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COUNCIL OF THE CITY OF PHILADELPHIA

PUBLIC HEARING

COMMITTEE ON LAW AND GOVERNMENT

COMMITTEE ON PUBLIC SAFETY

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES

- - -

Room 696, City Hall
Philadelphia, Pennsylvania
Friday, May 23, 2003
12:15 p.m.

- - -

RESOLUTION 020695 - Resolution authorizing the
Council Committees on Public Safety and Health &
Human Services, to jointly investigate the
Administration's current methods and systems for
addressing the proliferation, use and abuse of
illegal drugs in the City...
RESOLUTION 020832 - Resolution authorizing the City
Council Committees on Law & Government and Public
Safety to investigate the efficiency and
effectiveness of replicating the Philadelphia Drug
Treatment Court...

- - -

PRESENT:

COUNCILMAN DAVID COHEN, Chair
COUNCILMAN ANGEL ORTIZ
COUNCILWOMAN JANNIE BLACKWELL

- - -

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I N D E X

3	RESOLUTIONS 020695, 020832	PAGE
	LINDA DEGREGORIO, Treatment Coordinator	18
4	CRYSTAL BROWN	18
	JOHN GOLDKAMP, Temple University	26
5	TOM MCLELLAN, Treatment Research Institute ..	32
	STEVEN WEINSTEIN, Thomas Jefferson University	35
6	ANDREW WIGGLESWORTH, Delaware Valley	
	Healthcare Council	52
7	ALYSSA SIMON, Philadelphia Citizens for	
	Children and Youth	65
8	ALBA MARTINEZ, Commissioner, Department of	
	Health and Human Services	74
9	RAYMOND ROONEY, Police Department	89
	MARK BENCIVENGO, CODAAP	92
10	TIM WILSON, Philadelphia Alliance of	
	Specialized Agencies	106
11	MICHAEL LINK, Gaudenzia	108
	HAROLD CARTER, Wedge Medical Center	115

12

13

14

15

16

17

18

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1 05/23/04 - RESOLUTIONS 020695, 020832

2 COUNCILMAN COHEN: Good morning,
3 everyone. The Committee on Law and Government and
4 Public Safety is now in Session to consider two
5 different aspects of drug problems.

6 I have to tell you, really we're in
7 Session to begin the fight to make people realize
8 that rehabilitation and redemption are an important
9 part of American life, that we've got to put an end
10 to this notion that the only thing that counts are
11 sentences and heavier sentences and heavier
12 sentences and forget about the people, throw the key
13 away after you put them away; because all that has
14 produced are heavy budgets, enormously heavy budgets
15 for prisons, and cuts in money for education. It's
16 unhealthy for this society to have such an approach
17 to problems of human beings.

18 Yesterday, I was in court defending
19 somebody who has committed many different white
20 collar crimes. If he were not black, they'd be
21 considered white collar crimes. And if they
22 involved much more money, they'd be considered white
23 collar crimes. But because he's a member of a
24 minority, in my opinion, it's equated his particular
25 white collar crimes, horrendous as they may be, were

1 05/23/04 - RESOLUTIONS 020695, 020832

2 equated suddenly with violence.

3 Now, I'm a former defense lawyer, as
4 well as a general practitioner, in my private life.
5 I don't practice while in Council. And since that's
6 been most of my life over the last 35 years, I
7 haven't been involved too directly. But there's
8 been a terrible thing that's happened in that kind
9 of span of time. Instead of moving in the direction
10 of civilization, it seems to me, we've become more
11 uncivilized. We've become vindictive. We want to
12 punish people forever. We think that by removing
13 them from society, that that's the answer.

14 The United States has the highest prison
15 population in the world. I think there are two to
16 three million people in the United States in prison
17 today, a horrendous figure. But nobody thinks --
18 when I say, nobody, I mean the general public, has
19 been deluded into believing that the answer lies in
20 more prisons, more cells, less rehabilitation.
21 There's a sense of vindictiveness that seems to
22 cover everywhere.

23 These hearings today are the beginning,
24 I hope, together with my esteemed colleague,
25 Councilman Ortiz, we hope it's the beginning of a

1 05/23/04 - RESOLUTIONS 020695, 020832

2 return to a more human and a more sensible approach,
3 one that will stop threatening our schools with
4 lower budgets because of the heavy drain of prison
5 costs, and will improve the respect of people for
6 human life.

7 It may seem strange when we're going to
8 consider a kind of tough version of how courts deal
9 with drug offenders, but the complexities of the
10 drug problem represent the complexities of the whole
11 nature of human problems when they deal with
12 wrongdoing by individuals. And somebody, somewhere,
13 somehow has to begin hoping to be able to reverse
14 the movement of the wheel from going left to right,
15 maybe going from right to left, and reintroduce the
16 concept that the most important thing is you
17 remember we're dealing -- whether with victims of
18 crime or those who commit crime -- we're dealing
19 with human beings. We can sympathize heavily with
20 victims of crime. But we have to, at the same time,
21 understand that those who commit them represent more
22 than just a human failing, they represent a failing
23 of society. And therefore society has a
24 responsibility to both the victim of the crime and
25 to that person who commits it, because I think

1 05/23/04 - RESOLUTIONS 020695, 020832

2 that's where the facts are.

3 This is a beginning, we hope, in
4 Philadelphia where liberty for this country was
5 founded. We hope that liberty for human beings may
6 be found in the same place -- beginning in the same
7 place at least. So I want you to know my biases and
8 prejudices.

9 I'm interested in the drug problem, but
10 my vision is not narrowly just focused on the drug
11 problem. I'm concerned because that seems to be the
12 most pervasive problem and the one we're most
13 unsuccessful on. And the more money we spend in
14 trying to interdict lines of communication, the less
15 success we seem to have. The tougher the laws are,
16 the less success we seem to have in reducing the
17 number of those that get addicted. And more and
18 more that develops a notion once we get people
19 confined, let's throw away the key. Anything you
20 provide for a prisoner in the direction of
21 rehabilitation is viewed as a coddling of the
22 prisoner who doesn't deserve it, and I think that's
23 an unhealthy approach.

24 And if you're not a believer of the same
25 general philosophy, we hope that through a series of

1 05/23/04 - RESOLUTIONS 020695, 020832

2 hearings we'll begin a process that may change your
3 views. And if you're a believer, and you haven't
4 lost hope yet for human beings and the redemptive
5 power that's possible, I believe, for all human
6 beings to recover from various forms of addiction,
7 then we hope you'll move in that direction.

8 I just want to state that, so you know
9 I'm biased to begin with. I'm biased in the
10 direction of believing that every human being can be
11 saved at some point. Maybe not every one. But I
12 think every human being is entitled to have the
13 effort made on his or her behalf, and that never is
14 the approach of throw away the keys after you
15 incarcerate somebody the right approach.

16 In Philadelphia, Judge Presenza's court,
17 it's a tough court. I understand -- I may be wrong
18 and the evidence may prove to the contrary -- I
19 understand his program is both a success in the
20 sense of percentages of people who remain free from
21 addiction, but it requires a very high threshold of
22 willingness on the part of individuals to accept a
23 rough course of treatment. I would like to hear
24 more about that, and I would like to encourage that.

25 I think beyond that, we've got to go to

1 05/23/04 - RESOLUTIONS 020695, 020832

2 lower levels of willingness to cooperate, because
3 one of the problems in drug addiction, I think, is
4 for people to develop a general feeling that lasts
5 that they want to break away from drugs. And I'm
6 hoping you're going to give us some clues as to how
7 we can strengthen their feeling.

8 If Judge Presenza's program, which has
9 attracted national attention, is as successful as we
10 in Philadelphia believe it to be, we'd like to
11 enlarge that program. We'd like to replicate it
12 many times over. I personally will not be friendly
13 to the notion that it's too expensive, because I
14 don't know what is more worthy of spending money on
15 than human beings in attempting to return them to a
16 productive life.

17 We're going to read the Resolution
18 shortly, but I wanted to say Judge Presenza wanted
19 to be here, but he had, I think, two happy events; a
20 release of someone from the armed forces or a return
21 to this country, and we join in his happiness about
22 that event, and the marriage of one of his children.
23 We certainly also join in the happiness attributed
24 to that event. So we excuse him.

25 Today's hearing is not going to consist

1 05/23/04 - RESOLUTIONS 020695, 020832

2 of any reading of papers. They can be introduced.
3 What we'd like to do in the period of about two
4 hours is to cover the live testimony of witnesses
5 and concentrate -- my problem with reading of
6 testimony is there's nobody to cross-examine, no one
7 to question. I would like answers directly. So
8 there will be another hearing when Judge Presenza is
9 able to attend to hear from him directly so he can
10 answer any questions that may come as a result of
11 this hearing. That's the picture.

12 Let me explain why there are not more
13 Councilmembers present. We went through an election
14 Tuesday. In one sense, the most fascinating
15 election I've ever been in. And I've been many in
16 the course of my young life, and this was the most
17 fascinating. There were more bizarre twists, more
18 plots hatched, more plots that failed, some plots
19 succeeded.

20 One plot that we hope only temporarily
21 succeeded, because I think the loss of Councilman
22 Ortiz from the City Council would be a very heavy
23 blow, not to Councilman Ortiz particularly, because
24 he would be enticed by so many offers, but for the
25 people he represents who, like in my case, are

1 05/23/04 - RESOLUTIONS 020695, 020832

2 people who are politically powerless, people who
3 need political champions, but who can't afford to
4 hire the lawyers and lobbyists to become their
5 champions and, therefore, they have to depend on
6 politicians. That issue is not yet decided, but you
7 see he's here at work today. But those
8 Councilmembers who won are away on what they believe
9 -- and I agree with them -- on well-deserved
10 vacations.

11 The reason we had this Session today was
12 we think there's an urgent situation, and we just
13 didn't feel we could afford to let another week go
14 by without beginning to draw attention to this drug
15 problem. Apparently the press -- I don't see
16 anybody here from the press. They're probably on
17 vacation too. Because in addition to the plots that
18 really existed during this election process, they
19 also manufactured a number of them.

20 The Philadelphia Tribune, we thank you
21 for being here. They're kind of out my sight of
22 vision. But they're here. The Philadelphia Tribune
23 is a fine paper to begin this series of articles
24 that I hope will emanate from this and draw
25 attention to the problems the hearings are going to

1 05/23/04 - RESOLUTIONS 020695, 020832

2 cover.

3 So I'm going to at this point ask Tim
4 Kearney, the Legislative Director on my staff and
5 the Secretary and the Clerk of this Committee, to
6 read the two Resolutions that are going to be
7 technically before us.

8 MR. KEARNEY: Resolution 020832,
9 authorizing the City Council Committees on Law and
10 Government and Public Safety to investigate the
11 efficiency and the effectiveness of replicating the
12 Philadelphia Drug Treatment Court to increase its
13 capacity to treat Philadelphia citizens, save lives
14 and reduce expensive, burdensome and ineffective
15 jail time.

16 Also, Resolution 020695, authorizing the
17 Council Committees on Public Safety and Health and
18 Human Services to jointly investigate the
19 Administration's current methods and systems for
20 addressing the proliferation, use and abuse of
21 illegal drugs in the City, including, in particular,
22 a review of the recently released report issued by
23 the Philadelphia Police Department's Integrity and
24 Accountability Officer, its conclusions and
25 recommendations, the success of the Safe Streets

1 05/23/04 - RESOLUTIONS 020695, 020832

2 program, and alternative methods of effectively
3 addressing the drug plague in our City.

4 COUNCILMAN ORTIZ: Mr. Chairman, if I
5 may?

6 COUNCILMAN COHEN: Councilman Ortiz has
7 a brief statement to make.

8 COUNCILMAN ORTIZ: Thank you, Mr.
9 Chairman.

10 When we introduced these two
11 Resolutions, we were awash, really, in reports about
12 the success of the Safe Streets Program and other
13 programs in terms of drug prevention or drug
14 proliferation in the City.

15 Now, we understand very clearly that the
16 drug problem in the City of Philadelphia has not
17 been reduced. At least, I'm starting from that
18 point. As of this date in May of the year 2003, the
19 drug problem in Philadelphia remains as big as it
20 was two years ago, even though arrests are being
21 made. I saw one big arrest the other day that was
22 held with a press conference. And programs to
23 address the problems of drugs that we have, programs
24 that go towards prevention and treatment, seem to be
25 getting the short end of the funding stick across

If we still have the same problem, are

I believe the problems of drugs and drug use in Kensington, other parts of Philadelphia and West Philadelphia, is still even higher, than before. I don't issue has been made that we have less drugs into the City of Philadelphia than we ar. I think we have probably the same drugs, if not more, entering into the City phia. And the quality of the drugs, y heroin, seems to be of the most purest e best in the country and the best in the the price that it sells.

So we have an issue of supply and demand

1 05/23/04 - RESOLUTIONS 020695, 020832

2 in the City of Philadelphia. I believe the supply
3 has been constant, if not growing. I think the
4 demand has been constant, if not growing. I don't
5 think either of these two areas have been
6 diminished. And I don't want us to keep on
7 believing that somehow we have really put a dent
8 into this scourge that we have in the City of
9 Philadelphia.

10 I think that's what these hearings are
11 all about during the next few weeks; to begin, one,
12 talking about those issues and programs that are
13 working in terms of not incarcerating as -- a point
14 in which I agree with Sylvester Johnson. We are not
15 going to get rid of the drug problem by building
16 more jail cells and incarcerating more people. That
17 is not the solution. I believe education and jobs
18 are the solution. But I don't know whether we're
19 planning or that is part of the overall concept when
20 we look at the drug problem. Because we seem to
21 look at it in only a very narrow, narrow, narrow
22 viewpoint.

23 I think the drug problem in the City of
24 Philadelphia has to do with the economics that we
25 have, the poverty in neighborhoods, the lack of jobs

1 05/23/04 - RESOLUTIONS 020695, 020832

2 and the lack of opportunities because of the lack of
3 education. So I would like us to begin really put a
4 real face on the problems that we have in
5 Philadelphia around drug dealing, drug usage, drug
6 treatment and drug prevention. And I believe that
7 this is a beginning to really get a handle on it.

8 Mr. Chairman, I think during the next
9 few weeks we're going to have our hands full, and I
10 hope that we can come up with a document and
11 recommendations that we can implement, just in case
12 I don't come back, we can pass legislation before I
13 leave this body.

14 COUNCILMAN COHEN: Don't let the job
15 offers from Mayor Street or Governor Rendell take
16 you away from us.

17 COUNCILMAN ORTIZ: No, it's not.

18 COUNCILMAN COHEN: Incidentally,
19 mentioning Governor Rendell brings to mind another
20 important factor that we're going to have to deal
21 with, and that was the terrible cut in the amount of
22 money that the State seems to be offering for
23 assistance to Philadelphia in dealing with the drug
24 problem, whatever approach we decide in the City.

25 As I understand it, the cuts that exist

1 05/23/04 - RESOLUTIONS 020695, 020832

2 in the Rendell budget -- I don't mean proposed, but
3 actually exist now -- are somewhere between 20 to
4 \$25 million just in the City of Philadelphia. And
5 other political stars may disagree with me, but I
6 cannot believe that Governor Rendell for a moment
7 ever believed that the Republicans in control of the
8 legislature would forego the opportunity to accept
9 the budget offered to them on a silver platter that
10 met every one of their needs to eliminate any
11 funding for human services.

12 So it seemed to me to be a natural
13 follow-through when the Speaker of the House came
14 out the other day in favor of more casino gambling.
15 It looked to me that that was the other half of the
16 bargain. The Governor may have given the State
17 House what it wanted by way of a budget. It spares
18 the Governor the uncomfortable position of not
19 having a budget by June 30th. It spares him a fight
20 because he already has a budget. The Republicans
21 got what they wanted, a budget that they never
22 dreamed they could get from a Democratic Governor,
23 and they promised to the Governor the support of his
24 gambling proposals.

