AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

H.R. 2291, REAUTHORIZATION OF THE DRUG FREE COMMUNITIES ACT

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM
HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

FIRST SESSION

ON

H.R. 2291

TO EXTEND THE AUTHORIZATION OF THE DRUG-FREE COMMUNITIES SUPPORT PROGRAM FOR AN ADDITIONAL 5 YEARS, TO AUTHORIZE A NATIONAL COMMUNITY ANTIDRUG COALITION INSTITUTE, AND FOR OTHER PURPOSES

JUNE 28, 2001

Serial No. 107–65

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.gpo.gov/congress/house
http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE

79–781 PDF WASHINGTON : 2002

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2250 Mail: Stop SSOP, Washington, DC 20402–0001

COMMITTEE ON GOVERNMENT REFORM

DAN BURTON, Indiana, *Chairman*

BENJAMIN A. GILMAN, New York
CONSTANCE A. MORELLA, Maryland
CHRISTOPHER SHAYS, Connecticut
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
STEPHEN HORN, California
JOHN L. MICA, Florida
THOMAS M. DAVIS, Virginia
MARK E. SOUDER, Indiana
JOE SCARBOROUGH, Florida
STEVEN C. LATOURETTE, Ohio
BOB BARR, Georgia
DAN MILLER, Florida
DOUG OSE, California
RON LEWIS, Kentucky
JO ANN DAVIS, Virginia
TODD RUSSELL PLATTS, Pennsylvania
DAVE WELDON, Florida
CHRIS CANNON, Utah
ADAM H. PUTNAM, Florida
C.L. "BUTCH" OTTER, Idaho
EDWARD L. SCHROCK, Virginia
JOHN J. DUNCAN, JR., Tennessee

HENRY A. WAXMAN, California
TOM LANTOS, California
MAJOR R. OWENS, New York
EDOLPHUS TOWNS, New York
PAUL E. KANJORSKI, Pennsylvania
PATSY T. MINK, Hawaii
CAROLYN B. MALONEY, New York
ELEANOR HOLMES NORTON, Washington, DC
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
ROD R. BLAGOJEVICH, Illinois
DANNY K. DAVIS, Illinois
JOHN F. TIERNEY, Massachusetts
JIM TURNER, Texas
THOMAS H. ALLEN, Maine
JANICE D. SCHAKOWSKY, Illinois
WM. LACY CLAY, Missouri
DIANE E. WATSON, California

BERNARD SANDERS, Vermont (Independent)

KEVIN BINGER, *Staff Director*
DANIEL R. MOLL, *Deputy Staff Director*
JAMES C. WILSON, *Chief Counsel*
ROBERT A. BRIGGS, *Chief Clerk*
PHIL SCHILIRO, *Minority Staff Director*

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

MARK E. SOUDER, Indiana, *Chairman*

BENJAMIN A. GILMAN, New York
ILEANA ROS-LEHTINEN, Florida
JOHN L. MICA, Florida,
BOB BARR, Georgia
DAN MILLER, Florida
DOUG OSE, California
JO ANN DAVIS, Virginia
DAVE WELDON, Florida

ELIJAH E. CUMMINGS, Maryland
ROD R. BLAGOJEVICH, Illinois
BERNARD SANDERS, Vermont
DANNY K. DAVIS, Illinois
JIM TURNER, Texas
THOMAS H. ALLEN, Maine

EX OFFICIO

DAN BURTON, Indiana
HENRY A. WAXMAN, California

CHRISTOPHER DONESA, *Staff Director and Chief Counsel*
NICHOLAS COLEMAN, *Professional Staff Member*
CONN CARROLL, *Clerk*
TONY HAYWOOD, *Minority Counsel*

CONTENTS

	Page
Hearing held on June 28, 2001	1
Text of H.R. 2291	6
Statement of:	
Dean, Arthur T., Major General, U.S. Army, retired, chairman and CEO, Community Anti-Drug Coalitions of America; Honorable Michael Kramer, judge, Noble County Superior Court, Indiana, chair of Drug-Free Noble County and member of the Advisory Board of CADCA; and Lawrence Couch, program manager, Montgomery County Partnership, Maryland	78
Levin, Hon. Sander, a Representative in Congress from the State of Michigan	35
Portman, Hon. Rob, a Representative in Congress from the State of Ohio	27
Vereen, Donald M., Jr., M.D., M.P.H., Deputy Director, Office of National Drug Control Policy; and John J. Wilson, Acting Director, OJJDP, Department of Justice	48
Letters, statements, etc., submitted for the record by:	
Couch, Lawrence, program manager, Montgomery County Partnership, Maryland, prepared statement of	94
Dean, Arthur T., Major General, U.S. Army, retired, chairman and CEO, Community Anti-Drug Coalitions of America:	
Information concerning selected outcomes	98
Information concerning Lessons From the Field	102
Prepared statement of	81
Kramer, Honorable Michael, judge, Noble County Superior Court, Indiana, chair of Drug-Free Noble County and member of the Advisory Board of CADCA, prepared statement of	88
Portman, Hon. Rob, a Representative in Congress from the State of Ohio, prepared statement of	31
Souder, Hon. Mark E., a Representative in Congress from the State of Indiana, prepared statement of	3
Vereen, Donald M., Jr., M.D., M.P.H., Deputy Director, Office of National Drug Control Policy, prepared statement of	51
Wilson, John J., Acting Director, OJJDP, Department of Justice, prepared statement of	59

H.R. 2291, REAUTHORIZATION OF THE DRUG FREE COMMUNITIES ACT

THURSDAY, JUNE 28, 2001

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

The subcommittee met, pursuant to notice, at 10 a.m., in room 2154, Rayburn House Office Building, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Gilman and Cummings.

Staff present: Christopher Donesa, staff director and chief counsel; Nicholas Coleman, professional staff member; Conn Carroll, clerk; Chris Barkley, intern; Tony Haywood, minority counsel; Lorran Garrison, minority staff assistant; and Peter Anthony, minority intern.

Mr. SOUDER. The subcommittee will come to order. Good morning and thank you all for coming.

This morning the subcommittee will consider reauthorization of the Drug Free Communities Act, particularly H.R. 2291, which was introduced by Congressman Portman last week. The Drug Free Communities Act is one of the pillars of our national demand reduction strategy and a priority for President Bush. This program also enjoys broad-based and bipartisan national support. It is intended to drive Federal assistance for prevention and treatment programs directly to the communities where it can do the most good to help parents and neighbors to keep children away from illegal drugs.

Since its enactment in 1997, the program has a proven record of success, and I am glad to have the opportunity to consider and strongly support its reauthorization in this subcommittee. From Nome, AK, and Kauai, HI, to Kendallville, IN, and Montgomery County, MD, we have seen how Drug Free Communities Coalitions can make a difference in individual cities, towns and counties across America. The program now assists 307 communities in 49 States, all of which are funded primarily by private sector, State and local dollars. I look forward to hearing from our witnesses about the many success stories which have come from the program.

I want to thank Congressman Portman and Congressman Levin for their bipartisan leadership on this legislation along with Senator Grassley and Senator Biden.

The bill recognizes the administration's priority to increase overall funding for the program in fiscal 2002 from $43.5 million to

$50.6 million and steadily increases the programs authorization to $75 million in fiscal 2007. It also addresses an issue which has been of some concern by allowing previous grantees to compete anew for program support after 5 years. H.R. 2291 also envisions improvements to the program by allowing supplementary grants for leading coalitions to mentor new coalitions in their area and the creation of a National Community Anti-Drug Coalition Institute which would provide technical assistance to coalitions in expanding the program to new communities.

While I strongly support this legislation, I also want to ensure that any reauthorization bill reported by this subcommittee reflects the original goal of the program to move Federal assistance directly to the communities who are doing the work.

I look forward to further testimony and explanation from today's witnesses with respect to the proposal to more than double the statutory cap on administrative expenses for the program from the current 3 percent to 8 percent, about which I have some concern. In the outyears of the program, this increase in administrative costs potentially represents grants to 35 additional communities.

I would also like the subcommittee to be satisfied that in the course of laudable efforts to expand and improve the program we do not inadvertently create or fund duplicative Federal efforts. In particular, I hope to hear from witnesses how the program will reconcile multiple entities who would have such tasks as technical assistance and training to local coalitions, including the Office of Juvenile Justice and Delinquency Prevention at the Justice Department, the new mentoring coalitions and the proposed new Institute.

We have excellent witnesses with us today to discuss the overall track record and benefit to the Drug Free Communities Program as well as the proposed legislation.

Our first panel consists of Congressman Rob Portman from Ohio and Congressman Sander Levin from Michigan, who worked tirelessly to create this program and have carefully nurtured it over the years to the success that it is today.

On our second panel we have Dr. Donald Vereen, Deputy Director of the Office of National Drug Control Policy, and Mr. John Wilson, Acting Director of the Office of Juvenile Justice and Delinquency Prevention at the Justice Department.

On our third panel we will welcome true leaders of the community coalition movement, including General Arthur Dean, the chairman and CEO of the Community Anti-Drug Coalitions of America; my friend Judge Michael Kramer from Noble County, IN, in my district, whose coalition won a national award from CADCA; and Mr. Lawrence Couch, the program manager for the Montgomery County partnership in Congressman Cummings' home State of Maryland. We look forward to your testimony.

[The prepared statement of Hon. Mark E. Souder and the text of H.R. 2991 follow:]

Opening Statement
Chairman Mark Souder

"HR 2291: Reauthorization of the Drug Free Communities Act"

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

June 28, 2001

Good morning and thank you all for coming. This morning the Subcommittee will consider reauthorization of the Drug Free Communities Act, particularly HR 2291, which was introduced by Congressman Portman last week. The Drug Free Communities Act is one of the pillars of our national demand reduction strategy and a priority for President Bush. This program also enjoys broad-based and bipartisan national support. It is intended to drive federal assistance for prevention and treatment programs directly to the communities where it can do the most good to help parents and neighbors to keep children away from illegal drugs.

Since its enactment in 1997, the program has a proven record of success and I am glad to have the opportunity to consider and strongly support its reauthorization in this Subcommittee. From Nome, Alaska and Kauai, Hawaii, to Kendallville, Indiana, to Montgomery County, Maryland we have seen how Drug Free Communities Coalitions can make a difference in individual cities, towns and counties across America. The program now assists 307 communities in 49 states, all of which are funded primarily by private sector, state and local dollars. I look forward to hearing from our witnesses about the many success stories which have come from the program.

I want to thank Congressman Portman and Congressman Levin for their bipartisan leadership on this legislation along with Senator Grassley and Senator Biden. The bill recognizes the Administration's priority to increase overall funding for the program in Fiscal 2002 from $43.5 million to $50.6 million, and steadily increases the program's authorization to $75

million in Fiscal 2007. It also addresses an issue which has been of some concern by allowing previous grantees to compete anew for program support after five years. HR 2291 also envisions improvements to the program by allowing supplementary grants for leading coalitions to mentor new coalitions in their area, and the creation of a National Community Anti-Drug Coalition Institute which would provide technical assistance to coalitions in expanding the program to new communities.

While I strongly support this legislation, I also want to ensure that any reauthorization bill reported by this Subcommittee reflects the original goal of the program to move federal assistance directly to the communities who are doing the work. I look forward to further testimony and explanation from today's witnesses with respect to the proposal to more than double the statutory cap on administrative expenses for the program from the current three percent to eight percent, about which I have concern. In the outyears of the program, this increase in administrative costs potentially represents grants to 35 additional communities. I also would like the Subcommittee to be satisfied that in the course of laudable efforts to expand and improve the program we do not inadvertently create or fund duplicative federal efforts. In particular, I hope to hear from witnesses how the program will reconcile multiple entities who would have such tasks as technical assistance and training to local coalitions, including the Office of Juvenile Justice and Delinquency Prevention at the Justice Department, the new mentoring coalitions, and the proposed new Institute.

We have excellent witnesses with us today to discuss the overall track record and benefits of the Drug Free Communities Program as well as the proposed legislation. Our first panel consists of Congressman Rob Portman from Ohio and Congressman Sander Levin from Michigan, who worked tirelessly to create this program and have carefully nurtured it over the years to the success that it is today. On our second panel, we have Dr. Donald Vereen, Deputy Director of the Office of National Drug Control Policy, and Mr. John Wilson, Acting Director of the Office of Juvenile Justice and Delinquency Prevention at the Justice Department. On our third panel, we will welcome true leaders of the community coalition movement, including General Arthur Dean, the Chairman and CEO of the Community Anti-Drug Coalitions of America, my friend Judge Michael Kramer from Noble County, Indiana in my district, whose coalition won a national award

from CADCA in 1999, and Mr. Lawrence Couch, the program manager for the Montgomery County partnership in Congressman Cummings' home state of Maryland. Welcome to all of you and we look forward to your testimony.

I

107TH CONGRESS
1ST SESSION

H. R. 2291

To extend the authorization of the Drug-Free Communities Support Program for an additional 5 years, to authorize a National Community Antidrug Coalition Institute, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 21, 2001

Mr. PORTMAN (for himself, Mr. LEVIN, Mr. CUMMINGS, Mr. OXLEY, Mr. RANGEL, Mr. HERGER, Mr. WYNN, Mr. LATOURETTE, Mr. STUPAK, Mr. LEWIS of Kentucky, Ms. CARSON of Indiana, Mr. ISAKSON, Mr. KILDEE, Mr. CUNNINGHAM, Mr. REYES, Mr. WATKINS of Oklahoma, Mr. MCNULTY, Mr. SESSIONS, Mr. ABERCROMBIE, and Mr. BARRETT of Wisconsin) introduced the following bill; which was referred to the Committee on Government Reform, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

---

A BILL

To extend the authorization of the Drug-Free Communities Support Program for an additional 5 years, to authorize a National Community Antidrug Coalition Institute, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

SECTION 1. FIVE-YEAR EXTENSION OF DRUG-FREE COMMUNITIES SUPPORT PROGRAM.

(a) FINDINGS.—Congress makes the following findings:

(1) In the next 15 years, the youth population in the United States will grow by 21 percent, adding 6,500,000 youth to the population of the United States. Even if drug use rates remain constant, there will be a huge surge in drug-related problems, such as academic failure, drug-related violence, and HIV incidence, simply due to this population increase.

(2) According to the 1994–1996 National Household Survey, 60 percent of students age 12 to 17 who frequently cut classes and who reported delinquent behavior in the past 6 months used marijuana 52 days or more in the previous year.

(3) The 2000 Washington Kids Count survey conducted by the University of Washington reported that students whose peers have little or no involvement with drinking and drugs have higher math and reading scores than students whose peers had low level drinking or drug use.

(4) Substance abuse prevention works. In 1999, only 10 percent of teens saw marijuana users as popular, compared to 17 percent in 1998 and 19

1 percent in 1997. The rate of past-month use of any
2 drug among 12 to 17 year olds declined 26 percent
3 between 1997 and 1999. Marijuana use for sixth
4 through eighth graders is at the lowest point in 5
5 years, as is use of cocaine, inhalants, and
6 hallucinogens.

7 (5) Community Anti-Drug Coalitions through-
8 out the United States are successfully developing
9 and implementing comprehensive, long-term strate-
10 gies to reduce substance abuse among youth on a
11 sustained basis. For example:

12 (A) The Boston Coalition brought college
13 and university presidents together to create the
14 Cooperative Agreement on Underage Drinking.
15 This agreement represents the first coordinated
16 effort of Boston's many institutions of higher
17 education to address issues such as binge drink-
18 ing, underage drinking, and changing the
19 norms surrounding alcohol abuse that exist on
20 college and university campuses.

21 (B) In 2000, the Coalition for a Drug-Free
22 Greater Cincinnati surveyed more than 47,000
23 local students in grades 7 through 12. The re-
24 sults provided evidence that the Coalition's ini-
25 tiatives are working. For the first time in a dec-

1 ade, teen drug use in Greater Cincinnati ap-
2 pears to be leveling off. The data collected from
3 the survey has served as a tool to strengthen re-
4 lationships between schools and communities, as
5 well as facilitate the growth of anti-drug coali-
6 tions in communities where such coalitions had
7 not existed.
8 (C) The Miami Coalition used a three-part
9 strategy to decrease the percentage of high
10 school seniors who reported using marijuana at
11 least once during the most recent 30-day pe-
12 riod. The development of a media strategy, the
13 creation of a network of prevention agencies,
14 and discussions with high school students about
15 the dangers of marijuana all contributed to a
16 decrease in the percentage of seniors who re-
17 ported using marijuana from over 22 percent in
18 1995 to 9 percent in 1997. The Miami Coali-
19 tion was able to achieve these results while na-
20 tional rates of marijuana use were increasing.
21 (D) The Nashville Prevention Partnership
22 worked with elementary and middle school chil-
23 dren in an attempt to influence them toward
24 positive life goals and discourage them from
25 using substances. The Partnership targeted an

1 area in East Nashville and created after school
2 programs, mentoring opportunities, attendance
3 initiatives, and safe passages to and from
4 school. Attendance and test scores increased as
5 a result of the program.
6 (E) At a youth-led town meeting sponsored
7 by the Bering Strait Community Partnership in
8 Nome, Alaska, youth identified a need for a
9 safe, substance-free space. With help from a va-
10 riety of community partners, the Partnership
11 staff and youth members created the Java Hut,
12 a substance-free coffeehouse designed for youth.
13 The Java Hut is helping to change norms in
14 the community by providing a fun, youth-
15 friendly atmosphere and activities that are not
16 centered around alcohol or marijuana.
17 (F) Portland's Regional Drug Initiative
18 (RDI) has promoted the establishment of drug-
19 free workplaces among the city's large and
20 small employers. Over 3,000 employers have at-
21 tended an RDI training session, and of those,
22 92 percent have instituted drug-free workplace
23 policies. As a result, there has been a 5.5 per-
24 cent decrease in positive workplace drug tests.

1 (G) San Antonio Fighting Back worked to
2 increase the age at which youth first used ille-
3 gal substances. Research suggests that the later
4 the age of first use, the lower the risk that a
5 young person will become a regular substance
6 abuser. As a result, the age of first illegal drug
7 use increased from 9.4 years in 1992 to 13.5
8 years in 1997.
9 (H) In 1990, multiple data sources con-
10 firmed a trend of increased alcohol use by teen-
11 agers in the Troy community. Using its "mul-
12 tiple strategies over multiple sectors" approach,
13 the Troy Coalition worked with parents, physi-
14 cians, students, coaches, and others to address
15 this problem from several angles. As a result,
16 the rate of twelfth grade students who had con-
17 sumed alcohol in the past month decreased
18 from 62.1 percent to 53.3 percent between
19 1991 and 1998, and the rate of eighth grade
20 students decreased from 26.3 percent to 17.4
21 percent. The Troy Coalition believes that this
22 decline represents not only a change in behavior
23 on the part of students, but also a change in
24 the norms of the community.

(6) Despite these successes, drug use continues to be a serious problem facing communities across the United States. For example:

(A) According to the Pulse Check: Trends in Drug Abuse Mid-Year 2000 report—

(i) crack and powder cocaine remains the most serious drug problem;

(ii) marijuana remains the most widely available illicit drug, and its potency is on the rise;

(iii) treatment sources report an increase in admissions with marijuana as the primary drug of abuse—and adolescents outnumber other age groups entering treatment for marijuana;

(iv) 80 percent of Pulse Check sources reported increased availability of club drugs, with ecstasy (MDMA) and ketamine the most widely cited club drugs and seven sources reporting that powder cocaine is being used as a club drug by young adults;

(v) ecstasy abuse and trafficking is expanding, no longer confined to the "rave" scene;

(vi) the sale and use of club drugs has grown from nightclubs and raves to high schools, the streets, neighborhoods, open venues, and younger ages;

(vii) ecstasy users often are unknowingly purchasing adulterated tablets or some other substance sold as MDMA; and

(viii) along with reports of increased heroin snorting as a route of administration for initiates, there is also an increase in injecting initiates and the negative health consequences associated with injection (for example, increases in HIV/AIDS and Hepatitis C) suggesting that there is a generational forgetting of the dangers of injection of the drug.

(B) The 2000 Parent's Resource Institute for Drug Education study reported that 23.6 percent of children in the sixth through twelfth grades used illicit drugs in the past year. The same study found that monthly usage among this group was 15.3 percent.

(C) According to the 2000 Monitoring the Future study, the use of ecstasy among eighth graders increased from 1.7 percent in 1999 to

3.1 percent in 2000, among tenth graders from 4.4 percent to 5.4 percent, and from 5.6 percent to 8.2 percent among twelfth graders.

(D) A 1999 Mellman Group study found that—

(i) 56 percent of the population in the United States believed that drug use was increasing in 1999;

(ii) 92 percent of the population viewed illegal drug use as a serious problem in the United States; and

(iii) 73 percent of the population viewed illegal drug use as a serious problem in their communities.

(7) According to the 2001 report of the National Center on Addiction and Substance Abuse at Columbia University entitled "Shoveling Up: The Impact of Substance Abuse on State Budgets", using the most conservative assumption, in 1998 States spent $77,900,000,000 to shovel up the wreckage of substance abuse, only $3,000,000,000 to prevent and treat the problem and $433,000,000 for alcohol and tobacco regulation and compliance. This $77,900,000,000 burden was distributed as follows:

1 (A) $30,700,000,000 in the justice system
2 (77 percent of justice spending).
3 (B) $16,500,000,000 in education costs
4 (10 percent of education spending).
5 (C) $15,200,000,000 in health costs (25
6 percent of health spending).
7 (D) $7,700,000,000 in child and family as-
8 sistance (32 percent of child and family assist-
9 ance spending).
10 (E) $5,900,000,000 in mental health and
11 developmental disabilities (31 percent of mental
12 health spending).
13 (F) $1,500,000,000 in public safety (26
14 percent of public safety spending) and
15 $400,000,000 for the state workforce.
16 (8) Intergovernmental cooperation and coordi-
17 nation through national, State, and local or tribal
18 leadership and partnerships are critical to facilitate
19 the reduction of substance abuse among youth in
20 communities across the United States.
21 (9) Substance abuse is perceived as a much
22 greater problem nationally than at the community
23 level. According to a 2001 study sponsored by The
24 Pew Charitable Trusts, between 1994 and 2000—

(A) there was a 43 percent increase in the percentage of Americans who felt progress was being made in the war on drugs at the community level;

(B) only 9 percent of Americans say drug abuse is a "crisis" in their neighborhood, compared to 27 percent who say this about the nation; and

(C) the percentage of those who felt we lost ground in the war on drugs on a community level fell by more than a quarter, from 51 percent in 1994 to 37 percent in 2000.

(b) EXTENSION AND INCREASE OF PROGRAM.—Section 1024(a) of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1524(a)) is amended—

(1) by striking "and" at the end of paragraph (4); and

(2) by striking paragraph (5) and inserting the following new paragraphs:

"(5) $50,600,000 for fiscal year 2002;

"(6) $60,000,000 for fiscal year 2003;

"(7) $70,000,000 for fiscal year 2004;

"(8) $70,000,000 for fiscal year 2005;

"(9) $75,000,000 for fiscal year 2006; and

"(10) $75,000,000 for fiscal year 2007.".

1 (c) EXTENSION OF LIMITATION ON ADMINISTRATIVE
2 COSTS.—Section 1024(b) of that Act (21 U.S.C. 1524(b))
3 is amended by striking paragraph (5) and inserting the
4 following new paragraph (5):
5 "(5) 8 percent for each of fiscal years 2002
6 through 2007.".
7 (d) ADDITIONAL GRANTS.—Section 1032(b) of that
8 Act (21 U.S.C. 1533(b)) is amended by adding at the end
9 the following new paragraph (3):
10 "(3) ADDITIONAL GRANTS.—
11 "(A) IN GENERAL.—Subject to subpara-
12 graph (F), the Administrator may award an ad-
13 ditional grant under this paragraph to an eligi-
14 ble coalition awarded a grant under paragraph
15 (1) or (2) for any first fiscal year after the end
16 of the 4-year period following the period of the
17 initial grant under paragraph (1) or (2), as the
18 case may be.
19 "(B) SCOPE OF GRANTS.—A coalition
20 awarded a grant under paragraph (1) or (2),
21 including a renewal grant under such para-
22 graph, may not be awarded another grant
23 under such paragraph, and is eligible for an ad-
24 ditional grant under this section only under this
25 paragraph.

1 "(C) NO PRIORITY FOR APPLICATIONS.—
2 The Administrator may not afford a higher pri-
3 ority in the award of an additional grant under
4 this paragraph than the Administrator would
5 afford the applicant for the grant if the appli-
6 cant were submitting an application for an ini-
7 tial grant under paragraph (1) or (2) rather
8 than an application for a grant under this para-
9 graph.
10 "(D) RENEWAL GRANTS.—Subject to sub-
11 paragraph (F), the Administrator may award a
12 renewal grant to a grant recipient under this
13 paragraph for each of the fiscal years of the 4-
14 fiscal year period following the fiscal year for
15 which the initial additional grant under sub-
16 paragraph (A) is awarded in an amount not to
17 exceed amounts as follows:
18 "(i) For the first and second fiscal
19 years of that 4-fiscal year period, the
20 amount equal to 80 percent of the non-
21 Federal funds, including in-kind contribu-
22 tions, raised by the coalition for the appli-
23 cable fiscal year.
24 "(ii) For the second, third, and fourth
25 fiscal years of that 4-fiscal year period, the

1 amount equal to 67 percent of the non-
2 Federal funds, including in-kind contribu-
3 tions, raised by the coalition for the appli-
4 cable fiscal year.
5 "(E) SUSPENSION.—If a grant recipient
6 under this paragraph fails to continue to meet
7 the criteria specified in subsection (a), the Ad-
8 ministrator may suspend the grant, after pro-
9 viding written notice to the grant recipient and
10 an opportunity to appeal.
11 "(F) LIMITATION.—The amount of a grant
12 award under this paragraph may not exceed
13 $100,000 for a fiscal year.".
14 (e) DATA COLLECTION AND DISSEMINATION.—Sec-
15 tion 1033(b) of that Act (21 U.S.C. 1533(b)) is amended
16 by adding at the end the following new paragraph:
17 "(3) CONSULTATION.—The Administrator shall
18 carry out activities under this subsection in consulta-
19 tion with the Advisory Commission and the National
20 Community Antidrug Coalition Institute.".
21 (f) LIMITATION ON USE OF CERTAIN FUNDS FOR
22 EVALUATION OF PROGRAM.—Section 1033(b) of that Act,
23 as amended by subsection (e) of this section, is further
24 is amended by adding at the end the following new para-
25 graph:

"(4) LIMITATION ON USE OF CERTAIN FUNDS FOR EVALUATION OF PROGRAM.—Amounts for activities under paragraph (2)(B) may not be derived from amounts under section 1024(a) except for amounts that are available under section 1024(b) for administrative costs.".

