what they have done on their own has been a
14 mess. They've got to change things. They need
15 something outside themselves.

16 That higher power can be anything. I
17 have a relative who attends meetings down in
18 Delaware and tells me he has a friend whose higher
19 power is Eric Clapton. Go figure. Your higher
20 power has to be somebody. Maybe it's that album
21 cover; maybe it's something else.

22 What I believe is not important, and
23 that I need to stress. It's important to me, but I
24 don't want people, quite frankly, brown-nosing the
25 judge by saying what they think I want to hear

1 because they're giving me -- spouting me the faith
2 stuff that they say, oh, the judge wants to hear
3 this. No. That's not important. What's important
4 is, they realize they screwed up; they need
5 something outside themselves, or it is not going to
6 work.

7 HONORABLE BUTTS: And for those who
8 aren't interested in a faith-based program, we just
9 remind them it's still good orderly direction.

10 REPRESENTATIVE SACCONI: Good. Thank
11 you. I I'm glad to see there's good participation
12 there, because I know it does work for people who
13 are on that track. Not everybody is going to take
14 that track. But for people who need that track,
15 it's very effective.

16 HONORABLE MASLAND: And I have to say
17 this. After they graduate, I give them all a book
18 that I buy, that I mail or hand to them, with my
19 money, no court money, and it's called, God is at
20 the Meeting. It's Spirituality and the Twelve
21 Steps, written by a guy named Maurice C. Just the
22 initial C. I would suggest you look at that book
23 if you're really interested in what Twelve-Steps
24 programs are all about. God is at the Meeting.

25 REPRESENTATIVE SACCONI: Amen. Thank

1 you.

2 CO-CHAIRMAN KRIEGER: Thank you.

3 Representative Costa.

4 REPRESENTATIVE COSTA: Thank you, Mr.

5 Chairman.

6 Ashley and Herman, I especially want to
7 thank you for being here. I can only imagine how
8 difficult it is. Mine's basically a follow-up to
9 Representative Hackett's question.

10 I, too, was a career law enforcement
11 officer. As a matter of fact, this corner is law
12 enforcement. So, we've been in the front of a lot
13 of judges, but on the right side.

14 Basically, mine is the funding issue.
15 When we arrest people and we take them in and you
16 send them away, when they go to a treatment center
17 and things, are they paid for out of -- If you're
18 on welfare, if you're on Social Security, if you
19 have your own insurance, is that taken first? I'm
20 curious to know, because I want to know --

21 I know we need funding to operate the
22 programs, but I want to make sure that the other
23 funding coming for treatment isn't all coming from
24 the courts. Because Chief Justice Castille reminds
25 us all the time that he needs more money, and it's

1 -- So, I don't want to make him mad.

2 HONORABLE KENNEDY: None of our
3 treatment dollars come from the courts.

4 REPRESENTATIVE COSTA: Okay.

5 HONORABLE KENNEDY: All of the treatment
6 dollars -- We will use private insurance if they
7 have it. A lot of your DUI folks will have the
8 private insurance; very few heroin addicts do. And
9 they're -- That's bottom line. Somebody else
10 can --

11 HONORABLE BUTTS: Currently, we have a
12 pilot program in the Commonwealth of Pennsylvania
13 with Medical Assistance. So individuals that, say,
14 are arrested for possession with the intent to
15 deliver heroin and they're an active addict and
16 they're in crisis because they're detoxing, they'll
17 be assessed in our county prison. If they're
18 eligible for MA, they'll be immediately processed.
19 I'll issue an order to release them to be placed in
20 an inpatient treatment facility. That's all MA
21 money that would be paying for that.

22 The program is being tested out because
23 we're trying to gain access to that money much more
24 quickly to see how effective it would be.
25 Fortunately, in Lycoming County, all of the

1 individuals that have gone through our pilot
2 program have all successfully completed treatment,
3 so it's a hundred-percent return on our investment
4 with the state and the federal dollars.

5 REPRESENTATIVE COSTA: Has anybody come
6 across the scenario where -- I've heard it lately,
7 because I'm on the Insurance Committee too; that
8 insurance is denying treatment for, like, the
9 second time because they say they're a recreational
10 user.

11 HONORABLE BUTTS: We don't have that
12 only because our SCA is gonna evaluate them, assess
13 them; make the determination that they meet
14 criteria and that it's specifically the level that
15 is required that the insurance doesn't refuse us
16 for the payment, if they do, in fact, have private
17 insurance.

18 REPRESENTATIVE COSTA: Okay.

19 MS. BLACKBURN: And if I could just add
20 to that. When it comes to problem-solving courts,
21 to our drug courts, the target population for a
22 drug court is the addicted offender; not the
23 abuser. There's a significant difference there.

24 I thought Matt, since he has such a
25 large population there in Philadelphia, might be in

1 a position to talk a little bit about the funding
2 and treatment. Matt, are you comfortable?

3 MR. SCHMONSEES: Thank you, Karen. And
4 good morning to the committee. Thank you for
5 having the panel here just to talk about this
6 important issue. My name is Matthew Schmonsees,
7 Coordinator for Philadelphia Drug Treatment Court
8 and DUI Treatment Court.

9 Regarding funding in Philadelphia, I
10 think that the most important thing to remember is
11 that you want to have options; both options for
12 funding for a diverse population. The majority of
13 participants that come into my courts in
14 Philadelphia do gain Medical Assistance, and that's
15 what pays for their treatment through the HMO in
16 Philadelphia; Community Behavioral Health and
17 Behavioral Health Special Initiative, which pays
18 for treatment prior to Medical Assistance being
19 activated. That ensures early access into
20 treatment, and early access into treatment usually
21 determines better outcomes for treatment.

22 Also, I can tell you a little bit about
23 our evaluation process. We have in-house
24 evaluators for Philadelphia Drug Treatment Court
25 who try to target the high-need individuals with a

1 high-clinical need and then divert to treatment.
2 They work with the HMOs from Medical Assistance to
3 place the individual along a continuum of treatment
4 services.