25 So I think we've got to understand,

1 05/23/04 - RESOLUTIONS 020695, 020832

2 we've got to work very hard. I do commend the
3 District Attorney of the City of Philadelphia on her
4 leadership in marching and leading the march down
5 Broad Street in opposition to those cuts. I wish
6 she showed the same initiative in having a more
7 humane approach to the problem of criminal law
8 enforcement. But that's been a battle that many of
9 us have had with the District Attorney over many
10 years.

11 At this point, I'd like to call the
12 assistant to Judge Presenza, Linda DeGregorio, and
13 ask her to present to us the graduate students from
14 Judge Presenza's program that are, I believe, here
15 with her today. I think that will be a very fine
16 beginning to today.

17 After that, there will be a panel
18 including John Goldkamp, Professor John Goldkamp, of
19 the Temple University School of Criminal Justice,
20 Dr. Tom McLellan of the University of Pennsylvania,
21 and Dr. Steven Weinstein of Dr. Thomas Jefferson
22 University.

23 Please identify yourself for the record
24 -- and this goes for everybody -- spell your last
25 name. We're not swearing in witnesses. We have

1 05/23/04 - RESOLUTIONS 020695, 020832

2 confidence that the witnesses are going to be as
3 truthful as they can be, and there's no need to have
4 the compulsion of law to have anybody formerly sworn
5 in. But we do ask that you spell your second name
6 for the court reporter. So after you give it,
7 please spell your second name. We want to be as
8 accurate as we can be in the record.

9 Go ahead, Ms. DeGregorio.

10 MS. DEGREGORIO: Good afternoon. My
11 name is Linda DeGregorio, D-E-G-R-E-G-O-R-I-O. I'm
12 the Treatment Coordinator.

13 It is my distinct honor and privilege to
14 present to you Ms. Crystal Brown, who is a Treatment
15 Corps graduate. She will testify at the hearing.
16 We feel that she's the most appropriate person to
17 speak about the positive impact of drug courts.

18 MS. BROWN: Good afternoon. My name is
19 Crystal Brown, B-R-O-W-N. I just want to say that I
20 am a blessed recovering addict. It's an honor and a
21 privilege to be able to come before you this
22 afternoon and briefly tell you about my situation.

23 I was born and raised in Philadelphia.
24 I came from two loving parents. I have a college
25 degree. I have a masters degree in education. And

1 05/23/04 - RESOLUTIONS 020695, 020832

2 throughout my travels, I felt the need to experiment
3 with drugs, and consequently what happened was the
4 experiment turned into a progression. I didn't know
5 that I have a disease called addiction, that I would
6 have a problem down the road.

7 When I started to use drugs, everybody
8 was occasionally using it. It started with
9 cigarettes. It went to alcohol. It progressed to
10 marijuana. It went from marijuana to speed, from
11 speed to cocaine, and from cocaine to crack cocaine.
12 And crack cocaine is what led me down to the bottom,
13 as we say in recovery. I did things that I would
14 never think that I would do to be able to obtain
15 this drug.

16 I've also lived all around the United
17 States. And I must say, when I was an active
18 addict, no matter where you go, what state you go
19 to, you will somehow connect to somebody that's an
20 active addict. Throughout my addiction, I was able
21 to maintain a job until, I think, the last eight
22 years of my active addiction.

23 Consequently, what happened after moving
24 back to Philadelphia and continuing my use of
25 illegal drugs, I was busted. Okay. I sold drugs to

1 05/23/04 - RESOLUTIONS 020695, 020832

2 an undercover agent. They came in. They took me
3 down. I had never been in trouble in my life. I
4 was a chameleon. You know what I'm saying? I would
5 work and I would use at night. I would be up all
6 night. I would be up for weeks at a time, using.
7 It was like I was living a double life.

8 At the end of my road when I was busted,
9 I was sent to a place for women that were first-time
10 offenders, and here I received a case manager. She
11 was telling me about Treatment Court. She was
12 telling me about going to receive some type of help.
13 I had been using drugs all my life and, to me, it
14 was, like, real difficult thinking about even living
15 without the use of drugs.

16 But consequently when I was busted, they
17 took the property I was in, so I was now homeless.
18 So I really had nowhere to go, so I went on into
19 rehabilitation with reservations of maybe, like,
20 getting my life together and coming back and
21 eventually using successful. But there is no
22 successful way in using drugs.

23 I stayed in a rehab for five months, a
24 long-term facility, Interim House East. I graduated
25 and went on to their outpatient for six months, and

1 05/23/04 - RESOLUTIONS 020695, 020832

2 then I went into a transition housing for a year and
3 a half. So my care was, like, two-and-a-half years.
4 I needed that two-and-a-half years to take a good
5 look at myself and figure out why did I go on this
6 self-destructive path. Both my parents are deceased
7 at this time. They were not able to see me clean,
8 and I regret that. But I know that they're looking
9 up at me now, smiling.

10 I have five-and-a-half years clean from
11 drugs and alcohol. Three years clean from nicotine.
12 And I feel really good. Because I was able to
13 receive the necessary rehabilitation to deal with
14 the therapy, the group therapy, to be able to look
15 at myself and answer some questions is the reason
16 why I am able to sit in front of you today.

17 I was later finally sent to Treatment
18 Court, because I had this case that was, like,
19 dangling over me. Now, because I had already went
20 through long-term treatment, I already finished
21 outpatient. One of the stipulations of Treatment
22 Court is that you go back into outpatient. So I
23 went back into outpatient for another year.

24 Treatment Court, the rehabilitation, the
25 stopping the using of drugs, getting myself involved

1 05/23/04 - RESOLUTIONS 020695, 020832

2 into a 12-step treatment, that healed and helped me,
3 but Treatment Court gave me my life back. It gave
4 me the opportunity to reintegrate into society. It
5 gave me the opportunity to utilize the education
6 that I had and to begin to work again. Because I
7 was looking at 20 years, I believe, because it was
8 like 00.1 over the amount -- some chaos. It was
9 really chaotic. I was really grateful that I was
10 able to go through this process of Treatment Court.
11 Because after a year -- I graduated within a year.
12 A year after I graduated my record was expunged
13 because I did what I needed to do to continue my
14 life.

15 I just can't state enough that the
16 disease of addiction does not discriminate, and it
17 has nothing to do with your race, your economics,
18 your education. It has nothing to do with your
19 background or where you come from. Anybody,
20 anywhere at any time may experiment with drugs, and
21 you might just be one of those people that have this
22 disease. And it will progress, and it will take
23 away your life, your dreams, your goals, your
24 ambitions. It will just consume you. And while
25 you're in the process of using, it's as though you

1 05/23/04 - RESOLUTIONS 020695, 020832

2 have no control. You want to stop, but you can't.
3 It's like you're living in a hell, because you want
4 to stop doing something and you don't know how.

5 I can't imagine that money is being
6 taken away from Treatment Court, from various social
7 services that are available to help people save
8 their lives. I mean, we have all these different
9 organizations for animals, and that's a good cause.
10 Environmental organizations, that's a great cause.
11 But what about people? When are we going to start
12 looking at people and helping us? Everybody
13 deserves a second chance. If you're one of those
14 lucky ones and you go through life and you're not
15 going through anything, well, God bless you. But
16 everybody is going to stumble, and everybody
17 deserves a second chance.

18 I can't even imagine myself
19 incarcerated. I probably would have committed
20 suicide. I've never been incarcerated. I've never
21 been in anything. I just can't even imagine myself
22 there. I believe that we as social services, as
23 people that are elected by the people, that we need
24 to give the human race a second chance. And
25 Treatment Court is one of the things that's going to

1 05/23/04 - RESOLUTIONS 020695, 020832

2 help put one's life together.

3 March 13th, it was a Friday the 13th,
4 1998, was the last time I used any substance. You
5 know, I went through the process. I was eager to
6 get my life back, and I have. Today I'm a case
7 manager at Philadelphia Health Management
8 Corporation, a senior case manager, and I work with
9 families that are in Section 8. I have a diverse
10 population; drug and alcohol, mental health. And I
11 just see all the problems. We need this funding.
12 The cost is going to be enormous if we do not do
13 something now to prevent.

14 Thank you.

15 COUNCILMAN COHEN: Thank you very much.
16 That's a very telling story. Thank you.

17 Let me, before the next person appears,
18 acknowledge the presence of City Councilwoman Jannie
19 Blackwell, a Member of the Committee, sitting in the
20 back.

21 And I believe two reporters from the
22 Inquirer came in. We welcome it, because without
23 proper media coverage, we don't get a chance to tell
24 the full story. It was broad enough for the
25 population to be as effective as we ought to be. So

1 05/23/04 - RESOLUTIONS 020695, 020832

2 thank you, Inquirer, even though Knight Ridder did
3 not endorse either Councilman Ortiz or me.

4 The people of Philadelphia did refute in
5 telling fashion the attack of the Inquirer on myself
6 on the issue of age-ism. I want everybody here to
7 know that every part of the City voted in support of
8 my candidacy, every single ward, which means it was
9 a Citywide rejection of the argument of ageism.

10 We want the story told about the drug
11 problems so that we're in a better position to win
12 support for proper corrective release.

13 Now, is there someone else you have, Ms.
14 DeGregorio, that you want to present?

15 MS. DEGREGORIO: Yes, Councilman. If I
16 may. I have a statement from President Judge Louis
17 Presenza. I understand that it's not to be read.

18 COUNCILMAN COHEN: Is it a brief
19 statement?

20 MS. DEGREGORIO: No. It's actually two
21 pages. I will not read it. I just wanted to move
22 it into the record officially.

23 COUNCILMAN COHEN: Sergeant-At-Arms, do
24 we have that?

25 THE CLERK: Yes.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 COUNCILMAN COHEN: All right. We have
3 his statement. Thank you very much.

4 Are we set for the first panel?

5 I'm going to ask Professor Goldkamp, Dr.
6 McClellan and Dr. Weinstein to appear.

7 Ms. DeGregorio, will you tell Judge
8 Presenza that we will look forward to having him at
9 the next hearing?

10 Who is going to lead off?

11 Spell your name after you give it, for
12 the reporter.

13 DR. GOLDKAMP: My name is John Goldkamp.
14 I'm a professor at Temple University. You spell my
15 last name G-O-L-D-K-A-M-P.

16 First of all, let me say it's an honor
17 to be here speaking to you today about this topic.
18 Perhaps I'll give you a brief background. I have
19 some materials to submit, and I'm just going to sort
20 of summarize my comments.

21 First of all, just a little bit about
22 me, so you know where I'm coming from. I've been at
23 professor at Temple University for a quarter of
24 century now. Over those years I've been involved in
25 many issues of criminal justice reform, system

1 05/23/04 - RESOLUTIONS 020695, 020832

2 improvement overcrowding, drug treatment. So I've
3 continually been involved in issues of system change
4 in Philadelphia. And at the same time it so happens
5 I've been involved in the drug court movement from
6 the very beginning as a researcher. I'm a professor
7 and a researcher and a skeptic, but I have through
8 several large-scale national projects evaluating
9 drug courts, through consulting, through training
10 and through working with the Philadelphia Treatment
11 Court, including two large studies of that court, a
12 lot of the familiarity with the issues that we're
13 going to talk about, both broadly and specifically.

14 In addition, I've spoken with groups of
15 drug court participants in eight cities in the
16 United States, and all of these things have been
17 published and are available.

18 I guess before I talk about drug court,
19 which I want to do, I should say that I see two big
20 problems right now in this area. One is the drastic
21 cut in drug treatment resources that we're facing.
22 It has never been good, and now times are very
23 difficult.

24 Secondly, from the perspective of the
25 piece of the City of public safety, the

1 05/23/04 - RESOLUTIONS 020695, 020832

2 single-minded emphasis on law enforcement that
3 generates arrests and more people going into the
4 criminal justice system is going to end up
5 undermining the goals of public safety by not
6 connecting up with the justice and health systems of
7 treatment. So I think those are two big issues.

8 About drug courts generally, I can tell
9 you, as I have said before Committees of the
10 Congress and of the Senate, that the overwhelming
11 body of evidence suggests that they can be very
12 effective in turning around addicted individuals and
13 who find themselves in the criminal justice system.
14 The overwhelming body of evidence is positive. They
15 can prevent further crime in these individuals.
16 They are needed. And when they are well done, they
17 are simply right.

18 About the Philadelphia Treatment Court,
19 I can say more. It is well done. In contrast with
20 some other developments in criminal justice locally,
21 it is a prime example of good government at work.
22 The collaboration that has been involved in this
23 from the beginning with Judge Presenza, the District
24 Attorney, the Department of Health, the Defenders
25 Office and a host of providers is an example for all

1 05/23/04 - RESOLUTIONS 020695, 020832

2 government cooperation. It is a singular example of
3 collaboration across agencies, and it works. The
4 evidence is there, and some of it is in reports I've
5 produced, and in some of the numbers that are
6 currently being produced.

7 The Philadelphia Treatment Court is not
8 a luxury. It's not a nice little court project.
9 It's not Judge Presenza's little baby. In this City
10 it is a necessity. It is absolutely essential to
11 dealing with Philadelphia's crime problems related
12 to drugs. And much of the crime picture is related
13 to drugs.

14 Now, three main problems with the
15 Philadelphia Treatment Court. Two have to do with
16 resources.

17 First, it is underfunded. It has had to
18 produce most of its operating resources through
19 basically volunteer labor of the various
20 participating agencies. It was started out of sweat
21 and elbow grease, grants written and won from
22 federal and local sources, and through the
23 cooperation and backing of the City's Health
24 Department, and I think they're among the unsung
25 heroes in this story. I have great respect for

1 05/23/04 - RESOLUTIONS 020695, 020832

2 their work.

3 Second, this hard won success story,
4 which is still young, risks losing all of its
5 success if these budget cuts in treatment are
6 sustained. This would produce just an incredible
7 fiasco and would strip an important tool from the
8 City's justice system for fighting crime and
9 restoring neighborhoods. And drugs are related to
10 neighborhoods. And that is a calamity in the making
11 that can and should be avoided.

12 Finally, there is a glaring disconnect
13 between law enforcement strategies that target drug
14 activity and generate huge increases in drug
15 arrests, and the court system's effort to bring
16 treatment to the nonviolent addicted population,
17 which is probably most of the arrests that are being
18 generated.

19 The strong emphasis on intensive drug
20 enforcement that began in the Neal Administration
21 was accelerated under the Timoney Administration,
22 and is being further accelerated under Safe Streets.
23 The line goes straight up as far as bringing people
24 into the criminal justice system. In some ways, it
25 resembles a one hand clapping approach to the drug

1 05/23/04 - RESOLUTIONS 020695, 020832

2 problem, in which the fruits of intensive street
3 enforcement are left at the front door of the
4 justice system, much like a foundling on the door
5 step. What happens next when the arrests move
6 through the door appears to be someone else's
7 concern.

8 So such a strategy of disconnect is
9 shortsighted and undermines the possible payoff from
10 drug enforcement offenses without an overall plan
11 for what happens next. It floods the criminal court
12 system, overcrowds the Philadelphia prisons, which
13 are at record levels with drug offenders, and merely
14 recycles addicts and crime back onto the streets.
15 It's a major strategic oversight not to have
16 Treatment Court directly connected to such
17 initiatives as Safe Streets that are aimed at
18 reclaiming City neighborhoods and the problems
19 caused by drugs. The Treatment Court strategy
20 should be expanded and adapted, not diminished.

21 Thank you.

22 COUNCILMAN COHEN: Go ahead.

23 Thank you, Dr. GoldKamp.

24 Dr. McLellan.

25 DR. MCLELLAN: Thank you very much for

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the opportunity to present. I am Tom McLellan,
3 M-C-L-E-L-L-A-N. I'm the Director of the Treatment
4 Research Institute, and I want to present today some
5 evidence about some evidence about the effectiveness
6 of treatment from research evidence.

7 We are not very importantly an advocacy
8 organization. I'm not going to advocate on behalf
9 of one side or the other side of any debate here.
10 We do think it's important to bring the known
11 scientific evidence about treatment effects,
12 especially in concert with court effects.