SEC. 2. SUPPLEMENTAL GRANTS FOR COALITION MENTORING ACTIVITIES UNDER DRUG-FREE COMMUNITIES SUPPORT PROGRAM.

Subchapter I of chapter 2 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1531 et seq.) is amended by adding at the end the following new section:

"SEC. 1035. SUPPLEMENTAL GRANTS FOR COALITION MENTORING ACTIVITIES.

"(a) AUTHORITY TO MAKE GRANTS.—As part of the program established under section 1031, the Director may award an initial grant under this subsection, and renewal grants under subsection (f), to any coalition awarded a grant under section 1032 that meets the criteria specified in subsection (d) in order to fund coalition mentoring activities by such coalition in support of the program.

"(b) TREATMENT WITH OTHER GRANTS.—

"(1) SUPPLEMENT.—A grant awarded to a coalition under this section is in addition to any grant awarded to the coalition under section 1032.

1 "(2) REQUIREMENT FOR BASIC GRANT.—A coa-
2 lition may not be awarded a grant under this section
3 for a fiscal year unless the coalition was awarded a
4 grant or renewal grant under section 1032(b) for
5 that fiscal year.
6 "(c) APPLICATION.—A coalition seeking a grant
7 under this section shall submit to the Administrator an
8 application for the grant in such form and manner as the
9 Administrator may require.
10 "(d) CRITERIA.—A coalition meets the criteria speci-
11 fied in this subsection if the coalition—
12 "(1) has been in existence for at least 5 years;
13 "(2) has achieved, by or through its own ef-
14 forts, measurable results in the prevention and treat-
15 ment of substance abuse among youth;
16 "(3) has staff or members willing to serve as
17 mentors for persons seeking to start or expand the
18 activities of other coalitions in the prevention and
19 treatment of substance abuse;
20 "(4) has demonstrable support from some mem-
21 bers of the community in which the coalition men-
22 toring activities to be supported by the grant under
23 this section are to be carried out; and

1 "(5) submits to the Administrator a detailed
2 plan for the coalition mentoring activities to be sup-
3 ported by the grant under this section.
4 "(e) USE OF GRANT FUNDS.—A coalition awarded
5 a grant under this section shall use the grant amount for
6 mentoring activities to support and encourage the develop-
7 ment of new, self-supporting community coalitions that
8 are focused on the prevention and treatment of substance
9 abuse in such new coalitions' communities. The mentoring
10 coalition shall encourage such development in accordance
11 with the plan submitted by the mentoring coalition under
12 subsection (d)(5).
13 "(f) RENEWAL GRANTS.—The Administrator may
14 make a renewal grant to any coalition awarded a grant
15 under subsection (a), or a previous renewal grant under
16 this subsection, if the coalition, at the time of application
17 for such renewal grant—
18 "(1) continues to meet the criteria specified in
19 subsection (d); and
20 "(2) has made demonstrable progress in the de-
21 velopment of one or more new, self-supporting com-
22 munity coalitions that are focused on the prevention
23 and treatment of substance abuse.
24 "(g) GRANT AMOUNTS.—

1 "(1) IN GENERAL.—Subject to paragraphs (2)
2 and (3), the total amount of grants awarded to a co-
3 alition under this section for a fiscal year may not
4 exceed the amount of non-Federal funds raised by
5 the coalition, including in-kind contributions, for
6 that fiscal year.

7 "(2) INITIAL GRANTS.—The amount of the ini-
8 tial grant awarded to a coalition under subsection
9 (a) may not exceed $75,000.

10 "(3) RENEWAL GRANTS.—The total amount of
11 renewal grants awarded to a coalition under sub-
12 section (f) for any fiscal year may not exceed
13 $75,000.

14 "(h) FISCAL YEAR LIMITATION ON AMOUNT AVAIL-
15 ABLE FOR GRANTS.—The total amount available for
16 grants under this section, including renewal grants under
17 subsection (f), in any fiscal year may not exceed the
18 amount equal to five percent of the amount authorized to
19 be appropriated by section 1024(a) for that fiscal year.".

20 **SEC. 3. FIVE-YEAR EXTENSION OF ADVISORY COMMISSION**
21 **ON DRUG-FREE COMMUNITIES.**

22 Section 1048 of the National Narcotics Leadership
23 Act of 1988 (21 U.S.C. 1548) is amended by striking
24 "2002" and inserting "2007".

1 **SEC. 4. AUTHORIZATION FOR NATIONAL COMMUNITY ANTI-**
2 **DRUG COALITION INSTITUTE.**

3 (a) IN GENERAL.—The Director of the Office of Na-
4 tional Drug Control Policy may, using amounts authorized
5 to be appropriated by subsection (d), make a grant to an
6 eligible organization to provide for the establishment of
7 a National Community Antidrug Coalition Institute.

8 (b) ELIGIBLE ORGANIZATIONS.—An organization eli-
9 gible for the grant under subsection (a) is any national
10 nonprofit organization that represents, provides technical
11 assistance and training to, and has special expertise and
12 broad, national-level experience in community antidrug
13 coalitions under section 1032 of the National Narcotics
14 Leadership Act of 1988 (21 U.S.C. 1532).

15 (c) USE OF GRANT AMOUNT.—The organization re-
16 ceiving the grant under subsection (a) shall establish a
17 National Community Antidrug Coalition Institute to—

18 (1) provide education, training, and technical
19 assistance for coalition leaders and community
20 teams;

21 (2) develop and disseminate evaluation tools,
22 mechanisms, and measures to better assess and doc-
23 ument coalition performance measures and out-
24 comes; and

1 (3) bridge the gap between research and prac-
2 tice by translating knowledge from research into
3 practical information.
4 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated for purposes of activities
6 under this section, including the grant under subsection
7 (a), amounts as follows:
8 (1) For each of fiscal years 2002 and 2003,
9 $2,000,000.
10 (2) For each of fiscal years 2004 through 2007,
11 such sums as may be necessary for such activities.

○

Mr. SOUDER. Now I would like to yield to Congressman Cummings for an opening statement.

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

Today's hearing offers a welcome opportunity to review one of the most successful and least controversial initiatives in our national war on drugs. At a time when much of our Nation's anti-drug policy seems caught in political cross hairs, the Drug Free Communities Program enjoys broad bipartisan support.

I am proud to say that I have been a strong supporter of the DFCA since its enactment, and I have strongly supported increases in the funding for many programs in subsequent years. I am just as proud to be an original cosponsor of the reauthorizing bill before us today.

This year, H.R. 2291's primary authors, Congressman Portman and Congressman Sander Levin, deserve congratulations for their committed work in putting together a bill that will sustain the near universal support the Drug Free Communities Program has enjoyed since its inception. The Bush administration, too, deserves credit for recognizing the value of this program by accommodating in its fiscal year 2002 budget request increased funding levels that are set forth in H.R. 2291.

The 5-year reauthorization and increased funding levels provided in H.R. 2291 are designed to breathe additional life into an already vital and small-scale program that attacks the problems of substance abuse where it resides, namely, in our communities and especially among our youth. Moreover, in addition to continuing congressional commitment to assisting the concerted grassroots efforts of communities to address their substance abuse problems at their source, the bill contains several new provisions that make it responsive to both the needs of struggling coalitions and the desire of thriving coalitions to pass on the benefits of their experience.

I must say, Mr. Chairman, that I am most impressed by this. Because in the Baltimore city limits, which is—I guess I represent about 55 or 60 percent of Baltimore city, I would imagine you would have probably somewhere between 75 and 150 organizations that could use these funds and could use them effectively and efficiently.

A reasonable increase in the program's administrative cost cap, new supplemental mentor grants, expanded eligibility for coalitions that have completed their 5-year funding cycle and the newly proposed National Community Anti-Drug Coalition Institute would not only increase ONDCPs' and the OJJDPs' ability to serve Community Anti-Drug Coalitions but also empower coalitions further to help themselves and each other.

Just this past week I visited three organizations in my district who have anti-drug efforts going on, and one of the things that was clear was that it would have been very helpful if they had some other organizations that had been successful to mentor them and to provide them with advice. It's not a question of whether people have the will. The question is whether or not we can equip them with the information and the resources to do the things that they want to do.

People want to take back their communities. They want their communities to be the best that they can be. They want their prop-

erty values to go up. They want their children not to be involved in drugs. The question is whether we will provide the resources and whether we will provide the information so that they can be most effective.

Although I understand that there are a couple of aspects of the legislation that have raised some concern, I know, more importantly, Mr. Chairman, that you strongly support the Drug Free Communities Program as I do. Thus, it is my hope that the witnesses will address your concerns satisfactorily today, Mr. Chairman, and that, in any event, we will be able to proceed to a markup on this important legislation in the very, very, near future.

I thank all of the witnesses for appearing before the subcommittee today, and I look forward to hearing from you all. And I want to thank everybody in the room, in case we don't get a chance to thank you, for doing what you do every day to lift up our Nation and to attack this very, very serious problem that we have in so many communities throughout the country.

With that, Mr. Chairman, I thank you.

Mr. SOUDER. Thank you.

Before proceeding, I would like to take care of a couple of procedural matters.

First, I'd like unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record; that any answers to written questions provided by the witnesses also be included in the record. Without objection, it's so ordered.

Second, I ask unanimous consent that all exhibits, documents and other materials referred to by Members and the witnesses may be included in the hearing record and that all Members be permitted to revise and extend their remarks. Without objection, it is so ordered.

I would like to welcome our first panel, Congressman Rob Portman and Congressman Sander Levin. It's a pleasure to have you both here.

Following standard committee practice, we recognize your oaths of office and will not swear you in as other witnesses to the panel are sworn in.

Congressman Portman, you are recognized for your opening statement.

STATEMENT OF HON. ROB PORTMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. PORTMAN. Mr. Chairman, thank you very much for agreeing to move this legislation on an expedited basis and having a hearing today.

I think there are a number of opportunities you are going to have on the additional panels to get into the issues, but Sandy Levin and I would love to have the opportunity to have some questions, and I will try to keep my statement relatively brief.

I'll start by saying that we appreciate your support and Mr. Cummings' support over the years. In 1997, we started this project together with your input, both of you, and with your support. We think it has been very successful, and we're here to try to reauthorize it now and improve on it.

The whole notion of this program is to provide a Federal grant program directly to communities to encourage them to put together a comprehensive, long-term approach involving all segments of the community and to do it in a way that can be measured. And very significantly, of course, it's a 100 percent matching grant program, so every Federal dollar leverages tremendous nonFederal resources.

We have so far been able to give these grants out to 307 community coalitions in 49 States, D.C., Puerto Rico and the Virgin Islands. So it's been broad based. And again we think we have had some great successes out there in creating more coalitions as well as rewarding those doing a good job encouraging them to do more.

Now this was a new approach. We had not tried this previously. It involves the Federal Government directly and local coalitions; and we did it because, frankly, many of us were frustrated with what we saw as a war on drugs that was not successful in getting at the demand reduction side. And effective prevention and education at the local level we thought worked, and we wanted to encourage it.

We have found that coalitions are successful because they are focused on the individual communities. They devise specific strategies that work in very specific communities, and that means usually in a neighborhood often defined by a school district. I think that's the level at which we think we're going to find the most success and where we believe this has worked well.

Also, these coalitions have to involve sort of all of the players that influence the decision of a young person, and that's law enforcement, and that's the faith community, and that's our schools and parents and teachers and business community. That we thought was a new approach in terms of the Federal Government encouraging and being involved and again one that we believe works very well.

Congressman Levin and I have witnessed first hand how these community coalitions work. We both in our districts have active community coalitions. We've gotten very involved in them, and we are believers, and we think there ought to be a continued support network here from the Federal level.

When we were all down at the White House hearing President Bush announced John Walters as his nominee for NADP, he stressed that the best way to reduce the supply on drugs he thought was to reduce the demand for drugs in this country. And as you recall he went on to specifically mention the Drug Free Communities Act as a way to do that. So we're pleased to see that kind of support from the administration.

As Mr. Cummings has mentioned in the budget, we in greater Cincinnati have seen a lot of success with our coalitions. Let me give you just a few things we have done.

We have trained over 6,000 parents. It was very intense. My wife and I went through that training. The courses they work in the sense of getting parents engaged in their kids' lives and ultimately sending those parents out as Ambassadors in the community to get other people engaged in talking to kids about the dangers of drugs, understanding, identifying what the problems are and having more informed parents and other caregivers, which is obviously crucial

to getting at this problem in Cincinnati as well as around the country.

There's also been a lot of partnering with the local media—TV, radio and so on. In our case, over $1.2 million has been provided through public service ads in the last year alone. This is all leveraging what the Drug Free Communities Act can do.

We believe also that these coalitions have engaged members of the community who have not been previously involved. I mentioned specifically the business community, and in Cincinnati we have certainly done that, brought the business community in in ways never before seen. We have got over 100 new drug-free workplaces in our area, for instance, in the last few years.

The faith community. In some communities, the faith community is more involved than in others, but in many communities the religious community is less involved today than they may have been back in the 1980's. This was the case in our area, and we've seen a redoubling of effort there. We have spearheaded the Faith Community Initiative, which trained over 100 local congregations to implement substance abuse prevention programs in their churches, mosques, synagogues; and that's very exciting to me. We're adding value, and I think you are seeing that around the country.

We have also, Mr. Chairman, made it a point, Mr. Levin and I, not to make this just a bipartisan effort which we have worked hard to do but also make it bicameral and make, hopefully, all of our jobs easier. We have worked closely with Senator Grassley and Senator Biden to come up with identical legislation in each body, at least as we introduced it, to not only get this through the House but hopefully get it through the Senate and get it to the President's desk to be signed with the least amount of difference between the Senate and the House legislation. It provides reauthorization through the year 2007.

It also authorizes, as you know, a new Anti-Drug Coalition Institute to help provide education, training and technical assistance to coalitions which is something we have identified over the last several years as a need. This Institute will also be helpful in developing and disseminating evaluation and testing mechanisms to assist coalitions in measuring and assessing their performance.

I said at the outset that's one of the unusual aspects of this legislation from 1997, that we really wanted to be sure we were measuring our results; and this Institute would be very helpful in providing technical assistance to coalitions to be sure we're doing that.

Ultimately, Mr. Chairman, as you know, the goal here is to get as much bang for the buck out of the Federal dollar and not to spend money on administrative costs and overhead; and I think we have been true to that and been tough on that. We want to send the most dollars we can directly to the communities, with a minimal amount being spent on administrative expenses.

Although there is an increase here from the 3 percent cap we established in 1997, I am pleased that the bill does cap administrative costs at what I think is a modest level that apparently ONDCP, OJJDP and the Advisory Commission of the drug communities have all agreed on.

The Advisory Commission, by the way, is made up largely of people representing coalitions around the country, so they have a pretty good feel for what is needed I think at the administrative level.

We can talk more about this later. I think you may have some questions. I'd love to talk about it.

But the notion is just to be sure we have the people available to monitor what is going on with these grantees around the country. The mentoring we can talk about later. I don't want to get into a lot of detail on that.

But what this does is it allows more mature coalitions to help other coalitions get off the ground. The statement from the Institute we can talk about later. But I think it makes good sense to provide some funding, and it is very limited here, less than 5 percent, as you know, for the mentoring side of it to be able to let more mature coalitions pass on their know-how to others.

We also have a new provision here that you can't apply for a second round of grants unless you are willing to increase your own match. So it goes from, you know, 100 percent to 125 after a 5-year period, which I think is a nice innovation of this legislation; and it's trying to respond to the need of not having coalitions get too reliant on the Federal side but to force them to look more into local and other nonFederal sources.

Finally, I just want to thank you again, both of you, for all your help and, Mr. Chairman, for your willingness to schedule this hearing so speedily after the introduction of the bill and to work with us to try to get this to the President get it signed into the law to be able to continue this good program.

Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Hon. Rob Portman follows:]

Statement of The Honorable Rob Portman

Before the

House Government Reform

Subcommittee on Criminal Justice, Drug Policy and Human Resources

June 28, 2001

Chairman Souder, Ranking Member Cummings and Members of the Subcommittee, thank you for the opportunity to appear before you this morning in support of H.R. 2291, legislation I introduced along with Congressman Sander Levin to reauthorize the Drug-Free Communities Act.

As you know, Mr. Chairman, the Drug-Free Communities Act, first enacted into law in 1997, established a grant program to support and encourage local communities that demonstrate a comprehensive, long-term commitment to reducing substance abuse among youth. These grants, which must be matched dollar for dollar with non-federal resources, have been awarded directly to 307 of these community coalitions in 49 states, the District of Columbia, Puerto Rico and the Virgin Islands. The Drug-Free Communities Act is a different approach than the traditional "War on Drugs." Instead of creating new federal bureaucracies and looking for solutions outside our borders, this program sends federal money directly to local coalitions working to reduce the demand for drugs through effective education and prevention. These local community anti-drug coalitions are leading the effort to keep our children off drugs. Coalitions are successful because they devise strategies and methods

specific to their own communities to keep illegal drugs out of children's lives. Congressman Levin and I have witnessed the success of these coalitions firsthand. They also work because they stress education and prevention at the local level by involving all those who influence the decisions of our young people.

In his Rose Garden speech announcing John Walters as the nominee for ONDCP director, the President said the most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America. He went on to specifically mention the Drug-Free Communities Act as a way to accomplish demand reduction.

I am pleased to say these community-based coalitions around the country are making real progress in the fight against drugs. For example, the Coalition for a Drug-Free Greater Cincinnati, which I founded and currently serve as President, has trained over 6,000 parents in how to talk to their children about drugs. We also have partnered with local TV, radio and print media to implement one of the most aggressive anti-drug media campaigns in the country. In the last year alone, local media has generously donated over $1.2 million in ad space. Data indicates that there is a strong correlation between the number of ads our teens see and hear and their choice to remain substance free. We've also spearheaded the Faith Community Initiative, which trained over 100 local congregations to implement substance abuse prevention programs in their churches, mosques, and synagogues.

Mr. Chairman, this reauthorization bill is not only bipartisan, it is bicameral.

Congressman Levin and I have worked in tandem with Senators Grassley and Biden, who introduced identical legislation in the Senate. H.R. 2291 continues funding for the Drug-Free Communities Act through fiscal year 2007. The bill also authorizes a new National Anti-Drug Coalition Institute to provide education, training and technical assistance to coalitions. The Institute also will be vital in developing and disseminating evaluation and testing mechanisms to assist coalitions in measuring and assessing their performance.

Mr. Chairman, the ultimate goal of the Drug-Free Communities Act is to get as much bang for the buck as possible and send dollars and assistance directly into the community with a minimal amount being spent on administrative expenses. I am pleased the bill caps administrative costs at a modest level that ONDCP, OJJDP and the Drug-Free Communities Advisory Commission all agree on.

The Advisory Commission, which works closely with both ONDCP and the coalitions operating in the field, has advocated mentoring among coalitions. Many thriving coalitions have already been engaged in activities such as sharing information and best practices with nearby struggling coalitions. This bill builds on those activities. As you know, Mr. Chairman, it takes time for coalitions to get off the ground and have an impact on the community. It makes good sense to allow and assist stronger coalitions to pass on their "know how" to others. H.R. 2291 includes an optional $75,000 supplemental to the DFC grant application that would foster mentoring among coalitions. These grants are not meant to supercede the basic Drug-Free Communities Grant program, and only those meeting strict

criteria may mentor.

Mr. Chairman, the Drug-Free Communities Act was never intended to be a steady stream of federal funding to cover coalition operating expenses. Therefore, coalitions reapplying for DFC grants after an initial five year period must match 125% of their grant. This, in effect, forces coalitions to grow their programs and become less reliant on federal dollars.

Finally, Mr. Chairman, I want to thank you and the Members of the Subcommittee for your hard work in quickly moving the Drug-Free Communities Reauthorization Act through the legislative process. I look forward to continuing our work together to speedily pass the bill.

Mr. SOUDER. Congressman Levin.

STATEMENT OF HON. SANDER LEVIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. LEVIN. Thank you very, very much. Rob and I are pleased and proud to be here. We're proud parents of quite a few children, each of us, and, in my case, grandchildren. We're most proud of them. But in terms of legislative children, if you want to call it that, I think we're very proud parents and glad that you are also parents of this program and so many other people are who are in this room and not in this room today.

My interest in this originated with, No. 1, the urgency of the issue. Hello, Mr. Gilman. I just saw it first hand, how the problem had exploded, even beyond that of my children's generation; and it was serious enough then compared to when I was a kid. It was also, though, originated because of what I saw was going on in the local communities, and in that case, really, one community more than others, Troy, the city of Troy, and the leader then was Mary Ann Salberg, who is now chair of the Advisory Committee.

It's been sustained by what I've seen happen in the local communities in the ensuing years, the blossoming of involvement and interest at the grassroots and how that is an essential ingredient in the battle to gain control of drugs and their effects.

So in a sense, I think that is all that needs to be said except to talk about the future. So let me comment on just a few points.

First of all, the mentoring provision in the Institute, in your statement, Mr. Chairman, you raise questions about that, and let me just say how I see it. Mentoring, it's been so valuable to have experienced organizations work with other communities. There was money that came through this program, and Rob and I have talked about it, that went to a community to mentor other communities, and it's really been invaluable.

One of the problems we have in a free society—it's even more so in a nonfree society—but in our wonderful, rambunctious society of the United States is replication. We have successes, but it's hard to spread the word and the experience, and I think that's the value of our nurturing more mentoring.

The Institute, as I see it, takes the experience more nationally, more globally and tries to help us learn from those experiences and spread the word even more broadly than can be done by mentoring, which after all, has some geographical limits and also helps with the evaluation and assessment of success and failure. Because, like any program, there are failures as well as successes; and I think the Institute can be very, very helpful in analyzing and assessing local experience on a national basis. So I believe, in addition to the expanded reauthorization amounts which are important, because the demand here has been, I think, gratifying, we didn't create it. We didn't go out and spawn these applications. They kind of poured in because of local need.

Last, in terms of the question of the cap, other witnesses perhaps can address this more effectively than I. I know that an issue arose before, and I think legitimately so, and a report was issued after considerable inquiry, and I would urge that we use that comprehensive report as a base for a continuation.

So I close with this, to congratulate you who are so interested in this, who now have such major responsibilities for nurturing this infant that is now more than crawling, it is more than walking, it's kind of running; and I guess we have to make sure it has an effective adolescence.

Thank you very much.

Mr. SOUDER. Thank you.

Mr. Gilman, would you like to make a statement?

Mr. GILMAN. Thank you, Mr. Chairman.

This seems to be drug day. We started off earlier today with the Colombia Plan. We're going into another hearing very shortly on the Andean Ridge.

I want to welcome our two good colleagues who are here today and giving us the best of their thinking on a very important measure, Mr. Portman and Mr. Levin. We want to thank you for your continued support of what we should be doing in communities.

You know, when I was in the State legislature many years ago, it was Governor Rockefeller then who had drug-free community programs and put a lot of money into it and was very successful. But over the years, as the drug problem waned temporarily, it sort of faded out in the distance, and I am pleased that you are doing the DFCA program.

Let me just say this to both of you. This program I think is a major component of our national demand reduction strategy; and over the last 5 years, through its program of distributing grants to our communities, the DFCA has demonstrated itself to be a resounding success. We can put billions of dollars into our drug war in eradication at its source, in interdicting and distribution and providing the kind of enforcement when it reaches our shorelines to try to put away the drug traffickers and then to do some things about prevention in educating our young people and then treating those who are victims. But the most important of all of these efforts I think are right in our own communities; and unless our communities are involved and unless we can convince the parents, the teachers, the schools, the churches, the synagogues, all of them to become involved, all of those billions of dollars go down the drain because we're not doing enough in demand reduction.

I think your program is an excellent program. I think the success is due in part to the nature of the grant recipients, various anti-drug coalitions; and I think these coalitions are community groups containing representatives of our young people, our parents, our private industry, our media and President, law enforcement and health care professionals, religious and civic leaders working together to provide a cohesive anti-drug message and strategy.

The DFCA reauthorization for an additional 5 years is something I fully support, and I hope our committee will fully support. I know our chairman is vitally interested in it. It increases overall funding levels. Prior awardees would be able to apply for new grants and, in addition, to be eligible for mentoring grants in order to help new coalitions with their initial startup efforts, which I think is significant.

Mr. Chairman, the threat posed by illicit drugs is, you and I both know, is one of the more crucial national security threats facing our Nation; and we can't emphasize that enough. Several presi-

dents have also labeled it a national security threat. And while some opponents have argued we spend too much on combating drugs, I can't conceive why they would say that. Those opponents ignore the extensive costs of drug use on our society if we were to add up all of the problems—the loss of youth, the loss of productivity, of health care, of all the other aspects that go into the drug problem.

In addition to costs associated with supply and demand reduction, drug use costs billions each year, when we add up all of those expenses. Moreover, it's also the intangible costs in terms of broken families and destroyed lives, destroyed minds.

Our children are on the front lines of the drug war, the primary target of both the drug producers and the sellers. The DFCA has a proven track record of success in reducing demand for drugs among our younger population. Given that today's adolescents are potentially the addicts of tomorrow, I wholeheartedly support extending and expanding this important Federal program.

Just one question, if I may, Mr. Chairman. What is the cost of the reauthorization?

Mr. PORTMAN. Mr. Gilman thank, you for your statement, first, and for never taking your eye off the ball.

Mr. GILMAN. Thank you.

Mr. PORTMAN. Because from the days of Nelson Rockefeller until today's very different problems and faces, whether it's Ecstasy or new issues in the Andean Ridge, you, Mr. Rangel and others have kept your eye on the ball; and when the public's interest has waned—as you said, when we started this program, for instance, there had been a doubling of teen drug use in the previous 10 years. We knew that. And that's because we took our eye off of the ball. So you have been out there ever since I've been here in Congress and I know well before, doing that.

We have for funding in 2002 proposed, as you know, $50.6 million. Then it goes to $60 million in 2003, $70 million in 2004, same in 2005, up to $75 million in 2006 and 2007. We had $40 million go out in 2001. So it's a slight increase over time. And, as Sandy said, that's really in response to the knowledge we have that there is a tremendous increase in demand.

For instance, we'll have about 408 we think—and we will hear from Don Vereen and others later, but—coalitions that we awarded grants this year, as opposed to 307 last year. So it is a slight increase in funding over time, and it's consistent with the administration's budget as well.

Mr. GILMAN. Thank you, Mr. Portman. I think when you consider what we're spending on defense, this is minuscule and well spent, and I certainly urge full consideration for this by our committee. Thank you.

Mr. PORTMAN. Thank you.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. SOUDER. First, let me say how much we appreciate both your efforts.

Congressman Portman has been pushing our leadership into doing some prevention things and worked with our leadership to develop this legislation. I worked with Congressman Levin back when I was the Republican staff director on the Children and Fam-

ily Committee in earlier lives of ours, and I know his commitment to children and families has been from the time he first came to Congress.

