



U.S. Department of Education

**The Safe and Drug-Free Schools and Communities
Advisory Committee Meeting**



Safe and Drug-Free Schools and Communities

Advisory Committee Meeting

U.S. Department of Education

Barnard Auditorium
400 Maryland Avenue, SW
Washington, DC 20202

March 19, 2007

Meeting report prepared by:
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AGENDA

Monday, March 19, 2007:

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| 7:30 - 8:00 | <i>Breakfast and Registration</i> |
| 8:00 - 8:05 | Opening Statement and Announcements |
| 8:05 - 8:40 | Public Comment |
| 8:40 - 10:00 | Discussion – State Grants Program |
| 10:00 - 10:15 | Break |
| 10:15 - 11:45 | Discussion – State Grants Program |
| 11:45 - 12:30 | <i>Lunch</i> |
| 12:30 - 2:00 | Discussion – Unsafe School Choice Option |
| 2:00 - 2:15 | Break |
| 2:15 - 3:45 | Discussion – Data |
| 3:45 – 4:00 | Break |
| 4:00 – 5:30 | Summary of the Day’s Findings and Recommendations |
| 5:30 – 6:00 | Closing Remarks |

Monday, March 19, 2007:

Opening:

David Long welcomed all to the meeting. He introduced Peggy Quigg, who was standing in for Dennis Romero from SAMHSA.

Dr. Long thanked William Duncan for an excellent job in preparing a summary document that synthesized the results of the Committee’s deliberations to date in response to the questions posed about the Safe and Drug-Free Schools and Communities (SDFSC) program by Secretary Margaret Stallings. Dr. Long also noted that a complete set of minutes of all Committee meetings and conference calls was available in the room as back-up, if needed.

Dr. Long stated that the objective for the day's discussion was to develop very specific recommendations in each of the three areas (State Grants Program, Unsafe School Choice Option, and Data) in which the Secretary had posed questions to the Committee. The recommendations should reflect what the Committee members believe and should be correlated with what they heard during previous public hearings.

In response to a question from Russell Jones, Dr. Long noted that the two additional issues (Non-Public Schools and Trauma) would be addressed at the end of the meeting if time permitted. The priority, however, remained the three basic issues.

Public Comment:

There was no public comment.

Discussion – State Grants Program

Hope Taft opened the discussion by recommending that the Committee's report begin with a strong statement linking alcohol and drug use to lack of academic achievement as a framework for their recommendations. Next, the Principles of Effectiveness should be viewed as an entirety. The Safe and Drug-Free Schools program is a school's portal to involvement in the community. Research in Ohio has demonstrated that there is less drug use in schools that partner with the community than in schools that don't.

Dr. Long responded that Ms. Taft's suggestion was contained in bullet 2, page 1, of the summary document and reiterated that she is suggesting that as an umbrella statement. Susan Keys noted this bullet is called a finding, rather than a recommendation, in the summary document. Dr. Long stated that it was being proposed as a recommendation and asked for clarification of the recommendation. Ms. Taft responded that the recommendation is that the State Grants Program is the backbone of the Safe and Drug-Free Schools program and should be continued.

Deborah Price stated that the question under discussion is: What are the strengths of the State Grants Program? What has been suggested is a blanket statement that we like the program. Ms. Taft stated that her comments addressed an introduction to the entire report that included a statement that there is a link between prevention and learning.

Dr. Jones suggested that the introduction to the report should include a bold statement to the Secretary about how the Committee is framing the issues. The framework should include data systems and outcomes, screening, intervention, etc. Broad recommendations about these issues may be found in pages 14-15 of the transcript of the last meeting. Dr. Long responded that those issues would be discussed later during the Data discussion and asked that the present conversation be confined to the State Grants Program.

Frederick Ellis observed that this is the most important discussion that the Committee has had to date. He understood that the Committee had agreed that its first charge was to answer the questions posed by the Secretary. Once that is completed, the Committee can address other key issues, such as recommendations for funding.

Mike Herrmann endorsed Ms. Taft's recommendation regarding the State Grants Program was to maintain the present infrastructure that funds every state and every district in the country.

Sheppard Kellam stated that the Committee has three tasks. The program needs guidelines to spend a very small amount of money. From a public health perspective, money should be spent where the problem is greatest. The program is spending money looking for where the problems and partnerships are. He recommended that the program move to the next stage where it can be more pointed in how it spends its dollars. Incentives can be provided for in-kind matches, for example. The Committee can make recommendations that cut across the three areas of discussion. He recommended proceeding area by area, but understanding that these are not separate issues.

Ms. Price noted that there needs to be consensus by the Advisory Committee for each recommendation made.

Howell Wechsler raised a concern about maintaining the existing infrastructure. This Committee was formed because the program received flunking grades. One strategy is to challenge the grading system and the other is to develop a new and improved approach. If the Committee recommended maintaining the infrastructure, it would be back to talk again.

Ms. Price commented that although she feels very positive and strong about the Safe and Drug-Free Schools and Communities program, she believes there are significant problems with the State Grants program. Continuing to do what has been done is not addressing the problem. It is unlikely that more funding will be forthcoming. If the Committee successfully recommended higher funding, every Local Education Agency (LEA) may continue to receive funding. But some would receive only a few hundred dollars. Is that spreading the money too thinly? It may be more effective to spread the available dollars under a different scenario.

If the Committee recommends that the State Grants Program remain as presently constituted, the funding levels have to improve, she continued. But this is shortsighted because increased funding is not likely. The Committee needs to offer a recommendation for what to do if the proposed funding level is not doubled.

Montean Jackson said that her passion is that even a few dollars can be stretched a long way; an ounce of prevention is worth a pound of cure. One problem she has noted is the lack of good information and the dissemination of that information from the state to the local level. However, the pulling together of the community to address a significant problem and getting people to talk about the issues has enormous societal benefit, even if

it can't be easily measured. The cost effectiveness of prevention and awareness outweighs the cost of treatment and other negative societal outcomes in the long-term. What has been a benefit and strength of the program has been the flexibility to look across communities and be diverse and flexible on each community's needs. At the local level, this has worked well. It loses something as you move up to higher levels.

Ms. Jackson also noted that substance abuse should be viewed as a health issue. There needs to be broader connections between the Departments of Education (ED) and Health and Human Services (HHS). With the added safety component, a broader connection with the Department of Homeland Security (DHS) is also needed.

In the first box on page 2 of the summary document, 3rd bullet down, the Committee has made a recommendation to better coordinate resources related to school safety. Ms. Jackson recommends expanding the sources of monies coming into the program at the federal level.

Mr. Herrmann clarified his previous recommendation about the State Grants Program. He believes there are issues with the program that need to be addressed; these will be identified as the Committee works its way through the summary document. However, he also wants to recognize the importance of the infrastructure to engage State Education Agencies (SEAs) and LEAs in the process.

Dr. Keys stated that she agrees with Dr. Kellam. If there are limited funds, they should be deployed where the need is greatest. Regarding Ms. Jackson's suggestion about the coordination of resources at the federal level, it doesn't have to be only about bringing more money to the table. The Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a funding program at the state level using epidemiology to drive where dollars are invested. A partnership between ED and CSAP/SAMHSA could identify needs in different locations to help LEAs do the kind of prioritizing that the Committee is recommending. It may not be that every community is going to get \$300, but only the ones identified as most in need. Need-based delivery of service dollars is good, and moving forward in investigating what leverage points exist with other federal program may strengthen the State Grants Program.

Tommy Ledbetter noted that the first two Committee meetings dealt with the State Grants Program. No one said the program should be eliminated, but it's been inferred that the program is broken and needs to be fixed. He agrees with Ms. Price: the Committee should look at the program and make recommendations about how to fix it. Much of the previous discussion focused on the amount of funding and the funds being spread too thin. The Committee discussed matching dollars and grants from the state and LEAs having to apply for grants from the SEA. Whatever the Committee decides, the issues need to be put to rest today. His perspective is that part of the problem is the flexibility of grantees to design a program that responded to their specific needs. As a result, there was no consensus or consistency in the grants across states.

Dr. Keys summarized the key points that have been made thus far: 1) the infrastructure of state and local community linkages is important to this program. 2) The program is important to continue, but how it's currently implemented needs to be re-considered. 3) If there are limited funds, they should go to prioritized needs. 4) There should be greater collaboration at the federal level, not only for funding but also for services and existing infrastructure.

Ms. Taft recommended keeping the current infrastructure in place so that local schools have a portal in place to their communities to get more money. Encourage schools to work together in consortia in order to expand their pool of dollars. Reduce funding to larger districts in order to increase funding in smaller districts. In Ohio, grants range from \$1000 to \$700,000; the larger figure may be more money than a district needs.

