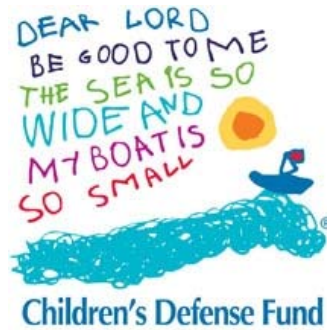


**Statement
of
Marian Wright Edelman
President, Children's Defense Fund**



Hearing on the Youth PROMISE Act

**Before the
Subcommittee on Crime, Terrorism and Homeland Security
of the
House Committee on the Judiciary
U.S. House of Representatives
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Good afternoon. I am Marian Wright Edelman, President of the Children's Defense Fund (CDF). I appreciate the invitation to testify today before the Subcommittee on Crime, Terrorism and Homeland Security of the House Committee on the Judiciary on the Youth Prison Reduction through Opportunities, Mentoring, Intervention, Support and Education Act (Youth PROMISE Act). CDF lends its full and enthusiastic support to the Act and what it promises for the children and youth of our nation. It gives many of our children who now have no hope, the chance to have safe, nurturing lives and productive futures. It gives us all hope for a better tomorrow.

The Children's Defense Fund has worked very hard for 36 years to ensure every child in America a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life and successful passage to adulthood with the help of caring families and communities. CDF seeks to provide a strong, effective and independent voice for *all* the children of America who cannot vote, lobby, or speak for themselves, but we pay particular attention to the needs of poor and minority children and those with disabilities. CDF encourages preventive investment in children before they get sick, get pregnant, drop out of school, get into trouble, suffer family breakdown, or get funneled into the dangerous Cradle to Prison Pipeline.

The Cradle to Prison Pipeline is a growing national crisis lodged at the intersection of race and poverty. A Black boy born in 2001 has a 1 in 3 chance of going to prison during his lifetime; a Latino boy a 1 in 6 chance; a White boy and a Black girl a 1 in 17 chance; a Latina girl a 1 in 45 chance; and a White girl a 1 in 111 chance. Hundreds of thousands of children and youth are being funneled into the pipeline each year, so many at younger and younger ages. Most do not receive the help they need to prevent them from entering or help them get out at the earliest possible moment and get into a pipeline to college and productive work. Incarceration is becoming the new American apartheid and poor children of color are the fodder. We must take action now, and that is why we are so pleased to see the growing support for the Youth PROMISE Act.

Challenges Pulling Children and Youth into the Cradle to Prison Pipeline and Keeping Them There

The Cradle to Prison Pipeline crisis reflects the lack of a level playing field for all children and our nation's failure to value all children's lives equally.

Many poor babies in rich America enter the world with multiple strikes already against them and never, ever get on the track to successful adulthood. A child is born into poverty every 33 seconds, is born without health insurance every 39 seconds, is abused or neglected every 40 seconds, is born to a teen mother every 60 seconds, and is killed by guns every 3 hours. And, as life progresses, many children experience multiple risks which accumulate and overwhelm fragile child lives. We know from research that a young child exposed to six or more risk factors is ten times as likely to commit a violent act by age 18 as one who experiences only one or a few risk factors.

There are numerous points beginning before birth with lack of prenatal care that make it more likely that children will be funneled into the pipeline to prison rather than to college because the family, community and systems resources are not available to help them.

- One in 12 babies in the U.S. is born at low birthweight—a rate that grew steadily between 1984 and 2005. The U.S. ranks 22nd out of 30 industrialized countries in the world in its low birthweight rate. Black babies are about twice as likely as Hispanic or White, non-Hispanic babies to be born at low birthweight. A child born at low birthweight is about 50 percent more likely to score below average on measures of both reading and mathematics at age 17.
- A Black child is more than twice as likely as a White, non-Hispanic child to be born to a teen mother, to live with a single parent, and almost three times as likely to live with neither parent.
- Latino children are almost three times as likely as White children to be uninsured, and Black children are almost twice as likely as White children to be uninsured.