5 And when I mentioned options, certainly,
6 you don't want to preclude anyone from the ability
7 to be diverted from traditional criminal justice
8 because they don't have funding for treatment. So
9 we work with, obviously, the Medical Assistance
10 individuals, private insurance. And also, it would
11 be wonderful if we were able to provide people who
12 fall into a gap in that continuum. We do have some
13 individuals who come into our program as self-pay,
14 and that's because they make too much money to be
15 eligible for Medical Assistance. However, they
16 don't have employment that allows for private
17 insurance.

18 We've often run into difficulties.
19 While we do advise these individuals, before they
20 take our programs, of the costs, and we work with
21 providers for sliding scale fees and payment plans
22 of that nature, we do run into problems where
23 people lose their employment and then would become
24 ineligible for treatment. Oftentimes, they can
25 then get Medical Assistance, but there is a gray

1 area there.

2 Finally, I'd just like to mention, as
3 far as a continuum of treatment services related to
4 heroin addiction specifically, in Philadelphia
5 Treatment Court, 67 percent of our participants
6 with a primary heroin addiction are referred to
7 inpatient treatment, whether that's short-term
8 inpatient, which is typically a stay of 90 days, or
9 long term, which is typically an average stay of
10 six months.

11 So I think that that is telling, in
12 that, this population, specifically because of the
13 ancillary biopsychosocial effects of the addiction,
14 are in need of a significant level of treatment
15 care. Luckily, in Philadelphia, because we have a
16 good Medical Assistance system, that does pay for
17 that treatment.

18 HONORABLE MASLAND: If I may. Actually,
19 this is kind of a question -- an answer and a
20 question to the other folks up here. The one
21 problem we have had, run in with, people with
22 private insurance, which isn't a lot; but when they
23 have it and maybe they've done 30, 60, 90 days in
24 jail, before they're getting out, before they're
25 going into the treatment court program, the private

1 insurers will say, they're okay. They're clean.
2 There's no need for inpatient.

3 So the best we can do -- Even though we
4 know our evaluation says they need something,
5 private insurance says, ah, they're okay. Anybody
6 else have that?

7 HONORABLE KENNEDY: What we've actually
8 seen is, we'll have delays where someone can't get
9 into inpatient. And as a result of that, we'll put
10 them into intensive outpatient. And because of the
11 structure of our program, they're, many times,
12 successful in the intensive outpatient because they
13 have the additional structure of our program. So
14 we've actually been able to save the county dollars
15 in not using inpatient services because of the
16 structure of our programs. So, we've had those
17 successes.

18 Unfortunately, all the assessment tools
19 out there don't take into account the drug
20 treatment court model. So we've actually saved
21 some dollars that way.

22 We've also seen situations where people
23 have had to remain incarcerated for extended
24 periods of time because they needed the inpatient
25 facility and there wasn't a bed available.

1 CO-CHAIRMAN KRIEGER: Representative
2 Kula.

3 REPRESENTATIVE KULA: Thank you.

4 As Co-Chairman Krieger said at the
5 start, I represent part of Westmoreland County also
6 and, also, part of Fayette County. The
7 representative and our senator and behavioral
8 health and drug and alcohol have been meeting
9 regularly in Fayette County to try to come up with
10 some way of alleviating the drug problems that we
11 are having. Right now we are trying to determine
12 the best way -- I mean, we've all talked about how
13 we help with people that are addicted.

14 How do we help keep them from being
15 addicted? Where do we start? How young do we
16 start?

17 We've brought in our school
18 superintendents, trying to meet with them, to see
19 what we can do to maybe get to the young people;
20 get to the parents at an early -- the young people
21 at an early age and prevent what is happening
22 with --

23 We have a heroin problem, but we're also
24 seeing a lot of the prescription drug problem.
25 We're just looking for ways that maybe we can

1 alleviate the start of it all. If anybody has any
2 suggestions, we'd love to hear them.

3 HONORABLE BUTTS: One of the things that
4 we've done in Lycoming County is, last September I
5 called together anyone from the community that
6 would be interested and we met. There were
7 approximately 80 people from all different
8 persuasions, let's say. We've got faith-based;
9 we've got medical, law enforcement, human services,
10 education, the community, to form a heroin task
11 force in Lycoming County, and we've met on a
12 regular basis. Each of those committees has
13 selected a chairman, so I meet with them on a
14 regular basis to answer those very questions.
15 We've now expanded to have a business committee.
16 We have a research committee, and we have a youth
17 committee.

18 What we've discovered, bottom line, to
19 answer your question, is, middle school is where we
20 need to start with organized and concerted efforts.
21 We are getting all of our superintendents of the
22 school districts in Lycoming County to come
23 together to see if we can agree on one format that
24 we can apply for a grant for to bring to the school
25 districts so that money is not an option for them;

1 that we provide it, our SCA coordinates it. They
2 provide someone to deliver it. It's done. They
3 say, we'll make as much time as you need for this.
4 We've just kind of come to the issue of, which
5 program will it be.

6 The mission in our heroin task force is
7 basically four things: education, prevention,
8 treatment and enforcement. What we've tried to do
9 is come together as a community to call everyone
10 out to say, you need to support the education of
11 our community and to talk. Addiction is a disease.
12 It's a disease of isolation. And by coming
13 together and discussing what it is, what it looks
14 like, what we need to do about it, starts to shine
15 a light on the isolation.

16 We're sponsoring the Anonymous People
17 screening April 7th at 7 o'clock. We have a
18 Facebook page, which is -- our SCA director and
19 myself are the Facebook managers, along with one of
20 my graduates from treatment court, to have a county
21 resource for everyone there. So, if you don't want
22 to call the police and have someone enter treatment
23 through the criminal justice system, there are
24 resources out there that you can call. But, to
25 just shine a light.

1 We've got our newspaper sponsoring
2 forums and publicizing everything that we do,
3 because we have just decided that egos have to go
4 away. We have to come to the table. We have to do
5 what we need to do to get everybody on board and
6 talking about it.