I want to ask a couple of tough questions just to get your reaction to this. One of the problems with the traditional part of the drug war is, for example, we hear when we put money into Colombia that we don't see the results that we want. Part of the problem with the results—we did this as we went through the drug-free schools program, too, and really never did come up with a fair way to monitor the results. And the demand reduction programs seem to be similarly measured like the results in the other parts of eradication and so on. In other words, they're process oriented, that we hear how many people went to the program, how many people who were in the program didn't have the problem.

But should there be some sort of a measurement like we demand from police departments? They ask this fundamental question: If you get a community anti-drug grant, did your drug use go down in your community or did it go up? Should we see an actual community change in the abuse of drugs? For example, Ecstasy is up from 3 percent to 8 percent in the last 2 years among high school students. Should that be equally true in places where they have the coalitions as where they don't?

Mr. LEVIN. Should I tackle that first?

I did not bring with me the materials put out by the various coalitions, but, Mr. Chairman, the more effective ones ask that question. Now, it isn't always easy, as you know, to obtain data by community. But I think it's fair enough to ask communities—and I do—how's it going? What has the impact been?

My only caution on this is to remember the difficulty of obtaining data per community. Also, we have to keep in mind the question, what would it have been without these programs?

But let me say that—and they're handing me for Troy—I didn't bring it. I now have it. So Troy—I'll just read the one paragraph, OK? And I want to mention that we encourage communities to do as Troy is doing.

Where there's a problem, for example, of a spread in the use of Ecstasy or any other drug, I think community coalitions should be working on this, and they should be able to—at least they should try to assess the impact. So I'll just read you the one paragraph, OK? This is the Troy Community Coalition.

There was a significant decline of students in Troy indicating that they have smoked cigarettes—this was on cigarettes—in their lifetime in grades 8, 10, 12 by 39, 20 and 24 percent from 1998 to 2000. These declines are far greater than the national average.

Then if I might just read one more paragraph, because I think it's relevant here.

Troy students in the eighth grade increased their disapproval of their friends smoking marijuana from 77 percent in 1998 to 83 percent in 2000.

Also, there's a figure here about Troy eighth graders first trying marijuana, and they drop from 7 percent to under 5 percent in the couple of years where there was an emphasis on this. And then there's further data.

So I think you have a salient question, and I think that we should be encouraging that as one of the tools of evaluation.

Mr. SOUDER. Thank you.

Mr. Portman.

Mr. PORTMAN. Mr. Chairman, I couldn't agree with you more.

Sandy's talked about some of the information that we have been able to garner over the years, but, in fact, the substance abuse prevention does work. But this has been one of my great frustrations in this field generally, and you and I have talked about it, which is the lack of good measurement on the prevention side.

We tried to do something new with this act back in 1997, as you know, which was to put in place some evaluation requirements that had never been in previous grant requirements, whether it was from the Federal Government or the State government, including CSAP or HHS and so on; and it's very difficult to do.

But one of the reasons—and we're going to get to this in a second—where we want to increase the administrative cap somewhat is to be able to be sure that we are giving the coalitions better feedback on the evaluation that we're requiring from them as to how their program is working so that they can improve. Because one of the complaints we got from the community coalitions is there's not enough sort of help from Washington in telling them what we're doing with their evaluation and how they could then take their program and make it better.

Then, second, is this institute. The notion in the Institute is best practices, basically. That is to say what is working and what is not working, taking the best out in the community in terms of performance measurement and spreading it.

As you know, in our coalition we focus religiously on this; and some would say too much. I don't think too much. But we did our survey late last year. 47,000 students—which is almost a census; that's more than most of the big national surveys have—47,000 students, and we asked all the questions we possibly could that relate to the national surveys to be able to benchmark to see how we were doing compared to the nationals, including Monitoring the Future and the PRIDE survey.

We also benchmarked as best we could every previous survey that had been done in our community, and there hasn't been one done in 2½ years. But every 2 years previous to that there had been one done in the public schools. Then there had been the PRIDE survey and now again in the suburbs and so on, and what we have come up we think is a template for the rest of the country.

Again, every survey has got to be a little different because you want to try to benchmark back to your previous surveys in your area. But we're providing that as best we can to other people; and we'd love to, frankly, have the folks at ONDCP and OJJDP do more in terms of spreading the word as to how you can measure your results better.

We measure absolutely everything. We have parent training. We give the parents a survey they have to get back to us on our approaches to different chemicals. We have the athletic directors and coaches come for the seminar. We then measure the performance of the seminar. But then 3 months out, 6 months out we ask them whether they are putting something in place; and we are getting

great results. You know, 60 some percent of them are putting something new in place in their schools.

So I agree with your question. Your premise is there's not enough testing, I think, in your question. I agree with you, and we have got to figure out a way to do it without overburdening coalitions with a lot of paperwork and red tape. I think one way to do it is to have this Institute because I think the Institute can provide some more of that technical help so they know how to evaluate their individual programs and then to come up with some sense of how they are comparing their community to communities that don't have coalitions.

I would just say, our own community, we had the highest drug use ever in Cincinnati when we started our thing in 1994. Then our latest survey shows that, for the first time in 10 years, we've got a reduction in hard drugs, leveling off of marijuana use after dramatic increases, you know, every year from the previous decade. We've got a slight uptick in alcohol; and I think in smoking we are about level, maybe a little bit up.

But we feel like, as compared to other communities that don't have this coalition effort, that we have done better; and that's based on Monitoring the Future and PRIDE surveys and so on and certainly as compared to our past. So all I can tell you is I truly believe substance abuse works.

We have got some other data here that CADCA has provided to me this morning, which I will be happy to provide to the subcommittee with your permission. But it shows, for instance, that in 1999, 10 percent of teens saw marijuana users as popular and it was 19 percent in 1997 and 17 percent in 1998. Now some of this is the Drug Free Media Act, some of it is just the American public getting reengaged with this issue. It has been said, you know, we kind of lost track of it. But I think these community coalitions deserve some credit for what we have seen in the last 3 or 4 years.

Mr. SOUDER. Thank you.

Mr. Cummings.

Mr. CUMMINGS. Thank you, Mr. Chairman.

You know, I was just sitting here listening and, right now—I mean, I look at the list of—and I want to make this statement so you can get where I'm coming from.

I was looking at Maryland and what is happening in Maryland. Montgomery County, which is our richest county, and all due respect, they got their grant. They got a grant. Baltimore City has not, which has the worst problem in the country with regard to that, in the country. Now, I don't know whether that's Baltimore City's fault, and I'm not here arguing over whether Baltimore City should have gotten it or not. I am sort of going at the aim of the program generally.

I think the thing I like about this program is that it does go into the communities. Because one of the things that I've noticed since being in the Congress, gentlemen, is that there are a lot of people who make a lot of money off of the ills of society, and the people who are ill never get well. And I've seen it over and over and over again.

I am beginning to look at some of the grants that come into Baltimore, research grants. There has been a lot of research. But then,

after the research is over, the community is still in bad shape, and there's nothing to sustain anything. There's nothing even put in operation so that you even have something to sustain.

So that is what I like about this program, and I'm trying to—and so I had to set that up to get to where I'm going to.

When I look at the mentoring program and this institute, I think these are very, very important things, very important, because one of the things that all of us—and I tell my constituents constantly, if you want to know something the Republicans and Democrats agree on, this one thing, that our tax dollars—that your tax dollars will be spent effectively and efficiently, whatever the purposes are.

So I guess I like the idea of organizations that have been doing it and have been effective to then take that and take it somewhere else, because I'm telling you probably from what I've seen in my neighborhoods, neighborhoods get more respect—I mean, in other words, if somebody is trying to accomplish something, like a neighborhood association wants to accomplish something, like getting guys off the corner selling drugs, they will listen to somebody who has done it, who looks like them, who has a similar situation, and they talk the same talk. They will listen to them.

When it comes to the super experts, that is a whole other thing. So I think this is good. I think it is good for us to try to figure out how we can do this mentoring thing.

The institute situation, as I think—I mean, as I understand it—is a good idea, because I think a lot of people, like I said in my opening statement, they really want to do something. They just don't know what to do. And as you all were talking and I started looking at all the material in front of us, I realized we have got different kinds of problems. I mean, in Michigan you've got—I don't know what Detroit is, but I know you've got Detroit, and you've got rural areas.

You've got urban areas. The problems that I face in Baltimore City are things like the committee organizations who are tired of people selling drugs on their corners and tired of seeing their young people go down the tubes and tired of seeing their property values go down. I mean, big time. I mean, I live in a neighborhood where if you bought a house for $100,000 20 years ago and put in $100,000 in improvements over, say, 10 years, 10, 20 years, you can't even sell it for what you bought it for because of drugs. That is serious.

So I guess what I'm saying to you is that—and then one of the things that kind of bothers me, it seems like the same organizations get the same—as I understand it, get the grants over and over again. Now, some people may say, well, that is because they want to continue and sustain what they are doing. I think that is important, but at the same time, I think the way they should be proceeding is the way that eventually they sort of get weaned off of this government support so that other organizations can have the benefit of the same thing, and going back to what I said about the organizations that come in and get rich off the ills of society, I don't want them to become so used to getting this money that they don't do all of those things that are self-sustaining. In other words, I believe in training people to control their own situations.

Now, if government has to come in and put some dollars in to help them do some things that are really, really necessary for government to do, that is fine, but at the rate we're going, I think we'll have maybe—I think you said 307 that we've already helped. You know, I don't know how many of these have duplicated over and over again, but believe me as I said just now, I would imagine that in my city, we've got—we can put—I can easily put together 100—at least 75 coalitions, easy, easy, and—all of whom are suffering greatly, and all of whom have a will, but they don't have a way, because they just don't know what to do.

So, you know, I just point that out for the future witnesses that will come up, too, that, I mean, it is just something we need to give consideration to. I'm not trying to say that this legislation is supposed to be the cure for everything, but I just want us to kind of look, say, 10 years from now and say, OK, what are we doing to really, truly empower people so that they build into the process and even in their application process, how they will, you know, eventually get to a point where they really don't need us. That is all.

You might want to comment on that.

Mr. LEVIN. Well, just—you said it so well, I should say nothing. Just a couple quick comments.

I think it is so important that all of us here heard your statement, and I would think that one of the purposes of the Institute, for example, would be to implement that spirit. And I believe there has been sensitivity in the offices in terms of the applications. There is always a problem with any grant program that the applicants that need it the most, perhaps, are sometimes the least equipped to get in line. And we have to be sensitive to that.

Second, quickly, one of the most useful meetings we had, we brought together all the coalitions, the suburbs—and I represent suburbs near Detroit and next to Detroit—and representatives of the city, including Congressman Conyers, and we had a really marvelous discussion about the coalition experience and how we could learn from each other, because there really isn't an urban-suburban line, a rigid line when it comes to these issues.

So, Mr. Cummings, I believe deeply that Mr. Portman and I share your feelings; and that helped to inspire us in the first place, that kind of feeling. And from my experience working with the people who are now seated behind us, I think they've tried to implement this program consistent with your sentiments and you'll inspire us to do even better.

Mr. PORTMAN. Just briefly, Mr. Chairman, I am glad to hear that my buddy, Mr. Cummings, doesn't think this program is going to solve all of our problems. But we think it can solve some of them, and you have been a big part of how this thing was put together originally, and now you're the ranking member on the subcommittee. You wanted to be a ranking member because you have a lot of passion on this issue, and now you can do even more. But I think part of the answer is what Sandy says, that you only can give so much direction through legislation, and then you've got to let the people administer the program.

We've tried to put in the report language and in the statute enough direction to give people a sense of what we're about; but we're about exactly what you're suggesting, and you know that,

and that's basically being sure that this is going to communities that need it the most.

Now, the communities do have to have some resources, and I mean that in the broadest sense, to be able to put together a group that can handle the Federal money in the way we want it handled, and that includes the assessment. We have a baseline requirement they have to give us, and the assessment stuff we talked, and Mr. Souder talked, about.

And we also made it clear we want to wean people off this program. This is not about having the same money go to the same program that's more and more successful and can attract, therefore, other resources. It is just to move the money then to the next one. That is why there is the cutoff. You have to reapply after 5 years.

And even when you reapply under this new one, you have got to come up with 125 percent match, not 100 percent match. In a way, it is punishing success, you could say, but in another way, it's doing exactly what you're saying.

This is very limited money. I mean, we've got a—what, maybe an $18 billion war on drugs budget, depending on what you add into the war on drugs, and we're talking here about somewhere between $40 and $75 million. So it is a relatively small piece of the pie, but it can have, I think, enormous impact if it is used right, as you say.

And I think they have done a pretty good job of spreading it. The challenge is—I think Sandy put it well—some of the communities that need it most are least equipped to handle the Federal program, because we do have some accountability and stuff in here that is very important to us as—you know, accountability for the Federal Government, if used right, the assessment that the chairman talked about, and that is where the mentoring would help.

The mentoring is very limited; you know, it's less than 5 percent of the funds. You've got to apply separately for it. Most coalitions won't apply for it; some will. Maybe Detroit will, maybe Cincinnati can now; and that probably helps.

I mean, we do a lot of work in our little coalition with these communities that don't really have the resources. Again, broadly speaking, there is a community group, but it may not have enough volunteerism, enough help to be able to kind of get this thing off on its right feet and to be able to do the assessments and have any kind of reporting back and so on.

So that is part of the answer. It's part of why the advisory committee that you're going to hear from later, I believe, came up with the idea of this mentoring idea of having coalitions that are successful. As you say, people are going to relate more to a neighborhood coalition, to maybe share some similarities, rather than the super experts coming in from Washington telling them what to do.

That is part of the answer, but it is a tough, tough problem, and I think every coalition needs to be more focused on it; and we need, as legislators, to direct the good folks behind us as to what our goal is here as best we can.

Mr. CUMMINGS. I just want to make it real clear—and thank you, Mr. Chairman, for your indulgence—that I really believe in this. I think that of all the things that I've been a part of since I've been here, this is probably within the top three, no doubt about it, because I think we—you know, when I look at the pain that I see

children experience, and if there is something that we can do to avoid that pain, this is the kind of thing that we've got to do. And so I didn't want you to get the impression that I—you know, I just want to make sure that we are, again, going back to that effective and efficient use of our dollars. And I'm sure the panelists who will come up behind you all will talk about that in a little bit.

But thank you.

Mr. LEVIN. Thank you. Thank you for your work.

Mr. SOUDER. I want to thank you again for your leadership. This is an unusual subcommittee that's authorizing in an oversight, and so we have to ask tough oversight questions. Even though we're enthusiastic about the authorizing, we didn't ask you questions about the money because we all agree it needs more money. We need to fight in the appropriating process to make sure it's there, just like we have in other prevention programs.

But I am going to continue to ask some questions about the overhead question, because it isn't just the 3 to 8 percent. If you take the 5 percent for mentoring and the Institute, which is 3 percent of next year's budget, that is an increase from 3 to 16 percent in one swallow, and that 3 to 16 percent difference is 100 coalitions, or one-third of what we've done in the whole course of the bill.

There is a natural tendency for any kind of program to proliferate its overhead and argue that, well, we could be more effective. There's no question that this needs to increase the overhead. They can't work at 3. We actually started higher and went down to 3. There is no question that there's merit to mentoring in the Institute. The question is, how much do we do at what time, because it makes the whole program vulnerable when you have an over-five-times increase in overhead, two-and-a-half in the one department.

And the extra problem that we have to work with here is, all three are saying that technical assistance and helping in grant requests and monitoring, in other words, the mission statement, with the exception of the mentoring, particularly the Institute and OJJDP, are telling us the same mission. So that's one of the things we are going to sort out in the hearing today, because if one can do one thing and another, another, that's another matter. But if they both say they're doing the same thing, we have an oversight obligation to address it.

I also am concerned, and one of our dilemmas in addition to the paperwork and the accountability question, is the entrepreneurial and empowerment component that was part of this program. To the degree we try to replicate and have everybody do the same thing, you have less ownership because, to some degree, the success of this is the local pride. Even if it isn't an ideal model, it is theirs. And so much of this is the motivational function, and this is another balance between saying, here is what we need in accountability and here is what we need in empowerment and entrepreneurship.

And then last, possibly one distinctive difference that could be from the traditional grant application that goes through the current system and the Institute and even the mentoring is to look at a different phase, which Congressman Cummings is addressing.

Right now, the process comes in as far as who has the proposals that meet the standards and what are the best proposals.

One of the things the Institute or the government could do if we're going to put more into overhead is identify the highest-risk communities and how to get them into the process, much like what we're trying to do in the faith-based initiative with the technical assistance. Because it is one thing to say who can apply for faith-based; it is another thing to say, how can we go and help those groups that have no idea how the government process works, that don't have an attorney, that don't have a CPA, that don't know how to do it. How can we get them the assistance to do it?

Did you want to comment?

Mr. LEVIN. I think, Mr. Portman, they want to hear from somebody else, so we should go. I would think that when the panels start, they will address the question, for example, for high-risk areas and how that has been taken into account in evaluating the grant applications. I believe there has been sensitivity to need within a community but also between communities.

And also they will talk about the Institute and whether it is—I think it is a separate authorization, how you—mentoring, I don't think, is part of overhead.

And last, replication doesn't mean identical programs. Replication, if it has effectiveness built into it, is going to be different, but take the best threads of a program and weave it into that community's needs. That is, anyway, what I mean by replication.

So good luck. Mr. Portman probably will close it, with the panel. This is such a marvelous program, and you two have been so important—and Mr. Cummings's feelings about this as one of his top three, I think says a lot about the challenge before us—and we are proud to be working with the two of you and others. This is quiet work, but in the end, I think, may have more impact than some of the programs that have much higher profile. This is maybe below some radar screens, but this is where much of the action really is.

Mr. CUMMINGS. But that is just one—I'm sorry.

Mr. PORTMAN. First of all, my partner, Sandy, has put it well, and I won't try to add to what he said about the importance of the program. Let me just touch briefly, though, on your four points and then let you talk to the real experts.

This 8 percent figure is a compromise figure between ONDCP, OJJDP, the Senate, Sandy and me; and I don't want to speak for Sandy on this, but we, I think, have come to realize that 3 percent is too low. We were pretty tough initially, and frankly, we knew we were being pretty tough. We wanted to err on the side of getting the money to the communities, and we had a lot of pleas over the past 4 years as this program has become implemented to do more, and we held firm, feeling again that we really wanted to push on getting the money out and not creating a new bureaucracy. I think we feel as though, with these additional coalitions and the need for more oversight, it's important.

Let me give you this just quickly. There are seven program managers now, as you know, that oversee an average of 44 coalitions each, and if we increase, like we'd like to, with the same percent-

age, we're told that we're going to have about 20 more grants on each portfolio. So each one will have 60-plus coalitions to oversee.

And again, we were involved with some of these coalitions. We see what happens. Some coalitions need help more than others, but my concern is that we need to ramp that up a little bit to be sure we have the right oversight and we're getting the right technical assistance out. And so we're believers now in that.

Maybe 8 percent is not a magic number. Maybe there is another number somewhere between 3 and 8 percent, but we know there's a need to raise that cap somewhat more, and we still keep a pretty good cap in place. Again, compared to any other Federal program, it's still stingy.

The second issue is the Institute and the mentoring, and I think Sandy has said it well: The mentoring is not supposed to be overhead. I'm thinking how we would use it or how Detroit would use it. We already do a mini-grant program that we get from other sources to local neighborhood coalitions, and we give them a couple thousand bucks a year to help them get started, just to get a computer or just to get, you know, literally a rental space for an office so they can set something up to have some kind of continuity and some kind of organization. Sometimes they use it for materials, literally, to hand to the parents.

So I don't think it is going to be so much overhead. It won't create more overhead for us if we were to get it in Cincinnati. What it will create is the ability to get money right out to these other coalitions and to monitor what they're doing. But—there will be some overhead in there, but it is not a—it shouldn't be viewed as the same thing as the 8 percent, I don't believe.

The Institute, Sandy said there may be a separate authorization here. I'm not sure quite how that's going to work, but apparently it will be not out of these program funds. And it's—the idea of the Institute—there may be an overlap with OJJDP; and I hope the chairman will get into that and the ranking member, because I think it is important to understand the differences there. That would be my concern, that there not be overlap between the two. We need to be sure we have that fully vetted before we enact this legislation.

Mentoring is not the same thing as overhead, because it is what we talked about earlier, the best practices and technical assistance and so on. We know there is a need for that and that will help to expand the number of coalitions.

I couldn't agree with you more on entrepreneurship. That's a big part of this. I think Sandy is right. I'm just thinking about our own experience, when we have sort of gone from neighborhood to neighborhood trying to put models together. Everyone is different. In some neighborhoods, heroin is a bigger issue, for instance. In other neighborhoods, methamphetamine labs are starting to come up. Other neighborhoods have Ecstasy, and these Rave parties are a problem. And some already have a pretty good school-based program, for instance. Others have nothing in schools.

So everyone is going to be a little different, and they should be. And that ownership is key to this. I mean, all of this is about leveraging local funds but also local spirit and entrepreneurship. So I see that as a potential problem, but I think if it is done right,

it is not; because it needs to be part of—the whole purpose of this is to make sure it fits with the local community.

We talked about that in our testimony. We talked about it in 1997. That's the whole focus of this.

The high-risk neighborhoods, I agree with Sandy. You ought to talk to the experts who have looked at these. They do take that into account, I'm told.

And finally, the faith-based side, as you know, we spent a lot of time on faith-based. Mr. Souder was the person who pushed us on that in 1997. We were doing some pretty pioneering work then. Now it's become a lot more commonplace, but we made sure that we did not step across the establishment clause line, and we were very careful not to do that. On the other hand, we all made it very clear in the legislation, there is important language that the faith community should be "encouraged," not just "can be involved," but should be "encouraged to be involved." We didn't require it. And we talked about doing that, as you recall.

There may be ways we can strengthen that, and I certainly would be very open to that, but the faith-based groups are doing a great job out there, particularly on treatment. And many of the prevention groups work with them. But the real potential is prevention, to get these faith-based communities as engaged in prevention as many are in treatment.

I think you could have obviously a captive audience often on a Sunday or a Saturday, but more than that, just using those incredible networks they have to get the prevention message out is a huge potential for an increased prevention and education message.

And so if we can do more of that, I'd love to work with you on that.

Mr. SOUDER. And I want to make it clear that I don't think overhead is evil. Overhead is what it takes to administer a program. You have to fill out the forms. And so the question is, how much of a change does an individual program need? Because mentoring is not traditional overhead, but it is still money that is not going to the grantees.

And so we have to look at it and say, in fact, we're increasing the management and technical assistance, and is that much overhead justified? It may, in fact, be because of the needs of the community.

But to give you an illustration on the case load, in the maximum dollar a year, 2006 and 2007, to do the current case load would only take a 5, not an 8. To reduce it to 35, it would take a 5.5. To reduce it to 25, like the very beginning of the program, would take a 6.7. So we need to kind of look at those statistics, and it may be that we can do more in the program and be more effective with a little more overhead. But when you have that big a jump, you have an obligation to analyze it, and that is what my point was.

Mr. Cummings.

Mr. LEVIN. Good segue to your next point.

Mr. CUMMINGS. Just as you leave, gentlemen, I too want to thank you all for what you have done and what you will continue to do. But there is just one other thing I want to add, Mr. Levin.

You know, you talked about the benefits of the program, but there is another benefit and that is, it empowers communities. It

helps people to see what they can do in neighborhoods. And I don't know what we can do—I don't know how we can put a value on that when you have so many people who would become so cynical about, you know, making any change in their communities and whatever. But this kind of thing helps them know that they can make a difference; and that hopefully spreads into other areas beyond drug abuse and things of this nature.

Thank you all.

Mr. SOUDER. Thank you very much for coming.

Would the witnesses on the second panel please come forward? You have got a good taste of what are likely to be some of our next questions.

From the administration, we welcome Dr. Donald Vereen, Deputy Director of the Office of National Drug Control Policy; Mr. John Wilson, Acting Director of the Office of Juvenile Justice and Delinquency Prevention, Department of Justice. If you could remain standing as you come to the table, because as an oversight committee, it is our standard practice that our witnesses need to testify under oath. If the witnesses will rise and raise their right hands, I'll administer our oath.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that the witnesses have both answered in the affirmative. We will now recognize the witnesses for their opening statements, and I'd like to thank you again for being here today and working out your schedules to do so. We ask our witnesses to limit their opening statements to 5 minutes and include any fuller statements that they may wish to make for the record.

Dr. Vereen, do you have an opening statement?

STATEMENTS OF DONALD M. VEREEN, JR., M.D., M.P.H., DEPUTY DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY; AND JOHN J. WILSON, ACTING DIRECTOR, OJJDP, DEPARTMENT OF JUSTICE

Dr. VEREEN. Good morning and thank you, Chairman Souder and Ranking Member Cummings and the distinguished members of the subcommittee, for this opportunity to testify today about the Drug-Free Communities Program. I've prepared an extensive written statement. At this time, I'd like to submit that for the record.

I serve as a Deputy Director of the Office of National Drug Control Policy. I am a public health—with a public health background, covering the biology of the brain through the behavior of individuals and, most importantly, the health and functioning of our communities. I am a father, and the dangers of drugs are a threat to my own children and the Drug-Free Communities Program is there for all of our children.

There are a couple of acknowledgments I want—it's important to make this morning. There will be two grantees, the Honorable Michael Kramer and Mr. Lawrence Couch in the third panel. I do want to draw attention to an advisory commission member, Henry Lozano of Big Bear, CA, and also a great prevention leader, Judy Cushing of the Oregon Partnership, who is also here.

For more than 3 years, Congress gave ONDCP the responsibility for this fine program. While we are unusual in that we're a policy

shop, Drug-Free Communities have given us a unique window to the communities in America. Not a day goes by that we do not hear from citizens of places such as Perrysburg, OH, Morgan County, IN, or the Nez Perce Tribe of Lapwai, ID. We receive calls with questions about emerging drugs, requests for help in designing new strategies, and even a few calls from parents who are discovering the risks of substance abuse for the first time.

This feedback loop between America's communities and our Nation's principal policy office on drugs provides much added value for all of us. This program specifically addresses our goal to educate and enable America's youth to reject drugs. There are specific objectives in our congressionally mandated performance measures of effectiveness that this program is addressing.

Our drug-free communities are our front lines on our—in this fight against drugs. Our work as a policy office is greatly enriched by the program. The coalitions' work to reduce substance abuse among our youth may strengthen collaborations among organizations and agencies that are both private and in the public sector and wouldn't normally naturally come together. They also serve as a catalyst for increased citizen participation in our effort to combat drugs. That is critically important.

We have a wonderful advisory committee that the Congress created, which includes 11 active members who we collaborate with in some form or another almost on a daily basis. They were the ones who came up with the observation that mentoring needed to happen, and a part of where we are with this reauthorization is taking that into account.