13 First point is that it's a very serious
14 error to imagine that substance abuse treatment is
15 even the primary -- that benefits to a
16 substance-abusing patient are even the primary
17 reason for substance abuse treatment. Done
18 appropriately, substance abuse treatment has much
19 greater benefits for the public, in terms of public
20 health and public safety. That's point one.

21 Point two is that substance abuse
22 treatment -- the City Council of this City, the
23 national government, doesn't have to take the word
24 of substance abuse providers or drug court judges.
25 Substance abuse treatment and drug courts can be

1 05/23/04 - RESOLUTIONS 020695, 020832

2 evaluated scientifically, and indeed have been.

3 This is a matter of evidence, the same kind of
4 evidence that is done when you evaluate new
5 medications or new medical devices. Indeed, there
6 are over 600 published studies of substance abuse
7 treatments done with or without criminal justice
8 influences.

9 Point three. There are no cures for
10 substance abuse treatment. Anybody who tells you
11 there is, is wrong. You cannot reliably suggest
12 that a person who goes into substance abuse
13 treatment is going to come out forever never using
14 drugs again. There are no cures for diabetes.
15 There are no cures for hypertension. There are no
16 cures for asthma. All of those conditions are
17 effectively managed with combinations of continuing
18 care, and that is also true for substance abuse
19 treatment.

20 I liked very much what Dr. GoldKamp
21 says. Drug courts can be effective. The same thing
22 can be said about treatment. Treatment can be
23 effective, especially compared to other options that
24 might be taken with public funds. You might say, is
25 treatment better than no treatment. It should be

1 05/23/04 - RESOLUTIONS 020695, 020832

2 clear there are costs associated with no treatment.
3 That is a decision. It's a policy decision not to
4 treat, and there are demonstrated costs for it.

5 Two, substance abuse treatment is
6 certainly better than incarceration alone. But as
7 the drug courts are showing you, substance abuse
8 treatment can be particularly effectively mixed with
9 criminal justice interventions. It's like saying,
10 is this person a felon or is this person a diabetic?
11 They are both. A person that commits a crime is a
12 criminal. A person that uses substances out of
13 control is an addict. If you put the two sets of
14 public interventions together, that's what research
15 shows is your best chance of succeeding.

16 Finally, because treatment can be
17 evaluated scientifically, because treatment, good
18 treatments, can be delivered effectively, it is
19 possible to structure the treatment and judicial
20 systems for the benefit of the public. And I urge
21 you to take that kind of opportunity to do that.

22 Thank you very much.

23 COUNCILMAN COHEN: Thank you very much.

24 Dr. Weinstein.

25 DR. WEINSTEIN: Hi. My name is Steven

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Weinstein, W-E-I-N-S-T-E-I-N. I'm the Director of
3 the Division of Substance Abuse Programs at Thomas
4 Jefferson University. I've been with the University
5 now for 27 years. I've been a professor in the
6 department for most of that time. I was involved in
7 the inception of many of the programs and I've
8 worked with the drug court in Philadelphia since
9 they started in 1997.

10 I think we've all talked -- and there's
11 statistics available and I think they're in parts of
12 Tom's presentation and in parts of mine -- about the
13 numbers and percentages of people engaged in
14 criminal behavior who are also drug and alcohol
15 abusers, particularly drug addicts. That stuff is
16 pretty well known.

17 The cost of substance abuse on the
18 quality of life of Philadelphians is enormous. I
19 don't know that that's easy to estimate. The dollar
20 cost of incarcerating people, keeping them in jail
21 or providing treatment is easy to find. But the
22 cost on the quality of life is not so easy to find.
23 It's not as easy to determine how many businesses
24 leave Philadelphia because they can't get the right
25 employees, since the kids aren't available. Since

1 05/23/04 - RESOLUTIONS 020695, 020832

2 they're not working, they're out in the streets
3 doing drugs. How many businesses don't stay because
4 their employees don't feel safe. How many
5 vacationers or conventioners don't come to
6 Philadelphia, if it develops a really bad
7 reputation. And having a reputation as having the
8 best quality heroin in the country doesn't exactly
9 get us the kinds of people we want to visit our
10 City.

11 COUNCILMAN ORTIZ: It's a different type
12 of tourist.

13 DR. WEINSTEIN: Different type of
14 tourist would be very well stated.

15 Drug courts, as I guess you well know,
16 offer offenders an opportunity to avoid
17 incarceration or a criminal record if they complete
18 a standard regimen of treatment, case management,
19 urine drug screenings, judicial status hearings, and
20 are not re-arrested during their period of court
21 involvement. The only way this has ever really been
22 effective is not just by the intervention of the
23 court, but when it's integrated within a system of
24 available, accessible services that can offer a
25 range of different types of treatment depending upon

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the needs of the people.

3 I think as Ms. Brown so really nicely
4 put it, she needed a lot of different treatment over
5 a long period of time, but came out on top. That's
6 the pretty much the way it works. It's the
7 combination of dealing with the criminal aspect of
8 the behavior, as well as the psychosocial behavioral
9 component of it that has to be dealt with.

10 One of the things that has been
11 suggested to me before I appeared here was that why
12 don't I kind of paint the face on somebody treated
13 in one of our programs. I don't know how much you
14 want to hear about it. I think Ms. Brown's was an
15 outstanding presentation. But this would be a
16 patient who would come through the Treatment Court
17 system into our outpatient treatment program in
18 South Philadelphia. And Debbie was referred to the
19 outpatient program by the Court in March of '99.

20 At the time, she was a 32-year-old
21 African-American female living with her two
22 children, her father and brother. Unlike most of
23 our patients, which was the good part on this, was
24 that she reported no history of physical or sexual
25 abuse. Yet, despite living with her family, she was

1 05/23/04 - RESOLUTIONS 020695, 020832

2 isolated and very incommunicative. She wasn't
3 involved really with the family. She was there and
4 they gave her a place to live.

5 She reported first drinking alcohol and
6 smoking marijuana when she was 16 years old. She
7 experimented with many drugs. She began using
8 cocaine at a relatively late age of her
9 mid-twenties. She felt that her drug use had
10 escalated sharply when she began to hang out with a
11 new crowd of people who were very much into drugs
12 and illegal activity. She was finally arrested for
13 the possession of narcotics in December of '98.

14 When she entered treatment, she reported
15 that she had worked steadily at a clerical job for
16 the six of the last seven years, having lost the job
17 in the last year as a result of extensive absence
18 and coming in late all the time. So she now had
19 been unemployed for the year. She was having a
20 difficult time making ends meet on a welfare check,
21 supporting herself and her children. Her self image
22 as a mother, a worker and a woman had deteriorated
23 into disappointment and self hatred, leaving her
24 with the feeling that her life was quickly slipping
25 away from her.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Despite the fact that since the age of
3 16, she could not really cite one 30-day period in
4 which she had been completely drug-free, she still
5 did not recognize that drugs were a main part of her
6 problem. She tended to blame the school. She
7 blamed the neighborhood. She blamed everything and
8 everybody, but was very reluctant to put it on
9 drugs.

10 The Treatment Court involvement,
11 however, emphasized her need to continue in
12 treatment and stay involved. In fact, when she had
13 a drug slip, the judge very wisely extended the
14 period of her court involvement and required that
15 she attend our intensive treatment for another six
16 week block. This was approved by the funders at the
17 time and it went very well.

18 Well, she wasn't very pleased that that
19 had happened to her. And that now her period of
20 involvement was extended, she began to get the idea
21 that she needed some help. She began to see that
22 again drugs had tripped her up, gotten her into
23 trouble. She began to actually work hard in group
24 and individual counseling, finally becoming able to
25 focus on both the use of illicit and illegal drugs,

1 05/23/04 - RESOLUTIONS 020695, 020832

2 differentiating between supportive relationships and
3 destructive ones, and she actually did quite well.
4 She began to be able to communicate with her dad,
5 talk to her kids like a mom, and basically establish
6 a number of functional relationships.

7 By September of 1999, she had completed
8 successfully intensive treatment and was stepped
9 down to individual counseling once a week, and then
10 twice a month, and her drug urine screens stayed
11 clean. Finally, she graduated from the Court in
12 October of 2000, and she concurrently was involved
13 in the Welfare-To-Work program.

14 At the time of her graduation, she had
15 been called back for a second interview and looked
16 like she was going to get a job. We followed her up
17 before the hearings, and she has done really fine.
18 After two-and-a-half years after graduating, she's
19 working full-time, supporting her children, and has
20 actually gotten some help from the father of the
21 children. And she reports being completely
22 drug-free. Without the Treatment Court this
23 wouldn't have happened. Without the treatment
24 system, this wouldn't have happened. So, again, to
25 reemphasize what Dr. McClellan has just said, we

1 05/23/04 - RESOLUTIONS 020695, 020832

2 need both and we need them integrated.

3 COUNCILMAN COHEN: To both of you, if I
4 may use the prerogative of the Chair to ask the
5 first question or two.

6 Is it incarceration or the threat of
7 incarceration which is an important function of the
8 criminal justice system?

9 DR. GOLDKAMP: The original idea in
10 Miami -- and Janet Reno had something to do with
11 establishing the first drug court -- she wanted to
12 have a hammer. She wanted to have something, what
13 she called motivational jail. The judge, Stanley
14 Goldstein, called it his hotel. And it's the threat
15 in the air and it's the public display that
16 sometimes some of us who can't live up to our
17 obligations are going to take a visit to the jail.
18 That really influences -- it sort of reminds us and
19 reminds all of our participants that this is in the
20 criminal justice arena that treatment is occurring,
21 and there are consequences.

22 So from a public safety perspective,
23 there's a boundary around which -- and it's a court
24 boundary -- around which this occurs. And a
25 judicious and selective use of both incentives and

1 05/23/04 - RESOLUTIONS 020695, 020832

2 encouragements and sanctions turns out to be a
3 really important part of this. We worry about the
4 balance.

5 COUNCILMAN COHEN: You're a pretty good
6 lawyer, because I don't think I heard an answer to
7 my question.

8 DR. GOLDKAMP: I think that the threat
9 of sanction is absolutely fundamental to bringing
10 some people to their senses.

11 As a researcher who has looked at this
12 around the country and talked to a lot of drug court
13 participants, I know that they worry about going to
14 jail, no matter what other people might think. None
15 of them want to go in jail. So they are afraid, and
16 that helps them stay in line.

17 On the other hand, I've also watched
18 this go from one court to 20 courts to over 800
19 courts. The idea gets diluted. So in some places,
20 it's a very "jail happy" kind of approach. That's
21 what we worry about, the overuse of incarceration.
22 And often these programs have started partly in
23 response to developing alternatives to confinement
24 to reduce crowding. So to have a treatment program
25 that gets very jail happy really ends up being self

1 05/23/04 - RESOLUTIONS 020695, 020832

2 defeating and isn't the point. But it is a mix and
3 it is a balance of having sanction and open
4 opportunities and encouragements put together that
5 both treatment and health and the court can provide
6 in a new kind of way that hasn't happened in the
7 past.

8 COUNCILMAN COHEN: Well, in the example
9 given by Dr. Weinstein, there was no actual
10 incarceration. And I think in Ms. Brown's case, she
11 did not report any actual incarceration. But there
12 were the threats, and they seem to be very
13 effective, which certainly seems to me to be a much
14 better approach than the approach of going to jail
15 and having a court say, well, you know, jail doesn't
16 have to be a bad thing. It gives an opportunity to
17 people to contemplate. But it also gives people an
18 opportunity to do other bad things or develop new
19 contacts or to become very bitter and more resolute
20 in their refusal to accept any other form of
21 sanction.

22 DR. WEINSTEIN: One of the positive
23 aspects that I've seen is a lot of the people coming
24 into the Treatment Court system are young. They are
25 not yet career criminals. They may have been

1 05/23/04 - RESOLUTIONS 020695, 020832

2 committing crimes for a number of years before they
3 got caught, but they're not career criminals. They
4 don't have long histories of incarceration behind
5 them, and the threat of the sanction is very real
6 for a lot of them. They've heard the stories about
7 prison. They've heard what happens in prison,
8 they've heard what happens to you in prison, and
9 they really don't want to go there. And it's the
10 judge's use of the sanctions.

11 In my patient's case, extending her
12 period of treatment, outpatient treatment, on a
13 daily basis really made a big difference.

14 COUNCILMAN COHEN: Is Treatment Court
15 that you're talking the court over which Judge
16 Presenza presides?

17 DR. WEINSTEIN: In my case, yes.

18 COUNCILMAN COHEN: And in your case,
19 sir?

20 DR. WEINSTEIN: I'd just like to read
21 into the record, my colleague, Douglas Marlo, has
22 investigated -- and of course Dr. Goldkamp has
23 investigated lots of drug courts -- a very important
24 distinction between drug courts and some of the
25 other kinds of alternatives to incarceration.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 In a drug court, you plead guilty. And
3 once you've pled guilty, there's no additional
4 trial. If you fail to meet the condition of the
5 treatment -- the treatment has got real teeth.
6 Because if you don't meet the conditions of that
7 treatment, you've already pled guilty and you will
8 do as much of the specified time as the judge says.

9 In other iterations of the mix between
10 treatment and criminal justice, that's not
11 necessarily the case, and it becomes a very big
12 mess; additional trials, additional appeals, et
13 cetera, et cetera. It's a very important facet of
14 the drug court.

15 Just to add one more thing. It's now
16 clear also from research that the judge's behavior
17 matters. Different judges have different outcomes,
18 and the behaviors even of the same judge can be
19 molded to have the essential outcomes.

20 COUNCILMAN COHEN: Councilman Ortiz.

21 COUNCILMAN ORTIZ: It's obvious that
22 mandatory sentencing has been one of the most
23 damaging aspects that we have ever put forward in
24 terms of our legislative approach to drug treatment.
25 It has really exacerbated the problem instead of

1 05/23/04 - RESOLUTIONS 020695, 020832

2 aiding it and directing it towards a definite
3 solution.

4 As a person, Dr. Goldkamp, I was very
5 much involved in the very early beginnings, in '84,
6 '85, of trying to push drug dealers off the corner.
7 If you remember 8th and Butler in the '80s. We all
8 remember that, huh? I began the process of marching
9 and doing that sort of thing and bringing in the
10 police. I testified in federal court against some
11 of these individuals.

12 After a while -- and that caught on
13 throughout the City -- but after a while I saw that
14 that was not having the impact that was necessary.
15 Everybody marches. Everybody lights the candles.
16 Everybody goes to a corner. But it really doesn't
17 ameliorate or even diminish the amount of drugs that
18 are being sold or distributed and bought and used.

19 I wrote a report in which a lot of the
20 stuff that Timoney then put forward Operation
21 Sunrise came out. And that did not diminish. It
22 helped for a while. It just came in, cleaned up,
23 provided some services.

24 Within that report we recommended the
25 establishment of the drug court and the community

1 05/23/04 - RESOLUTIONS 020695, 020832

2 court at that point, based on some things that had
3 been happening in New York. And we also recommended
4 enlarging the after-school programs, two other
5 things that have been done, which I'm very proud
6 that those ideas were taken on by the judicial
7 system and the Mayor.

8 Now we have Operation Safe Streets. And
9 it's being lauded as a solution. But the point is
10 -- you point that it goes up, the sustainability of
11 it. It hasn't diminished the aspect of drugs.
12 Everybody says and admits that. It hasn't
13 diminished the amount of drugs that are being sold
14 in the City. Everybody admits to that. So what
15 have we done? We have maybe cleared a couple
16 corners, given a false sense of security to some
17 neighborhoods. But we haven't really solved the
18 problem, have we?

19 DR. GOLDKAMP: Is that a rhetorical
20 question?

21 COUNCILMAN ORTIZ: No. That's a
22 question.

23 DR. GOLDKAMP: I've been here during
24 those periods of time, as well. And my view is that
25 you need both strong and targeted enforcement

1 05/23/04 - RESOLUTIONS 020695, 020832

2 initiatives for all of the problems that you pointed
3 out so that the people in the neighborhood can feel
4 safe. And you need that linked to other system
5 efforts that are providing services and are dealing
6 with substance abuse and related problems.