7 We go to SADD conferences. We go to
8 churches. We've got the faith-based community
9 coming together with a prepared -- not so much
10 homily or sermon, but a mission statement among the
11 faith-based community for our county. So that,
12 every Sunday, every Friday night, whatever
13 denomination it is, here's a reminder from the
14 heroin task force that this is what you need to be
15 thinking about when you have that quick moment with
16 your child or your family member. Here, if you
17 need to make the hard choice to make the phone
18 call, here's the phone call (sic).

19 We have little palm cards that we make
20 sure everybody gets. And at the Anonymous People
21 screening, it's going to be an expo where everybody
22 comes in and there's going to be a table for
23 everything, whether it's faith-based options;
24 whether it's recovery facilities in our county.
25 People are afraid to ask or they're afraid to talk,

1 but I say, if I've got a table there and you go to
2 the home show and you get a free ruler, will you
3 take a free brochure. That's what we're trying to
4 do; is destigmatize the discussion about addiction.
5 I think when we do that --

6 I have a 12-year-old son. I am
7 mortified that he will be involved with this
8 process. And I think that's why, to me, it hits
9 close to home. I'm a single mom, and I cannot
10 think of a life without him. So, for me, it's
11 personal. It's absolutely personal.

12 I've been a criminal judge. I'm in my
13 19th year. I see grandkids of the people I
14 represented when I was a public defender almost 30
15 years ago. It's got to stop. And so, I just said,
16 we've got to talk. We can't be afraid. We can't
17 be shy. We've gotta just tell the truth about what
18 it is, as hard and as painful as it is, because
19 that's what's going to make this go away.

20 REPRESENTATIVE KULA: And we've talked
21 about -- And we do have a forum coming up in April
22 where we are bringing in the public and we are
23 going to talk about this issue. But, we've also
24 talked about the fact that we do have so many
25 single parents that sometimes work two or three

1 jobs in order to make ends meet.

2 So, getting people to come to something
3 in the evening, or finding the time to come, where
4 we can bring them into the network and kind of get
5 them information, that seems to be the difficult
6 part. I mean, we can reach the kids as much as
7 they listen or as much as they really absorb when
8 you talk with them about it. But it's really the
9 parents that we are trying to reach. But, we
10 really haven't figured out a way to really get the
11 ones that we need to be there to be there.

12 HONORABLE BUTTS: We have buy-in from
13 our local chamber of commerce. We've got -- Our
14 two massive radio stations in our community are
15 donating thousands and thousands of dollars of air
16 time; our local advertising company with
17 billboards. They float a billboard for us in three
18 sections of our county, and Lycoming County is the
19 largest county in the Commonwealth, that always
20 run. And I don't know who pays for it. God pays
21 for it as far as I know, because we are grateful
22 that those billboards always run.

23 In June, we have a Single-A
24 instructional Phillies team in Williamsport, the
25 Williamsport Costcutters. On Tuesdays, they

1 sponsor nonprofits every week. On June 17th, it's
2 Heroin Task Force Day at the Williamsport
3 Costcutters. So, we're gonna have our tables out.
4 I'm gonna throw out the first pitch. I mean, this
5 is what we do.

6 REPRESENTATIVE KULA: Been there, done
7 that. It's not easy.

8 HONORABLE BUTTS: This is what we do,
9 because we're committed to bringing it in all
10 different venues, in all different ways, in all
11 different opportunities; whether it's football on
12 Friday night. I've got a superintendent that
13 personally grabs the microphone and talks to the
14 parents at football games, because you know they're
15 at football games on Friday nights. They may not
16 be able to make a meeting at 8 o'clock in the
17 morning or even at lunchtime, but they're out on a
18 Friday night at football, or they're at wrestling
19 tournaments, or they're at baseball games.

20 That's why I said, you bring everybody
21 out. You brainstorm. You put--what do they call
22 it--stuffers in their payroll, in their pay stubs.
23 Little heroin task force reminders; here's a number
24 that you need if you know of somebody that has a
25 problem. We're just saturating in every possible

1 way that we can think of so you can't avoid us. So
2 you can't say, I'm too busy. I can't come to a
3 meeting. There's no excuse. It just means you
4 don't want to deal with it.

5 REPRESENTATIVE KULA: Well, you've
6 certainly given me some good ideas to take back.

7 HONORABLE BUTTS: Sorry. I didn't mean
8 to jump on you.

9 REPRESENTATIVE KULA: Judge?

10 HONORABLE CHERRY: May I also say,
11 education, as the judge said, is very important.
12 Through the help of the District Attorneys
13 Association, Dauphin County, under the direction of
14 one of our assistant DAs, Sandra O'Hara, created a
15 film on the juvenile process in Pennsylvania. It
16 should be at every middle school --

17 REPRESENTATIVE KULA: How do we get it?

18 HONORABLE CHERRY: -- in the state of --
19 Call the District Attorneys Association. It should
20 be played for every middle school, and it goes
21 through the entire process.

22 Not only that, many of the counties have
23 terrific programs for juveniles. Dauphin County
24 has a mentoring program that I'm very invested in
25 as the judge, but so are many of the other people

1 in our community, including our county
2 commissioners. We have them for the boys, and the
3 girls' is called Sisters Helping Sisters. The
4 Man-Up Program is for the boys.

5 The reason is, is because, as one of the
6 representatives said, we are in a moral -- We have
7 no family. I wouldn't give you a nickel for 90
8 percent of the parents that do appear in court
9 because they're incapable. So, as Judge Kennedy
10 said--I think it was Judge Kennedy said--we're the
11 father figure. We're the parent figure because
12 they don't have anybody, and that is the truth.

13 REPRESENTATIVE KULA: It is.

14 HONORABLE CHERRY: It is not an
15 exaggeration.

16 HONORABLE BUTTS: May I also add one
17 quick thing, too?

18 REPRESENTATIVE KULA: Sure.

19 HONORABLE BUTTS: Don't underestimate
20 your medical community. I spoke as part of a panel
21 at our continuing medical education a couple weeks
22 ago for the doctors in our Susquehanna Health
23 System. It was the most well-attended, most highly
24 attended continuing medical education they've ever
25 had.

