

U.S. DEPARTMENT OF EDUCATION

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SAFE AND DRUG FREE SCHOOLS AND COMMUNITIES ADVISORY
COMMITTEE

+ + + + +

MEETING

+ + + + +

MONDAY,
AUGUST 21, 2006

+ + + + +

The above-entitled matter convened at 9:00 a.m. in the Barnard Auditorium, 400 Maryland Avenue, Southwest, Washington, D.C., David Long, Chair, presiding.

COMMITTEE MEMBERS PRESENT:

DAVID LONG	Chair
KIM DUDE	Member
FREDERICK ELLIS	Member
MONTEAN JACKSON	Member
RUSSELL JONES	Member
SHEPPARD KELLAM	Member
TOMMY LEDBETTER	Member
SETH NORMAN	Member
MICHAEL PIMENTEL	Member
DEBORAH PRICE	Member
DENNIS ROMERO	Member
BELINDA SIMS	Member
MARY ANN SOLBERG	Member
HOPE TAFT	Member
HOWELL WECHSLER	Member

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MEMBER REPRESENTATIVES:

DONNI LeBOEUF Representing J. Robert Flores,
Department of Justice

MEMBERS UNABLE TO ATTEND:

RALPH HINGSON

OFFICE OF SAFE AND DRUG FREE SCHOOLS:

CATHERINE DAVIS Designated Federal Officer
WILLIAM MODZELESKI

PANELISTS

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

JOHN BYNOE Associate Commissioner, Center
for Student Support,
Massachusetts Department of
Education

JEFF BARBER Safe and Drug Free Schools
Coordinator, Indiana Department
of Education, and President,
Network of Safe and Drug Free
Schools Coordinators

MONA JOHNSON Program Supervisor, Washington
State Department of Public
Instruction, and Vice
President, Network of Safe and
Drug Free Schools Coordinators

CLARENCE JONES Coordinator, Safe and Drug Free
Schools, Fairfax County Public
Schools

ELLEN MOREHOUSE Executive Director, Student
Assistance Services Corporation

ARTHUR DEAN Chairman and CEO, Community
Anti-Drug Coalitions of America

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PANELISTS (CONT.)

GUS FRIAS	Coordinator of School Safety Programs, Los Angeles County Department of Education
PETER REUTER	Professor, School of Public Policy, Department of Criminology, University of Maryland
ZILI SLOBODA	Senior Research Associate, Institute for Health and Social Policy, University of Akron
CHRIS RINGWALT	Senior Research Scientist, Chapel Hill Center Pacific Institute for Research and Evaluation
EDWARD RAY	Chief, Department of Safety and Security, Denver Public Schools
LORRAINE ALLEN	Director, Office of Safe Schools, Florida Department of Education
JON AKERS	Executive Director, Kentucky Center for School Safety, Eastern Kentucky University
CYNTHIA L. TIMMONS	Director, Children of Promise Mentors of Hope, University of Oklahoma Outreach

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P R O C E E D I N G S

(9:06:39 a.m.)

DR. LONG: If we could have everyone find their seats, we'll go ahead and get started. As we get started, first of all, I would like to welcome everyone. Also, a reminder for those on the committee, and those that will be on the various groups that will be presenting to us, please make sure that your microphone is on as you speak because this is all being recorded.

I would like to, as we get started, just mention something. I'm going to re-mention it because I've talked to a few of the folks on the Advisory Committee, and also for the folks that are going to have the first panel, and those in the audience. We see this as an extremely important day and a half, and we also - I think of all us realize that when we get to the State Grant Program and what we're going to be talking about here for the next day and a half, that it's extremely important that we understand that we need to have some changes, be thinking about some changes. It isn't status quo, and it will not, and

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1 cannot be same old-same old, so that's why it's so
2 critically important with that thought in mind that as
3 we listen to the experts, starting with the group of
4 four in front of us right now, that we as a committee
5 be thinking about and hone our questions so that
6 they're very sharp, and that we can get at the
7 information so that we can start to synthesize the
8 information to get some very creative ideas and
9 solutions to present to the secretary. So with that
10 in mind, if we can, we'll go ahead and start with the
11 first panel.

12 I do want to remind as we do that, that if we
13 have anyone that has any degree of hearing impairment
14 to please let us know, because we have some assistance
15 for those folks. So if you do, would you please
16 indicate that to Catherine, who's sitting right at the
17 end here, and we'll make the appropriate adjustments.

18 None? Okay, thank you.

19 Before we start with the first panel, the
20 reminder to you about the agenda for the day, the
21 introduction of the panel will start in about one
22 minute. We're going to stay right on time.

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1 Introductions are 9 to 9:05, it is now 9:05, and you
2 can see it on the screen behind you for those of you
3 in the audience. We'll start with that introduction.

4 And for those of you on the panel, and we have the
5 information that you sent. We want to hear all of
6 your expertise. We are designed for the first panel
7 to go from 9:10 to 10:10, and then questions and
8 answers 10:10 to 10:40. So if we could ask that the
9 panel members, the individuals' presentations about
10 eight to ten minutes, then we'll hear the information.

11 We've read it, but we want to get to those questions
12 so we can have that interaction so we can really get
13 your thoughts, if that makes sense. So I'll be the
14 person that will be watching, and if it's getting
15 close, what I'll do is stand up and wave my arm, so if
16 we could get your help with that.

17 First, I want to introduce the individual
18 panel members for our first panel, "The State
19 Education Perspective". First of all, Mike Hermann,
20 and Mike serves as Executive Director of the Office of
21 School Health Safety and Learning Support within the
22 Tennessee Department of Education. His background in

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1 the prevention field began more than 20 years ago when
2 he was hired to help implement the recommendations of
3 then Governor Lamar Alexander's task force on Youth
4 and Alcohol and Drug Abuse. He currently oversees all
5 activities within the State Department related to
6 health and safety, as well as after-school and
7 extended learning. I was talking to Mike earlier.
8 Actually, I think he runs everything in that
9 department. I think you said you even drive a bus.

10 Next to Mike is John Bynoe, and John is the
11 Associate Commissioner for the Massachusetts
12 Department of Education. I think the important thing
13 about John is that he's been with the Department for
14 25 years, and has now risen to the position of
15 Associate Commissioner. And he runs all kinds of
16 programs, we were talking about it earlier. John -
17 Health Safety Drug Free Schools, Career Voc Tech
18 education, school and student secondary support
19 services, so again, someone with a lot of years of
20 experience and depth of expertise.

21 Next is Jeff Barber, and Jeff is a Safe and
22 Drug Free Schools Coordinator for the Indiana

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1 Department of Education, as well as the President of
2 the National Network of Safe and Drug Free Schools
3 Coordinators. The mission of the National Network for
4 Safe and Drug Free Schools and Communities is to act
5 as an advocacy group for the Safe and Drug Free
6 Schools and Communities program, and to enhance
7 communication between federal, state, and local
8 agencies.

9 And lastly, certainly not least, Mona
10 Johnson. I was going to introduce you first, I want
11 to say that up front. Mona currently serves as
12 Program Supervisor for the Office of Superintendent of
13 Public Instruction in Olympia, Washington. And Mona
14 manages state and federal grant programs related to
15 prevention and intervention services, Safe and Drug
16 Free Schools Supportive Learning Environment, with
17 many years in Student Assistance profession prior to
18 joining OSPI, Mona continues to work as a consultant
19 providing training in the areas of professional
20 wellness.

21 Thanks to all of you for being here, and
22 we're looking forward to hearing from you. Mike, if

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1 we could start with you.

2 MR. HERMANN: Thank you, Mr. Chairman,
3 Members of the Committee, I want to thank you for
4 allowing me the opportunity to speak with you this
5 morning about the State Grants portions of the Safe
6 and Drug Free Schools program. I consider this to be
7 a very important meeting, and I want to get right to
8 the heart of my remarks. I've tried roughly to follow
9 the outline of the questions that were laid out for
10 the Advisory Council.

11 Let me start with strengths first. The State
12 Grants program is the only source of funding for
13 alcohol and drug education, and violence prevention
14 that reaches into virtually every school district in
15 Tennessee. Without the State Grants program, the
16 overwhelming majority of our schools simply would not
17 be able to address these two issues in any kind of
18 systematic or ongoing way.

19 Second, and I think equally important, the
20 State Grants program provides an infrastructure at
21 both the state and local level for school-based policy
22 and practice in these two important areas. When

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1 Tennessee began a major methamphetamine initiative
2 last year, this infrastructure enabled us to reach the
3 education community and those that could make things
4 happen quickly and efficiently.

5 Similarly, last year when our Homeland
6 Security folks wanted to develop an initiative to
7 improve the security and preparedness of our schools,
8 we worked through that same infrastructure. Both of
9 those initiatives have relied very heavily upon the
10 infrastructure that was created.

11 Last November, this infrastructure was
12 particularly important when a student of our's entered
13 a school and shot three administrators, killing one.
14 The infrastructure that we had in place and the
15 relationships that we had with the U.S. Department of
16 Education enabled us to respond very quickly, and to
17 restore the learning environment. I know that very
18 similar things occurred in Mississippi following
19 Hurricane Katrina, and in Minnesota following the
20 shootings at Red Lake.

21 The State Grants program is the only
22 universal funding stream that addresses some of our

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1 most significant barriers to learning. The ability of
2 students to learn and teachers to teach is directly
3 related to the safety of our schools, and to the
4 health and wellness of our students. This program is
5 as much a school improvement process, as it is an
6 alcohol and drug, and violence prevention program.

7 In terms of challenges, I think the State
8 Grants program clearly has its share of challenges,
9 most notorious of which is undoubtedly the difficulty
10 we have in demonstrating effectiveness. Because each
11 local program is different, it's almost impossible to
12 develop a universal set of outcome indicators. And
13 most of our local managers are educators, they're not
14 evaluators. The small amount of funding most
15 districts receive is frequently cited as being too
16 little to implement research-proven programs. I would
17 submit to the committee that there are many effective
18 strategies that actually require very little funding
19 to implement.

20 The real challenge with small amounts of
21 funding is that the manager at the local level
22 probably doesn't have the time or the training to

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1 really do the job that we would like to see done.
2 Another challenge, I think, is certainly one of
3 perception. Too often in education and government
4 circles we perceive importance and funding to be one
5 and the same. As a result, at the state and local
6 level, and I'm sure at the federal level, our managers
7 must be very strong if they're going to be heard in
8 the current environment.

9 I think the overwhelming question is, is the
10 State Grants program effective in promoting safe and
11 drug free schools? In our state, I certainly think
12 so. Our most recent Youth Risk Behavior Survey data
13 indicates consistent and significant declines in
14 almost every category of drug usage. The number of
15 guns in our schools has declined every year for the
16 past seven years.

17 By using our discretionary funds to cover
18 out-of-pocket expenses, over 1,200 of our schools have
19 implemented research-proven programs like Life Skills,
20 Second Step, and Olweus. Three of our four urban
21 school districts have long-running Student Assistance
22 Programs that have been able to use State Grants funds

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1 to leverage strong fiscal support from their
2 communities. In Nashville, every dollar of State
3 Grants funds is matched by a dollar and a half of
4 local funding.

5 A lot of work has gone into developing the
6 specific indicators that will be a part of the uniform
7 management information system. The adoption of those
8 measures will be invaluable in allowing us to compare
9 apples to apples across districts and states, and to
10 draw attention to the extent of our challenge.
11 However, I'm afraid that they will be of limited value
12 in demonstrating effectiveness.

13 It would be nice to be able to tie changes in
14 humors indicators to actions taken with Safe and Drug
15 Free Schools funds, but with funding that hovers in
16 the five dollar per student range, I just don't think
17 that's a realistic expectation.

18 I think a more productive and practical
19 option would be to identify the specific strategies
20 that we know from research and experience are tied to
21 the outcomes that we desire. We can support and
22 document the adoption of research-proven practices,

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1 particularly when federal and state resources are
2 directed toward strengthening the knowledge and skills
3 of our local managers.

4 I think one of the most important items this
5 committee can look at is how to transfer what is
6 learned from research and national programs to the
7 local level. So much of what is needed to be done is
8 not dependent upon funding, but rather upon changes in
9 policy and practice. Action is more important than
10 programs. The State Grants program can and should be
11 the legs of our national strategy relative to
12 education, and that strategy should be built on
13 specific proven activities, not what is currently
14 popular.

15 In terms of structure of the State Grants
16 program, I think it's important to continue making
17 funding available to every school district, but I
18 think across the board we need to be more prescriptive
19 about how the program is administered. This would
20 probably mean that some districts, and possibly some
21 states, would choose not to participate. But at the
22 same time, I think we've got to provide a strong

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1 network of training so that all schools, including
2 those schools that choose not to pursue funding, can
3 receive assistance. This can be done when federal and
4 state resources are combined. I think it would also
5 require that additional flexibility for states be
6 allowed in the awarding of funds, including the
7 ability of states to set aside a larger portion for
8 statewide initiatives.

9 Just a note about emergency management
10 issues. Our schools have been significantly impacted
11 by events like the terrorist attacks on September the
12 11th and Hurricane Katrina. Much of the basic planning
13 and response procedures that have been followed were
14 developed as a result of a series of school shootings
15 that began more than 10 years ago. One important
16 change, I think, is that we now realize the role that
17 schools can and must play in the overall community
18 response process. Public information, emergency
19 sheltering, feeding and transportation are tasks that
20 schools are uniquely prepared to provide for the
21 community, but in order for that to happen, we have
22 to, once again, be sure that we have this

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1 infrastructure in place that includes federal, state,
2 and local players.

3 In closing, let me just say that I think to a
4 large extent many of the questions that will be raised
5 today come down to a question of will. Do we have the
6 will, particularly at the federal and state level, to
7 make this program work? I know that everyone sitting
8 on this panel can provide you with examples of
9 districts that are doing outstanding work with very
10 limited funding. We can hold everyone to those higher
11 standards if we are prepared to provide the necessary
12 leadership. The last several years have been
13 difficult for the State Grants program, No Child Left
14 Behind, major budget cuts, and an ongoing threat of
15 elimination have been difficult to weather. But
16 despite it all, we still have an experienced and
17 committed cadre of folks out there that are ready to
18 do what needs to be done. They deserve a long-term
19 commitment.

20 I encourage you to recognize the important
21 role that the State Grants program must play if we're
22 going to be serious in our commitment to safe and drug

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1 free schools and communities. Thank you very much for
2 allowing me the opportunity to speak.

3 DR. LONG: Thank you very much, Mike. We
4 appreciate that. Again a reminder, as we start down
5 this path, that we'll hear the presentations from each
6 of the panelists, and then we'll open it up for
7 questions, and have a dialogue back and forth with the
8 committee and the panelists. And we set this up as a
9 reminder to have a call go off to remind all of us
10 that we need to shut our cell phones off so that we
11 don't have interruptions, so if you'd please shut
12 those off or turn them on vibrate, it would be
13 appreciated. And with that, we will move to Mr. John
14 Bynoe. John.

15 MR. BYNOE: Thank you, Mr. Chairman. I,
16 also, would like to thank the committee for providing
17 me this opportunity to give you my thoughts on the
18 Safe and Drug Free School State Grants program. One
19 of the problems of following Mike is that Mike and I
20 have been joined at the hip for about the 15 years
21 I've been involved with drug free schools. We've been
22 on about 15 panels in those 15 years, so much of what

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1 Mike has said, I would just say ditto to; but I also
2 would like to give you the Massachusetts spin on many
3 of those things.

4 In Massachusetts, as my notes indicated, we
5 have set up a system where we have specific liaisons
6 to districts. In Massachusetts, only 280 out of 380
7 districts actually take the funds; again, because of
8 the amount of money that's available. Usually those
9 districts don't have high, low-income populations, and
10 they get the minimum amount, the per pupil allocation,
11 which in Massachusetts is less than five dollars a
12 child. I think, also, the fact that we use the Census
13 data and low-income data, I think different states get
14 different amounts, so the per pupil allocation is not
15 even uniform across the country; because I look at my
16 per pupil allocation for this coming year. If you are
17 a district that does not have a Title 1 population,
18 it's three dollars or less a child, so I know even
19 more districts are going to refuse to take the money.

20 That said, there are strengths of the
21 program. I think one of the major strengths of the
22 program is the issue of objective analysis of data.

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1 Most people think this is new, but this has been in
2 place since drug free schools. There always has been
3 a needs assessment, there always has been measurable
4 goals and objectives, so the Principles of
5 Effectiveness have always been in place. The only
6 thing new in the principle of effectiveness that
7 people missed is the science-based research-proven
8 effective strategies, so four or five out of the
9 Principles of Effectiveness have always been in place,
10 but they never have really been legislated. But those
11 in place now, districts now do a good data analysis in
12 order to determine what are putting kids at risk of
13 either substance abuse or violence. It also is
14 helping them identify other risks factors preventing
15 kids from being successful.

16 I think as Mike has mentioned, one of the
17 strengths of the program I could say could be, because
18 I don't think a lot of districts recognize that it is
19 truly part of school improvement. A lot of districts
20 in Massachusetts, we're still having conversations
21 about how it fits in school improvement.

22 One of the concerns I have is that I'm not

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1 sure we as a nation understand the importance of
2 prevention, because when I look at the goals for NCOB,
3 safe and healthy school environment always seems to
4 fall off the table. We focus on the academic, the
5 standards, but I never really hear anybody talk about
6 safe and healthy environments, so I think that's a
7 strength that's being missed, an opportunity being
8 missed.

9 I think a strength in Massachusetts is also
10 the collaborative efforts that is going on between
11 state, local, and community agencies. I now sit on
12 several statewide task forces with the Lieutenant
13 Governor around substance abuse. Anything that goes
14 on in terms of substance abuse, prevention of
15 violence, I'm there in the state, so the Department of
16 Education is a key player at the state level; whereas,
17 before, in years past we may not have been.

18 Grantees have a larger selection of eligible
19 programs that could be using, but at the same time, I
20 think that list could be expanded. I think science-
21 based is a good idea, but also in terms of funding,
22 it's not realistic for many districts, even though the

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1 fact that I can have a waiver process, even districts
2 can often meet that waiver process because I'm asking
3 for three to five years worth of evaluation data to
4 prove that the program is effective. So I'm not sure
5 how to make a balance of giving them opportunity of
6 doing home-grown programs, but at the same time,
7 making sure that those programs work without them
8 being sold the program of the month, so to speak,
9 because oftentimes, the district will go to the last
10 vendor heard because this vendor says it will work,
11 but oftentimes we know those programs are just passing
12 through, or someone is trying to make money.

13 I think what's meeting the elements of the
14 meeting the needs of students and schools today,
15 again, as I said earlier, is community collaboration
16 and community networking. The grant forces districts
17 to coordinate and utilize all these resources fully to
18 address their needs because they are finding that the
19 little bit of money they do get from safe and drug
20 free schools, they now have to figure out how to
21 leverage, and how to bring partners in in order to do
22 prevention. It enables them to tap into local

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1 resources to provide violence prevention programs and
2 evaluate services to school districts.

3 Again, the use of research-based programs
4 that are based on local data is another thing that's
5 working. And in terms of us working as a state, the
6 simple meeting the parent program piece, having
7 districts understand the issue of parenting and the
8 participation of parents in programs around
9 prevention.

10 The way we determine assistant program
11 reviews, we have what we call a program called "The
12 Assurance Reviews" on a regular basis in Massachusetts
13 every year. Safe and Drug Free Schools annually has
14 been part of that review. Unfortunately, this year
15 because, again, the loss of resources, Safe and Drug
16 Free Schools reviews will take place, but they'll have
17 to take place in a different way. But what they have
18 done in the past, was able to go out not only to
19 recognize whether or not programs are in compliance,
20 but to understand where program weakness is, and able
21 to write technical assistance around program planning
22 and improvement.

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1 In terms of difficulties in remote areas,
2 such as our rural setting, is that because these
3 settings are usually large regional school districts
4 with a variety of communities, there is usually not
5 one central community agency, or one central place.
6 Every one of these may have several little elementary
7 school, and one regional high school. And they don't
8 necessarily allocate all their funds in one pot.
9 Everybody wants to take their little bit of money, so
10 there is no systemic, or systematic service delivery
11 system there, and so the programs may not match.
12 Somebody may be doing Second Step, somebody may be
13 doing Alert, some may be doing something about
14 alcohol, maybe something about violence, so there's no
15 uniform programming going on. And, oftentimes, the
16 money is so small, I'm more concerned whether or not
17 programs are being implemented fidelity, or they're
18 just doing pieces of programs.

19 They also have a hard time around being able
20 to do evaluation; again, because even if they come in
21 as a unified district, they're trying to evaluate
22 multiple programs with little more money. One of the

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1 things that we have done, though, is to work with the
2 Governor program. Our Governor's program and either
3 our Governor's representative and myself, and my Safe
4 and Drug Free School Coordinator are talking on a
5 regular basis, so we make sure that where programs go
6 in the communities, whether large or small, they are
7 coordinated, that Safe and Drug Free Schools governor
8 awards are coordinated with Safe and Drug Free Schools
9 SCA awards, to make sure that the programs are not
10 competing, but working together.

11 I think one of the things, or mechanisms that
12 could be posed that would help determine if a program
13 is being supportive, and these funds are effective in
14 meeting the programs. I think right now we don't have
15 a requirement on the end-of-the year narrative. We
16 ask for evaluation results, but we don't ask what do
17 those results mean to the districts. I'm not sure if
18 we want to add another requirement given the little
19 bit of money, but I think it would be interesting to
20 have districts really take a hard look at what they
21 think the issues and concerns are, giving their pre
22 and post data.

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1 I think emerging facing students in school
2 today that's not addressed, and should be addressed in
3 STA state grants. I have one answer for this giving
4 my statement, but recently, I just, as I was telling
5 people, I took my son to South Carolina, and this
6 actually gave me an awakening. I thought about
7 Massachusetts, I thought about Boston, I thought about
8 my urban centers, I thought about the recent wake of
9 violence and what's going on. And these kids may or
10 may not be in school. I mean, the teen homicide rate
11 in Boston for this summer is off the charts, but these
12 kids are out of school. But at the same time, when I
13 was in South Carolina, as I often do, I watch the
14 local news to see what's going on.

15 I don't know if anybody heard the report
16 about what's going on in South Carolina this past
17 week, where there was going to be an armed assault at
18 a football game. But the armed assault was going to
19 perpetrated by the Crips, but members of the Crips
20 were also in the -- there was four U.S. Marines who
21 were members of the Crips, who were going to
22 participate in this armed assault. So I'm saying that

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1 to say, you know, basically, these are emerging issues
2 that are facing students today in terms of gangs.
3 These gangs, the tentacles of the gangs are reaching
4 where we never would expect their reaching. I was
5 actually shocked that there were four U.S. Marines who
6 were now members of the Crips, who were now going to
7 take their training and put it back on the streets.
8 Also, they were alleging that the kids in South
9 Carolina were in these gangs at the third-grade level,
10 second or third grade level.