7 And the other systems are not only the
8 criminal justice system, but it's a very important
9 arena for all of this, unfortunately. And the
10 health system and so forth. So I think the drug
11 enforcement initiatives need to be tied to what the
12 rest of the system is doing, number one.

13 And number two, I see the drug court
14 idea as actually being related to neighborhoods. If
15 you look at the people who are in the drug courts in
16 this City and other cities I've studied, they don't
17 come from evenly all across Philadelphia. They come
18 from several principal neighborhoods
19 disproportionately. That should be recognized in
20 the iteration of drug court, of Treatment Court.
21 There should connections between those
22 neighborhoods, the resources, the faith-based
23 services, the strengths in the areas, and recognize
24 that when you put people back in the settings in
25 which they found themselves in trouble, that is

1 05/23/04 - RESOLUTIONS 020695, 020832

2 something that we can begin to build with, to
3 address and then to begin to improve.

4 So I see Treatment Court as one tool in
5 an arsenal that should be related to things like
6 Safe Streets and Operations Sunrise, initiatives
7 claiming to free neighborhoods of the drug scourge.

8 COUNCILMAN ORTIZ: Drugs and drug sales
9 are usually related to economic necessity. And they
10 do provide a lifeline of jobs. And until we tie
11 schools and jobs together within those neighborhoods
12 -- because, again, it's sustainability. The massive
13 presence of police that is needed within the present
14 system -- and it goes only for certain neighborhoods
15 -- cannot be sustained, economically cannot be
16 sustained. So if you don't produce the jobs and you
17 have a subsequent improvement in the school system
18 that goes towards giving those students and young
19 people the skills necessary, then we have an ongoing
20 vision circle, do we not?

21 DR. GOLDKAMP: I think my two colleagues
22 pointed out that drug treatment isn't only about
23 drugs. You're saying the same thing in a different
24 way. They would not neglect education and
25 vocational skills and other health concerns. And

1 05/23/04 - RESOLUTIONS 020695, 020832

2 what I'm saying is, when you go back to the
3 neighborhoods and see where people live, that's why
4 it should be a multidimensional strategy. It does
5 include tough law enforcement. It includes safer
6 enforcement. We have something to do to you. When
7 you come back to the Drug Court or health programs
8 developed in the City, we're going to have something
9 for you.

10 COUNCILMAN ORTIZ: What are you going to
11 do? What are you going, for example, to do? You
12 don't have the money to move up to Montgomery
13 County.

14 DR. GOLDKAMP: There are drugs in
15 Montgomery County.

16 COUNCILMAN ORTIZ: I understand. You go
17 back to the neighborhood that got you into the
18 trouble in the first place.

19 DR. WEINSTEIN: Expanding the Treatment
20 Court into other convenient venues, in my mind,
21 linking two particular neighborhoods and those
22 neighborhoods realizing what resources exist or
23 don't exist, and tying that kind of strategy with
24 the Treatment Court. How people can either leave
25 their neighborhoods or have other resources

1 05/23/04 - RESOLUTIONS 020695, 020832

2 available to them.

3 COUNCILMAN ORTIZ: Could you explain to
4 me, again -- I think you have in a way -- but in
5 more direct way. I like that symbolism of leaving
6 the foundling at the door or clapping with one hand.
7 I like those.

8 DR. GOLDKAMP: What I was referring to
9 is, there is the tendency to think of addressing
10 very complicated problems related to drugs and
11 neighborhoods and crimes by merely sending in law
12 enforcement. Arrests. We know they overwhelm the
13 prison system principally. It was one hand
14 clapping. It wouldn't be leaving the foundling at
15 the court system if there was a coordinated, overall
16 strategy which said that in some appropriate cases,
17 "We have a different route for you. We would like
18 to accept you through that route Judge Presenza and
19 some of the treatment-related initiatives that exist
20 in this City." And it's a very good criminal system
21 for that. There's is a disconnect between the
22 public safety effect only.

23 COUNCILMAN ORTIZ: Thank you.

24 COUNCILMAN COHEN: Thank you, gentlemen,
25 very much.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 The Clerk will call the next panel.

3 We're hoping to re-call the first panel at a later
4 date, and all these panels. We hope you'll be
5 cooperative. If in the middle of the subject we
6 feel it desirable, we will call you later after
7 Judge Presenza speaks.

8 The second panel is?

9 THE CLERK: Mr. Andrew Wigglesworth,
10 Delaware Valley Healthcare Council. Shelly Yanoff
11 and Alyssa Simon for the Philadelphia Children and
12 Youth.

13 Next panel is Mark Bencivengo and
14 Commissioner Martinez, who is in Council Chambers
15 now.

16 COUNCILMAN COHEN: Please follow the
17 same set of instructions. Spell your last name
18 after you state it so that we can get it correct in
19 the record.

20 MR. WIGGLESWORTH: My name is Andrew
21 Wigglesworth, W-I-G-G-L-E-S-W-O-R-T-H. I'm the
22 President of the Delaware Valley Healthcare Council,
23 which is an association of hospitals and health
24 systems throughout Southeastern Pennsylvania.

25 We want to thank you, Councilman Cohen

1 05/23/04 - RESOLUTIONS 020695, 020832

2 and Councilwoman Blackwell, for giving us the
3 opportunity to talk about a very severe crisis that
4 is about to befall the healthcare system in this
5 region.

6 COUNCILMAN COHEN: You and the next
7 panel to give us assistance in determining whether
8 or not immediate action is necessary. This
9 Committee will be prepared to issue, if you all feel
10 it necessary, an interim report.

11 MR. WIGGLESWORTH: We believe we ought
12 to cut to the chase and go on with the analogy of
13 one hand clapping. We're about to be the hand cut
14 off. And quite frankly, an interim report, from our
15 perspective, would make sense in the sense of the
16 Council weighing in vigorously at the state level to
17 say these both to Medicaid two separate sets of
18 cuts.

19 There's been a lot of discussion of the
20 drug and alcohol cuts, but there's actually a bigger
21 set of cuts that is occurring to the Medicaid
22 program that will impact on the same population.
23 What I'd like to do is briefly go through a little
24 bit of that as to what the implications are for
25 hospitals and our community because, quite frankly,

1 05/23/04 - RESOLUTIONS 020695, 020832

2 it's not only a care issue, it's also an economic
3 issue for our community.

4 As I said, the region's health care
5 delivery is facing what amounts to a man-made
6 disaster that threatens access to all of us. The
7 Governor and the General Assembly have enacted cuts
8 that will result -- in Medicaid, will result in a
9 reduction of \$133 million in state and federal
10 Medicaid payments to hospitals in Southeastern
11 Pennsylvania. To bring it further down, what that
12 translates into is \$120 million in cuts for
13 hospitals in the City of Philadelphia.

14 To put it into terms, for example -- and
15 we can actually supply these by Councilmatic
16 district -- but at this point I have them by state
17 legislative district. For Senator Kitchen's
18 district, for example, it's \$51 million. For
19 Senator Fumo's district, it's \$28 million.

20 COUNCILMAN COHEN: Because we work in
21 the form of Councilmatic districts, we would
22 appreciate getting it quickly. The City Council
23 resumes its final three sessions beginning this
24 Thursday.

25 If following this hearing you present a

1 05/23/04 - RESOLUTIONS 020695, 020832

2 case which indicates that there is need for
3 dramatic, quick action, this Committee will be
4 prepared to adopt some interim report and present it
5 to City Council for action this Thursday, Thursday
6 of next week, which is the next meeting date. But
7 we will need help in preparing that with respect to
8 accurate figures. So I'm just alerting that that's
9 the reason for the pressure to hold this hearing
10 today, even though we knew some Councilmembers might
11 not be available for the hearing. We're delighted
12 that the three members that are here, two in
13 addition to me, have been able to make it despite
14 their other plans normally.

15 Thank you.

16 Go ahead.

17 MR. WIGGLESWORTH: We will provide the
18 data by Councilmatic district. But that gives you
19 an idea. Across the City, \$120 million. Hospitals
20 will also be affected by the estimated \$40 to \$45
21 million in additional drug and alcohol treatment
22 funding cuts in Philadelphia County.

23 COUNCILMAN COHEN: I understand I was
24 wrong when I said the drug programs were being cut
25 by \$20 to \$25 million. I understand the actual

1 05/23/04 - RESOLUTIONS 020695, 020832

2 figure is closer to \$40 million.

3 MR. WIGGLESWORTH: Correct. At least
4 from our understanding. Across the state it's an
5 even higher number. But for the City of
6 Philadelphia, it is between \$40 and \$45 million.

7 COUNCILMAN ORTIZ: Is that \$40 million
8 added to the \$120 million?

9 MR. WIGGLESWORTH: Yes, it is. And
10 that's the point that I'm trying to make. So all
11 told, you're looking at something in the order of
12 magnitude of \$160 million. If you want to put it
13 into the context of hospitals -- and I'll skip
14 around a little bit in my testimony just to
15 underscore the point -- the Medicaid cuts alone, we
16 believe when you take into account the multiplier
17 effect, every dollar you spend in a hospital turns
18 over two to three times in the local economy. What
19 we're looking at is about a \$250 million total
20 impact.

21 What you're also looking at is the loss
22 in this region in excess of 3,500 jobs, using again
23 a multiplier impact. What you're also seeing, which
24 is why these cuts make no sense from an economic
25 standpoint either, is that the \$190 million total

1 05/23/04 - RESOLUTIONS 020695, 020832

2 cuts statewide in Medicaid, of that, about \$100
3 million is federal funds. So in effect, what we're
4 doing is we're giving up federal dollars.

5 The people that receive this care are
6 not disappearing. They're going to continue to
7 receive the care, only we're going to give up the
8 federal funds that are used to support it and
9 basically have the entire burden being borne by
10 hospitals in the City of Philadelphia, and to the
11 extent that they're able to part, basically, the
12 business community and others.

13 COUNCILMAN COHEN: Could you explain why
14 that's the case? Why is it that you say that the
15 care is going to be provided to the people, but the
16 cost is going to be --

17 MR. WIGGLESWORTH: Let me make a
18 distinction here as well. And I'm sure that there
19 are other witnesses here that will do this.

20 In terms of the drugs and alcohol cuts,
21 we have estimates that as many as 18 programs will
22 close. In terms of one of our members, which is in
23 one of the more economically depressed areas, it
24 means basically a \$5.4 million cut. The elimination
25 -- this is drug and alcohol. Leave aside the

1 05/23/04 - RESOLUTIONS 020695, 020832

2 \$120 million in Medicaid. Drug and alcohol,
3 \$5.4 million. Loss of 156 jobs. The closure of
4 eight programs and 3,100 people no longer receiving
5 services. That same institution is going to receive
6 a cut of about \$6.2 million on the Medicaid side.
7 And quite frankly, the combination of cuts
8 jeopardizes the very survival of that organization.

9 What I'm going to say is, actually for
10 the drug and alcohol programs, in many instances the
11 same types of services will not be available. But
12 what is available -- and as you know from previous
13 hearings we've had, Philadelphia is the largest City
14 in America without a public hospital system. What
15 it's going to mean -- and the one point of access
16 that everybody consistently has -- and I'm not
17 saying it's the best point of access or necessarily
18 the right point of access -- is the emergency room.
19 And what this is going to do is significantly
20 increase uncompensated care for hospitals, because a
21 lot of the monies on the Medicaid side, the
22 \$120 million, were devoted to providing services to
23 the uninsured.

24 Hospitals in the City of Philadelphia
25 provide over \$300 million worth of uncompensated

1 05/23/04 - RESOLUTIONS 020695, 020832

2 care. This is going to add to that burden. And you
3 put it into the context of the overall environment
4 -- hospitals, as you know, are reeling today in
5 terms of facing skyrocketing liability costs, faced
6 with federal budget cuts. The growth in the number
7 of uninsured and uncompensated care statewide was
8 about 12.9 percent. In the City of Philadelphia it
9 was 22 percent. And what it's reflecting is changes
10 in the economy, the down turn in the economy; people
11 losing their jobs, losing their health benefits.
12 Those kinds of things. So against this backdrop,
13 the hospitals, the total margin, the median total
14 margin of hospitals -- that's operating income,
15 endowments, everything put together -- the median is
16 .36 percent. Over half the hospitals are losing
17 money on operations. In fact, the \$120 million on
18 Medicaid cuts exceeds the combined operating margin
19 of all of those hospitals that are impacted by those
20 cuts.

21 So what we're basically saying -- and
22 this is why I go back to the point that we're the
23 hand that's being cut off. It's going to impact on
24 care for everyone. You can't make cuts to those
25 magnitudes without impacting on the operation of the

1 05/23/04 - RESOLUTIONS 020695, 020832

2 whole facility. So all the people that use the
3 facility are going to be impacted, not just
4 Medicaid, not just the uninsured, but everyone.

5 COUNCILMAN COHEN: I think probably
6 having nothing whatever to do with the merits of the
7 case, but for the PR contact, I think it would be a
8 good idea if you could prevent the release of
9 studies showing executive salaries.

10 I've found in my travels, people don't
11 believe hospitals are in trouble largely because
12 they read in the paper about the chief executives'
13 salaries, which are competitive. And I just think
14 something, somewhere is out of sync. So that's an
15 aside notion. I've been trying to talk about it.

16 I know many of the executives, they're
17 probably worth twice what they're earning. But in
18 the public opinion, when we try to talk of the
19 needs, we run into a lot of problems. Well, if that
20 were the case, how do you explain this kind of need?
21 There's a lot of feeling that they're really not for
22 profits -- for some people, it may be not for
23 profits.

24 I'm just giving you my experience going
25 around community meetings constantly. Maybe you can

1 05/23/04 - RESOLUTIONS 020695, 020832

2 convince the press not to run that table showing the
3 salary levels. Because I'm sure the people earn the
4 salary, but it's just a very difficult PR problem.
5 But I'm getting what you're saying.

6 I think it's true that hospitals are
7 suffering. I think it's a condition none of us
8 dreamt when we thought of having a former
9 Philadelphia Mayor in the Governor's chair. We
10 thought we'd be rid of those kinds of problems, that
11 he'd be more understanding, not just for
12 Philadelphia, but for statewide.

13 Because this is the statewide problem,
14 is it not? Philadelphia is suffering deeply, but I
15 think you pointed out at the beginning that it's not
16 only Philadelphia. It's statewide. And in a sense,
17 from a political point of view, that may be helpful,
18 because it's going to be hard to change what's
19 already taken place on the budget, and we're going
20 to need a real statewide effort.

21 Philadelphia cannot do it alone. And
22 even Philadelphia and the suburban counties working
23 together cannot do it alone. We're going to have to
24 develop strong alliances. But the rural areas, to
25 make sure everybody understands, it's not purely a

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Philadelphia problem, these cuts in services.

3 MR. WIGGLESWORTH: We agree. This is
4 absolutely a statewide problem, and it is something
5 that your colleagues, our counterparts in Pittsburgh
6 and other parts of the state are also faced with
7 this. But the bottom line is, as it were, is \$120
8 million impact on the City of Philadelphia, plus the
9 \$40 to \$45 million impact. This is a major economic
10 and social problem for this City. We need to work
11 in conjunction with everyone, but we also
12 respectfully ask for the Council's support in terms
13 of making the case known.

14 COUNCILMAN COHEN: We're probably also
15 going to ask you to furnish us information that will
16 enable us as a City body to contact other groups
17 throughout the state. We want to do it on these
18 issues without getting entangled with respect to
19 other general needs of the City. So we'd like to
20 know your recommendation as to where the focal
21 points are that we ought to be emphasizing outside
22 the City.

23 The City Council has just begun to
24 consider developing contacts with other parts of the
25 state, instead of having merely the Mayor's Office

1 05/23/04 - RESOLUTIONS 020695, 020832

2 do it. But to have an addition to the Mayor's
3 Office, doing whatever the Mayor can do, we believe
4 it might be very effective if City Council sought to
5 develop relationships with the local legislative,
6 the bodies that exist, like City Councils in other
7 boroughs and townships and counties.

8 So we would look to you for guidance as
9 to what groups we ought to seek to contact. We want
10 to work very strongly on this area.