In terms of how to prioritize needs, Ms. Jackson noted that each school currently conducts a needs assessment annually as part of the application process, independent of how much funding it is receiving. Ms. Price stated that the district would need to do a survey of needs and the results would show where the need is greatest. Ms. Jackson asked what criteria would be used to determine greatest need. Ms. Price responded that such criteria should be part of the needed recommendations. One of the recurring issues is the role of the SEA; they may define need or the federal government could do so. The SEA or the Department of Education could set a ceiling and a floor for funding. There are a number of perspectives that could be adopted.

Ms. Jackson asked if the program would lose its hallmark flexibility if the Committee states specific criteria to be used. Even if such criteria are set at the SEA level, the program loses some of the flexibility that has made it successful. Ms. Price responded that there are two sides to the flexibility coin. Too much flexibility makes it impossible to compare programs across states.

Dr. Kellam stated that there is a national conundrum: we collect a lot of data and it has no relationship to anything we do. We have not learned how to use data to tell us where to put our attention. There are two issues and the Committee needs to come to an understanding of how they fit together. The system needs to be data-based and there need to be multiple levels of partnering, including community-based organizations (CBOs), so there is a common vision of how we're spending our money. The Committee needs to learn as a group about how the data could inform the need. Data is used to identify where the problems and opportunities are. Schools already collect relevant data such as grades. He is not recommending cutting anyone out, but he is recommending that there be data-based decision-making.

Dr. Hingson noted that the nation has made progress in health issues such as drinking and driving and tobacco control. Mothers Against Drunk Driving (MADD) has a program called Rating the States. It publishes a state-by-state report card on how well each state is doing in reducing alcohol-related traffic deaths, particularly related to the passage of legislation. They identified the usefulness of different strategies to achieve their objectives and set an agenda. States don't have to follow it, but they try to make sure that

each objective has a data point attached to it. The approach is objective and you can chart if progress is being made. Since they've been doing it, alcohol-related traffic deaths have been cut in half. The program addresses not only where there is need, but also where progress is being made. The Committee needs to have some consensus about what objectives it is trying to achieve, e.g., initially, reduce deaths 20% by the year 2010. We need some consensus about what we would call success. What evidence do we have that certain programs help us achieve those objectives? And are those programs being used? He suggests a recommendation about what the State Grants Program's objectives should be and ways to address them. Then tell states that if they are not making progress in achieving these objectives, they need to do something different.

Bertha Madras commented that the efficacy of outcome measures is important. Dr. Jones concurred.

Dr. Long stated that the evaluation system for the State Grants Program has to be revised. He also asked if the Committee wanted to say anything about the proposed funding level of \$100 million. He suggests the Committee asks that the children of America and their needs be remembered. Dr. Jones supported that position. Ms. Taft said that \$100 million is not much money. It might go farther if some of the extraneous items in the bill were narrowed down or eliminated so that the \$100 million could be focused strictly on alcohol and other drug (AOD) use and keeping students safe.

Dr. Madras reported that she had visited schools/districts in Baltimore and Los Angeles. In each case, she asked if data on AOD use was available and was told that it was not. Yet collecting such data is a simple task that can be used to drive prevention and intervention programs. Ms. Price responded that schools don't have the data because it takes time and money that they don't have. Dr. Madras suggested that students could self-report on a questionnaire that would take an hour to complete. The information could be put into an electronic database. This would provide the data needed to address local and specific needs. In some of the districts she has visited, the superintendents have said that they don't want to know about student's AOD use. That's part of the problem. Data is needed by every school for every year.

Ms. Taft noted that data is collected in Ohio every two years by community coalitions. This data is available for schools to use.

Dr. Madras stated this is a policy issue at the federal level. Dr. Hingson replied that if we know the data is important, then collecting and tracking the data over time should be a condition of funding. Dr. Madras seconded that idea, calling it the beginning of a rational approach.

Mr. Ledbetter commented that the Committee has come up with two recommendations: 1) The program needs more money. 2) The program should be data-driven. He asked if there was consensus that a school has to conduct a survey in order to obtain a State Grant. Dr. Hingson responded that he believed there was consensus.

Dr. Madras stated that in order for funding to be allocated to the State Grants Program, there should be a national dataset. If each state does its own survey, the items may not be validated nor consistent across states. Dr. Hingson recommended a common national core with room for state-specific questions. There should also be minimal sampling standards, basic criteria to be met.

Belinda Sims notes that the Committee had a previous discussion with a contractor about state level accountability, but not accountability at the local level. She asked what the recommendation to the states should be regarding the core dataset questions. In addition, there needs to be more information about the actual programs being implemented. There's a lot of evaluation going on, but the Uniform Management Information and Reporting System (UMIRS) doesn't document the outcomes that LEAs have collected. The Committee needs to address that mismatch. Another point is that programs may be effective, but we don't know why. So the Committee should consider making recommendations about which programs are delivered and with what fidelity. LEAs should be required to document what programs are implemented and use process measures to document how they are being implemented.

Dr. Kellam stated that he had two points. The first is the multiple level of partnerships. At the local level, the health department, schools, child welfare and CBOs should be partnering. The second, in thinking about data, is not to forget the public school records, both academic and behavioral health records. The biggest antecedents for adolescent drug use is poor academic achievement and poor impulse control during the earliest school years. Students' drug use can be linked to the developmental records available for each child that schools already maintain.

Dr. Jones said that he liked the direction of letting data inform decisions. He asked to what extent the Committee will have a role in discussing the recommendations with the Secretary and in moving them forward. Ms. Price responded that that is at the Secretary's discretion. Dr. Long wondered what effect the earlier primaries will have on the reauthorization and on the Committee's mandate. Ms. Price said that one of the standards that the Department will be measured by is reauthorization of No Child Left Behind (NCLB). The goal is to have reauthorization by September 30, 2007. However, reauthorization is in the hands of Congress.

Ms. Taft proposed a recommendation that LEAs be required to implement local advisory councils as they had before NCLB because the councils bring in effectiveness surveys. She asked if the Committee could recommend that the law be implemented as it was written. Dr. Keys stated that communities have multiple sources of data but, based on the grant applications she has reviewed, they don't use that data to make decisions. The Committee is talking about using data to prioritize activities. She cited the example of Montgomery County, MD, where the school superintendent identified a need in a specific geographic area to increase academic achievement in order to increase the achievement of the county overall. She commented that the State Grants Program can't continue to fund everyone; money should be spent where the needs are higher.

Dr. Hingson agreed. He suggested that there are multiple levels where data needs to be used. SEAs need to establish a process; local communities can respond to that by describing what they're going to do. The types of data to be collected need to be specified: student drug use, academic achievement. The Committee also needs to talk about what communities can do. For example, there should be criteria about who should be at the table: health department, police, and so on. Ms. Price noted that all districts have to submit consolidated reports which contain some elements of interest to the SDFSC program. There is not room on it to include all of the questions about AOD use that people would like to ask.

Dr. Wechsler stated that the Committee has to be careful about holding this program responsible for doing everything the Committee is talking about without increasing its funding. The Department needs to bring experts together to make recommendations about which programs are acceptable to use. The Committee needs to talk about the best delivery system, for example, pooling the monies earmarked for LEAs and letting the states decide how to disseminate it. But there are Committee members who think the existing system should continue. Ms. Taft put a bombshell on the table earlier that no one addressed: Should the State Grants Program go back to be the Drug-Free Schools program? Should the scope of the program be narrowed dramatically?

Peggy Quigg commented that teachers beg that the burden of this program not be placed on their shoulders. She agrees that the program scope should be narrowed and what schools should be expected to do needs to be defined. Data is important to indicate whether the program is doing well, but data should not be used to punish schools. In terms of indicated, selected and universal programs, the State Grants Program is the best universal program. There needs to be basic substance abuse education in school; that is the schools' role. There are other resources available to look at wide problems. In her own state, 150 communities were funded. They couldn't prove any program was working, but the problem was not getting worse. Methamphetamine was not coming into the funded communities while it was rampant elsewhere. Both prevention and reduction in drug use are important goals.

Kim Dude commented that it's very difficult to measure prevention. If something hasn't happened, i.e., it's been prevented, it's not there to be measured. She agreed that criteria to obtain funding such as data, infusion of AOD lessons into other programs, parent involvement, etc. should be incorporated into the program. She also agreed that violence should be dropped and the program should go back to being the Drug-Free Schools Program.

