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FAITH-BASED PERSPECTIVES ON THE PROVISION OF COMMUNITY SERVICES

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

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CONTENTS

	Page
Hearing held on December 10, 2003	1
Statement of:	
Harrison, Alice, executive director, Hope Have, Charlotte, NC; Ginny Amendum, Thompson Children's Home, Charlotte, NC; and Pat Marcum, Love INC of Mecklenburg County	37
Marciano, Reverend Tony, executive director, Charlotte Rescue Mission; Reverend Mable Hemphill, World Outreach Medical Center, Gastonia, NC; and Shirley Stowe, Director of Nursing and Home Management, House of Mercy, Belmont, NC	10
Letters, statements, etc., submitted for the record by:	
Amendum, Jenny, Thompson Children's Home, Charlotte, NC, prepared statement of	45
Harrison, Alice, executive director, Hope Have, Charlotte, NC, prepared statement of	40
Hemphill, Reverend Mable, World Outreach Medical Center, Gastonia, NC, prepared statement of	16
Marciano, Reverend Tony, executive director, Charlotte Rescue Mission, prepared statement of	13
Marcum, Pat, Love INC of Mecklenburg County, prepared statement of	49
Souder, Hon. Mark E., a Representative in Congress from the State of Indiana, prepared statement of	5
Stowe, Shirley, Director of Nursing and Home Management, House of Mercy, Belmont, NC, prepared statement of	20

FAITH-BASED PERSPECTIVES ON THE PROVISION OF COMMUNITY SERVICES

WEDNESDAY, DECEMBER 10, 2003

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

The subcommittee met, pursuant to notice, at 10:07 a.m., in the Council Meeting Chambers, Charlotte-Mecklenburg Government Center, 600 East 4th Street, Charlotte, NC, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder and Myrick.

Staff present: Marc Wheat and Elizabeth Meyer, counsels; and Nicole Garrett, clerk.

Mr. SOUDER. The subcommittee will come to order.

Good morning, and I thank you all for coming. I am honored to be joined by Congresswoman Sue Myrick, a friend and colleague who knows the value of the faith-based organizations and the role they play in the community. We were both elected in 1994 and have had a friendship from the start. She is one of the most effective leaders in Congress, and Charlotte is certainly proud of her and should be proud of her in Congress. A lot of times in our home base we wonder whether people outside know as much about us as the people back home, but truly Sue has made a real mark in Washington and it has been great to be her friend.

At this time of year, tucked away among the constant stream of advertisements for the must-have Christmas present and the pressure to spend more and more money in order to bring the commercialized Christmas spirit to life, we are often reminded that not everyone lives as comfortable as we do. Newspapers and TV news programs run features on the area's neediest cases, hoping that those of us who are blessed with more can help those who need it the most.

Each and every day, not just during the Christmas season, there are dedicated men and women who open their hearts and homes to the less fortunate. They do this not for the glory of public recognition, or for the money, but for the simple fact that their faith calls them—demands of them—action. They are committed to improving the lives of their neighbors, no matter the sacrifice to their own safety and comfort. Often their only reward, which is what they will tell us is their best reward, is the knowledge that they have restored hope to someone who had been suffering. Men and women who run the countless faith-based social service organiza-

tions in neighborhoods all across the country are often the only people willing to tackle the tough problems because frequently the rest of us take an out-of-sight, out-of-mind approach to the issues that make us uncomfortable.

If in the United States, we had an unlimited amount of money, we would be able to fund every organization that is effectively providing social services. The hard reality is we do not have unlimited resources. We have to find a way to get the dollars we do have into the hands of the most effective agencies in the neighborhood. Frequently, that agency is a faith-based organization. Leaders of the many faith-based agencies I've had the privilege to visit tell me they are successful because they look beyond the immediate need. Their focus is helping the client regain hope, and changing a life. Fast fixes are not acceptable to these agencies. These men and women truly make a difference not only in the life of the client, but also the community as a whole. We need to determine how we can best encourage and support the work they do without asking them to compromise their beliefs.

We have been having this discussion in Washington for quite some time. What I find the most frustrating is the tendency to lose sight of the reason we are having the discussion in the first place. We know that faith-based organizations are effectively transforming lives and communities. Where the discussion gets bogged down is in the legal questions. We need to refocus the discussion on what makes a faith-based organization successful. What is it that makes them effective? The fact that faith-based organizations are effective is the reason this discussion began in the first place. It is time to listen to the providers tell us how we can best assist them in their work. I doubt that government strings and bureaucratic red tape are something they are actively seeking. I believe that one of the best ways we as legislators can help is not by giving them more government strings to deal with, but by helping them to facilitate new relationships among the providers of social services and the foundations that provide financial and technical assistance to the faith-based and community organizations.

Today we have a great opportunity to talk with providers of a range of faith-based services. We need to understand how the unique element of faith impacts the structure and success of these programs. It is also important that we understand how your programs transform lives by building self-confidence and self-esteem.

I would like to explain a little bit what this subcommittee does, for those in attendance, for those who are testifying and why we are doing this series of hearings. First off, anybody who attends any hearing is always disillusioned by how few Members are there. The difference here is we are not going to be interrupted by bells like we are in Washington. We will not have as many Members in and out that you get, but often it is usually just one Member or two Members at most hearings anyway. That is the purpose of the focus of the subcommittee chairman. Often they call us iron pants because you sit through long hearings and you do that. I am on nine different subcommittees in Congress. But the main focus you have is in the one where you are a chairman, if you are a subcommittee chairman. This is an oversight committee. We have oversight over the different Federal agencies. We do not draft in

most cases, and we do not pass the legislation, although we do have drug policy. We have oversight of the agencies. There is an authorizing that develops the law, there is the appropriators who fund the law, there are then oversight people to make sure that the executive branch does what Congress intended and spends the money that we have allocated correctly.

This committee is unusual because we also have authorizing oversight because our primary responsibility is drug policy. So most of the members of my staff work full time on the drug issue. That is our primary assignment in Congress. We have held field hearings all over the United States, as well as in Washington. The Drug Czar's Office comes through here. We directly authorize and oversee the national ad campaigns that you see on marijuana and other initiatives. But because the drug policy overlaps a lot and because we deal with other things—and Speaker Hastert used to chair the subcommittee, we collected a lot of things in it. We also have oversight over the Department of Education; the Department of HHS, Health and Human Services; the Department of HUD, Housing and Urban Development; the Department of Commerce and the Department of Justice, as well as the National Park Service and faith-based organizations. Needless to say, you cannot focus on everything all of them are doing. You zero in on certain projects. We did a 2-year survey on border security that is now the base document that we are using in the Homeland Security Committee that I am part of.

But one of the things we said is we were going to focus on faith-based organizations. So we have been doing a series of hearings around the country. So far, Nashville, Chicago, and San Antonio. In January, we will probably be in a couple of more. This time out west in Colorado and in California, maybe up in Seattle and then finish with some in the northeast to give the field hearings, in addition to the hearings in Washington where we have been debating the most controversial part, which is charitable choice, and whether the government should provide any direct funding. Those are generally held in Washington, but we have been trying to collect the information from the field from many diverse providers. We have had a wide range of witnesses. We are going to do a 2-year report that will hopefully be done by the end of this year if we can conclude our hearings by March, and work with the writing and getting it printed and so on and getting it through committee. That is kind of the background for those who are not familiar with our subcommittee and what we are doing in collecting it.

The hearing itself will be printed in a report document that people will have access to. All told, before we started this process, the Indiana expression is, you could have counted the number of faith-based hearings on one hand and have enough fingers left to bowl. In other words, there have not been very many hearings on the faith-based thing itself. There have been hearings on the tax bill, but most of the documents that researchers will go in and find on faith-based will be this collection of hearings because there have not been other ones conducted by the U.S. Congress for the most part. Lots of opinions on the floor, lots of debates as we go through a bill and attach clauses on faith-based, but not much actual study and research.

Today our witnesses represent just a fraction of the countless faith-based organizations that are meeting the needs of the local community in Charlotte. Charlotte has a rich tradition of faith-based organizations working together with their neighbors and with government, and I expect that they will provide valuable insights to their work and identify areas and methods by which government can best assist the community organizations of all types provide the best possible care for people in need. I very much look forward to this testimony and will also be seeking additional written testimony and information that we get from other groups in this area and in the region, because this is a regional hearing, not just for Charlotte.

I also want to welcome the Olympic High School students who are it. It is a good experience to see firsthand. It is like watching sausage made, it does not always make you want to eat more sausage, but at least you get to know then how sausage is made. This is one of the first steps of the legislative process. It is also one way you can see why—if I can just make one additional comment—in government, you have to, in addition to being a general expert who can stand up in a town meeting and at least be plausible in front of the cameras on every subject and the second you make a mistake your opponent will jump all over you. At the same time, the fact is, you cannot be like a little 8-year-old soccer team where everybody runs for the same ball. You each have to have subcategories, and you become more in depth on some areas, and hopefully then win the support of your colleagues as you have that in-depth knowledge. That is really the process that we are going through today.

[The prepared statement of Hon. Mark E. Souder follows:]

Opening Statement
Chairman Mark Souder

"Faith-based Perspectives on the Provision of Community Services"
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform

December 10, 2003

Good morning, and thank you all for coming. I'm honored to be joined by Congresswoman Sue Myrick, a friend and colleague who knows the value of the critical role faith-based organizations play in a community, Thank you for having us to your hometown today.

At this time of year, tucked away among the constant stream of advertisements for the must-have Christmas present and the pressure to spend more and more money in order to bring the commercialized Christmas spirit to life, we are often reminded that not everyone lives as comfortable as we do. Newspapers and TV new programs run features on the area's Neediest Cases, hoping that those of us who are blessed with more can help those who need it the most.

Each and every day, not just at Christmas, there are dedicated men and women who open their hearts and homes to the less fortunate. They do this not for the glory of public recognition, or for the money, but for the simple fact that their faith calls them—demands of them—to action. They are committed to improving the lives of their neighbor, no matter the sacrifice to their own safety and comfort. Often their only reward, which they will tell you is the best reward, is the knowledge that they have restored hope to someone who had been suffering. The men and women who run the countless faith-based social service organizations in neighborhoods all across the county are often the only people willing to tackle the tough problems because frequently the rest of us take an "out of sight, out of mind" approach to issues that make us uncomfortable.

If, in the United States, we had an unlimited amount of money, we'd be able to fund every organization that is effectively providing social services. The hard reality is that we don't have unlimited resources. So we have to find a way to get the dollars we do have into the hands of them most effective agencies in the neighborhood. Frequently, that agency is a faith-based organization. Leaders of the many faith-based agencies I've had the privilege to visit tell me that they are successful because they look beyond

the immediate need. Their focus is helping the client regain hope, and changing a life. Fast fixes are not acceptable to these agencies. These men and women truly make a difference not only in the life of the client, but also in the community as a whole. We need to determine how we can best encourage and support the work that they do without asking them to compromise their beliefs.

We've been having this discussion in Washington for quite some time. What I find to be the most frustrating is the tendency to lose sight of the reason we are having the discussion in the first place. We know that faith-based organizations are effectively transforming lives and communities. Where the discussion gets bogged down is in the legal questions. We need to refocus the discussion on what makes a faith-based organization successful. What is it that makes them effective? The fact that faith-based organizations are effective is the reason this discussion began in the first place. It is time to listen to the providers tell us how we can best assist them in their work. I doubt think that government strings and bureaucratic red tape are something that you actively seek! I believe that one of the best ways we as legislators can help is not by giving you more government strings to deal with, but by helping to facilitate new

relationships among the providers of social services and the foundations that provide financial and technical assistance to faith-based and community organizations.

Today we have the great opportunity to talk with providers of a range of faith-based services. We need to understand how the unique element of faith impacts the structure and success of these programs. It is also important that we understand how your programs transform lives by building self-confidence and self-esteem.

Our witnesses today represent just a fraction of the countless faith-based organizations that meeting the needs of the local community. Charlotte has a rich tradition of faith-based organizations working together with their neighbors and with the government, and I expect that they will provide valuable insights their work, and identify areas and methods by which the government can best assist community organizations of all types provide the best possible care for people in need. I very much look forward to the testimony.

Mr. SOUDER. I would now like to yield to my friend and colleague, Congresswoman Myrick for any opening remarks she might have.

Ms. MYRICK. Well, I just want to thank Chairman Souder for choosing Charlotte to come here because we have such good examples of faith-based initiatives. We are known around the country for our public/private partnerships in working together to make things happen. It is a regional approach, it is not just the city of Charlotte. You will have people here from other cities around and that is really good, because we always try and work together to make good things happen for the region. I think you will be very pleased, Chairman Souder, when you hear some of the testimony from the people who are going to be talking to you, because they are running truly substantial organizations that have been innovative. They think outside the box, they try and do things differently and they have been successful, which is the key. They literally turn lives around, and that is what this is all about. So I am very pleased you are here. I look forward to hearing from them and maybe asking a couple of questions.

Mr. SOUDER. Thank you very much.

I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record and that any answers to written questions provided by the witnesses also be included in the record. Without objection it is so ordered.

I also 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 go through this every hearing. If I can just briefly explain what that means. What it means is that you have to have—Congresswoman Myrick is on the powerful Rules Committee that sets the guidelines the rest of us can do and runs our lives. She does not get to be on a lot of other committees and she is not a member of this subcommittee. So to get a waiver to go ahead with the hearings, the Democratic ranking member and I have to work together, otherwise they could shut down a hearing because there is not a quorum of that. Well part of that process is allowing all the Members who want to to submit any questions. When they review or their staff reviews the record, if they want to put something in based on what I said or somebody said here, or if they want to send a written question. But we do not always agree on all the issues, but very much of a bipartisan working effort between Congressman Elijah Cummings who heads the Black Caucus, who is the ranking Democrat on our committee, we work very closely on drug policy. I have been in his district multiple times. And they are pretty much letting us go through here. Sometimes we have Democratic staffing members added, sometimes we do not. But that is what covers and protects all the Members is what I just read. And also, if we want to do followup questions, later on we say oops, we did not get this in the record when we were reviewing it, we can contact each of you or insert different things so when people read not only the report, but the hearing record, they can get a good mix.

Now we do one other thing in this committee that is different than other committees in Congress. Because we are an oversight committee, we have our witnesses take an oath. Now what that means is is that if you lie to most committees you are in reasonable trouble; if you lie here, you are prosecuted for perjury because it is an oversight committee. We have actually had some cases go forth—this is the committee that did Waco. This is the committee that did the China investigations, who hired Craig Livingstone. Much of what you saw in the news for about a tumultuous 6 years this committee was doing. And so it is a tradition of an oversight committee—mostly not because of faith-based organizations, but because of oversight responsibilities when government agencies try to cover up something, that we have this tradition. So I need to have each of the witnesses stand and raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that each of the witnesses responded in the affirmative.

We are going to start with Reverend Tony Marciano, executive director of the Charlotte Rescue Mission.

STATEMENTS OF REVEREND TONY MARCIANO, EXECUTIVE DIRECTOR, CHARLOTTE RESCUE MISSION; REVEREND MABLE HEMPHILL, WORLD OUTREACH MEDICAL CENTER, GASTONIA, NC; AND SHIRLEY STOWE, DIRECTOR OF NURSING AND HOME MANAGEMENT, HOUSE OF MERCY, BELMONT, NC

Rev. MARCIANO. Good morning, Chairman Souder and Congresswoman Sue Myrick. Thank you for allowing me to be here.

Faith-based organizations serve the people of their community by fulfilling their vision of meeting the spiritual, physical and emotional needs of people. Faith-based organizations also bridge the gaps and services that are not provided by other sectors of the community.

Faith-based organizations have a great deal of compassion for the people they serve. Sometimes they lack the technical competence to provide the services to the people they serve. While the organization may be meeting an immediate crisis such as dealing with hunger or emergency shelter, it fails to meet the deeper needs of the individual that may have driven the person to be in need.

Faith-based organizations that are known to be leaders in their communities must bring a concept of dedicated competence to their target population. By dedication, I refer to that level of calling by God to serve the people who are within their target population. By competence, I mean being staffed by people that are professionally trained to deal with that population. In the substance abuse field where Charlotte Rescue Mission serves each and every day we have counselors who are certified in substance abuse counseling, licensed professional counselors, master's degree counselors, counselors with their doctorates, staff who have the technical knowledge of dealing with the chemically addicted homeless while having a calling to full-time Christian service.

Besides bringing dedicated competence to the table, faith-based organizations need to be adequately prepared for their population. When dealing with the chemically addicted homeless, one study the Charlotte Rescue Mission refers to is a landmark book entitled "A

Nation in Denial," Westview Press, Boulder, CO, 1993, written by public policy analysts Alice Balm and Donald Burns. These authors shattered many of the myths surrounding the root causes of homelessness. They contend that the condition labeled homelessness is best described as a state of disaffiliation or complete alienation from meaningful human relationships in social support systems most people have working for them. As Christians, we might also say that it means a lack of sense of community or belonging.

Based on their research, Balm and Burns conclude that at least 65 to 80 percent of all homeless adults suffer from chronic alcoholism, drug addiction, mental illness or some combination of the three complicated by serious medical problems. Of the nearly one-third of homeless adults who suffer from chronic psychiatric disorders, half are duly diagnosed suffering from addiction to alcohol and/or drugs as well as mental illness. A lack of meaningful human relationships is one of the core issues of addiction. Dishonesty, blame, irresponsibility and outright abuse of those closest to them are all a part of the damage cycle of addiction. Mental illness adds even more stress and strain to family relationships. So it is little wonder that homeless people become alienated from their loved ones.

Faith-based organizations must go beyond anecdotal stories to understand the problems as well as the outcomes they seek to obtain. As we look at chemical addiction amongst the homeless, we often think of the stereotype of homeless men. Let me share with you the typical female addict at the Charlotte Rescue Mission Dove's Nest Program. Seventy-five percent have had experience in multiple-treatment centers and are chronically relapsers. Most have had involvement with the legal system at some level. Most have lost their homes, families, children and relationships to God. Average age is 37.9; 92 percent deal with abuse issues usually more than one of the types such as 30 percent physical abuse, 41 percent emotional abuse, 92 percent sexual abuse, 36 percent childhood incest, 31 percent sexual assault, 25 percent rape; 45 percent of mental disorders such as major depression, bi-polar disease, personality disorders, post traumatic stress disorder, eating disorders; 98 percent have a poly substance addiction.