11 MR. WIGGLESWORTH: We absolutely will do
12 that. I'll also respond to the record to your other
13 comment about CEO salaries. But I would just say in
14 passing that the salary of a CEO has never caused
15 the closure of a facility. These kinds of cuts
16 will.

17 COUNCILMAN COHEN: You're right.

18 MR. WIGGLESWORTH: And quite
19 frankly, recruiting and retaining the best executive
20 leadership, particularly in this environment, is
21 critical.

22 COUNCILMAN COHEN: Well, then you've
23 got to think of a way to counter the PR effect.

24 MR. WIGGLESWORTH: I understand, sir.

25 COUNCILMAN COHEN: You understand that,

1 05/23/04 - RESOLUTIONS 020695, 020832

2 but the communities don't understand it. And it
3 would be very helpful if the case for that could be
4 made clear. Because we find on political issues
5 it's easy to get them muddled and that you've got to
6 continually clarify to give the public the
7 information they need, and I think they'll come with
8 the right answer. That's the reason I raised it,
9 not by way of criticizing, but by the way of asking
10 for help in dealing with that situation.

11 MR. WIGGLESWORTH: Understood.

12 COUNCILMAN COHEN: Thank you.

13 MR. WIGGLESWORTH: I believe I've
14 completed all the major points in my testimony. And
15 again would thank you for the opportunity. And we
16 can also supply to your staff and to you, Councilman
17 Cohen, draft language as it might relate to some
18 points for a resolution and other information.

19 COUNCILMAN COHEN: I'd like to have that
20 quickly.

21 MR. WIGGLESWORTH: I think it's already
22 with your staff now. It may be helpful to you in
23 terms of proceeding.

24 COUNCILMAN COHEN: We'd like to be able
25 to do something by Thursday of this week. Mr. Rye

MR. WIGGLESWORTH: Thank you.

MS. SIMON: Hello. My name is Alyssa

Philadelphia Citizens for Children and Youth.

I feel as though I really have to

I'm going to be very brief because I

PCCY put out a report in August 2002 on

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the drug and alcohol system for adolescents in the
3 City, looking at treatment. And we found some
4 things that we thought were rather disturbing. We
5 estimate conservatively that there are about 8,000
6 adolescents in the City of Philadelphia who are in
7 need of drug or alcohol treatment. And yet last
8 year, 2,500 of them, or 31 percent, received
9 treatment. The reason for that -- there's actually
10 many reasons.

11 One of the reasons is that we don't have
12 a very good safety net set up in our City for
13 adolescents. One of the things that you have been
14 given is a map that we did as a part of this report
15 showing where treatment is available. We're very,
16 very excited to say that this map now has one other
17 place. We worked with CODAAP so that where in West
18 and Southwest Philadelphia where absolutely nothing
19 existed before, there is now a place, the
20 Consortium, which is offering drug and alcohol
21 treatment to adolescents. But the need is much,
22 much greater.

23 In 2001, there were 2,357 adolescents
24 who were arrested for drug-related offenses. Now,
25 obviously, not all of those were using drugs, but we

1 05/23/04 - RESOLUTIONS 020695, 020832

2 assume that many of them were, and most of them did
3 not receive treatment. So what we want to really
4 have Council focus on is preventing these young
5 people who are getting started in using drugs and
6 alcohol from becoming the adults who will be
7 continuing to use.

8 Right now, without counting this new
9 contract with the Consortium that is going to be
10 treating adolescents in West Philadelphia, we
11 estimated that there were about 400 outpatient slots
12 --

13 COUNCILMAN COHEN: Don't you think the
14 City Administration has available to it this
15 information?

16 MS. SIMON: All City Council people
17 should have a copy of this report.

18 COUNCILMAN COHEN: The reason I raise
19 this -- and I say it respectfully -- I think your
20 organization, which is the lead organization in this
21 area and in many other children and youth areas, I
22 believe is just far too polite. It seems to me you
23 have a great cause, and if you're going to treat it
24 gently and moderately, you're going to advance very
25 far -- that's the reason I raised the question about

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the City's knowledge. The City also knows these
3 needs. But I don't know what prevents City
4 government from really tackling these problems much
5 more aggressively.

6 I don't think the City ought to be as
7 understanding of the state policies as it often
8 shows itself to be. I think you ought to make a lot
9 of noise. That's a terrible situation you're
10 referring to. And I don't think you really can
11 discuss calmly the fact that's what happening to our
12 young people, which continues all its life, makes no
13 sense financially.

14 Am I right, Mr. Wigglesworth? Isn't it
15 going to be much more costly to deal with the
16 problem rather than to prevent it from existing in
17 the first place?

18 MR. WIGGLESWORTH: Well, to the
19 healthcare system, as well as probably to the
20 criminal justice system, and a whole series of other
21 things by virtue of that.

22 COUNCILMAN COHEN: I think we have a
23 right to demand that government act sensibly in
24 these areas, and take advantage of the knowledge
25 that we have, that it's cheaper to prevent than to

1 05/23/04 - RESOLUTIONS 020695, 020832

2 try to repair after the injuries have been inflicted
3 upon people.

4 MS. SIMON: Absolutely. To try to come
5 up with an agenda that we can actually win on to
6 make the system better for kids --

7 COUNCILMAN COHEN: See, if you make Alba
8 Martinez's life uncomfortable, she'll help make the
9 Mayor's life uncomfortable, and he'll help make the
10 Governor uncomfortable, and we'll get much more
11 action. But if you're going to be very gentle with
12 everybody and plead, it's easier to deny a plea than
13 it is to fight against a strong force.

14 So I urge your organization -- and all
15 of you really -- to think of yourselves as a force,
16 not as a pleader. Because you're doing the
17 government's work, and it's not costing the
18 government a penny to have you gather all this
19 information.

20 The government saves that money and then
21 it gently says, well -- like lead paint poisoning,
22 which we've been fighting for 38 years -- it's too
23 expensive to really try to get rid of all the lead
24 poisoning backlog we have. But it's not too
25 expensive to pay hundreds of millions of dollars for

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the stadiums. Now, if that makes sense, I just
3 can't conjure that up. And I think it happens
4 because we as citizens often tend to be too
5 respectful to government, too gentle in our
6 approach. It's our government. It ought to do what
7 the people need, particularly in these areas that
8 are so clear, so common sense.

9 We applaud you for what you're doing.
10 Be very aggressive, because you have a wonderful
11 cause to present.

12 You, Mr. Wigglesworth, I know that the
13 CEOs will view me unfavorable, but that's their
14 right. Many people do when I raise lots of issues.
15 But I really think that we've got to convince people
16 that hospitals are non-profit institutions. I think
17 they are. I think if you have to sell your story,
18 not only to those who have a legislative
19 responsibility, but to the community, because we
20 respond the same way I'm saying that the wonderful
21 Commissioner of Health responds to pressure, and the
22 Mayor. We also respond that way in Council. We
23 have to feel that we're responding to people's
24 needs. And only when people really know the facts
25 can they talk intelligently about the needs.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 So I think you have a great PR job to
3 do. I think hospitals are wonderful. I use them,
4 unfortunately, from time to time, and I find they
5 really give extraordinary services, and the people
6 that work in them are pretty selfless and they do a
7 tremendous job. But you've got to explain that to
8 people who, like you, are too tolerant of
9 government's inability to understand these plain
10 facts that we're talking about today.

11 Excuse these interruptions. But I feel
12 strongly that if we're going to influence the City
13 in the right way to do the right things, they've got
14 to feel it strongly from the people in the City.

15 MR. WIGGLESWORTH: Feel the heat before
16 you see the light.

17 COUNCILMAN COHEN: Yes. Because when
18 people see it, they'll be outraged and maybe they
19 will call their legislator at the state level, as
20 well as at the City level, and that will make our
21 job at the state level easier.

22 My son, who is a State Representative,
23 complains that the only request he generally gets
24 from people in the community are requests for money,
25 say, to help build a recreation center or to get

1 05/23/04 - RESOLUTIONS 020695, 020832

2 something for it. He doesn't hear enough demand on
3 issues where the state is deeply involved, like on
4 health issues. And he feels that it would be much
5 more effective if, in addition to meeting the
6 physical construction demands that a community may
7 have, people are more assertive and make more in the
8 way the demands on their legislative
9 representatives.

10 MR. WIGGLESWORTH: We have been very
11 direct in our communications with Representative
12 Cohen, as well.

13 MS. SIMON: I was also going to say, how
14 hard we've been pushing and how nice we have been
15 will have to be answered by Mr. Bencivengo from
16 CODAAP. Because we certainly have been working
17 quite a bit on the City and on BHS to try to make
18 some improvements. I think that that is in part why
19 we were able to get a contract in West Philadelphia
20 to start treating adolescents. But there's a much
21 larger need.

22 COUNCILMAN COHEN: When Alba Martinez
23 comes on the witness stand soon, she'll probably try
24 to rebut everything I've said, but don't believe
25 her. She has to say that as the Commissioner. Make

1 05/23/04 - RESOLUTIONS 020695, 020832

2 noise. In making noise, you attract attention.
3 When you attract attention, people begin to be ready
4 to listen to you. When they listen to you, they're
5 going to get more information and they'll be in a
6 better position to present the people's causes to
7 legislators more effectively. All right.

8 Councilman Ortiz, do you have any
9 questions, because we're going to go on to the next
10 panel?

11 COUNCILMAN ORTIZ: I'm talking to the
12 Commissioner.

13 COUNCILMAN COHEN: Okay. Thank you very
14 much.

15 The next panel will be?

16 MR. KEARNEY: The next panel will be
17 Mark R. Bencivengo, Executive Director of CODAAP,
18 the Coordinating Office of Drug and Alcohol
19 Treatment Programs, Philadelphia Health Department,
20 and Commissioner Alba Martinez, Commissioner of the
21 Department of Health and Human Services. And if
22 he's here, Chief Inspector Raymond Rooney -- I
23 understand he is here -- Chief Inspector Raymond
24 Rooney of the Narcotics Bureau of the Philadelphia
25 Police Department.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 COUNCILMAN COHEN: Commissioner

3 Martinez, you now have an opportunity to rebut
4 anything I said before. How are you going to
5 proceed?

6 MS. MARTINEZ: Good afternoon. It's a
7 pleasure to be here. Of course I'm always very
8 grateful and appreciative of your concern and just
9 want to let you know, since you said some very
10 flattering things about me at some earlier hearings,
11 I want to take this opportunity to return the favor,
12 not because I have to, but I just want to tell you
13 how much I appreciate your incredible tenure and
14 years of service to the City of Philadelphia and
15 your advocacy. And I just want you to know I have
16 learned so much from watching you advocate and lead,
17 and so I just want to thank you publicly for being
18 such a good teacher.

19 And now I will proceed with disagreeing
20 with everything you just said -- no, I'm just
21 kidding.

22 COUNCILMAN COHEN: That's the usual
23 pattern in the City.

24 MS. MARTINEZ: Councilman, my comments
25 are going to be focused on the relationship between

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the child welfare system and the substance abuse
3 treatment system because there is such a close
4 connection. So it is up to you whether -- Mr.
5 Bencivengo is prepared to talk about the drug court
6 and my comments are more general. Would you like
7 him to start, or would you like me to start?

8 COUNCILMAN COHEN: Well, either way, I
9 think the Commissioner ought to start.

10 MS. MARTINEZ: Okay. I do have copies
11 of my testimony here.

12 The Department of Human Services funds a
13 network of community-based prevention services that
14 are very reliant on the substance abuse treatment
15 system. Substance abuse is linked to the
16 overwhelming majority of incidents that lead to an
17 abuse or a neglect report. Treatment of substance
18 abuse, along with appropriate and affordable
19 housing, are the essential elements to any effort to
20 combat abuse and neglect of children in our
21 community.

22 Substance abuse is identified as a
23 factor in over 70 percent of the families of
24 children who are reported as chronically truant, 70
25 percent of the youth participating in our

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Delinquency Prevention and Extended Day Treatment
3 Programs, 40 percent of the families who are the
4 subject of an abuse/neglect report but are diverted
5 to community-based services, and 60 percent of the
6 families that use our parenting support programs.
7 So in other words, the problem of substance abuse is
8 absolutely undeniably tied to not only the reason
9 why the child welfare system exists and is growing.

10 Since I became Commissioner -- my
11 Finance Director reported to me today and reminded
12 me our budget has grown to over \$100 million. And
13 that growth is not something to be celebrated, but
14 rather it's something to be sad about because it
15 ties to that problem,. But it's not only undeniably
16 related to the problem. The reforms and the ideas
17 and the new practices that we engage in and we can
18 come up with, both in terms of law enforcement and
19 treatment, relate to the solution for the child
20 welfare system. In other words, no matter how good
21 I do my job as Child Welfare Commissioner, I cannot
22 really impact on this problem without a behavioral
23 health system and a law enforcement system where we
24 work together, and I need to be a part of it, but I
25 certainly cannot lead that. This really has to be

1 05/23/04 - RESOLUTIONS 020695, 020832

2 done in an integrated way.

3 Virtually all of the prevention and
4 early intervention programs supported by DHS to
5 prevent abuse and neglect depend on having direct
6 access to quality substance abuse treatment programs
7 for adults and adolescents. Inability to access
8 these resources will have the direct impact of
9 forcing DHS to keep custody of children who
10 otherwise could go back home to their families. We
11 have to increase reliance on grandparents or other
12 family members to be the informal or formal
13 custodians of their kids' kids, and it also forces
14 DHS to take custody of children of addicted women
15 giving birth, who today can be served with nurse
16 home visitation programs that are linked to ongoing
17 substance abuse treatment.

18 The treatment of parental and caregiver
19 substance abuse has been the critical component of
20 the support services continuum offered to families
21 of children who are being diverted from delinquent
22 adjudication through informal adjustment and other
23 diversion programs. The inability to ensure this
24 treatment seriously undermines the likelihood of
25 success in preventing re-offending among these

1 05/23/04 - RESOLUTIONS 020695, 020832

2 youth.

3 Substance abuse treatment linked with
4 transitional housing is the most effective strategy
5 for combating child abuse and neglect, as well as
6 relapse for adults returning to the community from
7 incarceration. A reduction in the availability of
8 such programs will only force longer stays in the
9 foster care system for the children of these adults.

10 For the first time this year, DHS joined
11 the Behavioral Health System to implement a new
12 project, which is working intensively with women in
13 substance abuse treatment to support their children
14 while they are in treatment, to improve their
15 competency as parents and to support them after
16 their graduation from treatment, so that they can
17 get the services they need and after care and
18 prevent relapse. This project has just begun to
19 show results in a population, addicted women with
20 children, that has been incredibly costly and
21 difficult to help. This effort that is serving 160
22 women and 600 families per year would not be able to
23 continue under any cutback because the treatment
24 programs on which it relies may not exist.

25 COUNCILMAN ORTIZ: Excuse me,

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Commissioner. I'd like to look at, one, if these
3 cuts go through, what will be the impact on the
4 population that you serve right now? And in terms
5 of the programs that Mark does and has, in terms of
6 the population that is served.

7 Two, the amount of coordination between
8 those programs that you are announcing and the
9 judicial system, how do we interlace those programs
10 with the drug court that Councilman Cohen speaks
11 about? How do we integrate and interlace those
12 programs with the Police Department and other
13 aspects of the judicial system as such?

14 So if you can give us the impact and
15 what, if any -- if there is already a relationship,
16 will these cuts just cut that out where there's
17 going to be no program, for example?

18 MS. MARTINEZ: Well, the impact, first
19 of all, would be devastating. And I will kind of
20 lay out in the different areas in summaries and you
21 can ask me in follow-up.

22 First of all, in terms of kids that are
23 in the system right now, kids that are in foster
24 care or in other forms of placement, the impact
25 would be devastating.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Correct me if I'm wrong, Mark, but it
3 seems to me like those cuts would hit hardest,
4 adults, right? They're directed at grown-ups. And,
5 therefore, the grown-ups who have children in the
6 child welfare system would not be able to get
7 better, so children would not only stay longer in
8 foster care, but there are people who would lose
9 their parental rights because we are not able to
10 give them the treatment they need. Therefore, the
11 clock is ticking, and we would need to move these
12 kids to other families.