Dr. Madras recommended that there should be two components to data collection: an anonymous survey and brief screenings/intervention for individual children. She noted that there is strong information that a reduction in drug use reduces absenteeism and increases grades. A reduction in drug use leads to an increase in a wide range of positive outcomes. If a school receives \$5-10,000, it could spend \$3-5,000 for random drug checks. Other important data is whether schools are giving drug prevention programs and

parent education. Drug use is five to seven times higher among youth whose parents don't condemn drug use.

Dr. Hingson reminded the Committee to not overlook alcohol in its discussion and simply talk about illicit drugs. Alcohol use leads to alcoholism and other drug use. He also shared a second thought: The Department of Education gives money to schools, SAMHSA gives it to the Single State Agency (SSA), and the Department of Transportation gives money to the local Governor's Highway Safety program for drinking and driving prevention. There should be a way to bring all of these components together at the local, state, and national levels.

During a break in the discussion, the following items were listed on a flipchart as a summary of the morning's discussion:

- Data driven
- \$ up
- Access thresholds
- Scope
- Delivery system (universal?)
- Community
- Integration of agencies

Following the break, Dr. Long reviewed the list with the Committee. Dr. Keys questioned what the term "scope" meant. The issue of funding all districts or focusing the money on areas of greatest need should be under delivery systems.

Dr. Kellam urged the Committee to continue to think developmentally. He noted that there are huge gender differences in the early risk factors for later AOD use and violence. For males, the risk factors are early disruptive behavior in the classroom, coupled with poor academic achievement. Understanding this allows for program development to target the problems. He also stated that partnerships are not emphasized on the flip chart list sufficiently. Partnerships are important at all levels. CBOs, child welfare, public health and schools need to work together at the local level. At the state level, similar organizations need to be involved. At the federal level, there is a lot of work to be done to build partnerships. These local, state, federal partnerships are needed to integrate funding and programs.

Dr. Long responded that the two recommendations at the bottom of flip chart (community and integration of agencies) should be merged.

Ms. Taft addressed the scope issue. She compared the program to a Christmas tree with many branches, but the trunk is too slender to hold all the branches, e.g., avian flu, crisis management. She recommended narrowing the scope of the program to keep it more clearly aligned with the program's original intent. She also noted that this approach would help with the delivery system. All kids are at risk. There shouldn't be a competition between schools where one gets a lot of money and everyone else gets

nothing. There needs to be a way for everyone to get some money. Every school needs a base so it can participate.

Ms. Price asked if Ms. Taft was talking just about the State Grants Program or the entire program. She disagrees that the program should be narrowed to just AOD. In addition to the State Grants Program, her office also administers the Safe Schools/Healthy Students program that provides discretionary funding focused on specific areas such as character education that address massive needs that lead to AOD use in the long run. So the Committee needs to be clear whether it is talking about the State Grants Program or the entire program when talking about narrowing the scope. There is a stipulation in the State Grants program that schools must have a crisis plan in place. In the younger grades, it's about kids feeling safe and secure. Pulling other issues, such as avian flu, out of the program is short-sighted. Schools are supposed to address it as part of their crisis plans. A pandemic will happen and schools should be prepared.

Ms. Taft asked whether the money for such planning should come from the Department of Education or from HHS. Ms. Price responded that neither HHS nor the Department of Homeland Security nor the Environmental Protection Agency know how schools function. Keeping these issues within the program protects schools. In addition, circumstances change... it's not the 1980's anymore. Policymakers have to use good judgment about the emergent needs that come along, but they must be addressed in a way that meets students', teachers' and parents' needs. She believes that reducing the program to AOD is too narrow. Instead, the relationship of AOD to the other issues can be articulated. As there is a discretionary grant program that supplements the State Grants Program, AOD can be addressed in various ways.

Mr. Ellis concurred that other agencies don't understand the unique environment of schools and that ED can speak well to schools because it understands that environment. He urged the Committee to focus on answering the questions posed by the Secretary so that each one can be addressed within the available timeframe. Dr. Keys noted that the Committee can't pick and choose from among the questions. She suggested that many of the answers are findings and that the Committee's recommendations should come at the end of the report of findings.

Dr. Long stated that the Committee was not writing the actual recommendations. Mr. Duncan will prepare the recommendations for the Committee to review prior to their next conference call.

Mr. Ledbetter requested that the Committee be polled regarding the recommendation of whether the program is universal vs. whether an LEA needs to apply to its SEA for the funds. Dr. Hingson stated that this is a difficult question because it draws values into conflict. Everyone should have an opportunity, but the program shouldn't be an entitlement. Mr. Herrmann said that he believes there are certain minimum things that every district should be doing, such as planning for safety and partnering with community groups. If the district meets those minimum requirements, it should get funded. If the district is willing to go beyond the minimum, it should receive a higher level of funding.

Some LEAs are doing fantastic things with few dollars and they should be supported. He is proposing a two-stage model with none of it being an entitlement. It's not a straight yes or no. The State Grants Program needs to be considered in the context of the complete Safe and Drug-Free Schools program, including national grants. What is the goal for each component of the program?

Ms. Price highlighted one additional issue: the State Grants Program has two pots: 20% of the funds are earmarked for the Governor and 80% for the LEAs. If the Committee makes a recommendation that the dollars are going to the LEAs, does it want to keep the 20% to the Governors for state activities.

Dr. Keys noted that it's hard to vote on this issue without knowing if the State Grant Program funds are going to local communities or to states to go to local communities. Ms. Jackson asked if the scope of the Governor's 20% would change from its current version; Ms. Price stated that it is the second question on the second page of the summary document.

Dr. Long redirected the Committee's attention to the first question in the summary document: What are the strengths of the current State Grants Program? He asked if there was anything else needed to answer the question. Mr. Ellis responded that he thought the information was incomplete as issues such as collaboration, leveraging and infrastructure were not addressed. Dr. Long shared his belief that many of the answers had already been covered in the discussion and asked Mr. Duncan if he had enough material to draft a response. Mr. Duncan replied affirmatively. Ms. Taft stated that testimony by General Arthur T. Dean of the Community Anti-Drug Coalitions of America (CADCA) provided answers about what is working in the program and Ms. Jackson agreed. Mr. Duncan stated that testimony cannot be incorporated into the report unless the Committee repeats the statements.

Dr. Kellam stated that he believes the Committee members all agree in response to this question that a beginning has been made in addressing the problem but that the Program will continue to flunk unless the way it operates is re-thought. He would say that there are no strengths if the program doesn't go further than it has already. He suggested this is true for each of the first three questions. Stage one was breaking ground and now it's time to go further using a data-driven approach. All of the issues on the flipchart address the questions on the first page of the summary document, except the final question about emerging issues. In regard to emerging issues, they need to be addressed in the context of what schools are about. There is a need to integrate child welfare, public health and mental health with what schools are doing.

Dr. Kellam continued with the questions on page 2 of the summary document. The Committee has talked a lot about safety and had a site visit. Violence is the result of a developmental trajectory that begins with failing in school. The issue is how to increase academic performance and help students demonstrate appropriate behavior. The Committee can say that these issues are related to one another in the context of broader issues of poverty, racism, etc. For the State Grants Program, the Committee has

discussed bringing local and federal programs into partnership. The Safe Schools/Healthy Students program provides an example of how partnerships with other agencies can work. More partnership work is needed. For example, there needs to be a stronger partnership between research programs and public institutions. Researchers are trained, but have never spent time in the schools or a public health agency so they don't understand the context.

Dr. Long stated that the answer to the question at the bottom of page 2 (Is the balance between flexibility and accountability contained in the statute working?) is no. Dr. Kellam said that the data that drives policies and programs highlights where the hot spots are. The integration of data and having goals that can be measured are topics the Committee has discussed. Dr. Long replied that the answer to the question remains no, but Dr. Kellam's statement strengthens the answer.

Mr. Ledbetter asked to return to the 20/80 breakdown of funds between the Governor and the LEAs. He stated that he opposes this split because it can become political. In his own state, the money is not getting to schools as was the intent of the law. His recommendation is that the Governor's portion be included in the funds going to the SEA. Mr. Herrmann responded that this is a great point. Any program that is 20 years old is going to have "dead weight." Changing the funding formula provides the opportunity to trim away that dead weight. He suggested a two-tiered program in which all of the funds earmarked for the Governor go to the SEA instead or that there be a data-driven process to determine how the funds are used. The reason there are funds earmarked for the Governors is to ensure collaboration across state agencies. There needs to be a mechanism that ensures collaboration, but the 20% mandate to the Governor is not the way to do it.