11 In Massachusetts, one of the facing issues
12 are the new barbiturates, the opium, the heroin, the
13 meth, OxyContin in my part of the state. This is
14 what's facing kids today. Prescription drugs are
15 facing - these new prescription drugs where they can
16 go into their parent's cabinet. They no longer have
17 to go on the street, they go in their parent's
18 cabinet, or their grandparent's cabinet, somebody with
19 a bad back of recent surgery, and get OxyContin, chew
20 it and they're high, and they're hooked. This became
21 more prevalent as kids I know, kids that my children
22 knew were in high school who have been addicted. So I

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1 think kids are facing more and more issues. Why my -
2 like Mike says it's going down, but those are kids who
3 are in school, or it's kids who are in school that
4 day, because the kids who are high probably weren't in
5 school, so they're probably not responding. So while
6 we may be seeing a decrease in violence, and a
7 decrease substance abuse on the survey, my reality
8 says that's only a survey. If I go in the streets, I
9 see something totally different, working with my
10 District Attorneys and my other law enforcement
11 agencies in the state. Kids are at greater risk in
12 terms of new substances than they've ever been before,
13 because these substances are prescription drugs are
14 what's out there.

15 The plan about keeping schools safe - I think
16 that language is sufficient, but I think we need now
17 to go on about emergency preparedness and crisis
18 management. One of the things that are on the agenda
19 of the world today is the pandemic preparedness. I
20 think what I've been saying in Massachusetts is not
21 pandemic preparedness, it's pandemic preparedness and
22 all hazard planning, because the pandemic is the

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1 flavor of the month. The truth is, the schools need
2 to be prepared for anything that comes their way, so I
3 think we need to change the discussion to all hazard
4 planning, and use such things as FEMA, in my state
5 MEMA, to work with schools around crisis planning,
6 around incident command systems, and how to respond,
7 and how to be prepared for anything that comes their
8 way, so that we forget what the flavor of the month
9 is, but we do real training around crisis management
10 and planning. But the question, can that really be
11 funded under Safe and Drug Free Schools, the safety
12 and crisis management. We say 20 percent, 20 percent
13 of a little bit is not much, but at the same time, as
14 Mike says, it doesn't take a lot of resources, it just
15 takes time. But it also takes time away from
16 something else, which schools are not willing to give,
17 which is standardized testing. So, again, this
18 discussion goes back to how do we make sure that we
19 understand programs such as Safe and Drug Free School,
20 education in general as part of school improvement.
21 It's not something, a set aside, but it's an important
22 key component.

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1 Is the structure of the SDA Grant program a
2 good structure? Yes, it is. I think it's the only
3 structure. I think because the schools look to the
4 state for leadership, as we look to the federal
5 government for leadership. I think they need someone
6 to go through that will help them understand what is a
7 good program, how to find good technical assistance.
8 Now if we have the resources to provide technical
9 assistance ourselves; I have just recently put my
10 whole center, which is much larger than Safe and Drug
11 Free Schools through the whole training round,
12 Addressing Barriers to Learning, so that they could
13 look at issues that get in the way of kids learning,
14 and so they look at all the programs that I
15 administer, which as the Chairman of the Center,
16 includes career, vocational, technical education,
17 nutrition, feeding, nutrition commodity programs,
18 academic support, remedial programs, migrant
19 education, formal education, the list goes on, but how
20 all these programs are support programs for kids, and
21 how they all work together, that they're not stand-
22 alone programs, but they come in and how they work

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1 together as a service delivery system. I think that's
2 the same language you need to work with schools about
3 those academic programs, not Safe and Drug Free School
4 programs, but other support programs out there, how
5 they are part of school improvement, and how they're
6 important, because if we don't, No Child Left Behind
7 would just be a dream, and 2014 will be a lie, because
8 children will be left behind.

9 Is the balance between flexibility and
10 accountability contained in the statute working.
11 Well, flexibility is an interesting thing, because
12 some schools actually take the flexibility, they
13 transfer the money say to Title 5, and then they go
14 ahead and use programs that wouldn't allow them to use
15 it under Title 4, but they flex the money out to Title
16 5, and Title 5 is school improvement, and so it makes
17 it difficult when that happens. But at the same time,
18 I hold their feet to the fire about meeting the
19 Principles of Effectiveness under Safe and Drug Free
20 Schools, in general, so there is a conflict there.

21 The tension between Principles of
22 Effectiveness and funds that we spend on research-

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1 based effectiveness, I think the reality with that is
2 research-based effectiveness is a good idea, but I
3 think we need to go from programs to strategies,
4 identify those strategies, because again, there's not
5 enough funding to fully fund programs and implement a
6 program for fidelity if you're a small district. But
7 I think helping to educate people about those
8 strategies within a program that are proven to be
9 effective, and how to translate those strategies into
10 many programs, or into some sort of working with
11 students, the strategy of parent participation, how is
12 that done well. Parent involvement, what does that
13 really mean? It means more than the parent coming
14 into school to hear about their child's grades, it
15 means about the parent being active in their child's
16 life, knowing where their child is, taking a little
17 PSA. It's 10:00, do you know where your child is, and
18 taking that to heart, and I say why that's important.
19 So a lot of it can be discussion, and a lot of it
20 could be strategies.

21 So with that, I think I'm done, because I'm
22 interested in your questions, because if you have

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1 questions, I'm pretty sure I have some answers. Thank
2 you.

3 DR. LONG: Thank you very much, John. We
4 appreciate that, and there is no doubt in my mind that
5 you have those answers. Next we'll turn to Jeff, Jeff
6 Barber from Indiana. Jeff.

7 MR. BARBER: Thank you, Mr. Chairman, Members
8 of the Committee. As was stated prior, I'm certainly
9 pleased to be here, and honored to have the
10 opportunity to speak to you. I think many of the
11 things that I'll have to present certainly connect
12 with what you've heard prior. I think that we all see
13 many of the same things, both in the areas of
14 strengths and in areas that could be improved, so
15 there are many connections between the states, so I
16 think that commonality of the presentations certainly
17 speaks to the strength of what's being said today.

18 Just to begin with, one of the things that I
19 think was mentioned before by Mike is that Safe and
20 Drug Free Schools really does offer the opportunity to
21 engage every school district, every school, and every
22 student throughout the country. There's no other

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1 opportunity like that, and to me, that has a huge
2 amount of power, and I think that we need to make sure
3 that we use that to its most beneficial effect. And I
4 think if you take the Safe and Drug Free Schools money
5 away, if that wasn't there, where is the slack going
6 to be picked up? And it's not going to be picked up by
7 the states, it's not going to be picked up by the
8 locals. It really is an opportunity, and we need to
9 take advantage of that.

10 Another strength that I see really is, are
11 the Principles of Effectiveness. They were codified
12 with No Child Left Behind, they were in place prior to
13 that, and I think the codification of them certainly
14 provides strength for the Principles of Effectiveness.

15 The principles really are a sound planning structure
16 for any program, whether you're talking about a
17 prevention program, whether you're talking about
18 school improvement. It really is a process you must
19 do in the needs assessment. You must have goals and
20 objectives, or performance measures that make sense
21 and relate back to your needs assessment.

22 You need to pick program strategies, efforts,

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1 activities that link back, and you know will have an
2 effect on those performance measures, and then you
3 have to evaluate, and that evaluation really needs to
4 be an opportunity, looked at as an opportunity to
5 strengthen what you're doing, and not just to prove
6 that the program is effective from a funding point of
7 view. I mean, really the point of the evaluation is
8 for the school systems to look at it and say this is
9 working or this it not, or maybe we need to strengthen
10 our evaluation efforts. There are many answers that
11 you can get from an evaluation.

12 The Principles of Effectiveness also provided
13 me an opportunity at the state level to do training.
14 And I think one of the things that state money is
15 there for is for us to build capacity at the local
16 level. And I'll speak a little bit more on this in
17 connection with the strategic prevention framework,
18 state incentive grant. We are a recipient of that in
19 Indiana, and there's a very tight connection between
20 the two, and I think that's another important point
21 for the committee to look at, is how all these federal
22 programs connect. And I've seen a real -- in the last

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1 five years, I've seen federal agencies really coming
2 together and coordinating at a much more effective
3 level than was occurring in the past. I think that's
4 occurring at the state level now, and that leadership
5 from the federal level to the state level then can
6 encourage those kinds of connections at the local
7 level, so all of these things are connected. And you
8 take one element out of this, and it's certainly going
9 to have a big effect, and it won't be positive. I can
10 almost guarantee that.

11 One of the issues with Safe and Drug Free
12 Schools that often comes up is the amount of
13 allocation per school system. It certainly is very
14 low for some, but what I have seen, I have very few
15 districts - actually, no one in Indiana refuses. We
16 have some who don't follow-through as they need to to
17 receive the funding, but I haven't had anybody, even
18 school systems who receive \$500, say they don't want
19 it. And they have to fill out an application, they
20 have to do all the same things that a school system
21 that receives \$200,000 does. So if schools are
22 willing to do that, school systems are willing to do

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1 that, to me, that says something. If they're willing
2 to take the \$500, do all the work that comes with it,
3 and implement programs to the best of their ability
4 with that funding, there is a message there, I think,
5 from the school systems.

6 I think it also provides an opportunity for
7 the schools, even with funding at very low levels, to
8 bring something to the table. They are no longer
9 having a situation we often see where things are being
10 done to them. They are then a partner. They could
11 say look, we can put this money in the pot. What can
12 you provide from the community level? We have county
13 level organizations that do address issues related to
14 prevention, treatment, and enforcement of drug use, so
15 what this does is it brings the school to the table,
16 say here's our money, you have money, you have
17 resources, how can we work together, as opposed to the
18 people from outside the school setting coming in and
19 saying here's what we want to do. I mean, the school
20 is not really having as much voice, I think, in the
21 matter without something to bring to the table.

22 Another important point with Safe and Drug

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1 Free Schools is it, I think, has provided school
2 systems a new opportunity to be effective in the
3 competitive grant process no matter where the funding
4 comes from. And I really think it has provided a
5 foundation for the national programs to be effective.

6 At the state level, we have a communication system.
7 I use list serve, I have mailings, I have a list of
8 Safe and Drug Free Schools coordinators. I can get
9 information out, so I think that increases the pool of
10 applicants for the national programs or other grant
11 opportunities that we certainly provide the
12 information to the locals on.

13 I think it also really does provide an
14 opportunity for the school system to take the
15 foundation that was built with the State Grants
16 program, and build on that through the national grant
17 program. And I think without that foundation, the
18 pool of applicants will certainly decrease, and I
19 think the quality of those applicants will decrease,
20 also, because you won't have that foundation. Once
21 you take that away, the system will dry up, Safe and
22 Drug Free Schools if the money was to no longer be

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1 available, you really would have to try to rebuild
2 that whole system, the capacity of the schools who
3 offer high quality programs to be able to apply for
4 grant opportunities, and I think that needs to be
5 something to look at. It is a foundation. It is not
6 the answer, the only thing, but it is a foundation and
7 needs to be supported as such.

8 I just wanted to go over a few things, just
9 to kind of give you an example, and this is just very
10 briefly what Safe and Drug Free Schools offers Indiana
11 and what is really provided from an outcome
12 perspective. I'm not a researcher, never claimed to
13 be, but we certainly look at how we can evaluate the
14 effectiveness of the program. If we had millions of
15 dollars, we certainly would do research to tie the
16 dollar exactly to the outcome, but it would take a
17 great deal of research to do that, and we don't have
18 that kind of funding. But what we do have, we do have
19 a survey that the majority of the school systems in
20 Indiana participate in. They get local data, which is
21 a perfect opportunity for them to learn about what's
22 going on in their schools, in their communities

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1 related to drug use, and violent behavior with their
2 students, but that data then is compiled at the state
3 level, and so we can look at data that's directly
4 connected to school systems and tie it back up to the
5 state level. This survey has been conducted since
6 1991. Every year over 100,000 students are surveyed,
7 and I think it's really an opportunity for us to look
8 at risk and protective factors, as well as drug use
9 rates.

10 Just a couple of slides on the trends on, I
11 guess, the big three, as I seem to sense those. This
12 is just a look at alcohol use rate since 1991; and
13 although you see some bumps up and down here and
14 there, for the most part you can see that the trend
15 has been going down over time, and continues to do so.

16 And certainly, what I think you see with this data is
17 partly an effect from the Safe and Drug Free Schools
18 money. You can't bring five and a half million
19 dollars into the school systems in Indiana for drug
20 use prevention, for violence prevention, and not see
21 some kind of positive effect.

22 The next one is cigarette use among Indiana

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1 students, and these are all monthly use rates. And as
2 you can see, we had an increase during the mid to late
3 90s, and we've consistently had a reduction since
4 then, so over time these rates continue to drop,
5 continue to decrease. Finally, we have the monthly
6 use rates for marijuana among Indiana students. And
7 once again, we did have a spike in the early to mid-
8 90s, which has then trended down since then.

9 The next slide, and one of the questions -
10 the question was about rural, is it working in rural
11 areas? Is it working in suburban and urban areas, and
12 so I just wanted to touch on a few examples, and I
13 just pulled these from our files. Every school system
14 is required to submit their performance measures for
15 the year with their application. The following year,
16 they report on the outcomes of those performance
17 measures, and so these are just a couple of examples
18 that I have.

19 This LEA is North Montgomery Community
20 Schools. They have an enrollment of 2,160, and in
21 fiscal year 2005, their allocation amount was \$3,704,
22 and I would show you the difference between that and

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1 `06, it's significant. We had decreases because of
2 the decrease at the federal level. Among the LEAs, I
3 basically kind of looked at all of them, and we had
4 anywhere from 9 percent to a 32 percent reduction in
5 allocations, so this amount would be significantly
6 reduced for `06. But as you can see, the percentage
7 of tenth graders reporting alcohol use in the past 30
8 days, and this is in one year, it decreased from 30.5
9 percent to 26.7 percent.

10 Also among tenth graders reporting marijuana
11 use in the past 30 days decreased from 16.5 percent to
12 9.9 percent. And certainly, there are other efforts
13 going on within the school system, but that \$3,000 had
14 an impact, and you can see that with the data. Not on
15 the slide that you have presented, but I did want to
16 also mention Adams Central Community Schools, they had
17 several looks at their performance measures, and they
18 included annual alcohol use among high school students
19 which declined from 45 percent to 42.5 percent, annual
20 marijuana use among high school students declined from
21 14 percent to 9.8 percent. Annual cigarette use among
22 high school students declined from 22 percent to 20.1

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1 percent. Annual alcohol use among middle school
2 students declined from 19 percent to 14.9 percent.
3 And finally, annual cigarette use among middle school
4 students declined from 7 percent to 5.2 percent.

5 At the suburban level, our system of how we
6 put -- what level we put schools at is a little bit
7 different, but it relates to the suburban population,
8 as far as numbers of students. We have an LEA,
9 Brownsburg Community Schools, which is near
10 Indianapolis, has an enrollment of 6,726. Their
11 allocation was 17,379, and their 2004 performance
12 measure results, they had daily tobacco use by tenth
13 graders decrease from 15.8 percent to 8.7 percent,
14 daily tobacco use by eleventh graders decreased from
15 22.7 to 13.5, daily tobacco use among twelfth graders
16 went from 25.1 percent to 15.5 percent. I'm not going
17 to read through all of these because I don't want to
18 take up too much time with this.

19 We also have Greater Clark County schools,
20 and I put them in here for two reasons. One, they
21 have had great outcomes, but they had an administrator
22 who was working with the Safe and Drug Free Schools

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1 program. She was also the Title 1 coordinator, and
2 she did the most magnificent job of connecting safe
3 and drug free schools to academic achievement, and
4 really got her school on board. They implemented a
5 life skills program, and she sold their school system
6 on the fact that they had to do this, because they
7 needed to increase their test scores, their academic
8 achievement. And one of the keys to that was reducing
9 drug use and violent behavior, and they saw dramatic
10 changes.

11 They also had a huge amount of buy-in from
12 the staff at the school level because of her work, so
13 she was a great leader, unfortunately retired this
14 year, but I'm expecting that what she put in place is
15 not going to just go away. She certainly has had a
16 long-term impact on that school system, but you can
17 see that the rates for this school system for monthly
18 marijuana cigarette use among eighth and tenth graders
19 has decreased significantly, so I think that is a
20 testament to her work, and also was provided -- they
21 were provided the opportunity through the Safe and
22 Drug Free Schools program for that.

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1 At the urban level, we have Kokomo-Center
2 Township Consolidated Schools with 7,027 students.
3 They have \$48,000 allocation in 2005. Their 2004
4 performance measure results, you can see they reduced
5 expulsions for possession, use of drugs and alcohol,
6 among sixth through twelfth graders by 10 percent,
7 expulsions for violent behavior for six through
8 twelfth graders was reduced by 58 percent, and then
9 suspensions for disruptive behavior in grades six
10 through seven was reduced by 24 percent. They
11 implemented Student Assistance Programs in Too Good
12 for Drugs, which is a Mendez Foundation program.

13 Vigo County School Corporation, and this
14 system has certainly seen -- well, this county has
15 seen a huge problem with methamphetamine that's been
16 probably at the highest level for all the counties in
17 the state, so they have a big issue that they need to
18 deal with. And they have provided the funding that
19 they use, Safe and Drug Free Schools, they provide the
20 Too Good for Drugs and Project Alert program. They
21 also use it for Student Assistance Programming.

22 In 2004, with their performance measures,

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1 they saw decreases in monthly cigarette use, out of
2 school suspensions for grades nine through twelve
3 decreased by 5 percent, reductions in monthly alcohol
4 use among twelfth graders, and then students who
5 missed one to two days of school due to school safety
6 concerns decreased by 14 percent, so once again,
7 decreases are improvements in their outcomes across
8 the board.

9 A couple of things I wanted to mention, the
10 mechanisms to assess the effectiveness of Safe and
11 Drug Free Schools. I think probably the most
12 important thing is to look at the program from the
13 bottom up, from the LEA level to the federal level,
14 because that's where the program operates, so that's
15 where the evaluation should begin. I think the
16 outcome data should be fed to the state, and then the
17 federal level, and this would provide the best
18 opportunity to assess program effectiveness. With the
19 requirements for Safe and Drug Free Schools plans, the
20 Principles of Effectiveness to be developed based on
21 an assessment of local need, then the measures of
22 effectiveness must be generated at that level. Also,

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1 the system that measures the effectiveness of the
2 program should include process data that ties the
3 implementation of the programs, strategies, and
4 activities using the Principles of Effectiveness. And
5 this really must assess the adherence to all elements
6 of the Principles of Effectiveness.

7 One of the things that I have experienced, I
8 am actually on the SPFSIG, as they call it, the
9 Strategic Prevention Framework State Incentive Grant
10 Advisory Committee at the state level. One of the
11 things that I found through that is the system, as I'm
12 thinking of it here, really is being put in place
13 through the SPFSIG process. And one of the things
14 that they are measuring is the capacity, is capacity
15 to offer high quality programs to assess the problems
16 in the community, to evaluate those problems, is that
17 increasing? And I think that should be part of any
18 program, or any evaluation of Safe and Drug Free
19 Schools. It shouldn't just be about reducing drug
20 use, which is the bottom line piece, but it also
21 should be about developing a program, a structure, an
22 infrastructure really, and assessing that

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1 infrastructure, because that, to me, is as valuable
2 and more long-lasting of an effect, and so we need to
3 look at that and make sure that we are assessing that.

4 Some of the emerging issues - I really don't
5 see any emerging issues from the sense that - and I
6 think that John mentioned this, you don't want to end
7 up chasing your tail going for the new flavor of the
8 month, the problem of the month. I think what Safe
9 and Drug Free Schools really offers is that breadth.
10 You could look across the spectrum, and through the
11 systems that have been set up, through the funding
12 partially, but also really more than anything, through
13 the system that has been set up. You have the
14 opportunity to address any problem that may occur, no
15 matter what it is, so I think basically, it is
16 flexible and is sufficient, the breadth of the
17 program.

18 The Principles of Effectiveness really by
19 design require districts to monitor their needs, so
20 they should be able to recognize when they have a
21 problem and when they need to maybe make an adjustment
22 in their program, programmatic approach. I think the

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1 crisis plan with the guidance and the language related
2 to that is sufficient, and that schools really are
3 prepared to address any kind of emergency that comes
4 their way.

5 The current structure of the Safe and Drug
6 Free Schools program, I really think that one of the
7 strengths is that it provides an opportunity for state
8 level leadership. That leadership comes from the
9 federal level, and is filtered down to the states, and
10 it really provides us the opportunity, and I mentioned
11 some of the trainings that we do. My training, I
12 don't focus on a programmatic training for life skills
13 or this program, or that program. I really focus on
14 this development of capacity, do they have the ability
15 and understanding to evaluate, to do a needs
16 assessment, to offer programs and put them in place in
17 a way that is effective, as opposed to just saying
18 here's a program, put this in place and you'll be
19 fine. There's no magic bullet. I think the magic
20 bullet really is that capacity, that understanding.
21 It has a much longer-lasting effect.

22 I also believe the school systems typically

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1 respond more to SEA input than they may from a federal
2 level input. Not always the case, you heard the story
3 of I'm from the state, I'm here to help, and the
4 laughs occur upon saying that. But honestly, I have
5 had no resistance, no sense that people don't want the
6 state to be involved, don't want state leadership.
7 And I think that they really look to the state to
8 provide whatever leadership they may provide, and Safe
9 and Drug Free Schools certainly gives us that
10 opportunity.

11 I also think the closer the supporting
12 resources are to the end user, they increase the
13 effectiveness of that program, whether you're talking
14 about the SEA or the Governor's program. I think it
15 needs to be closer, and certainly, federal level
16 leadership is very important, but your ability and
17 resources to effect change at a local level from the
18 federal level is certainly going to be taxed, if not
19 nearly impossible to make a huge impact with that kind
20 of a distance between the two systems.

21 To continue in the current structure, I think
22 the funding also provides an opportunity for leverage

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1 for the SEA to be part of a bigger picture. The
2 Department of Education in Indiana has been brought to
3 the table in many areas. I mentioned the SPFSIG
4 Advisory Committee. We also participate on the
5 Governor's Commission for Drug Free Indiana. We have
6 a Meth Free Coalition now in place, and the Department
7 of Education is at the table there. There are many
8 other examples of that basically across the board,
9 whether we're talking about our single state agency,
10 and their advisory committees and groups to our
11 Governor's Commission on Drug Free Indiana.

12 All of those agencies engage the Department
13 of Education, and I don't think it's wholly because of
14 Safe and Drug Free Schools, but it certainly makes it
15 much more likely that we're going to be at the table
16 because we have resources that we can bring along with
17 that.