Although some of my colleagues on this panel may give examples of coalitions that are having a significant impact on our communities, I've got to tell you about at least one. Perrysburg Area Substance Abuse Prevention Partners is a 14-year-old community coalition in Perrysburg, OH, which has never had any kind of State or Federal grant before being awarded a Drug-Free Communities grant in 1999. This community of 25,000 has wisely leveraged their Federal support and greatly expanded the work of their coalition. They have developed a sophisticated Web site, where anyone can read about their underage drinking initiative; a community action lifeline; and a host of other initiatives, strategies and opportunities for citizen involvement. This work comprises the front lines, again.

I refer you to the chart at the far wall. This gives you a snapshot picture. I can't list all of the community coalitions, but the story I just told you is 1 of 307 community coalitions, and this number will grow to more than 600 by September 2002.

A new round of applications for our fiscal year 2001 were just received by OJJDP. Closing was this past Monday, and we received nearly 400 applications. With such an increase in the participation and interest this year, we expect to be able to announce between 140 to 150 new grants in September.

The President's budget includes $50.6 million to expand the Drug-Free Communities Program for fiscal year 2002. That is an increase of almost $11 million. Congress is wise to continue to lead the Nation in this drug prevention initiative as it works to reauthorize this program, and we support the introduction of H.R. 2291. The bill will continue to ensure that communities leverage grant

dollars they receive by matching grant funds with non-Federal support, including both monetary and in-kind contributions.

The bill also provides for additional support via a National Community Coalition Institute. A couple of words about that. The Institute is there for two reasons. It is there to focus in on and to generate the specific research findings that these community coalitions need to not only improve in what they are doing, but to help create new coalitions. In much the same way that we have a National Institutes of Health to do research, it is still a lot of heavy lifting to apply that research where it actually belongs.

In the case of—or to give the example of SAMHSA, if we focus on mental health, substance abuse and alcoholism research, a tremendous amount of work is needed to translate that research into action. More on that in the question-and-answer period.

Our partners include OJJDP. We would not be able to administer this grant program without OJJDP. We have important partners in the private sector. CADCA, the Community Antidrug Coalitions of America. They function under the leadership of General Art Dean, and they will inspire us with their own testimony. But we model this program after the local communities that they organized.

We also are the focusers of research and science. It is very important to understand that this is not just a fly by-night idea. Public health-based research, specific research, makes it very clear that this is the way to go in terms of focusing resources.

We also need to take the investment that we have made in places like the National Institute on Drug Abuse, the National Institute on Alcoholism and Alcohol Abuse and benefit from that investment by being able to apply that knowledge directly into communities so that the leaders and the members of these coalitions can apply it appropriately.

So we thank the committee for this opportunity to offer our support for this very important legislation on behalf of the President, and as you know, he has committed his administration in an all-out effort to reduce drug abuse, and community coalitions will be in the vanguard of that effort. Thank you.

Mr. SOUDER. Thank you.

[The prepared statement of Dr. Vereen follows:]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

STATEMENT OF DONALD R. VEREEN, JR., M.D., M.P.H.
DEPUTY DIRECTOR
OFFICE OF NATIONAL DRUG CONTROL POLICY
BEFORE THE HOUSE COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

"Reauthorization of the Drug-Free Communities Act"

June 28, 2001

Introduction

Chairman Souder, Ranking Member Cummings, distinguished members of the subcommittee, the Office of National Drug Control Policy (ONDCP) welcomes this opportunity to discuss the Drug-Free Communities Program. In 1997, Congress authorized this program and, with the support it provides, America's community coalitions continue to work effectively to prevent substance abuse among young people. Communities with diverse economic, social, and cultural demographics across our nation are utilizing their Drug-Free Communities grants to leverage substantial additional resources through cooperation with the private sector and state and local governments. I would like to thank Congressmen Portman and Levin and all of the leaders in the House of Representatives who have set an example with coalitions in their districts and signed on as sponsors of this important legislation.

Background

The Drug-Free Communities Act of 1997 (Section 1023 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1523)) (DFCA) enjoyed tremendous bipartisan support in both the United States House and Senate. Rob Portman and Sander Levin in the House, and Charles Grassley and Joseph Biden in the Senate led the effort to provide support for coalitions through this effective locally-controlled program. The DFCA authorizes ONDCP to award federal matching grants to community coalitions. Coalitions work to reduce substance abuse among youth, strengthen collaboration among organizations and agencies in both the private and public sectors, and serve as catalysts for increased citizen participation in our efforts to combat drug abuse. Coalitions use data from all available sources to assess effectively the threat substance abuse poses in their community and develop action plans to address that threat.

Grantees

We are proud that the program currently supports 307 communities located in forty-nine states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. Of this number, approximately one-third of the grants have been awarded to small towns or rural areas and twenty-five of the grants have been awarded to communities with predominately Native American and Native Alaskan populations. These latter groups particularly benefit from this support. As the results of the recent NIDA Household Survey (1999) show, alcohol and drug use is highest among American Indian populations when compared to all other population groups. We anticipate awarding approximately 145 additional grants during the FY 2001 grant cycle (September, 2001).

The maximum award is $100,000 per fiscal year with each grantee required to match federal dollars with non-federal funds or in-kind support. Thus far, this program has leveraged over $56 million in non-federal matching funds. After the initial award, grantees may reapply for additional funding in as many as four subsequent years, though in declining amounts after year two. The program encourages local communities to build sustainable, effective mechanisms to devise and carry out more powerful prevention strategies in future years, relying more heavily on local resources after the initial federal assistance.

Administration of the Program

Through an interagency agreement with ONDCP, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) at the Department of Justice administers the program by processing grant applications, recommending awards, and monitoring the grants. The Center for Substance Abuse Prevention's (CSAP) six regional Centers for the Application of Prevention Technology provide technical assistance and training on topics related to science-based substance abuse prevention practices, evaluation, and coalition development. Because ONDCP does not have the grant management infrastructure necessary to manage all aspects of the program, the Drug Free Communities Administrator coordinates the work of these interagency partners to carry out these functions.

The Advisory Commission

Section 1041 of the DFCA established an eleven member "Advisory Commission on Drug-Free Communities" to: "advise, consult with, and make recommendations to the Director concerning matters related to the activities carried out under the Program." The Commission members have held seven meetings since their appointment in the fall of 1998 (November 1998, April 1999, July 1999, December 1999, March 2000, October 2000, and May 2001). Between meetings, Commission members provide advice and guidance through conference calls, e-mail, and individual telephone consultations with the Administrator and staff. The Advisory Commission has played an important role in the program's success.

Collaboration to support Drug Free Communities

The Community Anti-Drug Coalitions of America (CADCA) serves as one of our most valuable private sector partners. Their annual National Leadership Forum is the premier gathering of coalition leaders from hundreds of communities. The National Guard Bureau's Counter-Drug Office provides invaluable assistance to numerous coalitions on special projects and also devotes resources for drug prevention programming.

Reauthorization of the Drug-Free Communities Act of 1997

The President's budget requests $50.6 million to expand the Drug-Free Communities Program in FY 2002, an increase of $10.7 million over the FY 2001 enacted level. It also calls for the reauthorization of the Act.

On June 21, Congressman Portman and Levin introduced H.R. 2291 along with 18 cosponsors. I am pleased to support this reauthorization proposal and offer comments on behalf of ONDCP.

Of the total $50.6 million, $46.6 million will go directly to community anti-drug coalitions. We anticipate being able to award approximately 130 new grants in FY 2002, bringing the cumulative five-year total number of grants to approximately 600. HR 2291 would continue to ensure that communities' leverage these grant dollars by matching grant funds with non-Federal support, including both monetary and in-kind contributions.

Additionally, H.R. 2291 provides for additional support to community coalitions through improved training, technical assistance, and dissemination of best practices. It authorizes the creation of a National Community Coalition Institute that will provide education, training, and technical assistance for coalitions that is vital for the program's continued growth and success as the number of grantees increases. The Institute will also develop and disseminate evaluation and testing mechanisms to assist coalitions in measuring and assessing their performance.

H.R. 2291 would also provide for supplemental grants to experienced coalitions to mentor new coalitions and provide the benefit of their experience. Coalitions that meet stringent criteria for candidacy are eligible to apply and, if accepted, provide substantial support to the coalition they mentor.

Of the total $50.6 million authorized in H.R. 2291 and requested in the President's budget, only $4 million would be allocated for purposes other than providing grants directly to communities. These funds would be allocated to the following activities:

- Grants Administration that will provide support for OJJDP to ensure continuity in its grants management function through an Interagency Agreement with ONDCP.

- Training and Technical Assistance that will provide support for high-quality, low-cost training and technical assistance via each of the six regional Centers for the Application of Prevention Technology (CAPTs), managed by the Center for Substance Abuse Prevention (CSAP). This is an especially important function, considering the tremendous response ONDCP has received from coalitions in rural or other traditionally under-served areas, which do not have experience in applying for Federal grant funds. ONDCP will continue to utilize the resources of The Community Anti-Drug Coalitions of America (CADCA) to provide a wide array of technical assistance and program support to community coalitions.

- Evaluation, which has been supported Congress, DFC Advisory Commission, and ONDCP. An empirically sound evaluation is of paramount importance to maintain the integrity of this program.

- Program Administration that will provide support for the Program Administrator and the statutory Advisory Commission. The Program Administrator serves a critical function by ensuring a high level of responsiveness to the grantees and applicants, as well as enhancing interagency collaboration.

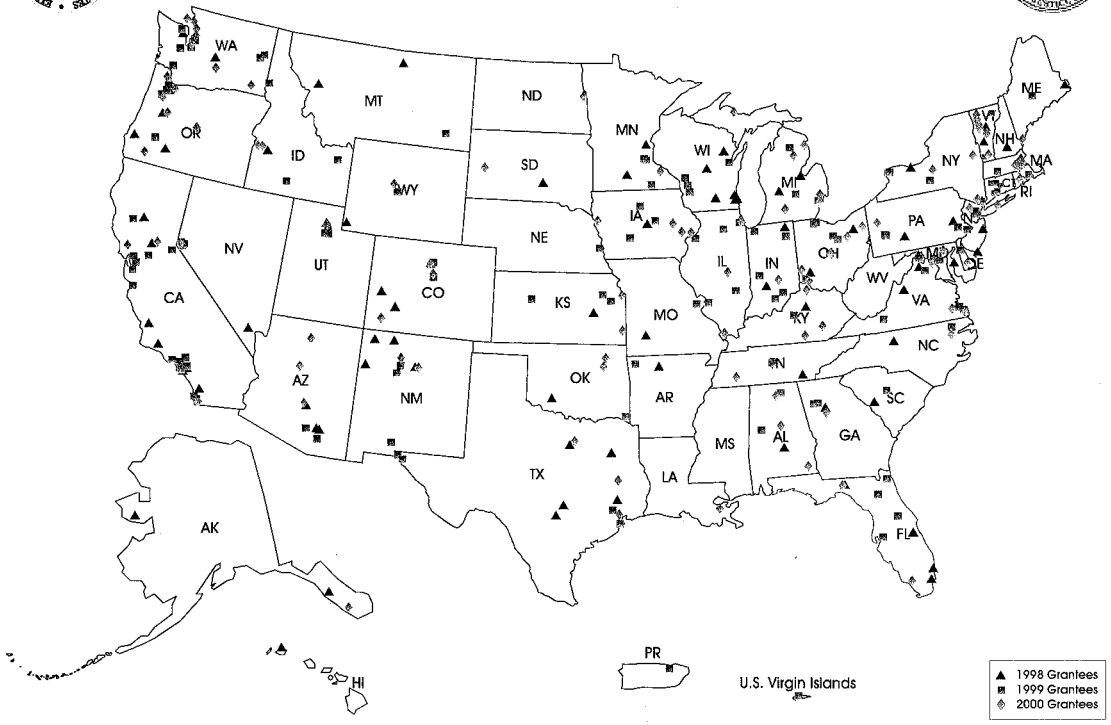
This level of administrative support, while a departure from the original plan of the Drug-Free Communities Act of 1997, reflects the experience of ONDCP, OJJDP and the Appropriations Subcommittees that provide funds for the program. While the initial authorization provided for a decreasing percentage for administrative costs each year, the requirements of grant-making law and the increasing number of grants awarded each year have required a higher resource commitment.

ONDCP conducted a comprehensive study of the administrative costs associated with the Drug-Free Communities Program and produced a report pursuant to Senate Appropriations Committee Report 106-500 (accompanying S. 2900), which was submitted to Congress for consideration on January 18, 2001. The report concluded that amending the administrative cost limitation to "not more than eight percent" per fiscal year would allow compliance with grant-making laws. It would provide thorough competitive peer review of all applications, enhance grantee access to valuable technical assistance about science-based prevention practices and training in those practices, improve ONDCP's and OJJDP's ability to manage the grant program through a comprehensive evaluation, and allow for greater promotion of the program to coalitions across the United States. Such an increase ensures that the grants awarded directly to community anti-drug coalitions will be used in the most effective manner possible.

Conclusion

We thank the committee for this opportunity to offer our support for this important legislation on behalf of the President. As you know, he has committed his administration to an all-out effort to reduce drug abuse. Community coalitions will be in the vanguard of this effort.

307 Community Anti-Drug Coalitions
Drug-Free Communities Program
September 2000



Mr. SOUDER. Mr. Wilson.

Mr. WILSON. Thank you, Chairman Souder and Ranking Member Cummings. The Justice Department's Office of Juvenile Justice and Delinquency Prevention—oh, sorry. Thank you. Welcome——

Mr. SOUDER. It is still not working. Could you maybe switch to the other mic?

Mr. WILSON. We welcome the opportunity to discuss our role in the Drug-Free Communities Program with you. Since 1998, ONDCP and OJJDP have shared an important mission to develop and administer a successful Drug-Free Communities Program. We have forged a strong and productive partnership. I am always impressed by the tenacity, innovation and dedication of the broad-based community coalitions that this program supports.

In the area of delinquency prevention, we have learned about the power of communities who come together to make investment in children, to make a commitment to programming and have ownership of the programs. And with the increases in arrests of juveniles for drugs, we see our participation in this program as vital to our statutory responsibility to help prevent kids from getting into delinquent conduct and eventually getting into our criminal justice system.

Since 1999, OJJDP and ONDCP had explored ways to remedy the fact that the effectiveness of the Drug-Free Communities Program is being endangered by a lack of program support funds. My written testimony details this problem and makes, I believe, a strong case that an adequate level of program support funds is critical to the long-term success of this outstanding program.

Since the program's inception in fiscal year 1998 with the award of 93 coalition grants, we have grown to 307 grants in fiscal year 2000 and expect, as Dr. Vereen said, to add over 140 new coalition grants this year. This is nearly a fivefold increase, yet the program support dollars, which were designed to support both ONDCP and OJJDP program administration, training and technical assistance and evaluation, have only increased from $1 million to $1.2 million since the program began.

One result is that OJJDP's Drug-Free Communities Program staffing level has remained at seven professional staff and one clerical staff this year because of the lack of any available administrative funds to hire additional staff to manage the program.

Simply stated, the current law does not allow an increase in administrative, or what I call "program support funds" commensurate with the continuing expansion of the program. Our program managers who are responsible for Drug-Free Communities Program implementation are currently carrying an average of 44 grants, compared with the average work load of 26 grants for Office of Justice programs and OJJDP discretionary program staff.

This high number limits their ability to monitor existing grants; package, award and administer new grants; and provide program-related technical assistance. We strongly believe that the bill's 8 percent program support fund cap provides an appropriate balance between direct coalition funding and efficient processing, award and administration.

It will also allow us to support program evaluation to meet training and technical assistance needs—not us, but the program—and

also cover those grant processing administrative costs, some of which are currently being absorbed by OJJDP, but for which funds may not be available in the future. Absent enhanced funding support, the ratio of grants to program managers following the award of fiscal 2001 funds is projected to reach 66 grants.

Our program managers provide critical support in the areas of management and operations, program development and provision of cutting-edge information on substance abuse prevention efforts. Many fledgling coalitions rely on the guidance of their program manager and seek it regularly. Given the nature of the program and its expansion, this need for programmatic support will not diminish. In fact, it will increase greatly.

Program managers also reach out to communities that are interested in applying for funds. This year our program staff in partnership with ONDCP and others conducted seven applicant workshops designed to enhance the understanding of the Federal application process, grant writing and to explain how the Drug-Free Communities Program could support their coalition. And we held one of these workshops in the Baltimore area, and I am hopeful that this does pay off in a coalition just being successful in the Baltimore City or the Baltimore—or Baltimore County area.

In addition, the program team, in conjunction with our juvenile justice clearinghouse, developed and implemented a comprehensive outreach plan to communicate this funding opportunity to the field. It has been a big success in reaching tribes, rural communities and new coalitions. As Dr. Vereen mentioned, this week we received 361 applications in response to the fiscal year 2001 solicitation, compared to 228 in fiscal year 2000. Subtracting the 94 new coalitions funded last year, this means that at least 227 new coalitions have applied for a fiscal year 2001 award.

Another critical factor in investing in adequate staffing levels is to protect taxpayer funds. Our program managers are a critical resource and liaison to grantees who are attempting to navigate the Federal grant process. Program managers help facilitate clearance of the grantee's budget, conduct proactive grant monitoring to ensure that the grantee is in compliance with all Federal requirements, ensure that the grantee is making progress and achieving coalition goals, and protect against waste, fraud, abuse and mismanagement.

In sum, an investment in program support will pay great dividends for community drug coalitions and will help us achieve our common goal to strengthen community coalition efforts to reduce substance abuse among youth. The Drug-Free Communities Program brochure that we use shows rows of homes with each house having its own foundation. This program, too, must have a solid foundation in order to flourish and continue meet both your expectations for a quality program and the dreams of the American people for drug-free communities. Increasing the program support cap to 8 percent will provide this foundation, reduce program vulnerability and protect both the Federal investment and the matching investment that communities and their coalitions are making to the Drug-Free Communities Program.

I also want to assure you that ONDCP very carefully looks at our budget every year and asks a lot of questions about it. I also think

it's important to remember that the 8 percent is a cap, not an automatic amount of money. And certainly all of that money does not come and should not come to our office, only what we can clearly justify as being in the best interest of the program.

We at OJJDP are honored to serve as ONDCP's partner in this historic effort, and I would like to thank the committee for giving me the opportunity today to discuss this critical aspect of the Drug-Free Communities Program and to answer any questions you might have. Thank you.

[The prepared statement of Mr. Wilson follows:]

Statement

of

JOHN J. WILSON
Acting Administrator
Office of Juvenile Justice and Delinquency Prevention
U.S. Department of Justice

Before the

Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy, and Human Resources
U.S. House of Representatives

Washington, DC

June 28, 2001

Chairman Souder, Ranking Member Cummings, distinguished members of the Subcommittee, the Office of Juvenile Justice and Delinquency Prevention welcomes this opportunity to discuss our role in the Drug-Free Communities Program with you. I would like to join Dr. Vereen in thanking Congressmen Portman and Levin and all of the leaders in the House of Representatives for their support for this important program and in supporting its reauthorization as proposed in H.R. 2291.

Background

Since 1998, ONDCP and OJJDP have shared an important charge -- to develop and administer the Drug-Free Communities Program. We are fortunate to have forged a partnership that has resulted in many important accomplishments. OJJDP is currently in the process of preparing the FY 2001 awards, which will include 307 continuation grants and more than 140 new Drug-Free Communities awards. As you know, the Drug-Free Communities Act (DFCA) funds benefit a wide array of coalitions that you are familiar with, from the targeted rural efforts of the Drug and Alcohol Consortium of Allen County, Indiana to the efforts of the Miami Coalition to meet ONDCP's strategic objectives outlined in goal 1 of the National Drug Control Strategy. The DFCA also provides support to native American and Alaskan Native populations which, a recent study (1999 NIDA Household Survey) has shown, are disproportionately affected by alcohol and drug use. I am always impressed by the tenacity, innovation, and dedication of the local coalitions this program supports.

Since 1999, OJJDP and ONDCP have been trying to reconcile the challenges associated

with administering a program that grows significantly each year, yet has declining levels of support for program administration. In these discussions, ONDCP and OJJDP have explored ways to remedy the fact that the Drug-Free Communities Program was in danger of collapsing under its own weight. I would like to explain how this happened and why an adequate level of administrative fund support is critical to the long-term success of this program.

History of the Administrative Cap

Under the current DFCA, the administrative cap decreases incrementally from 10 percent in FY 1998 to 3 percent in FY 2001. While the administrative cap percentage has steadily declined, the funding has continued to increase by $10 million annually. In FY 1998, the Drug-Free Communities Program received an appropriation of $10 million, which has increased to $40 million in FY 2001. To our knowledge, this grant program is unlike any other in the Federal government in that the coalitions receive annual grant awards over a 5-year period, in addition to new grants being awarded annually.

In the first year of the program, there were 93 grants awarded, and we expect to award and administer nearly five times that number in FY 2001. However, in FY 2000 and FY 2001 the OJJDP staffing level has remained at 7 professional staff and 1 clerical staff because of the lack of administrative funds available to hire additional staff. Simply stated, the current DFCA does not authorize an increase in administrative costs commensurate with the continuing expansion of the program. OJJDP program managers responsible for Drug-Free Communities Program grants are currently carrying up to 47 grants, numbers that limit their ability to both monitor existing grants and to package, award, and administer new grants.

Impact of Administrative Fund Shortfall

The administration of the Drug-Free Communities Program requires the assistance of other key administrative support components, including OJJDP's Information Dissemination and Planning Unit and the Research and Program Development Division, as well as OJP's Office of the Comptroller, Office of the General Counsel, and Office of Congressional and Public Affairs.

It is also important to emphasize that in an effort to support the Drug-Free Communities Program's successful implementation and the work of the coalitions, OJJDP has awarded a grant to the Community Anti-Drug Coalitions of America (CADCA) to provide training and develop a manual to assist coalitions in strengthening their collaborations and their anti-drug strategies. In addition, OJJDP has transferred funds to the Center for Substance Abuse Prevention to supplement training and technical assistance efforts for the past two years, and plans to award an additional $500,000 from OJJDP's Drug Prevention Program dollars in FY 2001. We also managed and funded an aggressive coalition marketing program in FY 2000 and 2001 and developed and managed the Program's Web Page.

Given that the current administrative cap would not permit DFCA administrative funds to be used to pay these costs, OJJDP felt compelled to absorb the cost of these enhancements from our own program funds in order to ensure the continued success of the Drug-Free Communities Program.

Growth of the Program

Simply put, the number of grants awarded has outpaced the funding necessary to

administer the program. The administrative cap has also inhibited our ability to meet required project monitoring functions, to provide grant-related technical assistance, and to implement evaluation activities that could, for example, not only demonstrate the efficacy of funding coalition infrastructure development as opposed to funding "projects," but also measure the impact of coalition activities.

In administering this program, OJJDP has developed a number of tactics to achieve adequate and efficient program administration. First, we redirected additional OJJDP program staff and administrative support to assist in basic program functions. Second, OJJDP developed and enhanced resources to communicate with grantees and potential applicants, including simplified application materials and expanded online support. And, third, we invested in supplemental training tools to develop the capacity of the field to effectively implement coalition grants.

As the program has grown, it has become evident that the magnitude of support required of OJJDP to sustain this effort threatens to exceed our ability to cover the DFCA administrative fund shortfall. ONDCP and OJJDP have worked diligently to identify a sufficient, yet limited, administrative funding level that will allow us to jointly fulfill the program's administrative, training and technical assistance, and evaluation needs.

We strongly believe that the 8 percent administrative fund cap represents an appropriate balance between program growth, application peer review and award, grantee support, other administrative needs, and a strong desire to maximize as much funding dedicated to local coalition efforts as possible.

While it appears on the surface that the reauthorization bill would more than double the current administrative fund cap, it is important to note that the proposed 8 percent administrative cap includes funds to meet expanded training and technical assistance needs, program evaluation, ONDCP's administrative costs, and OJP grant administration costs, including costs previously absorbed by OJJDP and ONDCP.

Personnel

Given the increasing number of coalition grants and the complexity and nature of coalitions, including the fact that most have no experience as Federal fund recipients, we have invested significant resources to ensure we have a highly qualified and responsive professional program staff providing comprehensive support with an expertise in strategic planning and grants management, and substance abuse reduction. While a strong staff is a critical component to program success, an equally critical component is a manageable workload. Through OJP, a workload (FTE) analysis was recently done that reflected that OJP program managers carry an average of 26 discretionary grants each. With 307 Drug-Free Communities grants, OJJDP required 12 program managers to properly administer and manage the Drug-Free Communities grants in FY 2000 alone. In reality, OJJDP has supported these 307 grants with only 7 program managers, with each being responsible for over 43 grants. In FY 2000, ONDCP was able to provide funding for 10 staff, including OJJDP's 7 program managers, 2 Office of the Comptroller financial analysts, and 1 clerical. In FY 2001, the volume of grants will increase from 307 to approximately 450. However, this growth will not be supported by additional staff because there is no increase in administrative funds to support the expanded need in FY 2001. The ratio of grants to program managers in FY 2001 may be as high as 66. This is of particular concern for the reasons outlined below.

Impact on Grantees

First and foremost, funded coalitions will suffer. Program managers provide critical support to grantees in the areas of management and operations, program development, and provision of cutting edge information on substance abuse prevention efforts. This includes strategic planning and providing or facilitating needed technical assistance. Grantee specific technical assistance is often required in the areas of organizational management, volunteer recruitment, leadership cultivation, budgeting, conflict resolution, resource-sharing, and making recommendations regarding programmatic enhancements. Many fledgling coalitions rely on the guidance of their program manager and seek it regularly. Given the nature of the program and it's expansion, this need for programmatic support will not diminish. What will diminish is the program manager's ability to respond in a comprehensive, deliberative manner to the needs of each grantee. This reduces program effectiveness and could lead to misspent funds, cost disallowances, and the like.

Impact on Applicants

Second, program staff also provide critical support and training to potential applicants who are interested in benefitting from Drug-Free Communities Program funds. OJJDP has made a significant investment in communicating with hard to reach coalitions that are intimidated by the "federal government" or do not fully understand the program and its potential benefits. This year, our program staff, in partnership with ONDCP, conducted 7 applicant workshops to enhance the understanding of the federal application process, grant-writing, and to explain how the Drug-Free Communities Program could support their coalition. In addition, the program team, in conjunction with the Juvenile Justice Clearinghouse, developed and implemented a comprehensive outreach or marketing plan to communicate this opportunity with the field. It has

been a big success in reaching tribes, rural communities, and fledgling coalitions. Over 7,000 FY 2001 Drug-Free Communities Program application kits were distributed, a 100 percent increase over last year's distribution total.