13 The child welfare law requires us to
14 make reasonable efforts to re-unify. So I believe
15 that those cuts would put DHS and the City in a
16 position where we would be violating the law, unless
17 DHS picked up the cost of treatment, which the court
18 can require us to do.

19 But to pick up the cost of treatment
20 would not be the right way to do this work because
21 we do not run the Behavioral Health System, so then
22 the quality of the service would suffer. And what
23 would happen is that money would be taken away from
24 foster care and money would be taken away from
25 social workers in order to pay for treatment that

1 05/23/04 - RESOLUTIONS 020695, 020832

2 was not budgeted and has never been budgeted and,
3 therefore, kids would end up being at risk of abuse
4 and neglect within the system. If we have to start
5 paying for things, we'll have to take that money
6 from somewhere. We all know that the child welfare
7 systems nationally are fragile. And DHS, I'm proud
8 to say, is very aggressively moving to improve
9 itself, but it's still a pretty fragile system, and
10 anybody who denies that is not telling the truth.
11 But we're making progress. That progress would be
12 hugely handicapped.

13 The other thing I will say that will be
14 a huge impact on us, is that we've been building a
15 network of prevention services, which I believe is
16 consistent with the philosophical approach that you
17 have, which is we should not wait for people to get
18 hurt or lives to be destroyed for us to put services
19 in the home or to protect children. And we would
20 have to take this invest from prevention because a
21 court order takes priority. So if the court order
22 says to remove children or to provide treatment, we
23 would have to take that money away from prevention.
24 So we just go back to the old approach of waiting
25 for kids to get hurt, and then trying to bail out

1 05/23/04 - RESOLUTIONS 020695, 020832

2 water when it's too late.

3 We've also had an impact on reducing the
4 numbers of kids that end up in the delinquent
5 system. We're serving more children and dependents
6 that we would backslide there. These cuts cannot go
7 through. And I just want to say that we are working
8 aggressively at DHS to join the Behavioral Health
9 System in trying to get the state and the
10 legislature to change their decision, because we
11 will really suffer a lot in this City. And abuse
12 and neglect that kids will suffer a lot too.

13 COUNCILMAN ORTIZ: What would be the
14 estimate of the population in terms of numbers?

15 MS. MARTINEZ: Well, we have right now
16 7,800 children in placement. So what we're working
17 on right now on is on reducing the length of time
18 they stay in placement. DHS has been able to keep
19 that number constant because we move kids out of
20 placement. We've been able to keep that number in
21 the 7800's.

22 I can tell you this: I can tell you
23 that our investigations are up by 12 to 15 percent
24 this year, which means we're seeing more cases of
25 abuse and neglect come to our front door. Arguably,

1 05/23/04 - RESOLUTIONS 020695, 020832

2 you know, that's a number to look at, maybe a 12 to
3 15 percent increase. But it's hard to predict what
4 it would be. We're going to be tracking that very
5 closely.

6 I really can't give you a projection,
7 Councilman. But I will say this, the way that we
8 get kids back home is because the parents improve
9 their condition. So let's say we are moving 2,000,
10 3,000 children back home every year, and 70 percent
11 of the cases relate to drug abuse, it could be
12 really ugly. We could be talking about huge numbers
13 of kids who have to stay longer. Or worse,
14 terminate parental rights when good drug treatment
15 would have prevented that. That's a huge thing for
16 a society and a government to do, to terminate
17 parental rights. And to deny people treatment and
18 then do something like that, is pretty bad.

19 COUNCILMAN ORTIZ: That's what I'm
20 interested in. One, those numbers, when you say it
21 could really huge, and if we're going to be taking
22 the steps to terminating parental rights because the
23 parent cannot access drug treatment. Has your staff
24 begun -- because the report that we need to do, I'd
25 like to see a projection of numbers.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 MS. MARTINEZ: I will provide you with a
3 projection. But I think that the caveat --

4 COUNCILMAN ORTIZ: Because if these
5 things happen, this is almost like the worst case
6 scenario happening. I believe that the cuts in the
7 state budgets are so huge and so dramatic and so
8 evil it will produce the worst case scenario in the
9 City of Philadelphia. I'd like to see what those
10 projections would be.

11 MS. MARTINEZ: I will provide some
12 projections. We will get at them indirectly,
13 though, because this is something that would be hard
14 to predict. But I will work on some projections.

15 For example, on the one hand we could
16 say some of these children could end up in parental
17 rights termination because the parents didn't get
18 treatment. But on the other hand, part of the
19 impact could be that parent advocates are saying,
20 hey, you did not make reasonable efforts to
21 re-unify, so you cannot terminate parental rights.
22 So then the kids stay stuck in the system.

23 There's multiple ways that this could
24 impact on our system. And, in fact, I think it
25 would impact in multiple ways at the same time. So

1 05/23/04 - RESOLUTIONS 020695, 020832

2 I will try to give you an analysis of this with the
3 caveat that it is truly just a projection based on
4 possibilities, but we are very much firmly with the
5 Behavioral Health System in making the restoration
6 of that money the highest priority.

7 COUNCILMAN ORTIZ: Well, the thing is
8 that, given the nature of the Harrisburg House and
9 Senate, there's no assurance that those monies will
10 be restored. The budget has been approved. And I
11 don't see where the movement comes from. It seems
12 to me that we're dedicating more time to gambling
13 than to restoration of these cuts.

14 That is very worrisome.

15 COUNCILMAN COHEN: And may I add this?
16 Politically it's worrisome because we know -- and
17 it's a good thing generally that the Mayor and the
18 Governor are political allies. The bad part of that
19 is that when you're political allies, you don't want
20 to embarrass a political ally. Therefore, we think
21 we may have difficulty in getting at the facts, the
22 true facts.

23 For example, I was pondering while
24 Councilman Ortiz had you engaged in discussion, I
25 was pondering, for example, whether we could say we

1 05/23/04 - RESOLUTIONS 020695, 020832

2 got our report ready by Wednesday of this week,
3 could we present to you -- just to make sure that
4 our figures were as accurate as they could be --
5 could we present to you that report, have you look
6 at it, have you correct it where it should be, or do
7 we place you in an embarrassing position where you
8 may not be able to? We don't wish you harm. You're
9 one of the bright stars in the City Administration,
10 and they beat on you. But that's not because of
11 you. It's because of the policies of the general
12 Administration that you are not free to change.

13 We all recognize that the Mayor is the
14 top person in the government and often has the
15 ability to and does frequently set policy. But I'm
16 wondering would it be helpful for us to go with our
17 own judgement and not put you or anybody else on the
18 spot because of that political relationship. So I
19 want you to understand that part of the problem. We
20 want to get the truth out as we know it in the
21 professional sense.

22 MS. MARTINEZ: Well, Councilman, can I
23 just say that I believe that the Administration,
24 from what I know -- and my job is to run DHS. I'm
25 not involved actively in the lobbying efforts. But

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the Administration has put out very forceful
3 messages around the restoration of those drug and
4 alcohol cuts. So this is one issue where I really
5 am not hearing anyone say anything different.

6 I could not speak to the political
7 reality because that's outside of my realm of
8 expertise. But I will say this, that while, yes, I
9 am -- I do not believe that I am saying anything
10 inconsistent with what our Mayor and our
11 Administration says when I say that these cuts would
12 be devastating, because that is the conversations
13 that I hear here. It's what I hear with the state
14 legislators. It's what I hear when I speak to some
15 people who work for the Governor. So I really
16 believe that this is not something where I am
17 breaking ranks with anybody. And I am actively
18 participating in this advocacy, and I do not feel
19 there's any problem -- and I'll be corrected if I am
20 wrong. I know that. I don't think there's any
21 problem in us advocating together for this
22 restoration.

23 COUNCILMAN COHEN: Okay. I think that
24 would be very good if we could work knowing that we
25 can work cooperatively and trust each other's

1 05/23/04 - RESOLUTIONS 020695, 020832

2 judgement. But I just offered you the same thing I
3 always offer everybody. If ever you find a request,
4 one that you cannot fully comply with, just tell us.
5 Maybe you don't have to tell us why. Just tell us,
6 unfortunately, you're too busy at the moment. You
7 won't be able to reach our time demands.

8 MS. MARTINEZ: I appreciate it. I'm
9 just concerned that I don't make up data that can
10 later be used to undermine our City's credibility.

11 COUNCILMAN ORTIZ: We want our
12 credibility to be very firm. I think the
13 consequences of what could happen if these things
14 are maintained, both in terms of your clientele, but
15 also in terms of the impact that it will have on the
16 judicial system. Because it will increase the
17 pressure because more people are going to be out
18 there doing things that are going to be criminal,
19 that are going to lead to arrests.

20 So like I was saying, the unintended
21 consequences of certain things have ramifications.
22 So I'd like to be able to look at what all of the
23 possible ramifications of these acts are going to
24 be. As a legislative body, we'd like to find out.
25 I'd like to leave something here that will have a

1 05/23/04 - RESOLUTIONS 020695, 020832

2 road map as to how we should be looking at the
3 budget that we approved, at legislation that we
4 should be able to take on. So those things are
5 necessary. I want our credibility to be of the
6 highest. I want the State House to understand and
7 the State Senate what will happen if these things
8 are maintained.

9 MS. MARTINEZ: What is your deadline for
10 me trying to put some numbers in front of you? Is
11 it next Wednesday that you want to have this?

12 COUNCILMAN COHEN: Well, we'd like to be
13 able to take action by Thursday.

14 COUNCILMAN ORTIZ: Before I leave
15 Council.

16 COUNCILMAN COHEN: We have until 9:30
17 Thursday morning to adopt a report.

18 MS. MARTINEZ: I will work on submitting
19 some numbers for your review and comment.

20 COUNCILMAN COHEN: Can we hear from
21 Chief Inspector Raymond Rooney?

22 MR. ROONEY: Good afternoon, sir.

23 Obviously, if treatment is reduced, more
24 people will stay in active addiction, and that will
25 have a very negative impact on crime. People that

1 05/23/04 - RESOLUTIONS 020695, 020832

2 are in addiction need to get the money to buy the
3 drugs. And in most cases, it's petty crime, and in
4 some case, even violent crime they must resort to
5 get the money. So clearly the Police Commissioner
6 is behind the effort to get the funds restored.

7 We're doing some other things trying to
8 reduce the usage. We go into the schools and civic
9 groups with a program we call Heads Up. And we've
10 done that for about two years now, with over 600
11 appearances to over 100,000 people. We believe
12 that's having some impact on the usage, particularly
13 among the young kids.

14 I don't know what it would do to the
15 crime rate, obviously, but I know that it would make
16 it extremely difficult to bring the crime rate down
17 if people don't get into treatment. I believe most
18 people that recover from addiction, that recovery
19 starts with some type of treatment. Some people do
20 it on their own, but I think that the chances are
21 greatly improved through some type of recovery
22 program.

23 We use some people from BHS in our
24 program when they're available. Some of the people
25 from BHS are recovering addicts. And part of the

1 05/23/04 - RESOLUTIONS 020695, 020832

2 program is, they come in and explain to the kids or
3 the adults what they had to do to get the money to
4 buy the drugs, what their life was like, what they
5 had done to their families, and now the positive
6 things that have happened. They've gotten into
7 recovery and they've gotten straightened out. I
8 can't say enough to try to keep these cuts reduced.

9 Some of the people from BHS did an open
10 mike session at Community College last week. I
11 think it was, like, an eight hour presentation.
12 They took the tape and they were sending it to the
13 House and the Senate in Harrisburg. I spoke for a
14 few minutes and said basically the same thing.

15 You're talking about Treatment Court. I
16 saw on the news last week, the Governor of Florida
17 addressed the Treatment Court in Florida and
18 mentioned that he hoped that his daughter would
19 graduate in the next class. Well, if the Governor
20 of Florida has got drug-addicted people in his
21 family, whom am I to think it's not going to be my
22 family? It's got to be every family in the City. I
23 don't think there's anybody in this City that
24 doesn't know somebody addicted to drugs or somebody
25 that's recovering and gone through partial hell

1 05/23/04 - RESOLUTIONS 020695, 020832

2 getting out of it. So really all we're doing is
3 cutting our own throats if we cut back on treatment.

4 COUNCILMAN COHEN: Makes sense to me.

5 Thank you.

6 Mr. Bencivengo.

7 MR. BENCIVENGO: My name is Mark

8 Bencivengo, B-E-N-C-I-V-E-N-G-O.

9 We seem to have gotten a bit off of the
10 Treatment Court issue, and that's where I had
11 prepared testimony. I believe you have copies of
12 all the testimony that was prepared that did deal
13 somewhat extensively with Treatment Court --

14 COUNCILMAN COHEN: I'd like you to get
15 back on course.

16 MR. BENCIVENGO: -- and the partnership
17 between the Behavioral Health System, CODAAP and the
18 Treatment Court, which has been going on for a
19 number of years.

20 In fact, in Fiscal Year 2003, this
21 current year, CODAAP, my office, provided funding to
22 the Philadelphia Treatment Court in the amount of
23 \$2.9 million as an investment in enhancing public
24 safety, reducing the prison population and assisting
25 offenders to move from abusing drugs and alcohol to

1 05/23/04 - RESOLUTIONS 020695, 020832

2 recovery.

3 Now, with that being said, these cuts
4 that are proposed in the Governor's budget which was
5 released on March 4th, these cuts would be
6 devastating to the ability of my office to offer
7 continued support to the Philadelphia Drug Treatment
8 Court.

9 COUNCILMAN COHEN: What would that do?

10 MR. BENCIVENGO: We would have to
11 eliminate the \$2.9 million that we were putting into
12 treatment to support that court. That's direct
13 support to that court. There's additional monies
14 that go in to provide treatment.

15 In particular, people entering the
16 Treatment Court are by and large uninsured at the
17 time they enter the Treatment Court. They may be
18 eligible for Medicaid, but they are not yet on
19 Medicaid. My office receives a grant of
20 approximately \$14.3 million to provide substance
21 abuse services for the uninsured and underinsured.
22 The Governor's '04 budget totally eliminates that
23 money, 100 percent cut of those dollars. It's
24 called the Behavioral Health Special Initiative. It
25 is gone. It is gone not only in Philadelphia, but

1 05/23/04 - RESOLUTIONS 020695, 020832

2 it is gone throughout the Commonwealth. So people
3 entering the Treatment Court, we would not be able
4 to provide dollars to support their treatment.

5 Eventually -- what happens is that
6 individuals who enter the Treatment Court, many of
7 them are eligible for Medicaid. And one of the
8 first things that the treatment programs do is to
9 work with the individual to get that individual the
10 benefits to which he or she is entitled. But at the
11 time they enter, they are not insured. We may get
12 them insured within two, three or four weeks, but we
13 won't have the opportunity to do that if the
14 Governor's budget goes through. So the front door
15 to getting Medicaid is going to be closed as a
16 result of these budget cuts.

17 This issue of the budget cuts is a
18 fascinating one from those of us who kind of peel
19 back the union and see where the impacts are. Ms.
20 Brown, she identified that the program that she was
21 in was Interim House East. Interim House East is a
22 residential treatment program for substance abusing
23 women without their children. There is also a
24 program called Interim House West. That is a
25 residential program where women can live with their

1 05/23/04 - RESOLUTIONS 020695, 020832

2 children. When we look at the Governor's budget,
3 Interim House West, where women live with their
4 children, is not in jeopardy of closing. Interim
5 House East, where Ms. Brown began her recovery, is
6 in jeopardy of closing.

7 So when one goes across and looks at all
8 of the treatment programs in the City, there are
9 varying degrees of jeopardy for those particular
10 treatment programs. By and large the women's and
11 children's residential treatment programs are most
12 likely to survive because the women in those
13 programs are on Medicaid and they are not going to
14 lose those Medicaid benefits. Whereas the women who
15 enter Interim House East are not yet on Medicaid,
16 and they won't have the opportunity to pursue their
17 recovery.

18 COUNCILMAN ORTIZ: Could you give us
19 something along those lines that shows which of
20 these programs are most in danger of not being
21 funded or closing if these cuts go through?