As the faith community deals with the chemically addicted homeless, it is imperative that they see the individual before them as one being made in the image and likeness of God, one whom God has made as body, mind and spirit. It is important because each part affects one of the other parts of the individual. For example, a crack cocaine addict will deplete the serotonin in their brain. When the person begins recovery, it will take 2 years for the serotonin to return to normal levels. Therefore, while the person will experience episodes of depression during his initial 2 years of recovery, the depression will not be spiritually or emotionally induced, but rather is related to a substance induced neurochemical imbalance.

The issues of dealing with the chemically addicted homeless are systemic. It is not only the individual who needs help, but there are family issues that also need to be addressed. Family members need to learn to have boundaries so the addict does not return to a dysfunctional environment that could trigger his or her relapse.

Faith-based organizations provide an opportunity for the individual they are serving to recover, as well as learn a level of emotional health that most people only dream of, all through a personal relationship to God through Jesus Christ. Faith-based organizations need to deal with issues such as family development, co-dependency, emotional health, basic living skills, family exercise—I am sorry, physical exercise, recreation, Biblical 12 steps, individual and group counseling, family programs and reconnection to the church community.

As our world becomes more sophisticated, the temptation of the faith community is to solve social problems with simplistic answers. By that I mean resolving homeless issues by a simple faith decision where it is expected all issues are immediately solved. This concept does not allow the individual to process these changes internally and transform their life. Secular programs remove faith from the equation and simply use a clinical model to help the individual. Well trained faith-based organizations bring a fresh solution, incorporating their faith while at the same time using qualified, trained personnel to serve its target population with real answers for life's challenges.

Thank you.

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

We will now go to Reverend Mable Hemphill, the World Outreach Medical Center in Gastonia.

[The prepared statement of Reverend Marciano follows:]

Faith Based Organizations Serving the People of Their Communities Who Are in Need

By Rev. Tony Marciano, Executive Director, Charlotte Rescue Mission

Charlotte, North Carolina

Faith based organizations serve the people of their community by fulfilling their vision of meeting the spiritual, physical and emotional needs of people. Faith based organizations also bridge the gaps in services that are not provided by other sectors of the community.

Faith based organizations have a great deal of compassion for the people they serve. Sometimes, they lack the technical competence to provide the services to them. While the organization may be meeting an immediate crisis (such as dealing with hunger or emergency shelter), it fails to meet the deeper needs of the individual that may have driven the person to be in need.

Faith based organizations that are known to be leaders in their communities, must bring a concept of "dedicated competence" to their target population. But dedication, I refer to that level of calling by God to serve the people who are within their target population. By competence, I mean being staffed by people that are professionally trained to deal with that population. In the substance abuse field where Charlotte Rescue Mission serves each and every day, we have counselors who are certified in substance abuse counseling, licensed professional counselors, master's degree counselors, counselors with their doctorates—staff who have the technical knowledge of dealing with the chemically addicted homeless while having a calling to full-time Christian service.

Besides bringing "dedicated competence" to the table, faith based organizations need to be adequately prepared for their population. When dealing with the chemically addicted homeless, one study the Charlotte Rescue Mission refers to is the landmark book entitled, "A Nation in Denial (Westview Press, Boulder, CO 1993) written by public policy analysts Alice Balm and Donald Burns. These authors shatter many of the myths surrounding the root causes of homelessness. They contend that the condition labeled "Homelessness" is best described as a state of "disaffiliation" or complete alienation from meaningful human relationships in social support systems most people have working for them. As Christians, we might also say that it means a lack of sense "community" or "belonging".

Based on their research, Balm and Burns conclude that at least 65-85% of all homeless adults suffer from chronic alcoholism, drug addiction, mental illness, or some combination of the three complicated by serious medical problems. Of the nearly 1/3 of homeless adults who suffer from chronic psychiatric disorders, half are "duly diagnosed" suffering from addiction to alcohol and/or drugs as well as mental illness. A lack of meaningful human relationships is one of the core issues of addiction. Dishonesty, blame, irresponsibility and outright abuse to those closest to them are all a part of the damaged cycle of addiction. Mental illness adds even more stress and strain to family relationships. So it is little wonder that homeless people become alienated from their loved ones.

Faith based organizations must go beyond "anecdotal stories" to understand the problems as well as the outcomes they seek to obtain. As we look at chemical addiction amongst the homeless, we often think of the stereotype of homeless men. Let me share with you the typical female addict at the Charlotte Rescue Mission Dove's Nest Program.

1. Seventy-five percent have had experience in multiple treatment centers and are "chronically relapsers."
2. Most have had involvement with the legal system at some level.
3. Most have lost their homes, families, children, and relationship to God.
4. Average age is 37.9.
5. 92% deal with abuse issues usually more than one of the types listed.
    a. 30% physical abuse
    b. 41% emotional abuse
    c. 92% sexual abuse
    d. 36% childhood incest
    e. 31% sexual assault
    f. 25% rape
6. 45% have mental disorders such as: a) major depression, B) bi-polar disease, c) personality disorders, d) post dramatic stress disorder, e) eating disorders
7. 98% have a poly substance addiction.

As the faith community deals with the chemically addicted homeless, it is imperative they see the individual before them as one being made in the image and likeness of God, one whom God has made as body, mind, and spirit. It is important because each part affects one of the other parts of the individual. For example, a crack cocaine addict will deplete the serotonin in their brain. When the person begins recovery, it will take two years for the serotonin to return to normal levels. Therefore, while the person will experience episodes of depression during his initial two years of recovery, the depression will not be spiritually or emotionally induced, but rather is related to a substance induced neurochemical imbalance.

The issues of dealing with the chemically addicted homeless are systemic. It is not only the individual who needs help, but there are family issues that also need to be addressed. Family members need to learn to have boundaries so the addict does not return to a dysfunctional environment that could trigger his/her relapse.

Faith based organizations provide an opportunity for the individual they are serving to recover as well as learn a level of emotional health that most people only dream of, all through a personal relationship to God through Jesus Christ. Faith based organizations need to deal with issues such as family development, co-dependency, emotional, health, basic living skills, physical exercise/recreation, biblical twelve steps, and individual and group counseling, family programs, and reconnection to the church community.

As our world becomes more sophisticated, the temptation of the faith community is to solve social problems with simplistic answers. By that I mean resolving homeless issues by a simple faith decision where it is expected all issues are immediately solved. This concept does not allow the individual to "process" these changes internally and transform their life. Secular programs remove faith from the equation and simply use a clinical model to help the individual. Well trained faith based organizations bring a fresh solution, incorporating their faith while at the same time using qualified, trained personnel to serve its target population with real answers for life's challenges.

Rev. HEMPHILL. Thank you so much. I would like to thank Congresswoman Myrick and this panel for having us here. The reason I am saying us is because you are only seeing Mable Hemphill, you are not looking at the hundreds of volunteers that spend so much of their time.

One thing that I would like to say this morning concerning the faith-based is—and I am turning the paper down because I am not—it does not work for me. I came from the—I look at the streets. I mean that is my day-to-day job. But we do not look at dollar signs, we see people. And when we see people we do not see problems, we see issues, and for every issue we find a solution. Most people that you are seeing—or that we are seeing, the only thing they have is their faith. They have no money. A lot of them have no families, so that is it. They have no food and they have nowhere to go. What we have seen in previous years was a lot of the homeless people that were living under the bridges, that were on the streets, that had addictions, the alcoholism, the drug addiction.

Now there is a whole new animal out there and that is the new homeless, so to speak, and that is the person that has lost their job, that has the five-generation textile mentality, where my daddy was in the textile mill, grandpa, and so on and so on, and their conversation around the dinner table was not a money issue, it was just making it from day to day. We are also seeing now the person that has lost their job that is living in a $200,000 house that is—I mean everyone is like a step away from bankruptcy. So we are seeing a lot of that.

So right now with the faith-base that is it. I mean there is nowhere else to go. We have a tremendous amount of compassion. We can see way beyond the problem that the person has or the issue that the person has, because for every issue there had to be a reason that person has that issue. I mean be it drugs, be it incest, be it whatever. So we do not see dollar signs. We look way beyond dollar signs. We look into the future, and we see that person's heart. That is it. We see that person's heart. We see the need and we never ask questions regardless of race, creed, color, whatever. We never see that.

That is about all I have to say. I kind of get to the point, because when you see the day-to-day operations of everyone here, we have very little time. We do not spend a lot of time on the hows and the whys. We only see the solutions.

[The prepared statement of Rev. Hemphill follows:]

MABLE A. HEMPHILL

Mable A. Hemphill, born Mable Ann Bigger to George and Deloris Bigger, and raised by grandparents John Andy and Mary Gwinn Bigger, began working with the less fortunate in 1990 by getting people to donate clothing and food to needy families. She also worked in church to create scholarships for kids who otherwise would not have been able to attend college.

In 1994 she founded the Minority Business Development Corporation and the Minority Business Center in Gastonia, N.C. The center, which served as an agency, provided assistance to all minorities and women in starting their own business. It provided much needed assistance including going along with clients to the bank and between 1994 and 1995 aided it's clients in obtaining over 1,000,000 dollars in loans with area banks. The center closed due to funding and referred all of it's clients to the Small Business Center at Gaston College. For her efforts, Mable received the SMALL BUSINESS ADVOCATE of the year award from the Gaston Chamber of Commerce, The Western Carolina Business Journal Award, the Community Pride "Notable Names"(Charlotte Observer), The Minority Business Entrepreneur Award and special commendation from President Bill Clinton for her work with the WHITE HOOUSE CONFERENCE ON SMALL BUSINESS.

In 1994, Mable , met a homeless mother, with three small children, who were living in a car(really a "wreck on wheels"), with no money and no place to go. Mable went home, got food from her pantry, plus called five other women who donated food and clothing and pooled their resources to put the homeless family in a motel for several days until a vacancy opened up in an area shelter. Mable also served as a liason between the woman and other agencies that provide assistance to the less fortunate in emergency situations.

This one incident served as a catalyst for Eagle Ministries. Eagle Ministries is a faith-based, non-profit, tax-exempt organization which provided comprehensive and rehabilitative services to homeless families, substance abusers who are in recovery, ex-felons who have paid their debt to society and are re-entering the work force, and children who are labeled as "at risk". Through the work of it's many volunteers, it gives school clothes and coats and shoes to needy children here in Gaston county and on into the hills of Virginia and West Virginia. It provided toys to needy kids at Christmas, and bags of groceries and dinners to families at Thanksgiving. It provides tents, blankets and food to homeless individuals who live under bridges so they starve or freeze to death.

A Charlotte radio station heard about Mable and not only featured her on it's talk show but donated a storage bin full of clothes and shoes and now partners with the ministry.

Once when Mable was working on one of her projects, she received a call from a family in a neighboring town who wanted to donate groceries for the annual Thanksgiving meal for the homeless. So she went by herself to pick up the food. She followed the directions given to her and upon arriving realized that she was with the KKK who heard about what she was doing. They told her that homelessness has no race or color. Mable gladly thanked them for the food and gave them a "thank you" card.

Mable received the NAACP AWARD for work with the less fortunate and to improve race relations.

Mable has also won the ECKERD DRUG STORE national SALUTE TO 100 WOMEN AWARD.

In 1999, Mable became Reverend Mable Ann Hemphill and is a licensed and ordained minister. Eagle Ministries name has changed to World Outreach Ministries, International.

In 2003, Mable reached another milestone and founded the SOUTHERN PIEDMONT HEALTH CENTER. The center, which is scheduled to open in the Spring 2004, is a "no cost" clinic which will be staffed by volunteer doctors and nurses. It's mission is to provide services to the "medically under served.

Throughout her life Mable gives 100% of the credit and honors to God. She tells everyone that ask and those that don't ask; "IT IS NOTHING SO GOOD THAT I HAVE DONE TO HAVE BEEN CHOSEN FOR SUCH A TASK. FOR I AM THE COULD HAVE BEEN, SHOULD HAVE BEEN, WOULD HAVE BEEN , IF IT HAD NOT BEEN FOR THE GRACE GOD".

Reverend Mable A. Hemphill
World Outreach Ministries
Southern Piedmont Health Center
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Mr. SOUDER. Thank you. As I said in the beginning too, any of the written statements will be in the record as well.

Ms. HEMPHILL. OK.

Mr. SOUDER. We now go to Shirley Stowe, director of Nursing and Home Management for the House of Mercy in Belmont.

Ms. STOWE. Thank you for inviting me to be here. I appreciate being able to share what we do.

House of Mercy is a six-bed family care home licensed by the State of North Carolina as a family care home. Back in 1991 when the Sisters developed this ministry, they went out and did several years of observation, what the needs were. And I say they were—my hat is off to them every day because they were way ahead of their time. There is such a need for this. Their mission for us is to serve the underserved and give compassionate, loving care to those in the advanced stages of AIDS. That being said, back in the early days of course there were no treatments for AIDS, so everyone came to the House and died. Over the last 5 years that has changed a bit.

Our admission criteria requires that the person be in the advanced stages of the disease, but because we serve the underserved we get people from all walks of life, and priority is given of course to the homeless population. We take people off the streets and sometimes are able to—if the doctor decides it is appropriate for them to go on the medication, we may network them back into society. If they get to us in time and can actually stabilize their disease process, then I work with case managers out in the community and rehab them. I am saying this in a short term. This goes on for months, sometimes years to accomplish this process.

Like my neighbor here, we do not look at their past. We love them unconditionally when they come through the door. The staff that is there—we are all there because we want to be there because of the difference that we make. That may be holding the hand of someone and helping them to die comfortably in a home environment.

We do quite a bit of networking in the surrounding—I am going to say counties, because the HIV Consortium that is located here in Charlotte serves a 13-county region and we do a lot of networking within that region. We apply for funds every year and have been fortunate to be the recipient of those for the past few years. About 20 to 30 percent of our actual operating expenses is reimbursed through government sources, through Medicaid and Social Security programs. The remainder of that has to be raised through grants, fundraising, etc.

We apply for every year for an Americorps member and have been awarded the last 5 years a member and that has really made a difference in—this is through the National AIDS Fund, a division of the Americorps program. That person serves as sort of an extra person to help with volunteer and recreation for our residents. That person really does make a difference in our patients' quality of lives.

As I said, we provide 24-hour care. So the staff does everything from the bathing, personal needs, to the laundry, to the house cleaning. It is not a glamorous job, but it is very, very rewarding. We are all hired by the Sisters of Mercy because they have basi-

cally aged out. There is not enough sisters to actually run the operation anymore. It has become a passion of mine, and really, I think everybody that is involved in the ministry it is a very special place.

Thank you.

[The prepared statement of Ms. Stowe follows:]

House of Mercy
"A Faith Based Organization Providing Service To Community"

Mr. Chairman, Members of the Committee, thank you for the opportunity to share the work we do at House of Mercy.

As Director of Nursing/Case Manager at House of Mercy, I will do my best to represent the work that we do. I am a RN by training and was hired by the Sisters of Mercy to oversee the day-to-day operation of the facility. I report to the President, who ultimately reports to the Board of Directors. The ministry, founded in 1991 by the Sisters of Mercy, is located in Belmont, NC.

House of Mercy is a 6-bed facility that cares for persons with advanced AIDS. We take referrals from anywhere in the country although the majority of our residents are from Gaston and Mecklenburg County. (Neighboring counties) We provide 24-hour care for persons living with advanced AIDS. We have specific criteria for admission that involves specific lab work that indicates the disease process is advanced. We also require persons have a source of income for their medications. Simply stated, the mission guides us to provide compassionate, loving care for the underserved with advanced AIDS. Priority is given to those with no other options or caregivers. That being said, obviously we end up giving priority for admission to the homeless, the poor, and other high-risk populations.

House of Mercy is unique in that we serve not only persons who need hospice type care, but also those who perhaps have never had a stable environment in which to learn about the disease, be given the medications and taught basic life skills and actually networked back into the community. Our facility also lovingly assists persons with comfort care and ultimately those residents die at the facility. We keep them in the home (verses sending them to the hospital) and they expire surrounded by caregivers that oftentimes become surrogate family.

We have had residents that were sent to the facility to die, and their doctors tell them in those words, actually recover to the point that they no

longer meet our criteria for having advanced AIDS. This is not a concept the Sisters expected back in 1991 when the facility was built. The facility has changed with the changes in the medical technology.

I could give many testimonials of persons that medically all had been done. They were sent to our facility to die. With a staff that calls themselves caregivers, home cooking, medications being administered properly, physician follow up, and most importantly lots of love and a family atmosphere, persons often live much longer than expected or actually, some are able to move out! This did not happen 5 years ago prior to the advent of antiviral medication.

We have served the full array of clients, from professionals to the homeless. From a staff perspective, we give unconditional love to all residents. I have had visitors many times comment they had a warm loving feeling difficult to describe after entering our home. Once in a while a TV or newspaper reporter will do a story, perhaps for World AIDS Day or a special event, but generally speaking, our work is largely unknown or unrecognized.

Certainly there are major challenges that accompany our work. Even though our criteria states a potential resident should not have evidence of recent drug use, or a mental illness goes unrevealed or undiagnosed, we are faced with those challenges. That being said, the staff is with the ministry because we care and love what we do.

There are always financial challenges that go with a non-profit organization. We are licensed by the Division of Facility Services as a family care home. We receive approximately 25% of our actual cost of care from government sources. (Special Assistance Medicaid and the resident's SSI or SSDI) The remainder of our operating expenses must be raised by grants, donations, and fundraising.

As Case Manager for the residents in the home, I network with other agencies to provide other needed services. For example, the infectious disease specialists in the area provide medical support for the residents. They are also a major referral source for our facility. We have a strong alliance with the Regional HIV Consortium based in Charlotte for support in a variety of ways. We have had an Americorp member for 4 years through the National AIDS Fund. That position is responsible for coordinating

volunteers and recreation for the residents. It greatly enhances the quality of life for the residents. We also network with other AIDS service organizations such as RAIN, and MAP. (Regional AIDS Interfaith Network, Metrolina AIDS Project)

House of Mercy has a contract with several local colleges to offer experiences for student nurses when requested.

We utilize the services of home health care when needed for skilled nursing, physical therapy or occupational therapy.