Impact on Compliance

Another critical factor in investing in adequate staffing levels is to protect the federal fisc. Program managers are a critical resource and liaison to grantees who are attempting to navigate the federal grant process. Program managers: 1) help facilitate clearance of the grantee's budget; 2) conduct proactive grant monitoring to ensure that the grantee is in compliance with federal requirements; 3) ensure that the grantee is making progress in achieving its goals; and 4) protect against waste, fraud, abuse, and mismanagement.

Impact on Site Visits

Program managers are required to make monitoring visits to sites to meet with coalition leadership, observe coalition activities, review implementation plans, assess progress in meeting grant goals and objectives, and to proactively identify any financial or programmatic issues requiring resolution or further attention. Many times, site visits accomplish what cannot be accomplished by phone or email. Without adequate staff and administrative funding, we will be reduced to telephone and email contacts for all of our grantees.

In sum, an investment in program staff will pay great dividends in supporting grantees and will help us achieve our most significant investment goal: anti-drug programming and resources reaching youth and their families in a timely and effective manner.

Application Process, Peer Review, and Publications

OJJDP's Information Dissemination and Planning Unit (IDPU) is critical in the application and award process by developing and disseminating application materials, communicating this funding opportunity to the public, maintaining the program's webpage, facilitating application and publication development, and coordinating the peer review process. IDPU is a key OJJDP organizational component in ensuring program success, yet many of the costs associated with IDPU's program support are absorbed by OJJDP.

In past years, as a result of declining applications being received, and a knowledge that there were many coalitions we were not reaching, we invested in a comprehensive marketing plan to blanket the country with information about how to access these funds and demystify the federal grants process. We met our goal of substantially increasing the number of applications but at a cost to OJJDP of approximately $100,000. Reaching below the surface to new and fledgling coalitions with these resources is well worth the investment to encourage application and build stronger partnerships in communities nationwide, but to reach them they need to know that the funding is available and obtainable.

Investment in the Future

We share a common goal – to support the strengthening of coalition efforts to reduce substance abuse among youth over the long-term. In our marketing materials, our postcard and brochure show rows of homes, with each house having its own foundation. This program, too, must have a solid foundation to flourish and continue to meet both your expectations for a quality program and the dreams of the American people for drug-free communities. Like the houses on our outreach materials, the Drug-Free Communities Program needs a solid foundation upon

which to grow. Increasing the administrative cap to 8 percent will provide this foundation, remedy program vulnerability, and protect both the Federal investment and the matching investments that communities and their coalitions are making to the Drug-Free Communities Program.

Conclusion

The Department of Justice is honored to serve as ONDCP's partner in this historic effort, and I would like to thank the committee for giving me the opportunity to discuss a critical aspect of the Drug-Free Communities Program and answer any questions you may have.

Mr. SOUDER. Thank you. And I have a number of questions, and let me say at the outset—we'll probably do a couple of rounds that—once again, don't take any of my questions about overhead as critical of the employees who are doing this, because we always yell about overhead and costs, and then the next thing—I know when we first did this in northeast Indiana, one of the first things—Noble County got a grant. So immediately we're asking Noble County to come down and talk to the other counties, which would be basically called "mentoring." The next thing you know, we're hollering at the government wanting somebody to come in and give some guidelines.

So I do it just like everybody else does it, but the plain truth of the matter is, we have a fiduciary responsibility here to make sure that we are staying tight with this, because the truth is that if 100 groups, in effect, have it transferred into one form or another of administrative overhead and then don't get a grant, that means some communities in my district and Congressman Cummings' and elsewhere are not going to get a grant because we decided to move that money over.

It is also a natural tendency of a bureaucracy and your advisory groups to say, yes, now that they have the knowledge, they would like to be mentors. Now that they are included, they would like to continue their grants. It is a natural bureaucratic thing that occurs in everything, and there's merit to it, but it's a tough tradeoff.

My first question is on the 8 percent, which I understand is a cap, not a guarantee. There was—we were given an estimate that went to the Senate Appropriations Committee from ONDCP, that 1.5. Is that estimate still pretty valid as far as what—you haven't changed any of those numbers, the 4.5 for OJJDP, 1.5 for independent evaluation, 1.5 for technical—that the independent evaluation percentage then would be going up as the grants go up?

Why would you need the dollars to go up for independent evaluation that amount? I guess the total budget is doubling.

Dr. VEREEN. A general way to respond to that question is the character of the coalitions is changing. As was presented earlier, the first to line up to apply for these moneys and the folks who were the most successful were the mature coalitions. There were already coalitions out there.

What has happened over time is that there are only a finite number of those. The work it takes—and I made this point in my oral statement. The work it takes to pull together parts of a community that normally don't necessarily talk to each other——

Mr. SOUDER. But is that the independent evaluation? In other words, there is 1.5 percent in the budget, an independent evaluation by Caliber Associates. Is that—that, in effect, goes from an amount of $40 million to a substantially different amount. And the independent evaluation is not how difficult is the setup; it is to evaluate.

And then also in the—my understanding from Mr. Wilson's testimony is that part of the goal of the independent Institute is to provide on-hand—you know, this is what we learned, here is the evaluation of how we did it. And I'm trying to figure out why so much money—I am not against evaluation, but I don't want to see a duplication—and also why it needs to go up proportionately.

Dr. VEREEN. Yes. When you talk about evaluation, there is evaluation at many different levels.

There must be evaluation to make sure that there is compliance with government performance, related to government performance.

There is evaluation on how the coalition itself is functioning. They have to be able to generate a baseline of drug use in their community. They have to demonstrate that they are actually making progress on that. That is different in every community. These communities are—most—almost all of them are not set up to do that. That takes a lot of technical assistance to get up and going, and then we must evaluate that to make sure that the information we are getting from them is true.

Mr. SOUDER. And how do you view that technical assistance as different from the mentoring technical assistance and the independent Institute's technical assistance?

Dr. VEREEN. OK. The Institute is a way of focusing research that specifically is relevant to the coalitions. Knight has done a lot of research. Other groups have done research, but often it isn't focused enough specifically for the communities.

Representative Cummings talked about the experts. Yeah, they do this work out there, but it has to be able to be applied. The example that I gave earlier was our National Institutes of Health. They churn out great research and great research findings, but it is a huge challenge to apply that. One of the reasons I work at ONDCP as a doctor, as a researcher, is to do that. It is a very difficult job, and sometimes it is expensive.

Mr. SOUDER. Now, I am not against the research and I am not against applied research, but I have also watched how women's infant care, Food Stamps, and a lot of the Head Start, all of a sudden all say their primary mission is nutrition, and in fact they start to drift from their—nutrition education I should say. And all of a sudden rather than having one—somebody focused on nutrition education and the others focused on delivery of services that they were originally targeted to do, it becomes almost a bureaucratic overhead where you have people employed doing the same thing for the same mothers, when the dollars could have actually been helping them. And that is what I am trying to sort.

I understand the difference in evaluation directly of the grant, and I understand the difference of mentoring, of how to be more effective and using the information that comes from the research to apply it. I don't see quite yet the difference between the mentoring that's applying it and the institute that's applying it, and I don't quite see the difference in the technical assistance you're applying and the technical assistance that's coming from the mentoring and the institute.

Dr. VEREEN. Let me offer this in addition. These—some of the research that helps us to guide community coalitions comes from a longstanding set of studies that looked at successful communities. What we culled from looking at all of these successful communities were a series of principles, and we're trying to apply those principles, those research-based principles.

Mr. SOUDER. That's in the Institute's——

Dr. VEREEN. Yes.

Mr. SOUDER [continuing]. Guidelines that they're going to do that, not this.

Dr. VEREEN. No. But these newer coalitions, first of all——

Mr. SOUDER. That's the Institute—I mean, the statement we have from the Institute has exactly the same purpose you just described.

Dr. VEREEN. What the coalitions actually do themselves, they have to use resources to actually do that, to actually implement that. When a suburban coalition, for example, reaches out to an urban—a neighboring urban coalition or a neighboring rural coalition, they actually have to generate up a team to actually carry that out.

Mr. SOUDER. In the mentoring?

Dr. VEREEN. In the mentoring, yes.

Mr. SOUDER. That's the third one.

Dr. VEREEN. And I am trying to make the distinction that these things—they flow together. The real challenge here is coordinating. I understand—we understand what you're trying to say in terms of separating this out and making sure that there isn't a duplication; but the real challenge is coordinating all of these pieces, and at the same time being able to be accountable. We have to come back to report to you every year on how successful we've been in being able to apply that knowledge.

Mr. SOUDER. Even in between?

Dr. VEREEN. Yes, and even in between.

Mr. SOUDER. Mr. Cummings.

Mr. CUMMINGS. I don't know about anybody else, but I'm confused. But let me try get unconfused here.

You have the—and my confusion is coming with regard to the—why the increase. I'm not knocking the increase, I'm sure it's justified, but I'm just trying to figure out how we get from 3 to 8. Am I right, 3 to 8?

In the process of applying—and I have been trying to make up, make my own little lists of why I would think it would go up. In the process of applying, first of all, you're getting more applications. Is that calling for more people?

I'm starting at the beginning process now. Does that call for more man-hours, woman-hours?

Dr. VEREEN. I'll say, not necessarily. I'm trying to make the point that the work in generating the coalitions, that's taking more work.

Mr. CUMMINGS. OK. Well, let me just—I want to come to the process, because this is—in other words, I'm starting at the application process.

Dr. VEREEN. OK.

Mr. CUMMINGS. So people send in these applications—did you want to say something? I'm sorry.

People send in the applications. Are you saying that although there are more applications, it does not necessarily take a lot more person-power——

Dr. VEREEN. If they were all——

Mr. CUMMINGS [continuing]. To evaluate them?

Dr. VEREEN. If they were all the same, then it would be easier to manage, but certainly at some point you would reach a threshold where you would need more personnel. And John can——

Mr. WILSON. Yeah. Our administrative budget is made up of the grant managers and support staff and financial staff, but it also includes the cost of processing the application as part of the competition.

We use a peer review process and, naturally, if you are reviewing more applications, it is going to cost more money to implement that peer review process. And, of course, as the number of actually funded coalitions grows, if you keep the numbers of grants assigned to each program manager at a reasonable level, you're going to be spending more money to support more program managers; and you're also going to need more money to support travel, to go out and visit coalitions which is part of the monitoring responsibility.

So, yes, the more applications, the more costs in processing; and the more projects that are funded, the greater the costs to administer the programs, of course.

Mr. CUMMINGS. Now, during that evaluation process, do you—I mean, is there—in other words, if you've got a—some little groups from, say, from my district, and their applications are not—say, like, they're not as sophisticated as people who have been doing this for 50 years, is there something, Doctor, that you do? I'm not asking you to do it. I'm just trying to make sure that I am clear on this cost thing.

Is there something that you do to, say, you know, maybe you didn't do something right here and just—I mean, is that a part of the process?

Dr. VEREEN. Yeah. We call it technical assistance.

Mr. CUMMINGS. OK. So then you've got this technical assistance piece. So that's more, because your pool of applicants is becoming broader?

Dr. VEREEN. That's correct.

Mr. CUMMINGS. So then you've got a little increase there, too?

Dr. VEREEN. And we want that to happen. We want to go into those kinds of communities.

Mr. CUMMINGS. OK—yes?

Mr. WILSON. A couple things: First of all, in response to your earlier question, 20 percent of the scoring of an application depends upon demonstrating the need for the program in the community. So the extent to which a community has a serious drug problem, for example, certainly is something that is taken into account by the experts who are rating these applications.

I think that the peer reviewers are sophisticated enough that they can see through a glossy, well-packaged application and see the substance of what the community coalition stands for and what it has accomplished and what its goals and objectives are.

So I don't think that really in my experience—and I've been with this program for 27 years, with the juvenile justice program—that applications get funded simply because they know how to write applications better than other people. There is a certain amount of that, and it is a skill. We do debrief applicants. We tell them what the major deficiencies were in their proposal, and we encourage applicants who are unsuccessful to come back the next time, address those deficiencies and reapply for funding.

Dr. VEREEN. And provide the technical assistance for them to reapply.

Mr. CUMMINGS. OK. All right. That is where I got confused, for them to reapply. OK.

Dr. VEREEN. That's correct.

Mr. CUMMINGS. So I guess that's increased a bit, too. The more applications you have—I guess it's the more rejects you have, the more advice you give for future reference?

Mr. WILSON. Correct.

Mr. CUMMINGS. All right.

Now, then after that, you have some awardees, and you monitor their situation, and because you're going to have more awardees and a lot more work, that is the big piece. Is that it?

Mr. WILSON. Right.

Mr. CUMMINGS. That is where most of your top overhead comes in?

Mr. WILSON. That's correct.

Mr. CUMMINGS. OK.

Mr. WILSON. Yes. And, you know, overseeing grants is not a clerical function. The program managers at OJJDP are high-level Federal employees. They're GS–12s and 13s who have a great deal of background information, know the drug prevention field, know how this program operates and are able to give really solid advice to the coalitions. They work with them very closely, steering them to resources.

And I think one of the things that our program managers will do under the reauthorization legislation, and the challenge for all of us, will be to coordinate the delivery of services and resources. So if someone has a need that they've identified in their coalition, we need to know what the resource is out there to steer them to, whether it is a mentoring coalition, whether it is the Institute, because they need some help with evaluating their program, or whatever the resource is, it's the job of our program manager to be able to steer that grantee to the right resource that meets their needs in the most cost-effective way.

Mr. CUMMINGS. Thank you.

Mr. SOUDER. Well, we are going to run into a problem here. We have 10 minutes left in the vote; there are three votes. We have to be out of the room at 1:30 and I want to make sure the next panel gets in. So if I can ask you a couple of quick questions here. Then when we come back, then Congressman Cummings has a few more. Then we'll ask you some written questions, and we'll continue to work with you as we work on the bill.

But I wanted to clarify a couple of things, and it's important we have this in the record, too, that this question of currently operating, Mr. Wilson, at 44 grants approximately per case—per program manager; and you've proposed, I think it is 25—could you explain maybe how you've arrived at that and how is this program like other programs?

In other words, that is apparently a pretty standard thing in the department. Is there anything that makes this program easier or harder? And supposedly we've made it at 35. How hard has this become inside the department?

Mr. WILSON. Well, 26 is the average for individuals who monitor discretionary grants in the overall Office of Justice programs which—we're talking there about a $3.7 billion program that's pri-

marily grants, so it's a pretty broad average. I think that 26 would be the standard that we would work toward. I have no reason to believe that we'll ever get there. If we can come close to it, then, again, I—as I mentioned, I believe that the grantees under this program will be better served.

I think, yes, that there are some economies of scale in terms of people's increased expertise over time, over the fact that the programs have a lot of similarities, and I think that helps. But, again, that is the standard that we'll probably never meet. But as close as we can come to 26, I think the program will benefit from that.

Mr. SOUDER. Do you believe the Institute would take some of the pressures off in technical assistance?

Mr. WILSON. Yeah. The way I look at the Institute in the legislation, that—the answer to your question is yes, to a certain extent. The Institute will be able to provide the research, the best practices, some hands-on assistance to coalitions, and how to better evaluate the success of their program. And these are needs that exist right now in the program.

To the extent to which we as program managers provide technical assistance it's really technical assistance on the nuts and bolts of Federal grant management and the effective expenditure of funds, which I don't think would be duplicative of what the Institute would be doing.

Mr. SOUDER. So you don't see the mentoring group or the Institute as giving technical advice on how to do grants or apply for grants or filling out the grants?

Mr. WILSON. I think the Institute would be a partner with us in getting that kind of information out to coalitions all around the country, yes. But I don't think it would be duplicative. It would be a collaborative venture.

Mr. SOUDER. The—how do you see the—in other words, let's say—we are all sensitive here in Congress because we are adding new parts to our districts, so our districts are changing; so all of a sudden I have 200,000 people in my district who I haven't represented before, and they don't have any coalitions. For instance, Elkhart, Warsaw, and so on. Now, say they're interested in it. Are they going to be approached by—because Dr. Vereen said one of the things that costs money is you go out and do advance in talking to coalitions. They're going to get technical assistance from OJJDP. The CADCA and other groups are likely to be promoting it. The mentoring groups would come in and talk to them. And the Institute partly has this as a goal. Is that not correct? And so am I going to be more confused or less confused if I am in Elkhart?

Mr. WILSON. I don't think you will be more confused. We coordinate now with ONDCP, with CADCA, in the delivery of information to coalitions around the country or communities that are interested in forming coalitions about how to do that and how to successfully apply for funding under this program. So, again, right now it's a collaborative effort, and with the addition of an Institute, they would become part of that collaboration and getting that information out into communities around the country. OK. Thank you. I'm going to run over to vote. I apologize. But this is what we're actually elected to do. With that the subcommittee stands in recess.

[Recess.]

Mr. CUMMINGS [presiding]. You know, in the elevator up I was just asking the chairman, you know, I said, what can we do to give them some incentive for keeping the costs down, and I won't tell you what his answer was. But I'm just wondering, I mean, I guess when you see the movement from 3 to 8, that is substantial. And one of you said, and emphasized, that this was a cap, and I understand that. And I remember Mr. Portman saying that we were very conservative before when we established the 3 percent.

And I was just wondering, do you feel like you've been pretty effective with the 3 percent? Or you think it's a—you just haven't—in other words, I'm going back to what Mr. Portman said, and I know we are now talking about expanding and the program getting bigger, but I'm just saying, do you feel like you did a pretty good job with the 3 percent, Mr. Wilson?

Mr. WILSON. OK. If I can answer that, the 3 percent cap, or basically keeping it at $1.2 million, it hasn't actually been reduced to 3 percent, because both NADP funds and other OJJDP funds have been used to support the program; so that, for example, in 2001 we're spending really about 6.5 percent, including funds that have been made available to the program from other fund sources. ONDCP admin money, our drug prevention fund money supports the capped training and technical assistance piece of the program.

Mr. CUMMINGS. Is that all of what would now be considered as a part of the overhead, the 8 percent? Are you following me?

Mr. WILSON. Yes. And, yes, it would. So the difference between what we effectively are spending which is about 6.5 percent this year, that 1½ percent would be kind of the amount of money that we would need to get up to full staffing levels on the program management side. So that's where we're suffering right now. I think it's because we're still funding the evaluation. We're still doing the peer review, and providing support for the evaluation and the training and technical assistance from the caps from other fund sources. So the 8 percent really would allow us to bring the program management up to—not to the level of 26 grants, but certainly at a more manageable level. So that's what we—it's not really going from 3 percent to 8 percent in reality, because in fact we're putting in other resources to bring it well up, much closer to the 8 percent level now.

Mr. CUMMINGS. So you're still working—now, let me make sure I understand how the budget stuff works. So you're obeying the law and staying under the 3 percent, right? Just hang with me. But then you're tacking on this other 3.5 that's coming from other places. So technically you're still within the 3 percent.

Mr. WILSON. Correct.

Mr. CUMMINGS. Now, that's where I want to get to. So that other 3.5 percent is money that probably should be used for something else. Is that reasonable?

Mr. WILSON. Yes.

Mr. CUMMINGS. And so something is going lacking.

Mr. WILSON. Yes.

Mr. CUMMINGS. Some things. So you'll be able to then spend that 3.5 percent for things that it's supposed to be spent for, and then we'll come up to the 8 percent.

Mr. WILSON. Correct.

Mr. CUMMINGS. OK, let me ask you this. Can you tell me exactly how this Institute is—just give me just a thumbnail, simple, step-by-step, how the Institute will work from a logistical standpoint. I mean, if I was just some layperson calling into the office 6 months from now and I said, "Well, how does that Institute work? I heard you got an Institute, how does it work, how can that help my community," what would you say?

Dr. VEREEN. There are two basic areas. The first is best practices. How do coalitions actually work? What are the ingredients of a coalition? I want to form a coalition; what are the active ingredients?

And the other thing the Institute has to be able to do is to teach the coalition, to provide the information to the coalition on how to evaluate and assess the coalition. They have to be able to assess themselves. That's a requirement for the grant. So those are two—they're all based on research. They're very technical. And General Dean will explain this as well.

Mr. CUMMINGS. Well somebody's not gotten a grant, and they call in and they just heard that you got a—it's a community association, it's a group, a coalition. They have not—they may have applied, say, for example, because I think this is going to happen. Hang with me now. They may have applied. You may have given them some wonderful advice about how to do it the next time. They say, look, Doctor, we love all that. You know, thank you for your advice. But we've got people dying in our streets right now, and I've got a group of people who really want to do something and want to do it now.

How does this Institute that you've established help me, if at all?

Dr. VEREEN. It's a repository of information. And I want to make one important point here. When a coalition applies, they actually have to demonstrate that they've been in existence and can function for 6 months before they're eligible. OK. In order to get to that point, they need mentoring, which comes best from another coalition, somebody who's been there to get them to the point for them to apply.

Then in order for them to interface with the government, there's the application process, the reporting requirements, all those things that we try to minimize. That's what OJJDP does. But the information which we're still gathering on what are the active ingredients of a coalition, what makes them work—and we want to require those of every new coalition that comes along—lives in the Institute; and we're still generating some of that information that gets fed back directly into the coalitions that are now coming on line.

Mr. CUMMINGS. Maybe you missed my question. And let me just—I've just got to ask it one more time and thank you for what you did say.

Dr. VEREEN. OK.

Mr. CUMMINGS. I'm saying if there's—and maybe you did answer it. If there's an organization which doesn't make it, I mean and they just need some help.

Dr. VEREEN. We tell them how and why they didn't make it. OJJDP will do that.

Mr. CUMMINGS. Got that. But they've got a coalition. They're saying well, we didn't get the money. But you talk about best practices. Is there something that we can do? Do you have something? You're the Federal Government. Can you help us, through your Institute, can you help us.

Mr. WILSON. Yes. That would be——

Mr. CUMMINGS. Because I'm telling you that's going to happen.

Mr. WILSON. We would have the capacity to do that through this Institute that we don't have now.

Mr. CUMMINGS. OK. That's why I'm asking. So in other words, you could tell them some things that they could possibly do, maybe send them some brochures or something. Let me tell you why I'm asking that. Because that's what I'm doing in my district right now, trying to find out what other groups have done. And I'm trying to pull together a book to hand to my community associations because most of my associations will never, probably, not unless—not in the next 10 or 15 years, get into, you know, it's just too much competition.

I mean some of them will, but some of them won't. So I'm putting together a little book. It talks about Federal grants. It's going to talk about best practices basically from community association to community association; and then, hopefully, they'll be able to look at that and say, well here's an idea. We can have people like a community on patrol kind of thing and I'll be able to refer them to the Mt. Vernon community that did it.

So all I'm asking you, again I'm trying to stretch these dollars and help people be self-sufficient; and I just wanted to know how that would work, had you given it any consideration because you've got a lot of people who are desperate for help. And I'm just saying if you already have the kind of tools there to help people who have qualified for grants, maybe some of that same information would be helpful to people who may not have—not that they didn't qualify, maybe they just didn't make it because you've got so much competition. And I would hate to lose their vigor and their excitement, you know, particularly if there's something that we've got available. OK? Thank you.

Mr. SOUDER. I want to thank you for your testimony, and we'll continue to work with you on the numbers as we move to the markup in a rapid fashion after break. Part of the problem here, coming from a business background is that we're barely covering the variable costs and we're not doing the fixed and mixed which is why you're having to take some of the dollars from other parts.

And one of the things that we need to work through is that, in fact, if we expand and cover a higher percentage of the cost rather than having you take it from the admin budget that you're given for your agency, that means that this program, in effect, gets a reduction of the funds going to the grass roots and doesn't get part of the admin budget. But that's a typical thing we do in Congress. We keep piling new programs in, don't increase the admin budget.

The question is, why should just this program bear that. Shouldn't we be increasing then the admin budget in other programs rather than having it be just in this budget. That's really a more technical part of the question, because we obviously fund the admin budget. This isn't coming—in other words, the 3.5 that

came out of juvenile justice isn't coming out of programs. It's predominantly coming out of the admin. And that's because we add new programs without increasing the administration of ODJJP; is that——

Mr. WILSON. Well, let me clarify that very quickly. The money that's coming—some of it's coming from ONDCPs admin money for the evaluation out of the money that we put in directly into the program to support the work of the cap. The training and technical assistance work is program money. We don't consider training and technical assistance to the field to be an administrative expense. We consider it to be a programatic expense, and it's authorized by our training and technical assistance authorizing legislation.

Mr. SOUDER. But you get other money to do that, and so this program would be eligible for that money.

Mr. WILSON. Well, we can use it for training and technical assistance. This is coming out of our drug prevention money, which is programmatic money. Which includes training and technical assistance. We would, that money would be going out to communities to implement drug prevention programs, demonstration programs if it were not going to support the training and TA from the cap. So that would be—probably that would be where it would go. So it would still be going out to the communities.

Mr. SOUDER. Thank you very much for coming today, and I appreciate you taking the time to be here. If the third panel could now come forward. And if you will remain standing I'll administer the oath.

[Witnesses sworn.]

Mr. SOUDER. Let the record show all the witnesses have responded in the affirmative. We'd like you to limit it to 5 minutes, insert anything you want, or if you have additional information to put into the record. General Dean, would you like to begin?

STATEMENTS OF ARTHUR T. DEAN, MAJOR GENERAL, US ARMY, RETIRED, CHAIRMAN AND CEO, COMMUNITY ANTI-DRUG COALITIONS OF AMERICA; HONORABLE MICHAEL KRAMER, JUDGE, NOBLE COUNTY SUPERIOR COURT, INDIANA, CHAIR OF DRUG-FREE NOBLE COUNTY AND MEMBER OF THE ADVISORY BOARD OF CADCA; AND LAWRENCE COUCH, PROGRAM MANAGER, MONTGOMERY COUNTY PARTNERSHIP, MARYLAND

General DEAN. OK. Good afternoon, Mr. Chairman, Chairman Souder; Representative Cummings; and other distinguished subcommittee members. On behalf of Community Anti-Drug Coalitions of America [CADCA]——

Mr. SOUDER. General, could I ask you to pull the mic just a little closer. I think it was on but——

General DEAN. Is that better? Nope. OK. Well, to basically—I hope you won't take that from my 5 minutes. But I will go as fast as I can.

But good morning again, Mr. Chairman, Representative Cummings, and other distinguished members of this subcommittee. On behalf of the Community Anti-Drug Coalition of America, [CADCA], and our more than 5,000 community coalitions nationwide, I am grateful for the opportunity to share with you CADCA's

unique perspective on H.R. 2291. I've also submitted written testimony and supporting data for the record.

I will be very brief. CADCA is proud of its help that it has provided Congress to develop the original Drug-Free Communities legislation as well as the current legislation being considered in both the House and the Senate. We also have worked closely with our friends in ONDCP, OJJDP, CSAP, and the Presidential Drug Free Communities Advisory Commission on successful program implementation. The Drug Free Communities program has been a central bipartisan component of our Nation's demand reduction strategy.