1 The SCA director and myself represented
2 kind of the criminal justice system, because
3 there's always been this friendly give-and-take
4 between the medical-legal side of it. They want to
5 solve the problem. They want help. They want to
6 know how to do their job better; meaning, provide
7 narcotic medication to people but not create
8 addicts. And so, I would also say, bring them to
9 the table and treat them with the same respect you
10 treat law enforcement, because they also do the
11 groundwork. They're also out in the field.

12 REPRESENTATIVE KULA: Sure.

13 HONORABLE BUTTS: So, thank you.

14 MR. SCHMONSEES: Representative Kula, I
15 wanted to mention that I think that Mr. Harrington,
16 when he told his children to look at him and see
17 what he was doing, is kind of the heart of the
18 batter.

19 One trend that I see in Philadelphia is
20 the intergenerational transfer of drug use through
21 observation, a learned behavior. When we conduct
22 evaluations and we listen to people coming into our
23 program, telling us that they started using at 9,
24 10, 11, 12 years old, the natural next question is,
25 well, how did that happen? Well, my uncle, my

1 brother, my father, my mother, I observed them
2 doing it. I got the drugs from them.

3 So, I think, that being said, one of the
4 major, important aspects of any drug court program
5 or treatment program is family involvement; whether
6 that's structured family therapy for those that
7 need it most. Certainly, prevention and education
8 are ultimately important.

9 I think of a program in Philadelphia
10 called Focus on Fathers, which focuses on single
11 fathers raising children; provides them with
12 supports in a group form that they can discuss
13 these matters. But, I believe that involving the
14 family in the drug court process, educating them on
15 the drug court process, is integral because that
16 will then transfer the correct values and education
17 to that next generation.

18 REPRESENTATIVE KULA: Thank you.

19 CO-CHAIRMAN KRIEGER: Thank you.

20 Representative Toepel.

21 REPRESENTATIVE TOEPEL: Thank you,
22 Representative Krieger, and thank you all for being
23 here today. This is very informative.

24 I want to get back to funding for a
25 moment. Obviously, the reduction of the recidivism

1 rate is great, not only for funding but also saving
2 in human capital. But there are additional
3 up-front costs, I believe, to the drug courts.

4 Could you comment on what the investment
5 is on the court side? I assume, when you ask for
6 more funding or say you need more funding, it's for
7 the court costs involved; not necessarily the
8 treatment, which is going to be covered by MA or
9 private insurance, if I understand that correctly.
10 If not, let me know, or do you have, even, average
11 costs for someone who's in the drug court program?

12 HONORABLE KENNEDY: For our treatment
13 court, when you include treatment, you include the
14 probation officers involved. You include my time.
15 You include all the county employees that are
16 involved. We generally get somebody through the
17 program for roughly \$10,000 a year is what it
18 costs, and that includes your treatment dollars.
19 It includes everything.

20 REPRESENTATIVE TOEPEL: Thank you.
21 That's quite helpful.

22 MS. BLACKBURN: That number changes so
23 much from county to county for obvious reasons.

24 REPRESENTATIVE TOEPEL: Right.

25 MS. BLACKBURN: When it comes to the

1 costs to the court, what we're looking at that
2 could be addressed with additional funding.

3 You certainly can't get a grant for more
4 judges. But, when it comes to drug testing, that's
5 a significant cost. The assessments that are done
6 up front of participants, a significant cost. And
7 probation, the community supervision, that's a
8 significant cost to the program in addition to
9 treatment.

10 Stacy, Matt, is there anything else that
11 you think would fall into that category?

12 MR. SCHMONSEES: I would say, Karen,
13 that that basically covers it. The largest costs
14 that we experience in Philadelphia Drug Treatment
15 Court or DUI Treatment Court is probation funding
16 for community supervision, which makes up a large
17 majority of the work done on the front lines.

18 In drug treatment court, because it's a
19 post-plea diversion but pre-sentence diversion
20 program, we have case management staff. They're
21 funded by the local Department of Behavioral Health
22 Office of Addiction Services. However, the ability
23 to increase the amount of people that we serve is
24 contingent on funding for that supervision.

25 You know, the charges that we target in

1 Philadelphia, there's over 450 arrests per month
2 for those charges. If the statistics are correct
3 that 80 percent of those arrested have a substance
4 abuse disorder, we're only scratching the surface
5 of who we need to reach. I think that would not
6 just be the fact in Philadelphia, but in all
7 jurisdictions across the Commonwealth.

8 REPRESENTATIVE TOEPEL: This is a
9 follow-up. I do understand that the costs are
10 pretty fluid, but would 10,000 be a good figure to
11 use across the counties as an average cost per
12 year? Obviously, Philadelphia may be more, or are
13 there some other factors involved?

14 MS. BLACKBURN: Ten to 12, maybe. I
15 mean, when you're looking at Montgomery County,
16 Delaware County, costs are higher. When you're
17 looking at Warren County, you know, some of the
18 other counties, it's lower.

19 HONORABLE MASLAND: I don't know exactly
20 what our costs are, but I know that we are somewhat
21 limited by the time of staffing for our probation
22 officer as to how many cases we can handle.

23 Having sat in your seats, you know as
24 well as I know that everything is connected.
25 Everything is connected. It ultimately comes back

1 to the budget. And, frankly, one of the things
2 that affects the ability for us to have a probation
3 officer, or two probation officers as we'd like,
4 working on treatment court matters is the fact that
5 the probation office is stretched dealing with the
6 sexual offender unit. That's a big one. We're not
7 going to give up on Megan's Law issues and things
8 like that.

9 So, there's a lot of things going on in
10 the probation office, a lot of things going on in
11 the court, and it's all connected.

12 HONORABLE BUTTS: One of the other
13 handicaps also is, if it's grant funding, if it's
14 funding that goes through PCCD, before our
15 commissioners will allow us to apply it to a
16 probation or parole officer, we have to be willing
17 to accept the fact that, when the funding is gone,
18 we lose that spot; that they're not going to commit
19 to expanding the roster of employees to include
20 those additional adult probation officers.