At crucial points in their development after birth more risks pile on, making successful transition to productive adulthood significantly less likely and involvement in the criminal justice system significantly more likely.

- Children who do not get the quality early intervention services they need are likely to fare more poorly in school. Although all states have the option of making “at risk” children eligible for early intervention services under Part C of the Individuals with Disabilities Education Act, the vast majority do not. Too many children start school not ready to learn. Early Head Start reaches only three percent of those eligible and Head Start between half and two-thirds of those eligible.
- Eighty-six percent of Black, 83 percent of Latino and 53 percent of White 4th graders are not reading at grade level. The findings in math are similar—89 percent of Black, 85 percent of Latino and 59 percent of White 8th graders perform below grade level in math.
- The suspension rate among Black public school students is three times that of White students and is also higher for American Indian and Hispanic students. Research has cited suspensions or expulsions as one of the top three school-related reasons for dropping out of school.
- According to the U.S. Department of Education, only 59 percent of Black, 61 percent of Latino and 81 percent of White students graduated from high school on time with a regular diploma in 2006. Yet we know that a diploma can in good times be a ticket to employment and is among the most important strategies to prevent poverty in adulthood.

Overburdened and underfunded child welfare systems in states across the country are one of the major feeder systems into the cradle to prison pipeline and a perpetrator of racial disparities. A National Institute of Justice study reported that being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent. Abuse and neglect increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent.

- Low family income increases the likelihood that children will come to the attention of public systems and be identified as abused or neglected. Children in families with annual incomes less than \$15,000 are 22 times as likely to be abused or neglected as children in families with annual incomes of \$30,000 or more
- Twice as many Black children are in foster care as we would expect given their representation among all children. Although they constitute 15 percent of the child and youth population, they account for 32 percent of children and youth in foster care.
- Children who age out of foster care experience more serious mental health problems than children generally, are less likely to receive adequate health and mental health care, and are more likely to experience homelessness and to be involved in the criminal justice system.

We must act now with urgency to stop the growing criminalization of children at younger and younger ages and tackle the unjust treatment of minority youths and adults in the juvenile and adult criminal justice systems.

- Black juveniles are more than four times as likely as their White peers to be incarcerated. Black youths are more than five times as likely to be incarcerated as are white youths for drug offenses.
- Blacks constitute one-third and Latinos one-fifth of our imprisoned population. One in three Black men, 20 to 29 years old, is under correctional supervision or control. Unjust drug sentencing policies have greatly escalated the incarceration of minority adults and youths.
- At mid-year 2008, there were more than 2.3 million persons incarcerated in the United States. Black males are more than 6.5 times as likely as White males to be incarcerated.

And the cycle continues with 1.7 million children having a parent who is imprisoned. Black children are seven times, and Latino children almost three times, as likely as White children to have a parent who is imprisoned. Studies have shown the increased risk that children with an incarcerated parent face in becoming incarcerated themselves. The past continues to strangle the present and the future.

The Youth PROMISE Act Provides a Critical Opportunity to Dismantle the “Cradle to Prison Pipeline”

The good news is that the Cradle to Prison Pipeline is not an act of God. It represents a series of human choices. It represents America’s immoral political and economic choices that can and must be changed. We created it, so we can change it. We know what to do. We know how to assess risk and to target interventions. We know what works. There are many wonderful people engaging in effective efforts all across the country addressing a piece of the pipeline. But children don’t come in pieces. Being able to see the full continuum of the pipeline and name it helps us all better understand why and how we must come together to change it – connecting all the pieces.

The bipartisan Youth PROMISE Act recognizes this and sets out steps to be taken nationally, in states and in local communities to substitute the pipeline to prison with a pipeline to successful adulthood for many of our troubled youths.