18 I think that also the system allows
19 initiatives and communications related to Safe and
20 Drug Free Schools to flow to the local level. I don't
21 know exactly how effectively even the Safe and Drug
22 Free Schools could communicate directly to LEAs

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1 without the SEA being engaged in some way. And
2 without the Safe and Drug Free Schools funding, those
3 of us in the position of Safe and Drug Free Schools
4 players, we may still be at the Department, but we may
5 be there in a different capacity, and it may not be
6 that individual or that organization within the
7 Department of Education to pass that information
8 along. And certainly, there's a lot of vital
9 information. You look at the school safety issues
10 that have occurred related to the shootings in
11 Columbine and other locations, and the initiatives
12 that have come from that. Also, the initiatives
13 related to Homeland Security, I think the system
14 that's in place because of Safe and Drug Free Schools
15 has provided an opportunity that would not have been
16 there otherwise.

17 The Principles of Effectiveness requirements
18 and other authorized activities there certainly is a
19 disconnect between the two. Some of the authorized
20 activities, there are 27 of them, don't have a great
21 deal of research to back them up, so I think that some
22 concerted review of those activities to really look at

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1 it through the lens of research, and make sure that
2 what's on the list has solid evidence to back it up,
3 solid research to back it up, I think is vitally
4 important.

5 I believe that using the foundation of the
6 collaboration has been fostered at the federal level
7 would be an opportunity that we could use in this
8 effort, and I know that SAMHSA has their model
9 programs list, which is a great opportunity for school
10 systems to really look at programs that have been
11 assessed and evaluated, but I also think that there
12 needs to be an effort to move toward a look at
13 strategies as opposed to what I always call program in
14 a box, because at the state level when you're looking
15 at a list of programs, these are all supported by
16 people that are selling a product. And while those
17 products may be wonderful and great, it's very hard
18 for us at the state level to say here, you have to use
19 this product, because in a sense, we're endorsing that
20 at the state level, and that really puts us in a
21 difficult situation. And I think if you took those
22 programs and really looked at the strategies and

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1 activities within them, you'd see, and you will see
2 consistency across them. They use role plays. They
3 use various strategies to engage students beyond just
4 some kind of didactic presentation. All of these
5 things are elements of an effective program, so let's
6 take a step back and look at those strategies, the
7 upstream piece, as opposed to the end product, which
8 is oftentimes something that someone is selling for
9 profit.

10 I think that once the review of the
11 authorized activities was completed, then we could
12 just look at just having a list of strategies and
13 activities backed by solid research. And then I think
14 from the federal level to the state level, to the
15 local level, we could really provide great training
16 around the strategies. How do you implement them?
17 What strategies work? Which strategies really do
18 address the problems that you have within your local
19 community. So with that, I will close, and thank you
20 very much for the opportunity.

21 DR. LONG: Thank you very much, Jeff. We
22 appreciate that. And next we'll move to the State of

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1 Washington, Mona Johnson.

2 MS. JOHNSON: Thank you, Mr. Chairman, and
3 I'd like to thank the committee for the opportunity to
4 speak this morning, and I will try to be very brief.
5 I'm looking at time and want to honor that. Behind me
6 you can see my Power Points really quickly, the
7 strengths of the Safe and Drug Free Schools program.
8 My colleagues have reiterated that very well this
9 morning, and I'll say the same thing.

10 One of the things about this funding stream
11 is the only funding stream available to every LEA.
12 That's critical for the Foundation of Substance Abuse
13 and Violence Prevention. I think part of the power,
14 and Jeff touched on this, and so did my other
15 colleagues, is that it's the SEA administering the
16 presentation or, excuse me, the program to the locals
17 providing a level of leadership, which I think is very
18 important.

19 Having a point of contact in every district
20 that's specifically identified to deal with substance
21 abuse and violence prevention - those of you in
22 education know how big that world is. And to have a

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1 point of contact that we know can be that key person
2 we work with at the District level to address these
3 issues is another strength of this project. And,
4 also, it is the foundational funding stream. I think
5 much of the work that we've done over the time and the
6 span of Safe and Drug Free Schools really has set the
7 structure of the foundation for programs around
8 violence prevention and substance abuse prevention
9 that our districts have been able to leverage to get
10 additional resources, either at the state, local, or
11 national level.

12 We do do a state survey in Washington State.

13 I didn't really want to share with you the state
14 survey results, because what's most relevant to me in
15 my state is what is the money being spent on related
16 to Safe and Drug Free Schools, and how can we tie what
17 we're doing to Safe and Drug Free Schools in those
18 outcomes, so that's what this slide is to illustrate.

19 I wanted to share with you in the State of
20 Washington that 74 percent of our total sum of Safe
21 and Drug Free Schools money that comes into our SEA
22 funds our State Student Assistance Program. We call

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1 it the Student Assistance Prevention and Intervention
2 Services Program. The other 26 percent of the program
3 is used by districts for other authorized activities,
4 and you can see behind you a list of the other
5 authorized activities, which aren't surprising.

6 We only have one district in our entire state
7 of 296 school districts that has a waiver to do a
8 program outside of the authorized activities, or
9 within science-based programming, so we spent a lot of
10 time doing training, as Jeff mentioned, around
11 capacity building and comprehensive prevention
12 planning. That's the beauty, in our opinion, of the
13 Principles of Effectiveness. It's a beautiful guide
14 to help district build capacity around comprehensive
15 prevention, and it marries, and mirrors, and dovetails
16 really well with the strategic prevention framework
17 and CSAP's work, et cetera.

18 One of the things I wanted to say, too, about
19 our State Student Assistance Program is, I mentioned
20 that 74 percent of that money is funded by Safe and
21 Drug Free Schools. It is also matched in our state by
22 tobacco settlement funds, and also matched by the

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1 prevention block grant, the CSAP Prevention block
2 grant. So really for the one dollar spent on Safe and
3 Drug Free Schools, we also have two other dollars from
4 two different funding streams that are being leveraged
5 at the state, and the regional, and the local level to
6 provide our Student Assistance Program. So let me
7 share a little bit about what we mean, and what we're
8 looking at in our State Student Assistance Program in
9 terms of mission.

10 Essentially, what our goal is, is to provide
11 prevention, intervention, and support services for
12 kids who are struggling with academics, and we're
13 looking at behavioral issues, and those issues
14 cropping up. It can be anything from detention, to
15 skipping school. You guys know all the behavioral
16 issues that happen in schools, so those are the things
17 that are critical indicators that we train staff to be
18 aware of, and those kids become noticed in a school
19 district and become a part of the Student Assistance
20 Program.

21 Our goals are to, at minimum, across the
22 state, and each of our regional folks have adopted

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1 these goals, and even gone further with them - 10
2 percent reduction each year in alcohol use, tobacco
3 use, and marijuana use. And we also have set for
4 ourselves a goal of 10 percent increase in school
5 bonding, and we collect data on all of these things
6 which I'll mention in a second.

7 What we are able to document through an
8 online documented online data collection system, as
9 well as through pre/post tests are the number of
10 universal prevention activities that we are providing
11 through our Student Assistance Program. And then more
12 specific, the individual students selected and
13 indicated services that are being provided. And this
14 last year in this state, it's just fresh, so I'm
15 wrapping my arms around it. We have a meeting in
16 September for our entire state team to go over this
17 and take a look at it, but in the last year, we saw
18 18,446 kids individually as a part of the indicated
19 selected prevention work that we do in our Student
20 Assistance Program. You can see that's three or more
21 visits that a student has with someone who is a
22 Student Assistant Specialist, and then we start

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1 documenting the services.

2 Outcomes - I'm proud of these outcomes,
3 really proud of our state for our hard work in putting
4 together this data collection system and the pre/post
5 testing that we have going on. Reductions in use
6 across the board, which also mirror, by the way, our
7 state survey. All right? But this is, again, really
8 specific to the work that we're doing tied to Safe and
9 Drug Free Schools funds. It's pretty self-
10 explanatory. I don't think you need me to go through
11 it.

12 Other outcomes, not just related to use, are
13 outcomes related to behavior. I almost didn't want to
14 show you the slide, as I said, because it's fresh data
15 that I just got for this presentation that we're going
16 to discuss in September, but do you notice anything?
17 There's something glaring that stands out to me in the
18 slide, in this slide. Three percent increase in
19 school skipping, I really didn't want to show that
20 slide. All right? What we did see is changes in all
21 kinds of other behaviors, trouble at school, skipping
22 school, suspended, but we did see an increase in

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1 skipping of school. And why I decided to show you
2 this slide, because I wanted our State of Washington
3 to look really good, and this isn't necessarily good -
4 why I decided to show this is because what we know
5 about comprehensive prevention planning is, when you
6 do true evaluation, you learn things about programs
7 that you may or may not like. I like the good touchy-
8 feely things that make me feel good so we can keep
9 doing what we're doing, but we also learn some things
10 sometimes that we need to take a look at. And you can
11 bet this is going to be a huge point of discussion at
12 our meeting in September when we get together. What
13 is this about? What does it tell us about our
14 program, et cetera? But it's still something to be
15 proud of in terms of changes in behavior.

16 And then, also, we have changes in protective
17 factors. For us, that's also very important to
18 measure, the connection between risk and protective
19 factors, and you can see some of the things that
20 school bonding increases, guidance, nurturants, all of
21 those things that are critical and important. Again,
22 this data is collected through individual online data

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1 collection systems and then pre/post testing with kids
2 into their first sessions with their Student Assistant
3 Specialist, and then at the end of their time in the
4 program.

5 I also wanted to share with you a little bit
6 about how our LEAs use this, so I'm talking about it
7 at the state level, but I also wanted you to
8 understand how our LEAs are using Safe and Drug Free
9 Schools funding. Specifically in the area of
10 leveraging, there's a couple of quick examples. We
11 have a district called South Kitsap School District.
12 There are 10,400 students and they get \$48,000,
13 approximately, of Safe and Drug Free Schools funds.
14 You can see that they decided to target their money
15 toward the Student Assistance Program, and look at
16 their reductions in use. They went well beyond the 10
17 percent reduction in use, and did a 22 percent
18 reduction in alcohol, 7.5 in tobacco, and look at the
19 marijuana reduction use in that district specific to
20 the students who are part of the Student Assistance
21 Program, then an increase in school bonding, also.

22 And then another little teeny, we talked

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1 about the small sums of money that are available for
2 this program, very small district, Queets Clear Water
3 School District, 40 students in that entire district,
4 a grand sum of \$1,521 of Safe and Drug Free Schools
5 funding, but look at what they were able to do. They
6 decided that we're going to target our funding on our
7 best practice. We're going to train our staff in
8 Second Step, and look at the increases in behavior in
9 terms of the kids and their performance, et cetera, so
10 something to be proud of, and some of the different
11 ways that the flexibility within the program allows us
12 to work within the scope of the Principles of
13 Effectiveness and the framework.

14 One of the things we think that's really
15 critical in Washington State, and I think we would
16 echo this, and we all have said this in our own ways,
17 is the leadership from the state education agency. We
18 really see our job to be the providers of technical
19 assistance to those who need it at the local level.
20 Connecting what we do to the larger mandates of No
21 Child Left Behind, as my colleagues have mentioned,
22 providing professional development, facilitating local

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1 and state prevention planning, collaboration and
2 coordination. With the variety of funding streams
3 that are out there, again, the leveraging of resources
4 is so very critical, people have to understand the
5 science of prevention and how to do comprehensive
6 planning.

7 We also feel that our role at the state is to
8 develop a statewide data collection system. That
9 should be our job, to set up a statewide data
10 collection system so we can articulate to people what
11 are we doing with these funds, how are using them,
12 what does it look like? And then, also, to assist and
13 maintain accountability at the state, local, and
14 regional level.

15 You've heard this - one of our biggest
16 challenges is the reductions in funds. It was an
17 interesting task to go back and look at what's
18 happened over the last 10 years in Washington State.
19 Overall, we've had a 37 percent reduction in Safe and
20 Drug Free Schools funds over the last 10 years, which
21 is pretty significant. What is amazing to me is the
22 resilience of our communities, and of our schools.

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1 And even with decreased resources and increased
2 accountability, our communities, although they've been
3 stretched, have still been able to maintain
4 programming, and have been able to, to the degree that
5 they can, to address the issues that are specific to
6 kids. They've had to narrow what they focus on and be
7 very clear about that needs assessment and targeting
8 what they're doing, but they're able to do it, and
9 they've really risen to the occasion, in our opinion,
10 in Washington State.

11 We really need to continue the coordinated
12 effort at the federal level. As my colleague, Jeff,
13 mentioned, the discussion among the different federal
14 agencies has really been supportive to us at the state
15 education agency level, so that we can assist our
16 folks in understanding all of this, and how it fits
17 together. And then, also, we need to tie the larger -
18 continue to tie the larger body of what we do to No
19 Child Left Behind, and the supportive learning
20 environment and academic achievement piece.

21 Our recommendations, increased funding.
22 We've love to see that. Really, our schools could use

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1 more, not less. I know you know that, and I really
2 don't need to say it, but it really is the truth of
3 the matter. If we don't get increased funding,
4 though, we're still going to do the best that we can
5 with what we have.

6 Maintain an emphasis on the Principles of
7 Effectiveness - I keep mentioning that, but the
8 capacity building and understanding the science of
9 prevention is so key to making this work. I hope when
10 I'm not at the Department of Education any more that
11 this program continues because of the capacity that's
12 there. There are people in place at the local level,
13 and maybe someone - I don't know - who could take my
14 role at the state maybe, or not, but this stuff can
15 continue so it isn't just specific to a person, but
16 the capacity is there, the science is there, the
17 program is there, the strategy is there that's very
18 relevant.

19 Provide a coordinated effort at the federal
20 level in terms of leadership, guidance, and technical
21 assistance. I think those of us at the state are very
22 open to having dialogues and getting guidance and

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1 assistance in the way that we need it to help us do
2 our jobs better. And then continue to evaluate the
3 program in the context of No Child Left Behind, really
4 tying what we do in the true sense in the academic
5 environment to student achievement, and assessing and
6 assisting, and reaching out to disenfranchised youth.

7 I think that's our biggest challenge.

8 I often say to many of the people that I work
9 with in the field, we have our legs in at least two
10 arenas. We have to understand the social service
11 arena and the science, and prevention, and strategic
12 prevention framework, and all of that planning, and
13 then we have to understand the education world, and
14 all of what education is about, and make that link,
15 and tie it together. And I'd like for us to focus on,
16 I think one of the recommendations is that we continue
17 to focus on how to build that bridge stronger as
18 locals, as states, and as a nation. Thank you.

19 DR. LONG: Thank you very much, Mona. And
20 thank you, Jeff, thank you, John, thank you, Mike, for
21 all of the information. Now, as we indicated, we'll
22 be turning to a very important part of this segment,

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1 and that will be where the committee members can ask,
2 so that we can have a dialogue, and draw on your
3 expertise and experience. So the floor is now open
4 for questions of the panelists, so that we can delve
5 into this a little further. Remember as you ask, that
6 you hit the microphone so that it can be recorded.

7 DR. JONES: Yes. First of all, thanks so
8 much or your very exciting and informative
9 presentations. Just had a couple of questions to
10 start out with, in terms of data collection. I think
11 Jeff, both you and Mona, presented data with downward
12 trends. And, I guess, the first question is, are the
13 significance -- none of the levels of significance
14 were reported in terms of nice decreases in undesired
15 behavior?

16 MS. JOHNSON: I'm not sure I --

17 DR. JONES: The question I'm asking is, there
18 were drops in behavior, drug usage and that kind of
19 thing. I was wondering if those drops were
20 significant.

21 MR. BARBER: They certainly were. I mean, if
22 you look at the data, the reports that we get from the

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1 Indiana Prevention Resource Center that does the
2 survey for the state, they don't report things. I
3 mean, if it's not significant, they're not going to
4 put it in their reports, and these were all
5 statistically significant.

6 DR. JONES: Okay. I would just suggest that
7 those significance levels be reported when you present
8 the data, .05 level, .01, et cetera, it's very
9 helpful. Also, in terms of the data, are there
10 breakdowns in terms of race, socio-economic status and
11 gender? I didn't see that there. I'm assuming that
12 those data are there, but it would be very interesting
13 and informative to actually see that breakdown.

14 MS. JOHNSON: In our state survey, we
15 certainly have it broken down in that way, and I also
16 have it broken down specific to our Student Assistance
17 Program. In the interest of time, though, I didn't
18 feel I could get into that level of detail. That's
19 pretty fascinating data to look at, and it certainly
20 tells us a lot about program, and it is available.

21 DR. JONES: Yes, good.

22 MR. BARBER: We also have the same

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1 breakdowns, and anybody - if there's any interest in
2 our state reports, we'd be glad to get those to you,
3 if people want us to look at the data in total, as
4 opposed to a short presentation.

5 DR. JONES: Okay. Just one follow-up
6 question. John, I thought you made a very good point,
7 that even though they are great reductions in
8 undesired behavior, et cetera, I think you made the
9 point that those data simply reflect the kids that are
10 in school versus those that are not. Could you say a
11 little bit about that?

12 MR. BYNOE: Well, for my state it's the YBS,
13 which is usually grades nine through twelve, so
14 oftentimes, we're moving to work with our Department
15 of Public Health now to do YBS combined with the
16 public health survey, which is six through twelve.
17 But at the same time, it's those kids who are in
18 school on that day and time. Those kids who are
19 truant, those kids who are skipping, those kids who
20 have dropped out are not necessarily included in the
21 survey, and how do you get at those students. Even
22 students who are there, you have the opportunity in my

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1 state to opt out of the survey, because of the certain
2 questions that are there. So even though it's a
3 representative and it's a valid sample of students by
4 the students who are in school, I'm concerned about
5 the students who don't go to school on a regular
6 basis, kids who have dropped out, and what's going on
7 with those children. But at the same time, I look at
8 in terms of what's actually going on in the street.

9 I happen to be a basketball coach and I've
10 been a basketball coach in my community for about 12,
11 15 years now. And talking in the real world to
12 students, what's going on, working with the District
13 Attorney's office and what they see, listening to what
14 happened - this is not only urban, this is suburban,
15 rural, et cetera, so it's not just one area. In fact,
16 my kids went to a suburban school through school
17 choice. You know, OxyContin or heroin was prevalent
18 for some kids, was the choice drug for some kids in
19 their school. I just found this out the other day in
20 a conversation with some other adults about kids that
21 I actually knew who are now addicted to heroin or
22 OxyContin. I mean, in the City of Peevey, for

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1 example, OxyContin is prevalent. A Jeff Judah, I
2 think his name is, who was a high school baseball
3 player, who now just was again found OD'd in Lynn on
4 heroin, who has had OxyContin. A former
5 superintendent's son was on OxyContin, so these drugs
6 are there, and there's kids who are not in school.
7 And I'm not sure how we get to those children, because
8 we're now in our state, we're talking about drop-out
9 prevention efforts, and re-entry efforts to get kids
10 back in school. How to keep them in school becomes
11 the concern.

12 One of the things that's happening now also
13 in my state, and I often joke about it, and I mention
14 this to you, the Commissioner made me an Associate
15 Commissioner so that prevention and safety could be on
16 the table at all times, and it's now truly part of our
17 state strategic plan, around safe and healthy schools
18 is a key point in our strategic plan, so that's how
19 we're trying to wrestle it to the ground.

20 MR. LEDBETTER: The common thing that I've
21 heard each of you say this morning is that there's no
22 commonality between the programs within the states.

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1 It appears to me that each state, at least for the
2 four of you, your programs are somewhat varied from
3 state-to-state. Mike, in your statement you said
4 because each local program is different, it's almost
5 impossible to develop a universal set of outcome
6 indicators. That appears to be a problem, to me.
7 What could be done to change this? Do you have any
8 suggestions, or do any of you have a suggestion?

9 MR. HERMANN: I think part of what we could
10 do is, you could narrow in the scope of the program.
11 I mean, that's one option. Personally, I would sort
12 of hate to see that happen. I think you can identify
13 indicators that will be universal, but recognize the
14 fact that for this particular program and the focus of
15 what this local district chose to do, this indicator
16 about say the climate of the school may not be a
17 particularly appropriate indicator, and may not be a
18 particularly appropriate measure of effectiveness for
19 that program.

20 I think the question is being able to have a
21 set of indicators, as opposed to three or four that
22 every program is measured on. Does that make sense?

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1 So we give people some flexibility in terms of the
2 indicators that they use, and recognizing the fact
3 that not all districts are going to be focusing on the
4 same issues.

5 MR. BYNOE: I think to even simplify it even
6 more, if districts are focusing on substance abuse,
7 particularly alcohol, the use of alcohol, and the
8 indicators - and alcohol is only one indicator, talk
9 about bullying or school climate, they may not show
10 good results on bullying or school climate, because
11 that's not what they're addressing with Safe and Drug
12 Free Schools money, they're addressing alcohol. So
13 unless you build in a system to say specifically what
14 are you using your Safe and Drug Free Schools money
15 for, and that's the indicator that you're going to be
16 evaluated on, but if you put out a set of indicators,
17 I mean, one thought is the Uniform Management
18 Information Reporting System - how can you redesign
19 that system from a warehouse system, which is what it
20 is, just a warehouse of data under the law, because
21 all we do is report it on a school-by-school basis.
22 There's no requirement of analysis or use of that

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1 data, except we do require districts to use it locally
2 in terms of our school safety and reporting system,
3 which feeds into Humerus, but as a state, we just
4 report on a school-by-school basis. But if you use
5 that information as - somehow work with that
6 information, and have schools individually take those
7 pieces of that information to use for their indicators
8 with some guidance, but I don't think a set of
9 standard indicators, because as Mike says, if you're
10 talking about those indicators based on Safe and Drug
11 Free Schools funding alone, that funding usually has a
12 small piece of the pie, not the total picture that
13 they're focusing on.

14 DR. LONG: Okay. Shep, and then Hope.

15 DR. KELLAM: Yes, I'm impressed. I thought
16 many of the points you guys made were really very,
17 very powerful. One of the points I got was that it
18 takes multiple levels of support to make this thing go
19 at all, and that means that the federal, state, local
20 levels, and at the school building level with the
21 principal and the teacher.

22 One of the questions that I thought was

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1 important that I was surprised, Mona, you didn't
2 raise, and that is, economic analysis, that is, cost-
3 benefit analysis. Washington State, Steve Allison and
4 the crowd, have evaluated and shown the level of
5 dollars saved by the very programs that you listed up
6 there, and others, as well, so that's an important
7 dimension that we ought to think about, too.

8 I was struck by the fact that we're calling
9 on you to somehow be accountable, and all of you have
10 mentioned that that's not what you do for a living, in
11 a sense. I mean, they're not researchers. You're not
12 out there, in fact, trained in sampling, nor should
13 anybody expect you to be. But then the question is,
14 have you tried, or would it not be wise for us to
15 strongly urge, in general, for partnerships to be
16 formed between the states, the locals, and the local
17 or otherwise research groups. You know, partnerships
18 which, in fact, allow academic achievement to be part
19 of the model, as well as behavior, but which, in fact,
20 tie-in at least in some local districts with state
21 partnerships, with research groups, and I wondered
22 whether you had any experience with that.