Ms. Dude said that she does not think the Committee has enough information to make a recommendation because it doesn't know how the 20% is used across the state. In her state, the funds are used for data collection. Dr. Jones concurred that monitoring of these funds is important. Ms. Taft reported that in Ohio the funds go to addiction services that include treatment programs in the schools. Thus, it is being used to serve special needs kids. However, this issue is intertwined with the fourth question about determining the effectiveness of the program. In Ohio, school representatives have reported to her that they don't know what effective strategies are and how they should be spending their money. The SEA needs to provide more guidance on what works.

Dr. Long asked if the Committee should recommend that there be access thresholds for the 20% of the funds going to the Governors. Ms. Jackson asked if the Committee is making a blanket statement that it doesn't know if the Governor's funds are being evaluated. In her state, some of it is used for data collection and some for grants. Dr. Long responded that Governors should be held to the same level of accountability that schools are in terms of being data-driven and having access thresholds.

Ms. Price stated that the Governors are held to a higher level of accountability. LEAs have to use effective programs, but they can obtain a waiver on this issue from the SEA if

they have developed a program that works for them. That is not an option for the Governors' monies. They can conduct their own grant program, they can provide services to schools, or they can give the funds to other agencies. ED monitors what they do with the funding. She noted that the Committee seems to be leaning toward giving the funds to the SEA for state-level programs. There is a significant need for state activities such as training.

Ms. Taft noted that the administrative costs of the Governor's program are very small. She asked if Ms. Price was suggesting that all states conduct state-level activities. Ms. Price responded that the President's proposal was \$100 million for state activity programs.

Mr. Herrmann noted the challenge between the structural issue in the legislation and administrative level. There is language in the law that addresses the structural issue and it becomes a matter of will at the federal and state level to hold people accountable. Beyond structural changes in the Program, he recommends addressing the commitment of federal and state government to promote the proposed changes.

Dr. Long stated that he was not sure where the Committee stood on the 80/20 split. It would be desirable that everyone be held to the same standards. He charged Mr. Duncan with framing the message in advance of the Committee's next conference call.

Dr. Hingson responded to the idea of holding the Governor to the same standards as the schools. He stated that there needs to be clear standards for each group and each should be held accountable to their own standards. He posed the question: should there be different standards for different types of schools and types of districts, e.g., between rural and very large urban districts? A different set of standards is probably needed, but what people need to do to achieve funding has to be clear.

Dr. Long stated that the Committee can say "clear standards" for now and insert definitions later. He drew the Committee's attention to the last two questions on page 3 about the State Grants Program. The first asks about flexibility being balanced with additional core requirements. It's related to the issue of partnerships which have already been addressed. However, there has been little discussion of the final question regarding the Principles of Effectiveness and the broad list of authorized activities.

Dr. Kellam noted that there is a fundamental conundrum in the prevention science field: how do you replicate and disseminate effective programs? It underlines the vital importance of research groups that develop programs relating to school districts that have to bring the programs to scale. Moving a program from a few to hundreds of districts requires school/community partnerships of greater intensity than has been seen to date. Also, there's not a funding partnership that brings NIDA and CSAP into one place to support that kind of roll-out. Programs such as Gerald Botvin's lifeskills training program require fidelity and take ongoing work. There is a need for structured research funding that is tied to policy and practice. The Committee needs to strongly recommend

that partnerships between researchers and public institutions, such as schools, be strengthened.

Mr. Herrmann proposed language that the Principles of Effectiveness should trump the list of authorized activities. An LEA must justify that the activities meet the requirements of the Principles. Dr. Hingson seconded that proposal.

Dr. Keys stated that she wanted to be sure that everyone agreed on the definition of interpersonal safety referenced on page 2, 3rd bullet, of the summary document. The term suggests safety in one's interactions with others. But there is also personal safety, safety in the environment, physical safety...the issue of safety should not be considered too narrowly. She proposed the use of the phrase "personal and interpersonal safety." Ms. Price responded that the term emerged during a White House Conference that was quickly planned after three school shootings. In order for students to learn, they need to be safe, secure and healthy. Safe and secure seemed to reflect personal and interpersonal safety. It includes the environment being safe as well as the student perceiving the environment being safe.

Dr. Hingson suggested that "safe" referred to unintentional harm issues while "secure" addressed intentional harm issues. He stated the Committee had discussed this during its site visit. Ms. Taft noted that the term could include school climate. Ms. Price responded that these are all broad terms and could include both school climate and bullying. These can be measured. Dr. Wechsler inquired if the terms referred only to people hurting each other or also to being sure the playground doesn't cause harm. Ms. Price responded that the physical structure of the school is a state and local issue, so the primary concern here is violence, including suicide.

Mr. Ellis stated that school activities like fire drills, earthquake drills, etc. address unintentional harm issues related to the physical aspects of the environment. They contribute to a safe school environment. Thus there are two components to the issue, i.e., safe, secure and drug-free schools and the emergency management component.

Dr. Hingson: In regard to the Principles of Effectiveness question (page 3, question 2), it is unrealistic to expect every district to evaluate every program. There are minimal standards of data collection that all schools need to meet. But he would not like to lose the creation of an environment where new ideas can get identified and tested. He suggested a committee among the agencies that fund this kind of work---NIDA, CDC, and others---where schools can put forth ideas that scientists could then test. It's not what researchers can teach schools, but the other way around. There needs to be a greater understanding about promising programs for which there is no evidence through an ongoing working group where ideas can be offered up and then worked into a rigorous intervention.

Dr. Jones concurred that this is a solid recommendation. Dr. Wechsler commented that it also addresses the multiplicity of levels of partnership.

Dr. Keys stated that she was unsure what the resolution of the issue regarding the term “interpersonal safety” was, in reference to page 2, 3rd bullet of the summary document. Dr. Long asked if simply saying “safe, secure and healthy” was sufficient. Dr. Wechsler stated that this is a nice phrase, but what does it mean? The Committee needs to say what safe means. It’s not just interpersonal; it also include self-inflicted violence. But safety means more than simply violence prevention.

Dr. Jones asked if a working group needed to address this. There is thirty years of academic research on safety.

Dr. Hingson noted that whatever definition of safety is finally accepted by the Committee, it should not be limited only to the school. Students who are scared of walking home or scared when they get home have an inhibited ability to learn. A broad definition is needed that is consistent with collaboration across agencies at local, state and federal levels. The problem is larger than schools alone. Dr. Keys responded that it is danger to try to do everything. She suggested that the Committee state that its definition is only one part of a larger picture and recommended a two-part definition that addressed both the safety of the environment and interpersonal safety. Dr. Long recommended using a definition as broad as possible to cover as many children as possible since this is one of the criteria for receiving money for a state grant.

Mr. Ledbetter asked: How do we measure safety? The discussion to date has focused on measuring outcomes. If safety can’t be measured, then the waters just get muddied. He stated that he was confused about how to have a broad definition of safety but still have measurable outcomes.

Dr. Kellam stated that safety can be measured by asking students about how they feel about school climate, coupled with event recording. The research is easy; the challenge is how to integrate it into policy.

Ms. Price said that she liked the definition offered by Dr. Keys and that some of the issues raised by Dr. Kellam were targeted in specific subject matters in discretionary grants.

Dr. Keys was asked to repeat her definition. She said that she had taken the terms, “safe, secure and healthy.” The safe and secure aspect is creating an environment that is safe and secure and the healthy aspect is what happens within the person (e.g., decision-making skills). This provides for both the environmental domain as well as the interpersonal. Both are important to safety.

Dr. Long said that the Committee’s recommendation that more money is needed has to be very strong. He asked the Committee its opinion about the delivery system: universal or not?

Dr. Keys stated that she is hearing consensus that the Committee wants the monies to flow directly to local communities. She asked for clarification if the Committee wanted

the monies to go to all communities, to some communities on a competitive basis, or to the state. Dr. Long replied that he was not sure there was a consensus on the question.

Ms. Price asked what the minimum amount of money would have to be so that every school receives an adequate amount of funding. Alternatives such as having minimum and maximum funding levels or the state running a discretionary program based on need have been discussed but often the same districts (with good grant writers) end up getting the money year after year. In general, federal programs are meant for the underserved. Perhaps the funds should be spent in a discretionary program if there is insufficient funding for everyone.

Ms. Taft inquired if Ms. Price was suggesting that the federal government give the funds to the SEAs who distribute it so that every LEA could get a base amount for data collection and other required activities. Ms. Price responded the funds could go directly to the LEAs or to the SEA, but not both. Ms. Taft suggested that discretionary grants could be used to target districts that have special needs rather than using the State Grants Program. Ms. Price responded that this is how the program currently works. With a minimum/maximum strategy, the minimum funding would still be small. Large districts tend to have special needs and would get the most money. With this strategy, the funding level would have to be increased significantly. As an alternative, the monies could go to the SEA, which has a discretionary grant program based on need, rather than on a formula.