The premise of the Drug Free Communities program is very simple—and that's why we care so much about it—that communities must be organized and equipped to deal with individual substance abuse problems in a comprehensive and coordinated manner and that Federal anti-drug resources must be invested at the community level. This program is unique in that Federal support is contingent upon local efforts and results. The GAO 1997 report—and I have detailed the title of that report in my written statement—says that one of the most promising drug prevention strategies targeting young people is community anti-drug coalitions. I know firsthand from many visits around this country to organizations that belong to CADCA, many of them that are Drug-Free Communities grantees, that this program truly does make a real difference.

Let me give you some quick examples, and I have given more for the written testimony. In Vallejo, CA, the Valejo Fighting Back Partnership reports that monthly marijuana use for seventh graders was reduced from 16 percent to 6 percent between 1996 and 2000. They also saw alcohol use among ninth graders reduced by 17 percent between 1999 and 2000.

Another example, Miami Florida coalition reports that the perception, and the perception is critical, of the availability of marijuana decreased from 43 percent in 1995 to 28 percent in 1999.

And my last example is the Lane County Prevention Coalition in Eugene, OR, reports that inhalant use within the last 30 days among eighth graders dropped from 12.4 percent in 1996 to 5.3 percent in 2000.

I believe these impressive results have been achieved by community coalitions through the implementation of an array of programs and strategies. I would like, quickly, to address some of the provisions of H.R. 2291 and why CADCA is very pleased and particularly excited about them.

First of all, we believe that the bill raising the 2002 authorization from $43.5 million in current law to the $50.6 million requested by President Bush is a good one; and we support that. We also support the levels authorized for fiscal years 2003 through 2007. We believe that this will add hundreds of community coalitions to this program. We also support the provision of H.R. 2291 that allows coalitions who have completed 5 years to continue, as Congressman Portman talked about, with them having the responsibility to have a higher match locally. We think that's important.

There has been much discussion, Congressmen, about the administrative cap. What I say from a grassroots perspective, having visited many of the grantees is that—and talked to the members of

the drug free commission, talked to our friends over in ONDCP and OJJDP—that there clearly is a need to raise the cap so the program can be more effectively managed and evaluated; and we think that 8 percent is the appropriate level.

CADCA is particularly excited about—that H.R. 2291 includes the authorization for, and I will be more than willing to answer more questions about the National Community Anti-Drug Coalition Institute. The coalition field urgently needs this Institute to provide the most effective and efficient vehicle for developing and disseminating relevant and easily understandable information. The field needs materials specifically designed to address the unique sustainability outcome measurement and other challenges facing community coalitions, like integrating the faith community into their operations, like integrating the business community.

The Institute will provide the education, training, technical assistance, and performance measurements and other state-of-the-art information needed to cause these coalitions to be effective. The Institute will be a wholesaler. It will assist in communities building coalitions, sustaining coalitions, and evaluating coalitions. The new supplemental authorized under H.R. 2291 enabling mature coalitions, we believe, also is important in that the Institute and the supplementary mentoring grants are intended to complement each other and not to be duplicates of each other.

The Institute will develop and provide the field with the latest and best information and materials needed to implement evidence-based strategies and to measure, assess, and to document their performance. Mentor coalitions will use the information, will be trained by the Institute, and will assist in the mentoring of other coalitions in their communities.

H.R. 2291 authorizes $2 million in Federal funding for the Institute in 2002 and 2003 and a sum to be determined from 2004 through 2007. The Drug-Free Communities program is truly the backbone of successful local anti-drug efforts, and I am delighted that the proposed legislation will reauthorize and strengthen the program. I thank you for the opportunity to testify before you today, and we appreciate your support and leadership.

[The prepared statement of General Dean follows:]

Drug Free Communities Act Hearing
Government Reform Committee
Criminal Justice Subcommittee
Written Testimony of

General Arthur T. Dean, Major General, US Army, Retired
Chairman and CEO
Community Anti-Drug Coalitions of America
901 N Pitt Street, Suite 300
Alexandria, VA 22314

Chairman Souder, Representative Cummings and other distinguished members of the Criminal Justice, Drug Policy and Human Resources Subcommittee, thank you for the opportunity to testify before you today on behalf of Community Anti-Drug Coalitions of America (CADCA) and our more than 5,000 coalition members nationwide. I am very excited to be able to provide you with CADCA's unique perspective on HR 2291, legislation to extend and modify the Drug-Free Communities Support Program for an additional five years and to authorize a National Community Anti-Drug Coalition Institute.

CADCA is very proud to have been involved as a partner with the Congress in developing the original Drug Free Communities legislation as well as HR 2291 and S 1075, the Senate companion bill. We have actively worked with Congress to see that the program has been fully funded at the authorized levels over the past four fiscal years. We have also had the honor of working closely with the Office of National Drug Control Policy (ONDCP), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Center for Substance Abuse Prevention (CSAP) and the President's Drug Free Communities Advisory Commission on issues related to successful program implementation.

As most of you already know, community anti-drug coalitions are broad based groups consisting of multiple community sectors that use their collective energy, experience and influence to address the drug problem in their neighborhoods, cities, counties and states. These coalitions develop strategies for addressing every aspect of their substance abuse problem - prevention, intervention, treatment, aftercare and law enforcement, but with a particular focus on prevention.

The Drug Free Communities program has been a central, bi-partisan component of our nation's demand reduction strategy since its passage in 1998. The consistent and steady growth of the program in terms of both appropriations; from $10 million in FY 1998 to $40 million in FY 2001; and the number of grantees; from 92 original grantees to 307 current grantees; is a testament to the program's popularity.

The premise of the Drug Free Communities program is simple – that communities around the country must be organized and equipped to deal with their individual substance abuse

problems in a comprehensive and coordinated manner. The program explicitly recognizes that federal anti-drug resources must be invested at the community level with those who have the most power to reduce the demand for drugs - parents, teachers, business leaders, the media, the faith community, law enforcement officials, youth, and others. This program is unique in that federal support is contingent upon a community demonstrating local commitment and resolve to address its drug problem, before it is eligible to receive any federal funds. Coalitions are only eligible to receive as much federal funding as they can match, dollar for dollar, with non- Federal support, up to $100,000.

The March 1997 General Accounting Office report: *Drug Control: Observations on Elements of Federal Drug Control Strategy* highlights the establishment of community anti-drug coalitions as one of the most promising drug prevention strategies that target young people. I know first hand, from visiting CADCA members that are also Drug Free Communities grantees, that this program is making a real difference in lowering drug use and underage drinking in communities around the nation. Although the successful outcomes from this program are too numerous to include in detail in my testimony today, I would like to take a few minutes to highlight some of the significant results that have been achieved by Drug Free Communities grantees.

- The Vallejo Fighting Back Partnership in California reports that monthly marijuana usage rates for 7th graders was reduced from a high of 16% in the 1995-1996 school year to only 6% in the 1999-2000 school year. Vallejo has also seen alcohol usage among 9th graders, who had ever used in their lifetime, reduced by 17% from the 1998-1999 to the 1999-2000 school year.

- The Miami Coalition in Florida reports that the perception of availability of marijuana has decreased from 43% in 1995 to 28% in 1999.

- The Troy Community Coalition, in Michigan has seen the number of 8th and 10th grade students who reported using marijuana in the past month decrease way below the national average: from 6% in 1998 for 8th graders to 3% in 2000, with the national average at 9%; and from 18% in 1998 for 10th graders to 14% in 2000, with the national average at 20%.

- The Ozark Fighting Back Community Partnership in Springfield, Missouri reports a decrease in alcohol use among 7th and 8th graders form 23% in the spring of 1999 to 17% in the fall of 1999.

- Finally, the Lane County Prevention Coalition in Eugene, Oregon reports that inhalant use among 8th graders, in the last thirty days, had dropped significantly from 12.4% in 1996 to 5.3% in 2000.

The impressive results outlined above have all been achieved by community coalitions through the implementation of an array of programs and strategies specifically crafted to meet each community's individual issues and problems.

I would now like to address a number of provisions included in HR 2291, that CADCA and its members are particularly excited about.

We are very pleased that the bill raises the FY 2002 authorization from the $43.5 million in current law to the $50.6 million requested by President Bush in his budget request to the Congress. We are also in support of the levels authorized for fiscal years 2003 through 2007. These increases will allow hundreds of additional communities to build and sustain effective coalitions.

CADCA and its members support the provision in HR 2291 that allows coalitions who have completed a five-year grant cycle to re-compete for funding with the entire applicant pool in year six, but with a substantially increased match requirement. This will ensure that worthy applicants who have already received grants can still compete for funding, with the explicit understanding that they must be further weaned off federal support.

CADCA also supports the increase in the administrative cap from 3%, in current law, to 8% of the total appropriated amount. I have heard from CADCA members, members of the President's Drug Free Communities Advisory Commission and from ONDCP and OJJDP that this increase is necessary to ensure the successful operation of the program to best serve the field and the grantees.

CADCA is particularly excited that HR 2291 includes an authorization for the National Community Anti-Drug Coalition Institute, to be managed under CADCA's auspices. The coalition field urgently needs this Institute because it will provide the most effective and efficient vehicle to develop and disseminate relevant and easily understandable information, and materials specifically designed to address the unique sustainability, outcome measurement, and other challenges collaborative efforts face at the community level. The Institute will provide the education, training, technical assistance, performance measurement, and other state of the art information needed to ensure the effective development of the coalition field. The Institute is envisioned as a "wholesaler" of the knowledge, products and tools necessary to help communities across the nation build, sustain and evaluate their coalition efforts to reduce youth drug use and abuse. The new supplemental grants authorized under HR 2291 to enable mature Drug Free Communities Grantees to mentor other communities are envisioned as the "retailers" of coalition technology. The Institute and the supplemental mentoring grants are intended to complement each other. The Institute will develop and provide the entire coalition field with the latest and best information and materials needed to implement evidence-based strategies and to measure, assess and document coalition performance. The mentor coalitions will use the information and training they obtain from the Institute to enhance their own performance as well as to help neighboring communities to develop successful local anti-drug efforts.

HR 2291 authorizes $2 million in federal funding for the Institute for fiscal years 2002 and 2003 and "such sums as may be necessary" for fiscal years 2004 through 2007. It is

envisioned that CADCA will pursue private and foundation funding sources to help support the Institute's mission after the first two years of its existence.

The Drug Free Communities program is truly the backbone of successful local anti-drug efforts and I am delighted that HR 2291 in the House and S 1075 in the Senate will reauthorize and strengthen the program.

Thank you for the opportunity to testify before you today.

Mr. SOUDER. Thank you. I'd now like to have a statement from Judge Kramer, my friend; and it was great of you to sacrifice a little bit of time from wonderful, beautiful Indiana and come out here to Washington.

Judge KRAMER. Thank you. It's an honor to be here. Chairman Souder, Ranking Member Cummings, I hope I can make some contribution toward the passage of this legislation because, as has been mentioned before, I do believe that this is one of the keys to reducing drug use among youth.

I am a trial court judge in the Noble Superior Court in Indiana. Eleven years ago, in response to seeing the large number of both civil and criminal cases that are rooted in the use and abuse of alcohol and other drugs and dealing with the resulting devastation of people's lives, I became involved with Drug-Free Noble County, our countywide anti-drug coalition. For the last 7 years, I've served as the chair of Drug-Free Noble County.

I do want to thank you for enacting the original act. I wrote the successful grant request for our county in 1998 in the first round. The grant has raised our efforts to new levels. While we were doing good things before, we've been able to provide services in areas of need. We've hired a staff person to organize our volunteers and, over the last 2 years, have over doubled the number of people who volunteer with our coalition.

It's changed attitudes and energized people in our county in ways that I really can't describe. And it's changed attitudes and made drug prevention and youth development really a priority for the county. One program is our youth program, which is Noble County PRIDE, affiliated with national PRIDE Youth Programs. I'd like—I could sit here all morning and talk about the things that they've done. They're known locally as miracle workers for all the work that they do. Their emphasis is on community service and working in the community to make it better while serving as models for a drug-free lifestyle.

One thing that I'm particularly gratified by, we have a lot of top students and top athletes, but a lot of those kids don't have time to be involved. And although we have some right now grades 5 through 12, about 40 percent of the student body are active participating members in PRIDE. And a great number of those are kids that would otherwise have very little connection with the school and are not otherwise involved in things after school or other activities.

And I think this has played a very big role in their lives. And through the grant, we've been able to expand that so we've gotten up to the 40 percent that we're at right now.

I do support the ability of current grantees to continue to receive funding beyond the 5th year. I do not want to see grantees become so dependent upon Federal funds that when that support is taken away, they fail. On the other hand, it's important to realize that we're working with problems that have been around for 40 years, actually a lot longer than that, and quick fixes are not going to work.

Programs have to be given time to take root in the community and become a part of the fabric of the community. We need to have a consistent, devoted, research-based effort over a long period of

time to make changes in our community. And I see this part as getting that process started.

We have limited funds. We're a small rural community in our county; and before receiving the grant, we'd done a pretty good job at tapping into those resources.

Our original plan to replace the funding was unsuccessful. And late last year, we had to switch to plan B and without continued support after the 5th year, I guess my fear is that we're going to have to cut back on some of our effort and even with the 50 percent cut in the 5th year, we may not be able to continue with full services, even in the 5th year of the program. I believe that to be able to allow current grantees to reapply, but with an increased dollar match will help balance the needs in the communities with the desire to not make coalitions dependent upon the Federal funds. It will best insure that new programs and positive changes seen throughout the country will further develop and become ingrained in the communities and have the best chance of continuing with local support.

One thing that really bothers me is seeing other communities that are not making full use of the opportunities and resources available to them to address the drug problem. I mean, things that we've done in Noble County can be done in every community across the country. A lot of these groups are just waiting for the spark to come. All of these people, as Representative Cummings had mentioned, are people who care very deeply for their communities and want to make a difference.

What they lack is direction and training and expertise. They know what they want, but they don't know how to get there and don't know where to turn for help as I think you had put it. For these reasons, I'm excited about the National Community Anti-Drug Coalition Institute and mentor coalitions. I think they will help spread the influence and energy of community coalitions throughout the country and in every city and town and help create new coalitions and strengthen existing coalitions.

Our coalition right now does mentoring in kind of a haphazard way. I got a call about a week and a half ago from a woman in LaGrange County whose son is in middle school and addicted to methamphetamine. And she wants to get involved in prevention activities with youth in LaGrange County, so other kids don't end up as her son. And she wanted to start a PRIDE group there. And so we're helping her.

I think mentoring would provide a more organized program to allow these types of people who are struggling and don't know where to turn to have a place to turn to. The Institute will provide training and resources and the mentor coalitions will put those training and resources into practice. I think that this will help not only struggling groups and people who are first addressing a problem, but will help strengthen existing coalitions.

And I do truly appreciate the dedicated people at OJJDP who have over seen our grant. They've done a very good job at keeping the grantees accountable and doing so in a helpful, flexible way by working with each coalition. Their work has shown me that they truly care about the success of each grantee. An institute, I feel, would work very well and not duplicate current efforts. I know that

we had asked the people there some program-type questions; but, as I think had been expressed before, their main focus is in making sure that we comply with the Federal grant requirements, the code of Federal regulations, and other technical requirements as far as the grant.

It would be nice to have the Institute to work along with that and when OJJDP got questions, to be able to refer them to the Institute about program questions, about evaluation. We have a mentoring program in a homeless shelter in our county, and I've tried everywhere trying to find ways that we can do a good evaluation of that program to see whether having the high school kids come in and mentor the homeless kids is helping.

I mean, I feel, from anecdotal evidence that it is; but it would be very nice to be able to have some sort of evaluation system developed to evaluate that. And there's really no place that we can turn for that.

Last, I also welcome anything that can be done to increase accountability. And this is not based upon any abuse by any grantee or OJJDP. I think that it's intolerable to waste precious funds that could be used to save the lives of children, help our communities, and reduce the destruction of human life.

I welcome anything that insures the funds are used to the best and highest purpose. For that reason, I do feel that—and I don't know about the number, but I do feel that the administrative cap should be raised for OJJDP because they will insure that there are no abuses in communities. And I think the greatest threat to our program, to community coalitions, comes not from outside but from people who are careless or misguided within, who go off the track. And I would like to have—make sure there's proper oversight available to make sure that there are no abuses with these funds.

Once again, I do thank you for your help in reducing illegal use of drugs by youth, and I appreciate the honor of being asked to testify here today.

Mr. SOUDER. Thank you.

[The prepared statement of Judge Kramer follows:]

Chairman Souder and other distinguished members of the subcommittee, thank you for the honor of being asked to testify. I hope that I can make some contribution toward the passage of this legislation because I believe that it is one of the keys to reducing drug use among our youth.

My name is Michael Kramer. I am a trial court judge in the Noble Superior Court in Indiana. In response to seeing the large number and broad range of both criminal and civil cases that are rooted in the use and abuse of alcohol and other drugs, over the last eleven (11) years I have been involved with Drug-Free Noble County, a county-wide anti-drug coalition consisting of many people in our county who share the same concern. For the last seven (7) years I have served as the chair of Drug-Free Noble County. In 1999 we were honored to be named Coalition of the Year by CADCA.

First, I want to thank you for enacting the Drug-Free Communities Support Program. In 1998 I wrote the successful grant request for our county. While we were doing very good work before receiving the grant, this opportunity has allowed us to raise our efforts to new levels. The grant allowed us to provide services in areas of need and allowed us to hire a staff person rather than rely solely upon volunteers. In the last two (2) years we have doubled the number of people who volunteer their time in working with the coalition. The grant has energized people and changed attitudes in our community in ways unimaginable. It has made drug prevention and youth development a priority for the whole county.

Our youth program is Noble County PRIDE and is affiliated with national PRIDE Youth Programs. In 1999 Noble County PRIDE was named PRIDE Team of the Year. The grant permitted more young people to participate in PRIDE. The program now has over 750 young people actively participate throughout the county, across school districts, and in public and parochial schools. Noble County PRIDE emphasizes community service. It has been rewarding to see young people grow and develop while at the same time helping make our community a better place and serving as models for growing up drug-free. In December, the local newspaper published 100 things that PRIDE has done for the community. To limit the list to 100 was extremely difficult. To mention just a few things, high school students mentor and tutor youth at a local homeless shelter, PRIDE raised $100,000.00 for one of the homeless children to enable him to receive a kidney transplant, they provided the labor for a Habitat For Humanity house, and collected 270 Christmas gift boxes for children in poor or war-torn countries.

Two (2) weeks ago a Youth Empowerment Symposium brought together students from each high school in our county and a neighboring county to hear speakers from top companies, such as Franklin Covey to learn about strategic planning, speaking, and motivation. Teams are now planning projects to make

positive changes in their schools and communities. One project involves peer mediation to reduce conflict within the school. This was funded through a foundation grant, but would never have happen but for the Drug-Free Communities Support grant, because it was completely organized by our employee.

I could talk all morning about the work of Drug-Free Noble County, but I will stop there.

I support the ability of current grantees to continue to receive funding beyond the fifth (5th) year. I do not want to see coalitions become so dependent upon federal funding that they fail when that funding is taken away. On the other hand, we are working on problems that have been with us for about forty (40) years, and quick fixes will not work. I would love to see what would happen if we made a devoted, consistent, research-based effort over the period of one generation to prevent drug use.

Funds are available to begin new programs to keep kids drug-free, and we have initiated many new programs in Noble County with other resources since receiving the grant. It is more difficult to find funding to continue existing programs that work. Until the Drug-Free Communities Support Program, there was almost no funding to build coalitions. While many, but not all coalitions do conduct programming, unless they assist, educate, organize, direct, and motivate the community, they are another social service provider and not a coalition. A coalition exists to bring together and assist others in the community. The staff of a coalition does not replace volunteers, but organizes volunteer efforts, helps channel efforts toward activities that research shows is effective, and seeks participation from a broader section of the community. Foundations and other funders understand and like programs, but in my view really do not understand the true value of coalitions.

Noble County is a rural county that has limited resources to draw upon. Before receiving the grant, we had done a pretty good job at tapping into those resources. Our original plan to replace the funding was unsuccessful and we switched to another plan last year. Even with those efforts, without the Drug-Free Communities Support Grant, we will be required to cut back our efforts after the fifth (5th) year and will once again be an all volunteer organization.

While much of our grant proposal has worked well, we obviously have learned a great deal. We would very much welcome a chance to reassess where we are, build upon what we have learned, and try to do an even better job with a new proposal.

I believe that to allow current grantees to reapply, but with an increased dollar match would help balance the needs in the communities with the desire to not make coalitions dependent upon federal funds. It will best insure that the new

programs and positive changes throughout the country brought about by the grants will develop, become ingrained in the community and be better able to continue with local support. We were informed that we were a grant recipient in the middle of September, 1998, with the grant cycle to begin October 1st. Even with a well thought out plan and being ready to start, with the normal start-up, the first year was primarily working out the bugs. It took us about a year and a half to be up and running at full speed.

Allowing a more gradual weaning will help ensure that you get the best "bang for your buck", with the best and most promising programs funded and given the best chance for survival.

Something that hurts me to see is communities that are not making full use of opportunities and resources to address the drug problem. Some of them are like dry kindling just waiting for a spark. All are made up of people who care so deeply for their communities and so want to make them better places to work and live that they volunteer their time, talents, and funds. What most lack are direction and training and expertise, and they do not know where to turn to find them.

For these reasons, I am excited about the creation of the National Community Anti-Drug Coalition Institute and establishment of mentor coalitions. They will help spread the influence and energy of anti-drug coalitions throughout the country into every city and town. Our coalition does some mentoring now, but only in a haphazard way. An organized program will allow those people who are struggling to have a place to turn. They will have the Institute for the training and resources and mentor coalitions for putting the training and resources into practice.

A National Community Anti-Drug Coalition Institute would assist both the mentor coalition and the coalition being mentored by providing a storehouse of expertise, training, and other resources. Further, it would be the toolbox that all coalitions could use to their work. Every coalition would have experts available to them to give them the guidance to do their work more effectively. The latest academic research would be put into practice and available to concerned citizens throughout the country.

I truly appreciate the dedicated people who oversee the grantees at OJJDP. In my view they have been very good at keeping grantees accountable, but doing so in a helpful, flexible way of working with each coalition. Their work shows that they truly care about the success of each coalition. An Institute would work very well with the current oversight and allow problems grantees encounter to be dealt with in a more comprehensive manner. Rather than deal with technical questions or try to help solve problems, the grantee could be referred to the Institute. The Institute would further enhance the oversight of the grantees.

Lastly, I welcome anything that can be done to increase accountability. This is not based upon any abuse by any of the grantees. I believe that the greatest threat of harm to community coalitions comes not from outside the movement, but from irresponsible members within. To waste precious funds that can be used to help save the lives of children, that can help clean up our neighborhoods, and that can reduce the destruction of human life through alcohol and drugs is outrageous. I welcome anything that ensures these funds are used to their best and highest purpose.

Once again, I thank you for your part in reducing the use of illegal drugs by youth, in reducing crime, and in reducing the number of victims of those crimes. I also thank you again for the privilege of testifying before you today.

Mr. SOUDER. Mr. Couch.

Mr. COUCH. Thank you. Mr. Chairman Souder, Ranking Member Cummings, and members of the subcommittee, thank you for the opportunity to testify in support of H.R. 2291.

I'm a father and, within the week, may become a grandfather. As a father, I've experienced the terrible tragedy drugs can cause in a family and partly for that reason became involved with the Montgomery County Community Partnership. The Partnership is a nonprofit organization dedicated to fighting alcohol, tobacco, and drug abuse issues.

About 18 months ago, we formed a collaborative arrangement with the Task Force on Mentoring an all-volunteer group, which has been in existence for about 10 years, focusing on mentoring at-risk children. We came in with a collaborative application to Drug-Free Communities, and were funded. Our relationship with the task force has been very useful.

In my written testimony, I go into details about our successes and our accomplishments and the guide we developed with the various mentoring programs in the schools and our efforts to insure that a mentoring program be available in every middle school and every secondary school in Montgomery County. We're far from that, but we've made some progress.

Recently, the school system hired a program-mentor coordinator, which was at least an acknowledgment by the school system that mentoring is important. And so we're moving in that direction. But during my brief testimony, I'd like to talk more about mentoring in the sense that mentoring is being used during this conversation.

In one sense, the relationship between Montgomery County Community Partnership and the Task Force on Mentoring has been a mentoring relationship. The Task force had been, for 10 years, an all-volunteer effort. They had a conference Once a year which was useful. But I really believe when they became associated with the Partnership, not only because of the additional resources made available, which we're greatly appreciative of; but I think also just because the Partnership had a lot of experience in working with coalitions, looking at institutions, looking at community norms, and looking at how the environment affects drug use and looking at the broader picture, that we helped the Task Force on Mentoring to focus better, to strategize better, and to see more of its own options. We're talking about mentoring as a way of empowerment.

Mentoring of at-risk children is empowering the children on an individual basis. But we can also empower organizations, and I think we've been instrumental in empowering the Task Force on Mentoring. The Montgomery County Community Partnership has also worked with students and formed the Students Opposed to Smoking. And again, you know, students can discover how much power they have. We know they have power. But students often do not realize how powerful they can be, what type of access they can have to the media, what type of institutional change they can realize and can affect.

We have also worked with communities outside of Montgomery County and, in terms of working with the coalitions, helping them to get formed and get started. Someone once said, an expert is a person who lives 50 miles away. Maybe there's some truth to that

even. Sometimes a person from the outside can get a different perspective of what the problem is and what the potentials are and can take—I know as a member of the community, you can get so wrapped up in individual issues that sometimes you can miss the bigger picture.

Congressman Levin said that replication is not duplication. I really like that. The idea of going into another community and working with them would certainly not be to impose my vision or our vision onto somebody else but really working with that coalition to help them to know what is their vision, what is their voice, and how they would want to proceed. I believe that the experiences that we've had as a coalition is transferrable and is really something that shouldn't be wasted. Any coalition that has been in existence and has been successful should get the opportunity to go out to other communities and work with them. Thank you.

[The prepared statement of Mr. Couch follows:]

Testimony Presented to the Government Reform Committee's Subcommittee On Criminal Justice, Drug Policy, and Human Resources

Lawrence E. Couch
Montgomery County Community Partnership
Task Force on Mentoring of Montgomery County

June 28, 2001

My name is Lawrence Couch and I am with the Montgomery County Community Partnership. Thank you for the opportunity to testify in favor of the extension of the Drug-Free Communities Support Program.

The Montgomery County Community Partnership is a private, non-profit organization dedicated to fighting alcohol, tobacco, and other drug abuse. In 1999, the Partnership entered into collaboration with the Task Force on Mentoring of Montgomery County to seek funding from the Drug-Free Communities Support Program.

The Task Force on Mentoring of Montgomery County was formed 10 years ago to address the needs of African-American youth. The Task Force recognized that one of the best ways of keeping youth away from drugs was to provide them with responsible, adult mentors.