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1 MS. JOHNSON: I'd like to comment on that.
2 Yes, we have had experience with that. We're blessed
3 to have the University of Washington --

4 DR. KELLAM: I recognize Social Bonds and a
5 few other of our friends and relatives.

6 MS. JOHNSON: And the evaluation that I
7 whipped through very quickly up there is generated by
8 an independent evaluator we've been working with since
9 1994 in our program, so this is an outside person
10 whose expertise is in evaluation, and it's been a
11 wonderful challenge to work together with a large
12 group of practitioners and this researcher to help us
13 develop, number one, an evaluation system that was
14 relevant to what we were doing. And number two, to
15 kind of make it practical so people would complete the
16 evaluation. But I am not a researcher by training,
17 I'm primarily a social work educator by background.
18 However, this job in the last 10, 12-ish years has
19 very much forced me to understand evaluation in a way
20 I never thought I ever would. And sometimes I even
21 scare myself by the questions I ask that are very
22 specific to evaluation and outcomes, based on that

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1 experience.

2 MR. BARBER: I think one of the things kind
3 of with your point and the question prior - looking at
4 the fact that the program, any program, if you're
5 going to do a good quality evaluation, you really have
6 to begin with an evaluation in mind, and that's not,
7 necessarily, the case the way legislation works, so I
8 think that may be part of it. If the legislation
9 maybe was developed based on the concept of what is
10 going to be the outcome, or how are we going to
11 evaluate that, I certainly think that would build a
12 stronger program overall. Sometimes it's kind of like
13 we're evaluating after the horse is already out of the
14 barn, and asking people to come back and tell us
15 things that the legislation doesn't provide the
16 opportunity for, and I think there are -- part of it
17 with this, with any system, and being from a local
18 school, you understand that the idea of local control,
19 and I think oftentimes education funding goes out
20 based on this concept of local control. And there
21 needs to be some flexibility, people need to be able
22 to meet their own needs. If we tell people what

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1 they're going to do, they'll address a problem that
2 may not be a problem in their community, so there has
3 to be that ability for there to be flexibility or
4 opportunity for differences among the programmatic
5 approaches so they can address their needs. But then
6 there also has to be the idea of how can we evaluate
7 that in some reasonable fashion. And really, I think
8 the leadership does have to come from the federal
9 level on that. We don't necessarily get the level of
10 funding that we can engage a researcher in the
11 efforts, even though we would love to do it. And,
12 basically, I have one and a half me, a half-time
13 person who work on the program at the state level, and
14 so you have to try to find your focus. And we'd love
15 to all do research level evaluation, but we do what we
16 can with the resources that we have.

17 MR. BYNOE: In the past, particularly at the
18 local level, we work with schools, and Howell, you may
19 -- because I use my CDC evaluator to provide training
20 to local schools around various evaluation models.
21 One simple evaluation model we use, if you can picture
22 the objective analysis, the need, begins an instant

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1 evaluation process, because you start with the
2 objective analysis of needs, you go with your
3 measurables of objectives, you do your process
4 evaluation, your outcome impact evaluation, and in
5 then that takes you right back to objective analysis
6 and need, so it's a very simple model that we've been
7 promoting in the schools over the years in terms of
8 local evaluation.

9 At the state, in terms of school improvement,
10 we're beginning that. We're beginning that because we
11 are now understanding that even though Massachusetts
12 seems to be a leader around academic achievement with
13 NAPE, our standardized tests, et cetera, senior staff
14 at the department now realizes that even though we're
15 in 85 percent first round, 95 percent after the second
16 round, 5 percent is not going to make it, and the
17 question is why. If you give them all the resources,
18 you give them all the academic training and remedial
19 programs, you still have to drill down and find out
20 why these kids are not being successful, and school
21 districts are going to have to take a hard look at
22 what's going on in the districts, because there are

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1 children being left behind, as I said earlier. So
2 that's going to cause them to evaluate their district
3 in terms of school improvement and prevention now is
4 going to be a part of that, the social services part
5 that Mona talked about will not be part of the school
6 improvement. I think that's going to happen through
7 the evaluation process that we're going to begin to
8 develop at the state level to work with schools,
9 especially under-performing schools.

10 DR. LONG: We have nine minutes left, and the
11 order of questioning, Hope, Fred, Dennis for right
12 now. I just wanted to --

13 MS. TAFT: I want to thank you all for coming
14 and pointing out very clearly that a little money can
15 go a long way in school districts, and that it's very
16 important to have the state link between the federal
17 government and the local government. I also have two
18 questions. Hopefully, you'll keep your answers brief.

19 But one I want to ask first and get the answers for a
20 second so that you can have a chance to think about
21 it. We've been charged by our chair to think outside
22 the box, to reinvent this program, and I'd like to

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1 know your recommendations for doing that in a way that
2 would allow us to get positive results. And then,
3 Jeff, you mentioned that you thought an evaluation
4 program should start at the bottom at the local level
5 and build up, and I wondered if you had any more
6 thoughts or details on a program developed in that
7 manner that you could share with us?

8 MR. BARBER: I think the structure really, I
9 mean, it really could build-off, and I actually was
10 reading on the way out here yesterday the strategic
11 prevention framework evaluation design. And, to me,
12 this is, maybe, at least, even though that's a little
13 different program in that it's competitive. It's not
14 having the breadth of coverage that the Safe and Drug
15 Free Schools program has, but one of the things they
16 really do is they provide here are outcome measures at
17 the national level. We want you to measure those at
18 the state and local level, but you also have the
19 opportunity to add to those, and look at other
20 measurements that you want to effect change in. And
21 the concept they also look at is measuring a process
22 evaluation. How are things changing at the local and

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1 at the state level based on this funding being in
2 place. And really, the funding is only a small part
3 of it. It really isn't an issue that brings people
4 together at the state and local level to work toward a
5 common end, so I think that this may be something for
6 the committee to look at, as at least a concept of how
7 an evaluation might work at the local level, and
8 building up through the state to the federal level.
9 So without -- I think the structure is certainly able
10 to be put in place. I don't think there's any
11 question about that.

12 MS. TAFT: Thank you.

13 MS. JOHNSON: May I add a comment here?

14 MS. TAFT: Yes.

15 MS. JOHNSON: I have a concern when we say
16 evaluation being developed at the local level. What
17 has worked for us, and this is one state out of 50, is
18 that the local level folks come together with state
19 level folks, and we develop an evaluation system that
20 fits, to the best of our ability, across the board.
21 And I think that that's -- I want to make that point,
22 because it really makes me nervous when we start

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1 talking about local evaluation, because that can be
2 very different. It doesn't mean that -- I mean, the
3 state framework has to be general enough that it
4 encompasses those needs, but then it allows the
5 flexibility for local people to collect the data
6 that's very specific to their area that they need, so
7 I would add that in conjunction to what Jeff shared.

8 MS. TAFT: So it's really local data that
9 feeds into a system that's larger than just the local.

10 MS. JOHNSON: Exactly, and it's developed
11 together. And that is a very painful process that we
12 have some first-hand experience with in our state, but
13 it is really powerful when you can pull all those
14 players together and do something like that.

15 MS. TAFT: Thank you.

16 MR. BYNOE: In terms of your question about
17 how can this program reinvent itself, well, I have a
18 very simple answer. The program needs to mirror the
19 Office of Safe and Drug Free Schools. The Office of
20 Safe and Drug Free Schools is not about Safe and Drug
21 Free Schools community act any more, because you have
22 the Phy. Ed. Program, you have the mental health

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1 program, you have the Safe Schools Healthy Child
2 program, so the Office of Safe and Drug Free Schools
3 has expanded beyond just violence and substance abuse
4 prevention to the whole child, those issues that get
5 in the way of kids learning, so this program in
6 itself, and I jokingly have talked to, I hate to say
7 his name, but David Quinlan, and Bill Modzeleski,
8 actually, the Office of Safe and Drug Free Schools,
9 actually going to conferences, health education in
10 terms of what the office is now when you look at the
11 grant programs coming out, so that this program -- so
12 simply, to me, is that Safe and Drug Free Schools and
13 Community Act becomes more a conference health
14 education model, because it's part of the conference
15 health education. I think sitting out there alone is
16 what's causing it to be heard.

17 MS. TAFT: Okay. Any other suggestions?

18 MR. HERMANN: Along those same lines, I think
19 part of the real challenge in terms of being heard,
20 and in terms of really being able to get to outcomes
21 that we desire, at this point, the program is attached
22 to NCLB. It's one of the titles. There are all sorts

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1 of issues with, when you get to the state level and
2 local level, with when the program gets squeezed into
3 the consolidated application process. It's very hard
4 to be heard, and it's very easy for priorities to get
5 shifted and manipulated. And it's an issue of having
6 strong leadership, I think, at the state level, strong
7 leadership at the federal level. I think probably the
8 cadre of folks that are working in the National Safe
9 and Drug Free Schools office in the 20 years that I've
10 been involved, I think it's probably the strongest
11 bunch of people that I've ever seen, so clearly, the
12 expertise is here. I think the question becomes, is
13 the leadership engaged, because at the end of the day,
14 I think it really boils down to what are the
15 priorities, and is it being pushed from the top.

16 MS. TAFT: Mona.

17 MS. JOHNSON: That's a huge question. A
18 couple of things come to mind for me. I think the
19 direction that we're going in, in terms of coming
20 together, I will speak from my experience in the last
21 year or two, between the federal and state, and then
22 the state and local level, to me, is good. The

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1 direction, the communication, the guidance, the
2 technical assistance, the support has improved
3 incredibly. I know that that allows me to be able to
4 do what I do better, and more effectively.

5 I think narrowing, I might regret saying
6 this, but narrowing the scope of what we do, when you
7 look at that list of authorized activities, although
8 they're really wonderful, there is a lot of room for a
9 variety of different things, and it's very difficult
10 to evaluate all of those things, because evaluation
11 looks different for many of those. So narrowing it to
12 a degree that works and is reasonable, not restricting
13 and choking, but narrowing it to a degree that is
14 supportive and helpful. And then I think encouraging
15 outcomes and evaluations to the degree that those
16 work, and accountability. I don't feel that there's
17 anything wrong with that, but allowing states to work
18 with local folks to articulate what they're doing, and
19 I think we need to continue to communicate at the
20 state and local level with federal authorities about
21 what we are doing, that is working, and be more clear
22 about that, and have the opportunity to share and

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1 articulate our message, so those are the first three
2 things, Hope, that come to mind. That's a very
3 powerful question.

4 MR. BARBER: I'll be very brief. And once
5 again, it is a big question of ponderance, and
6 something that I've certainly thought about. But I
7 think narrowing the scope, I mean, it's really
8 difficult to evaluate something with that wide of a
9 focus, and I think that would be very beneficial and
10 helpful.

11 Also, I think maybe some requirements around
12 training within the program that support this idea of
13 capacity building. I think, to me, it's more than
14 just putting a program in a classroom, or an effort in
15 a school system. It's really helping people
16 understand how to put a system in place that is
17 flexible and functional, and has an opportunity to
18 make changes, and to address the issues that are in
19 place in that school system. So, to me, I think there
20 should be more of an effort around that, and more
21 focus on that within the legislation.

22 MS. TAFT: Okay. Thank you.

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1 DR. LONG: We now have two minutes, which
2 leaves one minute for Fred, and one minute for Dennis.

3 MR. ELLIS: I'll try to make this quick. One
4 of the things I heard from all of you was that the
5 breadth of the program, the Safe and Drug Free Schools
6 is one of its biggest strengths. Some would submit
7 that it's that same breadth that is a real weakness to
8 the program. They've referred to it as being a mile
9 wide and inch deep. One of the examples I think both
10 Mike and John referred to in the positive was
11 emergency management/crisis management issues, in
12 terms of school systems being recognized as having
13 many resources and bigger player in emergency
14 management issues. So my question, particularly to
15 both you gentlemen, is it appropriate, is it fair, is
16 it right for Safe and Drug Free Schools to be, again,
17 the only agency providing any funding whatsoever to
18 local school systems that I'm aware of for emergency
19 management, crisis management issues. And they are,
20 by definition, limited to planning, not so much in
21 terms of equipment. Should FEMA, DHS, some of the
22 other agencies play more of a role, should Safe and

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1 Drug Free Schools start focusing, again, on some of
2 the core subject matters of what their expertise is,
3 and perhaps some of the other federal agencies step up
4 with the dollars that are needed at the local level?

5 MR. HERMANN: Quickly, I think other folks do
6 need to step up and help schools. FEMA comes
7 immediately to mind, Homeland Security. But I think
8 at the same time, it's important that we don't
9 reinvent the wheel. I think it's going to vary from
10 state to state in terms of how involved the Safe and
11 Drug Free Schools program is. In Tennessee, I serve
12 on the state's emergency services coordination body,
13 so it's kind of a logical fit there. But I think in
14 other states, it's probably going to be different.

15 MR. BYNOE: My answer is yes, those folks
16 need to step up. But at the same time, I'm stepping
17 up with MEMA, my emergency management group, to offer
18 training this year around all hazard planning to local
19 school districts. As I said, the catalyst for that
20 was the whole issue around the pandemic preparedness
21 Avian flu, but we're telling them they need to be
22 prepared for any type of disaster issue, so that's how

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1 we're going to do it.

2 MR. ROMERO: Thank you very much. I was
3 absolutely amazed and enlightened by your
4 presentations from the panel this morning. I would
5 like to just make an offer to the committee, as the
6 Director for Center for Substance Abuse Prevention,
7 I'd be more than happy to provide the group with an
8 overview of the strategic prevention framework, and
9 how it ultimately is a vehicle for galvanizing both at
10 the state level, as well as in the community level, on
11 a prevention approach to the addictions and issues
12 that plague the communities. So I heard a plug there
13 for me in the presentation, especially from you, Jeff,
14 but I do make that offer.

15 Secondly, to Jeff, your comment about NREP,
16 and I think it's a very good comment to begin to focus
17 more on the strategies than on the actual programs.
18 And I think, Mona, you would agree with that. And
19 that's something actually that I have been aware of,
20 and we are, just as an FYI, a letter has been sent out
21 to all of the SSAs across the country under my
22 signature making it very clear with the revised NREP

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1 what it is, and what it's not to be. It cannot be
2 used as a decision tool for funding, but rather, as a
3 mechanism to help communities identify programs that
4 can be used at different levels.

5 My question, Jeff, to you, is with regards to
6 the SPFSIG. You mentioned that an area of interest is
7 the capacity building. Can you give me an example of
8 how in your state you are placing a lot of emphasis on
9 that?

10 MR. BARBER: Well, I'll just touch on it from
11 the standpoint of what we've done through the SEA, and
12 do that very briefly. One of the things that I've
13 really looked at when I first started with Safe and
14 Drug Free Schools in 2000 was the fact that we had the
15 Principles of Effectiveness on the table, that schools
16 are supposed to plan their programs through that, but
17 if you just say here are the Principles of
18 Effectiveness, go forth and do good work, you're not
19 going to get a very good return on that investment.
20 So my concept was that we need to teach them how to do
21 those, not just tell them they're there. And so,
22 really went out and started very basic levels. This

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1 is what they are, this is why they're important, and
2 we built on that over time, because people in the
3 school systems, they could put a curriculum in place
4 without any problem, but you ask them to plan a
5 prevention program, and while they have the capacity
6 to do that with training, they can't just go out and
7 do it. I mean, it's just not in their professional
8 background, necessarily. It may be, but not
9 necessarily, so my idea was that we needed to look at
10 how can we develop that for those folks that are in
11 the school system, and so we've done that. We kind of
12 start out, like I said, basic, doing some regional
13 trainings around the Principles of Effectiveness, and
14 kind of move forward in asking people what were the
15 highest needs. We actually were doing a needs
16 assessment at the state level to effect changes, but
17 we looked at one of the big things. Everybody wanted
18 to know how you do an evaluation, and we actually did
19 an evaluation, and we actually did an evaluation
20 training that was based around a logic model. And
21 from that, we have stepped forward to the next stage,
22 and we did a training, and then trained those people

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1 to be trainers so that they could offer the SAPS
2 training, which is really the foundation of the
3 strategic prevention framework. So we're looking at
4 that, and we want to make sure that they not only have
5 the knowledge of planning, but also what are the
6 basics around good solid prevention, understanding
7 risk and protective factors.

8 DR. LONG: In closing this segment, this
9 first segment, all of us - I want to thank on behalf
10 of all of us sitting up here at the table, your depth
11 of experience and breadth of expertise. We deeply
12 appreciate you coming here. We are charged with
13 coming up with some, as Hope mentioned, some creative
14 ideas to present to the Secretary. You gave us a
15 great first step. I learned - people say I took a
16 whole page of notes and ideas on things that we can
17 start to synthesize, and it was because of you. And I
18 think the biggest thing, I think perhaps the best
19 stroke and compliment we can pay to a fellow educator
20 is thank you for your passion for our children, it
21 came through. Thank you very much. We will take a
22 break and come back at ten of. Let's thank the panel.

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1 (Applause.)

2 (Whereupon, the proceedings went off the
3 record at 10:48:26 a.m., and went back on the record
4 at 10:58:47 a.m.)

5 DR. LONG: If the panelists would be so kind
6 as to take the seats, we'll go ahead and get started
7 on time. Okay. We're going to go ahead and get
8 started so that we stay on time, and that's out of
9 respect of all the fine things that the panelists
10 have. If you happen to have not been in the audience
11 when we started this first round, we are doing this to
12 hear your expertise, and then at the end, we will then
13 have a question and answer period back and forth with
14 the committee members, so that we can again draw on
15 your expertise, and to get some ideas.

16 First of all, to introduce our second panel,
17 and the second panel, "Local Education Perspective",
18 and on my right, for those of you in the back there on
19 your left, Clarence Jones, and Clarence has been the
20 Safe and Drug Free Schools coordinator for Fairfax
21 County Public Schools since 1999, and has been widely
22 recognized for his work in the field. Mr. Jones

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1 received the 2006 Distinguished Citizenship Award from
2 the Arlington Fairfax Elks Lodge, and the 2006
3 Advocate of the Year Award from Community Anti-Drug
4 Coalitions of America. He received his BS from George
5 Peabody for Teachers, and his MS from Vanderbilt.
6 Thank you, Clarence, for being here.

7 Ellen Morehouse - Ellen is the Executive
8 Director of Student Assistant Services, a non-profit
9 substance abuse prevention corporation in Tarrytown,
10 New York. My wife is from about five miles from
11 Tarrytown. She's the creator of three national model
12 alcohol and drug abuse prevention, early intervention
13 programs, the Westchester Student Assistance Program,
14 the Residential Student Assistance Program in schools
15 using coordinated community efforts to strengthen
16 students. Her undergraduate degree is from Cornell,
17 and her Master's Degree is from New York University
18 School of Social Work. Ellen, thanks for being here.

19 Next is General Arthur Dean, became the
20 Chairman and CEO of Community Anti-Drug Coalitions of
21 America in 1998. He has been many awards, with the
22 highest being two awards of the U.S. Army

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1 Distinguished Service Medal. General Dean has served
2 as a member of many boards, and currently serves as a
3 member of the Defense Science Board Human Resources
4 Task Force, a member of the Board of Advisors for U.S.
5 Army Recruiting Command, and Chairman of Community
6 Anti-Drug Coalitions of America Board of Directors.
7 Thank you so much for being here, General.

8 And lastly, certainly not least, and Gus, we
9 just talked last week on the phone, didn't we? Gus
10 Frias is Coordinator of School Safety Programs for the
11 LA County Office of Education. In this position, he
12 helps educators to develop comprehensive violence
13 prevention initiatives to make schools safe and secure
14 learning environment. Mr. Frias' work experience
15 includes stints as a management analyst at the LA
16 Police Department, program manager at the Orange
17 County Department of Ed, and academic specialist to
18 the United States Information Agency. Gus, thanks for
19 being here.

20 And with that, we will get started with the
21 panel. Approximately nine, ten minutes each, and that
22 will allow us plenty of time to go back and forth with

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1 those important questions and answers. Clarence, if
2 we could start with you, please.

3 MR. JONES: Thank you very much. I will make
4 this really brief, because my foot is throbbing, and I
5 will need to take my medicine here very shortly.
6 First of all, good morning. I am pleased to be here
7 today to share my thoughts from the LEA perspective.
8 The role of the LEA under the State Grants portion of
9 the Safe and Drug Free Schools and Community Act is a
10 critical role. In this position, LEAs from across the
11 nation must adhere to the ongoing political changes,
12 as well as provide Safe and Drug Free programs for
13 their schools and communities. Regardless of the size
14 of the school or the community, LEAs from across the
15 country continue to find ways to help make their small
16 part of the world safe and drug free.

17 As an advisory committee, I encourage you to
18 look beyond numbers, but look into your own hearts and
19 help the United States Department of Education Safe
20 and Drug Free Office find a way to express the
21 wonderful work that hundreds of LEAs and SEAs are
22 doing across this great land of ours.

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1 You sent out several questions that you
2 wanted us to respond to, and I will respond to those
3 pretty quickly. But first, I want to say this right
4 here. If I ask the question how many of you all could
5 tell me what's written on the walls outside of this
6 room, very few of you probably remember some very key
7 words, so I will remind you of what those words are.
8 "Ensure Equal Access", the way the Safe and Drug Free
9 program is set up now, the mission of the Department
10 of Education states on those walls, "Ensure Equal
11 Access".

12 The way the program is now is ensure equal
13 access across the board with all the programs from the
14 small ones to the big powerful one. And I'll take a
15 look very carefully at some of the strengths real
16 quickly. Funding from the Safe and Drug Free program
17 has provided at the LEA level the option to use a
18 combination of science-based programs. This is from K
19 through 12th grade, and beyond. Fairfax County Public
20 Schools, we have gone a little bit beyond that. We
21 have found that you cannot solve the programs - well,
22 drugs and violence prevention issues just in the

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1 schools. You have to reach out to the communities.
2 And in Fairfax County Public Schools, we have done
3 that.

4 The key strength of the State Grant program
5 is it enables schools and communities to organize to
6 combine their effort to expand their prevention
7 programs. Through this channel, schools and
8 communities are able to reach sections of the
9 community where adults without school-age children,
10 which is the largest portion of most communities, we
11 get those people involved in our schools. We get them
12 involved in being leadership roles, and also through
13 mentoring.

14 Also, both large and small school systems
15 have the ability to provide their students and staff
16 the most up-to-date prevention strategies, the ability
17 to train together, to share resources across schools,
18 communities, and local agencies. And the key here is
19 to leverage these resources to enhance these programs.

20 I'll give you a very good example of that.

21 In the Commonwealth of Virginia, there is a
22 little city called Petersburg. They receive less than

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1 \$5,000 a year on Safe and Drug Free Schools funds.
2 They contacted the State Department, their SEA, and
3 said hey, we have little monies, but we have a really
4 bullying and gang program going on. What can we do?
5 They decided to take their money and buy Too Good for
6 Drugs and Violence kits, and then they contacted other
7 jurisdictions around, like Fairfax. We sent trainers
8 down there, local agencies sent people down there.
9 They worked together, and by them working together
10 over these past years, the numbers of bullying
11 incidences, those things continue to drop. That is
12 leveraging, reaching out to other people using a small
13 amount of monies.