The Act Shifts the Paradigm Toward Prevention and Early Intervention

The Children’s Defense Fund recommends that one of the immediate steps to take to dismantle the pipeline to prison is a fundamental shift in child and youth policy and practice away from the too often first choice of punishment and incarceration to prevention and early intervention. It is unacceptable that the only thing our rich nation will guarantee every child is a jail or detention cell after she or he gets into trouble. States spend on average nearly three times as much per prisoner as per public school pupil. It costs more to detain a child than to provide the child a healthy start, a head start, a fair start or a safe start.

The Youth PROMISE Act shifts the policy and practice paradigm away from punishment and incarceration to prevention and earlier intervention. It builds on what we know works and encourages states and communities to put in place alternatives to incarceration for youth at many of the points highlighted above. It begins to redirect past and current misdirected investment policies. It recognizes the importance of investments in quality evidence-based early childhood programs, voluntary home visiting programs, comprehensive evidence-based school, after-school, and summer school programs, mentoring programs, mental health and treatment programs, job training and alternative intervention programs, as well as promising approaches that have demonstrated positive outcomes for youths for which there is still research underway. Evidenced-based and promising approaches in these numerous areas have been shown to lead to decreased youth arrests and delinquency, lower recidivism, and greater financial savings from an educational, economic, social and criminal justice perspective.

The Youth PROMISE Act goes even further. It recognizes that in order for us to fully utilize and realize the benefits of these promising approaches, we also need leadership and significant changes in the policies and practices that now too often push children into the pipeline to prison and keep them there. Our health, early childhood, education, child welfare and mental health systems need to engage families and children early, build on

their strengths and offer them the comprehensive supports they need. Law enforcement and the justice system also need to embrace the importance of investments in these other areas and at the same time redirect their resources toward prevention and early intervention.

The Act Promotes Shared Responsibility between All Levels of Government and Among Government, Communities, Families and Youths

The Youth PROMISE Act recognizes that no single or just a few organizations can tackle this crisis alone. It makes clear that serving youths involved in, or at risk of involvement in, juvenile delinquency and criminal street gang activity must be a joint federal, state and community responsibility, and that youths must be engaged from the beginning. The PROMISE Coordinating Councils will bring to the table the multiple local agencies and Indian tribal organizations that are needed to keep youths out of the delinquency system and criminal street gangs, and also the community leaders, parents and nonprofit organizations already serving these youths. Each of the councils will assess its own community's needs and strengths, evaluate current funding priorities, and then develop a comprehensive plan for implementing evidenced-based and promising prevention and intervention strategies. CDF is especially pleased that the PROMISE Coordinating Councils will be required not only to connect youths to evidence-based and promising approaches but also to address the needs of youths already in the system. In planning they must include the legal defense of groups disproportionately represented in the delinquency and criminal justice systems, and training for court staff on the developmental needs, challenges and potential of youths already in the system.

The Act Focuses Resources on Communities and Youths Most in Need and Recognizes the Benefits of Individualized Approaches to Services and Treatment

The PROMISE Advisory Panel and PROMISE Coordinating Councils established by the Act will help ensure that resources are targeted on communities, youths and families most in need. At the same time it recognizes the importance of taking precautions against inappropriate profiling of youths. The PROMISE Plans, PROMISE Assessment and Planning Grants, and PROMISE Implementation Grants as structured recognize the need for individualized resources and approaches in different communities and for varying services and supports for youths with differing needs. One of the common characteristics of evidence-based and promising approaches to helping children across the country is their recognition of the need to focus on the individual needs and strengths of those being served. Families and youths need to be engaged in the planning and delivering of services.

The Act Gives Special Attention to the Need for Comprehensive Gang Prevention and Relief

The Youth PROMISE Act recognizes that the key to gang prevention is not increased federal prosecution of more youths by federalizing certain gang crimes or implicating more youths in communities. It is not higher penalties and more incarceration. Instead,

under the Youth PROMISE Act special help will be available for designated communities that have gang crime activity and violent crime associated with it, and are involved in coordinating gang prevention activities through PROMISE Coordinating Councils. These designated Comprehensive Gang Prevention and Relief Areas will be eligible for priority attention under a number of federal early childhood, at-risk youths, literacy, training, employment and crime control programs.