Ms. Taft suggested that small LEAs with few funds and few CBOs in their community would not get any funding in the first year of such a program. They would also be locked out in year 2 because they would lack data because they had not been funded. How could such districts ever hope to compete for funds?

Ms. Price suggested that one strategy would be to have a system where an LEA can only receive grant funds for two years, during which they need to develop a sustainable program. This would free up funds for other LEAs in subsequent years. Ms. Taft responded that the Drug-Free Communities Program has demonstrated that such an approach doesn't work. Groups that receive funding hold onto it. Ms. Price stated that would be an entitlement program and she opposes entitlements. Ms. Taft stated that every LEA needs a base so that it can participate in an expansion. Mr. Ledbetter suggested using the Governor's 20% portion as the base funding.

Mr. Ellis stated that both the strength and weakness of this program is the multitude of things that it covers. He suggested that the Committee take a hard line on getting the greatest bang for the buck by cutting back on the wide gamut of programs and looking for bigger impact in a more narrow program. With \$100 million, every LEA will not receive funding. A state grant program may be more feasible.

Dr. Kellam suggested focusing on how the money could be invested so that it increases the likelihood that there will be partnerships at all levels. It needs to be a solution that is broad enough that localities can work within it. Focus on the principle of putting the

money in a place where there is school accountability and understanding, community support, etc. The Committee needs to enunciate these basic principles of what the money should be doing: building partnerships and generating more money. The political negotiation of how much goes to the state or to the LEA is not the Committee's role.

Dr. Wechsler stated that there are insufficient funds to give money to every school district. He suggested that the program desperately needs a radically strengthened program at the SEA level. The SEA needs funds to provide more profound levels of technical assistance, data collection, etc. How local LEAs break into the funding is the responsibility of the SEA.

Dr. Sims stated that she agreed with Dr. Wechsler. She does not believe the Committee should entertain what the program might look like with insufficient funding. The Committee's recommendations should be based on how the money was used last year with a \$300 million funding level. At \$100 million, the Committee can only conjecture.

Dr. Keys also concurred with Dr. Wechsler's recommendation. She asked for consensus by a show of hands. Dr. Wechsler was asked to repeat his recommendation. He stated that a larger proportion of resources should be retained by the SEA for data collection, evaluation, holding grantees accountable, and for a profoundly increased level of technical assistance.

In response to a question from Mr. Ledbetter about current funding levels for SEAs, Ms. Price noted that the current level is only 5%.

Dr. Kellam said he doesn't disagree that the SEA is in the best position to monitor what schools are doing. However, he noted that large districts are in court fighting their SEAs over money. To avoid that, the Committee needs to specify that the SEA provides funds in response to the needs expressed by the LEAs. However, it's likely to be a politicized process. States need to know that if they fail to perform, they don't get funded or will receive less funding.

Dr. Long asked for a show of hands in support of Dr. Wechsler's recommendation which Dr. Wechsler re-stated. Dr. Kellam stated that he made a modification to the recommendation: under the condition that the state be held accountable for the development of partnerships in response to need and the work involves the LEAs in the process of designing and delivering programs. Dr. Hingson clarified that this modification addresses both need and performance.

Mr. Herrmann noted that one of the items that has not been discussed is the consolidated application under NCLB that ends up trumping what's determined at the program level. The Title IV portion should be pulled from the application because what happens is that the small amount of money that goes to Title IV gets lost in the negotiations between the federal and state governments. Ms. Price stated that this is an appropriate recommendation. However, there will be some pushback because it requires more work from the state. Ms. Taft stated that Ohio would like this recommendation.

Dr. Jones stated that he agrees with Dr. Kellam's modification; the state needs to understand both the accountability and the partnership requirements.

Dr. Long asked for a show of hands in support of Dr. Wechsler's recommendation including Dr. Kellam's clarification, Dr. Hingson's change and Mr. Herrmann's addendum.

The recommendation passed by a unanimous show of hands.

Dr. Long asked Mr. Duncan if he had sufficient material to pull recommendations together in preparation for next month's conference call. Mr. Duncan responded affirmatively.

Ms. Jackson stated that the Committee needs to state its expectations for SEAs to level the playing field and address the LEAs that typically haven't been able to come to the table. There need to be guidelines for rural, suburban and urban schools to ensure funding is provided on a needs basis with clear criteria. She expressed her concern about communities and schools being left out.

Mr. Ledbetter recommended that the Committee be open-ended about the amount of funding that should go to SEAs, currently at 5%. He warned against making a recommendation that is so open-ended that each state interprets it differently. Dr. Hingson said that it can be up to X%, but the state needs to apply so that it's clear they have a specific program to implement.

Mr. Ledbetter asked those working at the state level about how much money they would need. Mr. Herrmann replied that he believed it would require 2.5 – 3 times as much money as is currently received, or 10-15%. He noted that some districts would receive no funding. The burden of helping LEAs identify need and develop plans would fall on the SEA.

Dr. Wechsler stated that this was a premature discussion. First, the Committee needs to decide on its vision for LEAs. In the President's budget, 100% of the funds goes to the LEAs. It's unlikely that the Committee will come to a consensus on the recommendation that every district should get a base.

Mr. Ledbetter stated that this is where he was heading with his question. If the Governors get 20% and the SEAs 10-15%, that leaves less money for the LEAs. Can the program still afford to give 20% to the Governors if the SEAs get more?

Mr. Ellis said that he is uncomfortable making specific recommendations on percentages. He believes the Committee's job is to make broad recommendations. It's unlikely the Committee will come to a consensus on these issues and it's going to ultimately come down to a political process.

Dr. Hingson asked: What can the Governors uniquely do? What they can do better than the SEA is to convene multiple groups, e.g., the health department, police, etc. to work with the SEA and they can play a role to improve data collection. He suggested a recommendation not to change the percentage but to emphasize that the money be spent on those activities. The Governor should not be given a free ride on the 20%.

Dr. Long confirmed with Mr. Duncan that he had sufficient guidance for drafting responses to the questions about the State Grants Program. The Committee then broke for lunch at 12:10 p.m.

Discussion -- Unsafe School Choice Option

Dr. Long resumed the meeting at 1:00 p.m. He focused the Committee on the questions beginning in the middle of page 3 of the summary document about the Unsafe School Choice Option (USCO). The objective is to first make sure that each question is answered and then the Committee can make recommendations.

Dr. Long began with the first question on page 3 and stated that the answer is no. He noted there are a number of findings and recommendations from the Committee's previous discussions and panel presentations. He asked the Committee if there was anything to add.

Ms. Taft responded that the first bullet should include items beyond violence, e.g., bullying. She asked if other items were automatically included or if the Committee needed to list them. Ms. Price suggested saying, "such as..." Mr. Duncan stated that the Committee should list the items it wanted to include. Ms. Taft said to include bullying. Dr. Keys recommended also adding students' perception of safety.

Dr. Kellam commented that the Committee is experiencing problems because it is discussing data. Data collection is expensive. Therefore, data integration is necessary for time and staff efficiency. Current data systems are not related to policies and practices, nor do they measure needs or outcomes. There are huge problems with the current data collection efforts. Principals get branded with terrible reputations if they report what they're supposed to report; thus, there is under-reporting. The thrust needs to change to prevention enhancement, rather than pillorying principals who report problems. This issue is not included in the present recommendations in the summary document.

Other recommendations are on the next page for question 3, Dr. Kellam continued. These bullets don't reflect the fact that we called for a re-naming. Dr. Long pointed out bullet 2 under question 3, page 4. Dr. Kellam responded that the bullets listed here don't seem to pull it together for the issues being addressed. This is a very misguided and misconceived program. It doesn't move kids' experiences in a positive direction. The Committee needs to take a count of what goes wrong in this program. It's not connected to other programs and parents need rights about not sending their child to an unsafe school.

Dr. Wechsler stated that the Committee had a strong consensus in regard to USCO. The recommendations as stated are good. There need to be some findings at the beginning. The answer to the first question is absolutely no because 1) there is complete flexibility given to schools re: what is a persistently unsafe program; and 2) the correct domains are not being measured.

Dr. Long asked if there was sufficient information in the Committee's response. Ms. Price replied that there was a great deal of information here to answer the questions. One issue that's been heard is that there is a disincentive to report this data. The schools that do, end up being penalized. Another issue that should be highlighted is that the term "persistently dangerous" should be changed to a concept of "needs improvement." Just as is done with academic achievement, schools can be put on a "watch list." Money could be set aside within the program for these high risk schools so that they can address the need and get off the watch list. That's a suggestion to go along with the findings.