14 One main element of the LEA responsibility,
15 you heard several times today, the Principles of
16 Effectiveness. This book right here contains the
17 Principles of Effectiveness. Ann Atkinson down in
18 Richmond, Virginia, is the author of this book. From
19 this book right here, it talks about how the
20 Principles of Effectiveness are set up. Every school
21 system in the Commonwealth of Virginia is given this
22 booklet when they come to a workshop. We sit down, we

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1 learn what the Principles of Effectiveness are, how to
2 use them, how to do the evaluation process, and we go
3 on from there. And if you want a copy, I'd be glad to
4 get you one. But in Fairfax County, we have taken it
5 one step further than that right there. We have taken
6 the Principles of Effectiveness and we have -- we took
7 a look at what's going on in Fairfax County. It's one
8 of the richest counties in America, but I can tell you
9 one thing about that county. We have just as many
10 problems when it comes to alcohol and other drugs as
11 any other community in America. We do have gang
12 problems in our county, as well. But from that, we
13 took the Principles of Effectiveness, we did our
14 surveys, we did our -- we took a look at what's
15 happening, and we took a look and decided to change
16 things around a little.

17 Right now in Fairfax County Public Schools as
18 a LEA, we instituted several years ago Second Step in
19 the elementary school, every elementary school in
20 Fairfax County, over 137 of those. Once they
21 graduated from there, they go to middle schools where
22 they get "Get Real About Violence", which is done

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1 through the school day and many after-school programs.

2 From there, they go into high school, where they go
3 to "Too Good for Drugs and Violence." We didn't stop
4 there.

5 As I mentioned earlier, we get parents
6 involved in this. We have parents program throughout
7 called "Guiding Good Choices". For those who don't
8 know, every last one of those programs are science-
9 based programs, and we use those pretty readily in
10 Fairfax County.

11 One of the other things you asked is, is the
12 State Grant program working effectively to promote
13 Safe and Drug Free Schools? In Fairfax County, the
14 answer is yes. In many jurisdictions across the
15 United States, whether small or big, the answer is
16 yes. In Fairfax County, we continue to prove our
17 programs are working, and right here I have with me,
18 and I'd be glad, as I said, to get a copy of this
19 booklet for you, is a survey that we just took. We do
20 a survey every two years in Fairfax County. I want to
21 give you some of the stats out of this book right
22 here.

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1 For instance, the past 30-day frequency of
2 use, for eighth grade is 21 percent to this past year,
3 16 percent; dropped from 36 percent to 29.5 percent.
4 For twelfth grade it's 53 percent, down to 47 percent.

5 For binge drinking, which is a major issue in Fairfax
6 County, for eighth grade dropped from 7.5 percent to
7 5.3 percent, 10 percent of the tenth graders from 17.3
8 percent down to 11.3 percent, and in twelfth grade
9 from 31 percent down to 26.1 percent. So yes, it's
10 working. The answer is absolutely yes, it's working.

11 The effectiveness of these programs can be
12 attributed to the schools and community agencies
13 working together to form school community coalition,
14 to expand the prevention efforts that we have. It is
15 through these coalitions that we engage individuals
16 who normally would stand on the sideline and get those
17 individuals involved. The most difficult part in this
18 system-wide approach is a political issue in getting a
19 survey accomplished. It took us almost nine years to
20 go through the political if, ands, or buts. But for
21 the last seven years, we've been doing a survey every
22 other year, and those surveys has been showing that

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1 the use of drugs and alcohol are dropping in our
2 county, and we are below the national average right
3 there.

4 The Virginia Department of Education, I have
5 to give them kudos for a lot because we work very
6 closely with our SEA there. The Department of
7 Education right here I hold in my hand, all of the
8 Safe and Drug Free programs in the Commonwealth of
9 Virginia, right here in one booklet. It is required
10 when you submit an application, that that application
11 come in to Richmond, and a peer review committee, as
12 stated by law, will review your application. Your
13 application must meet the Principles of Effectiveness,
14 must have the ABCD format in order to have your goals
15 and objectives, must have all of these laid out. If
16 they do not, it is sent back to those individual
17 school systems, and they must resubmit until they meet
18 that right here.

19 Once that is accomplished at the end, the
20 application is approved and it's sent out. One of the
21 things that we have at the end of the regular school
22 year, which I have to give back and do here very

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1 shortly, is to do our yearly progress report. This
2 report, it's mandated that we have to turn that in.
3 And that progress report is put together to take a
4 look at all the different evaluations, and from that,
5 this booklet right here is devised, so you know what's
6 going on in the Commonwealth of Virginia.

7 You also asked one of the things about the
8 emerging issues facing students and students today
9 about the Safe and Drug Free Programs, and should they
10 be addressed, and how can they be altered? Let me
11 share something with you.

12 In Fairfax County, when the gang situation
13 took over, a lot of people quit looking at alcohol and
14 other drugs. In our office, we did not. We continued
15 to look at alcohol and other drugs as it was going on,
16 and by using POE, Principles of Effectiveness, we
17 evaluated everything that we were doing. We worked
18 with our state, and we decided we wanted to change
19 some of the things we had in our original application
20 that was approved, and we wanted to move more into
21 violence prevention. We're still doing a tremendous
22 amount with the other organizations that support us,

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1 but now we have alcohol and violence prevention
2 combined together. It's just not a school system. We
3 have community people, parents, legal, medical, you
4 name them, they're on it, and also students are part
5 of this committee to work with us.

6 One of the other things that you asked about,
7 and I will not go through all of those right here -
8 you asked, is there a balance between flexibility and
9 accountability? I have real concern on that part
10 right there because the ability of the LEA to be
11 flexible has allowed the LEA, which is me, to pinpoint
12 the issues within their own communities. With the
13 continuation of increased funding, and that's what
14 we're facing, this flexibility has given us the
15 opportunity to step back as money decreased and decide
16 hey, we're not going to have enough, so what are the
17 real critical issues that we need to do? Because of
18 that flexibility, and using the Principles of
19 Effectiveness that we have used so much, we are able
20 to take a look at those.

21 My concern is this - additional core
22 requirements, if you notice, with the decreasing

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1 funding source would not be advised. As the money
2 keeps dropping down here, the old saying is out there,
3 do more with less. Well, I tell you what - I have 24
4 years in the United States Military, I've been in
5 wars. Can we do more with less for those guys over
6 there? I think the answer is not. We have a war on
7 the home front right here, and we need to address
8 those issues right there, and we will.

9 One key component of the Principles of
10 Effectiveness seems to be overlooked in many
11 discussions, is including meaningful and ongoing
12 consultation and input from parents. That is
13 something that is not talked about that much. This
14 element alone brings so much accountability to the LEA
15 program, when parents, community, and other agencies
16 are adopting programs that is evaluated and has been
17 proven to make a difference in the community, then that
18 is the key. When everyone comes together on the same
19 page, they're talking, that is the key.

20 You can have all the science-based programs
21 that you want, and we do have a lot in Fairfax County
22 Public Schools, but we get community members involved

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1 in those programs, so when we say we are making a
2 difference, it's not just the Safe and Drug Free
3 program in itself, because we have coalitions that
4 have come together with many factors to make that
5 worthwhile.

6 I want to share this with you right here. My
7 grandfather once told me - I had to write this down
8 because sometimes I get teary eyed when I think about
9 my grandfather, such an influence on my life, but I
10 had to write this down. My grandfather once told me
11 that the pendulum swings both ways, so when it swings
12 against the flow that you're headed, have your house
13 in order, for that is when real integrity and honor is
14 seen. The financial pendulum, when it comes to Safe
15 and Drug Free Schools, community and State Grant
16 Program funding has thrown back against the many
17 efforts that has helped make this land of ours a
18 better place to live, learn, and play. But what is
19 ironic is the fact that the LEAs across this nation
20 has followed the POE, the Principles of Effectiveness,
21 and have the data to prove that the programs are
22 making a difference, tons of data. This is just

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1 nothing compared to what's out there. They have that
2 data, yet their voices are not heard as one in
3 Washington. That is a problem.

4 As an advisory committee, LEAs from across
5 the country are putting their trust in you to assist
6 the US DOE in finding a way to let the data that we
7 have been collecting for years on how effective our
8 programs are doing, be known to the folks in
9 Washington, so we can stop wondering if we can
10 continue to help our children stay safe and drug free,
11 regardless of what part of the country we're from,
12 whether low or high.

13 To close, I would like to use a word a young
14 lady by the name of Ashley Azappana - she's a 2005
15 graduate from Robinson Secondary School in Fairfax,
16 Virginia. She had the opportunity to testify in front
17 of Congress along with me back in 2005. She said
18 these words, and it's very powerful. "While the
19 President continues to cut back Safe and Drug Free
20 funding, I doubt drug dealers are doing the same."
21 Thank you for giving me this chance to share from an
22 LEA perspective.

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1 DR. LONG: Thank you very much, Clarence. We
2 appreciate that. Ellen, next. New York perspective.

3 MS. MOREHOUSE: Well, I appreciate the
4 opportunity to present my views, and I'll be speaking
5 primarily from my perspective in a county of about one
6 million people. I also am going to organize my
7 response based on the questions that I was asked. So
8 for the first one, in terms of the strengths of the
9 State Grants Program, I see the strength as providing
10 the flexibility for LEAs and states to respond to
11 local needs, and I'm from a very diverse county, so we
12 have very diverse local needs. It also assures that
13 every LEA is providing substance abuse prevention and
14 has a crisis team. It encourages LEAs to use
15 evidence-based programs and practices, and provides
16 funds for non-public schools.

17 I'd like to now speak to the whole issue
18 about effectiveness. In New York State, our state
19 government believes that the program is so effective
20 that the New York State legislature and Governor added
21 approximately \$1.3 million, New York State tax
22 dollars, to the New York State budget this year to

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1 compensate for the federal reduction in funding for
2 the Governor's portion of the Safe and Drug Free
3 Schools. I want to underscore that that money was not
4 from our block, but it was pure local, state tax
5 dollars.

6 In New York State, the Governor's portion
7 goes to our State Office of Alcoholism and Substance
8 Abuse Services, which funds many community-based
9 organizations like mine. Our state has a lot of
10 history of collaboration between community-based
11 substance prevention organizations and local school
12 districts.

13 As you mentioned, I'm the Executive Director
14 of one of those organizations, and I currently partner
15 with 28 separate local educational school districts in
16 our county. We're providing evidence-based prevention
17 programming currently in 57 secondary schools. I'm
18 also the developer of some model programs. Most of
19 the 28 LEAs use their Safe and Drug Free School funds
20 to match with local school tax dollars to contract
21 with our community-based organization.

22 You heard from other presenters about

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1 leveraging. Let me give you a specific example. One
2 of our school districts receives approximately \$13,000
3 in Safe and Drug Free School, and that's a school
4 district that has approximately 2,600 students. They
5 use \$97,000 of their own local tax dollars, not state,
6 not federal, but local tax dollars. And then our
7 state Office of Alcoholism and Substance Abuse
8 Services puts in another \$50,000, and that creates
9 \$160,000 worth of prevention programming, but that
10 \$13,000 of Safe and Drug Free Schools money really is
11 the glue that holds this formula together.

12 In our economically depressed school
13 districts, where they don't have the extra local
14 school tax dollars, 100 percent of their substance
15 abuse prevention program is used to match with our
16 state tax dollars for their drug prevention
17 programming, so in a city like Yonkers, which is the
18 fourth largest school district in New York State, if
19 Safe and Drug Free School funding was cut, there would
20 be a direct cut in their substance abuse prevention
21 programming, because they're not able to make up for
22 that reduction.

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1 Without federal Safe and Drug Free School
2 funds, our economically disadvantaged school districts
3 not only would not have the funds to implement
4 evidence-based programs, but the evidence-based
5 programs would become diluted because a full-time
6 person might be reduced to part time, money that would
7 be needed for training and materials would not be
8 available.

9 I would like to give a local example of the
10 effectiveness of approximately 2,000 Westchester
11 students who would be considered selected or indicated
12 students in seventh through twelfth grade that
13 received four or more individual or group sessions of
14 our evidence-based program. Is the Power Point up?
15 Yes. Okay. Ninety-six percent of these secondary
16 school students increased their perception of the risk
17 of harm associated with alcohol or other drug use, or
18 maintained their high perception of harm. Ninety-two
19 percent of the students who reported any use of
20 alcohol or other drugs reduced their use, became
21 abstinent, or did not increase their low level of use.
22 Ninety-one percent of the students who reported

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1 associating with peers involved in delinquent or
2 deviant behavior decreased those associations, and 88
3 percent maintained or increased their associations
4 with peers not involved in delinquent or deviant
5 behavior. And finally, 94 percent of the students who
6 participated in delinquent behavior decreased their
7 participation in delinquent behavior.

8 In terms of the difficulties in determining
9 the effectiveness of the program, I see that there are
10 three main difficulties. The first is the lack of
11 funding for evaluation, and a lack of funding for full
12 program implementation with fidelity. The second is
13 the requirement for active parent consent for student
14 participation in surveys in some LEAs. I'm aware of
15 one school district where only 30 percent of the high
16 risk students signed consents to allow for survey
17 participation. And third, most LEAs lack the
18 expertise in evaluating program effectiveness.

19 Next, are there mechanisms that could be
20 proposed that would help determine if programs
21 supported by Safe and Drug Free School grants programs
22 funds are effective? Yes. What I propose is that

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1 there be increased level of funding to implement
2 programs with fidelity, but also, public domain
3 availability of survey questions that could be
4 selected by LEAs. The federal government has
5 contributed to the development of many wonderful
6 national surveys that school districts now have to
7 purchase in order to evaluate their program. I would
8 like to see some of these questions made available to
9 recipients of Safe and Drug Free School money for
10 free, and I would like free scoring of the
11 questionnaire results.

12 Next, are there emerging issues facing
13 students in schools today that the grant program does
14 not address, and should? There are additional issues.

15 I think in my county, the number one issue is stress,
16 but I don't think the Safe and Drug Free Schools
17 funding should be addressing that.

18 The focus on safety - the language currently
19 is sufficient to address the concern for crisis
20 management regarding individual students. The
21 programs cannot and should not address the safety-
22 related issues for natural and large scale disasters.

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1 That should be FEMA and Homeland Security. My county
2 is the home to the only large nuclear power plant for
3 the New York Metropolitan area. While many of our
4 school districts stock potassium iodide pills, and
5 have all kinds of evacuation plans, we all know that
6 if something happens to that nuclear power plant, that
7 everyone from Hartford, Connecticut to Southern New
8 Jersey will not have a chance to take those pills.

9 Is the structure of the Safe and Drug Free
10 Schools grants program the most effective mechanism
11 for the use of these funds? The current structure
12 provides for maximum flexibility to address local
13 concerns, as well as statewide priorities. However,
14 the effectiveness could be increased if there was
15 increased funding to pay for required collaboration
16 between the local education agencies, and the single-
17 state alcohol and substance abuse programs.

18 We are lucky in New York that we have a very
19 large network of community-based providers, as I
20 mentioned, that work very closely with our single-
21 state agency, our state education department, and our
22 local school districts, but some financially strapped

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1 school districts don't have the funding to even pay
2 for transportation to our state capitol in Albany.
3 Additional funding would allow for additional
4 collaboration.

5 In some states, my colleagues in community-
6 based organizations are required to address certain
7 prevention priorities determined by their single-state
8 substance abuse agency, and are not able to respond to
9 the identified needs of the local education
10 authorities. If there was coordination, I think that
11 problem would not exist.

12 Another issue of concern is the structure in
13 the way non-public schools and special act public
14 schools receive their funds. Consideration should be
15 given to these schools receiving direct funding from
16 the state education agency based on the number of
17 students enrolled, and not necessarily have their
18 funding coming from the local education authority. I
19 am aware of many non-public and special act public
20 schools that do not have even one student who lives in
21 the public school district where they are located. It
22 is unfair to require LEAs to give their Safe and Drug

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1 Free School funds to these schools, just because
2 they're physically located in the same geographic
3 area. In some cases, the vast majority of students do
4 not even live in the same county where the non-public
5 school is located.

6 In terms of the balance between flexibility
7 and accountability, I think it's working. I think it
8 could be enhanced with additional funding for
9 effective program implementation, administration, and
10 evaluation. Additional core requirements without
11 additional funding would dilute the program, reduce
12 effectiveness, and cause local education agencies to
13 forego their funding. LEAs should continue to be
14 allowed to spend their funds on assessed local needs
15 which often can, and do, change.

16 In terms of the tension between the
17 Principles of Effectiveness, the tension can be
18 resolved by understanding that there isn't research
19 yet on every authorized activity, but local evaluation
20 of effectiveness for those activities can justify
21 their existence. Thank you.

22 DR. LONG: Thank you very much, Ellen. And

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1 next we will turn to General Dean. General.

2 GENERAL DEAN: Well, good morning, and thank
3 you for the opportunity to address you. I think the
4 mission that this advisory committee has is a very
5 significant, and a very important one. My slides up?
6 Okay.

7 Community Anti-Drug Coalition of America came
8 out of a Presidential commission in 1992, and we are a
9 private association representing more than 5,000
10 community anti-drug coalitions. And we work closely
11 with the LEAs and SEAs as it relates to the substance
12 abuse, the Safe and Drug Free Schools and Communities
13 program.

14 My first slide is talking about the
15 implementation of the program. The program, we
16 believe, ensures that even local education agencies,
17 LEAs, and you've heard this already, with minimal
18 funding, have someone responsible for addressing the
19 impact of alcohol, drugs, and violence on the school
20 learning climate. And we think that is critical. The
21 program provides effective services, including peer
22 resistance and social skills training, student

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1 assistance, parent training, and education about
2 emerging drug trends, and we think it's critical to do
3 that. Next slide.

4 The Principles of Effectiveness are being
5 implemented, we believe, in their entirety by LEAs
6 regardless of the funding constraints to meet their
7 local identified needs. LEAs are data-driven, and we
8 think that's important, and they use school surveys to
9 determine their community needs and track progress
10 over time, and you just heard an example from Fairfax
11 County. LEAs use these funds to leverage other state
12 funds, local and private funds, and you've also heard
13 that, to enhance the scale and scope of their programs
14 so they're able to deliver the services that are
15 critical at the local level.

16 We believe that the program works effectively
17 in all settings; that is, rural, urban, and suburban,
18 and we think that's important because the issues are
19 significant in all. We believe, by design, the
20 program is, in fact, data-driven. It links schools
21 and community partners and leverages funds from other
22 sources to address drug and violence prevention, and

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1 intervention.

2 Program funds are being used effectively and
3 can demonstrate measurable results, and I give you one
4 example, but I've provided you several examples in my
5 written information to you. In the State of
6 Wisconsin, the Stevens Point School District has
7 utilized Safe and Drug Free Schools and Community Act
8 funds to develop a prevention and intervention
9 infrastructure for violence, mental health and
10 addiction issues. The district has been able to
11 decrease the number of students reporting past day,
12 30-day use of marijuana by 5 percent between 2003 and
13 2005.

14 LEAs are receiving a small amount of money.
15 They can develop a consortium to pool their resources
16 and to raise additional funds, and we think it's very
17 creative that many local small LEAs are, in fact,
18 coming together. Twenty-four school districts in Ohio
19 received a total of \$751,874 in their funds, but by
20 partnering with outside organizations and individuals,
21 these school districts have leveraged an additional
22 \$686,000, nearly doubling the amount of money that

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1 they had received.

2 In a recent survey or study done in the State
3 of Ohio by Dr. Bonnie Hedrick, determined that LEAs
4 are, in fact, implementing all of the programs of
5 effectiveness. Regardless of the amount of funds they
6 receive, the LEAs surveyed indicated that 86 percent
7 have conducted a needs assessment as the basis of
8 their programming, that 88 percent of them had
9 indicated that they had monitored alcohol and other
10 drug use through surveys and disciplinary referrals,
11 84 percent indicated that they use research-based
12 programs, so these examples represent what LEAs
13 throughout the country are accomplishing, and we are
14 very proud of their work.

15 Efforts to determine the effectiveness of the
16 program nationally, we believe, must be built from the
17 LEA level up through the state and federal levels in a
18 uniform manner, capable of connecting inputs, what is
19 actually implemented with the funding to outcomes,
20 including the core data set, so we think that data-
21 driven from the bottom up through states to federal is
22 the way the program should be managed.

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1 Yes, the Uniform Management Information
2 Reporting System should be implemented across all
3 states to collect both input, what is being
4 implemented, and outcome data from the LEA level in a
5 consistent format with consistent data, and
6 information elements. A uniform system needs to be
7 adopted and developed by all states and LEAs, and
8 collected by the Department of Education. We believe
9 that this system needs to collect and aggregate
10 information about what the program is accomplishing in
11 terms of both implementation of the POE, and how that
12 relates to the core data set.

13 We believe that currently, as implemented,
14 there are already too many mandates on the program.
15 Therefore, it should not be diluted by any further.
16 No issues and mandates, we believe, would strengthen
17 or would help the program; and, therefore, should not
18 be added.

19 The other question you asked concerning the
20 program on safety, I chose not to provide a formal
21 response based on the area of interest that we work
22 with the LEAs on. But on your next question, we

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1 believe that yes, because every LEA needs funding to
2 provide all of Americas school-aged youth with
3 programs and services dealing with drugs, alcohol, and
4 violence. If states did not fund all LEAs within
5 their boundaries, many schools would not receive
6 funds, and no thought would be given, or at least any
7 real organized thought would be given to preventing
8 the negative impact of alcohol, drugs, and violence in
9 these schools.

10 The leveraging of scarce resources is why
11 LEAs that seem to have insufficient funds are able to
12 implement effective, comprehensive programs and, in
13 fact, are doing this across the nation. And I think
14 that's a very important point, that you would look at
15 the dollar amounts and assume that they cannot do
16 anything effective with that, but you've heard an
17 example about Petersburg, Virginia. In fact, the
18 leveraging process is what causes these LEAs to be
19 effective.

20 The Governor set-aside has been very
21 effective in enhancing local efforts to address
22 alcohol, drugs, and violence issues, as well as

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1 dealing with emerging drug trends, such as
2 methamphetamine. The Governor set-aside also enables
3 LEAs to leverage additional funds for the program.
4 And you heard from Washington State, but I will use
5 them as an example. Their Governor's program grant
6 was \$1.4 million, enabling LEAs to leverage an
7 additional \$1.7 million in state funds, and nearly
8 \$1.9 million in local matched cash and in kind during
9 the 2004-2005 fiscal year, so you can see that this
10 core money allowed for a lot of leveraging. The 20
11 percent Governor set-aside should be maintained.