An Interagency Gang Prevention Task Force will be established with representatives from not only the Department of Justice, but also from the Departments of Education, Labor, Health and Human Services, and Housing and Urban Development to coordinate the federal gang prevention activities with other ongoing community gang prevention activities. It will update Congress and the Administration annually on the effectiveness of interventions in these Prevention and Relief Areas. The Justice Department also will target gang prevention grants through its Office of Community Oriented Policing Services and make violence prevention grants to urban communities where there is a partnership between a state mental health agency and other agencies. These latter grants specifically recognize the scarcity of mental health services needed to minimize the long-term emotional harm of community violence for both youth victims and perpetrators.

The Act Promotes Community-Based Youth-Oriented Policing Services

The Act recognizes the importance of law enforcement embracing this paradigm shift if it is to become a reality in communities for our youths. In addition to law enforcement being part of the PROMISE Coordinating Councils, the Youth PROMISE Act also provides additional funding for state and local law enforcement agencies to hire and train youth-oriented police officers. It is critically important that officers value and understand their role in prevention and earlier intervention. These youth-oriented police officers will work with the Coordinating Councils, other community-based organizations and youths to increase the capacity of law enforcement in responding to juvenile delinquency and criminal street gang activity. They will help law enforcement incorporate new evidence-based and promising approaches implemented with the PROMISE grants, thereby hopefully helping to sustain the gains made with the grants. The Center for Youth-Oriented Policing will be established to develop a model training program and support the adoption of new technologies related to the prioritization of delinquency and street gang activity, the safety of juveniles in custody and the prevention of gun violence.

The Act Documents the Cost Efficiencies in New Investments and Ensures Appropriate Reinvestment of Funds

The Youth PROMISE Act is built on the premise that a focus on prevention and intervention is not only beneficial to children and families, communities and society but also to our public coffers. The Bureau of Justice Statistics tells us that we annually spend more than \$65 billion to house the more than 2.3 million people in federal and state prisons and local jails in the U.S. Efforts to reduce juvenile crime like those set forth in the Act will save more money than they cost. And to help prove that, the Act requires that cost efficiencies in the new approaches be identified, and that the investments made must

be new investments over and above what the local entities would otherwise have available for these purposes. Any savings sustained from the new investments in prevention and intervention must be reinvested in other activities in the PROMISE Plan. There is also a requirement that local investments be maintained over time. All of these provisions are key to ensuring that youths truly will benefit from the services and treatment under the Youth PROMISE Act. Too often there is little attention given to how to maintain investments over time that can improve outcomes for children and youths.

The Act Supports the Need for Federal Leadership to Increase Federal Attention to Crime Prevention and Intervention in Existing Programs

New investments will not have the impact desired if existing public dollars and other resources continue to fund detention and incarceration at the expense of prevention. The PRECAUTION Act, new to the Youth PROMISE Act in this Congress, will establish a National Commission on Public Safety through Crime and Delinquency Prevention, which will help to examine the extent to which the federal governments' law enforcement plans are incorporating crime prevention strategies. At the same time, the National Institute of Justice will have funding to implement effective evidence-based strategies that can then be incorporated in existing federal programs.

The Act Maximizes the Impact of Investments in Evidence-Based Practice and Promising Approaches by Ensuring the Ongoing Exchange of Information on Outcomes and New Research Findings

The Youth PROMISE Act recognizes the importance of sharing widely findings from the work of PROMISE Coordinating Councils so the benefits of activities can be maximized. It increases the likelihood that it will be a two-way exchange by establishing a new National Research Center for Proven Juvenile Justice Practices that will keep abreast of local practices and also notify PROMISE Coordinating Councils and the broader public about research and other information on evidence-based and promising practices related to juvenile delinquency and criminal street gang activity prevention and intervention. Anticipated collaborations between PROMISE Coordinating Councils and institutions of higher education in their areas will also be valuable in promoting helpful research to promote more effective policies and practices.