Ms. Dude stated that such an approach would be an incentive for schools to report the requested information because it increases their likelihood of getting funded. It's a good idea.

Dr. Keys suggested amending the second to last bullet on page 3 of the summary document to say, "and other movement options." Victims should not be limited to just staying in their schools. There was a fair amount of consensus about that. If the victim doesn't want to transfer, the district should require the perpetrator to transfer.

Dr. Long affirmed that this was part of the discussion. He suggested looking at this as a recommendation or adding on to it.

Dr. Jones asked how the Committee was defining perpetrator? How bad must the transgression have been? This has implications for whether the student is asked to leave the school. Ms. Price responded that there are a set of categories for a school to be called persistently danger. It can just be general bullying or more. Dr. Jones said that from a clinical perspective, he was unsure if the Committee wants to make a blanket statement about "victims." The term "survivor" is preferable. He recommended against making it mandatory for the perpetrator to transfer without having some clinical processing because leaving the school represents multiple losses.

Ms. Price said that while it's clear what the program shouldn't be called, it's not clear what it should be called. The Committee doesn't need to come up with a new name, just say the name should be changed. There are other issues, such as what happens if there is no other school to send the perpetrator to? The Committee needs to say that there are serious issues like these that need to be addressed.

Dr. Keys said that "safe school choice option" is one alternative the Committee had discussed.

Dr. Kellam asked how USCO turns out to be a constructive program. How does it address violence? There is one solution, the parent can move the child out. This solution does nothing to help kids feel better about themselves. He recommended that the Committee call for a program closely related to other academic programs but one that encourages students to perform as citizens in a proper fashion, not related to kicking perpetrators out or saving one child at a time.

Dr. Sims agreed. She noted that one of the findings that emerged from the panel presentations is that there's not a great deal of coordination around safety issues and program activities. If there were more coordination with programs targeting broad outcomes for students, there might also be a decrease in safety concerns.

Ms. Price clarified that USCO is NCLB because there was concern about children being stuck in schools. It partners with the failing schools concept in other programs.

Donni LeBoeuf, representing Committee member J. Robert Flores, stated that she agreed with Dr. Kellam. The goal should be to find a program that heals both the perpetrator and the victim. She recommended school-based youth courts or community-based youth courts in which perpetrators are sentenced by a jury of their peers who have received training. One type of outcome is that the perpetrator may write a letter of apology to the victim.

Dr. Jones replied that this point is captured in the third bullet from the bottom on page 3: providing services to students who victimize and those who are victimized. Mr. Ledbetter asked who is going to pay for clinical intervention. Dr. Jones responded that in his community children are referred to a psychological intervention center where they can be seen free of charge. There is also a free clinic to which students may be referred.

Mr. Ledbetter said that the dilemma for schools is once the perpetrator is identified, some of the program dollars are needed to rehabilitate the individual. In an era of shrinking budgets, where is that money going to come from? Dr. Jones responded that there are structures already existing in the community for this purpose. Mr. Ledbetter stated that such community resources may not be available in rural areas. Dr. Jones suggested that more funding for community partnerships will help increase the availability of community resources to schools.

Dr. Sims inquired about the resources available for this program. Ms. Price replied that there are no dollars attached to these provisions. Dr. Sims suggested that this is an area where the Committee could make a recommendation. She also suggested that the Committee could strengthen its recommendations by stating who would be responsible for each action, such as providing guidelines or training.

Mr. Herrmann stated that if a student is a victim of violent crime, Title IV resources can be used to transport him or her to another school. There are two issues under discussion: "persistently dangerous" and students as victims of violent crime. The latter is fairly straightforward. The definition for "persistently dangerous" is not.

Dr. Kellam commented that most of the Committee members are saying that this program in its next stage needs to be proactive in analyzing school needs and providing guidelines for what to do to improve situations for both perpetrators and victims. In addition to youth courts, there are classroom management interventions that can have a big impact. Early intervention is a major intervention with long-term impact. At the universal level, interventions need to improve the success experience of kids. At the second level of intervention, student courts become important and have been shown to be effective. When Dr. Jones talks about the third level of providing counseling to individual students, partnerships with the departments of mental health and public health become important. A three-level system—early intervention, selected interventions like courts, and getting the department of mental health to make quick referrals—that’s a positive program. It’s not blaming the school.

Ms. Jackson noted that there is nothing in the recommendations about training LEA staff about the precursors to violence and bullying. Ms. LeBoeuf suggested also adding mentoring programs for both perpetrators and victims through community partnerships.

Dr. Long stated that the premise of NCLB was for choice so that parents can have the child go elsewhere. His district currently does a lot of these transfers. He called it another unfunded mandate for schools. He asked if the Committee could codify the suggestions they’ve been discussing.

Ms. Taft wondered why this pot of funds is located within this program instead of with other choice items. Why is money let out of this limited pot to transport students, for example, rather than being in the transportation budget? Ms. Price replied that it’s located here because of the subject matter that her office deals with. It made sense when the legislation was written. If there is a better way, the Committee can recommend it.

Mr. Herrmann stated that the bottom line is that it’s the sense of the Committee that the concept of defining persistently dangerous schools is not something that has worked to date. Are there any steps that can be taken to make it work? The Committee seems to be coming up short on such steps.

Mr. Ellis said that the intent of the law was to identify those schools that have a lot of disruptive behavior that prevent kids from learning and to give parents and their students the right to move to another school. The goal is to give students the opportunity to learn. The program doesn’t work because there are inconsistent data requirements and schools can play fast and loose with the definition of persistently dangerous. He recommended that the Committee report a finding about these two weaknesses, while recognizing that giving people a choice to move out of a bad school so they can have a chance at an education is a good purpose.

Dr. Keys stated that this program is very limited: just move somewhere else if you’re a victim. She recalls the Committee making a recommendation that it shouldn’t be the victim who has to move; the victim should have a choice. The perpetrator, on the other

hand, doesn't have a choice. The Committee also wanted the language and emphasis to move away from the negative but to focus instead on what contributes to a safe school, i.e., a positive emphasis. One recommendation is to focus more on school safety and school climate rather than incidence data. Her recommendation is to think not just in terms of incidence, but also issues such as school climate, bullying, harassing, lack of emotional attachment to school and inconsistent disciplinary practices.

Dr. Hingson recommended focusing on model schools where there is the least violence and a higher percentage of students doing well. Identify what these schools are doing and disseminate that information.

Mr. Ellis commented that it's not just victims, but all kids can move if the school is persistently dangerous. Parents have a hard time getting information about violence. He also noted that another way to turn a negative into a positive is to increase the likelihood of funding if the school is on a watch list. Ultimately, this will help make schools better.

Dr. Long noted that there is a preponderance of recommendations for USCO in the summary document, unlike for the State Grants Program. He asked if there were any addition or deletions from the list? He also confirmed with Mr. Duncan that he had enough information to create a list of recommendations to discuss on the Committee's next conference call.

Ms. Taft raised an issue about crisis plans. As she talks to schools in Ohio, she has learned that there is a need to not only develop a plan but also to practice it. Dr. Jones stated that he would like to echo that comment. Dr. Keys said there is a third element: not only to develop and practice the plan, but also to update it.

Mr. Ledbetter stated that he couldn't imagine that not happening; Ms. Price noted that it's not happening more than it's happening.

Dr. Kellam noted that there a number of evaluated interventions including classroom management and early interventions that can be implemented during the early school years. The problems of AOD and violence develop early with a lack of socialization; some students are more at risk than others. The Committee should recommend that these programs be implemented. At the selected level, there are other student courts and other interventions. The Committee should recommend they be applied. The Committee should also recommend that there be strong partnerships between the schools and the departments of mental health and public health. These should be thought of as a third level back-up for students and families who need special attention. The Committee should say that it recommends these and recognizes there are strong political reasons for them: to protect families' rights to move and for remedial behavior. The next generation of this program should include guidelines for how to proceed.

Dr. Sims asked: When an LEA is applying for resources, does it have to write a section on unsafe choice options and what it is doing? Mr. Herrmann stated that Tennessee implements USCO by passing a state board policy. When the state monitors for

compliance, this is one of the issues monitored. Dr. Sims recommended that the application contain a section on how the state grant is going to help the school achieve USCO. This should help document what the LEA needs and that it's getting technical assistance from the SEA.

In regard to the first bullet on page 3, Ms. Jackson asked if the Committee would be willing to add gang activity and racism to the items previously suggested (bullying, perceptions of safety). Ms. LeBoeuf recommended adding sexual harassment, but others noted that this topic is subsumed under bullying or violence.