12 The Department of Education, in our view,
13 needs to provide uniform guidance to the states and
14 the LEAs concerning information and data collection to
15 enhance the program's ability to show it is
16 accountable to OMB and Congress. There is a
17 misconception that the States Grants portion of the
18 program is not accountable, and that the funds are not
19 used to implement science-based programs. In fact,
20 states and LEAs have taken the requirements of the POE
21 very seriously, and are implementing best practices
22 and science-based programs, as well as monitoring

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1 their progress in reducing youth drug use through
2 student surveys.

3 The POE will authorize as a complete process
4 to be implemented in their entirety. It is the POE in
5 their entirety that have made LEAs data-driven, and we
6 are concerned that the Department of Education is
7 focusing, and we mean this -- is focusing exclusively
8 on whether or not LEAs are implementing science-based
9 programs, rather than if they are implementing all of
10 the elements of the POE. I hope I didn't confuse you
11 there. We're concerned that all of the elements of
12 the POE are implemented, not just science-based
13 programs. Okay. Thank you.

14 DR. LONG: Thank you very much, General. And
15 we'll now turn to Gus Frias. Gus, as we indicated, is
16 from the Los Angeles County Office of Ed. Gus.

17 MR. FRIAS: I'd like to begin by thanking our
18 creator, Chairman Long, and every single one of you
19 for the opportunity to present to you the brief
20 following information.

21 I start with a quote that reads: "It takes
22 the best in each of us to bring out the best in all of

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1 us. In a world of change and uncertainty, this
2 includes being the first to think, to see, to hear,
3 and do whatever is wise to ensure the health and
4 safety of our kids. Whoever our rivals are out there,
5 we need to be wiser than them in overcoming whatever
6 challenges they pose to us."

7 I represent the Los Angeles County Office of
8 Education, a county with over 10 million residents, 80
9 school districts, 7,300 K-12 schools, and 1.7 million
10 students. The challenges that confront us on a yearly
11 basis, I guess, are documented in the California State
12 Schools Assessment Report, and we average over 4,000
13 drug and alcohol offenses, 3,000 batteries, over 500
14 assault with a deadly weapon. We have numerous
15 homicides, and over 15,000 possessions of a weapon.
16 The majority of the weapons in our locale were
17 handguns, and over 8,000 property crimes.

18 Another big challenge that we have is our
19 tremendous problem with multi-generational street
20 gangs. LA County has approximately over 1,000 street
21 gangs, with 79,668 reported gang members, over 75,000
22 are males, 3,000 are females. We have over 2,604

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1 taggers. These street gangs, again, come in numerous
2 shapes and sizes. We have 217 Crip gangs, 74 Blood
3 gangs, 550 Hispanic gangs, 63 Asian gangs, 24 Pacific
4 Islander, and 63 White gangs.

5 In the past 20 years, these gangs have been
6 responsible for committing over 10,000 gang-related
7 killings, and over 100,000 serious physical injuries.

8 In 2005, we recorded 553 homicides, 585 attempted
9 homicides, and 4,330 felony assaults. And mind you,
10 attacks on police, we had 168 attacks on police.
11 Matter of fact, this week we had a gang member who
12 just got out of his car and sprayed one of our police
13 cars with an AK-47, shot it over 20 times. And this
14 is something that, again, in many cases is routine.

15 Our street gangs are transforming into
16 international terrorist organizations. LA County
17 street gangs are acting as mother cancer cells
18 replicating across the United States, and throughout
19 Latin America, and other parts of the world. What you
20 have up there are names that are associated with
21 terrorist organizations, the Muslim Brotherhood,
22 Hamas, Al Qaeda, Hezbollah, Islamic Jihad, but we have

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1 our counterparts, counterparts in many aspects, we
2 have similar qualities and are responsible for
3 committing tremendous crime and violence, the Aryan
4 Brotherhood. And mind you, these are gangs of gangs.

5 Aryan Brotherhood acts as the umbrella for a lot of
6 Nazi low-rider organizations and other white-based
7 gangs.

8 The Mexican Mafia - the Mexican Mafia is a
9 gang of gangs that has the control of thousands and
10 thousands of southsider street gangs all over Southern
11 California and beyond California, across the states.
12 Mara Salvatrucha is a gang that, again, started in LA,
13 and now it's all over Latin America, and throughout
14 the United States. The Crips, again, they're all over
15 the United States, and beyond the United States.
16 There are Crip chapters in South Africa, for instance.

17 And the Whah Chings, you can find Whah Chings in
18 every single Chinatown throughout the United States,
19 and beyond the United States in China. So along those
20 lines, what I wanted to do, is share with you a two-
21 minute clip that I selected as part of my
22 presentation. Can you put it up, please?

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1 (Video presentation.)

2 MR. FRIAS: As you can see, this is real.
3 This presentation is about keeping it real, so I
4 wanted to share that with you because it is real,
5 folks. Our state prisons right now are run by a lot
6 of the groups that I just described to you, and they
7 are indoctrinating so many youngsters into being part
8 of this, it's becoming very racist, so all the blacks
9 are on one end, with all their modules. All the
10 whites on one end, browns on the other end, and Asians
11 on the other end, and then they are creating
12 alliances. For instance, the Aryan Brotherhood has
13 aligned with the Mexican Mafia to take on all the
14 Crips and Bloods in the California penal system. That
15 is impacting the state penal system, but it is also
16 impacting our streets, and it's impacting our schools.
17 So let me focus on the schools.

18 To address the challenges in our schools, we
19 have led in developing the following school safety
20 mandates. Our California Constitution Article 1,
21 Section 28(c), basically states that: "All students
22 and staff have the right to attend schools that are

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1 safe, secure, and peaceful." Our California Education
2 Code also mandates that "every single school must
3 establish comprehensive school safety plans", and
4 these school safety plans need to be in concurrence
5 with the Principles of Effectiveness.

6 California government code also requires that
7 all school safety, routine school crisis response
8 plans must integrate a standardized emergency
9 management system. And now, since we have NIMS, NIMS
10 is also going to be mandated as part of this. We also
11 have a new law called the California School Safety and
12 Violence Prevention Act, which mandates that all the
13 schools need to take preventive steps against hatred,
14 against hate motivated behaviors in the schools.

15 One that's not listed is another mandate that
16 comes from the state, mandating that all the schools
17 need to be part of a Safe Schools Assessment Report,
18 that documents school crimes that take place on an
19 annual basis. I can tell you that a lot of this all
20 sounds good, but when it comes down to implementing
21 them, a lot of them don't come with sufficient
22 resources to do that.

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1 Lessons Learned - we have learned that in the
2 area of school safety, our county Offices of Education
3 need to lead. We are the closest to whatever is going
4 on in the streets and the schools, and our county
5 Offices of Education need to be more active in leading
6 and bringing together the respective multi-agency
7 representatives from law enforcement, community-based
8 organization, faith community, our local elected
9 officials, and others. So, therefore, what we want to
10 recommend based on our lessons learned, is that every
11 single initiative needs to establish some type of Safe
12 Schools coalition that brings together all these
13 folks.

14 Next, we need to be realistic in developing a
15 master plan on school safety, and I've included a copy
16 of our master plan on school safety in your packets.
17 School safety plan that needs to be, again, very real.

18
19 In California, we mandate that all schools
20 basically go through Safe Schools planning training,
21 and so as part of that, we have School Safety teams
22 composed of educators, parents, students, law

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1 enforcement officers, and other community leaders, and
2 we put them through comprehensive training. Again, as
3 part of this training, we address the Principles of
4 Effectiveness. The training for the School Safety
5 teams goes beyond the Safe Schools planning, because
6 then we get into issues. We have a program called
7 TABS, Teaching Alternative Behavior School-wide, that
8 focuses on classroom management and student
9 discipline. Along with that also comes SEMS, the
10 Standardized Emergency Management System, and other
11 related types of trainings.

12 To address America's war on terror, our
13 county Offices of Education, we have learned that our
14 county Offices of Education must work with our local
15 terrorism early warning groups to share intelligence
16 in a timely and secure manner. And sharing
17 intelligence is not easy, ladies and gentlemen,
18 particularly when it comes down to sharing
19 intelligence related to terrorism. In the past, our
20 military did not really share their intelligence with
21 our local law enforcement agencies, and our local law
22 enforcement agencies did not share their intelligence

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1 with the schools. Today, we have a system in placed
2 called TEW, and this TEW concept is being replicated
3 across the United States. We believe that we need to
4 be part of the equation, and we need to also share
5 with them whatever intelligence is out there to make
6 sure that we act on it in a timely and secure manner.

7 Next, we need to identify and replicate
8 effective research-based initiatives, such as those in
9 character education and conflict management. We also
10 need to provide specialized counseling and case
11 management services for selected students and their
12 families.

13 We've learned that we also need to engage
14 students and their families in leadership development,
15 after-school recreation, and cultural activities. We
16 also need to provide career and employment services
17 for students and their families, design specialized
18 programs to address urgent challenges, such as street
19 gangs. And we need to foster positive relations
20 between students and police officers.

21 I've got news for you, folks, in many of our
22 schools, our students hate the police. And they in no

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1 way are going to cooperate with the police. And they
2 have a word that they use a lot against positive
3 healthy relationships, and that is "snitching". No
4 one wants to be labeled as a snitch. Well, we need to
5 take that on, and we need to change that. In your
6 packets is our Students and the Police guidebook,
7 which is part of a students and police project, that's
8 a collaboration between our office and the LAPD, the
9 LA County Sheriff's Office, as well as the LA County
10 Police Chiefs Association. We believe that, again, we
11 need to foster these relationships in our schools
12 among our kids.

13 And then we need to, I guess basically again,
14 echo what everybody else has said, and that is, when
15 it comes down to evaluation, we need to truly address
16 it in a comprehensive manner, and attach resources to
17 it, because if we don't, then we will continue to
18 produce evaluations that have a lot of shortcomings.

19 Along those lines, let me focus briefly on
20 recommendations. Recommendation one, is we recommend
21 highly that you need to modify your funding streams
22 and formulas. The County Office of Education, we get

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1 approximately \$83,000 per year from the Safe and Drug
2 Free Schools program. That money, again, is leveraged
3 in numerous ways, but I can tell you that if you
4 really put the County Offices of Education at the
5 center of gravity in terms of local activity, we can
6 make the most out of all the monies that come down the
7 pike.

8 Focus on helping every student, attending
9 local schools, particularly the walking wounded and
10 the walking dead. And if you don't know who those
11 kids are, those are the kids that oftentimes carry
12 tremendous baggages with them on a daily basis. I
13 often encounter cases of the walking dead of kids who
14 basically throw the finger at the world, and they come
15 into our classes with gang tattoos on their bodies,
16 and now all of a sudden the educator has to address
17 that challenge; a kid who oftentimes has a lot of
18 enemies who want to kill him or her, so these are real
19 cases.

20 Again, require a master plan of school
21 safety. Direct the County Offices of Education to
22 lead, coordinate, monitor, and evaluate school safety

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1 services. LA County gets a lot of resources from this
2 program, Safe and Drug Free Schools. Resources, for
3 instance, to implement the emergency management and
4 crisis response program, resources for the Safe
5 Schools and Healthy Students initiative, but our
6 office really is not getting these resources. These
7 monies are going to school districts, and if we have
8 80 school districts in Los Angeles County, and you
9 give the money to one school district, that school
10 district is going to take care of business for itself.

11 But if you give it to the County Offices of
12 Education, chances are that we're going to bring
13 together a diverse group of stakeholders to make sure
14 that we impact more than one school district, so we
15 need to find better ways to accentuate the role for
16 the County Offices of Education.

17 Again, to address America's war on terror, no
18 ifs, no buts, we need to find better ways to share
19 intelligence. And if DHS is doing anything, we need
20 to collaborate with them. I am often called by
21 different representatives from DHS to address the gang
22 challenges, but I've got news for you, for whatever

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1 reason, the U.S. Department of Education really
2 doesn't have a solid comprehensive initiative to
3 address the issue that I just presented through the
4 video.

5 In California, by legislation, we established
6 the California Gang Risk Intervention Program, and
7 allocated \$3 million to address this problem in our
8 respective schools. But even \$3 million was not a
9 lot; nevertheless, it was an effort, and this is
10 something that we should try to emulate. The United
11 States Department of Education needs to lead.
12 Anything that impacts our schools, we need to make
13 sure that we lead. Law enforcement agencies can play
14 a role in supporting us. DHS can come along and help
15 us in our respective schools, but we at US DOE and in
16 County Offices of Education, we need to lead. Again,
17 direct the counters of education to be the work of the
18 Safe Schools and Healthy Students grants, emergency
19 response, and crisis management grants. And then we
20 need to revive the community services grant program.
21 As you know, that program came and went, but that
22 program was a fantastic program that was addressing

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1 the needs of kids who are suspended or expelled from
2 school. We need to find a way to bring that program,
3 and build on existing lessons learned.

4 Beyond that, again back to gangs, we need to
5 establish new funding, and really develop a stream of
6 resources that can assist our schools that are having
7 some very difficult challenges.

8 Lastly, again back to accountability systems,
9 in one of our school districts that got millions from
10 you, the mayor died, the chief of police retired, and
11 the superintendent of schools got himself into a big
12 mess and was fired. The monies were just sitting
13 there. We need to find better ways to make sure that
14 those monies that you allocate to school districts are
15 used for the intended purpose of helping our kids. We
16 believe that County Offices of Education can assist to
17 do that. Thank you.

18 DR. LONG: Thank you very much, Gus. And
19 thank you, General; thank you, Ellen; thank you,
20 Clarence. We appreciate that. We now get to the
21 portion that I find extremely interesting. And as I
22 indicated earlier, to draw on your experience and

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1 expertise, and from these fine committee members, so
2 we will open that up. And my job will be to monitor
3 time and I'll keep you advised of that so that we stay
4 right on task. Questions from the committee. Hope.

5 MS. TAFT: Again, I would like to get your
6 ideas on how we could reinvent or change the program,
7 make it new and fresh, based on the charge that our
8 chairman gave us at the beginning of the day. So if
9 each of you would take a few minutes and quickly
10 outline what you would recommend that we do, I would
11 be most grateful.

12 MR. FRIAS: I'll start if off very briefly.
13 If our political leaders at the federal level are
14 willing to invest billions of dollars to ensure the
15 health and safety of individuals in the Middle East,
16 we need to do the same thing at home. And the monies
17 that are allocated to US DOE at this time for this
18 program, we need to find a way to document our
19 tremendous need, and put it in the context of the war
20 on terror, and get DHS to share its billions. It's
21 got billions and billions, and yet, here we are, to a
22 degree, asking for less than a billion. We should be

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1 asking for billions, and then as part of the
2 compromise, settle on billions.

3 GENERAL DEAN: Mrs. Taft, what I would like
4 to suggest is, first of all, I think that we, at the
5 national level, can do a better job, and it's not to
6 be pejorative or critical, in ensuring that the
7 uniform guidance is provided to states and LEAs as it
8 relates to data collection and the program itself. If
9 we took a survey of states and LEAs, I think that it
10 would be -- the great majority would say that they
11 have developed that guidance themselves without
12 national guidance, which prevents the program from
13 having the uniformity that it deserves.

14 Secondly, we have worked with LEAs and states
15 on evaluation, and we have just recently published a
16 primer that outlines how to do local evaluation built
17 around the strategic prevention framework. And we
18 think that's an area that they can benefit from, and
19 it's not a lack of will, or lack of desire, it's
20 simply providing clarity and helpful information on
21 the evaluation. I think that we are getting a
22 phenomenal amount of help out of this program that

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1 goes unrecognized, and that's unfortunate. And it
2 could, in fact, be improved, but I'm here to tell you
3 that we get far more out of this program than is put
4 into it in the form of dollar support.

5 MS. MOREHOUSE: Your questions makes me think
6 of the phrase that "sometimes old is good." And I
7 think of the Polio vaccine and the tetanus vaccine,
8 which have been around forever, and they're terrific
9 and they still work. I think the Safe and Drug Free
10 Schools program, the State Grants portion, is terrific
11 and it works. And you've heard today wonderful
12 examples of it.

13 The only thing that I would add is just what
14 I'd mentioned before, evaluation. I really think the
15 federal government can provide public domain questions
16 and scoring, so local school districts will not have
17 to use their small amount of money to pay for
18 evaluation. Every survey that I'm aware of that's
19 recognized nationally, was developed through research
20 with federal funding.

21 When a school district, like you saw, only
22 gets \$1,000, and then they have to pay \$2 per

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1 questionnaire, and \$300 per report, that takes money
2 away from programming. I'm not saying there should be
3 a standard questionnaire, but there should be a list
4 of possibly 100 questions taken from various
5 questionnaires, so local education agencies can pick
6 and choose which ones will evaluate most effectively
7 their programs.

8 One thing I just want to mention with Mr.
9 Frias' comments, not every state has county, local
10 education agencies. So, for example, in New York we
11 don't have county Departments of Education.

12 DR. LONG: Intermediate agencies, BOCES.
13 Yes, I think even though he was referring to county
14 offices, from state to state there would be some form
15 of intermediate agency. I think in New York, it would
16 be BOCES, yes.

17 MR. JONES: I agree with my peers on the
18 evaluation component is the major one. The real
19 question here really is, how can we get to OMB, how
20 can we let them know what we're doing is effective?
21 If they came to look at Fairfax County's program,
22 they'll go my God, you would score extremely high.

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1 But there's hundreds of programs like this, but we
2 need a set of evaluation tools that we can use
3 nationwide that can effectively measure what we're
4 doing, because I'll be very honest, if you thought
5 that you sense frustration in my voice when I was
6 talking, because as an LEA on the front line, we are
7 frustrated because we're busting our tookuses out
8 there, providing the data, working hard, doing the
9 evaluation, doing what we were told to do, turning it
10 in, and then we find out we're going to get cut more
11 because what? We're not doing what we're supposed to
12 do. I've got it right here.

13 MS. TAFT: Thank you.

14 DR. LONG: Shep.

15 DR. KELLAM: Well, in many ways, what you're
16 saying is a very powerful message, and it should bring
17 us together to think about what are we talking about
18 when we talk about evaluation? And we need a common
19 language to understand that. And I'm also assuming
20 that you don't mean that you want the federal
21 government to fund an evaluation on a nationwide basis
22 that tells you a lot about the nation, and nothing

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1 about local communities, and what's working for whom,
2 and where, because that would be a huge disaster. But
3 we have a tendency to do that. We don't do it with
4 the weather report, you don't get a national survey on
5 the weather, you get local reports, but there's a
6 common language. So along that line, I guess what I'm
7 asking is, have you made efforts to team up with local
8 universities, or research groups, and have you had any
9 successes or failures in coming to common cause with
10 research groups so that they understand your mission,
11 and don't use kids as guinea pigs and so forth?

12 MS. MOREHOUSE: I'll start off by responding.
13 My community-based organization has partnered very
14 successfully with many independent, well-known
15 researchers and research groups, not on Safe and Drug
16 Free School states' portion funds, because the cost
17 for those evaluations when we team up with those
18 university researchers are 50, 75, 100, 125,000
19 dollars a year. For our Safe and Drug Free School
20 funding, when we use surveys, and I'm not advocating a
21 national survey, but if you use the Communities that
22 Care survey, if you use the Monitoring the Future from

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1 I think it's Western Michigan State University, or the
2 American Drug and Alcohol Survey, and I could go on
3 and on; those surveys have a cost. And when you
4 survey a lot of students, that's a lot of cost. And
5 then there's a cost for writing up the report, and
6 people need to get paid. And that syphons money off
7 from programming. No one does anything for free any
8 more.

9 DR. KELLAM: Can I follow-up? Yes, so for I
10 don't know how many years, 45 years or so, I've been
11 one of them folks that's been getting research grants
12 from people like Dr. Sims, and others sitting around
13 the table. So the question is, I guess, as much can
14 we restructure science, as it is restructuring Safe
15 and Drug Free Schools. In other words, if there was
16 grant money that would be provided specifically in
17 partnerships with the research funders, private and
18 federal, state, such that there was a premium put on
19 teaming, on developing a partnership which would allow
20 you to do rigorous evaluations of programs, for whom
21 it works, and for whom you need more, how to line up
22 backup services, the universals, and so on.

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1 The new initiatives we're talking about may
2 well, in fact, require fixing science, as well as
3 fixing the program for Safe and Drug Free Schools,
4 getting them closer into intimate common interests.
5 And I'd like your thoughts about that.

6 MR. JONES: Let me just answer this here. In
7 Fairfax County, we did several years ago, and I
8 mentioned, we didn't have a survey for many years, we
9 got together with George Mason University which sits
10 right in our backyard, and we worked with them, and
11 through their efforts working with county agencies,
12 the medical people, the religious, the faith leaders,
13 and parents, and everyone - we all came together at
14 the table and sat down, and we got the Community That
15 Cares survey, and then used that particular survey.
16 And we had to pay a lot for that, but since that
17 happened, we found out a way that we can make it a
18 little cheaper because now our county government
19 actually pays for the survey and the printing of this
20 document that you see here.

21 Now they pay for that right there. It does
22 cost a little, but not near as much as we would go out

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1 to other organizations, or vendors and have that to
2 do, so to bring all these people together, that's been
3 in the language for years, to bring all these people
4 together to make a difference. And we are doing that,
5 along with many other school systems, so that is
6 happening.

7 DR. LONG: I'm sorry.

8 MR. FRIAS: I'm sorry. Let me add that in
9 your packet, I included a copy of a brand new manual
10 on gang violence prevention and intervention. And on
11 page 75, you will find a one sheet evaluation form
12 that we require from all of the funded projects. This
13 took a while for representatives from the university,
14 from the California Department of Education, from
15 local areas, to come together and agree that this
16 evaluation form was adequate. And when you look at
17 it, it lists X number of program process measures, and
18 program outcome measures. For CDE, based on the
19 limited resources, it felt that this was adequate.
20 What I'm telling you is that we need more than this.
21 This is a nice form that people can fill out, but we
22 need more than this. And the universities, again,

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1 when they come to the table, they're also limited on
2 the resources available to them, so there's only so
3 much that they can do. The worst case scenario is
4 that they're working alone, and doing it wrong.

5 A case in point, USC got a \$1 million grant
6 from one of the federal agencies, and after the one
7 year was over, they couldn't come up with some solid
8 findings, because their experimental and control
9 groups in one form or another were contaminated. So
10 when they try to do it alone, believe me, it doesn't
11 work.

12 DR. LONG: The order, and I apologize,
13 Russell, I missed you - Russell, and then Tommy.

14 DR. JONES: Yes. One thing that I'm hearing
15 consistently across the panel is the need to work
16 together, and the need to partner, the need to bring
17 parents in, et cetera. And I'm just wondering the
18 extent to which you are practicing what you preach.
19 And what I mean by that is, I've heard a number of
20 very good things that folks are doing, the leveraging
21 of funds, bringing in almost double the amount. I
22 think, Arthur, you mentioned that, and just a number

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1 of very good things. And I'm just wondering to what
2 extent is there sharing of good things that work, the
3 lessons learned, for example, as well as best
4 practices. Because all you guys are doing very good
5 things, but in a situation where there are so many
6 needs - and, Gus, I was really struck by the number of
7 gangs and the enormity of the task there in LA.
8 Again, I'm just wondering the extent to which there's
9 that cross-fertilization in terms of learning from
10 each other.