On a personal note, I want to mention another aspect of outreach into the community as a result of my involvement with this religious based work. I was appointed by the County Commissioners to the Gaston County Board of Health. Since my appointment in January, I have been appointed chairman of the committee to address sex education in Gaston County Schools. Recently I was asked to serve on the Teen Advisory Board for the Gaston Boys and Girls Club, an organization that serves high-risk youth.

In closing, I again wish to thank you for this opportunity to share our work.

Mr. SOUDER. Thank you each for your testimony and for your service.

We will do a number of rounds of questions. We may ask you some written questions so we kind of from hearing to hearing have the same questions going to the different witnesses. But I want to pursue a couple of different lines of questioning here.

Could I ask each of you to briefly state why you consider yourself a faith-based organization? In other words, how does that make you different than a traditional service organization? What would you say are the components? Is it your staff hiring, is it a process people have to go through, is there anything that is peculiarly faith-based or are you a secular organization staffed by people of faith, which is a slightly different type of thing because Christians work for the welfare department, too. It's not to say only faith-based organizations have Christians working there. What makes your organization uniquely a faith-based organization as opposed to a social service organization that Christians are working in?

Rev. MARCIANO. I think if you look at the first seven words of the purpose statement of the Charlotte Rescue Mission—the first seven words say to minister the good news of Christianity. We are not a social service agency. I think we deliver incredible social services, but we are first and foremost a ministry. And I define the word ministry as reconnecting people back to God. The target population that God has called us to serve is the chemically addicted homeless. But no, we are not a social service agency. We are people that are Christians. We are a Christian organization staffed by Christians whose goal is to minister and, as I say, reconnect people back to God, and our purpose statement I think clearly articulates that.

Mr. SOUDER. Reverend Hemphill.

Rev. HEMPHILL. I am a licensed, ordained minister. I used to be banker. I never planned on being a minister and thought my calling was doing something else, but my calling was with the—and I do not like to say less fortunate—but was with that area of people. Plus, our ministry is in the basement of the church. We are a mission. It was a Baptist church. It went from Baptist to the Church of God. Now it is a mission with all faiths in there. We took a look at the area. The area where the church is, we have Hispanics on one side, a crack house over there, we are in the hood. We look like we are not, but we are in the hood so to speak. And then we have the so-called rednecks behind us. We have kind of a—it is a mixed neighborhood. A perfect place. It is really a mixed neighborhood. So we took a look at the need, and the need for that area was a—right now we are doing the—I just found it—not me, but some people that work along with me. Every agency in Gaston County and the surrounding counties, we are trying to get everyone involved. But we took a look at the area and because of the area and because of the need, we just founded the Southern Piedmont Health Center, which is a no-cost clinic for the medically underserved.

So one thing that makes us unique is I am a licensed ordained minister. It is in the basement of the church. We do not think about whether you are a Baptist or whether you are Episcopalian, if you are a Muslim, we never think about that. We only see how

we can best serve. And being a licensed, ordained minister, trust me, you are a servant. You are not out there for the money. You are a servant, not only a servant of God, but you are a servant of the people.

Mr. SOUDER. Ms. Stowe.

Ms. STOWE. Well the Sisters of Mercy—first of all, the house is located on their property and their convent is on our campus. It is the old Sacred Heart College Campus. They are the ones that went out back in the late 1980's and actually scrambled up the money to build the bricks and mortar for the facility. I am an RN hired by the president, who is my boss, who reports to a board of directors and there are Sisters on the board of directors, and then the board of directors, actually if they want to make any major changes in the mission or anything like that—which has never been changed, by the way—they report to the board of the Sisters. So we are very—you know, we have a Sister that visits the site every day. It is just that they just do not have enough people to—they actually staffed the house and lived at the house back in 1991 when it was first opened, but they quickly learned that was just too big a job, and there are not people to actually work there hands-on, so they have hired—I have been asked a lot of times are you a sister. People think out in the community that I am a sister because I have been so heavily involved for so many years, but I am not.

Mr. SOUDER. Well let me ask you a couple of very difficult questions that we are having to deal with, at least when it touches government-type funding. And interestingly—well let me ask you a couple of questions. Let me ask you three different questions. Not about who you serve, by the way, because literally there should not be any discrimination in who you serve. Certainly if you had any government funds, but most even private donors would not want you discriminating in who you serve. It is partly a question of who you hire and what you do. Could each of you answer this question? Would you hire someone who does not share your faith? If it is a Muslim organization, would you hire a Christian? If you are a Jewish organization, would you hire a Christian? If you are a Christian organization, would you hire a Muslim on your staff?

Second, do you pray with your clients, and would that change your mission if you were not allowed to pray?

And then third—and this is one that is not talked about as much. Many organizations have a standard you do not have to be convicted in court to fire somebody. For example, if you heard that somebody in your congregation or group was abusing a child or was running around with somebody when they were married, or there was an allegation from somebody on your staff that they bought drugs or were selling drugs but they were not convicted. If you are a government agency you cannot fire—or if you get government funds, you cannot fire unless it has been convicted in court. But most religious organizations because they view themselves as, in a Christian sense, reflecting the glory of Christ believe that even if there is substantial evidence you cannot run the risk. So are any of those three things—who you would hire, on what basis you would limit your flexibility to terminate somebody and whether you

are allowed to pray—make a difference if you were told you could not do those things?

Do you want to start, Ms. Stowe? We will go the reverse direction.

Ms. STOWE. As far as hiring based on religion, I do all the hiring of the staff, the caregivers and I have never asked anyone what their religion is. The only reference to religion would be that both with employees and with volunteers is they are told we respect our clients' wishes. Just because we are Catholic, we do not ask the residents what religion they are, that makes no difference.

Mr. SOUDER. Not the residents, the staff?

Ms. STOWE. Yes.

Mr. SOUDER. Would you ask—would you have a staff——

Ms. STOWE. Absolutely not, no, no.

Mr. SOUDER. You would not have a Muslim staffer?

Ms. STOWE. No, we would not—we do not even know what religion our staff is.

Mr. SOUDER. So you would not ask them——

Ms. STOWE. No.

Mr. SOUDER [continuing]. If they share your belief?

Ms. STOWE. Heavens, no, no.

Mr. SOUDER. OK.

Ms. STOWE. We just do not want to impart any religious on our residents either. Obviously religion comes up, because when people are facing death, people turn back to their inner faith, whatever that might be. And we respect each and every person's own beliefs on that.

Mr. SOUDER. Similarly on other hiring and firing practices?

Ms. STOWE. Oh yeah, we—I——

Mr. SOUDER. Would you terminate somebody without them being convicted?

Ms. STOWE. No. We get a criminal history on everyone when they are hired.

Mr. SOUDER. I am not talking about people. A lot of times a church-based organization will be different from a secular-based organization.

Ms. STOWE. No.

Mr. SOUDER. Well, you have kind of answered the prayer question as well.

Reverend Hemphill.

Rev. HEMPHILL. I have no problem hiring whomever if you are qualified, you know, because basically that is not what we are looking at. Sometimes I would like to just take a look and say well, I am not looking for the person with the master's degree, I am looking for the person that can basically do the job. But being Islamic, being whomever, that plays no part in it, because one of the engineers that is part of this organization is atheist and I am a licensed, ordained minister, but I do not pray with, we do not pray with our clients. I never thought about it. You know, they do not even have, even though the ministry is in the basement of the church, they do not have to come to our church on Sunday morning. I mean that is nothing, it is nothing relevant to that. It is totally faith-based. So it is people of different faiths.

Third, it is innocent until proven guilty. That is it, innocent until proven guilty. I try not to put my opinions—I keep my opinions to myself and everyone that is part of the organization, even to the board of directors, we keep our opinions to ourselves because we see so much. Even with the prayer, I mean if someone is atheist maybe they do not want you to pray with them. So it never comes up. They are not encouraged or even asked to come to church on Sunday mornings. It is innocent until proven guilty.

Mr. SOUDER. Reverend Marciano.

Rev. MARCIANO. Can I go back to our purpose statement? The first seven words is to minister the good news of Christianity. So yes, in our application we ask you for your church affiliation. Our statement of faith is attached to the application, so there are no questions about who we are and who we are hiring. We expect people, as they sign off on the application, to sign off on our statement of faith. That is key, because even though we have people from different denominations—Presbyterian, Baptist, Methodist, etc.—we need to make sure that everybody is on the same page, you know, as we work with the chemically addicted homeless. And this is kind of a side note. We use the 12 steps and our counselors need to even sign off on their willingness to use the 12 steps. There are some Christians that do not believe in the 12 steps. So if they did not, they would not fit with Charlotte Rescue Mission even though they may be Christians. So we have a lot of issues that we have to deal with.

In terms of praying with the clients, everything in the Rescue Mission is required. There is no optional service. I jokingly say you do not have to be a Christian as a client to get into Charlotte Rescue Mission. You do not have to be a Christian to get out of Charlotte Rescue Mission as a client, but the program is consistent to everybody who is a part of it.

Regarding employees, I think, as has been said before, you are innocent until proven guilty. I mean, if a client accuses a staff member of sexually abusing them, we have to investigate it, and I cannot fire somebody if the evidence is not there. The same thing if a staff member is accused of using drugs, and I drug test them and the drug test comes out negative. I cannot fire them even if somebody said that they did something.

Mr. SOUDER. I want to pursue this one step further because it is one of our challenges as we move through and there is a wide diversity that as far as government programs and as far as the most hotly debated component charitable choice, the programs of Ms. Stowe and Reverend Hemphill are already eligible. There would be no need for faith-based legislation, because while you are religious in a personal level, it is not going into your program; therefore, that is not really what is part of the national debate. The Rescue Mission would be. So the challenges with your faith-based organizations are different than the challenge with faith-based organizations such as a rescue mission.

Now let me briefly separate the two because I want to get on the record what your challenges are. Reverend Hemphill, I heard Ms. Stowe talk a little bit about where her funding sources were. What are your primary funding sources at the present time? Do you get any government assistance at the Federal, State or local?

Rev. HEMPHILL. None.

Mr. SOUDER. Mostly private donors?

Rev. HEMPHILL. Right now mostly private donations. We had one 501(c)(3) and when we founded the medical center, which we are working on, which the CPAs and attorneys are working on now, we have to get another 501(c)(3) because there were two different missions in there. So no, we have never gotten any government funds, everything was private donations, businesses. We run on a shoestring budget. So it is really businesses donating time, materials. I mean everything we have is donated. We have never asked for government funding.

Mr. SOUDER. Have either of you—for that matter, the Rescue Mission as well. Is there any kind or have you heard of in your field, forget government right now, in any of your fields, any of the articles you have seen, any of the networks that you may have heard of these different types of groups where they work with AIDS or homeless or whatever, seen any kind of place where they say here are organizations that donate? Here are ways to work with raising money or getting awareness? Is there any kind of interconnectedness with that? And if you could also answer at the same time, have you ever had any foundations or groups have any kind of effectiveness criteria with which to measure? In other words, one of the things that we, as every Member of Congress, hear from foundations and others, it is very difficult to figure out who is effective at the grassroots level and who is not. Have any of you in your day-to-day run into either effectiveness measures where funders are trying to look for that or have you heard of such a thing or have you ever been to a conference or any guidelines or is there any Internet developments of things of how to hook up where resources are, because you are busy out there drowning trying to take care of people. The question is, how do you get awareness, get the information out about your effectiveness other than an occasional media story or occasional press conference?

Rev. MARCIANO. One of the things that we have tried to do at the Rescue Mission is—and we are blessed. Back in 1994, UNC Greensboro did a study on us and it was called Treatment Center on a Shoestring Budget and they compared us with treatment centers with 10 times the budget and 10 times the staff. What they found is at the end of 30 days 75 percent of our clients were still in the program. The national average was 25 percent. At the end of 90 days 42 percent of our clients were still in the program. The national average was 18 percent. I can get you a copy of the study. And it is an outside study. So it is not us saying here is what our outcomes want to be and here is what we decided our outcomes were. This university professor looked at us and she assessed what our outcomes were. That is really one of the things that we use to market our effectiveness to individuals and to foundations, that we are running at twice the national average with one-tenth the budget and one-tenth the staff.

Regarding fundraising, I think—and one of the good things about Charlotte is, people help each other all the time. You know, there is the Association of Fund Raising Professionals. Organizations will help each other with fundraising techniques and those sort of things. It is not the mentality that so often I hear of, there is a

limited amount of money and agencies are fighting over it. I think the mentality is there are people out there that are looking for ways to invest their charitable dollars, and if they are not interested in the Rescue Mission, maybe they are interested in your agency, and let me tell you how to connect to them. I have done that with other agencies. I was mentored by the executive director of the Denver Rescue Mission and I take what he has taught me and willingly share with other agencies.

Rev. HEMPHILL. We form a lot of partnerships. We have partnered with every agency in our surrounding area. We have partnered with—right now we partner with probably—I think it is Hospice—some things I do not know because I have other people that take care of this. But I know right now, we are probably doing 26 partnerships. All of our studies came through Volunteers in America. I think it might be on the Web site, VIM, we just joined the association and we have a consultant that basically is assisting us. At the present time, I think it is costing $61 per person just for the things we are doing. They basically, you know, take care of every aspect as to seeing, you know, what it takes to run this ministry. What it will take 5, 10, 20 years to run the ministry. So we do have guidelines. But our guidelines—we have a board of directors, Caremont Hospital, because we are so involved, we have a board of directors of just different people from different walks of life, our trustees. Everybody just kind of takes a look at the criteria and see what it takes to make the ministry go and then our guidelines. I think now with Volunteers of America, because we just got a consultant.

Mr. SOUDER. Ms. Stowe.

Ms. STOWE. We have a lady who handles the funding. I do not have a lot of knowledge of exactly what she does to find funding sources, but I know she scrambles a lot. So does my boss. And as far as—and I know they do a lot of applications because we do get money from foundations.

As far as the effectiveness and ways to measure, I do not have a lot of statistics in my head as far as, you know, the breakdown of who we serve and how many actually leave or how many die. It does not really matter how many die or leave the facility because we are there to serve whatever the need is of that client. But really it is kind of difficult unless you go out and tell people about the work or if people come onsite. I love to have people come in because they are always impacted. I have had people say this place is so warm when they just—you know, that tells the story best, is to have people visit.

Mr. SOUDER. I yield to Congresswoman—go ahead.

Rev. HEMPHILL. One thing I would like to say is that—like I said before, we do not see dollar signs. So it is almost—it is very difficult to measure because we do see so many—I mean we see different people from different walks of life. So then you probably have to say how many people do you serve per year, and that is very difficult because of our location. We are kind of in the center. So we see—there is a group home—two group homes that is behind us that—one is an alcoholic—two of them are alcoholic homes. There is a halfway house in front of us, there is a Salvation Army to the right of us. So it is kind of—everything that we do—we do

a lot of newspaper articles and—I think we just did some television advertising on Channel 14 to let people know basically what we do. But a lot of things are word-of-mouth. You know, it is kind of word-of-mouth. We do get a lot of people who just like to come in and take a look at where we are. But it is word-of-mouth because it is a revolving door. We have a revolving door here.

Ms. MYRICK. The administration has been working and through Congress, we have been looking at trying to change—neutralize and change Federal guidelines that make it easier for you all to apply for Federal funds and to receive these Federal funds to provide the social services. You may not have an answer because you maybe have not thought about it, and if not, I would like you to see if you could get back, you know, after you have had time to think about it. But is there anything that you can think of that would make it easier or better for you, changes that could be made so you would have what is considered an equal access to these Federal funds to provide the services? Is there anything standing in your way I guess is another way to put it?

Ms. STOWE. I can think of one. This may not be in your territory. We are so close to the South Carolina border. One of my huge frustrations is, we have a wonderful AID service organization just across the border in Rock Hill, SC and the Medicaid—I guess this is a state-to-state thing. But the Medicaid guidelines do not reciprocate and if I took someone from South Carolina into North Carolina, they would have to be a resident 3 months. We would have no funding for 3 months. We cannot afford to buy their medicines for 3 months. That is a frustration. I feel so bad for those people down there. We want to serve people, and we have. We have taken people from other States and they play little games and get their medications elsewhere.

Ms. MYRICK. This is a common problem because we are so close. We run into this with other things, too, but it is a very good point.

Rev. HEMPHILL. The grant application—some of the grant applications are this thick [indicating approximately 2 inches]. The grant applications, I do not get to see it. A lot of things I do not get to see. I happened to see that one. They are a little intricate, but we know it has to be that way.

Ms. MYRICK. It needs to be simplified so you can legitimately do it yourselves and not have to have somebody who has all this experience fill it out for you, right.

Rev. HEMPHILL. Yes, ma'am, because a lot of times we do not have the funds to hire someone to do this properly and grant applications like this, I mean trim them down a bit.

Ms. MYRICK. Tony.

Rev. MARCIANO. Our concern has to do with the television show Bay Watch. If I can tell you a quick story. A couple of years ago was the only time in my history at the Mission I made a chapel service voluntary. We had a special speaker that was coming and I announced on Friday that it was going to be on Saturday night. As I got to the Mission at 6:50 to round up the guys, I went into the television lounge and the show was ending and as 7 o'clock began to hit Bay Watch was coming on. I said guys, come on, Pastor Mack is here from Progressive Baptist Church. He is a great man of God, you need to hear him speak. They said, well, Rev-

erend, we really would rather watch television, and as they were saying that Bay Watch was beginning to roll. I teased them and I said oh, you would really rather watch Bay Watch and they said no, you do not understand. I honored my word and I kept it voluntary. But one of the challenges we face is that in the faith-based initiative what has come back to me is that services are voluntary and I jokingly say I cannot compete with Bay Watch. If they have a choice of hearing a great man of God or watching a television show called Bay Watch I can prove to you they will opt for Bay Watch.

Ms. MYRICK. Good point.

Rev. HEMPHILL. May I answer. What I would like to kind of interject here is, we know that you have very little time, but just take some time and come see. Come and visit. You know, just drop in during the week. You are very welcome to drop in unannounced. Just kind of give me a call.

Ms. MYRICK. I will do that. I have been to most everybody else who is here today, but I have not been to yours, so we will make it a point to do that.

Rev. HEMPHILL. Oh, OK. Thank you.

Ms. MYRICK. Thank you all.

Mr. SOUDER. I want to thank Congresswoman Myrick. She has to leave shortly. So I appreciate her coming this morning as we arranged and worked with her and her office to put together this hearing. I know that Reverend Marciano has an 11:15 deadline looming on me, so I am going to ask a few more questions here that I want to followup with.