Dr. Kellam stated that there are some issues under discussion that do not involve teachers and teacher training. These include preservice training of teacher; teachers begin teaching with only about six months of training. About half of the new teachers in Baltimore are not good at classroom management and children behave badly. National accreditation in teaching doesn't address this issue. The Committee should recommend that it does.

Dr. Long called for a 15-minute break at 2 p.m.

Discussion — Data

Dr. Long reconvened the Committee at 2:15 p.m. He stated that the issue under discussion is data under the NCLB. He asked Ms. Price if the information in the summary document answered the questions sufficiently, except for the second question on page 6. Ms. Price stated the information was fine as it was.

Dr. Long asked if the information being collected was appropriate. He noted that there are findings but no recommendations listed in the summary document.

Dr. Kellam stated there are two issues to consider in response to the first question on page 6: 1) the data that is now collected through a variety of sources needs to be integrated so that it's economical in terms of efficiency, retrievable, etc.; and 2) there should be an information system about child growth and development and school building and district growth and development. The data needs to be applied to policy and program decisions. There are many kinds of information systems being used that cost a lot of money, but they are disconnected from one another and completely missing from program and policy decisions. The Committee needs to distinguish between Management Information Systems (MIS) and the kinds of data that districts collect which are very individual level. Both kinds need to be collected and the Committee needs to understand the utility of both. There's a need to understand how to follow children's developmental trajectories. When the Secretary raised the issue, she raised the question if it's politically possible; it's clearly technologically possible. It should be possible to bring these data sources together. We should be able to track kids' outcomes and understand how to hold institutions accountable and describe how they're growing over time and understand how teachers are doing in the classroom over time.

Dr. Kellam stated that it is appropriate for the Committee to take a stand on what kind of systems should be used to track children's development at individual, building and district levels.

Ms. Dude commented that in the district she is most familiar with, students are asked about when they started to use substances, what substances they use, etc. This information can be used to guide program development. However, there are several other questions that could expand the current list. These include questions about protective factors (e.g., How many hours do you spend in sports or extra-curricular activities?, Have you talked to your parents about drugs?) that can document the need for other changes such as increasing student activities or parent education. Social norming (What makes a party fun? What do you do for fun?) questions should also be added. The field should go beyond incidence data or usage patterns to identify the good things kids are doing so that prevention programs can build on these.

Ms. Jackson expanded on this suggestion, based on presentations at the previous meeting. One piece that needs to be included is parental surveying and parent input to understand what the needs of the community are. Further, the school climate surveys should include staff and administrators, as well as students.

Dr. Hingson commented that it's important that goals be set for whatever data is collected. This could be modeled on Healthy People 2010, which sets objectives and collects data to measure accomplishment of those objectives. The Committee could look at the Healthy People objectives related to youth AOD and violence and decide if it agrees with those objectives. Standardization of data collection across communities is important. Also, the more local the data is, the more persuasive it is to people.

Dr. Hingson also noted that the Surgeon General's call to action about underage drinking was recently released. It contains recommendations that should be incorporated into the Committee's recommendations about what data needs to be collected. For example, one recommendation was to test all injury deaths among people under 21 for AOD involvement. Another is to examine the number of people assaulted and whether the perpetrator had been drinking. The Youth Risk Behavior Survey (YRBS) needs to incorporate questions on these topics. In addition, there is environmental data that should be taken into consideration because it involves safety, e.g., alcohol outlet density. The more outlets there are, the more drinking and driving incidents occur.

In addition, there are a number of policy information systems, e.g., the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has an alcohol policy information system that tracks when states pass particular policies. Insurance policies can be tracked; providers are not currently reimbursed for screening and counseling young people about AOD or violence. Dr. Hingson recommended that the Committee look at the alcohol policy information system, as well as CDC's tobacco policy information tracking system and NIDA's drug use and driving one. He noted that young people are often unaware of

existing AOD policies. A majority of college students support underage drinking laws; it's important to get that information out to change social norms.

Dr. Wechsler offered two general points. First, schools are being surveyed to death. There are two levels of data that should be considered: 1) those that need to be nationally available and 2) extra questions that states can ask every so often. There's a need to find those questions that need to be collected universally. Second, all the Committee has discussed to date is outcome measures. There is also a need to collect process and practice data. Dr. Wechsler stated that he hasn't seen any standardized data collection process in place to talk about what states are doing in implementing the SDFSC program in order to determine if our programs move the dial in terms of practices. What is a list of effective programs and practices that we want schools to implement? Then we can measure their implementation. The program must focus on getting schools to use effective practices.

Mr. Herrmann noted that there's a section in UMIRS that addresses program implementation. It's important that the Committee talks about data that helps policy makers in the nation. Schools need help in how to use the data in a way that makes it meaningful.

Dr. Sims stated that a lot of schools were selecting programs from a list of effective practices, such as the NIDA red book, the Blueprints, and the National Registry of Effective Prevention Programs (NREPP). There needs to be a recommendation that these resources be updated.

Ms. Dude commented that practitioners need help measuring the success of what they're doing. For example, some behaviors such as binge drinking are extremely difficult and slow to change. It's not fair to tie schools' funding to reducing binge drinking by 5%. But there are positive changes going on. We need to be careful about how we use data to determine success.

Dr. Kellam expressed his concern that the Committee is focusing on individual data collection efforts rather than integration of data sources. He believes the Committee needs to focus its attention on the fact that data is being collected everywhere and none of it is standardized. No one is thinking about the school building-level data on individual students and how that data can be integrated with school building and district effectiveness data. There is a daunting problem of monitoring the developmental trajectories of each child. Multiple agencies and policymakers need to come together and talk about how to integrate the data, using a unique identification number to track each student. The data then needs to be applied to policies and practices. He would like the Committee to make a grand overarching recommendation to not just improve each system but to integrate them, in terms of both measuring needs and outcomes. He believes this recommendation should be underlined in the Committee's report to the Secretary.

Ms. Taft commented that the Committee previously discussed developing a “bottom up” information system so that the information is useful to LEAs, SEAs, and the federal government. Part of the discussion involved the development of common definitions. This point is not included in the current recommendations in the summary document. The same data should be required by multiple funding agencies so that only a single data collection effort is needed.

Dr. Hingson stated that he thinks this is a great idea. He recommended having an ongoing committee with representatives at all levels to coordinate the effort. He agreed with Dr. Kellam that the data should be tracked locally. Overall, he hopes the Committee leaves the discussion feeling positive about using data to measure progress toward established objectives and to make mid-course corrections as required. The United States is showing great progress on several substance abuse-related issues, such as binge drinking.

Dr. Jones recommended that the Committee create a study group to work on this issue. The issues listed on page 6 of the summary document are issues that can only be dealt with in a systematic way. He recommended that there be a task force established to grapple with these issues that would come to a consensus so that data are connected with interventions and outcomes.

Ms. Dude recommended that practitioners, including a prevention practitioner, be included among study group members if such a task force were established. Dr. Jones noted that the study group should also include persons with cultural competence.

Dr. Long sought clarification that the Committee wanted a task force to study data integration issues to be a recommendation to the Secretary. Dr. Sims stated that she thought this was a good prospect for an interagency effort, noting the YRBS, Lloyd Johnson study, PRIDE survey, etc.

Dr. Kellam reiterated that most data collected in the country is school building data on students over time. He emphasized that this is fundamental data that can be connected with school climate, alcohol practices, etc. The core data should not be omitted in the vision of bringing data together. Proper safeguards for confidentiality would need to be addressed.

Dr. Long confirmed with Mr. Duncan if he had enough material to frame the Committee’s recommendations about data. Mr. Duncan responded that he had 22 recommendations added to the summary document, based on the present discussion. Dr. Wechsler noted that it will be a laundry list but stated that one recommendation is primary: states should use the same measures for data gathering. That should be a pillar recommendation. The current system of everyone doing as they please doesn’t work. Mr. Herrmann agreed, saying that he believed states would support this approach if the questions can be the same across federal programs.

In response to a question from Dr. Jones about when the Committee would review the recommendations, Dr. Long stated that this discussion could occur during conference calls on April 14 and May 14, and at a meeting in Washington in June. Dr. Jones asked if the Committee would come together again before the report and Dr. Long said no. Ms. Price explained that the June date is the time to present the report to the Secretary. How this will happen has not been established. The Committee may or may not be present when it occurs.

Dr. Hingson suggested that if the Committee is concerned that there is insufficient time during the conference calls to prioritize the recommendations, it might be better to do it today. The face-to-face meetings are more productive than the conference calls.