22 MR. BENCIVENGO: Yes, I can.

23 COUNCILMAN ORTIZ: I would like to see
24 that.

25 COUNCILMAN COHEN: I guess it means that

1 05/23/04 - RESOLUTIONS 020695, 020832

2 they're different federal programs funding mothers
3 with children and separate from those just funding
4 single women.

5 MR. BENCIVENGO: In essence, that's
6 exactly the case. There are 362,000 people in the
7 City of Philadelphia who are on Medicaid. We'd like
8 to say, okay, someone is on MA or they're not on MA.
9 But within MA, there are about seven different
10 categories of aid. So someone can be on MA, but
11 they're funded by TANF dollars or they're in the
12 TANF category, technically Temporary Assistance to
13 Needy Families.

14 Another group of people within that
15 362,000 may be in a group called categorically
16 needy. The TANF group is not in jeopardy. The
17 categorically needy group is in jeopardy.

18 So what I did was to look at all of the
19 treatment programs in Philadelphia and to look at
20 the client mix within those programs to see what
21 category of aid the people in those programs were
22 on. And when I found a category of aid that was in
23 jeopardy, that program was jeopardy.

24 Now, it becomes a bit more complicated
25 -- I believe that Mr. Link is here from Gaudenzia.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Gaudenzia is a very large treatment program in the
3 state of Pennsylvania, probably the largest. They
4 have a number of programs. Several of their
5 programs are in serious jeopardy of closing because
6 they see people in a category of aid that is going
7 to go away. A number of their other programs treat
8 people in a category of aid that's not going away.

9 But then you take a program like
10 Gaudenzia, and what Gaudenzia does is spread its
11 administrative costs across all of its programs. If
12 two of seven programs go down, they're going to have
13 only five programs to spread their administrative
14 costs. The result is that the entire Gaudenzia
15 system may shrink or collapse as a result of not
16 being able to spread that administrative cost in the
17 same way they did before. That's the kind of
18 analysis that we do.

19 I don't know if City Council is going to
20 have the time in the next week what we've been doing
21 since March 4th when the Governor's budget came out.

22 What I would say is that City Council
23 knows that there is a \$40-plus million reduction to
24 treatment in Philadelphia, and that City Council
25 should be advocating and pursuing that the State of

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Pennsylvania return those dollars to the City of
3 Philadelphia and other places within the
4 Commonwealth to be able to fully fund the drug and
5 alcohol programs.

6 COUNCILMAN ORTIZ: Does it have any
7 impact, for example, on the needle exchange program?

8 MR. BENCIVENGO: No. Philadelphia funds
9 a needle exchange program. The federal government
10 and the state government have stated in writing, in
11 the contract that my office has, that we are not
12 allowed to use state or federal dollars to support
13 the needle exchange.

14 The City of Philadelphia provides CODAAP
15 with an allocation of General Fund City dollars. I
16 basically make sure that when an audit is done, that
17 when the state comes in, they see that I'm funding
18 that program with City dollars.

19 COUNCILMAN ORTIZ: Again, the unintended
20 consequences -- if we are cut, and these cuts go
21 through, will we be forced to either reduce the
22 amount of assistance we give to the needle exchange
23 program so that we can direct monies to help mothers
24 with children, for example, or whatever it is, from
25 the City that now goes to needle exchange?

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Is there a possibility within all of
3 this context that as the cuts are done, a program
4 like the needle exchange that can't use state or
5 federal funding, that uses Operating Budget money
6 from the City of Philadelphia, does it become, as
7 they say in the play-offs, does it stand on the
8 bubble?

9 MR. BENCIVENGO: It would be on the
10 bubble, but I've already made the decision. It's
11 not being cut.

12 COUNCILMAN COHEN: It's not being
13 directly cut.

14 MR. BENCIVENGO: It is not losing any of
15 its allocation. It is being funded by the City of
16 Philadelphia to the same extent that it was in '03.

17 COUNCILMAN COHEN: But if the City of
18 Philadelphia has to make up other cuts, won't the
19 City's ability to afford the continuation of this
20 program and others like it be less than it is now
21 because of the additional drains on the City funds?

22 If these things are cut, you're going to
23 have all kinds of demands on you for continuation of
24 some of these cut services, and have the City take
25 over the obligation to pay. As you do, you may find

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the same indirect impact. You'll just have less
3 money available for programs that you've been
4 funding regularly with City funding, because there
5 won't be that much City money available. In that
6 way, while you would love to maintain and save the
7 needle exchange program, you may come up against the
8 question of, can you afford to do that.

9 Is that or any other program now
10 financed by the City in jeopardy? I think you would
11 have to say it could be. I don't think any final
12 answer could be made. The best answer would be
13 restore the cuts so that we don't ever have to deal
14 with that question.

15 MR. BENCIVENGO: In my mind the best
16 answer -- and what I believe I just advocated -- is
17 that we urge that the cuts be restored.

18 Ultimately, like Commissioner Martinez,
19 I have to make decisions about where the resources
20 that are coming into my office go. So to the extent
21 that I'm pressured one way or the other, either you
22 succumb to the pressure or you don't succumb to the
23 pressure. Right now I've made the decision that the
24 syringe exchange stays.

25 COUNCILMAN COHEN: We hope you can

1 05/23/04 - RESOLUTIONS 020695, 020832

2 continue that position. But we're not sure you're
3 going to be able to if these cuts continue in
4 effect.

5 MR. BENCIVENGO: I think that it's
6 extremely important that these cuts be restored. I
7 think uninsured people are incredibly vulnerable in
8 this. They are losing 100 percent.

9 COUNCILMAN COHEN: It's not the need.
10 Governor Rendell is an experienced politician. He
11 knows how difficult budgets are to get through,
12 whether it's at the City or state level. He must
13 know that it's going to be much more difficult to
14 change a budget after it's already been adopted,
15 than to get a budget properly passed when you have
16 the pressure on you of the state has no budget
17 beginning July 1st. And he chose instead the route
18 -- and I cannot believe that he didn't understand
19 this -- he chose the route which said he is not
20 going to be faced with that problem.

21 As of July 1st, there is a budget in
22 Pennsylvania. It's not the budget we want, but it's
23 a budget apparently the Governor was willing to
24 bargain for, rather than not have a budget. It's
25 going to be incredibly more difficult to change that

1 05/23/04 - RESOLUTIONS 020695, 020832

2 budget because you don't have the pressure, say, on
3 Republicans of being blamed for the state not having
4 a budget. They say we have a budget, and it's the
5 very budget the Democratic Governor presented. How
6 can you blame the Republicans?

7 What it does is remove a whole route of
8 pressure that's always been used when there's been a
9 Democratic Governor to get a budget. That's why
10 we're worried. The fact that the Republicans have
11 the kind of budget they dreamed for -- they could
12 have never gotten that budget through if there were
13 a Republican Governor. But our Governor, our former
14 Mayor, handed them the precise budget that most
15 Republicans like.

16 The whole basis of President's Bush's
17 tax cut, surely he wants to help, but in addition,
18 he wants to be in a position to say, "We don't have
19 any money for these crazy human services that people
20 like folks in Philadelphia or Councilman Cohen get
21 himself involved with." They don't think government
22 should help anybody. They think it's the people who
23 have to help themselves. And if they can't get any
24 help themselves, then they die. It's as plain as
25 that. Those of us who fight for the human need are

1 05/23/04 - RESOLUTIONS 020695, 020832

2 fighting for a different concept in government that
3 places a responsibility of quality of life on
4 government. That's why I'm saying you're going to
5 have a tough problem.

6 How do we communicate with other City
7 Councils or other local bodies? How are we going to
8 create the kind of pressure that's going to be
9 necessary to have a crack at changing a budget that
10 the Republicans love? Why should the Republicans
11 want to ever change this budget they have? They've
12 achieved what they never could under any Republican
13 Governor, and I cannot believe that it was an
14 accident.

15 MR. BENCIVENGO: Well, actually -- and I
16 believe Mr. Wigglesworth and Mr. Link can attest to
17 this -- the outpouring on the part of the drug and
18 alcohol field since March 4th, I don't think that
19 that was really anticipated. Marches on Harrisburg,
20 marches down Broad Street.

21 COUNCILMAN COHEN: I think you're right.

22 MR. BENCIVENGO: What we've been told,
23 even by Republican legislators, is that they would
24 look to restore those monies. This never would have
25 happened without what went on since March 4th.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 COUNCILMAN COHEN: Well, I think you're
3 right. And I'm just encouraging all kinds of
4 actions to increase that kind of impact. That's the
5 only hope we have, is to keep the spurt of outrage.
6 And you get outraged when people understand what's
7 going on. If the circumstance does not warrant
8 outrage, there won't be any. But if the
9 circumstances warrant it, and that appears to be the
10 case, I think people are going to be outraged at the
11 notion that folks in their community are not going
12 to have services for drug addicted people or for
13 people threatened with drug addiction. So I think
14 you're certainly on the right course.

15 The question now is to develop the
16 political will by those who have to vote on it. And
17 it's very difficult in Harrisburg for Republicans in
18 a rural area that have been taught that everything
19 in Philadelphia is evil to now come to our rescue.
20 That's why we have to make it a statewide concern,
21 that these cuts are affecting everybody statewide.
22 We have to use that fact to develop alliances to get
23 the changes made at the state level.

24 We're with you on that. We wish you
25 well. And I'm now going to call on -- Alba, you

1 05/23/04 - RESOLUTIONS 020695, 020832

2 look as if you have something you've got to say.

3 MS. MARTINEZ: Only that your words just
4 ring true to me. We need to see this tragedy as an
5 opportunity to organize and mobilize a political
6 muscle which, unfortunately, is not strong enough.
7 It just seems that when money is the bottom line,
8 everybody kind of falls in line with that. But when
9 it's human need, we sort of debate it to death and
10 wonder, well, how far do you go, and then things get
11 taken away from us. So I'm just reacting to your
12 analysis to the situation and wonder -- in the short
13 term we need to fight for restoration, but in the
14 longer term, I think we just need to fight for a
15 bigger muscle.

16 COUNCILMAN ORTIZ: If we were discussing
17 money for the stadiums here, this room would be
18 full.

19 COUNCILMAN COHEN: Thank you all very
20 much.

21 The final panel today is going to be Mr.
22 Tim Wilson, Executive Director of the Philadelphia
23 Alliance of Treatment Services. Dr. Harold Carter,
24 Medical Director of the Wedge. And Mr. Michael
25 Link, Regional Director of Gaudenzia House.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 After this panel, only if you really
3 feel that you've got to say something to the panel,
4 will a person be recognized. We really appreciate
5 the way everybody has permitted this hearing to go
6 on.

7 Gentlemen, go ahead in your own order.
8 Who's going to be first?

9 MR. WILSON: I will be.

10 Chairperson Cohen, Chairperson Ortiz,
11 Councilwoman Blackwell, my name is Tim Wilson,
12 W-I-L-S-O-N. You do have copies of my testimony, as
13 well as that of Terrence McSheary (ph), who
14 originally was going to part of our panel, but was
15 not able to make it today. I apologize for the
16 date. The date on it is the original date of May
17 7th.

18 As I said, I'm Tim Wilson. I'm the
19 Executive Director of the Philadelphia Alliance of
20 Specialized Agencies. The Philadelphia Alliance was
21 forged in 1969 and consists of 40 specialized human
22 service agencies that provide direct services to
23 over 50,000 individuals with needs related to mental
24 retardation, mental illness and chemical dependency.
25 Members of the Philadelphia Alliance and I are

1 05/23/04 - RESOLUTIONS 020695, 020832

2 offering our testimony today.

3 You started out talking about Treatment
4 Court, and I think we support all the testimony that
5 was stated before. But, of course, discussion of
6 the advisability of Treatment Court will be academic
7 if the cuts stand, and that's primarily what I'm
8 offering testimony on, a lot of which you've already
9 heard.

10 COUNCILMAN COHEN: But you support the
11 Treatment Court?

12 MR. WILSON: Absolutely. But there
13 won't be agencies to do the treatment. And as Mark
14 Bencivengo pointed out, he won't have the money to
15 fund anybody if these cuts that the Commonwealth has
16 made in their budget stand as is.

17 Immediately following my brief testimony
18 will be Michael Link, Regional Director of
19 Gaudenzia, and Dr. Harold Carter, Executive Director
20 of the Wedge Medical Center.

21 COUNCILMAN COHEN: From what I
22 understand, Gaudenzia House program seems to be the
23 immediate predecessor to the Treatment Court.

24 As I understand, the Treatment Court
25 treats people toughly. They've got to be ready to

1 05/23/04 - RESOLUTIONS 020695, 020832

2 complete the program. And that was my impression
3 from my first term back in the late '60s with the
4 approach of Gaudenzia House.

5 Sir, go ahead with the Gaudenzia House.

6 Thank you, Mr. Wilson.

7 Go ahead, Dr. Carter -- or rather Mr.
8 Link, and then Dr. Carter.

9 MR. LINK: Good afternoon. My name is
10 Michael Link, L-I-N-K, and I am the Eastern Regional
11 Director for Gaudenzia. Basically that means I'm
12 responsible for the programs that Gaudenzia operates
13 in the Philadelphia area. I'll just cut to the
14 chase, because it's been a long afternoon.

15 Certainly you've heard the testimony of
16 many others that talk about what the impacts of the
17 cuts would be. What I thought I would do just
18 briefly is kind of tell you what those impacts will
19 be on the programs in Philadelphia that Gaudenzia
20 operates.

21 As an organization, we operate 67
22 programs statewide, but we operate 20 specifically
23 in Philadelphia. And I want to speak to what the
24 impact will be for those 20 programs.

25 COUNCILMAN COHEN: In Philadelphia?

1 05/23/04 - RESOLUTIONS 020695, 020832

2 MR. LINK: In Philadelphia, that's
3 correct.

4 The cuts represent -- and Mark
5 Bencivengo is correct -- a 50 percent reduction in
6 services for Gaudenzia. In terms of numbers, we're
7 talking about a reduction to 1,800 individuals, most
8 of whom are all uninsured, chronically addicted and
9 unemployed in Philadelphia. Will they disappear?
10 No. We know they're not going to disappear. We
11 know where they're going to end up at.

12 But also, what does this mean for
13 Philadelphia as well, in terms of the impact? Well,
14 we're talking about a 50 percent reduction in our
15 work force. So we're talking about a loss of 400
16 jobs here in Philadelphia. We're talking about the
17 cost in terms of to the City in reduced taxes and
18 unemployment, \$1,600,000. We're talking about a
19 spending power reduction of \$2,400,000.

20 Almost all of our families and their
21 staff have educations that range from GEDs to Ph.Ds.
22 And many of them are recovering themselves and they
23 have committed most of their lives to this work.
24 Many of them have college loans and have invested
25 time and money in specialized education and

1 05/23/04 - RESOLUTIONS 020695, 020832

2 training, and all of this would be a loss and would
3 be a considerable waste of talent.

4 Councilman Ortiz was talking earlier
5 about the heroin problem, and he is correct.
6 Everyone knows there's a tremendous heroin problem
7 here in Philadelphia. A couple of weeks ago I had
8 the opportunity to speak with the nation's drug
9 czar. John Walters is his name. And he was talking
10 about the heroin epidemic that's in Philadelphia and
11 other eastern seaboard cities. And I told him I
12 agreed with him, that there clearly was an urgent
13 need for increased treatment in Philadelphia and
14 other eastern seaboard cities where this problem was
15 rampant.

16 One of the other things he said to me
17 that was very interesting was, he said that in
18 addition to the need for treatment in Philadelphia
19 and other cities where this heroin epidemic is
20 occurring, is that there's also been a reduction in
21 the international supply side effort of 17 percent,
22 since he's been in office, of drugs from other
23 countries. And what that means is that we're going
24 to have an increased demand for treatment of men and
25 women, particularly in major metropolitan cities,

1 05/23/04 - RESOLUTIONS 020695, 020832

2 because our country has done a great job of reducing
3 the supply side in other nations of drugs. So what
4 he was saying is that providers ought to be looking
5 for an increase in the next year of people seeking
6 services because we as a nation are doing a better
7 job of reducing the supply internationally.