My district is in northeast Indiana, Fort Wayne is the anchor city. There are a number of other cities in it as well. One of the things that we were exploring is that in, I think in Reverend Hemphill's testimony you refer to it as a small business center, that as we in the government have worked in small business resource centers, we pooled to provide grant writing for some small businesses. The question is, why can't universities in a given area work with the faith-based office using to some degree professors and/or students where you could in effect put in a building like we do with the small business resource centers where you could have ideally a place where you could get some relationships going with a university, where you could get a temporary office where you could get assistance, where you would have the Federal Register come in, where you would have a place to see what kind of grants would be available? Have you heard of anything like that in this area before? Has anybody raised that and would it be something that you think you might use if it existed?

Rev. HEMPHILL. That is a definite. In our area it would be widely used because we had to—on our board of directors and also part of the organizational committee, we have a grant consultant who was the former executive director of the Boys Club and he just volunteered to come in and to help us because of what we are doing, and we have very little time. And when you have very little time and you are understaffed, he just kind of jumped in and said yeah, I will be part of the organizational committee, I will be part of the board of directors. He is a jewel.

Mr. SOUDER. And this would not have to be just for government grants. It could also be for foundations, United Way. It could help figure out what measurements they are looking for.

Ms. Stowe, do you have any comments?

Ms. STOWE. I think it sounds like a fantastic idea. Grant writing is not part of my responsibility, but I think the organization is open to help however we can get it. We do have some partnerships with area universities to have student nurses come in and offer experiences. I love working with students and any time we have the opportunity to share that we do, but I am not aware of anything like this.

Mr. SOUDER. Reverend Marciano, go ahead. I have a number of things I want to go into.

Rev. MARCIANO. I like your idea. The American Society of Fund Raising Professionals has said that 85 percent of an organization's income comes from individuals, 5 percent from foundations, 5 percent from businesses and 5 percent from wills. And as I work and help out very young non-profits, the two things that they historically chase after is special event money, car washes and those sort of things and foundation money and they put a lot of energy into that. It may be taking your idea, and I like it, but teaching nonprofits to cultivate relationships with donors, if 85 percent of a healthy nonprofit organization comes from individuals then they really should be spending 85 percent of their development time cultivating those donor relationships. That is something that is usually not done in terms of training. And if universities and your idea could help nonprofits do that, then the world is truly our oyster.

Mr. SOUDER. I have a couple of things I want to pursue directly with you for a couple of minutes. We have been doing these hearings, what kind of fruition, what in effect can the government do other than kind of mess things up, which we do very well, but what can we do from a positive standpoint? It is clear to me, and this panel is interesting because you have illustrated the diversity, one element of the diversity in types that we are seeing all over the country. In other words, first something that you may not be aware of is that the first faith-based initiative started under, where there was really a direct effort, started under President Reagan in the early 1980's with homelessness, because—excuse me, with AIDS, because as you mentioned, because there was this theory that you could catch AIDS, really about the only people that would do this were people who were secure in their salvation, and so the religious groups started first and were the first anchor of AIDS. Nobody would take AIDS patients, so all of a sudden government grants started flowing to religious organizations because nobody else would take them.

The second group, when Anna Condradas was at HUD, was in the homeless area, because there simply wasn't enough of a public will to put enough dollars into the homeless area. So homelessness was one of the other categories where for years nobody looked at the question of were you praying, who were you hiring, what were you doing, because man, the people with AIDS were dying. The people were homeless on the street. If anybody will help them, get them the money.

When we moved into drug treatment, we moved into the insurance business, huge providers in other areas where all of a sudden there was competition. When you move into mental health, when you move into juvenile delinquency, there are whole structures that deliver a lot of those services, and when faith-based organizations started to apply in those areas all of a sudden a whole bunch of different questions came up.

And you represent another interesting thing here, and that is that there are variations within each, but to over-stereotype, and I am going to grant first of all, even in our witnesses at our hearings, that this is not pure. The Catholic Church is more willing—I am an Evangelical out of a Fundamentalist background who also has a graduate degree from Notre Dame, so I am fairly ecumenical Evangelical Fundamentalist and have a pretty good understanding, at least superficial, of a lot of the different denominations. The Catholic Church generally speaking is more flexible on the hiring practices and the faith based. That is not uniformly true. In Chicago we had a couple of cases where they were saying that faith and prayer were a critical component in their organization and would not apply for government funds. But generally speaking Catholic and the Lutheran churches split to some degree, even inside the Senate on the organizations, depending on, even into the Missouri Senate, which kind of faction they are in the Missouri Senate. In the African American community in particular, it is much more diverse and ecumenical, although they are—because it is mostly Evangelical the Muslim question has complicated things in many urban areas. But they are so much more resource challenged that they are more likely to change whatever is needed to get the dollars, because they may not have a large denomination backing them up with systematic parishes like the Missouri Senate or like the Catholic Church and may not have members in their denomination or contacts with the wealthy business community with which to develop a private donor base, which is getting to your point in the Rescue Mission. It kind of depends on who you have access to, whether your are denominational based, whether your are in a community, particularly what the whole faith-based initiative is trying to. One of the things that started with that was, African American and Hispanic groups that are in the poor urban neighborhoods who basically mostly have people, a high percentage of their congregations are on public assistance. So they do not have access often to the power brokers in the community. They do not know how to write the grants. How in the world can we help these neighborhoods who live in their own zip code get assistance? Then the collateral which is in my opinion predominantly Evangelical organizations who are very nervous about government, and I am nervous about the government undermining the mission of the Rescue Mission. I would like to figure out, OK, well what can we do to assist without tampering with what makes you effective.

Now, I want to come to Reverend Marciano. I wanted to lay that foundation. Could you, just first because you have raised this interesting question of individual donors. How would you match groups that do not have traditional access that are somewhat uncomfortable often even in the style approach. I am not saying just Reverend Hemphill's organization, but that is a good example. She

may not have immediate access to large donors. How would you do a training session for that? What would the difference be from say from your organization? Rescue missions are fairly well known, their success goes up and down depending on the bottom line effectiveness of the executive director, people like yourself would then get a good board and get out. We have a very successful one in Fort Wayne that I support. The executive director, Reverend Humphries has been there a long time and has really built the relationships and that is there, but they do vary city by city. But how would you transfer this then to a group that does not necessarily have any access to the traditional money routes in the city?

Rev. MARCIANO. When I got to Charlotte Rescue Mission there was no executive assistant, administrative assistant, there was no nothing. When the copier died we flipped a coin to see who would repair it, you know, and called the company. So there was none of that. Things have changed in the 7 years I have been here. I say all of that to say that I was blessed to mentor with the executive director of the Denver Rescue Mission. When I started with him and I said to him, Dell, if you were on the board of directors of the Charlotte Rescue Mission and you had to evaluate Tony Marciano, how would you do it? Without missing a heartbeat he said, Tony, there are three things you are responsible for. He said it is program, administration and development. He said it is a three-legged stool, and he said the problem is in most missions, and you could translate it to faith-based organizations, is that the stool is unlevel. That the program leg is very tall and very strong. The administrative leg is long enough to keep the IRS at bay and the development leg does not even exist and the stool is crooked and the organization is sliding off of it. He said, Tony, your job is to keep the stool level regardless of how the organization grows. So as I work with nonprofits, and kind of the test is I throw this thought out to them, and I can tell in a moment whether or not the executive director wants to be in program or wants to really be the head of the organization. I met with one young lady as we talked this through. I said to her, you really do not want to be the executive director. You really just want to be with the clients and pray with them and hold hands with them and she kind of looked at me and her shoulders kind of went down and said you are right. I said that is not the job of the executive director, you know, that is the program director. The executive director is responsible for this stool. So as I work with nonprofits, I can quickly tell where the executive director is at. Is he or she interested in meeting the needs of the person or is he or she interested in growing this organization? At a point the executive director has to step aside and let other people do the program, administration and development as he or she leads the organization.

Mr. SOUDER. Thank you. We may do some followup on how to do that because while we disagree in Washington on the charitable choice provisions, and I authored, I carried four of the ones that are current law because I believe you should be able to hire who you need and I believe we need to get the dollars. But I am having some second thoughts because I am worried the government is going to change the mission in the process here. But the two most important parts are things that we are trying to address, and we

actually have a lot of bipartisan support for. One is the tax credits. In other words, to give more value to people who give you the money, which helps your individual donors but does not help you on the government side.

The second thing is a training component. Whether it would be groups like the Rescue Mission that might not want government funds but would be eligible for government funds under many standards but would still get that kind of basic training, presumably by people from the field not by somebody who has only been in college and taught it. Not that there is anything wrong with that, but somebody also who has field experience. And also groups like those of Reverend Hemphill and Ms. Stowe who may seek government grants but still need the similar guidance of how to do that mix. And so I think we are moving some in that direction as we resolve some of the more difficult—I have one more question for you, because it was alluded to I think both by Ms. Stowe and Reverend Hemphill, and I am sure it is true at the Rescue Mission, too. In your hiring practices, not criteria for hiring, but you referred to the increasing difficulty of the Sisters to get enough people to staff. Is there anything that we can do that would provide incentives? In other words, let us say there are restrictions in cash transfer. Can you think of other things that we might be able to do that would help in recruiting? We have worked with legal liability questions of suits. Some people are afraid to volunteer because they are going to get sued and organizations are afraid. I cannot remember whether I dropped the bill. We have certainly talked about it. I know we increased at one point mileage reimbursement for volunteers. Are there other things in the tax code that we might be able to look for that would be helpful to you on the staffing and volunteer side that would avoid some of the other kinds of debates to help you in recruiting?

Rev. MARCIANO. One of the things that we are seeing is that people are mid-career. They have been in corporate America and maybe they are not fulfilled and they want to jump to the nonprofit sector but they are looking at taking a 40 percent hit in income. So how do they deal with that when they have a, let us say a 30-year mortgage and they are 10 years into it? Those people are excellent. They may have MBAs, they may have a heart for what we are doing, but how do they go from Bank of America, let us say, to Charlotte Rescue Mission? And they would bring such wisdom and experience. So maybe some of the things you can help us do is let us say with mortgage loans. Maybe they can get half a percent loan or a 1-percent mortgage rate cheaper if they stayed with the nonprofit organization for 5 years or other things like this. Maybe there are other financial incentives maybe with auto loans or other things like this. Maybe tax credits under home mortgages, you know, for going from Bank of America to Charlotte Rescue Mission as an incentive, because what they bring is all that training that I spoke about earlier when I first addressed this committee. They bring that to a nonprofit organization. As nonprofits are getting more and more sophisticated we are moving from mom and pop operations to well structured organizations. We need people with MBAs, we need people with HR experience, even as you talked about some of the staffing issues. Once you get beyond a cer-

tain number of employees you almost have to dedicate an employee just to deal with all the HR issues. All the FMLA, HPPA regulations that Bank of America has to deal with, Charlotte Rescue Mission has to deal with.

Mr. SOUDER. Reverend Hemphill or Ms. Stowe, do you have any suggestions? Do you get a slightly different volunteer mix? Would there be something we could do in the schools? In Americorps, we have made faith-based organizations, regardless of their practices, eligible for Americorps. But even there, how do we stimulate more people to get involved in that? People objected, including me, when we first started looking at paying volunteers, but we put a criteria in that those volunteers have to be organizing and recruiting other volunteers.

Ms. STOWE. Yeah, I so support the Americorps program. I just do not know what we will do if we do not get—I worry every year. I start worrying before they even leave. They cut the program this year. I feel like such a mentor to those folks because they struggle financially and they have to call the people in Washington that are over the program about insurance issues and they are such strugglers. But I feel like we give those members so much in experience. I feel like we have so much to offer. I just so believe in that program. And when they do site visits often times they will come to House of Mercy because I am their field supervisor and I love the program, anything I can do to support that program.

But I love his ideas about the tax incentives for our staff. I mean our, my staff is much more lower paid, they are CNAs, they are caregivers, we cannot afford nurses anymore. I am the only nurse left and I am totally administrative. I wear a lot of hats.

Mr. SOUDER. My background is more of a business background. In fact, when I was in grad school, they have, for example, we have SCORE, who are retired executives who come back and help small businesses. Could we set up a similar thing for that to work in volunteer organizations? When I was in grad school, we got class credit for it. Part of our small business class was we had to take an applicant into the small business, who was applying to the Small Business Administration, go into their neighborhood, help them with their grant structure for a small business loan, do a market plan for them to help, because often they were people who wanted to get off welfare or start a business of their own, but they did not have any idea how to, you know, assess. Not that we had all that much experience either, but we had a little more theoretical experience in how to do a market plan, how to fill out the paperwork and that kind of stuff. So clearly there are university precedents for students or university precedents or business precedents, but they are all toward economic development areas. I am wondering, you know, whether you have seen anything like that in the social service areas?

Rev. HEMPHILL. One thing that is helping us is we are getting a lot of input from retired doctors. I do not know a lot of things about the malpractice, but there is one fear because we are doing the free clinic now. That is the next arm. They are kind of leery of being a volunteer, to be a volunteer in a free-clinic setting. You know, they are afraid of getting sued. So that will be something that we would like for you to take a look at. I always tell these

other people behind me, because they are afraid of getting sued, even the executives. Everybody is afraid of getting sued. If we come here and volunteer, you know, they say they might be homeless and the indigent might be indigent but they are not stupid. And they are definitely afraid of getting sued.

Mr. SOUDER. That is a good, another good idea that we can look at. This is a huge problem in Detroit. Even in hospitals they have very few doctors. Indianapolis, IN; Chicago, they have very few doctors that will take young mothers under 17, even for delivery, because they are afraid with the low birth weight something could happen and they will be sued. There's kind of an odd relationship between my hometown and North Carolina, because we have a major company based there, Medical Protective, or Med Pro, that is the primary insurer of doctors in North Carolina and they have lost a lot of money in North Carolina, and like other companies, have looked at even pulling out because of the lawsuits here on doctors. So it is not an illegitimate concern that they have this decision of how high do you make the rates. If the rates are too high, then you have to get high paying clients, not clients who cannot afford to pay it, just to cover your insurance rates. In southern Indiana—to use another anecdotal story, in Evansville, which is the other end of the State from me, but when I worked for our senator at that time, a number of years ago before Indiana changed some of their medical malpractice, in Evansville, IN the difference, this is some time ago, and I am going to make up the dollars, but it is roughly like this. The difference in medical malpractice for a doctor in Evansville versus one across the border in Illinois was $20,000 versus $120,000 a year. Now what happened was, no doctors in southern Illinois would deliver babies and they were all delivered across the State line, and you can imagine what that did with Medicaid. We have that problem all over the place.

So we have a number of things we need to address. It is very controversial. You do not want to have people held, butchered and then not be able to get their money back. But when you are dealing with faith-based organizations and volunteering in places where you are dealing with people who are hurting and then they cannot get medical services, we clearly are going to have to figure out how to do that.

Is there anything else you would like to add for the record, either of you?

[No response.]

Mr. SOUDER. Well, I thank you very much for coming, but most importantly for your work. You are dealing in two areas that can overwhelm even the most heartfelt soul who wants to help. Thank you very much.

If the second panel could come forward. Alice Harrison; Ginny Amendum. Did I get that right? I will get that corrected in a second. And Pat Marcum. I do not believe Cindy Marshall is here. Ginny Amendum, I butchered your name. I apologize.

Ms. AMENDUM. That is OK, most people do.

Mr. SOUDER. You can remain standing and we will do the oath.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that each of the witnesses responded in the affirmative.

Thank you for coming out today. As I mentioned, your full testimony will be put in the record. You are welcome to go through it or to say whatever you want. They go in the permanent record of the U.S. Congress with your opinions on this subject. I am looking forward to hearing from each of you. If Alice could start, she is the executive director of Hope Haven in Charlotte, NC.

STATEMENTS OF ALICE HARRISON, EXECUTIVE DIRECTOR, HOPE HAVE, CHARLOTTE, NC; GINNY AMENDUM, THOMPSON CHILDREN'S HOME, CHARLOTTE, NC; AND PAT MARCUM, LOVE INC OF MECKLENBURG COUNTY

Ms. HARRISON. Greetings. I have divided this into three areas. What faith can build. Hope Haven was created on the faith of two wonderful women. It was expanded on the faith of our board and staff. It is successful because of the faith placed in our program by our residents.

Hope Haven, a foundation of recovery, provides life skills for chemically dependent adults and families within a supportive residential environment leading to independence. To enter our program a person must have completed a primary treatment program within the past year, be homeless and be willing to make the commitment to stay in the program for at least 6 months. Hope Haven's primary community, the Villages of Hope Haven, is located on the site of a former drug and prostitution infested motel. The same motel was once a premier showplace for travelers and conventions before falling to disrepair. Located on 13 acres it is a perfect setting for a community and it truly is a community. On this property we have job training programs, a conference center with a capacity of 538 people, a stellar child development center that provides special services to many children with or at risk of developmental and physical disabilities. This is my partner in our child development center, Jenny Amendum.

We have a wonderful nondenominational chapel and two chaplains, a greenhouse, commercial laundry, certified substance abuse counselors and the wonderful voices of hope recovery choir. Our newest addition is the conversion of our 13-bed house near downtown from transitional housing to permanent supportive housing made possible with a HUD grant.

In March some of our graduates will begin moving into 32 apartments built on land at the back of our property as part of an LLC with Charlotte-Mecklenburg Housing Partnership. There are a number of resources that have been added to our North Tryon community since we opened our program. An elementary school across the street, and in our same block a new library, police substation and job training center. The drug house across the street was bulldozed down by police and the prostitutes no longer walk our street.

Our program provides residents with an opportunity to use the tools of recovery taught in primary treatment programs within a structured, supportive environment. Vocational training programs are provided in food services preparation; sanitation and delivery; catering, onsite and offsite to groups of 6 to 500; commercial laundry skills, including sales of services, provision of services, some machine repair and billing. We have a maintenance program which

specializes in teaching large building maintenance and a horticulture program that is complete with a working greenhouse.

Weekly our residents attend four AA or NA meetings, have group counseling two nights and individual counseling. We have single adults, women with children, men with children, couples and intact families as residents. We also contract with our local drug court and the staff at First Programs to provide housing and training as an alternative to incarceration for those who have committed alcohol and other drug related crimes and have agreed to enter the drug court treatment programs. This program too has been hailed as a national model for working with offenders who have not been able to stay clean in their home environments.