11 GENERAL DEAN: I'll start. The answer to
12 your question is absolutely. We work diligently to
13 share best practices with the people at the local
14 level, the state level, as well as our national
15 friends, and we do that in numerous ways. First of
16 all, we have large training seminars around the
17 country. We probably have had five different ones
18 this year, ranging from 250 people, to 600 people, to
19 3,000 in Washington, D.C., so the answer is through
20 training facilities and training seminars, through
21 publications. I talked about the one concerning
22 evaluations that we have developed, so I believe that

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1 the national organizations, the state level
2 organizations, the local level organizations are, in
3 fact, working with each other, partnering with each
4 other, involving universities in their data and
5 evaluation. I think, all candidly, that at the
6 national level, it is not known the extent of what's
7 happening out in the states and in local levels. And
8 I think you all would be totally shocked, and somewhat
9 blown away to know exactly what is happening out
10 there, the goodness that's going on out there. Now
11 can it be improved? Absolutely. So I guess what I'm
12 suggesting is that you need to somehow, through a
13 system, have the good work that's going on, and the
14 data that's being collected, the evaluations that's
15 going on locally and state filtered up, so you can
16 have a good understanding of what's really happening,
17 so that you are not necessarily recommending
18 modifying, without having all of the good information
19 that's happening out there. So we are working
20 together and sharing information. Clarence and I have
21 been together on a regular basis. Ellen has been to
22 our trainings, the people that you heard from this

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1 morning, also, so it's happening.

2 DR. JONES: Yes. Just a follow-up question;
3 are there mechanisms in place to track and trace the
4 extent to which folks are following up on the
5 excellent recommendations that are being made, or the
6 trainings that are being carried out? I mean, what's
7 the follow-up from that? I mean, it sounds like very
8 good practices.

9 GENERAL DEAN: We put together annually for
10 OMB and others, the impact of the Safe and Drug Free
11 Schools, and give them with documented examples and
12 books that are this big, what's happening across the
13 country. So it is being compiled, it's being
14 documented, and it's being shared at the national
15 level.

16 DR. JONES: And is there feedback given to
17 you based on the collection of all of these good data,
18 of these good things going on, et cetera? You're
19 saying that you compile large books, are there data
20 being given back or feedback given back to you from
21 the --

22 GENERAL DEAN: The answer is yes.

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1 DR. JONES: And is it helpful?

2 GENERAL DEAN: Yes.

3 DR. JONES: Yes.

4 MR. JONES: I was just going to say, from an
5 LEA perspective, we get the opportunity to go out not
6 just in the surrounding counties in Virginia, but as
7 far away as Montgomery County, some parts of Maryland,
8 D.C., and up to Pennsylvania, and other places to talk
9 about how we set up our different programs. And one
10 of the requirements I have in my office, if one of my
11 specialists is required to go out to a place to do a
12 program, they must return within one year to take a
13 look at that program and see where they are, because
14 we're just not going to go out and do something and
15 say life goes on. We want to make sure that what we
16 did, that we spent out time and money wisely. And as
17 General Dean pointed out, is that a lot of people come
18 together at the national forum, and then we have the
19 opportunity to share a lot of the different programs
20 we have with people all over the nation. And right
21 now, we're trying to figure out a way how to get some
22 of our people out to Kansas, because they're calling,

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1 wanting to see how we do some of the things that we
2 do, and that is what it's all about, networking across
3 the country.

4 MS. MOREHOUSE: I just want to mention, in
5 New York State, our state education agency, Office of
6 Safe and Drug Free Schools, and our single state
7 alcohol and drug agency, meet about five times a year
8 with a large number of the community-based prevention
9 providers, so they get to hear local concerns. We
10 also get to hear state ideas, so it's really a two-way
11 mechanism of sharing opinions. Also, many states have
12 statewide prevention conferences that are held
13 annually, and that's another good mechanism.

14 Unfortunately, there are not as many national
15 prevention conferences. CADCA is really one of the
16 best and one of the few really national places that
17 brings prevention providers together. Even the
18 Department of Education used to have, I think they
19 were yearly Safe and Drug Free Schools conferences.
20 You're down to once every three years, or every two
21 years, I can't remember, but those used to be good
22 places, also.

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1 The CAPS through CSAP also try to provide
2 prevention. CAPS are the Centers for the Application
3 of Prevention Technology, try to get information out
4 to local providers, as well, so there are some ways to
5 do this. But the lack of funding is a serious issue,
6 and again, I'll just use New York State as an example.

7 If we have a meeting in our state capitol in Albany,
8 that's five hours from the eastern part of Long
9 Island, and five hours from Buffalo, so our colleagues
10 in different parts of the state either can't get there
11 because they don't have the funding for planes, or
12 mileage, or overnight accommodations, so the funding
13 is really hurting travel.

14 I'm also aware that many, many states in the
15 country will not allow out-of-state travel, so while
16 I'm very lucky, in New York we can send a lot of
17 people to the CADCA conference, I know some of my
18 colleagues can't do that.

19 MR. FRIAS: Lastly, LA County, with 1,700 K-
20 12 schools, we do have our strengths, but believe me,
21 we have tremendous challenges. By legislation, all
22 the schools are mandated to have school safety teams.

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1 We train those teams, but now we expect them to go
2 back to their respective site and impact the rest of
3 the faculty and others. Well, to follow it up, there
4 are some shortcomings; 1,700 K-12 schools with limited
5 staffing levels, it's going to create some
6 shortcomings, so again, we do have some strengths, but
7 we do have some needs.

8 MR. LEDBETTER: Ms. Morehouse and General
9 Dean, you both commented about additional funds that
10 were leveraged, or where you got matching money, for
11 lack of better terminology, I'll just call it matching
12 money, where additional funds were appropriated from
13 one place or another. Has anyone looked, or is there
14 any research, or any information that's out there
15 anywhere about how much money has been raised to go
16 along with what has come through from the federal
17 government in these programs nationwide?

18 MS. MOREHOUSE: I don't have the dollars. I
19 can get that information, but I'll just speak for my
20 own organization. I get approximately \$1 million from
21 our state Office of Alcoholism and Substance Abuse
22 Services, and that \$1 million is a combination of

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1 federal block grant money and New York State tax
2 dollars. I match that against approximately \$2
3 million of money I get from the local school
4 districts, the 28 LEAs. Out of that \$2 million, a
5 portion of it, less than 25 percent is Safe and Drug
6 Free School money. The rest is local school tax
7 dollars, so that's just my own example. I can give
8 you more specifics. I don't have those numbers right
9 in front of me.

10 MR. LEDBETTER: I think it would just be
11 interesting if the Congress were to realize that there
12 were -- what money that the federal government is
13 generating, is just a portion of what may be invested
14 in this project.

15 MS. MOREHOUSE: Right. In New York, a small
16 portion -- actually, I would like to just take one
17 minute and respond to the other part of what Dr. Jones
18 raised about parents. In many of our school districts
19 with the decrease in Safe and Drug Free School money,
20 that was brought up at a local school board meeting
21 about gee, money has been decreased over the years,
22 that means more local tax money, and parents come out

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1 and say absolutely, we want the money spent on that
2 program, because they know that it's working.

3 GENERAL DEAN: We have not taken on a
4 national survey to answer the question you just asked.

5 One, we don't have the dollars to do that. Two, we
6 don't receive any funds whatsoever from Safe and Drug
7 Free Schools monies, but what we have done is, we've
8 looked in districts where there are significant people
9 in Congress that care about this program, and we can
10 tell them what's happening based on your question in
11 their particular district. So we've done that, and we
12 know in certain states, like Washington state, Ohio,
13 and others that we have very, very close relationships
14 with. So we have data from representative states, we
15 have data from some specific districts where key
16 members of Congress reside, but we have not done it
17 nationally.

18 My point is that it seems to me that this is
19 something that the Department of Education should do,
20 and that it would then have its total feel for what
21 this program is or is not doing. That was the point I
22 made when I was talking about it earlier, but if you

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1 just look at Washington State, it's about one-third,
2 one-third Safe and Drug Free Schools, one-third from
3 the state, and one-third they leverage. That's,
4 obviously, one state, but it is, in fact, happening
5 out there. We can give you specific examples, but not
6 a national example. We can't give you the totality of
7 what's happening across the whole country.

8 MR. LEDBETTER: Okay. One other question;
9 one of the bullets that you had in your presentation
10 was that the Department of Education needs to provide
11 uniform guidance to the states and LEAs concerning
12 information and data collection to enhance the
13 program's ability to show it is accountable to OMB and
14 Congress. That was on page 5, I think.

15 GENERAL DEAN: Right, that's correct.

16 MR. LEDBETTER: Do you have any suggestions
17 to go along with that?

18 GENERAL DEAN: Well, I think the law itself
19 is pretty clear as to what it is that states and LEAs
20 should be doing. The Program of Effectiveness is
21 really quite clear, as well. The piece that I think
22 that would bring it all together is a national

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1 guidance based on the law, placed on the Program of
2 Effectiveness, that would give then to states and to
3 LEAs some specific guidance on how to go about
4 implementing and interpreting the law, so that the
5 data then is rolled up from the local level to states,
6 to national. And to the best of my knowledge, that is
7 not happening at the current time. The law is there,
8 very specific, the Program of Effectiveness is very
9 specific, states are individually going about
10 implementing that, LEAs are individually going about
11 implementing that, but what I think would be very
12 beneficial is some national guidance on how to
13 interpret, how to implement, and how to roll the data
14 back up, and then a national repository of that data
15 so we could, in fact, answer your question.

16 DR. WECHSLER: A previous speaker said,
17 "Across the board we need to be more prescriptive and
18 firm about how the program is administered". If it
19 goes in that direction, can you give some very
20 specific advice as to what aspects of the program you
21 think we should be more prescriptive and firm about,
22 and what aspects we shouldn't go there with?

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1 MR. FRIAS: Can I start on that? Yes, very
2 briefly, there are programs out there that do not meet
3 the Principles of Effectiveness. And yet, they're
4 getting millions, and millions, and millions. Case in
5 point, the GREAT Program, Gang Resistance Education
6 and Training. If Senator Feinstein's bill goes
7 through, by the way, which it's expected to go
8 through, it will allocate over \$650 million to address
9 the challenges of gangs throughout the United States.

10 We have a press conference with our office next
11 Wednesday where she's going to announce - I think she
12 -- she's got the backup in Capitol Hill to get this
13 approved. We, the County Office of -- US DOE, County
14 Office of Education as educators, we need to find a
15 way to lead, and let the elected officials know that
16 if programs do not meet the Principles of
17 Effectiveness, then they shouldn't be funded. But,
18 unfortunately, there are some political realities that
19 get those programs funded, so we need to be a little
20 more bold on that.

21 MR. JONES: I just want to say that many of
22 you, if you know Arlene Cundiff, who is the SEA in

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1 Virginia, that's all I would need to say, because
2 Arlene Cundiff runs a tough shop. And the bottom line
3 is, you have to follow the Principles of
4 Effectiveness, you have to turn in things a certain
5 way, you have to respond in a certain time, and if you
6 don't, that money is going to be sitting there waiting
7 for you until you do. And that is one of the things
8 that we have been working on for years, and she's been
9 wonderful guide, so I think, and maybe with my
10 military background says hey, if the boss says do it,
11 you need to do it. And as you pointed out right
12 there, very clearly that's not happening across the
13 board. I do know in the Commonwealth of Virginia, it
14 definitely is happening.

15 MS. MOREHOUSE: My understanding in New York,
16 that if you don't have an evidence-based program and
17 comply with the Principles of Effectiveness, that you
18 have to redo your application, and you will not get
19 funded until you comply, so I personally don't think
20 you should make it stricter.

21 DR. SIMS: Gus, I had a question just
22 following up on what you were talking about, and maybe

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1 this will give you an opportunity to expand on it, but
2 it was in terms of the school safety teams that you do
3 train, and I was interested in how they come together,
4 and whether or not during the actual time of the
5 training that there are other representatives from
6 other parts of the schools that would be impacted by
7 the overall Safe and Drug Free Schools program at the
8 training? You mentioned later on that when those
9 teams go back to their schools, they're responsible
10 for communicating information to the rest of the
11 school personnel, and I was just wondering how does
12 that work, how do you monitor it, and how do you all
13 assess the overall impact, or the overall coordination
14 with the different aspects of the programs, and then
15 outcomes.

16 MR. FRIAS: Mind you, we're talking state
17 mandates, so all the schools in California are
18 mandated to establish school safety teams. As part of
19 that, we train them. Once we train the teams, they go
20 back to their respective school site, and usually the
21 principal or the assistant principal is the leader of
22 that respective team. There are some major

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1 shortcomings in sharing that information with the rest
2 of the other folks at the school site, all the
3 teachers, all the counselors, the parents, and others.

4 Where we come in, basically, is to find a way to
5 provide direct or indirect support services to these
6 respective teams in doing that, but I can tell you
7 that when it comes down to training the whole school,
8 we run into some tremendous roadblocks, because the
9 training time for educators is very limited, and
10 oftentimes it's already taken, so you have to get in
11 line, even for safety-related issues. We're trying
12 our best to find a way to, I guess, if we can't do it
13 by legislation, we have to find a way to collectively
14 as a team address that tremendous challenge. But that
15 continues to be a tremendous, I guess, shortcoming,
16 concerns at some schools, particularly the schools
17 that are located in the middle of gang-infested areas,
18 or high risk areas, drugs, gangs, and guns, and all
19 kinds of other things. Those kids, and just for your
20 info, we have at the minimum one lock-down a day,
21 lock-down, and just one gang banger can close down
22 three schools from a particular area because the law

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1 enforcement agencies are chasing a son of a gun with a
2 gun, and the whole school goes into lock-down.
3 Imagine that type of environment impacting the kids.
4 I share this with you because those realities impact
5 what we do, and hopefully, we can use that reality to
6 persuade legislators and others to assist us to
7 address this.

8 DR. SIMS: Then the other question I had,
9 just in listening to each of the presentations was in
10 terms of the diversity of the different school systems
11 that you all work with, and how is diversity addressed
12 throughout the training and cultural competency,
13 especially when you can have big differences between
14 principals and school student bodies, teachers, and
15 whatnot?

16 MR. JONES: I can definitely address that.
17 We have one of the most diverse school systems in
18 America in Fairfax County. We have in one elementary
19 school, in particular, we have over 97 different
20 languages that are being spoken in just that one
21 school. One of the things that we're doing is that
22 everything that we have with drug prevention or

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1 violence prevention is translated in seven different
2 languages. And we, also, through our office, we hire
3 individuals to go out with our specialists if one of
4 our specialists is not already trained in that
5 language, to provide those in-services for parents,
6 and also community members on whatever topic we're
7 talking about.

8 Most recently, the Korean population asked us
9 to come out, and over 300 people was there. We had to
10 have a Korean interpreter, so we took all of our drug
11 paraphernalia, all our gang stuff, and we had the most
12 wonderful time. And the Q&A back and forth is what
13 it's all about, and then from that right there, they
14 stay in touch with us, and we constantly stay in touch
15 with them, help providing them information on how they
16 can continue to help their particular areas right
17 there. But it's a whole county thing, not just the
18 school, the whole county is involved in this endeavor
19 right here.

20 GENERAL DEAN: I would say that speaking of
21 Dennis' strategic prevention framework, there are five
22 major steps, that start with assessment, planning,

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1 capacity, evaluation, et cetera. But in the center,
2 if he presents this plan to you, are two items that
3 holds all of the major steps together. And the two
4 items are sustainability, and cultural competency, so
5 we've been about training at all of our trainings,
6 whether they're small, large, or whatever, a central
7 piece that we talk about is cultural competency,
8 because if you don't get that right, nothing is going
9 to happen locally at all. So the point is, we're
10 working with our state friends, and our local friends,
11 to ensure that they address that, because if they
12 don't address that, the other five steps will not
13 work, and will not be held together.

14 DR. JONES: Just real quick; are people
15 getting training in cultural competence?

16 GENERAL DEAN: People are getting training by
17 trained people who understand cultural competency,
18 absolutely. Yes.

19 MS. MOREHOUSE: In my area, as we become more
20 culturally diverse, this becomes a major challenge,
21 because with Mr. Frias' point, the amount of time for
22 staff training is minimal, and you have to get in line

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1 behind the new math tests, the new English tests, and
2 the emergency evacuation procedures, and everything
3 else. Most of the school districts in New York are
4 unionized, the number of faculty meetings are set by
5 the teacher's contract, the number of staff
6 development days are set by contract, so there's very
7 little flexibility for training. When a teacher
8 leaves a class or has to be a substitute or a nurse,
9 or a social worker, so I don't feel that it's being
10 dealt with as well as it could be.

11 One other thing I'll mention; most of the
12 evidence-based programs looked at cultural competency
13 in terms of the results in different populations, so
14 when school districts select evidence-based programs
15 and practices, I think that's one of the issues that
16 they look at, as well. MR. FRIAS: Let me add,
17 that a lot of times federal agencies fund specific
18 CBOs, Community-based Organizations, to address issues
19 related to diversity and tolerance. But when all is
20 said and done, the schools, instead of leading, are
21 following. We need to take change -- change it
22 around, and those resources should be coming to our

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1 schools. If it involves our kids and our staff, and
2 our purpose is to train them on this type of
3 competence, then we need to find a way to make sure
4 that our county offices, or educational institutions
5 lead.

6 I've got to emphasize to you that in
7 California, we have the California Student Safety and
8 Violence Prevention Act, that requires that all the
9 schools be proactive in addressing hate motivated
10 behaviors. And guess what, there's no money. They
11 forgot to attach money to do this, so who's going to
12 do this? Well, it depends on the respective persons
13 involved to leverage resources and make it happen, but
14 those are tremendous shortcomings that come at us.

15 DR. LONG: We are right on time. It is now
16 12:28. As we wrap-up our second panel, and as I sat
17 and watched, and listened, some things really came
18 through. I'm not going to go through that list, but
19 something that really struck me was this; that no
20 matter what the amount of money is, that we get it
21 done in this field called education for these
22 children, and one of the big reasons is because of

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1 collaboration, and it's that networking. And I was
2 just thinking about the people on this committee
3 sitting around this table, and the panelists that have
4 come up, and I'll give you - and I heard the General
5 talk about the fact that you and Clarence have done a
6 lot - so it's that networking and that collaborative
7 effort, that positive collaborative effort that gets
8 it done for children. And I'll give you one quick
9 example.

10 We had a situation in a rural area in our
11 county about two weeks ago that some hostilities ended
12 up just prior to this situation, there have been two
13 murders by some teenagers, neighboring towns. Then
14 there was a police shooting, school was going to open
15 and that set up a memorial across the street from the
16 school. The superintendent was very concerned and
17 called me. I picked up the phone, called Bill. Bill
18 said we need to get together with Gus. I'd never met
19 Gus until today, and within the hour, we were on a
20 conference call, and Gus said I'll take care of it.
21 I'll contact the superintendent. I'll be out there.
22 There was no money, there was not even a talk of

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1 money. It was that relationship went from one person
2 to another person, we're on the phone. This morning
3 when I met Gus for the first time he said, "Dave, I
4 talked with the superintendent. We're going to get it
5 handled." But it reminded me of that collaboration,
6 and you do it so well, so with that, we'll close this
7 panel. And, again, Gus, and General, and Ellen, and
8 Clarence, we thank you so much for being here and
9 sharing.

10 (Applause.)

11 DR. LONG: Lunch is now ready. It's 12:30,
12 and lunch will be for the committee members and the
13 presenters, and it will be right down -- you walk
14 right out this door, right through the doorway for
15 about 50 yards, and lunch will be served.

16 (Whereupon, the proceedings went off the
17 record at 12:32:07 p.m. and went back on the record at
18 1:21:59 p.m.)

19 DR. LONG: Okay. We're all set to go, if
20 folks, committee members, please come up; and
21 panelists, if you'd please take your seats. Thank
22 you. As we get started, first of all, thanks to the

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1 panel members for coming in today and being very
2 willing to share your expertise and experience for all
3 of us. As we have with the past two panels, we will
4 have presentations from each of you. And then as soon
5 as we are done, it will allow the committee to ask
6 specific questions so that we can start to synthesize
7 some information to make a recommendation to the
8 Secretary. So I'd like to, first of all, introduce
9 the panelists to you, and starting on my right, Peter
10 Reuter is a professor at the School of Public Policy,
11 the Department of Criminology at the University of
12 Maryland, and Director of the Center on Economics of
13 Crime and Justice Policy at the university, and also
14 Senior Economist at Rand. From 1981 through '93, he
15 was a Senior Economist in the Washington office of the
16 Rand Corporation. He founded and directed Rand's Drug
17 Policy Research Center from '89 to '93. Most of his
18 research has dealt with alternative approaches to
19 controlling drug problems, both in the United States
20 and Western Europe. Dr. Reuter received his Ph.D. in
21 economics from Yale. Peter, thank you so much for
22 being with us today. And I want to ask - we didn't

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1 have an opportunity, is it pronounced Zella or Zila?
2 Zili, so I'm zero for two. Okay. Zili Sloboda. Now
3 remember, this is coming from a guy named Dave Long.

4 (Laughter.)

5 DR. LONG: Zili is currently an adjunct
6 research professor in the Department of Sociology of
7 the University of Akron, and Senior Research Associate
8 at the Institute for Health and Social Policy of the
9 University of Akron. She was awarded a grant from the
10 Robert Wood Johnson Foundation in November of '99 to
11 evaluate a middle and high school substance abuse
12 prevention program being delivered through the drug
13 abuse and resistance education, or as we know it, the
14 DARE network. She was trained as a medical
15 sociologist at New York University, and at Johns
16 Hopkins University School of Hygiene and Public
17 Health. Her research has included a broad range of
18 studies and program evaluation in the area of drug
19 abuse and cancer. Thank you so much for being here.

20 And Chris Ringwalt is a Senior Research
21 Scientist at the Chapel Hill Center of the Pacific
22 Institute for Research and Evaluation. He has 16

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1 years of experience in design and development
2 analysis, and reporting ideological and evaluation
3 studies relating to public health issues. And he has
4 directed evaluation of the drug abuse resistance
5 education, again DARE program, for the National
6 Institute on Drug Abuse, and the National Institute of
7 Justice.

8 Dr. Ringwalt has served as Chair of the
9 alcohol, tobacco, and other drug section of the
10 American Public Health Association, and as Secretary
11 to the Board of Society of Prevention Research. He
12 has recently stepped down from a five-year term as
13 Director of Pyres Chapel Hill Center. Chris, thank
14 you so much for being here. And if we could start
15 with Peter, we'll go.