21 MS. BLACKBURN: An ideal caseload for a
22 probation officer in a problem-solving court, 35?
23 Is that --

24 MS. DORMAN: That's about what we run.

25 MS. BLACKBURN: And there are some

1 counties where, in Philadelphia and other counties,
2 typical caseloads closer to a hundred. So that
3 gives you some sense. But if they're not being
4 monitored in the community, you don't know what
5 they're doing. So the program won't work unless
6 they're supervised, particularly in the beginning.

7 I mean, they've got to have that intense
8 supervision. They've got to be drug tested all the
9 time. Surprise visits, surprise tests in the
10 beginning until they learn better behavior.

11 CO-CHAIRMAN KRIEGER: Representative
12 Neuman.

13 REPRESENTATIVE NEUMAN: Thank you, Mr.
14 Chairman, and thank you, everyone, for your
15 testimony today. I have a couple of comments that
16 go to, really, our prevention measures.

17 We're doing a lot in Washington County,
18 community-based prevention. One of the issues we
19 run into is, even if we have a program at our
20 school, the last program we had at one of our
21 schools, there was 199 written excuses for the
22 students to leave to not go to the program. They
23 were written because the parents didn't want them
24 to go to the program.

25 So, even though we're holding programs

1 in schools, we do have trouble getting to all of
2 the students. I mean, that's close to 20 percent
3 of the population of that school. So, even though
4 we're holding a lot of these programs that seem
5 mandatory, they're not getting to all of the
6 students. And as we know, the drug abuse has no
7 barriers. That's just a comment.

8 The question I have is: Obviously, we
9 have an integrated system county by county. Are we
10 collecting data as a state to determine, maybe,
11 some trends; maybe ways we can work on prevention
12 based on the data that's coming out of these
13 courts?

14 MS. BLACKBURN: As I mentioned when we
15 first started, over the past two and a half years,
16 we have developed a case management system for
17 problem-solving courts in Pennsylvania. It's been
18 a couple years of development; another six, eight
19 months in training in the field. We will have
20 that, if all goes well, in full use by July 1 of
21 this year.

22 That case management data will give us
23 the information we need to report performance of
24 our problem-solving courts, as well as to monitor
25 their operations so they can be better managed if

1 the data tells us that there's an issue. But at
2 this particular point in time, we do not have that
3 I'm sorry to say.

4 REPRESENTATIVE NEUMAN: That's fine.
5 But the data that you seem to be collecting is the
6 efficiency of the court. Are we using any of this
7 data to say, there are trends that we can attack
8 for prevention; to say, this certain population may
9 be trending towards going to addiction?

10 So, can we focus on them for prevention
11 measures and use that data to target prevention?
12 Because, right now, we're just doing prevention to
13 do it; to say, let's try to get to everybody in the
14 community. But is there a way to micro-target
15 certain populations to make sure that we can get to
16 them before anything bad happens?

17 HONORABLE KENNEDY: Yeah, Judge Cherry
18 brought it up. Again, what we see -- And you keep
19 talking about the parents. We see so many kids and
20 individuals that come to our courts that really
21 don't have parents.

22 Judge Butts mentioned that she's a
23 single parent. That's because she chose to adopt a
24 child and single parent the child. But what we
25 see, if you go into the York City schools, I think

1 it's 50 to 60 percent are -- they'll say single-
2 parent households. I would argue that many are no-
3 parent households, because that single parent is
4 drug-addicted or substance-abuse-connected.

5 There is no stigma anymore in society
6 with out-of-wedlock births. I had a young man
7 before me, fathered nine children to six different
8 women. He was age 24 and was proud of that factor.
9 It's not unusual to talk to a 14- or 15-year-old
10 young lady who is pregnant and is totally okay with
11 raising that child without any fatherhood
12 involvement at all. They just know that they're
13 going to do that, and it's acceptable because it's
14 several generations now.

15 So, if you figure out how to get a hold
16 on that problem -- That's the biggest preventative
17 measure. That's not to say that we don't see the
18 heroin addicts coming from the two-parent-family
19 homes that have grown up in great surroundings.
20 You do see that. But, by and large, particularly
21 the young kids that are out there with guns, I'm
22 sure if you ask Judge Cherry what the average age
23 of their individual arrested for homicide in
24 Dauphin County is, I'm sure it's like it is in
25 York, where we have so many that are arrested that

1 are below the age of 18. It's -- Well --

2 CO-CHAIRMAN KRIEGER: Thank you.

3 HONORABLE CHERRY: May I quickly respond
4 to your first question with a question. Do the
5 schools in -- Washington County?

6 REPRESENTATIVE NEUMAN: I'm in
7 Washington County, yes.

8 HONORABLE CHERRY: -- Washington County
9 still have the programs in the middle school like
10 D.A.R.E. or programs like those?

11 REPRESENTATIVE NEUMAN: The D.A.R.E.
12 programs have been cut back significantly. These
13 programs are targeted to the high school.

14 We've had a huge increase, just like
15 every other place. We're situated in a two-major-
16 highway corridor, and we're a hotbed for drug
17 trafficking. But we're also a hotbed for
18 prescription drug trafficking because we don't have
19 a monitoring system. Ohio and West Virginia does
20 have a monitoring system, so they come to
21 Pennsylvania.

22 Also, they get their scripts from
23 Pennsylvania because, a lot of people don't know,
24 if you get a script from Pennsylvania and bring it
25 to West Virginia, Pennsylvania law applies, so they

1 don't check the monitoring system. Or if you take
2 it to Ohio, Pennsylvania law applies.

3 So, we have a prescription drug problem
4 that seems to be leading into a heroin problem.
5 This was more targeted -- And we're in the infancy
6 stages of our community-based prevention. This was
7 targeted towards high school. I would like to see
8 it targeted towards middle school.

9 HONORABLE CHERRY: Well, I think if you
10 wait until high school it's too late, in my
11 opinion.

12 And, second, I still see that those
13 programs are working. Even little Millersburg
14 School District still has the program; still has
15 huge attendance. If you go to the graduation, the
16 parents are there. Of course, it's a rural area.
17 There's more of a family commitment. With all due
18 respect, it's just the way it is. But, we still
19 have programs here in the city. We don't get the
20 same parent involvement, but we still are getting
21 the ear of the kid.