Pitfalls to avoid. The greatest concern my colleagues and I have had since the announcement of the faith-based initiative has been the level of expertise that will be allowed. Yes, it is hard to meet all the regulations required. Our policy and procedures book expanded from 37 pages to over 200 pages, but it is important for residents in rehabilitation programs to receive educated, competent care that often requires using tough love. We are dealing with people who have had to survive by any means possible. They also have multiple problems in addition to their substance abuse, including abuse, domestic violence, bad credit, criminal records, HIV/AIDS, loss of child custody, loss of possessions, poor job histories. If staff's do not have experience in assessing and working with the problems they will enable them to stay sick rather than empower them to become self sufficient.

The second concern is for programs that approach residents from the perspective of religion versus spirituality without the resident being given any choice. Alcohol and other drug addictions are diseases that can be treated. Recovery is possible only through total abstention a day at a time. It is not a sin or moral issue, although certainly many sins and immoral as well as illegal acts occur during the influence of substances. We have residents of many faiths as well as those just beginning to find or rediscover their beliefs in their higher power. A large part of their recovery is based on finding that power in which they can believe and trust to forgive their past actions while still providing strength to remain substance free each day.

My last concern is funding. The general mindset of funders is to fund new programs. However, there are programs that are very effective that can never be self-supporting and need sustained funding to survive. Creating programs to chase operating dollars is wasteful.

The good news. HUD, Mecklenburg County and United Way are our major ongoing sources of income for sustained programming. I really cannot say enough goods things about the role HUD plays in our community. Without its funding our continuum of care would truly suffer. It would be possible to replicate our program almost anywhere. If a motel is available through government seizure, it is even more attainable. Again, the only obstacle is financing of the facility's renovations and funding to operate. We are already seeing other agencies in our area replicating our model and talk with agency representatives from across the United States about the steps to make it happen. This too would be a great way for

churches to provide temporary apartments for those in need of housing, especially the working poor.

Mr. SOUDER. Thank you. We will put your full statement in the record.

Next is Ginny Amendum.

[The prepared statement of Ms. Harrison follows:]

Congressional Testimony
Faith-based Perspectives on the Provision of community Services
December 8, 2004

Hope Haven, Inc. can best be described by its Mission as a foundation of recovery for homeless, chemically-dependent single adults and families which provides life skills within a supportive residential environment leading to recovery and independent living. Hope Haven's primary site, the Villages of Hope Haven, is located at 3815 N. Tryon St., Charlotte, NC. Our second residence which provides permanent housing is located at 1921 Charlotte Ave., in the Dilworth neighborhood of Charlotte. Our program is a spiritual, rather than a religious-based, program. Our philosophy embraces the 12 Steps of Alcoholics Anonymous & Narcotics Anonymous.

Hope Haven was built on a foundation of faith. From its humble beginning as a shelter for women in early recovery from alcoholism in the 1970's to the multi-million dollar complex we now occupy, every step forward has been built on the faith of the board of directors and staff. It was founded as the result of the efforts of two women, Arietta Black & Alice Trotter, who felt there needed to be a refuge for women in early recovery. This was in the early 1970's when women were not allowed into detox units and only had the structure of AA and NA meetings to help them recover. If their environment was abusive or non-conducive to recovery, they often had no other recourse. It began in a rented house with 5 women, opening its doors in 1977. In 1985, Mecklenburg County Area Mental Health encouraged the Board to expand services to include men and a house was opened which ultimately accommodated 9 men. We then began purchasing several condominiums, we built the Charlotte Drive facility, we rented several apartments, and we opened our first program for women (with a minimum 6 months sobriety) and their children in Catholic Diocese-owned apartments.

Realizing we were too "spread out" to be as cost-effective as possible, our Board of Directors and staff began exploring ways to create a "campus-like" setting to incorporate our programs into one site. We became active in our local Homeless Services Network (which consists of about 25 agencies who work with the homeless, has regular monthly meetings with the agency directors attending, and coordinating service provision among our staffs on a weekly basis). We applied for our first HUD funds through our community Supportive Housing Grants process in 1994. After receiving notice that our HUD request was granted, $350,000 toward acquisition and $1,400,000 for service provision, we agreed to purchase the Villager Lodge, a drug and prostitution haven which was once one of Piedmont North Carolinas premier hotels and convention centers before falling to disrepair. At the time of our purchase, the Police Dept. received an average of 60 calls per month from the motel patrons.

This is an excellent model to be used in other communities for working with a large number of homeless residents. There are challenges, however. Our first challenge was the condition of areas of the building that weren't immediately apparent. As with most buildings built prior to 1969, there was a massive amount of asbestos that our mortgage company insisted be abated rather than contained. There was also lead paint which was removed with the help of a Federal grant to Mecklenburg County. The heating system, phone system, plumbing system, etc. also had to be updated. Furnishings had to be purchased. Yet, as a result of a lot of faith and prayer, an agency with a $600,000 budget and a dream has created a national model estimated to be worth $8,000,000. Financing of $3,000,000 was provided through a Community Development Block Grant loan. Total cost was approximately $5.5 million, with the return on investment incalculable.

Because our program is clinically-based and provides rehabilitation services, we are licensed by the North Carolina Dept. of Health & Human Services, Department of Facility Services. We have many stringent rules regarding every aspect of our services—from water heater temperature logs to certifications of staff members.

The greatest concern that my colleagues and I have had since the announcement of the Faith-based Initiative has been the level of expertise that will be allowed. Yes, it is hard to meet all of the regulations required—our Policies & Procedures Book expanded from 37 pages to 200 pages. But it is important for the residents of rehabilitation programs to receive educated, competent care that often requires using "tough love". We are dealing with people who have had to survive by any means possible and if staffs don't have experience in identifying substance abuse or mental illness, they will enable them to stay sick rather than empower them to become self-sufficient!

Another concern is the **philosophy** used with residents **of religion versus spirituality**. In our program, we have many residents with many religious backgrounds and beliefs. We have formed a Cultural Competency Committee to assess our program and suggest ways to be culturally fair to all. We provide a non-denominational Chapel for our residents' and staff's use. We have 2 ministers that are on staff in secular jobs. We have a wonderful gospel choir named the Voices of Hope who have recorded one CD and are working on another. They perform throughout our area. However, when they perform, we don't require our residents to attend, we invite them. When we have our holiday events, we do the same. It is our belief not to impose our religion on anyone except in a voluntary way.

My last concern is **funding**. The general mind-set of funders is to fund new programs. However, there are programs that are very effective that can never be self supporting and need sustained funding to survive. Creating programs to chase operating dollars is wasteful. Our best resource for ongoing funding is HUD. We would not be able to operate without our HUD funding.

I really can't say enough good things about HUD. The N.C. office is always available and helpful. Libby Stanley, our HUD representative, wants our programs to succeed and goes out of her way to help all of our agencies in any way possible! Her expertise has made all of the agencies in Charlotte receiving HUD funds better providers. The reporting is comprehensive but not as complicated as we had expected. Deciphering the rules is a challenge, however, and often results in calls to our HUD office.

Both Rep. Sue Myrick and Sen. Mel Watt have been supportive of our program. Both have made visits to our program and Rep. Myrick has included us in her Homelessness Task Force and Roundtables. Her staff has attended many of our on-site events. Sen. Watt has donated computers to our program.

A program such as ours cannot exist without the support of the community. The in-kind services donated to us are worth much more than the monetary amount saved. By working with the other agencies in our community, it saves all of us from having to "re-invent" the wheel. We, too, are able to contribute by providing space for many of our agency meetings, housing the database network used by 11 agencies, and an affordable place for Board retreats to name a few.

I've talked about our Mission, our background, and our challenges. Next, I want to talk about what Hope Haven actually does to earn the funding the government supplies us. Our community (and it is truly a community) lies on 13 acres of land. Level 1 includes supervised programs for single men, single women, and a Families Program that encompasses, single women with children, single men with children, entire families, and couples. Two singles share a room and families are in apartments but are not allowed to cook. Meals are served for all by our Food Services Dept. in our dining room. 24-hour supervision is provided with some staff members living on-site. Upon entering Level 1, a resident spends the 1st 2 weeks being assessed for mental, physical, vocational, educational needs while working in various capacities on-site. At the end of 2 weeks, counselors and trainers meet with the resident to establish a recovery plan. Most residents enter 1 of 5 training programs: Food Services, Catering, Commercial Laundry, Building & Grounds Maintenance, or Horticulture. These programs are 3-month training programs during which residents learn the basics of a trade and are given a stipend weekly. Food Services workers are also given the opportunity to take ServSafe classes. These classes provide training in sanitation and nutrition and the curriculum is provided by the National Restaurant Assn. Each student is tested by a national standardized test and, if they pass (and more than 85% of our residents

do) they receive a certificate which can be hung in any establishment serving food and 2 points will be added to the Health Dept. inspection scores. Our Commercial Laundry Program contracts with other non-profits such as the Men's Shelter, the Emergency Winter Shelter, and 12 churches who provide Rooms in the Inn. At the same time they also provide services to party rental companies and vendors in Ericsson Stadium. The Catering Program offers on-site and off-site services with special pricing for non-profits. They have served groups ranging from 6 to 500. While in training, every resident is also working with the Resident Services Dept. staff who provide training in how to apply for a job, how to fill-out a job application, how to write a resume, how to dress for success, and monitor interviewing. Only after residents are employed do they begin paying a program fee. While in Level 1, residents attend a minimum 4 AA or NA meetings weekly, 2 group meetings, and 1 individual counseling session. They also may attend parenting classes, off-site mental health counseling, budgeting and savings training, classes on relapse prevention, and other life-skills classes. They are also tested and attend ABLE & GED classes when indicated. These classes are provided in-kind by our local community college. Volunteer tutors also work with residents.

When work and life are somewhat stabilized (approximate 4-6 months), residents graduate to Level 2 where they remain in the same living accommodations but are allowed more flexibility in working hours, curfews, and monthly overnight visits off-site with counselor approval.

As stability continues, a resident moves to Level 3. This involves moving into an on-site apartment with 3 other singles or a family utilizes the kitchen in their apartments. Residents buy & cook their own food and take responsibility for most of their needs. They receive additional privileges. They may opt to attend college full or part-time. They may stay in this level from several months up to 18 months.

Level 4 is independent living. Our Charlotte Dr. program houses 13 men much the same as they would in a boarding house, except there are still supportive services available to them as needed and they may choose to attend any Hope Haven meetings and events. We have a part-time person who oversees the activities and maintenance of the house and a maintenance person is responsible for repairs and outside upkeep. There is a large shared kitchen and the men may cook individually but usually share tasks.

We also provide housing to clients of our local singles & family drug courts (STEP & FIRST). These are people that were unable to stay clean & sober while living on their own. They participate in all available Hope Haven activities when they are not off-site in classes or reporting in to the courts systems. It is our hope that each will choose to stay and enter the Hope Haven program upon graduation from drug court treatment. This program has been tremendously successful in allowing residents to complete treatment.

There are other aspects that make our program truly a national model. We have the Hope Haven Child Development Center, a 4-Star program that is a partnership with Thompson Children's Home, who operate it. Children attend from Hope Haven, Summit House (an alternative to incarceration program), CASCADE (treatment program for mothers in treatment), Florence Crittenden (home for young unwed mothers). However, more than ½ of the children attending are children from our community. There is no higher compliment to our program than the fact that parents entrust their children for care in a community of recovering addicts! This center is also known nationally for its clientele which has more than 40% testing at-risk for developmental delays. Our team of occupational therapists, speech & hearing specialist, social worker, and music therapist work with these 6 week-4 year olds and provide follow-up testing through 3rd grade. We have several children other centers refused due to their health.

We have a Conference Center with a capacity of 538 people in which many of our local non-profits hold events—from United Way to N. C. Lawyers' Assn. We also cater non-alcoholic wedding receptions for the public. The events provide income which is applied back to the training programs.

We have a greenhouse for our Horticulture Program which was purchased from our community college when they expanded. Our program provides the plants for our facility and has frequent public sales. Many of the local nurseries help support this program.

Our Chapel was built from a concrete block storage building by members of a local church and our staff, residents, and board. It provides a setting of peace and serenity for all. A local organization that meets monthly at Hope Haven has donated Recovery Bibles for residents' use.
Beside the Chapel is a Memory Garden with a water element that provides an outdoor place for meditation and reflection.

The newest project which will be completed within the next 60 days are 32 apartments built on Hope Haven property for graduating Hope Haven residents and co-owned by Charlotte-Mecklenburg Housing Partnership. It is financed through tax credits. We currently have more than 50 residents and former residents on the waiting list. A counselor will work with the residents 20 hours weekly during their 1st year there and CMHP will manage it with Hope Haven being the minority partner in the LLC.

Three additional programs really contribute to our success. On a monthly basis, we have a Community Forum which involves all of our residents. We celebrate successes and give our residents an opportunity to speak to the community about their accomplishments. Our children vie for the microphone as they lead us in the Pledge of Allegiance. On special nights, we will also showcase talent or residents will perform skits. It truly cements the community!

Our residents have a very active Residents' Assn. (a HUD requirement). They have elected officers, they fundraise for resident needs, and they host social events that always draw hundreds of people in recovery from the community. Although staff members serve as advisors, the meetings are strictly for residents with questions and suggestions then brought to staff by their President. It was difficult to initially engage residents but they now are quite active after seeing the accomplishments of the association.

Finally, we have an Alumni Assn. for those who have completed our programs. This provides an opportunity to "give back" and to mentor residents.

This program can be replicated in cities everywhere. It takes dedication and money to accomplish, but the rewards of serving 200 people as they re-develop their self-worth and become responsible, taxpaying citizens is worth it! When you consider an analysis done by Brown University, it was found that the average cocaine-affected child tested at 3.26 points lower than other children. Although developmental effects may be subtle, according to the report, special education to prevent these children from failing in school could cost up to $352 million annually nationwide. Not only can residential programs help those currently pregnant or at-risk of pregnancy and actively using cocaine, but just think about the prevention provided for our next generation as they learn the effects of addiction! We'd much rather be able to look at positive statistics such as the $1.2 million paid in taxes last year by our working residents.

Our Pledge to our Supporters:
Hope Haven will provide quality residential aftercare and services to recovering alcoholic and other drug-addicted men, women, and families.
We recognize the need for a continuum of services, ranging from early intervention and daycare to successful vocational and parenting training, which will make a life-long difference to our residents and community.
We acknowledge our responsibility to our customers from our residents to the community at-large, as well as those people who are Hope Haven donors. We will continue to promote awareness in our community and develop programs to meet its needs.

Respectfully submitted:

Ms. AMENDUM. Thank you. I am delighted to be here and hear all of these interesting perspectives from my colleagues in the local community.

Thompson Children's Home has provided continuous care for children for over 100 years. They began with a very strong connection to the Episcopal Church. Today they maintain a very wholesome affiliation with the Episcopal Church. Coming out of their history as an orphanage where children needed food, clothing and shelter, they have come to be a human-service agency that provides services along a continuum of care—strong medical, psychiatric, educational treatment services for fragile children and families.

Their programs fall into three distinct areas today, early childhood services. Centers like the one Alice mentioned at Hope Haven. We have two of them in a very high-risk area in the north part, the north sector of Charlotte. We have our early childhood services focused on family education, child care, best practices following research-based studies.

In our treatment services we provide care and healing for children who have been sexually abused, abandoned, neglected and hurt. They are North Carolina's throw-away children. We often hear that. Our community-based services take children that have undergone intensive treatment and move them forward to live again in community-based placements, foster care with an eye always on permanency through adoption.

Thompson Children's Home, I think, has come to the point where they partner very effectively both with other faith-based initiatives, and we do have a strong philosophy around that faith-based perspective. Our philosophy is based on four words—healing, teaching, worship and play. All of those things are provided and offered to our clients, nothing is required.

We also partner very effectively with certain government agencies. I think that as faith-based initiatives and agencies move forward in today's society and do serve this incredible function for social service, that we will more and more need to take a look at our standards of accountability, at how we license ourselves and regulate ourselves and maintain standards so that if we ask for government help and support that we will be able to speak with understanding and clarity about what our best practices are, about what we do to provide those for our clients and within our communities. And I think that when we look and struggle between what is the difference between a faith-based agency and something that maybe is government controlled or government mandated, it is about relationships. It is about the fact that the faith-based initiatives always keep their eye on the faces, always have the opportunity really more than government to remember the faces and the individuals. And when we all focus on community building and strengthening our communities, we know that the best resource is our human resource. Even though sometimes government is forced to do that in more of a wholesale capacity, faith-based initiatives allow us to keep sight of the individuals and to remember that victory pretty much is counted on an individual basis.

Thank you.

[The prepared statement of Ms. Amendum follows:]

Thompson Children's Home struggles to maintain a balance that allows it to fulfill its mission and partner from both a social service and faith-based perspective. The acceptance of government funding does not imply, for us, a loss of identity but does mean we sacrifice some autonomy. Currently, Thompson Children's Home partners very effectively with several government agencies that include County Departments of Social Service, Mental Health entities, Smart Start, NC Division of Facility Services and the NC Division of Child Development. Although Thompson appreciates strong partnering elements, our frustrations lie in the constant change of government regulations and systems coupled with threatened and decreased funding.

Thompson feels that faith-based agencies need to focus on upholding best practices within the field of human services. Any agency serving fragile children and families needs to meet the highest standards of excellence possible. Like secular organizations, faith-based organizations fall along a continuum of services. Thompson currently partners effectively with several other faith-based organizations. These include the Duke Endowment, Sisters of Mercy, First Baptist Church West-Charlotte and the Child & Family Services Association – NC, which includes agencies such as Methodist Home for Children, Lutheran Family Services, and Baptist Children's Home, etc.

Thompson employees a variety of assessments related to program service outcomes. These evaluations measure a child's ability to maintain the next educational/residential placement. We track the progress of our clients and utilize the data to continue to strengthen our service delivery.

Thompson Children's Home is proud of its faith-based heritage and intent on blending historic, current, and future perspectives.

History

Thompson Children's Home, affiliated with the Episcopal Churches of North Carolina, originally served the community as the Thompson Orphanage, which opened its doors in 1886 on the outskirts of Charlotte, North Carolina. After serving hundreds of children from across North Carolina at this location for more than 75 years, the facility moved to its current 40-acre location, then just outside the city limits. The name was changed to Thompson Children's Home in the 1970s as the Agency began evolving to provide specialized care for children with emotional and behavioral problems, who were incapable of maintaining community/home placements without treatment and educational supports. Current referrals are inclusive of all children. Religious worship is not a component or a requirement of any programs or services. It is, however, an option.