Our application was approved and in the fall of 1999, funds were provided to the Montgomery County Community Partnership to work in collaboration with the Task Force on Mentoring of Montgomery County. I was hired as the coordinator for the Task Force.

Using the resources made available by the Drug-Free Communities Support Program, the Task Force had for the first time a full-time staff person, a fully-equipped office including phones, Internet access, fax machine, office supplies, letterhead, and the use of a conference room. These resources greatly enhanced the status and effectiveness of the Task Force within the community.

With a greater sense of confidence and direction, the Task Force soon accomplished some major goals:

- The publication and distribution of a professional-quality guide to the various mentoring projects in the county, entitled, *Mentoring 2000: The Guide to Getting Involved.*

- The publication and distribution of a brochure describing the Task Force on Mentoring with a listing of the qualities of a good mentor and suggested mentoring activities.

- The launch of a unique mentoring effort matching residents of a local retirement community with a nearby middle school. Although mentoring has been well documented at the national level in terms of its effectiveness in reaching at-risk youth, the Task Force realized an ongoing, innovative project would have greater credibility and impact among local officials.

- Working with senior level school officials, the Task Force successfully convinced the Montgomery County Public School system to establish and fill the position of Mentoring Program Coordinator. A long-term goal of the Task Force is the institutionalization of mentoring in all middle schools and high

schools in the county. The establishment of a Mentoring Program Coordinator by the school system is a significant step toward the realization of that goal.

- Members of the Task Force have met with County Council members seeking the earmarking of funds to create a Mentor Coordinator position for each of the 21 Administrative School Clusters.

- The Task Force recently hosted a breakfast meeting attended by the major community-based mentoring service providers in the county. As a result of the meeting, a working group was formed to enhance coordination among the various community-based mentoring projects, identify gaps in services, and expand mentoring services.

- Last October, the Task Force sponsored a highly successful conference attended by the major mentoring service providers. With greater visibility and recognition in the community, the Task Force realized a highly successful conference and created a greater awareness of the importance of mentoring, and the mechanics involved in a successful mentoring project.

We know mentoring works both from studies and from personal experiences. Studies have found that mentored youth are less likely to engage in drug or alcohol use, resort to violence, or drop out of school. Mentored youth are more likely to improve their grades and their relationships with family and friends.

Studies also show that children most often get into trouble after school, between the hours of 3:00 p.m. and 6:00 p.m. By providing structured activity with a positive role model during this time frame, we can significantly reduce the danger of drug abuse.

A friend recently told me he visited with a young man he had mentored during his adolescent years. The boy had grown up in a public housing project in Los Angeles. During the visit, he noticed how well kept and decorated his house was. He asked him, "Dennis, where did you get all these ideas to make your place so nice?" The young man answered, "Why John, for years I watched how you and Betty live." Children watch us more than we realize. Through mentoring projects, we can help ensure that every child can learn from a caring, responsible adult.

Our accomplishments are directly related to the funding received from the Drug-Free Communities Support Program. I urge passage of this important legislation. Thank you.

Mr. SOUDER. Thank you. We have a little—15 minutes. First let me—General Dean, if you could do this, that CADCA has various research studies and other examples of some of the programs you said for example that were in the audience today. If you could submit some of that for the record, because our focus on the record has been to some degree on budget issues. But this will be the only hearing on the whole act, and we want to make sure that this record reflects what we all share, which is that the community organizations have been very effective, that we've seen good responses around the country.

Really the only thing we're going back and forth on the administrative costs is the administrative costs takes money from the community groups. It's a zero sum gain. And therefore we're not arguing with that, that there shouldn't be an increase in funds and more money going to the communities because we're just all presuming here today that it's been fairly effective.

Maybe a little more targeting here and there and how do we go to the next level. Did we—in effect the allusion was made that those that were already organized were easier to supervise because they were already in existence to some degree, like Noble County, IN, or the mentoring programs in Montgomery County and, therefore, it's becoming harder so, therefore, it takes more administratively. Those are the kinds of questions that we're going through. But we want to make sure that the record from today shows the successes from as many programs as possible. And if you could work with the association with that.

Now, let me ask you the difficult question. Authorizing funds are going up. But appropriating funds may or may not go up. So would you favor the administrative costs going up if the dollars are the same, which means an actual net reduction going to the grassroots?

General DEAN. Me.

Mr. SOUDER. All of you briefly.

General DEAN. I would answer the question this way. And I would quickly say to you that we did submit to you about a three page summary of outcomes from current Drug-Free Community recipients.

[The information referred to follows:]

Selected Outcomes from the Drug-Free Communities Support Act Grantees

California

Vallejo Fighting Back Partnership, Vallejo

- Monthly marijuana usage rates for 7th graders was reduced from a high 16% in the 1995-96 school year to only 6% in the 1999-2000 school year
- Percentage of 7th graders who used cigarettes in their lifetime was reduced steadily from 37% in the 1995-96 school year, to 34% in 1997-98, further reduced to 28% in 1998-99 and finally to 12% in the 1999-2000 school year
- Alcohol usage among 9th graders who had ever used in their lifetime, was greatly reduced by 17% from the 1998-99 to the 1999-2000 school year
- Alcohol, marijuana and cigarette usage among 11th graders was reduced from the 1998-99 to 1999-2000 school year by 11%, 7% and 12% respectively

Colorado

Grand Futures, Granby

- While the state rate of Juvenile Liquor Law Violations increased by 13% from 1997 to 1998, the Grand Futures service area showed a decreased rate of 66% for the same offense, during the same period due to an array of programs and strategies throughout the community

Florida

Miami Coalition, Miami

- The perception of availability of marijuana decreased from 43% in 1995 to 28% in 1999
- A 3% decrease in cocaine deaths from 1,065 in 1999 to 1,034 in 2000

Maryland

Montgomery County Community Partnership, Inc., Rockville

- Successfully advocated for local legislation/regulations to conduct comprehensive tobacco sales compliance checks – citing both clerks and owners for non-compliance (1999), tax non-cigarette tobacco products sold in Montgomery County (1999), make all local restaurants smoke-free (currently in litigation) and eliminate self-service displays of tobacco products (2000)

Michigan

Troy Community Coalition, Troy

- There was a significant decline of students in Troy indicating they have smoked cigarettes in their lifetime in grades 8, 10 and 12 by 39.9%, 20.8% and 24.7% respectively, from 1998 to 2000. These declines are far greater than the national declines of 11.3%, 4.5% and 4.2% respectively, for the same age groups over the same years

- Troy students in 8th grade increased their disapproval of their friends smoking marijuana from 77% 1998 to 83% 2000, while the national disapproval rate for the same grade was 73% in 2000. Troy 10th graders increased their disapproval from 61% in 1998 to 69% in 2000, while 10th graders across the nation had a disapproval rate of 55%

- In 1998, 7.1% of Troy's 8th graders reported first trying marijuana, while only 4.7% of them reported the same thing in 2000. The same reduction was also seen in their 10th graders during the same time period

- Amount of Troy 8th and 10th grade students who reported using marijuana in the last month was below the 2000 national average and decreased from 1998 to 2000. 8th graders decreased from 6% in 1998 to 3% in 2000, when the national average for 2000 was 9%, just as the 10th graders decreased from 18% in 1998 to 15% in 2000, when the national average was 20% for 2000

- From 1991, when the Troy Community Coalition began its work, to 2000, 8th grade students reporting they had consumed an alcoholic beverage in their lifetime was reduced by 22.5%

Newaygo County Prosecutor's Office; Office of Police-School Liaison, White Cloud

- Cigarette, alcohol and marijuana use among 10th graders in 2000 was below the national average and was reduced by 17%, 6% and 6.5% respectively, since 1996

- Cigarette use among 6th, 8th, 10th and 12th graders was reduced from 1996 rates and was below the national average for each respective grade in 2000

- Annual marijuana use among 10th graders was reduced by 4.1% from 1996 to 1998 and then further reduced by 2.4% from 1998 to 2000, creating a 6.5% reduction from 1996 to 2000

Missouri

Community Partnership-Ozark Fighting Back, Springfield

- There was a decrease in alcohol use among 7th and 8th graders from 23% in the spring of 1999 to 17% in the fall of 1999

- There was a decrease in tobacco use among 7th and 8th graders from 34% in the spring of 1999 to 22% in the fall of 1999

Ohio

STEPS at Liberty Center, Wooster

- 90% of residents involved in neighborhood anti-drug coalitions in 1999 reported an improvement in the neighborhood environment (specifically related to alcohol, tobacco and other drug concerns) since the initiation of the coalition project

- In 1999, 90% of participants in the INSIGHT program (a 4-session program designed to prevent escalation of use among youth) have avoided returning to the criminal justice system for alcohol, tobacco and other drug related concerns one year after discharge from the program

Oregon

Lane County Prevention Coalition, Eugene

- Inhalant use within the last thirty days among Lane County 8th graders dropped significantly from 12.4% in 1996 to 5.3% in 2000

Texas

San Antonio Fighting Back, San Antonio

- Between 1992 and 1997 the average age of one's first use of illegal drugs increased from 9.4 years old to 13.5 years old

Virginia

Cadre of Staunton/Augusta/Waynesboro, Inc.

- In 1999, 63% of students who completed Project Success a tutoring program showed improvement in at least one subject, and 34% in two or more subjects

General DEAN. We also shared with you that we get dollars from the Annie Casey Foundation in Baltimore to do a research study, and we left that for you as well.

[The information referred to follows:]

LESSONS FROM THE FIELD

COMMUNITY ANTI-DRUG COALITIONS AS CATALYSTS FOR CHANGE

A Report to the Annie E. Casey Foundation from Community Anti-Drug Coalitions of America

Written by
Theresa M. Ellis
& Sarah J.
Lenczner

Contents

Acknowledgments 4
Introduction 5
A Job Well Done 8
A Plethora of Partners 10
Giving Away the Glory 11
Taking the Lead 11
The Rules of the Game 12
Be Finicky About Funding 13
More than Money Matters 14
The Quantification Quandary 15
The Next Generation 16
Defined by the Community's Needs 17
A Passion for the Coalition Business 18
Legendary Leaders 19
After the Crisis — A New Climate for Coalitions 20
Elements of Successful Coalitions 22
Where We Go From Here: Next Steps for Coalitions and Communities 25
Conclusion 27
Appendix A 28

Acknowledgments

The authors of this document want to thank each of the community coalitions that participated in this study. The following individuals from these coalitions deserve special recognition for their help in arranging the site visits: Cecilia Calvo in Boston; Marilyn Wagner Culp and Jim Hall in Miami; Pamela White in Nashville; Beverly Watts-Davis and Jeniffer Richardson in San Antonio; Mary Ann Solberg in Troy; Carol Stone in Portland; Karen Bass and Solomon Rivera in Los Angeles; and Marsha Maroelli in Nome.

The authors would also like to thank Sue Thau for her input. Her questions and feedback forced us to think more critically about how best to capture the essence of community coalitions and to communicate their successes.

We had the benefit of a third CADCA staff member on four of the eight site visits to coalitions. These individuals deserve special recognition for their willingness to take copious notes during our interviews — even at the end of a long day! Thank you Colin Billett, Tanyanic Brown, Mindy Hargis, and Erika Ochoa.

Finally, we thank the Annie E. Casey Foundation for their support of this project. They demonstrated important leadership for the coalition movement in their willingness to undertake a research project of this nature. We hope that the coalition field as a whole will benefit from the research.

Theresa M. Ellis and Sarah J. Lenczner

Introduction

The purpose of this study was to provide analytic insight into the organization, operation, sustainability, and impact of community anti-drug coalitions across the country. In order to meet this goal, the study was designed in two parts: in-depth case studies of eight highly effective community coalitions and a cross-case analysis that examines characteristics shared among these eight coalitions. Both the analyses in the individual case studies and the cross-case analysis offer observations about how each coalition's history, understanding of its community, organization, leadership, and financial resources affect its outcomes and daily functioning.

A consistent set of distinguishing features was examined across all of the coalitions. These features were studied and described in the context of each coalition's own approach to community organizing around substance abuse prevention, intervention, and treatment. Throughout the review and analyses, the study will address certain programmatic characteristics that research suggests are especially important in creating an effective coalition. These characteristics include (1) outcomes, (2) planning, (3) sustained leadership, (4) institutionalization, and (5) diversification of funding sources. Specifically, the following research questions guided the collection of data and, subsequently, the production of this document:

- What notable outcomes have resulted from the coalition's efforts?
- How does the coalition ensure that its work matches the community's needs? What impact does the community's context have on the coalition?
- What are the organizational issues that govern each coalition's operation? What is the nature of governance structures? What was or is the process for building an infrastructure?
- What is the impact of leadership on coalitions? How does the organization recruit and support its leaders?
- How does the coalition obtain resources — including financial, human, structural, and societal — to sustain its work?
- How does the coalition create a collaborative, multi-sector initiative? What are the challenges of this work and what are the benefits? Who participates in these efforts?
- How does the coalition hold itself accountable for its work?

What Exactly is a Coalition?

Definitions of coalitions abound; however, there are two that speak particularly well to the essence of coalitions. The first definition is "an organization of individuals representing diverse organizations, factions, or constituencies who agree to work together in order to achieve a common goal."[1] The second definition has a different understanding of who comprises coalitions: "an organization of diverse interest groups that combine their human and material resources to effect a specific change the members are unable to bring about independently."[2] Although the membership — and subsequently the operational structure — in these definitions differ, they speak to the same concept, and convey the purpose of coalitions. Mary Ann Solberg, Executive Director of the Troy Community Coalition, captures the essence of a coalition in her catch phrase, "multiple strategies across multiple sectors." Coalitions bring disparate individuals or organizations together to reach a coalition-defined, shared goal.

Mary Ann Solberg, Executive Director of the Troy Community Coalition, captures the essence of a coalition in her catch phrase, "multiple strategies across multiple sectors."

Coalition Participants in this Study

This study looks at eight highly effective community anti-drug coalitions. (A complete list including point of contact and address for these coalitions can be found in Appendix A.) The eight coalitions in the study are:

- *The Boston Coalition* (Boston, Massachusetts)
- *The Community Coalition for Substance Abuse Prevention and Treatment* (Los Angeles, California)
- *The Miami Coalition for a Safe and Drug-Free Community* (Miami, Florida)
- *The Nashville Prevention Partnership* (Nashville, Tennessee)
- *Bering Strait Community Partnership* (Nome, Alaska)
- *Regional Drug Initiative* (Portland, Oregon)
- *San Antonio Fighting Back* (San Antonio, Texas)
- *Troy Community Coalition for the Prevention of Drug and Alcohol Abuse* (Troy, Michigan)

[1] Feighery, E. and T. Rogers. 1989. *Building and maintaining effective coalitions.* How-to Guides on Community Health Promotion no. 12. Palo Alto: Stanford Health Promotion Resource Center.

[2] Brown, C. 1984. *The art of coalition building: A guide for community leaders.* New York: American Jewish Committee.

Selection Process

The eight coalitions were selected for this study because of their successes and demonstrable outcomes. The process began by soliciting recommendations for the study from a range of individuals. After a list was compiled, each coalition was contacted to provide key data about the coalition itself including: outcomes resulting from the coalitions' efforts; date of coalition's inception; size of the community served; location; racial and ethnic composition; and sources of funding. After identifying a group of coalitions with demonstrable and measurable outcomes, eight coalitions were chosen. As a group, they are diverse in geography, size, and demographics of the communities served, type of community (urban, suburban and rural), and funding sources.

The eight coalitions were selected for this study because of their successes and demonstrable outcomes. The process began by soliciting recommendations from a range of individuals.

Organizations

Although there are countless organizations that address substance abuse issues, there are several organizations that are consistently mentioned in this study. The authors recognize that this list is not exhaustive, but include it as a point of reference for readers.

Center for Substance Abuse Prevention (CSAP) — CSAP provides national leadership in the effort to prevent alcohol, tobacco, and illicit drug problems. CSAP develops materials, conducts studies, provides information, and offers technical assistance to help individuals and organizations prevent substance abuse. For more information, visit **www.samhsa.gov/csap/**.

Community Anti-Drug Coalitions of America (CADCA) — This national membership organization works to create and strengthen the capacity of new and existing coalitions to build safe, healthy, and drug-free communities. For more information, visit **www.cadca.org**.

Office of Juvenile Justice and Delinquency Prevention (OJJDP) — Located in the Department of Justice, OJJDP provides national leadership on issues of juvenile delinquency and juvenile justice. For more information, visit **www.ojjdp.ncjrs.org**.

Join Together — A project of the Boston University School of Public Health, this organization is a national resource for communities working to reduce substance abuse and gun violence. For more information, visit **www.jointogether.org**.

Office of National Drug Control Policy (ONDCP) — The principal purpose of ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. Its goals are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. For more information, visit **www.whitehousedrugpolicy.gov**.

A Job Well Done

Like many other coalitions throughout the country, the eight coalitions featured in this study had and continue to have many successes. There are an estimated 5,000 community anti-drug coalitions in the United States, all working towards the goal of reducing substance abuse. The eight coalitions discussed in this study are among the most established, representing the many positive ways in which all coalitions can influence their communities.

Coalition successes occur in many spheres — some are process-oriented and some outcome-oriented, some well documented and some with anecdotal information provided by members of the community. Coalitions recognize the need for increased documentation of both processes and outcomes, as this will help them refine their work, prove their efficacy to organizations that provide resources to coalitions, and aid other coalitions that wish to reproduce their successes.

With help from a variety of community partners, the Partnership staff and youth members created the Java Hut, a substance-free coffeehouse designed for youth.

The successes of the eight coalitions studied are numerous and varied. They include the following projects as summarized below and discussed in greater detail in the site-specific case studies, which are available on-line at **www.aecf.org** or at **www.cadca.org**.

- The Boston Coalition brought college and university presidents together to create the Cooperative Agreement on Underage Drinking. This agreement represents the first coordinated effort of Boston's many institutions of higher education to address issues such as binge drinking, underage drinking, and changing the norms surrounding alcohol abuse that exist on college and university campuses.

- After the civil unrest in Los Angeles in 1992, the Los Angeles Community Coalition prevented the rebuilding of approximately 150 liquor stores. The Coalition also supported the development of 44 non-alcohol-related businesses, which now exist on the lots vacated by the aforementioned liquor stores. The project not only empowered the community members who promoted and enforced this change but also decreased crime in the area of the liquor stores by 16 percent.

- The Miami Coalition used a three-part strategy to decrease the percentage of high school seniors who reported using marijuana at least once during the most recent thirty-day period. The development of a media strategy, the creation of a network of prevention agencies, and discussions with high school students about the

dangers of marijuana all contributed to a decrease in the percentage of seniors who reported using marijuana from over 22 percent in 1995 to 9 percent in 1997. This finding is particularly noteworthy because the Miami Coalition was able to achieve these results while the national rates were increasing.

- The Nashville Prevention Partnership worked with elementary and middle school children in an attempt to influence them toward positive life goals and discourage them from using substances. The Partnership targeted an area in East Nashville and created after school programs, mentoring opportunities, attendance initiatives, and safe passages to and from school. Attendance and test scores increased as a result of the program.

- At a youth-led town meeting sponsored by the Bering Strait Community Partnership in Nome, Alaska, youth identified a need for a safe, substance-free space. With help from a variety of community partners, the Partnership staff and youth members created the Java Hut, a substance-free coffeehouse designed for youth. The Java Hut is helping to change norms in the community by providing a fun, youth-friendly atmosphere and activities that are not centered around alcohol or marijuana.

- Portland's Regional Drug Initiative (RDI) has promoted the establishment of drug-free workplaces among the city's large and small employers. Over 3,000 employers have attended an RDI training session, and of those, 92 percent have instituted drug-free workplace policies. As a result, there has been a 5.5 percent decrease in positive workplace drug tests.

- San Antonio Fighting Back worked to increase the age at which youth first used illegal substances. Research suggests that the later the age of first use, the lower the risk that a young person will become a regular substance abuser. Fighting Back staff and community members drafted a plan that included four strategies: influence youth's attitudes about drugs through the media; build self-esteem and drug resistance skills in youth and reinforce those skills through a mentoring relationship; provide safe places for youth after school; and create a healthy, educational forum for youth during the summer. As a result, the age of first illegal drug use increased from 9.4 years in 1992 to 13.5 years in 1997.

- In 1990, multiple data sources confirmed a trend of increased alcohol use by teenagers in the Troy community. Using its "multiple strategies over multiple sectors" approach, the Troy Coalition worked with parents, physicians, students, coaches, and others to address this problem from several angles. The results were significant: the rate of twelfth grade students who had consumed alcohol in the

past month decreased from 62.1 percent to 53.3 percent between 1991 and 1998, and the rate of eighth grade students decreased from 26.3 percent to 17.4 percent. The Troy Coalition believes that this decline represents not only a change in behavior on the part of students, but also a change in the norms of the community.

If the ultimate standard to which coalitions are held is their ability to improve their communities, then it is clear that these coalitions have succeeded. As funding becomes available for coalitions to document their work, the proof of their effectiveness will become even more well-known. Coalitions have the power not only to improve local conditions but also to empower residents and create a sense of community pride.

A Plethora of Partners

Forging partnerships with a range of community organizations is critical to the success of community coalitions. Broad-based representation on community coalitions ensures that all community organizations interested in working toward the coalition's goals have the opportunity to bring their perspectives to the coalition's work, and that the community feels it has ownership of coalition initiatives. It is common for community coalitions to work with representatives from the faith community, schools, the medical community, substance abuse treatment providers, businesses, public housing departments, youth-serving agencies, and local and state elected officials. In fact, many coalitions have formed non-traditional partnerships to address specific issues. For example, Regional Drug Initiative created a partnership with union leaders in order to reach an even greater number of Multnomah County employers and employees with its drug-free workplace message.

While the expectations for community partners varies significantly, all coalitions agreed that the most successful partnerships result when the coalition and the partner organization each acknowledge the other's goal and strive to achieve it. In this model, the coalition "wins" by having the partner participate, and the partner organization "wins" by realizing its goals. According to Mary Ann Solberg of the Troy Coalition, "this is a two-way street. We all win!"

Giving Away the Glory

All eight coalitions direct recognition and appreciation toward their partners rather than themselves, sometimes to the point where the community at large does not realize that the coalitions are even involved in a particular effort. This characteristic of coalitions has both beneficial and undermining effects.

On one hand, partners respond well to such attention, which ultimately advances the coalition's own agenda. For example, increased coalition self-promotion can lead to greater media coverage, which in turn can influence organizations and individuals to become involved with the coalition. With limited resources, however, some coalitions prefer to concentrate on public awareness of substance abuse, rather than public awareness of the coalition per se. "I don't think [RDI] is highly visible," says Marilyn Richen of the Portland coalition, "[but] my own preference is for the issue to be visible rather than having the organization be visible."

On the other hand, when a coalition gives credit away to its partners, recognition of the coalition and its mission can suffer, thus decreasing attention to coalition work in general. Several coalitions mentioned programs that they had created, but that had since been adopted by other agencies. Although this type of "adoption" is the ultimate goal of many coalition programs, the coalitions found that the general public often forgot that the coalition had been involved at all. There is continual tension between passing credit along to partners and retaining it to promote the coalition itself.

Taking the Lead

Six of the eight coalitions in the study worked under the aegis of a lead agency. Lead agencies helped the coalitions by taking many of the more mundane and time-consuming, albeit necessary, business activities out of the coalitions' hands. Lead agencies included a local United Way chapter, a community center, and the University of Miami. Typically, lead agencies assumed responsibility for managing payroll, benefits, facilities management, and some professional development.

Although the arrangements varied widely from coalition to coalition, the benefits of having lead agencies were often similar. The time that coalition staff members spent dealing with the logistical details of running an organization took away from the time they spent on affecting change in their communities. Any logistical details that can be passed along to a lead agency free staff time for program development, advocacy activities, and community organizing. Although there is the potential for coalitions to feel constrained by their lead agencies, these issues were typically avoided by constant and clear communication between the coalition and the lead agency.

The Rules of the Game

Each coalition was able to identify a series of formal rules and regulations by which it ostensibly operates. Although decisions such as apportioning funds, prioritizing efforts, and choosing new Board members are all technically governed by voting procedures, nominating committees, and other such regulations were almost always made by consensus. In most cases, the "official" coalition rules were familiar to the Executive Director and the Chair of the Board of Trustees but were unfamiliar to other members of the organization, including staff members and volunteers. This lack of knowledge had virtually no impact on the organizations since the official bylaws and regulations of the organizations were, for the most part, ignored. Discussion and consensus have taken over as the primary modes of decision-making among coalition leaders. "Over the years, consensus has become our mode of operation," says Mary Ann Solberg of the Troy Coalition.

One of the factors that may lead to the adoption of these informal policies is the importance of buy-in from all of the parties involved in coalition decisions. Most Executive Directors, Boards of Trustees, and staff members believe that coalition members can benefit from a given activity or effort; therefore, they see no reason to coerce anyone into half-heartedly supporting a decision that they see as less than ideal. If one person is not convinced, then the coalition leadership must work to demonstrate that the proposed activity will improve the situation for everyone involved. Mary Ann Solberg elaborates, "The Coalition believes that everybody should win."

Be Finicky About Funding

Executive Directors and financial directors emphasized how critical it is for coalitions to seek primarily, if not exclusively, funds that relate to the coalition's mission. The ongoing difficulty for non-profit organizations to fund their organizations can create a dilemma for coalitions striving to balance commitment to their mission with the practical necessities of the organization.

Executive Directors warned of the troubles that frequently ensue when a coalition accepts funds that divert the organization from its mission. For example, other substance abuse agencies that provide services might feel like the coalition is competing with them for scarce resources. Furthermore, the coalition might find itself in the uncomfortable position of providing services that it never intended to provide. Finally, the coalition might allow the search for available funds to drive the organization, rather than letting the organization's mission drive fundraising. Beverly Watts-Davis summed it up well when she commented, "We seek primarily private dollars that allow us to do what we think is important and ensures that we're not competing against any organizations with which we collaborate."

Marilyn Wagner Culp, Executive Director of the Miami Coalition, explains, "When you fund a coalition, you fund an infrastructure, and that can be a hard sell."

All of that said, there are a scarce number of organizations that are willing to fund substance abuse prevention coalitions. The Executive Directors in this study commented that organizations that fund coalitions struggle to understand the essence of coalitions. They believe that the difficulty stems from the fact that coalitions support structures and connections, not specific projects. Marilyn Wagner Culp, Executive Director of the Miami Coalition, explains, "When you fund a coalition, you fund an infrastructure, and that can be a hard sell." The burden is on coalitions to educate potential funding sources about how they work, why the coalition model is particularly effective for creating community change, and what outcomes have resulted from their efforts.

More than Money Matters

Although a certain level of funding is essential for coalitions, money is not the ultimate indicator of a coalition's success. Coalition members gave repeated examples of instances in which coalitions made decisions based on the strength of their convictions and then found funding sources to help them reach their goals.