22 You have to grasp at straws. You have
23 to try whatever you can do. I agree with high
24 school programs, but I think it's too late by then.

25 REPRESENTATIVE NEUMAN: Thank you.

1 MS. BLACKBURN: In Pennsylvania, from
2 what I see through the years, I mean, it's a big
3 state. It's a big Commonwealth, and the regions
4 are so different. It's almost community by
5 community. When we look at data on drug of
6 choice, first age of use, family status, what I see
7 from Philadelphia is very different than what I see
8 in Blair County, which is very different than what
9 we see in Warren (sic) County. So, it's really
10 difficult -- I mean, Washington County. We have
11 several programs there.

12 It's a difficult question to answer. I
13 guess if we could answer that, we wouldn't be here.
14 If we knew how to stop it, we'd all be doing it and
15 we wouldn't be here.

16 HONORABLE BUTTS: Well, your SCA should
17 have access to PAYS data. That's a survey that
18 they provide through 5th, 7th, 9th. I think they
19 administer it every other year, and it gives you a
20 sense of alcohol, tobacco and drugs.

21 (Unidentified voice asked a question).

22 HONORABLE BUTTS: A PAYS survey,
23 P-A-Y-S. It's administered, I believe, every other
24 year. If you contact your SCA -- Because our SCA
25 participates in the Student Assistance Program in

1 all the schools so that there -- There doesn't need
2 to be a concerted program, although there are.
3 There's always a resource person in the schools
4 that they can reach out to, that they can talk to
5 if they know of a fellow student has a problem.

6 There's the SADD group, Students Against
7 Destructive Decisions. It's very active in
8 Lycoming County.

9 But the PAYS survey will give you an
10 indication of trends; first use of smoking, first
11 use of alcohol, first use of drugs; what are their
12 drugs of choice; what are their family
13 circumstances that influence that. So that might
14 also be a source of information.

15 MS. BLACKBURN: Do our graduates have
16 anything to add to this about how you got started
17 or why?

18 MS. McCROD: Yes. Again, I'm Ashley.

19 I just, actually, recently sat with a
20 superintendent from a school, and I spoke at a
21 middle school because I believe the same thing; it
22 needs to be targeted. The first time I ever used,
23 I was with my mom and I was 11. So, I believe the
24 education from the middle school has to be there.

25 When you guys arised the thing about the

1 parents, that's exactly -- I live in a rural area,
2 and even then, we have so much problem with the
3 parents. Like he said, the throwing out straws and
4 trying to do it wherever you can will help, I
5 guess.

6 I don't know. For me, when I was young,
7 it was just the parents. My parents weren't there.
8 For city schools, it's so hard to get to a parent
9 when kids are going home from school and there's no
10 parents there. So the education for the parents is
11 where it would drive home. Like, I had my
12 education. But when I'd go home and my mom is
13 using, and I go home to that, then it doesn't
14 matter what the school teaches me.

15 MR. HARRINGTON: I'd like to say that, I
16 go back a little further. Like I said, I grew up
17 in Philadelphia, seven blocks east of the zoo;
18 about a mile from the art museum, which is a nice
19 area. But once you cross Girard Avenue and come
20 into my neighborhood where I grew up, it's totally
21 different. It's called Brewerytown area. You
22 probably hear they call it Strawberry Mansion
23 sometime. There's nothing strawberry about where I
24 grew up.

25 I'd just like to say, I grew up in the

1 gang atmosphere back then. It wasn't like it is
2 now, the shooting, shooting, shootings; a lot of
3 fair fights and stuff going on.

4 But the peer pressure was to drink then.
5 We drank the cheap wines, and you got the pep
6 rallies; we gonna go fight. And that's how I got
7 started; drinking, and it led to little yellow -- I
8 forget some of the names of the pills. They had
9 Red Devils and certain -- Yellow Jackets; different
10 things like that back in the '60's.

11 When I went in the military, my first
12 stop was Turkey, and then it was the hashish thing.
13 But they also had drugstores downtown that sold
14 heroin like pills. So, it was just testing,
15 testing, testing.

16 The only drug I could not do is the one
17 that the Honorable Judge down there talked about,
18 was marijuana. I could not smoke marijuana. It
19 did something to me. It made everything close in.
20 I got paranoid. My heart went fast; my mouth went
21 dry. I did all the hard drugs. I could not smoke
22 it. I thought it was something particularly wrong
23 with just me until I went to the Penn Foundation,
24 and a lady named Miss Janie, who's been there over
25 25 years now, she told me the same thing with me.

1 I ingest it; my saliva goes away; everything's
2 smaller. I don't understand it.

3 I always wanted to smoke, what they call
4 it, a recreational drug; sit down and smoke. I
5 couldn't do it. So I went to harder things and
6 they were easier for me to do. Why, I don't know.
7 God only knows.

8 But, I think it's different places and
9 different strokes, different folks, but growing up
10 in Philadelphia when I grew up, it was just, that's
11 what you did. You know what I mean?

12 I look at now with these kids, they kill
13 people. Why did you do this? Oh, he disrespected
14 me. They don't even know what respect is. Most of
15 these kids don't have fathers. A lot of them have
16 mothers, but the mothers sometimes depend on the
17 kids to bring the money in. You know, it's crazy.

18 My mother used to say, she never watches
19 the first 10 minutes of the news; it's too
20 depressing. The world has really shifted.

21 Like I say, I'm in the senior stage now.
22 A lot of the young guys come to me in the area
23 where I work at the supermarket, because it's a lot
24 of bad stuff going on behind ya. But they know
25 about me. They'll ask me, how did I get to be how

1 I am now when I used to be a member of a gang back
2 years ago. At first, I start talking about God.
3 They don't want to hear that. You know, these
4 guys, they're depressed at home, so they hang on
5 the corner with the other depressed guys, and this
6 thing snowballs and they're robbing people and
7 doing -- So, there's so many things.

8 You guys here are really trying to get
9 this thing to mesh. You know, right now I think
10 there's probably a lot of ideas but few solutions.
11 I don't know. That's all I can say.