Mission

Thompson Children's Home is called to serve children and their families within residential, early childhood, and related programs through healing, teaching, worship and play.

Philosophy:

We believe in the God-given worth of children and in our calling to help them flourish through healing, teaching, worship, and play.

Programs

After more than a century of continuous care for children, Thompson provides a continuum of service for more than 300 children and families annually at locations in Charlotte and Goldsboro, North Carolina. Our top priorities are to give young people and their families the tools to ensure stability and success; and whenever possible, to keep families together. Current programs include:

Early Childhood Services (Children ages 0 to 5)

- **Child Development Centers**

Quality child development services at two centers serving ages 0 to pre-kindergarten populations – inclusive of special needs (behavioral and emotional delays, developmental disabilities, failure to thrive, etc.) Both centers operate within an identified "high risk" area of the City of Charlotte, and serve a population struggling with issues that include domestic violence, teen pregnancy, substance addiction, single parenting, and economic deprivation.

- **Thompson Child Development Center (Nationally Accredited, NC Five Star rated)**
- **The Child Development Center at Hope Haven (National Accreditation study in process, NC Four Star rated**

- **Early Childhood Outreach Services (Developed as a signature program of the Duke Endowment's Model Childcare Initiative):**
  Technical assistance and program support is available to other centers interested in improving service delivery. Centers incur little to no cost for these services, due to the partnership provided by the Duke Endowment.

Treatment Services (Nationally Accredited, COA) (Children ages 6-12)

- **Residential treatment:**

1. Located on the St. Peter's Lane campus, this program serves 40 children at any one time, ages 6-12, from across the state. These children have suffered great physical abuse (most often sexual in nature) or neglect and have severe emotional/behavioral disorders that require mental health diagnosis and intensive treatment.

- **Day Treatment (Private School Licensure, Certification through the Dept. Of Public Instruction for Exceptional Children's Service, Mental Health Certification for Day Treatment Services): Educational treatment for residential clients.**
- **Thompson Outpatient Therapy Services (TOPS) (In initial stages.) —to be offered within the community):**

1. individual psychotherapy
2. play therapy
3. Family therapy.
4. Multifamily group therapy
5. Consideration for psychiatric/med management services
6. Psychiatric Evaluation/Medication management services

Community-Based Services (Nationally Accredited, COA):

1. **Specialized & Therapeutic Foster Care (Charlotte & Goldsboro) -Short and Long Term: All Ages.**
2. **Adoptive Services**
3. **Group Home (Level II) (Goldsboro, NC): Boys ages 8 to 18)**
   - ***Services of Thompson Children's Home, in collaboration with Youth & Family Services and Mental Health agencies***

1. DSS Family Visitation Room Design—planned and implemented
2. Family Visitation – Models of supervision of families/children, delivered in pilot project at the CDC at Hope Haven
3. Community-based Multifamily Group Therapy in identified areas of need
4. Individual therapy for children in re-unified families, adoptive families and brief placements in foster care
5. Additional Family Preservation and Crisis Intervention services for families including partnerships with agencies providing financial counseling, parenting skills and academic support for "at risk" children.

Mr. SOUDER. Thank you.

Pat.

Ms. MARCUM. Thank you for the opportunity to——

Mr. SOUDER. I should say you are with Love INC of Mecklenburg County.

Ms. MARCUM. Yes. Thank you for the opportunity to present testimony today.

Love In the Name of Christ, or Love INC of Mecklenburg County has been operating in Charlotte since 1993. The mission of Love INC is as follows: In the Name of Christ, to link individuals who have unmet needs to church volunteers willing to meet those needs in such a way that both will be blessed.

In 2003 about 149 churches and 15 different mainline denominations in the Charlotte-Mecklenburg area participated in the Love INC network by either providing volunteers to do services, providing funding, donating in-kind materials or making referrals. Almost 19,747 volunteer hours were donated during the past 12 months by hundreds of church volunteers providing more than 50 different types of services for close to 5,050 elderly, disabled or poor individuals in the community.

Here is how Love INC works in a nutshell: Love INC functions as a clearing house where last year close to 100 social service agencies, police departments, hospitals, clinics and home health agencies referred individuals who had unmet needs that no social service agency existed to fill. In the Love INC office, appropriate Love INC church volunteers were then mobilized to go out and meet that need.

About 70 percent of the services provided last year were for the elderly or the disabled. The rest were primarily for poor families. I think the statistic has arisen because these are the most vulnerable people in poor economic times, so we see that number increasing. Many of the services were for such things as yard work, painting, house cleaning, transportation to the doctor or pharmacy, assistance with grocery shopping or food delivery, tutoring, clothing donations, home repairs and much more.

Love INC seeks to leverage scarce resources in our community by facilitating interdenominational cooperation and collaboration in the church community. Rather than having many different churches host the same types of ministries Love INC seeks to assist churches in setting up a needed ministry to the poor and then encourages other churches in the Love INC network to donate resources to that ministry rather than duplicating it.

An example of this is the Love INC Baby Layette Ministry. Love INC assisted three churches in the Charlotte area in different parts of the city to host Baby Layette Ministries. Love INC provided training for the church's volunteers and once the initial Baby Layettes were made available, Love INC provided referrals of clients that had been referred to us by the Health Department or Department of Social Services to those churches. And then other churches and volunteers made donations, and still are doing that, for Baby Layette items to those three churches, who then distributed them.

During the past 12 months Love INC has also facilitated the construction of more than 87 wheelchair ramps for the disabled in Charlotte-Mecklenburg. At a conservative estimated retail value of

about $1,500 each—and that is conservative—these 87 ramps would cost about $130,500. However, rather than paying professional contractors to do the work, Love INC has volunteer ramp construction experts who design the ramp according to county safety specifications and who will then train construction teams from participating churches to build the ramps. Utilizing this free labor resource and in-kind donations from the churches, as well as partnering to build some of the ramps with a government program, the Caregiver Support Program, Love INC has been able to leverage these scarce dollars at a six to one level. In other words, for every $1 donated for ramps to Love INC, $6 in ramps has resulted.

Another way Love INC has been able to leverage resources is with our Budgeting Assistance Program for the working poor. In the pilot study just completed in October of this year, Love INC and all of the collaborating churches, volunteers and nonprofit agencies were able to provide over $15,000 worth of materials and services to the client families for an out-of-pocket cost of $1,400, an almost 11 to 1 leverage.

Other important Love INC programs are the Adopt an Elder Program where care teams from churches form a second family for a disabled or elderly individual or couple and the Samaritan Saturdays program, where groups from participating churches go out and do projects in the community to help the poor. By utilizing a greatly under-utilized community resource, church volunteers, Love INC provides about $4 in services and materials to clients for every $1 in cash donated to the agency.

As the population in our country ages, more and more services are going to be needed to help individuals remain independent and in their own homes for as long as possible. Funds are no longer going to be as available for Medicaid probably as they have been in the past as payment for nursing homes. Love INC and other faith-based nonprofits stand ready to help provide some of those services and help fill in the gaps, and yet when it comes to funding to help provide those services, we find ourselves falling between the cracks because we have not had the resources or staff to apply for and administer these highly complicated Federal grants. We are very hopeful that the new interest in the services being provided by faith-based organizations will make some significant changes in that situation and we are grateful that the attention of government decisionmakers has been directed toward Love INC and other faith-based organizations like us.

Thank you.

[The prepared statement of Ms. Marcum follows:]

Love In the Name of Christ
of Mecklenburg County
P.O. Box 18517, Charlotte, NC 28218(704) 536-5588 Fax (704) 536-5338

Thank you for inviting Love In the Name of Christ to testify before this oversight hearing on "Faith-based Perspectives on the Provision of Community Services".

Love In the Name of Christ (Love INC) of Mecklenburg County has been operating in Charlotte, NC since 1993.

The Mission of Love INC is as follows:
In the Name of Christ, to link individuals who have unmet needs to church volunteers willing to meet those needs in such a way that both will be blessed.

In 2003, about 130 churches, of 15 different mainline denominations, in the Charlotte-Mecklenburg area participated in the Love INC network by either:

- Providing volunteers to do services
- Providing funding
- Donating In-Kind materials
- Making referrals of individuals with needs

Almost 18,000 volunteer hours were donated during the past twelve months by hundreds of church volunteers providing over 50 different types of services for more than 3,800 elderly, disabled and poor individuals in the Charlotte-Mecklenburg Community.

Here is how Love INC works:
Love INC functions as a clearinghouse, where close to 100 social service agencies, police department offices, hospitals, clinics, home health agencies and churches can refer individuals with unmet needs. In the Love INC office, those needs are verified and then appropriate church volunteers are mobilized to go out and meet the need.

Love INC does not provide financial assistance for clients and tries not to duplicate what services other agencies are already providing. About 70% of the services provided last year were for the elderly or disabled. The rest were primarily for poor families. Many of the services were such things as yard work, painting, housecleaning, transportation to the doctor or pharmacy, assistance with grocery shopping or food delivery, tutoring, clothing donations and much more.

Love INC seeks to leverage the scarce resources in our community by facilitating inter-denominational cooperation and collaboration in the church community. Rather than having many different churches host the same types of ministries, Love INC seeks to assist churches in setting up a needed ministry to the poor and then encourages other churches in the network to donate resources to that ministry rather than duplicating it.

An example of this is the Love INC Baby Layette Ministry. Love INC often receives referrals from the Health Dept. and the Dept. of Social Services of mothers-to-be who have come almost to their delivery date and who have absolutely no resources for the coming baby....no diapers, no bottles, no clothing. Love INC assisted three churches in different parts of the city to host Baby Layette Ministries. Love INC provided training for the church's volunteers, forms and once the layettes were available, Love INC provided the referrals of clients to those churches. Other churches and volunteers make donations of Baby Layette items to the three hosting churches.

During the past twelve months, Love INC has also facilitated the construction of more than 87 wheelchair ramps for the disabled in Charlotte-Mecklenburg. At a conservative estimated retail value of $1,500 each, these 87 ramps would cost about $130,500. However, rather than paying professional contractors to do the work, Love INC has volunteer ramp construction experts who design the ramp according to County safety specifications and who will train construction teams from participating churches to build the ramps. Utilizing this free labor resource and in-kind donations from churches, as well as partnering to build some of the ramps with the Caregiver Support Program, Love INC has been able to leverage these scarce dollars at a 6:1 level. In other words, for every $1.00 donated to Love INC, $6.00 worth of wheelchair ramps has resulted.

Another way Love INC has been able to leverage scarce resources is with our Budgeting Assistance Program for the working poor. Several churches have participated in the program, providing space to host the training sessions, light evening meals for the participants, free childcare, a week's worth of groceries for those participants who have completed their homework from the previous session, or funding for other necessary expenses of the program. In the Pilot Study just completed in October of 2003, Love INC and all of the collaborating churches, volunteers and non-profit agencies were able to provide over $15,000 worth of materials and services to the client families for an out of pocket cost of only $1,400 – **an almost 11:1 leverage**.

Other important Love INC programs are the Adopt An Elder program, where care teams from churches form a "second family" for a disabled or elderly individual or couple and the Samaritan Saturdays program, where groups from participating churches go out and do projects in the community to help the poor. By utilizing a greatly under-utilized community resource – church volunteers – Love INC provides about $4.00 in services and materials to clients for every $1.00 in cash donated to the agency.

As the population in our country ages, more and more services are going to be needed to help individuals remain independent and in their own homes for as long as possible. Funds will no longer be as available as they have been in the past for payment for nursing homes. Love INC and other faith-based, non-profits stand ready to help provide some of those services and help fill in the gaps and yet when it comes to funding to help provide those services, we have fallen between the cracks, ourselves, because we have not had the resources or staff to apply for and administer highly complicated federal grants. We are very hopeful that the new interest in the services being provided by faith-based organizations will make some significant changes in that situation and we are grateful that the attention of government decision-makers has been directed toward Love INC and other faith-based organizations like us.

Mr. SOUDER. Once again, thank you for your work, first and foremost, and then for testifying today about that as well.

Let me just say for the record, and you tell me if it is otherwise. At Hope Haven and Thompson Children's Home, you are pretty open in your hiring practices and would hire a Buddist or a Hindu if they applied. Love INC, they would have to, I mean the original is In the Name of Christ, would they need to be a Christian to work at your organization.

Ms. MARCUM. Yes. We do have a statement of faith. We share that with any applicant. Because our mission statement says in the name of Christ, we hire only Christians.

Mr. SOUDER. Is it Virgil Goker who——

Ms. MARCUM. Yes, Virgil Goker began the program up in Michigan about 30 years ago.

Mr. SOUDER. One thing you might look at, and I will mention it to him directly. When we redid Americorps, we put a particular clause in to say that faith-based organizations were available and that we reoriented it toward trying to make sure that it can provide for administrative purposes. Because we tried to put a Love INC in Fort Wayne and eventually it fell apart because the hard part was trying to take OK, I can do this Tuesday night from 6:30 until 8. Administratively it is difficult. Just like STEP and other programs where you try to match volunteer services with the other. So that is what we are trying to direct, because often you can find the volunteers but managing the volunteers is the huge problem if you cannot raise the overhead dollars to manage the volunteers. But the reason I say that is because the person who heads the subcommittee and who drafted the bill and who put those changes in is Pete Hoekstra, who represents Holland, MI where this program was founded, and he is very familiar with it. So that was part of the origins. The organization is part of the origins of the change. So make sure you talk about that. There are many organizations that try to do that. We are trying to steer to help, that was one of our efforts. How can we help? We cannot pay every volunteer in America, but we can try to help organize those volunteers. That is one thing we are trying to do with these programs.

Let me revisit a couple of the things from the first panel and then I am going to open it up to see if you want to have any general things with that. I would like to go a little bit into detail on a couple of things with Hope Haven, with Ms. Harrison. You said that your procedures book expanded from 37 to 200 pages. Can you explain a little bit what that is and what things caused that?

Ms. HARRISON. That is our work as a result of the requirements from the Department of Health and Human Services for the State of North Carolina for us to be licensed under the licensure under which we are, which is Therapeutic Communities for Adults and New Children.

Mr. SOUDER. We had this really intense debate in San Antonio over some of the people who were working with treatment over licensing and how many procedures you have to have. Let me ask you a real challenging question. One of the things I have toyed around with, I have been persuaded that A, it is not going to pass and B, it would cost too much cash, but I am still pretty bent on this. A friend of mine, Bob Woodson, raised years ago about a zip

code test, that a certain percentage of the grant-giving people would be required to live in the zip code where they provide the services. Because one of the things that Gene Rivers in Boston and others charge is they can tell the people that got the government grants. They come in and work for a little while and go back to the suburbs, and then the people who are still in the neighborhood where most of the problems are occurring, particularly in juvenile delinquency, gang related things, but often even drug problems occur after 5 p.m. until 9 a.m. not from 9 to 5 during the day. One of the challenges is that many of the groups that live in the neighborhood and who are most active could not begin to do a 200-page document.

Ms. HARRISON. I am sorry. I did not understand you.

Mr. SOUDER. Could not begin to do a 200-page document to meet all the procedures. Have you seen partnerships with some of the African American and Hispanic? Whenever you have an emerging minority community you often have street activists, but who may not in their churches or their neighborhoods have CPAs, have attorneys, have people with this. If they have the love and the ability to live in the neighborhood, to be there, have you seen partnerships with them? How would you suggest we address this?

Ms. HARRISON. Good question. I am very active in our neighborhood of Hope Haven and in the North Tryon Coalition. Although I do not live there, I spend most of my time there. When we increased the size of our policy and procedures manual to meet the new qualifications, we spent a lot of money putting into place the things that needed to be done to meet those requirements and on buying expertise of experts to help us with that policy and procedures manual. As a result, our board of directors has said that we can sell our policy and procedures manual to other agencies. So we do offer that to other agencies. We have agencies that call us all the time wanting to recreate what we have, and we will sell them our policy and procedures manual and we will also sell them or give them a disk so that they can update it as they need to update it, which gives them the headstart we did not have. That is one way. Frankly, I cannot say that our program is a bit better because of the 200 pages of rules than it was with the 37 pages of rules.

So I think that we certainly can look at some of the policies and procedures, because a lot of the things that we are required to do to have our licensure, a small agency just cannot do. They do not have the manpower to be able to do the things that need to be done.

Mr. SOUDER. I would be very interested to have either a faith-based staffer or a person who is working with the drug treatment area followup. Because what I would really appreciate is, if you could go through the 200 pages, we have a HHS detailee who might be able to work with us as well—detailee meaning he is assigned to our committee for a period of time—to go through the 200 pages. You say which things you think, because you have weighed in on the side of look, this has to be professional. I am mixed on this, by the way. I believe it is both a head and a heart issue, and I believe if you commit your life to Jesus Christ you can in fact go the most important first step, which is a meaningful desire to change, and that alone in some people is enough. Others have a

chemical dependency that is further along and that is not enough and they need a supplement. But I have met too many drug addicts who went cold turkey, when I was told by universities that they could not, to not believe that faith is not possible to do that. But you have weighed in on the side look, there should be certification and processes. So if you can help us kind of sort through the 200 pages and say OK, these things are absolutely in our opinion—I am not saying I am going to agree with that, but at least that is where we are right now anyway. That these are absolutely essential, these are medium essential, these could possibly be waived. Then the second part of that is, we will take them back to HHS and say why did you put this in because there may be things you have not thought of, we have not thought of, variations. The nightmare is, often it is two cases somewhere that lead to a regulation that everybody has to deal with. It is what my sociology prof used to call my Aunt Annie, the anecdotal, or in fact, it may be a real case. But so rare that the paperwork required and the burden required is far offset because you deprive other people because you are burning up money filling out the regulations, then you do not have the money to pay the staff. You do not have the money to rehab somebody. Instead of getting an 8-week program they are getting a 7-week program because you are having to spend 10 percent of your cost filling out the paperwork. There is a tradeoff and a real cost to the paperwork, too.