Dr. Long suggested a ten minute break, prior to prioritizing the recommendations.

The Committee reconvened at 3:20 p.m. During the break, the recommendations that emerged during the discussion were summarized on a flipchart. They included:

- Uniform state measures
- Consistency in federal agency questions
- Add questions to assist practitioners implement programs
- Task Force = study group
- Use existing community and local indicators

Dr. Long reviewed the items on the flipchart with the Committee.

Dr. Kellam stated that the Committee needs to recommend that the fractionalization of data systems be reduced; that child development data over time and management information systems be used and integrated; that the number of data systems, including different agencies' efforts to evaluate effective programs, be reduced; and a common vision applied to policy. The purpose is to reduce the cost and to establish a framework of measures that lays out progress toward achieving specific objectives. That's where the task force comes in, to design the system. In addition to common information, some specialty items may also be collected and this information should be shared across agencies.

Dr. Wechsler noted that federal agencies are making some progress in cross-agency initiatives and data sharing. Ms. Taft said these efforts should be highlighted in the beginning of the report so that the Secretary knows there are some good things happening. The report should also mention the Surgeon General's recent call to action on underage drinking and note that a lot of the work that the Committee is recommending ties into that, as well.

Dr. Long brought the discussion on data to a close.

Discussion – Additional Issues

Dr. Long directed the Committee's attention to two additional issues that appear on page 7 of the summary document: Nonpublic schools and Trauma. These were not questions from the Secretary. Dr. Long asked the Committee members if they had anything they would like to add or clarify to the findings and recommendations in the document on Nonpublic schools.

Dr. Keys stated that she had something in her notes about developing monitoring systems for nonpublic schools and that guidance needed to come on this issue. Also there is a need for greater clarification regarding monitoring protocols re: equitable participation. In addition, there is another issue—urban, suburban and rural differences—that needs to be factored in, according to the Secretary's request. Other issues that need to be addressed include:

- Promoting school safety issue
- Factoring in the differences in school types (urban, etc.)
- Disseminating best practices
- Data sharing with police

Dr. Sims noted that one of the presentations focused on how the nonpublic schools were included in the process. One concern is that they were not part of the needs assessments. Dr. Long asked if it was that there was a breakdown in communication after the fact. Dr. Sims replied that the risk factors, etc., are not what the nonpublic schools are dealing with because they did not participate in the needs assessment. Dr. Long stated that this might be a regional phenomenon; it is not true in his area. Dr. Sims said that if there was a policy brief developed, it might address issues such as including nonpublic schools. Dr. Long clarified that she was addressing the next to last bullet under the heading, "Nonpublic Schools" on page 7.

Dr. Keys asked if the LEA fails to offer to assess nonpublic schools needs and if the nonpublic school gets information on what the local allocation of funding is. The nonpublic schools know they can participate in the program. Dr. Long responded that this is a point worth putting it. It should go into a policy brief on what public schools should know about working with nonpublic schools.

After ascertaining that there were no additional comments about nonpublic schools, Dr. Long proceeded to the Trauma section, noting there were eight to nine recommendations. He asked if the Committee had anything else to add.

Dr. Jones stated that bullet 5 is not correct. There are a number of effective interventions on how to work with youngsters exposed to trauma, based on SAMHSA's child trauma work. He noted that one of the issues the Committee had not addressed is the impact of Katrina. He would like to see a recommendation about this population. He believes it is important that there be a tracking system to find out where students affected by Katrina are academically, wherever they currently are located. In his many discussions with crisis counselors, he has learned that some students are improving as they move from an underfunded school system to better systems; tracking data would be helpful for this.

Dr. Long inquired about the cost of such a tracking system and where the funds might come from. If this is a recommendation to the Secretary, then the Committee needs to recommend a funding level. Dr. Jones appealed to William Modzeleski who responded that this is a separate issue, not part of the reauthorization. Ms. Price said that there are a lot of programs earmarked for Katrina and the issue is for appropriate for the offices administering those programs. She said the Committee can include it in the report to raise awareness.

Ms. Jackson noted that emergency services are addressed on page 7, but stated that she would like to add early identification and support services for adolescents that have been exposed to trauma at home or in the community. In addition, she recommends that education and training for school staff about the characteristics and needs of these students be included. Dr. Long clarified that she was talking about an additional bullet, not just emergency services following a traumatic event but an ongoing process.

Dr. Kellam said that the Committee needs to understand how it would work if there were ongoing data systems monitoring students over time. Those systems could monitor how well the youngsters in New Orleans were doing over time and compare them to youth in other communities. There would be recommendations for action at the universal, selected, and community levels. One of the challenges is trying to figure out after the fact which kids are suffering trauma and when. An ongoing tracking program would allow such issues to be pinpointed, as well as the impact of obesity, diabetes, etc.

Dr. Long asked for additional comments on trauma. He noted that Dr. Keys brought up the issue of factoring in rural and urban differences, and asked for the will of the Committee regarding this issue.

Ms. Price noted that the Committee discussed it briefly during the State Grants Program discussion. Is the Program working effectively across a variety of circumstances? The Committee heard from some urban and rural communities about their needs, e.g., violence issues in urban communities. She expressed uncertainty about whether the committee has specific recommendations and asked Mr. Duncan for clarification. He responded that he had notes on recommendations, but put this issue in the findings and recommendations that appear on page 5, first box, regarding a district with only one school. He said that an additional box can be added if the Committee has additional recommendations.

Ms. Price noted that a couple of issues rise to the surface. If there is only one school in a district, how is the choice issue addressed? Also, issues about the dollar amount of state grants to urban vs. rural schools. She suggested making a statement that the Committee heard from urban and rural districts and noting where their concerns were addressed in the report.

Dr. Keys stated that when she read the transcript, she didn't think the Committee had much discussion on this topic. But she didn't know how the four topics would be treated in the final report; will they be integrated or treated separately?

Ms. LeBoeuf asked if Native Americans were being included in the discussion of urban/rural issues. Ms. Price responded that Native Americans were not being specifically addressed.

Dr. Long noted that his understanding is that the information was integrated into other recommendations. If that is sufficient, the Committee can leave it as is. Ms. Price said that she is happy to broach this topic with members of the Secretary's office to make sure the Committee has not overlooked this issue. The Committee can expand on it in the future, if necessary.

Summary

Dr. Long reminded the Committee that they will see today's recommendations in written form before the April conference call.

Dr. Jones thanked Mr. Duncan for pulling together a great deal of information. He also provided a short update on his recent work in Baton Rouge, meeting with crisis counselors who provided a long list of needs for children in the area. He asked Committee members not to forget about Hurricane Katrina and to support the children.

Closing Remarks

Dr. Long congratulated the Committee to consider how much work it had accomplished throughout the day.

The meeting adjourned at 4 p.m.

Appendix A:

Safe and Drug-Free Schools and Communities Advisory Committee Members Present

David Long (Chairman)

Superintendent
Riverside County Public Schools

Kim Dude

Director of the Wellness Resource Center
University of Missouri-Columbia

Frederick E. Ellis

Director
Office of Safety and Security
Fairfax County Public Schools

Michael Herrmann

Executive Director
Office of School Health, Safety and Learning Support
Tennessee Department of Education

Montean Jackson

Safe and Drug Free Schools Coordinator
Fairbanks North Star Borough School District

Russell T. Jones

Professor of Psychology
Virginia Polytechnic Institute & State University

Sheppard Kellam

Director
Center for Integration Education and Prevention Research in Schools
American Institutes for Research

Tommy Ledbetter

Principal
Buckhorn High School

Seth Norman

Judge of the Division IV Criminal Court
Davidson County Drug Court

Hope Taft

First Lady Emeritus of the State of Ohio

Deborah A. Price

Assistant Deputy Secretary
Office of Safe and Drug-Free Schools
U.S. Department of Education

Ralph Hingson

Director
Division of Epidemiology and Prevention Research Branch
National Institute on Alcohol Abuse and Alcoholism

Susan Keys

Chief of the Prevention Initiatives and Priority Programs Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

Belinda E. Sims

Prevention Research Branch
Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse
National Institute of Health

Howell Wechsler

Director of Division of Adolescent and School Health
Centers for Disease Control and Prevention

Also Present:

Donnie LeBoeuf, on behalf of **J. Robert Flores**, Administrator of the Office of Juvenile Justice and Delinquency Prevention at the US Department of Justice

Peggy Quigg, on behalf of **Dennis Romero**, Acting Center Director for the Center for Substance Abuse and Prevention at the Substance Abuse and Mental Health Services Administration

Catherine Davis, Executive Director and Designated Federal Officer for the Committee