Ensuring a Strong Health Care Safety Net to Give Children Every Opportunity for a Healthy Start in Life

As we work together to shift the paradigm to prevention and early intervention from delinquency and incarceration, as the Youth PROMISE Act does so well, we must also take other steps to level the playing field for children and families across the country if we are to truly dismantle the Cradle to Prison Pipeline and replace it with a pipeline to success for the millions of children excluded from America's dream. Despite the best efforts of all of the stakeholders in PROMISE communities and the new energy at the

federal level in promoting prevention and intervention, crucial steps are needed to offer comprehensive health and mental health coverage to all children and to eliminate child poverty—both essential to the futures of our children.

Chairman Scott has recognized the importance of comprehensive health care with his lead sponsorship of the All Healthy Children Act of 2009 (H.R. 747), which would cover all pregnant women and children, simplify the processes for enrolling and staying enrolled in health care, and guarantee a comprehensive benefit package to all children. We so appreciate your leadership on that, Chairman Scott, as well as on the Youth PROMISE Act.

Given the immediate opportunity before us to forge a transformational health reform proposal for all in America, I want to close with several recommendations for ensuring all children comprehensive and mental health coverage that must be part of the House Tri-Committee health reform bill as it is marked up and in any final bill. Just as the Youth PROMISE Act touches upon the work of multiple Congressional Committees, a robust health reform package is central to this Committee's ongoing work.

Nine million children in America are uninsured; almost 90 percent of them live in working households and a majority live in two-parent families. Two-thirds of these children are currently eligible for but not enrolled in Medicaid or the Children's Health Insurance Program (CHIP). Earlier this year, when Congress and President Obama reauthorized CHIP in the Children's Health Insurance Program Reauthorization Act (CHIPRA), they made a down payment on strengthening the number of children covered and to improve health outcomes—but it was not enough. CHIPRA was not the health care reform children must have this year or the child mandate President Obama promised during his campaign. Like the overall health care system, our child health system is broken and now is our time to fix it. Children cannot wait.

The need for health care reform that expands coverage to all children, cures benefit inequities between children in CHIP and Medicaid, establishes a national floor of eligibility to end the unjust lottery of geography, and simplifies enrollment and retention, particularly in Medicaid and CHIP, is imperative and crucial to child survival and success. Especially in these devastating economic times, when it is estimated the number of poor children could rise by 2.6–3.3 million, and the number of children in deep poverty could climb by 1.5–2.0 million, children must be guaranteed a strong health care safety net to ensure their continued access to coverage and every opportunity for a healthy start in life.

I strongly urge you all to ensure that health reform covers all children and pregnant women in America and ensures them the medically necessary care they need. Children must be better—not worse—off than they were before health reform. I ask you to help ensure that any final health reform proposal includes the following three assurances for children:

1. Health Coverage Must be Affordable. All children and pregnant women must have affordable health coverage with a national eligibility floor of 300 percent of the Federal Poverty Level (\$66,150 for a family of four).

Just as all senior citizens are entitled to a health safety net and all children in the U.S. are entitled to a free public education, all children should be entitled to affordable and accessible health care wherever they live. The high number of uninsured children exacts a high health, economic and social toll on these children, their families and our nation. Research shows that uninsured children are almost ten times as likely as insured children to have an unmet medical need, and the consequences of untreated conditions are likely to continue to adulthood. Undiagnosed, untreated and poorly managed health and mental health problems increase a child's chances of falling behind in school or having disciplinary problems and decrease a child's chances of succeeding in and out of school. The lack of access to needed community-based mental health services causes thousands of children to go into foster care for help and the unnecessary incarceration of thousands of children and youths in costly juvenile detention facilities solely to receive those needed mental health services.

All children deserve a fair playing field on which they can survive and thrive regardless of the state they live in or their family status. Yet currently each state sets its own income eligibility levels for CHIP and Medicaid within broad federal guidelines and this has resulted in a profoundly inequitable patchwork of eligibility across the country. Thirty-three states have children of different ages eligible for different benefit levels. Is a child in one state more worthy of comprehensive health coverage than a child in another state, or is a 5-year-old more deserving of care in a state than a 7-year-old in the same state? Of course not. Congress must not leave children's ability to survive, thrive and learn to the unjust lottery of geography.