At the same time, I want to grant this and put it into the record. One of the most interesting meetings that we had, this was when I was a staffer. I was fairly new to Washington. We were not in the majority in the Congress, but the Republicans, which I am, but Reagan had taken over the administration. They were, I think in their second term at that point. But a number of my friends were in the administration now trying to administer the grants, and all of a sudden after having spent their whole career railing against the paperwork they were realizing that if they did not put the paperwork in, and somebody stole some money, they were going to get sued and yelled at and then some politician was going to stand up and say graft and corruption. We are going to get rid of the waste. And this dilemma of how to get accountability, which is a buzzword, and flexibility, which is a buzzword, how to get reporting that we need to get rid of corruption and the ability to not over burden you at the grassroots level is a huge challenge. And any of the others of you who have worked with a Federal program or have any kind of suggestions, like we had the Medicaid earlier today across State lines. It is probably an insolvable problem unless North Carolina and South Carolina want to reunite. But there are things that we can tackle.

Right now one of the missions and assignments of our subcommittee is to try to look at those regs. We have jurisdiction over HHS. They have detailed a person over to us to try to look at some of this, and so any help you can be on that in particular.

Ms. HARRISON. I would be glad to. I would also like to go on record to say that I am a firm believer in the programs of AA and NA and in peer groups for recovery of alcoholism and other drug addictions.

The reason that I have seen the need for additional expertise is that the people that we have coming into our programs are so much sicker than they used to be 20 years ago when I got into this business. There are so many additional programs and other co-occurring diseases that you have to work with, and that is where the expertise comes in I think more than anywhere else.

Mr. SOUDER. I am going to digress just a minute because I mentioned earlier that drug issues, drug policies, are the primary thing our committee does, and we are obviously working very much right now with drug treatment in addition to going to Colombia more times that I ever had hoped to go in my life. One of the witnesses from the first panel, I believe it was the Rescue Mission, said that 98 percent had poly drug problems, but the other one that jumped out was 92 percent, I believe sexual abuse. I know Charlie Curry who is a friend of mine and comes from my home area who now heads SAMSA is a big believer and advocate on co-occurring dependencies. I think most of us think of is like a third. The 92 percent just jumped off the page. Do you see physical and sexual abuse when they are younger or currently as a primary, dominant thing or is it one of a series of things?

Ms. HARRISON. I would say it is a dominant thing, both mental and physical abuse. It is just rampant with both our women and our men.

Mr. SOUDER. The problem is that it is easier to get a defined definition of sexual and physical abuse than it is mental. When you say mental, are you talking about mental abuse or people who used to be institutionalized who are now on the street, which is another problem, a retardation question?

Ms. HARRISON. An example of what I am speaking of would be, each month we have a community forum and in that community forum we celebrate every success that our residents have, and we have residents that move from one level to the next level, which is not a big deal. You know, they have just completed some things and they move from one level to the next. I cannot tell you how many times we have had them get up in front of our group and literally cry and say my parents told me I would never amount to anything and this proves they are wrong. That is the type of mental abuse we see. We see where our residents shared a bedroom with six or seven brothers and sisters in one bed. Was there sexual abuse? Who knows. But there was just so much mental anguish. We had a resident whose mother set their house on fire with his father and him in the house. He was the youngest of four children. She took the other three children out, left him in and he was burned across his face and every time he looks in the mirror he has to think that his mother left him in that house to die.

It is amazing to see some of the abuse that we see every day. And a lot of the abuse does not come out in that first few months. We see it often come out at about a period of a year. They will start having bad dreams and not being able to sleep and start crying and they do not know why. And as we start working with them further, we realize that there are a lot of things that were pushed back from the childhood that have come forward. So it has certainly helped to have a longer program than we had in the past to deal with those issues, but it has been more challenging for us.

Mr. SOUDER. Ms. Amendum, I have a couple of questions for you as well. You mentioned about your different pillars, one of which was faith, but people were not required to go to different things. In kind of stating what I believe, what my position is, which is a little different than most of my colleagues and even a little different than the White House. I do not believe you can accept Federal funds and require a prayer. I believe there are things you can do. That if you separate the programs—in other words, you might be able to pay your lighting bill, but you are not going to be able to get the program funded. I differ with the administration on that, and I believe eventually there will be a court ruling. I am not sure I agree with that, or that is the most effective program. I am just saying I believe that is the way the court will rule. But in your program, say, for example, I accepted one of the faith-based clauses that is in law, and I cannot remember which one, whether it is in juvenile delinquency or in welfare reform, that you can have a prayer that ends at least 5-minutes before the program starts. It has to be voluntary and you can do it afterwards. But your faith can be communicated in other ways rather than just being in the program. Could you explain some of how you would work faith into your program, even if it not mandated? In other words, do people actually tap into it? I mean, I know in some of the problems in drug and alcohol abuse this is very difficult because unless you can get some regimen they are not necessarily ordered enough; therefore, if the faith based is part of the program it is pretty tough to separate. Maybe you need to stay out of government funds if you are going to do that. The church I grew up in, a small church, started a children's home as well and reached out to kids. Some of them have some discipline and some of them do not. You are trying to order your life. Could you address this question of if it is voluntary and they do not go, how do you work this? How do you keep the faith as part of the program and not just be like a secular children's home?

Ms. AMENDUM. Well, I think if you had the opportunity to get picked up today and transplanted on our treatment campus or the Villages of Hope Haven, you would see that it is part of the fiber of what happens there, of who we are. It is something that is very integrated. Nobody is required to attend church. We have a chapel on campus that is beautiful and there are weekly chapel services. They are very ecumenical. As I mentioned before, the agency began through the Episcopal Church. But any provision of any kind of religious structure, we struggle to make sure that it is very open-ended, very diverse, very ecumenical. We exist as a Christian agency for all people, for all children. If you looked at my staff for a few minutes you would recognize that very clearly.

But there is a piece of spiritual development that—and maybe, you know, this is not the time for us to debate this obviously. But we are kind of missing the boat when we talk about our human resource if we do not struggle to develop whole people. Our philosophy tends more to be about that, first and foremost we treat children. They come to us with mental health dysfunctions and diagnoses, but we work to develop whole people. We do not simply isolate a dysfunction and treat the dysfunction and say OK, move on, you are fine now.

The faith-based part of our program, you would find it in the development of heroes in the school. It is very involved with our character education, with our focus on Native American practice and the world around you. It is a spiritual involvement for all parts of life. Does that answer your question?

Mr. SOUDER. Yes, but it raises another question. Do you believe that faith is something that is healthy for mental health or do you believe it is a transforming power that has to do with eternal life as well?

Ms. AMENDUM. Say that again, please.

Mr. SOUDER. In other words, part of the debate that nobody really likes to talk about because it is difficult and it implies judgments and so on. I am saying different people have different views, I have my view. I am trying to sort things out because the word faith is pretty loosely defined. It is kind of like the word family in America. If we are not real careful that will include a college dorm. When you say faith, are you defining faith as kind of a feeling of self esteem, of how you fit in, having a, to use a cliche, a purpose driven life or are you defining faith as a belief in a power bigger than yourself that has control over eternity?

Ms. AMENDUM. Now will I go to jail if I state my own opinion here?

Mr. SOUDER. No, and it does not necessarily represent your organization. I am trying to get——

Ms. AMENDUM. It really does represent my organization. I believe that faith is a power about a spirit that is bigger, that guides and directs life and that is within us and around us. And I do not think that we would never begin to say that the Episcopalians have it over the Methodists, the Baptists or anybody else. It is not denominational. It is a sense of a spiritual component to life and to the healing of children and their families. Part of that is a purpose-driven life, and I think that the two are, that is a tough question, because I think the two are very interrelated.

Mr. SOUDER. I have blanked. I had one other question that I wanted to ask you. I will come back to that.

Ms. Marcum, it was interesting because your organization, and it is not necessarily true of all Love INC groups, but you clearly are skewed more toward seniors and the people with physical disabilities and other mental disabilities than you are poverty, which is good because much social service is that. We have not really focused on that as much in our hearings.

Now, I would like to have it on the record because I know a little bit about how the organization structure is. Those who would say that an organization like yours that is matching up volunteer services of churches, particularly Evangelical churches. For example, it may be like you say, baby cribs, it could be fixing somebody's windows, helping somebody do their taxes, any variety of things, getting them to the doctor. Those are all types of things your organization would do, correct?

Ms. MARCUM. Yes.

Mr. SOUDER. That to put a standard on and say they cannot pray or witness about Christ, we would not even be able to monitor it. In other words, if the government said you get no dollars for gas mileage, how would you even monitor something like that if you

are dealing with volunteers who are not working in a site? In other words, you are not working on a site, you are working in homes all over the place. You would not even know.

Ms. MARCUM. No, we would not. I will tell you how we function. We never require a client to convert to Christianity or to pray or to confess anything in order to receive services. We tell our volunteers and encourage them that they are introducing some people, especially the unchurched to Christ just by what they do. When you serve someone there is something happening. You are serving Christ but you are also letting them meet Christ in you. And in a lot of the cases that is all that is necessary to really effect a change in a person's life and to give them hope. But at the end of the service we always recommend to them to say would you like me to pray with you? Would you like to have a pastor come and visit you? If they say no, that is the end of it. It is never pushed. We never hit anybody over the head with it.

Mr. SOUDER. And you continue to provide services to them even afterward.

Ms. MARCUM. We continue to provide services and it is never mentioned again. It has happened in the past that after many services have been provided that person brings it up again themselves. One of the most interesting things that happened last year was an elderly African American gentleman that said yes, he would like someone to pray with him. So the two volunteers prayed with him and afterwards they looked up and he was crying. He said who are you people? Why are you doing this for me, somebody you do not even know? That is the question that we always hope that people will get to. They see the love that is being given them and they respond to that love. You do not have to beat people over the head with it. So as far as monitoring it, I think it would be impossible. I think probably what happens is, a lot of our volunteers are shy and they may not even offer to pray with people. We encourage them to offer to pray, but I am sure that probably more than half do not. They just go out and they do the service.

Mr. SOUDER. If you had a complaint about somebody being overly aggressive, would you talk to that person?

Ms. MARCUM. Oh, absolutely, yeah. That is one of our policies and we make sure the volunteers understand that, that they are never to beat someone over the head with their faith, because that is not going to change a life anyway. That is going to have the opposite result of what you really hoped for.

Mr. SOUDER. Because Christ did not put conditions on providing human needs and meeting human needs.

Let me ask another variation of this. Do you believe if you told these volunteers they could not pray or they could never witness, or they could not tell how Jesus impacted their life, that they would continue to volunteer? In other words, I am not saying they would not to some degree, but is not part of the reason they are going out is because they believe it is a manifestation of that and it would just pour out naturally?

Ms. MARCUM. I think we would lose a lot of those volunteers because——

Mr. SOUDER. In other words, they are not going in because they are trying to——

Ms. MARCUM [continuing]. Being told they cannot share their faith is——

Mr. SOUDER. Is different than saying you are required to share it.

Ms. MARCUM. That is right.

Mr. SOUDER. I grew up in a faith that is very separatist. Basically I would be too shy probably to do it for awhile, but if somebody told me I could not, I would probably immediately start doing it.

Ms. MARCUM. Yeah.

Mr. SOUDER. And what I am wondering is, if your motivation is that you are trying, if that indeed is your motivation, to reflect Christ, to be told that you cannot do that is problematic, not that you even necessarily would.

Ms. MARCUM. Absolutely. I probably would never tell my volunteers not to do that. Whatever was putting that restriction on, we would pull away from.

Mr. SOUDER. What do you see as the biggest challenges in your organization? You mentioned organizing.

Ms. MARCUM. As far as volunteers go?

Mr. SOUDER. In general. Is it financial, is it managerial, keeping volunteers?

Ms. MARCUM. It is probably financial right now. We really depend on God to make sure that we have the funding that we need. We are very blessed that the majority of our funding comes from individuals and churches. We are the 100th United Way Agency in Mecklenburg County. We are very happy about that. We get some foundation funding and some corporate funding. But trying to keep the balance right with putting the effective services out there and being able to show that we are not paying $5,000 for a hammer or a commode lid is really important to us. I think that effectiveness is probably the most important thing that faith-based organizations need to really be concentrating on right now, because if you are a faith-based organization, not necessarily Christian, but I think especially Christian, we should be not only as good as secular nonprofits, we should be better than secular nonprofits in our effectiveness. So every program that we have has outcomes projected, and we measure those outcomes and we track them on a regular basis. So effectiveness and really making an effective change is very important to us. I think that is something that all nonprofits, especially faith-based nonprofits, should be really paying attention to.

Mr. SOUDER. I want to followup with Ms. Amendum again on the Children's Home. I thought of the questions I had. One was, are most of your kids court ordered or voluntarily placed?

Ms. AMENDUM. All of our children are court ordered or referred through mental health, a mental health entity.

Mr. SOUDER. The more difficult question, and then if either of the others would like to answer this, too. I have wrestled with this for a long time in different ways as we have worked through this issue over the years. Keith Phillips, who founded World Impact, I asked him and a number of his Missions to Urban Areas whether they were as successful as he hoped, often which were taking kids from suburban and rural backgrounds and going into urban areas. And he said, no, they have not really necessarily reached every-

thing that we wanted to reach, but it has been an incredible experience for the people who are going in and volunteering. Christ's call to us is that we are supposed to volunteer and we are supposed to care for the poor. It is not in our hands as to whether people responded and how they worked. I thought that was a good answer.

One time I wound up spending a good chunk of an afternoon with a man who had a real mess of a life. He was at a homeless shelter. He had been turning his life around. And finally after a couple of hours he finally starts to open up after the kind of the first tier you tell government people and then the second tier you tell somebody who is casual and then all of a sudden you break down and start sharing things. It is kind of like whoa. One of the things he said was he knew he was going to be a failure when on a Thanksgiving, it was either the day before Thanksgiving or Thanksgiving, he was playing football in his front yard. He knew his family did not have much money and one of the charitable organizations brought Thanksgiving dinner over. The other kids said you are so poor and your family is so worthless, and your mom is so worthless that you cannot even get your own Thanksgiving dinner. You are dependent on other people to do it for you.

One of the huge challenges we have, we are compelled to go and help those who are not, yet at the same time that very thing can undermine their mental image and their security in theirselves. Do you have things in your program to help, any of the other programs too, that help like what immediately becomes apparent there is, do not directly deliver it. Have them get it somewhere else. That would be the simplest. Other things would be a way to earn part of that, even if it is minimal earning. A way to have some kind of sweat equity in the mix of it so it does not look like you are, forget the argument about breeding dependency. Many of these people are dependent, they need that. It is not a question of breeding dependency here, that is not what I am going after. What I am going after is, how do you get a sense of this is not just, particularly when you have bottom line, white organizations providing this in minority groups?

Ms. AMENDUM. I would like to answer your question in reference to early childhood. We receive children through a variety of means, some through mental health, some through the courts, child protective services and many, many, because of their neighborhood location, word of mouth and just private referrals, and families come to us.

Now let us talk about that Thanksgiving story. I think we learned early on when we began working in the arena of early childhood in a very high-risk area of the city. No. 1, the agency is not nearly as white as it used to be, which is a good thing, because we have worked really hard to not only develop diversity but to celebrate diversity.

Second, I think that we struggled with that very question and recognized that we could only do so much. That in order to break the cycle that we are always talking about that perpetuates itself in the urban settings very often, that somebody has to change an attitude, not just the level of support. And we have developed a program and it has become a model here in North Carolina across the State, our early childhood program largely in partnership with

the Duke Endowment. We represent only a part of early childhood development, but the first and foremost advocate and leader of that process in the family is the adult, the mother, the father, the parents, the grandmother, whoever is responsible for that child. And instead of developing just an educational program, we are going to teach you how to be a better parent process for adults and a child care program during the day, we have developed a very strong home-school partnership which moves families toward becoming, by the time their children go to public school; they become their children's advocate. They know the lingo, they know what to ask for, they know what their child needs and they celebrate the strength of those children. What is the one thing that pretty much we all agree on? You have a cute kid, I have a cute kid. We all like to have our children acknowledged as being better than everybody else's. There is a great deal of potential and promise in every single child in that setting that we all visualize in our mind in those at-risk neighborhoods. Those children are not less than the children in suburban America. They are just maybe needing another leg up. But you start from the concept of that promise and of engaging a community in recognizing that. We do not do all of the work for our families. We do not do all of the work for our children. And I can say—and I think maybe Alice will back me up here—that our families, when they leave those early childhood development programs, we have developed the children and the families with a different sense about who they are and what they have to present to the world. We also have outcomes, we have assessments, we have measurements and we set out to develop children who are ready to be school successful. But what happens in the mix is that for the most part those children are primed to be high flyers. Now the public school has some work to do, too, and I can say that as an old public school lady. I think it is about how you provide your services. If you go in and say well, I had to cook your turkey because you are not capable of cooking your turkey, you are so poor and worthless and whatever. That is a whole different attitude than saying let us get to know each other. It is about relationship on the base, grassroots, faith base, whatever you want to call it, level. But it is about you and me doing something good for your child and you become the leader in that project.

Mr. SOUDER. I would be really interested if any of you can provide for the record some of the things you do for that accountability for the family direct involvement and some of the outcomes. This has been a big issue in Head Start, because in many Head Start programs around the country, you have this incredible parental involvement, then they hit first grade and it is gone. Now some Head Start programs wind up becoming overly we are professional and we know what we are doing and the parents are at the margins. We have tried to derive that program increasingly, but it has been one of the better model programs for the involvement. The question is, how can we spread that up the system? Now partly the challenges of teaching somebody in preschool are a little bit different than when you get in math and things further up and the parents get more intimidated. But there is some kind of structural problem here, too, and in trying to address that.

One last question and then I will let you give your final opinions. It is another question I had. You said something that triggered this again. How much do you think the difference in your programs is due to faith and the nature of how you approach it vis-a-vis government and how much do you think it is that your case load is less?

Ms. AMENDUM. My case load is less did you say? Was that the question?

Mr. SOUDER. In other words, one argument we hear out of the government is that they have so many and that the private groups sometimes cherry pick, which is I believe not true, but that is one of the allegations and/or your case work is a lot less; therefore, it is not the style of how you approach it, it is that you have more dollars per person that you can leverage, in other words, $1 to $11. The way the government would say that is, well we might have the three but we do not have the ability to get the match; therefore, you have more resources per thing to match. It may be that, you know, everybody has this pressure. But probation officers, you have 280 kids, there is no way you are going to get personal time to each of those kids. So some of that is definitely true in some areas. But to what degree do you think it is true that when we say faith-based organizations are more effective, we are really talking about dollars and case work size as opposed to the nature of the programs?