8 And what I said to him is that I
9 appreciate that and I understand that. But what
10 we've got going on in Philadelphia and the State of
11 Pennsylvania will not allow us to be able to serve
12 the men and women and the girls and boys that are
13 going to need services.

14 COUNCILMAN COHEN: I don't understand
15 that. Why does the reduction in the amount of
16 heroin that comes from outside sources, why does
17 that reduction increase the problem in Philadelphia?

18 MR. LINK: Because those men and women
19 who won't have access to the drugs will then turn to
20 treatment. So in other words, if you can't get
21 drugs, eventually you're going to turn for
22 treatment.

23 COUNCILMAN COHEN: That would be good.

24 MR. LINK: Well, it is a good thing if
25 we've got treatment available.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 COUNCILMAN COHEN: I see. Okay. I
3 didn't understand. It could be a good thing. What
4 you're saying in effect is we are working against
5 ourselves. On the one hand we cut the supply, get
6 addicts more ready to accept treatment, and then we
7 cut off treatment.

8 MR. LINK: Absolutely.

9 COUNCILMAN COHEN: And make it
10 unavailable.

11 MR. LINK: Absolutely.

12 Finally, I will just close by simply
13 making the statement -- and I know I'm preaching to
14 the choir when I say this -- but drug treatment is
15 good public policy as well as good public safety.

16 COUNCILMAN COHEN: Why do you say that?

17 MR. LINK: One, because obviously there
18 is a reduction -- when you have treatment available
19 -- when I talk public safety, generally we
20 understand the relationship between crime and drugs.
21 Addicts commit crimes. And you heard the
22 Commissioner talk about that earlier. They commit
23 crimes to feed their habit. If we can provide
24 treatment, reducing their need, thereby reducing
25 crime, it becomes good public safety.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 The connection to public policy is that
3 if legislative and other administrative bodies
4 recognize the fact that treatment is effective and
5 works, and by putting resources towards that, then
6 it becomes good public policy to make sure that
7 dollars are there to provide treatment, which in
8 turn, increases public safety. So it is good public
9 policy to invest in treatment, as well as good
10 public safety as well.

11 COUNCILMAN COHEN: I have a tremendous
12 amount of respect for Police Commissioner Sylvester
13 Johnson, who comes from the area where I reside, and
14 I've known him for more than 30 years. He's a fine
15 man. But I disagree with one recent statement he
16 made, where he called for increased incarceration of
17 people, longer prison terms. Because I think that's
18 a denial of the concept of rehabilitation.

19 He's right in that taking people off the
20 street means those people cannot commit any crime
21 while they're incarcerated, at least any crime that
22 affects the public. But I think we've got to turn
23 the concentration on not removing people from the
24 public, because most of them are going to be
25 returning at some point. To become productive, I

1 05/23/04 - RESOLUTIONS 020695, 020832

2 think the sooner they get into a treatment form, get
3 ready for treatment and are able to get the
4 treatment, the less the damage to the public. That
5 I agree, I think, with your point of view.

6 Again on this issue, this is the kind of
7 issue we've got to get a lot of information out on
8 people, so they understand that there's a second
9 part to cutting down on the supply of heroin. That
10 increases the possibility of more people ready for
11 treatment. But then if we don't have the treatment,
12 then that's not going to work.

13 MR. WILSON: Councilman Cohen, at the
14 March 27th rally, Commissioner Johnson said some
15 very supportive things about treatment and the need
16 for that, and indicated that the prison population
17 would go up dramatically if these cuts in funds for
18 treatment were to stand.

19 COUNCILMAN COHEN: Well, if we can get
20 something from the Police Department to that effect,
21 it would be very helpful. Because police are
22 accepted as a credible authority on the issue of
23 statements as to impact of crime. It would be
24 awfully good if what you just said would be agreed
25 to, say, in written form by Commissioner Johnson.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 If he agrees with that statement, it could be very
3 helpful in this educational program. He's a
4 tremendous force in Philadelphia, tremendous force
5 for good.

6 I guess in a very short run it is right
7 for somebody who's incarcerated, they can't create a
8 problem on the outside. But I don't think that's a
9 long run problem. I think it's a very short run
10 game which hurts over the long run.

11 Yes, sir. Dr. Carter.

12 DR. CARTER: Yes, Councilman Cohen,
13 Councilwoman Blackwell. I really appreciate this
14 opportunity to speak with you.

15 I represent 50 years of experience in
16 drugs and alcohol; 27 years in an active addiction,
17 and about 22 in recovery.

18 I came about probably in 1979 into
19 treatment, having been in jail in many states, in
20 many of these courtrooms here in City Hall, having
21 stood before judges and taken out in handcuffs to
22 places like Graterford and Reed. I bring an arsenal
23 of information about addiction.

24 When I got sober, it wasn't enough. I
25 needed to compliment that information with

05/23/04 - RESOLUTIONS 020695, 020832

education. At 40, I got my GED. From that point until about eight years ago, I earned a doctor's degree. I teach at two universities and have developed drug curriculums at Montgomery County Community College, and have a private practice. And I stand as a recovering person. All of that is possible through public welfare, through PHEAA, through Pell, through all of the services that will be denied. It's what a recovering person needs once they have been in Treatment Court. Once they have went through treatment that is successful, some type of after care that brings them back to be able to sustain what they have learned. I believe in essence that all of what we have works as a system.

I'm also a professor, an adjunct professor at Lincoln University's graduate, and I teach systems on a community basis and systems analyses.

I think we need to look at, in addition to what's happening, to really make sense of what we're doing. All we're looking at is what is feeding our system. What's feeding the system is the demand.

In my outpatient program I deal with

1 05/23/04 - RESOLUTIONS 020695, 020832

2 adult family members and ask, you're leaving Cherry
3 Hill to go to the badlands in Philadelphia to get
4 heroin. Why? Oh, I can't get it where I live.
5 I'll get locked up. So it's safe to take a risk
6 with a Mercedes Benz to go to Germantown and
7 Huntingdon or Germantown and Lehigh or to old
8 Richard Allen. It is.

9 I think part of our goal that will also
10 help us to continue to stabilize recovery, we must
11 look at the demand side. And I think the demand
12 side is an illness. And I think the demand side
13 needs the focus of treatment, the person that wants
14 to use. There's years of use before that individual
15 becomes addicted. Many years of use, a long time
16 before the disease of addiction takes place.

17 I'm suggesting that part of the many
18 pros to the system of how well we do, we must also
19 look at demand side, as well as what we're doing.
20 And we're doing a very good job.

21 There have been some very prestigious
22 and eloquent speakers about numbers, about facts.
23 We know that we need money to continue to do what we
24 do. But also I believe as well as we need money, we
25 need to recognize the profile of those people.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 These people I've heard for 6 months, no
3 one has identified a profile of who these people
4 are. These people will probably be in the
5 neighborhood of about 3,800 unemployed folks that
6 will terminate -- not laid off -- that will lose
7 their jobs. That have mortgages and families.
8 These people that work in this field have been there
9 so long, have not been identified, nor have they
10 rallied to be identified. We know what the addict
11 looks like. Do we know what the treatment community
12 looks like? I suggest to you that we don't.

13 I would like for us to really consider
14 the treatment end, and the end of those of us that
15 provide this service. If these cuts as they are go
16 through, at least 40 to 45 programs in Philadelphia
17 will automatically close down. Meaning that those
18 employees in those programs are not employable in
19 mental health, because it requires different
20 degrees. Many are not employable in mental health,
21 which means that they don't have a job. And I'm
22 talking about from van drivers, to medical records,
23 to therapists, to counselors, to counselors aides.
24 And many of us with Ph.Ds will have to be pulled to
25 the mental health side. So there is more than one

1 05/23/04 - RESOLUTIONS 020695, 020832

2 catastrophe.

3 Yes, we know the addict. We've seen the
4 addict and the alcoholic. We really put a face on
5 these people that will be our next homeless and
6 displaced professional group of people in this City,
7 in the heart of this City, that has given this City
8 the best of the best of the best of the best through
9 commitment. This group of individuals, including
10 myself, are the most underpaid, over-qualified group
11 of folk. A massive level may be at \$30,000 and work
12 50 hours a week. 60 hours a week coming in on
13 Saturday or Sunday. I'm merely saying that there's
14 a commitment.

15 I've worked at a facility for 20 years
16 and left, and was CEO of this facility that was in
17 suburban America. I wanted to come home. I left
18 and I came back to Philadelphia, which was home. My
19 devastation was done in Philadelphia. I was working
20 and making differences in other parts of where I've
21 been in my life, but home. To that commitment, I'm
22 here today.

23 I'm suggesting that I can be available
24 for any committee. We have good programs. We have
25 some good outcomes. We do need to do some work on

1 05/23/04 - RESOLUTIONS 020695, 020832

2 what the demand is and some corrective actions that
3 will impact use and addiction. I think we have very
4 good educational programs. I think we have a lot of
5 things, but we must look at those folks that are
6 creating the demand for the supply, and we have to
7 put a face on these people. They're not
8 black/white. It's just a group of people that are
9 unemployable.

10 Once these 45 programs that I calculate
11 -- and I didn't do really good stats. The ones that
12 I looked at, they will close July 1st. Close down.
13 Down. Cease to exist. The Wedge where I work, in
14 one day we will be turning out 1,000 clients who no
15 longer get treatment. Immediately, out of a small
16 facility that employs about 124, 45 people will
17 immediately be terminated. Immediately. Within the
18 next month, another 35 will be immediately
19 terminated. Immediately.

20 COUNCILMAN COHEN: With respect to the
21 number of people in treatment, as compared to the
22 number who ought to be treatment, could you give us
23 any information on that? What currently does
24 treatment provide, for what proportion of those who
25 need it? Are half the people who need it in

1 05/23/04 - RESOLUTIONS 020695, 020832

2 treatment?

3 MR. WILSON: Statewide -- and usually
4 you can assume that Philadelphia is usually 25 to 40
5 percent of any statewide numbers. A study was done
6 and projected that there were 660,000 Pennsylvanians
7 in need of treatment that were not getting it. That
8 was before any of these cuts.

9 COUNCILMAN COHEN: Can you break it down
10 to what you think it would be if you just talked to
11 Philadelphia?

12 MR. WILSON: I could research that.

13 COUNCILMAN COHEN: How many people do
14 you think are in treatment currently in
15 Philadelphia? And how many do you believe are
16 available for treatment, ready for treatment?

17 MR. WILSON: Mark Bencivengo may have
18 even had that in his written testimony. He would
19 have those figures, I'm sure.

20 COUNCILMAN COHEN: Then the question
21 would be more appropriate for him.

22 MR. WILSON: What I have gotten from
23 some of his numbers is that there are 18,000
24 Philadelphians who have had treatment, that won't be
25 getting treatment under those cuts, from the cut of

1 05/23/04 - RESOLUTIONS 020695, 020832

2 \$41 million that you were talking about earlier.

3 COUNCILMAN COHEN: We'll try to get more
4 specific numbers from him.

5 MR. WILSON: It would be very helpful if
6 City Council was to pass a Resolution.

7 COUNCILMAN COHEN: Well, we'd like to.
8 That's why we have this hearing. Fridays are not
9 good days in general, in particular right after an
10 election. But we felt moved to do this because of
11 the urgency. We were afraid if July 1st comes and
12 they're already living under Rendell's budget, it's
13 going to be much tougher than changing it before it
14 actually goes into effect. Because once July 1st
15 comes, the Republicans are going to be saying, we
16 have a budget. What's all the fuss about? Maybe
17 you don't like it, but it's a budget we like.

18 Every time the Governor said, when he
19 gave us the first half of the split budget message,
20 that he loathed the budget, he knew that he was
21 saying, I know you love it. Maybe we loathe it as
22 democrats, but you love it as Republicans. I don't
23 know what was in his mind. I really don't. Because
24 he had to have known that the Republicans would
25 seize upon it. They would be stupid if they didn't.

1 05/23/04 - RESOLUTIONS 020695, 020832

2 Here a Democratic Governor is giving them the budget
3 they always had wanted, bereft of human
4 consideration. What led him to believe that they
5 wouldn't, since they had control of the legislative
6 body. So I believe he knew what was going to
7 happen.

8 MR. WILSON: Right. Many of our
9 members and others in the treatment community have
10 talked with legislators in the House and Senate, and
11 at least to our faces, both sides of the aisle seem
12 to be very supportive and say they want to help
13 restore the funding for drug and alcohol treatment.

14 Whatever pressure you can put on through
15 your resolution and other channels needs to be on
16 the Governor as well as the legislature, because the
17 Governor so far has not indicated support outside of
18 the fact that he said he hated the budget on March
19 4th.

20 COUNCILMAN COHEN: Well, we appreciate
21 your coming in.

22 We appreciate from the Wedge, your
23 concerns, and from Gaudenzia House.

24 We think we have a real job to do,
25 politically. And as I said at the outset, this is

1 05/23/04 - RESOLUTIONS 020695, 020832

2 the beginning of what may have to be a long campaign
3 until we restore human needs as a major concern of
4 government.

5 Maybe I can live with Jeff Lurie
6 becoming a billionaire instead of being just a
7 millionaire. I tried to fight against it, but I
8 didn't succeed on that. But at least let's not pay
9 the price in human terms of depriving people from
10 the most basic needs at all.

11 MR. WILSON: I did want to reinforce,
12 too, your intent to take action next week, I think
13 is good. Sooner is better, before the deals do get
14 made in Harrisburg, which will probably occur early
15 in June, rather than later in June.

16 COUNCILMAN COHEN: Well, I don't know
17 when it will be. And I don't know, I think you're
18 going to find a lot of legislators saying, well,
19 maybe Rendell cut drugs by \$40 million. We're going
20 to give you some of that money back. It will be two
21 or three million. And they'll walk around saying,
22 see, we restored money. That's not the kind of
23 money we're talking about. We're talking about that
24 full \$40 million.

25 MR. WILSON: It was already an

1 05/23/04 - RESOLUTIONS 020695, 020832

2 under-funded system. That's the point of talking
3 about the 660,000 Pennsylvanians that were
4 untreated.

5 COUNCILMAN COHEN: All right. Thank you
6 very much for coming. Thank you for your time and
7 patience. I think you're doing a real public
8 service. Thank you.

9 Now, I want to introduce a whole series
10 of written statements from Honorable Fredericka
11 Massiah-Jackson, President Judge of the Court of
12 Common Pleas; Honorable Lynn Abraham, District
13 Attorney for the City of Philadelphia; Honorable
14 Leanna Washington, State Representative and Chair of
15 the Pennsylvania Legislative Black Caucus; the
16 Honorable Harold James, State Representative and
17 Special Advisor to the Pennsylvania Legislative
18 Black Caucus; and the Honorable Frank Oliver, State
19 Representative of the Pennsylvania House of
20 Representatives.

21 Councilwoman Blackwell, did you want to
22 make any closing remarks?

23 COUNCILWOMAN BLACKWELL: I just wanted
24 to say thank you. We've worked together. The
25 doctor gave his history, and I know of his

1 05/23/04 - RESOLUTIONS 020695, 020832

2 commitment. And I know personally of individuals he
3 has helped and whose lives he has saved. And we
4 want to say thank you, thank you, thank you for all
5 that you are. Thank you.

6 COUNCILMAN COHEN: Very good. Thank
7 you.

8 The Committee will stand recess until
9 Thursday morning, May 29th at 9:30 a.m. That's just
10 immediately prior to the Council meeting that day.

11 Thank you.

12 (Council adjourned at 3:05 p.m.)

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C E R T I F I C A T I O N

I HEREBY CERTIFY that the foregoing
proceedings of the Council of the City of
Philadelphia of May 23, 2003, were reported fully
and accurately by me, and that this is a correct
transcript of the same.

RE: COMMITTEES ON LAW & GOVERNMENT, PUBLIC SAFETY,
PUBLIC HEALTH AND HUMAN SERVICES

Lisa C. Bradley, RPR
and Notary Public