For example, several of the coalitions formed before they had any financial support at all. This was the case in Los Angeles, Troy, and Portland. The critical nature of the substance abuse problem in these communities demanded immediate attention and provided the rationale for establishing these coalitions. The people who initiated these coalitions also had a broad understanding of their communities and of the human resources that could be mobilized to address the problem and create change, with little financial capital.

A combination of strong leadership, an articulated and inspiring vision, and the commitment of the community are critical to the organization's success.

In another example, the Troy Coalition made the decision to hire a Youth Director at a time when they anticipated funding for such a position. When they were told that the funding no longer existed, coalition members decided to go ahead and hire a Youth Director regardless. They believed that the position was so critical to the community, that once a Youth Director was hired, the community would realize the significance of the position and find the funding to support it. Mary Ann Solberg credits her visionary Board of Trustees with giving her the support to make such critical decisions. "Hire them and the money will come. This Board believes that you have to go out on a limb to do good things," she says.

These eight coalitions have demonstrated that more than money determines their success. A combination of strong leadership, an articulated and inspiring vision, and the commitment of the community are critical to the organization's success. When these elements are present, the infusion of financial resources allows the coalition to blossom and realize its full potential.

The Quantification Quandary

Although all of the coalitions in this study realize the importance of collecting outcomes data to quantify their achievements, the extent to which each is engaged in this effort varies significantly. Some coalitions are very sophisticated producers and consumers of data; some understand the value of data but have not incorporated it fully into their efforts; and others are just beginning their efforts to become data-driven.

There are two primary reasons why coalitions have struggled to collect quantifiable data. First, becoming a savvy collector and consumer of data requires substantial resources, sometimes in excess of a young coalition's budget. The coalitions that have the most sophisticated data analysis in place have either partnered with an outside organization or have hired a staff person whose sole responsibility is data collection and management. Both of these activities are expensive and well beyond smaller coalitions' means.

The second challenge results from coalitions' purpose of being a service broker rather than service provider. Because, for the most part, coalitions implement programs targeted for an entire community and rarely a specific population that can be pre- and post-tested, they wrestle with attributing changes to their efforts versus other efforts in the community. Jeniffer Richardson, Deputy Director of San Antonio Fighting Back, commented, "It's hard to know what Fighting Back has been specifically responsible for compared to the impact of some other group. How do you know for sure that your efforts [resulted in the noted change]?"

As coalitions increase their capacity to quantify their results and measure their contributions to others' work, the general public as well as funding sources will have a better understanding of coalitions and their success.

The Next Generation

Each of the eight coalitions works with young people and most have organized youth groups. Young people are pulled to the coalitions mostly through word of mouth and invitation by their peers. They are often driven by a strong commitment to their community, as well as the perks (dances, trips, discounts at local businesses) that the coalitions provide.

The coalitions see their youth efforts as critical to their mission in many ways:

- They train the next generation of leaders in the fight to reduce substance abuse and violence. In Los Angeles, for example, young people are trained in community organizing, activism, media relations, and strategic planning. They are expected to carry the work of the coalition into the next generation.
- They reach people when they are young in an effort to change community norms about drinking and drugs. The Boston Coalition works with students in elementary school in order to promote literacy and positive community values, which in turn helps prevent substance abuse.
- They provide a fun, educational, and drug-free environment for young people, which otherwise might be unavailable. The Troy Youth Coalition plans dances, Friday night parties at a local water park, and outings that provide young people with positive evening and weekend options.
- They provide a youth perspective on programs and policies of the coalition. Regional Drug Initiative Youth Coalition members present their perspective on the coalition's work at Task Force (Board) meetings.
- They use "positive peer pressure" in order to influence young people to stay drug free. Drug-Free Youth In Town (D-FY-IT), a program initiated by the Miami Coalition and now under separate leadership, uses a support group model to encourage members to maintain healthy lifestyles.

Each coalition has found a unique way to work with young people. "If you think you can do it in one generation, you've lost," says Harry Douglas, Board Chair of the Los Angeles Coalition, "It's an inter-generational activity."

Defined by the Community's Needs

Different communities vary markedly, as do the causes and expressions of substance abuse problems in these communities. Similarly, efforts to prevent substance abuse involve an array of activities, including modeling healthy behavior, providing drug-free spaces for youth, and changing community norms to create a culture that does not facilitate or endorse substance abuse. As coalitions have identified the factors that are contributing to substance abuse in their communities, they have diverged from traditional prevention activities to include other alternate strategies. These strategies have been very successful. Examples of the ways in which coalitions have diverged from traditional prevention programs include:

- San Antonio Fighting Back responds to residents whose basic needs are unmet by providing services and acting as a "shadow government." In its first four years, these basic needs included access to employment in the coalition's target area, affordable child care, and substance abuse treatment services for residents in the neighborhood. Now the coalition addresses other substance abuse-specific issues.
- The Community Coalition for Substance Abuse Prevention and Treatment in South Central Los Angeles organizes citizens in its neighborhoods to reclaim the community by understanding their rights and taking their demands to city hall. The Community Coalition also organizes neighbors around issues as diverse as livable wage jobs, welfare rights, access to affordable childcare, and quality products in local retail stores.

Just as communities vary markedly from one to another, so do the causes and expressions of substance abuse problems in these communities.

- The Bering Strait Community Partnership operates the Java Hut, a substance-free coffeehouse for youth. Prior to this effort, young people in Nome had no place to "hang out" that was drug free.
- The Troy Community Coalition for the Prevention of Drug and Alcohol Abuse in Troy, Michigan hosts an annual drug-free celebrity dinner as a way to model alcohol-free, fun events for young people.

The coalitions featured in the study recognize that a number of issues, such as economic development and lack of infrastructure, impact rates of substance use and abuse. Listening to the community members' perceptions of the problem; identifying human, financial and in-kind resources available to address the problem; and developing a work plan based on this data was critical to the success of the eight coalitions. Marsha Maorelli, Project Director of the Bering Strait Community Partnership, explained that the Partnership adopted a model from Youth-to-Youth that "includes more than just traditional prevention programs." This decision was critical because "so many of [the Partnership's] kids are at-risk...that they needed the additional support and the personal growth that [this model] provides." By taking its guidance from the community, these coalitions garner community-wide support for their projects and increase involvement from a wide spectrum of community organizations. Therefore all voices are represented in the coalition's plan, which in turn increases the likelihood that the coalition's agenda and the community's needs will be met.

A Passion for the Coalition Business

The Executive Directors whom we interviewed all shared the philosophy that coalitions are the best way in which to address community problems such as substance abuse. "We truly believe that these community coalitions should happen everywhere," says Marilyn Wagner Culp, Executive Director of the Miami Coalition. By bringing multiple sectors of the community together to identify and ultimately solve a problem, the coalition creates a solution that is supported by the whole community. It is because of their deeply held beliefs in coalitions that the eight Executive Directors are all willing to serve as mentors to others in the field. They take time and financial support away from their personal coalition efforts in order to help others develop successful community coalitions.

All eight of the coalitions in this study said that they are willing to mentor other coalitions, and five of them — Los Angeles, Miami, Portland, San Antonio, and Troy — already do extensive mentoring. Executive Directors state that mentoring other coalitions allows them to "avoid the mistakes that I made," says Marilyn

Wagner Culp. Carol Stone, Executive Director of Regional Drug Initiative, adds that by mentoring other coalitions, RDI's staff often learns "a thing or two in the process." Despite the challenges that result from mentoring other coalitions, such as the amount of time and financial support that coalitions dedicate to mentoring relationships, the Executive Directors all agree that it is a necessary and worthwhile endeavor. In the words of Mary Ann Solberg, Executive Director of the Troy Coalition, "I truly, truly believe that coalitions work."

Legendary Leaders

The Executive Directors of the eight coalitions shared certain characteristics. For example, they have been in the Executive Director position for a sustained period of time, and their leadership is viewed as critical by the coalitions' members. Of the eight Executive Directors, five have been with the organization for its entire history.

Although many of the leaders echo Mary Ann Solberg's notion that "anybody is replaceable," that sentiment was not shared by the members of the coalitions. Most coalition constituents consider the Executive Directors absolutely indispensable to the organization. Judge Dennis Drury's comment below represents the general consensus regarding the importance of the Executive Directors: "If Mary Ann left tomorrow, I would have to ask how long the organization would survive." Edie McCoy, who works with the Bering Strait Community Partnership, pointed to Marsha Maroelli, the Partnership's Project Director, as a leader because "[She] is interested in real outcomes rather than being political." Clearly, these leaders have a track record of accomplishment.

Maintaining a complete picture of the coalition's programs, contacts, successes, and history is another important accomplishment of the Executive Directors of the eight coalitions in the study. Many important pieces of information are never recorded or distributed, except as they pertain to a specific situation, program, or issue. Other information — ranging from the interests of new community members, a detailed history of the coalition's previous efforts, and information gained from casual conversations with Board members — exists only in the Executive

Directors' memories. "If I got hit by a truck tonight," says Pam White of the Nashville Prevention Partnership, "nobody would know this information. I don't know how to put [all of the information] in a reporting format."

Very few coalitions think about the succession of Executive Directors, or the results of their current Executive Director leaving the position. The Los Angeles Community Coalition was the only organization that created a "second tier of leadership," with the goal of a smooth transition following future or unexpected staff turnover. Although the other Executive Directors had given thought to their eventual departure from their respective institutions, none of them reported plans to leave immediately and thus have not formalized a plan for their departures.

After the Crisis — A New Climate for Coalitions

All of the coalitions in this study were formed in order to address the growing problem of substance abuse in their community, and four coalitions arose as a direct response to what individuals in those communities termed a "crisis" situation, specifically the crack epidemic during the 1980s. The crises despite the coalitions' efforts, have not subsided. Substance abuse continues to be an issue, but because the immediate crisis is over, the public's perception of the problem has changed dramatically.

As a result, coalitions are faced with the quandary of how to continue to draw people's attention to the issue of substance abuse when the public's perception has changed radically and when the statistics show that youth rates of substance abuse are declining after years of steady increases. Coalitions want rates of substance abuse to continue to decrease in their communities. The question remains, however, how do coalitions draw attention to their work when the crisis has passed? As Brad Bauler, consultant to The Boston Coalition, says, "What is the role of a coalition when the drug and substance abuse issue is number eight on people's minds? It is the coalition's goal to move the issue [to that point], but how do you engage people once the issue gets to that point?"

All of the coalitions in this study have adapted to this changed climate. What follows are some examples of coalitions' creative efforts to keep the community engaged despite the decline of public interest in the problem.

- The Boston Coalition spent time during fiscal year 1999 rethinking its visions and its role in the community. The coalition is still in the process of formalizing its plans. One of its most promising programs is a tutoring effort in a traditionally underprivileged elementary school. The tutoring program was founded on the coalition's belief that giving young students the academic skills they need to succeed in school also gives them the self-confidence they need to resist the peer pressure to use alcohol and drugs.

Substance abuse continues to be an issue, but because the immediate crisis is over, the public's perception of the problem has changed dramatically.

- In Los Angeles, the coalition has turned its attention from the crack epidemic of the 1980s to organizing its community "from the bottom up." During the summer of 1999, the coalition launched a neighborhood membership drive to recruit residents from the neighborhood to join the coalition and, more importantly, to further empower the community to reclaim the neighborhood.

- During the spring of 1999, the Miami Coalition launched a new initiative entitled Priority One, aiming to focus the public's attention specifically on youth rates of substance abuse. The plan includes specific action steps for raising the community's awareness of the current situation with youth substance abuse, involving the community in specific projects, and tracking and measuring Priority One's effect on rates of use.

Elements of Successful Coalitions

Although each successful coalition is constituted differently, the following elements were shared by the eight coalitions in this study.

Mission Statement

The mission statement clarifies coalition goals to members, as well as the larger community, potential partners, and funding sources.

Understanding of Community

An in-depth understanding of the community, its assets and its needs, is of critical importance to coalitions. A needs assessment can be valuable in the endeavor, as can the personal knowledge of longtime community members.

Strategic Planning

Often created at a retreat, and often including the perspective of many constituencies, the strategic plan charts a course for the coalition over a given time period. Frequently, the process of bringing a diverse group of partners together to map out the coalition's direction is as valuable as the plan itself.

Purposeful Decisions

Coalitions should be able to clearly articulate their rationale for being involved in service brokering, service provision, and/or advocacy.

Organizational Structure

Coalitions benefit from a defined organization structure that is understood by all staff members and volunteers. A lead agency, which takes responsibility for some of the coalition's administrative tasks, can ease some of the organizational burden on the coalition itself.

Diversified and Relevant Funding

In order to truly sustain and advance the coalition, funding must be mission-specific and appropriate to coalition goals. It is also important to have diversified funding, which guards against unforeseen events and brings additional partners into the coalition process. Funding can include in-kind donations, as well as monetary grants.

Leadership

Strong, sustained leadership is critical to the success of a coalition to ensure that essential relationships have time to develop and grow with the organization.

Volunteers

Volunteers are critical to the success of a coalition. To attract and retain volunteers, they need to understand their value to the organization and to feel that they are part of a winning team.

Representative Membership and Staff

A coalition whose staff members and volunteers represent the diversity of its area will have greater success in involving, motivating, and empowering the community.

Diverse Partners

The greater the diversity among a coalition's partners, the greater its ability to think and act in creative and innovative ways.

Multiple Strategies Across Multiple Sectors

With support from a cadre of community sectors, coalitions use a variety of strategies — media campaigns, parent education campaigns, community advocacy projects — to meet their community's needs.

Clear Expectations

Staff members and volunteers respond positively to concrete expectations.

Access to Community Leaders

To effect change, it is helpful for coalitions to have access to community leaders and decision-makers.

Up-to-Date Technology

Coalitions can use technology to their benefit in many ways, including accessing current research, communicating with volunteers, training staff members, and identifying new sources of funding.

Communication

Coalitions must create avenues for communication with all of its constituents, including partners, volunteers, the local community, funding sources, local businesses, and civic leaders.

Professional Development Opportunities

Staff members, Board of Trustee members, and volunteers value and benefit from opportunities to expand their knowledge and establish contacts through professional development opportunities.

Evaluation

Evaluations, particularly those that contain measurable outcomes, are critical for two reasons: they enable the coalition to understand whether it should continue or redirect its efforts, and they convince funding sources of the value of coalitions. Outside evaluators often provide a useful neutral perspective to evaluations.

Where We Go from Here: Next Steps for Coalitions and Communities

The eight coalitions in this study consistently cited several factors that would facilitate and enhance their work in and for communities.

Coalitions urged increased public understanding of the coalition movement and its successes. Community anti-drug coalitions have succeeded, to varying degrees, in addressing the substance abuse problems in their communities. They all use various forms of media to communicate their efforts to their communities, but these organizations need help drawing national, state, and local attention to their efforts.

Organizations that provide funding for coalitions must have a better understanding of the philosophy and nature of coalitions. Executive Directors expressed frustration with their continual struggle to help funding sources conceptualize the benefits of coalitions. The case for coalitions as a worthwhile investment, while valid, can be difficult to explain because funding is frequently used to support infrastructure needs rather than specific programs.

The general public needs a better understanding of the factors that contribute to substance use and abuse. Poverty, lack of economic opportunity, lack of governmental infrastructure, and poor educational opportunities all contribute to growing rates of substance abuse. Many of the coalitions in this study are addressing these issues in order to impact the rates of substance abuse. A greater understanding of how these issues impact substance abuse will facilitate coalitions' efforts to effect change in their communities.

Coalition staff members pointed to a need for professional development that addresses coalition development in a sophisticated, professional manner. Several Executive Directors expressed disappointment that professional development activities for the substance abuse prevention field tend to be too "touchy feely." Instead, coalition staff members would prefer professional development that is research-based and grounded in theory.

Coalitions called for the creation of additional treatment facilities. The majority of coalitions noted a severe need for additional treatment centers, especially for adolescents, women, and low-income and/or uninsured individuals. Several coalitions also called attention to the need for treatment facilities in the communities that the coalition serves, rather than across or out of town.

Coordinated evaluation would help the coalition movement advance its cause. While most of the coalitions in this study are collecting outcome data, they do not use standard indicators because, to date, a national organization has not offered guidance on what kinds of data coalitions should collect. Moreover, many organizations that collect information on drug-related incidents do not collect the same data, and many are unwilling to share their data with outside organizations. Many coalitions monitor the same social changes, but without common data sets; therefore it is very difficult to make comparisons nationally, or from community to community. National leadership would help coalitions begin this process.

Conclusion

There is more than one way to build a successful coalition. Coalitions come in all shapes and sizes, define their mission in a variety of ways, and pay their bills with a variety of funding sources. Their origins, their leaders, and the communities they serve are equally diverse. They have all proven, however, that this diversity of attributes facilitates the success of the organizations. Without exception, all of the coalitions profiled in this study have experienced extraordinary success in their communities. And, also without exception, these coalitions realize that in order to sustain themselves in the twenty-first century they will have to continue to demonstrate similar success.

This document is an attempt to help community anti-drug coalitions across the country understand how these eight coalitions have made their way in the world of substance abuse prevention, and what they have in common.

This document is an attempt to help community anti-drug coalitions across the country understand how these eight coalitions have made their way in the world of substance abuse prevention, and what they have in common. The authors believe that this document and the case studies, in particular, provide communities with a way to connect with a coalition, read the coalition's story, and learn from its experiences.

Finally, as the coalition field adapts to a changing climate of substance abuse, the authors hope that those individuals in decision-making positions will adapt as well. The eight coalitions in this study made several strong, substantive recommendations to lead the field into the coming years. The authors hope that the readers of this document will understand these recommendations and, in some way, strive to make change for those whose lives are touched by substance abuse.

Appendix A

The following is a list of contacts at the community coalitions that participated in this study:

Ms. Maria Cheevers
Executive Director
The Boston Coalition
105 Chauncy Street
Boston, Massachusetts 02111

Ms. Karen Bass
Executive Director
Community Coalition for Substance Abuse Prevention and Treatment
8101 S. Vermont Avenue
Los Angeles, California 90044

Ms. Marilyn Wagner Culp
Executive Director
The Miami Coalition for a Safe and Drug-Free Community
The University of Miami
1500 Monza Avenue
Miami, Florida 33146

Ms. Pamela White
Executive Director
Nashville Prevention Partnership
2612 Westwood Drive
Nashville, Tennessee 37204

Ms. Marsha Maroelli
Director
Bering Strait Community Partnership
PO Box 1350
Nome, Alaska 99762

Ms. Carol Stone
Executive Director
Regional Drug Initiative
521 SW 11th Avenue, Suite 301
Portland, Oregon 97205

Ms. Jeniffer Richardson
Deputy Director
San Antonio Fighting Back
2803 East Commerce
Barbara Jordan Community Center
San Antonio, Texas 78203

Ms. Mary Ann Solberg
Executive Director
Troy Community Coalition for the Prevention of Drug and Alcohol Abuse
4420 Livernois
Troy, Michigan 48098

Community Anti-Drug
Coalitions of America
901 N. Pitt Street, Suite 300
Alexandria, VA 22314

General DEAN. I would answer the question this way: that after traveling around this country and having looked at the conditions of our communities and visiting hundreds of coalitions, that I believe I would favor less recipients in order to provide the current recipients better support and services and make them stronger and better.

That's a very difficult question—that's not easy for me to say because I want to have as many grantees as possible, but I don't want to have so many grantees out there and them floundering without the appropriate assistance that is so critically needed for them to be successful, so I have to come down on the side that I would favor less grantees in order to better provide support and assistance and evaluation.

Mr. SOUDER. Judge Kramer, if I could ask you, you mentioned LaGrange County. I know DeKalb is also interested in effect. I'm sure we're trying to move the prevention funds up, and I think it'll go up some. But, for example, this could make the difference whether one or neither of those counties get any money if we increase the overhead. Or it could make a difference in whether you get your additional years.

Judge KRAMER. Right. It's important to have the money in the communities; but it's also important to have the proper oversight. And I guess it concerns me that there are other prevention programs, demonstration projects in the OJJDP, that are not being funded to help provide the administrative costs for——

Mr. SOUDER. That's not what he said. He said that it's not programmatic. It's administrative.

Judge KRAMER. OK.

Mr. SOUDER. It's not pure administrative, but it's technical assistance. In other words, we—in Congress, we give technical assistance to OJJ—this is a very important thing to do because there was a little misunderstanding. But the admin funds come from Congress to administer. We also give technical assistance funds. Those technical assistance funds are to cover all their programs. There's no reason some of their funds shouldn't cover this program. Because if they can cover other programs——

Judge KRAMER. I guess, I think that the money that's used should be used the best, and I think that there still does need to be some increase in the administrative costs of the program to insure that each grantee builds the best program possible.

And I guess my goal, my vision would be to have that map covered with dots with grantees from the past. And I guess that means that the map would be covered a little bit more slowly, but hopefully, with a lot stronger coalitions by having the proper oversight over them.

Mr. SOUDER. This is a tough question. And I appreciate that's what we're having to go through, and you're, in effect, saying that this is a great need which is what we need to hear. Mr. Couch.

Mr. COUCH. We've received excellent assistance from OJJDP. I understand our program manager at one time was working with 100 grantees. I mean that's not realistic, especially for grantees that need a lot of assistance. I think creating weak coalitions doesn't really help anybody and can really hurt the effort.

Mr. SOUDER. Thank you. And also, Washington, DC, may be the only place where we don't view experts being 50 miles away.

Mr. CUMMINGS. I want to thank you all for being with us today. And yes, judge.

Judge KRAMER. There was one point that I wanted to make, and I forgot because I was trying to—I kept watching the clock. One concern that I have in the mentor coalition is the requirement of requiring a match. And I understand the reason for that. But it's difficult for us to raise money in our own community for use in that community. But I don't know how I can go out and ask businesses or individuals to give me money to go help a coalition that's 200 miles away. I just don't know how that would work.

There may be some coalitions that have enough money that they have extra money that they can use to help fund this new coalition of getting off the ground that they're mentoring. And I think that's the wise outlook because, you know, obviously, people are not stable and people move around. And just because we've—may have made progress in Noble County, there are people that move into Noble County all the time and we need to have a broader look, outlook. But it's—I don't know how I'm going to raise money to be able to help us mentor for the match. And that was the only comment that I had forgotten.

Mr. CUMMINGS. Judge, how did you, how did you get involved in this? I mean, I know what you said, that you had some people coming through your court, and the reason why I'm asking that is because I've noticed that there's a trend of more judges getting involved and I think that's great. I really do, because, see, you guys, you all see it up front and personal. You see the men and women come in front of you every day.

And I often say that there are some of us who are blessed to be in certain places at certain times to be witnesses so that you can come before other people and tell them what you've seen when your neighbors might not normally see it unless it happened in their house or something like that. But they still would never see what you see. So I'm just wondering, how did that come about?

Judge KRAMER. It was just from seeing people. I got tired of seeing people that were—that needed to be fixed up and that were—had their lives destroyed. And I—you know, there needed to be something more than—I can send them to substance abuse treatment; and I can do things to try to maybe help. But you still can't really fix them, patch them up totally. And I think the key is to be engaged in prevention so they never get involved in the system to begin with.

Mr. CUMMINGS. Do you——

Judge KRAMER. I guess it was just more frustration out of not being able to put these people all the way back together again.

Mr. CUMMINGS. The dollars that you—I mean, you mentioned just a few minutes ago some lady that called you and said that she wanted you all's help because she was trying to do the same thing that you were doing. And apparently, I assume, she doesn't have dollars.

Judge KRAMER. Right.

Mr. CUMMINGS. So what—I mean, so do you think you are prepared now, after doing what you all have been doing all this time, to truly give her advice?

Judge KRAMER. I think so. I think we can—there are things that we can give her advice on how to go about it and maybe avoid the mistakes that we've made and you know, hopefully, hopefully help her.

Mr. CUMMINGS. Now, one of the things they talked about a little bit earlier is the Institute and how they would take best practices and use them to help other people. I take it that some of the things that you've learned you would be willing to share with the Institute.

Judge KRAMER. Right. Yeah. Exactly. The Institute—I guess I'm excited about the Institute for what it can do for us. We've been members of CADCA. And CADCA has been a tremendous resource for us, and I see this as really expanding upon that and giving us a lot of help and being able to help this woman maybe refer her to the Institute and get some specific advise for her from the Institute in—to help us help her.

Mr. CUMMINGS. Now, General, does your organization do some of what the Institute is going to do?

General DEAN. I guess the best way to answer that question is, you know, CADCA is a private non-profit organization, and to date has not received any Federal assistance.

Mr. CUMMINGS. I got all that. I understand that.

General DEAN. So the Institute will bring to—the Institute will bring to the field an expanded capability to take the research that Dr. Vereen talked about and put it into a usable manner so it can be delivered out to the field. So the answer to your question is CADCA has attempted to do for the field using the resources that it has, some of the things that the Institute will do in a more sophisticated and expanded way.

Mr. CUMMINGS. OK. Now, that leads me to this: the Institute will gather information. Again I'm trying to figure out how do we maximize our dollars and the use of them. Let's say the Institute established itself and assuming that you all are not—become the Institute, you know, I'm assuming that. Does—do you foresee being able to use some information gathered in the Institute to help your organization do what you do?

General DEAN. Yes, I do. I envision a very close proximity—excuse me. A very close collaboration between the two organizations. Both benefiting each other, both with the goal of creating more stronger community coalitions. So the answer is, yes. I see a very close relationship, a close working relationship, whether that relationship is the result of CADCA managing the Institute or someone else managing the Institute there has to be a very close relationship.

Mr. CUMMINGS. So that would enhance your efforts and help you be able to do even more. Is that right?

General DEAN. That's correct.

Mr. CUMMINGS. Finally, Mr. Couch, I want to thank you for being here and thank you for your efforts. You're from my State, and I had to say something to you. And I want to congratulate you on what you're doing. And I really do, we all appreciate it very

much. I didn't want you to take it personal when I talked about Montgomery County being the richest county and Baltimore—I don't want you to take that personal. I may be running Statewide some day. I don't want you to get up in the audience and say he beat up on Montgomery County. So you did understand that?

Mr. COUCH. I understand. You have my vote.

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

Mr. SOUDER. I want to thank you all for coming but most importantly for the work that you do. There is no question, to restate Congressman Cummings earlier point, that this is one of our brightest hopes and success stories in the prevention field. And as we look to put more dollars in, if we're being very cautious with this it's that we want to build on it.

We've had some problems with drug-free schools, but we've tried to amend that and make changes in the recent education bill to try to address that because it's clear we're all focusing on demand reduction in a way that we've never done that before. And it needs to be a key part of any component, and this is hopefully a way to strengthen that effort. And thank you for contributing to our hearing today. And with that, the hearing now stands adjourned.

[Whereupon, at 1:28 p.m., the subcommittee was adjourned.]

○