Ms. AMENDUM. I would hesitate without thinking about it to put a percentage that you are going to quote me on to it, but I think it is probably about 50–50. My first comment, I said to you that the government is forced to look at it differently than we are. We are able to keep track of the faces. And healing, true healing, we have to look at the way out vision. What do we want the American people to know to do and to be like? It is always going to have to include that personal identity and looking at the faces. And so in my perfect world, I struggle to find a partnership that blends government funding, maybe a reduction of some bureaucratic requirements with the ability to still work in small institutions, small groups and remember the faces and build that potential. It does not happen when you are 1 of 280 with one probation officer, your chances of making it and recognizing your own potential in becoming a worthwhile productive citizen in your community, your chances go down pretty dramatically. But I also think on the other hand that faith-based initiatives or small nonprofits, have had the freedom, have had a different philosophical passion or perspective to try new things, to build new things, to have trial and error processes that have led toward the development of stronger, more effective programming.

Ms. MARCUM. Congressman Souder, may I just speak to that?

Mr. SOUDER. Yeah, I could keep asking questions. I will be happy to let you all finish here with whatever you have.

Ms. MARCUM. I would like to just say one thing about that. I agree with everything that you said. I think the government has a different perspective on it. But perhaps that perspective is different because faith-based organizations are very mission oriented. We set up that mission statement and everything that we do is filtered through that. Our mission is to present Christ to people. Basically to introduce them to Christ or let them see Christ in us when they have received services, where the person who has 280

clients that they have to take care of may not have that type of mission in mind. Their mission is to get these people taken care of and get on to the next one. So if there was some way to compromise by increasing the ability of the nonprofits to serve, I think that is where the funding comes in. We have that mission so strongly in mind that we will limit the number of people that we serve based on whether we can fulfill that mission with them or not. Does that make sense? We are not going to go out there and just try to reach everybody because we cannot do for everybody what we are determined that we are going to do. We would love to be able to do that. We would love to have more resources to be able to reach out to more people.

Mr. SOUDER. Does anybody have anything else they want to add for the record?

Ms. HARRISON. One thing that I have seen in that arena is that there are instances where the government always takes on too much. And one of the things in my area of being alcohol and other drugs and mental health and disabilities is that from a State level there have been a lot of changes coming down to our local level saying that the local level should not be providing services that they are also managing. That they can manage services or they can provide them but they should not be doing both. So they are beginning to farm out more of the services that they have provided at a much higher cost to the citizens because they are able to pay more to their workers than our nonprofits do. As a result, we as nonprofits will be getting a lot more opportunity to respond to RFPs to provide these services. I think that is a good thing. I think that in the long run it will save money. But I do believe that sometimes it is just too overwhelming for the government employees to be able to handle all they have to handle. No one should have 280 people that they are working with at one time if they want to accomplish anything with those people.

Ms. AMENDUM. That is the way out vision. If you are looking to build community through healed and stronger individuals, we have to take a look at the numbers and how we go about doing that and unfortunately on the front end, if you are really going to intensively heal and do it within a relationship basis that is manageable, it is not going to be a very cost effective operation all the time. I think we have some serious questions to ask ourselves about how much we are willing to commit to building healthy people in this country.

Ms. MARCUM. And all of this comes back to outcome measurements really, because if you are counting activities, how many people did I see today and how many people did I do this for, then it is a totally different thing than saying what is the outcome we want for that person. Just like you are saying, you are not going to get those effective outcomes by just pushing people through by the numbers. I think that is probably the major difference between government entities and faith-based nonprofits, because if you are an effective nonprofit you are looking at those outcomes and you want to see those changed lives and you are not really counting yourself as being effective if nothing is changing.

Ms. HARRISON. We look at outcomes rather than outputs.

Ms. AMENDUM. That is right.

Ms. MARCUM. We do, too, exactly.

Ms. HARRISON. That is the difference, I think. One other thing, too, that I would like to address. When Jenny was talking about the child development center and working with the neighborhoods and the perception of others. When we moved into the area where we moved to begin with on North Tryon Street, the neighborhoods were very leery of bringing a bunch of drug addicts into their neighborhood as is usually the case. When we began working as a partnership in building the child development center, we really wondered if people would bring their children to a child development center that is part of a drug and alcohol rehab center that is a gated community. What we have found was that by letting the community become familiar with us, come on to our property, hold events there, that they have learned what we are all about, and more than 50 percent of the children in our child development center are from our neighborhoods and not from our programs. I just think that is phenomenal. I would never have imagined that ratio would ever occur.

Mr. SOUDER. Well thanks for adding to the discussion process that we are having.

Earlier in my career I was the Republican staff director on the Children and Family Committee in the House and worked for Dan Coates. Years ago we came to the conclusion that we were only going to be able to do so much through the Federal Government and we needed to continue to look at how to use faith based. There is a simple fact of the matter. Nobody likes to hear this, but when you talk about whether there is the financial willingness to commit to holistic treatment, the answer is clearly no, there is not. That it does not matter whether you have a Republican Governor or a Democratic Governor or Republican State legislature or Democratic State legislature, a Republican President or a Democratic President, you know what social welfare spending has stayed flat, not even inflation adjusted. As much as they want to lay on we evil people got elected in 1994 for cutting spending, in fact, some conservatives are pointing out, we have increased spending more than they did under the Democrats in some of these areas. In Indiana, we have had Democratic Governors for 16 years and the probation load is still increasing, the welfare load has not changed because the general public does not want to pay the taxes. Now the problem we have in defending people in the public sector who have to count, if they start doing holistic on a few, like let us say you are doing a probation thing, you say OK, we are going to deal with just 50 of these kids and leave the other 230 to run free in the community. The community would go crazy. So basically you are reduced to barely monitoring them because you basically do not want them to terrorize the neighborhood. If you are doing a food distribution program, you cannot say let us try to address this family and we are going to let the other 200 starve. It does not work that way. So our accountable, our outcome measurements are by definition different. We need, by the way, more Christians to get involved in that because it does not mean you cannot put a friendly face in a concern and I feel your pain with it just because you are in the government.

We have to do this in our office all the time. We handle immigration case work and it builds up and veterans case work and you

can have a snotty person or you can have a nice person. We need to work and realize that you can have a mission even in a more bureaucratic system. But we came to a conclusion a number of years ago, and one of the Coates staff people is now in a good position to do this in writing these speeches for the President, Mike Gerson, that you know what, unless we can leverage private sector money we are in trouble in social services. We need all the different types of groups. We need the groups that are overtly spiritual, whether they are orthodox Jewish or Muslim or Christian. We need the groups that have that interwoven. We need them where it is a part around it. We need them where it is even less direct. We need all of those different groups because we do not have enough money to address the problem. And if we start picking and choosing and saying this group is not eligible, this group is eligible, there are going to be certain guidelines with it, but we have to figure out through the private sector and where the government can help provide some basic support systems where it does not violate the Constitution of how to do this, because we have already seen the answer. For 20 years now we have seen flat or declining, and yet the same people in the society will say all these problems are increasing. You hear the stories about the use—the big thing would be bubble gum and meeting in the schools and now you have to worry about teachers getting raped in a stairwell in many schools. It is a different challenge, and with that, we have not made adjustments. The bottom line is, I do not think we are, because the general public is skeptical about the ability of government to do it. We have tried to decentralize it, but when we decentralized it the States and counties were not any more interested in picking it up than the Federal Government was.

So we have to have organizations like yours where people volunteer, and by definition, if they are smaller they have more empowerment in them. They are more neighborhood based, they can hold it accountable, they can see how their dollars are being used with their eyes. And when it comes to us, they all think there is huge waste and fraud somewhere or it is impersonal. Hopefully we can continue to advance this. You all gave us very thoughtful comments today, and if you can help us with some of the specifics, while it is fun to talk about the bigger general questions it comes down to piece by piece, changing this whole specific. So maybe in a couple of years we can get your 200 pages down to 150 and that is progress. All you can do is move the ball just like you do. You cannot solve every case, you look at them.

We thank you for your time today. We thank you most importantly, and if you can communicate it to the people who work in your organizations, because without people like that on the streets who knows where our country would be, where our States would be and our communities. So we thank you very much. Thank you all who have been here and the students who were here for the whole thing.

I will leave the record open for additional comments if you want to submit those and if we have some additional questions. With that, the subcommittee stands adjourned.

[Whereupon, at 12:29 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

The Gastonia's Potters House, Inc.
"A Miracle in the Making"
♦♦♦
P.O. Box 322 Lowell, N.C. 28098
54 Burmill Road ♦ Gastonia, N.C. 28054
Phone 704-824-3698

NEED FOR THE PROGRAM

Substance Abuse is one of the fastest growing destructive forces that our nation faces today. The need for long-term treatment is vital and virtually obsolete due to managed care and the fact that treatment has become an industry instead of a ministry. Many of these ladies come from broken families and are homeless, on welfare, in and out of the prison system and are considered an outcast to society. We receive referrals from jails, prison, detox centers, and the court system and have an excellent working relationship with these agencies. One of the hardest parts of this job is answering the telephone daily and hearing a lady sobbing, sounding hopeless and desperate for help and I have to tell them there is not any beds available. With the opening and dedication of our new residential facility operational expenses will most certainly increase.

There is a great need in our community for intense out-patient (5 hrs. per day) for women who have barriers preventing them from being able to participate in our residential program, such as placement of their children, the need to provide income for her family, or medical reasons greater than our ability to serve. Many of these women desperately desire counseling and a support system but are unable to enter our Residential Program.

We currently have a commitment from a local daycare, Camp Courageous, to work in partnership with DSS to meet childcare needs of ladies enrolled in our daytime program and services. The dedication of our new residential facility in June 22, 2002 has made available housing for additional residential students. These additional facilities on our grounds has allowed us to use the building which now houses our residential students as a central chow hall, day time program and offices, increasing the number of residents by 80%. With the increase in services daily operational expenses will increase proportionately.

OBJECTIVES / PURPOSES / MEETING NEEDS

1. Client to be detoxed.
2. Educate and empower the Client to continue to live a drug free life.
   a. Drug Education Classes
   b. GED classes
   c. Nutrition classes
   d. Bible classes
   e. Budgeting classes
   f. Assertive Communication Skills
   g. Group Counseling
   h. Individual Counseling
   i. Work ethics and training
   j. Spanish Classes

3. Give support and direction as the Client returns to the work force and independent living.
   Community Resources that we network with:
   a. Vocational Rehabilitation
   b. Department of Social Services
   c. Local Business
   d. HUD

4. Lead Clients into giving back to the community.
   a. Participate in the Annual Toys for Tots
   b. HUD projects.
   c. Helping the elderly and sick in the community
   e. Speaking to churches and civic groups in the community
   f. Community Service projects for the Town of Ranlo
   g. First Responders Program for Town of Ranlo Police Department

Our residential program is one year long. The First Phase is a six-month in house program that offers a biblical 12-step program by Rapha called "Search for Significance". In addition, residents participate in Parenting classes, Nutrition Classes, GED classes, Spanish classes, Relationship Skills training, Overcomer's meetings, group therapy, and individual counseling sessions. We also offer family counseling. Clients' participation in community service programs provide opportunities for them to contribute in a positive way to Gaston County, while inspiring and motivating them to give back to their community. The program is offered to any lady who has a sincere desire to stop using addictive substances.

Our Second Phase is six months long and consists of general living skills, such as returning to the work force, or continuing education, work ethics, job relationships, and budgeting. Vocational Rehabilitation works with all of our clients to help continue their education or assist them to entry level for employment. This enables the Client to become a productive member of society, with a safe supportive environment to return home to after work.

The Third phase is follow-up through Aftercare plan\monthly meetings and daily personal contacts. We offer support and counseling for these women as they begin rebuilding their lives.

In addition we partner with the City of Gastonia on the PREP task force-which targets prostitution, by contracting out 2 beds at all times, as well as initial assessment counseling, for women who struggle with this life controlling issue, in hopes that the problem may be alleviated through treatment and rehabilitation as opposed to incarceration.

DESCRIPTION OF APPLYING ORGANIZATION

We are a non-profit, non-medical, faith based one year residential program for women from 18-65 years of age who struggle with life controlling issues such as substance abuse and alcoholism. We accept participants into our program without geographic restrictions, however, 90% of our residents are from North Carolina. The Gastonia's Potters House operates on a basis of non-discrimination with regard to race or religious background. This is a resource in our community, which is giving children back their mothers, many who have been on welfare and in and out of the prison system are now returning to the job force as productive members of society, many with higher education levels, more in depth social skills and advanced study of biblical principles and substance abuse. We opened the eight-bed facility on June 23,

1997, and the Second Phase on November 18, 1998, which houses eight students. Our mission is to provide education and support through individual, group, family, after-care and follow-up counseling, to see Mothers restored with their families, to strengthen family relationships and provide referral resources. We have a strong community network with our local law enforcement, Judges, Dept of Social Services, Vocational Rehabilitation and churches.

QUALIFICATIONS

The Gastonia's Potters House operates with the following staff:

Executive Director, who is a Certified Substance Abuse Counselor for the state of NC, and has a degree in Human Services-specialty in Substance Abuse, with thirteen years experience in the field of Substance Abuse. The Executive Director is the only paid employee on the staff.

Residential Manager, who attends substance abuse education courses with plans to become a Certified Substance Abuse Counselor. Lives on campus 24 hours a day, seven days a week. Position is non-paid volunteer status

Director's Assistant, who attends substance abuse education courses with plans to become a Certified Substance Abuse Counselor. Lives on Campus 24 hours a day, seven days a week. Position is non-paid volunteer status.

Volunteers, who come in weekly to assist us with programming for clients in a multidisciplinary fashion. Our group of volunteers is composed of a licensed counselor, a registered nurse, a nutritionist, a financial advisor (who is a CPA & tax attorney), a college professor (our GED Instructor), an office manager, 2 full-time house mothers and a part-time secretary.

Board of Directors, who possess a wide range of expertise and varied professional backgrounds. The Board of Directors recognizes the need to have a facility such as Gastonia's Potters House within our county is vital to meeting the social, practical, economic and spiritual needs of a large segment of our state's population and pledges their continued support and efforts towards expansion of our campus. Enclosed is a list of our Board of Directors for your information.

METHOD / CRITERIA FOR EVALUATION

1. We are governed by and accountable to a nine member Board of Directors who meet on a monthly basis.
2. We have an external audit conducted as well as a CPA who handles annual taxes.
3. Clients make treatment plans/goals that are evaluated monthly.
4. We conduct annual surveys of former Clients to evaluate recovery progress.

FUNDING SOURCES

In the past two years, an average of 61% of our funding came from local businesses, monthly donors, and local churches. 39% was provided through grants from Presbyterian Endowment Fund, First Gaston Foundation, Community Foundation, Glenn Foundation and the Cannon Foundation. We currently have several grant applications pending with Presbyterian Endowment Fund, Z. Smith Reynolds Foundation, First Gaston Foundation along with plans for future applications

We believe we have a well-rounded program and are a great asset to the community, in developing a drug free lifestyle, for this target population. We have an ***92% recovery rate*** for women that complete the year-long program. This is significantly higher than the national average for treatment programs and represents women whose lives have been changed and will no longer be involved in behavior that is destructive to themselves, their families and our community. We are now seeing a generation of referrals from those whose lives were touched by our efforts and they are now becoming involved to make a difference. The additional facility on our campus enables Gastonia's Potters House to meet the ever-increasing need for treatment of substance abuse and has increased our available bed space by 80%.

We are confident that this facility will provides a much needed resource to meet the growing demand for current treatment services to women who struggle with life controlling issues such as substance abuse. Our program will enable them to live drug-free lifestyles thereby: reducing the crime rate, welfare participation and restoration of broken families while each lady becomes a productive member of society.

Sincerely,

Cindy Marshall, CSAC

Cindy Marshall, CSAC
Executive Director

December 8, 2003

Few families remain untouched by the devastating forces of substance abuse, and my family was not one of them. Substance abuse becomes a life controlling issue for both the addict and his or her family. No one should be so naïve as to believe: "It cannot happen to my family."

A strong Christian nuclear family with parents who took the whole family to church and instilled within each child strong Christian values learned of the devastating effects of crack cocaine addiction when a married son fell victim to its prey. However, this family's faith in God remained strong and prayer without ceasing became a way of life.

After many long months of emotional, mental and spiritual anguish, we received an answer to our prayer. My addicted brother cried out for help and the Lord God Jehovah began to open the right doors. A Christian doctor in our church gave us the names of faith-based substance abuse rehabilitation facilities. A call in the middle of the week in the evening hours to a center not far from our hometown answered our desperate plea for help. We still believe it was a miracle. A real God Thing!

More than eight (8) years have elapsed since that night, and our family has a beautiful testimony.

- The addicted brother is free from addiction.
- He now successfully owns and operates his own commercial equipment repair business.
- His family is restored. He, his wife and daughter were restored and a son was born to them.
- His family is very active in their local church.
- They now have their own home and several acres of land.

This is a testimony we love to give and brag on the goodness and mercy of our Almighty God. It has brought hope other families who are currently experiencing the pain and questions associated with substance abuse. The predominate question remains, "Is there any hope?" And our answer is a resounding, "Yes!"

Our God receives the glory and the honor for our great miracle of hope and restoration. We also give our thanks to God for the Christian faith-based rehabilitation center. This center opened its doors to us without charge. My brother had no money, no insurance and no means of paying for the help he desperately needed, but God provided through many loving people and organizations who supported this awesome ministry.

From personal experience, I believe in the effectiveness of faith-based ministries. I believe, this is the reason God opened the door for me to serve on the Board of Directors for a new faith-based ministry in my local community which ministers to women bound by addiction.

The Gastonia's Potters House is only six (6) years old but it has already been the catalyst for many victorious testimonies like my families. I am so proud of what God is accomplishing through this wonderful ministry. Wives have been restored to their husbands and to their children. They are no longer homeless, on welfare, in and out of prison nor considered hopeless outcast of our society.

The ladies who complete the twelve month program of the Potter's House are normally successful in staying clean and sober. The actual percentage is in the 90's, and the glory and praise belong to God.

Therefore, it is our strong conviction that there will be no compromise of our Christian principles. Jesus Christ and His great love is the foundation of this successful program. So, we are committed that we will not accept any gifts or funds that would require any compromise of our beliefs and teachingS.