Another key aspect of affordability is the need to help families pay premiums and a portion of the costs of care their children need. There are cost sharing protections now in CHIP and Medicaid that must be preserved in the new health reform package, for in no case should vulnerable children be worse off under health reform.

2. All Children Must Have Comprehensive Health and Mental Health Coverage

All children need a benefit package that reflects their unique health care needs and is designed to support their sound development. Children in Medicaid are now guaranteed regular and periodic screenings and assessments throughout their youth, the full range of comprehensive primary and preventive coverage they need, and all medically necessary treatment to address health, mental health and developmental problems and chronic health conditions identified through these screens. Particularly relevant to our focus today on troubled youths, this comprehensive benefit package also gets health care to children where they are most likely to be, including child care programs, schools and mobile vans that come to their neighborhoods. It also covers case management and other supports to help ensure children benefit from the treatment they receive.

We must make such comprehensive health and mental health care the standard for all children, recognizing that it is based on children's assessed needs and that many children will only need basic supports. As work continues in Congress on establishing an Exchange through which health care would be delivered, it is especially important that comprehensive care that recognizes the unique needs of children be available to all children. We must ensure that the Exchange structure can provide the most vulnerable children benefits equal to or superior to what they have today. No child should end up worse off.

This comprehensive coverage will complement efforts in the Youth PROMISE Act intended to promote increased attention to young children and also help in addressing children's unmet mental health needs—help currently not guaranteed to children in CHIP and many private insurance plans, and lacking in many communities. Estimates done for CDF by the Lewin Group in 2007 indicated that providing these comprehensive benefits to all children would cost about 12 percent more than providing benchmark benefits more routinely provided by commercial insurance plans—an investment we can certainly afford when considering the long-term impact on children's futures.

3. All Eligible Children Should Get and Stay Enrolled in Health Coverage

Finally, any health reform bill must include critically important steps to simplify enrollment and to end the bureaucratic barriers that now result in two-thirds of uninsured children being eligible for but not enrolled in Medicaid and CHIP. Families now face formidable and unnecessary administrative barriers in obtaining health care for their children. Just as Medicare is the health insurance default for our nation's seniors, we must have a default plan for our nation's children. No infant should leave the hospital after delivery without health coverage. Other critical junctures in childhood provide easy opportunities for enrollment of other children without insurance: child care, Women, Infant and Children's Program (WIC), the National School Lunch Program, food stamps, school registration and health visits. Using such programs as the basis for automatic enrollment, and adopting presumptive eligibility, could quickly enroll many children who are eligible but not enrolled.

There are also other steps states can take, and were encouraged to take in CHIPRA, that should be made part of a new improved system. These include simple short application forms translated into multiple languages; the option to apply in person, on line or by mail, or as part of applications for other means-tested programs; express lane enrollment; 12-month continuous eligibility; and a determination of continued eligibility as the child's coverage ends. All waiting periods should also be eliminated.

The challenges to dismantling the Cradle to Prison Pipeline are enormous but so are the opportunities. I applaud Chairman Scott and Representative Castle for developing and promoting, with the 224 co-sponsors, the Youth PROMISE Act, which takes such very important steps forward in helping to dismantle the pipeline. The Children's Defense Fund and I personally look forward to helping you ensure its enactment so we can make prevention and early intervention not just the right message for children but the right solution for children. I also urge you all to ensure that any final health reform package approved by the Congress will give all children in America the comprehensive health and mental health support they need and will make sure that they are better—not worse—off.

It is absolutely imperative that we develop and implement comprehensive program, practice and policy solutions that keep our children on the road to successful adulthood. This is the only way that we will create a nation and world that is safe, free and filled with the opportunities about which too many children now only dream. Thank you.