12 MS. BLACKBURN: Thank you.

13 MR. HARRINGTON: Thank you.

14 CO-CHAIRMAN KRIEGER: All right. We
15 have a couple members who have a few follow-ups,
16 but if I could make two quick observations.

17 I guess one thing I would say is, I am
18 encouraged by the fact that the members of the
19 bench here, and others, I think many of us are
20 coming to recognize more and more how much the
21 disintegration of the family we're seeing in our
22 day is playing into all of these issues. Of
23 course, that's discouraging at the same time
24 because none of us have the answer to that
25 fundamental problem.

1 And one other observation: I'm old
2 enough to remember the '70's, and I remember some
3 of those movies, and drug-taking was a big joke. I
4 can't help but -- when I hear all this testimony,
5 particularly some of you that have been trapped in
6 this lifestyle and are getting out of it, that the
7 old Biblical admonition that, if we sow the wind,
8 we'll reap the whirlwind, and I think we're reaping
9 the whirlwind now and we're left with a very
10 difficult problem.

11 Representative Barbin, I think you had a
12 follow-up.

13 REPRESENTATIVE BARBIN: One of the
14 things that you said, Judge Kennedy -- I appreciate
15 all the comments from all the judges, because I
16 think there is a way to handle this thing. But
17 what you said, I think, is the most important
18 thing.

19 We're looking at this problem today, and
20 you basically have a set of handcuffs on you. And
21 the handcuffs that you have on you is the fact that
22 you can only set up a drug court or implement
23 procedures to provide accountability for someone
24 that wants to change after sentence is imposed.

25 There's no money -- I think what you

1 said was, there's no money for pre-sentencing
2 diversion. I know; I know that the court system,
3 as a whole, brings in about \$470 million. And I
4 know from our budgets that we provide roughly \$250
5 million of that money to solve these problems.

6 So, what we basically do, because this
7 is our policy, we tell the courts what they can
8 charge for fines. We tell the courts what the cost
9 will be and what the restitution -- And each year,
10 based on that number, we bring in more than
11 \$450 million; somewhere in that ballpark. But we
12 only allow the courts to use \$250 million to
13 address the problem.

14 Now, to me, it's fairly simple because
15 it has an analogy to health care. In health care,
16 we only pay people that need help the most when
17 they go to the emergency room with a diabetes
18 problem that requires us to cut off their leg,
19 instead of paying the hospital system to allow a
20 person to get the medicine they need to not have
21 their leg cut off a year or 10 years, or whatever,
22 down the road.

23 To me, all of the things you're doing in
24 your post-sentencing drug courts ought to be done
25 in pre-sentencing. And if the Mexican cartels, or

1 whoever it is that's bringing in the more pure
2 heroin or mixing it with the opioid addictions, can
3 go into our schools and make it easy for somebody
4 to have \$598 in their pocket and sell five stamped
5 bags of heroin, then we ought to be able to go into
6 those same schools, show them the movie, but then
7 say, anybody that comes up on a juvenile arrest is
8 going into pre-sentencing diversion that's gonna be
9 paid for by the fines of the people that are
10 already in the system.

11 We spend all the money as the person
12 comes out of prison, hoping that he won't go back
13 to the same thing, when we know they're not going
14 to get a job. We have a Community Correction
15 Center in Johnstown that has -- we have an 11
16 percent unemployment rate. The likelihood of any
17 person coming out of that Community Correction
18 Center and getting a job in Johnstown is zero,
19 unless you count the people that will go back to
20 selling drugs, which makes the whole system in the
21 city work worse. And I'm sure it happens in other
22 cities.

23 My question is: Should we be asking for
24 a sliding scale of the difference in this money to
25 solve the pre-sentencing part of the problem?

1 HONORABLE KENNEDY: I think that would
2 be one source of funding. Where I really think the
3 funding is, is, if we front-loaded the system like
4 Texas did and like Virginia did -- What they did
5 was, they closed down a couple state prisons. If
6 we were using these courts to the max, we would not
7 be sending as many people to the state prison
8 system. That's the bottom line.

9 The other benefit that Texas and
10 Virginia saw was a decrease in their crime rate.
11 So, it's actually a public safety issue. If you
12 use these courts the way they're supposed to be
13 utilized, you not only decrease what you spend on
14 corrections; you also increase your public safety.

15 REPRESENTATIVE BARBIN: Is there any
16 benefit of using our two closed prisons to send the
17 people that don't work out in drug court somewhere,
18 but not necessarily back to the whole --

19 HONORABLE KENNEDY: One of the ideas
20 when I started the program with the state reentry
21 with the state probation/parole program, it was an
22 effort to get lines of communication open between
23 state probation/parole, Department of Corrections
24 and Court of Common Pleas. And the reality is
25 that, between personnel changes, et cetera, those

1 communications wax and wane. Then there's all
2 sorts of state regulations and state laws that
3 prevent those folks from sharing resources and
4 utilizing resources.

5 Ideally, my goal was to get someone who
6 wasn't successful in a county program; be able to
7 send them up to one of the great therapeutic
8 communities that they have at the Department of
9 Corrections, and then to bring them back out and
10 ease them back into the community through a county
11 treatment court program. That was the goal. It
12 hasn't really worked because of a lot of things.
13 But, that would be a potential.

14 But bottom line is, when you're going to
15 build a new state prison at \$250 million; instead
16 of spending that 250 million, my gosh, if you made
17 a million dollars available to each county to be
18 solely used for treatment courts, I guarantee you,
19 within a year or two, we could alleviate the need
20 for that prison.

21 What's it cost to run a prison; 50
22 million a year? So you're almost there with the
23 cost savings anyway, just by not building the next
24 state prison.

25 CO-CHAIRMAN KRIEGER: Representative

1 Saccone.

2 REPRESENTATIVE SACCONNE: Thank you,
3 Chairman. I hope you'll indulge me one minute. I
4 don't want to stray from the topic here, but I want
5 to say something that maybe Judge Cherry and some
6 of the other judges might address, because I am
7 concerned that we know prescription drugs leads to
8 this heroin problem, and marijuana could lead to
9 this heroin problem.

10 You mentioned about recreational use of
11 marijuana, and I don't think that's as much of a
12 problem as, there's another argument that's coming
13 up that's very alluring that could open the
14 floodgates. There are some people that are
15 concerned that legalizing medicinal marijuana is a
16 good idea.

17 I just want to know from you, do you
18 think that is another opening of the floodgates? I
19 know there may be good arguments on both sides.
20 I'm just curious as to what your comment with that
21 would be.

22 HONORABLE CHERRY: That's a difficult
23 answer, and I'm not trying to run away, because I
24 don't know how it's going to be regulated and to
25 whom it's going to be given. If every doctor can

1 say, okay -- Who's going to control that?

2 So my problem with it is not to help
3 those -- If that's something that helps a
4 critically-ill person -- I mean, we give them other
5 drugs. My point is, how is it going to be
6 regulated, and who's going to have the power to
7 give it? Those are my concerns.

8 I'm not worried about the floodgate from
9 that way; only if those other questions aren't
10 answered, because if it's indiscriminate or it's
11 not tightly controlled, then, yeah.

12 REPRESENTATIVE SACCONI: And that is the
13 biggest problem, because people say they need it
14 for everything. I've got migraines; I got this, I
15 got that, so then it can be prescribed. I'm
16 worried that --

17 HONORABLE CHERRY: Yeah, that's -- I'm
18 with you.

19 REPRESENTATIVE SACCONI: Regulation is
20 the biggest problem, and --

21 HONORABLE CHERRY: And I agree with you.

22 REPRESENTATIVE SACCONI: -- fix that.
23 Okay.

24 HONORABLE BUTTS: Let me just add: I
25 just had someone come in front of me that I think

1 it was from Michigan, or somewhere, that he had his
2 medical marijuana card. He was arrested for a DUI,
3 controlled substance DUI, in Pennsylvania. So, he
4 was being held accountable, but he said, but I have
5 permission to have marijuana in my home state. I
6 said, well, can I see your card? It has no picture
7 on it. He's not required to have a picture. So, I
8 can pass my card around to anybody I want, as long
9 as it's a male, to be able to use my card to
10 purchase their marijuana. I asked him. I said,
11 this seems kind of silly. He just laughed. He
12 said, yeah, it's great.

13 REPRESENTATIVE SACCONI: Okay. Thank
14 you. Appreciate that.

15 CO-CHAIRMAN KRIEGER: (Inaudible words;
16 no mike) -- a few words.

17 MAJORITY CHAIRMAN MARSICO: Well, I
18 think we're going to conclude our hearing before --

19 MS. BLACKBURN: If I could just read one
20 e-mail I got for everybody, to conclude?

21 MAJORITY CHAIRMAN MARSICO: Go ahead.

22 MS. BLACKBURN: On Friday before I came
23 out, I sent an e-mail around to some of our
24 counties to say, is there anything you'd like me to
25 share. In closing, I thought this might be a nice

1 thing to share with you. It came out of Union
2 County, and it says:

3 Hey, Karen. We had a lady two years ago
4 that came to the courthouse in her first trimester
5 high on heroin. Using heroin while pregnant and a
6 long history of heroin use, her boyfriend, the
7 baby's father, was in jail for heroin use. We
8 admitted her into treatment court as soon as
9 possible and sent her to rehab where she gave birth
10 to a drug-free baby.

11 She finished rehab and came back and did
12 the drug court program. She was working 50 to 60
13 hours a week, raising both kids on her own, going
14 to counseling and meeting at night. She is
15 scheduled to graduate from the program in the
16 spring and is going to be starting school in the
17 fall at Penn College of Technology Penn State,
18 Williamsport, for a bachelor's degree program in
19 counseling.

20 Heroin's gone from \$20 a bag to \$5 a bag
21 right now. It's increasingly cheap and available.

22 Thank you.

23 MAJORITY CHAIRMAN MARSICO: Well, thank
24 you. I just want to conclude here with some
25 remarks.

1 First of all, thanks to every one of you
2 for your time and your expertise. This has been a
3 great exchange of information and ideas. We really
4 appreciate what you've given us today.

5 To Ashley and to Herman,
6 congratulations.

7 MR. HARRINGTON: Thank you, sir.

8 MAJORITY CHAIRMAN MARSICO: Thanks for
9 being here; certainly took a lot of courage.

10 MR. HARRINGTON: Glad to be here.

11 MAJORITY CHAIRMAN MARSICO: We will make
12 sure that you get a tape of you being on TV,
13 Herman.

14 MR. HARRINGTON: My daughter will love
15 you.

16 MAJORITY CHAIRMAN MARSICO: And we're
17 also very proud of you, both of you, as well.

18 To the judges and to our experts, thank
19 you very much for your time. We're here to turn
20 lives around. We're here to save lives. Thanks to
21 the members for being here and also to
22 Sub-Chairman, Chairman Krieger. You certainly now
23 can conclude if you want.

24 CO-CHAIRMAN KRIEGER: I don't have much
25 to add. I just want to thank every one of you

1 again for being here. I know for Ashley and
2 Herman, it perhaps was a difficult choice, but I
3 think your example is a good one.

4 Thank you, Judges. I know you're very
5 busy. I'm very encouraged and discouraged at the
6 same time, and perhaps that means we had a good
7 hearing. I'm very interested in what Texas and
8 Virginia has done, and I think we will follow up.
9 And, Karen, if, perhaps, we can follow up with you
10 with questions we have.

11 Again, thank you. And I think Chairman
12 Marsico has a final comment.

13 MAJORITY CHAIRMAN MARSICO: Just one
14 more. Yeah, we do have a lot more to do. There's
15 no question about that.

16 I just wanted to say to Judge Cherry,
17 you kept within the guidelines that we had agreed
18 to at our pre-meeting. It's good to see both you
19 and also Judge Masland, our local judge, and Judge
20 Kennedy as well. So, thanks to everyone for being
21 here. Appreciate it.

22 (Public hearing concluded).
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C E R T I F I C A T E

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Reporter, Notary Public