16 DR. REUTER: Thank you. I appreciate the
17 opportunity to speak to the advisory board. I should
18 begin by noting that this is a five-year old study.
19 It's a study done for the Department of Education for
20 this office at the time when the act was out for re-
21 authorization, and I have not continued to work on
22 this specific topic since then, so I will not attempt

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1 to really update what we did. I think as some of you
2 know, the study has been cited by OMB in part for its
3 - part being a pun here - in justification for some
4 reductions in the program. I think that probably
5 makes some interest, even in its somewhat dated form.

6 It was the result of a grant to the Drug Policy
7 Research Center at the Rand Corporation, and the
8 report, as said, was published in 2001.

9 The conundrum that we were dealing with is
10 that this is, obviously, an emotionally powerful
11 issue, more so at the time that we were doing the
12 research than it is now when drug use, the drug
13 problem has continued to fall in its prominence
14 amongst social problems in this country.

15 Congress wants to appear to be responsive,
16 and certainly back then did want to appear to be
17 responsive to the drug problem in all possible ways,
18 but the difficulty was that this was generating what
19 one of our contributors called symbolic pork; that is,
20 it was money that was attractive without its content.

21 It simply was there to be distributed. And the
22 schools accepted the responsibility of providing these

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1 programs unenthusiastically. And to make one updated
2 comment, I think that that lack of enthusiasm is
3 probably greater now given the increased pressure on
4 curriculum of other kinds.

5 The program has been judged in general, and
6 again, I make this comment from sort of the late 90s
7 really as having been unsuccessful. It's not targeted
8 at the need. Too many school districts receive the
9 grants, and the medium grant is too small to make a
10 difference. The schools in general choose relatively
11 weak projects, they lack guidance, they lack
12 incentives, they lack monitoring to force them to do
13 anything else, so the project that we did involved
14 focusing on whether the Act should be re-authorized or
15 reformed in some substantial way. So the project
16 involved, first of all, bringing together people who
17 were involved in delivery of these services in the
18 schools. I should say, this was a project that I did
19 jointly with Michael Timpane who was also at Rand
20 those days. He had expertise in educational policy, I
21 presume he had some expertise about drug policy, and
22 that seemed like a good combination, but neither of us

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1 knew much about what was going on in the school room
2 with respect to prevention activities, so we held some
3 focus groups. We commissioned some papers to review
4 specific aspects of the literature, and we held a
5 conference, which at least some people here were
6 present, and a bunch of federal officials and
7 researchers talked about what was then a draft report
8 of the project. And what I'd like to do is talk about
9 the current program, the current program as of the
10 late 90s and its problems, evaluate what was then the
11 Clinton administration proposal, and talk about our
12 own views about what might be done.

13 The schools have lacked guidance, and they've
14 lacked guidance in sort of multiple ways. There's a
15 great diversity of activities supported by this
16 program, and I don't need to tell, I think, this
17 audience just how varied those activities are. At the
18 time, DARE was the dominant curriculum choice. I
19 forget what the percentage was, but it may have been a
20 majority of schools were using DARE, the one program
21 that even at that stage we knew to be an ineffective
22 program. I mean, now Zili is working on something

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1 that we hope will use that platform to build something
2 effective that you can still call DARE, but at the
3 time, the schools were clearly choosing a program,
4 which for reasons other than its demonstrated
5 effectiveness. They were largely local political
6 factors that governed, not in any pejorative sense,
7 but they were responsive to what parents saw as the
8 preferred program. And the truth was that most of the
9 available curricula simply were unevaluated, and there
10 wasn't much guidance available to the schools, even
11 those that were well-intentioned and wanted to choose
12 the right program.

13 That's in part because prevention science at
14 that stage was still quite weak. As you may remember,
15 there was a panel of the Department of Education that
16 invited submissions of programs to decide which were
17 proven and effective, and the number that made it to
18 proven and effective was tiny. And if you looked at
19 those that were not specialized, for example, aimed
20 specifically at athletes or something like that, it
21 was truly on the hands, on the fingers of one hand.
22 So it wasn't just that the curricula weren't very

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1 strong, but there wasn't a really well -- I mean, it
2 wasn't just that the schools were making bad choices,
3 but there wasn't a lot for them to make an informed --
4 on which basis to make an informed choice. Partly
5 because of our backgrounds, we were mostly focused on
6 drug prevention. When you went to violence
7 prevention, the situation was, if anything, even
8 worse, very few evaluated programs, and little
9 understanding of what was likely to make for an
10 effective program.

11 The Safe and Drug Free Schools Act itself as
12 a program was really quite isolated. It had a few
13 links to other educational initiatives of the
14 Department of Education, and it was isolated within
15 schools themselves. It had no relationship to the
16 sort of national school reform movement. It sat out
17 on its own, it was stove piped, and it was beginning
18 to collaborate with other health and justice programs,
19 but that was still fairly nascent at that time.

20 So with that as background, we looked at what
21 was then the dominant proposal on the table, maybe the
22 one from the Clinton administration, which started, I

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1 thought, with a very realistic assessment. In other
2 words, an assessment very much like ours, of what the
3 problems were with the program at that time. And it
4 was one that sort of didn't tamper with the allocation
5 across states, and that probably isn't a particularly
6 critical part of the formula to change, but it did try
7 to focus on ensuring that more of the dollars went to
8 schools that were in need, in need and lacking
9 capacity; that is, there's really a good argument for
10 paying attention both to the severity of the problem
11 in the school, and the capacity of the school district
12 to finance the stages there, to supplement the
13 capacity of the district.

14 It would have led to slightly larger average
15 grants. I think it was going to target maybe half as
16 many school districts, and would invite small school
17 districts to form a consortia. And it would involve
18 an explicit evaluation component in grant renewal.
19 You would have to show that you had successfully
20 achieved your goals in getting a renewal. And it
21 would have established a list of approved programs,
22 which costs you something in terms of initiative. On

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1 the other hand, it sort of gives you a floor on
2 quality, gives you a better chance of a floor on
3 quality than the current system did.

4 We thought that there was sort of six
5 criteria to use for evaluating proposals, and I think
6 these are fairly self-evident. We should choose
7 programs that demonstrate effectiveness in reducing
8 drug use and violence. They should target the
9 resources of the schools that need those resources.
10 It should be possible to account for how the federal
11 government money got spent. It should be possible to
12 evaluate the consequences of that. It should have low
13 administrative cost, and be compatible with the
14 administrative capacities of the school states, and
15 school districts, and you would like it to be in the
16 business, also, of improving the capacity of the
17 program to deliver effective prevention programs.

18 Well, on that basis we thought that the
19 Clinton administration proposal did moderately well in
20 terms of accountability and evaluation, and in terms
21 of effectiveness. And I, frankly, can't reconstruct
22 why we thought it was likely to increase

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1 effectiveness. I can say why we thought it would fail
2 badly in terms of administrative feasibility, which is
3 that it was still talking about a relatively large
4 number of school districts receiving small grants, but
5 demanding that there be an elaborate evaluation
6 procedure. Those two things do not go together. If
7 you're talking about grants of less than \$30,000, an
8 evaluation of anything more than most pro forma type
9 is simply not doable, and that was really the guts of
10 the Clinton administration program. It didn't, in our
11 eyes, do much to improve program capacity.

12 All right. So what in 2001 did we think
13 could be done? Well, the first question was, should
14 this program be continued? It's not a question about
15 whether the federal government should be in the
16 business of improving prevention in schools. The
17 question is whether this particular mechanism for
18 doing so was the appropriate mechanism. And there's
19 certainly credible arguments against doing that. It
20 does not have well-defined mission. The expansion to
21 violence further complicates an already complicated
22 task. There's little evidence that it has had

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1 measurable effects, and it's not obvious.

2 Now to be quite personal about it, I did not
3 find the argument that the federal government should
4 be in the prevention business, as opposed to many
5 other areas of school curriculum particularly
6 compelling. There are schools which need it, and
7 those schools can benefit from federal intervention,
8 but the notion that there be an essentially universal
9 program, essentially one that's really quite
10 challengeable. An alternative role would be that the
11 federal government be in the R&D, and training, and
12 dissemination, and that it just stick to that, and
13 that would be compatible with the Department of
14 Education role in many other areas of education.

15 There are lots of arguments, though, for
16 continuation of it. It is five years ago. It was
17 still popular politically, and popular in the broad
18 public sense, in as much as they knew about it. The
19 program was actually improving, was building better
20 links to other kinds of interventions aimed at health
21 and safety in schools, so there certainly were
22 arguments for continuation.

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1 We thought that there needed to be, even as
2 compared to the Clinton administration program, more
3 targeting to the needs for -- to the schools with
4 greatest needs, a shift from give me so much of the
5 money to state formula, to federal discretionary
6 grants. I should note that we are both in Washington,
7 we tend to that, in general; that there be more of an
8 effort to get state and local governments to take this
9 on seriously, as well, and that there should be
10 expansion of the federal capacity for research,
11 training, and national evaluation. Thank you very
12 much.

13 DR. LONG: Thank you very much, Peter. And
14 assuming that that has no semblance to what's coming.

15 DR. SLOBODA: It may, there's no guarantee.

16 DR. LONG: Okay. Again, thank you, Peter,
17 and we'll now move - I want to ask this because I want
18 to make sure that - I didn't get A or B.

19 DR. SLOBODA: Zili.

20 DR. LONG: Zili. Okay.

21 DR. SLOBODA: Zili, like zeal-e.

22 DR. LONG: Got it. Zili.

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1 DR. SLOBODA: But there are variations on
2 that theme. Peter, I thought that was very
3 interesting presentation. I have both written
4 comments that I submitted to you in response to each
5 of the questions, but I'm going to do a slide
6 presentation, sort of summarizing.

7 I wanted to sort of set a context for where
8 I'm coming from in terms of how I'm responding to the
9 questions, but also wanted to thank you all. I
10 appreciate being here today. I think this is a very
11 important session, and I think it's going to have
12 impact on a lot of what goes on in our schools in the
13 country in terms of prevention in the future. I'm an
14 epidemiologist, so forgive my first context, which is
15 to talk about illicit drug use.

16 I find that a lot of people sort of know the
17 epidemiology of drug abuse, but there's some nuances
18 that I think have real implications for prevention
19 that many of us sort of overlook. This information
20 comes from the Monitoring the Future study, which is
21 conducted by the University of Michigan annually,
22 looking at drug use in eighth, tenth, and twelfth

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1 graders, have looked at the twelfth graders since
2 1975, and eighth and tenth graders since 1991. And
3 what I really want to point out here is, in the next
4 slide which is looking at illicit drug use, but we
5 could pull tobacco use and alcohol up just as well,
6 and the bottom line on the graph is information on
7 eighth graders, middle line is tenth graders, and the
8 top line is twelfth graders. And what I want to point
9 out is this huge jump in use between the eighth and
10 tenth graders. And this morning we saw slides from
11 Indiana which had information on sixth graders, and it
12 was also a huge jump in terms of drug use, alcohol
13 use, and tobacco use between the sixth grade and
14 eighth grade. And I say this because when we talk
15 about prevention, I have found that - and even with
16 the DARE - that the 80 percent of school districts
17 that delivered DARE were delivering only the
18 elementary school program, which is good. We need to
19 have elementary school programs in place, but we also
20 need to target middle school and high school when kids
21 are most at risk for drug use. And for some reason,
22 every time I get an opportunity to make - I try to put

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1 this message across, because communities aren't really
2 getting that message.

3 Law enforcement seems to - when I talk to
4 police chiefs, they seem to understand that better
5 than our educators, so I just wanted to put that
6 forward because it has implications for some of the
7 other things I'm going to say later.

8 The other thing I wanted to, just as a
9 background piece was, we know from epidemiologic
10 studies that not only do drug use patterns change, and
11 we heard this morning very vividly of the change of
12 kids use to more prescription drugs, and more diverse
13 drugs that they have, so not only are these drug use
14 patterns changing, but we also have found that
15 children and adolescents' cultures are changed, and
16 this also has implications for prevention. And what I
17 mean by that, when I started the study that was
18 mentioned this morning funded by Robert Wood Johnson,
19 I started out in 1991, and I had a curriculum
20 coordinator who was coordinating the development of a
21 new middle and high school program that was going to
22 be delivered by DARE officers. And one of the people

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1 on that group said we should have a 2010 program in
2 place, which she wanted to have more interactive
3 because kids are more involved with video games, et
4 cetera. And when we looked at schools, schools didn't
5 have the computers in place at that time to
6 incorporate that into the curriculum. Now we're at
7 2006, and I make my visits to the schools, I've
8 noticed more and more of the schools have bags of
9 computers, so a lot of the programs that we have in
10 place need to be updated, and we need to be more
11 flexible in design of our program, recognizing, as I
12 said, the different culture and the drug use patterns.

13 The third point I want to make is - again,
14 this is just from my experience - I'm finding that
15 school administrators really want to address drug use
16 and alcohol use in their schools. That's what I'm
17 finding from my visits to schools, and I'll talk a
18 little bit more about that. Our study looks at 83
19 school districts. This involves 83 high schools and
20 122 middle schools, and they're in six cities. When I
21 travel around visiting the schools, they ask me all
22 the time about prevention, what they can do, where

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1 they can go for information. In fact, what's been
2 interesting, when we started the study, we recruited
3 schools in 2001. We told the schools that to
4 participate in the study they had to sign an agreement
5 that they would agree to be randomized to either
6 control or treatment condition, and to stay on with
7 the study for the course of the study. And after we
8 received the agreement letters, then schools are
9 randomly assigned to the conditions. And the control
10 schools in the beginning were not going to offer any
11 kind of prevention programs. That was part of the
12 agreement. However, to mess up my study, we're
13 finding that many of the control schools are actually
14 delivering a prevention program, and statistics - that
15 the name programs in the school - when I talked about
16 name programs, they're Life Skills training, Project
17 Alert, et cetera, that the delivery of these programs
18 range was 41 percent in the seventh grade. By the
19 time kids get to the tenth grade, only 5 percent of
20 the high schools are delivering a prevention program.
21 And remember the graph I showed you about where kids
22 are at risk, but there are lots of prevention related

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1 activities, and these pretty much are Rangers Red
2 Ribbon campaigns, assemblies, all kinds of activities
3 to raise awareness about drugs, so there is a real
4 concern. This also said that there's real concern I
5 think in the schools about these problems, and they
6 don't really know how to address it.

7 When I looked at the questions that we
8 received, two things stood out to me. One is, is the
9 program meeting current student and school needs. And
10 the second one, is the program effective; that is,
11 does the funding make a difference in terms of drug
12 abuse? I think the existence, the fact that there is
13 the SCRUDs program acknowledges that drug abuse is a
14 problem and needs to be recognized. And I think that
15 one of the turning points in the history of drug abuse
16 research was when NIDA was created in 1974, because it
17 said to the health community and to the nation, that
18 drug abuse is a problem. And I see the creation of
19 this program as making that statement, and I think
20 that's very significant. I think it's significant it
21 makes a statement, and also backs it up with some
22 funding.

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1 I also think that - and this is mentioned
2 over and over this morning - the fact that the program
3 provides elements that support the delivery of
4 prevention program in schools, but also links the
5 schools to the state and federal government. And I
6 see that clearly in my home state of Ohio, where the
7 state government works so closely with the local
8 government and with local schools.

9 The other thing is, the program is a medium -
10 as, again, mentioned this morning, the infrastructure
11 that provides sufficient information to schools on
12 emerging drug problems and innovative educational
13 approaches that meet the changing needs of the kids.
14 Also, I think the Principles of Effectiveness was
15 mentioned quite a bit this morning. I think that that
16 was extremely important for schools. I think it's
17 important for communities, also, in terms of how to
18 plan and strategically plan around the needs of their
19 communities, and it allows flexibility so that
20 community differences can be responded to effectively.

21 One of the questions had to with the
22 authorized activities and the mandate of

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1 restrictiveness of the authorized activities. Given
2 what I said in my first set of comments, I think that
3 the authorized activities are restrictive, and they're
4 too limited, they're time limited. Now we have more
5 information about some of those activities, and there
6 are other activities that perhaps need to be added to
7 that list, so I think that needs more flexibility.

8 I'm a researcher so my primary interest was
9 in the uniform management information and reporting
10 system, and this came up again this morning several
11 times. I like to sort of not call it an evaluation
12 system. I think evaluations, true evaluations need to
13 be done differently. I'd like to see the uniform
14 management information reporting system to be an
15 administrative tool that would feed information both
16 to the local education agencies, as well as to the
17 federal level and to the states, to let you know
18 what's going on. I was talking at lunch with Belinda,
19 and when I was at National Institute on Drug Use, I
20 was the former director of what was then called the
21 Division of Epidemiology Prevention Research, and we
22 had a number of the large data systems in our unit, in

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1 our division. One of them was looking at how drug
2 abuse treatment was being supported. It was called
3 NDATAS in those days, and what was interesting about
4 that was it had multiple components to it. One was
5 talking about what kinds of services were being
6 delivered so you had a description of what was going
7 on in the country. And then there was a point
8 prevalence survey that was done, which gave you an
9 idea of what was going on with the people who were
10 going through the services at one point in time, so
11 everybody who was an active substance abuser who was
12 going through treatment, you had the characteristics
13 of those people, and what their problems were, et
14 cetera, but it gave you a good handle on what was
15 going on.

16 Subsequently to that, we had a discharge form
17 added to it, so we not only had admission data, we all
18 began to look at discharge information, so you had
19 this flow of information, told you what was going on
20 in the country. You could see where some of the gaps
21 were, where additional technical assistance may have
22 been needed. And I think something like that, I think

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1 it gets more complicated when you talk about
2 prevention, and the complication comes from the
3 variations across communities.

4 On the other hand, I think that such a system
5 can be developed. I think the system you can build in
6 short, intermediate, and long-term outcomes. And it
7 just needs to be a very good system that is monitored
8 frequently, because one thing that happens, and I've
9 worked with a lot of large data systems, if people
10 don't use the information, it's really worthless, so
11 it has to be a real living thing.

12 Funding for prevention in the United States
13 is decreasing tremendously now, and now we've - since
14 the late 90s when I think -- I really think one of the
15 turning points was when NIDA put on its first
16 prevention conference in 1997, and out of that, we
17 were able to -- NIDA was highlighting a lot of their
18 own research, and showing that prevention is
19 effective. I think it's taken time for that message
20 to come across to communities. However, I think the
21 message is there now, and this may not be the right
22 time to begin cutting funding for prevention. I think

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1 the feds have to really be the leaders in this area.
2 I think the states are on board. I'm so impressed
3 with several of the state level people I've been
4 talking to. They're on board, the community is on
5 board, and I think the federal government needs to
6 support that. Thank you very much.

7 DR. LONG: Thank you very much, Zili. And
8 next, we'll turn to Chris.

9 DR. RINGWALT: Good afternoon. Thank you so
10 much for the invitation, Zili, to come. Zili is the
11 person whom I'm holding responsible for my presence
12 here today, and we'll see if that holds true to the
13 end of the day, but I'm delighted to be talking to
14 you. I'll be addressing the second of the several
15 bullets that we were sent relating to is the Safe and
16 Drug Free Schools State Grants programs effectively
17 promoting safe and drug free schools? And I will be
18 presenting data that are as new as Peter's were not
19 exactly old, but getting there. The graphs that I
20 will be sharing with you did not exist a week ago.

21 You all are familiar with this key Principles
22 of Effectiveness, if any has tripped the field up in

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1 terms of being a challenge, to me, it's probably this
2 one. Programs and activities shall be based on
3 scientifically-based research that provides evidence
4 that the program to be used will reduce violence and
5 illegal drug use. So I'll be sharing with you some
6 preliminary evidence from the second school-based
7 substance use prevention program study brought to you
8 courtesy of NIDA. And specifically, I'll be
9 addressing the problems of effective universal
10 substance use prevention curricula.

11 Our study methodology entailed drawing a
12 representative sample of all public schools that
13 include middle school grades. We stratified our
14 sample by population density, school size, and
15 poverty. And all together, we sampled some 2,200
16 schools that included middle school grades. We then
17 identified the school staff person whom the school
18 said was the lead substance use prevention teacher.
19 WE hoped and expected that this person would be our
20 best informant as to what was going on in his or her
21 particular school. And we collected data a little
22 over a year ago via the web, and then mail, and then

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1 phone, and a lot of whining, and wheedling, and
2 nagging, but we did get what I think is an
3 exceptionally good response rate out of our teachers,
4 bless their hearts, of 78 percent. And, in fact, the
5 response rate was so good that when we weighted the
6 data, it didn't look really very different from our
7 unweighted data, so we were pleased with that.

8 Now we got straight to the findings, but
9 first the questions that we asked. We asked our
10 respondents to tell us, and most of them were
11 teachers, some of them were school counselors, or
12 social workers or nurses, but most were teachers -
13 during the current school year, which of the following
14 substance use prevention curricula are you - and then
15 we asked them in two different questions - using, and
16 using the most for students in your middle or junior
17 high school grades in your school?

18 Now for using, they could answer multiple
19 responses. We gave them a long list of all of the
20 universal drug prevention curricula that we could
21 find. It went on for about 25 lines or so, using the
22 most, we asked them to pick, of course, just one. And

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1 it's important that you understand this if you're
2 going to appreciate what's on the following slide,
3 because what we then did was go to the one list of
4 effective prevention programs that most people and
5 most schools turn to, which is the National Registry
6 of Effective Prevention Programs, to find out which of
7 those curricula made the list. It's called simply the
8 "List" out there in the schools. It carries
9 tremendous weight. It has been a source of great
10 pain, and challenge, and anxiety for the people who
11 have been in charge of saying sorry, your curriculum
12 is not on it, and I'll do my best to explain to you
13 why, but you won't like what you hear.

14 Turning to our first chart, you will see two
15 bars. The light one is any one effective curriculum -
16 and remember, this is the first question. They could
17 answer one, they could answer more than one. And our
18 middle schools of a certain size often had more than
19 one prevention curriculum in their schools. And then
20 we asked them to tell us the effective curriculum they
21 used the most.

22 Now what do we see here? Well, we see that

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1 close to 50 percent of our schools with middle school
2 grades have at least one effective curriculum in the
3 school. That's pretty good news, I think, in terms of
4 the dissemination, the saturation of effective
5 programs into our schools. But when we asked them
6 well, which ones are you using the most, we discover
7 that a fair number of these curricula are simply
8 sitting on the shelf, not being used, or at least not
9 being used the most. And I think that is of concern.

10 As you look at those bars, you will see something
11 closer to 23-24 percent for using effective curriculum
12 the most.

13 Now in response to the questions that we were
14 asked to address we disaggregated our data by urban,
15 suburban, and rural. And as you will see, the
16 suburban schools were more likely than the urban and
17 rural to say that they had purchased or secured an
18 effective curriculum, but that those differences are
19 more modest when we asked the question well, is this
20 the curriculum you're using the most? So these data
21 suggest to me, at least, that it's not as if the Safe
22 and Drug Free Schools has been more effective say with

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1 suburban schools, which you could argue have the money
2 than rural schools, which are less likely to, in
3 getting effective curricula out there. There is work
4 to be done all across the board.

5 We then asked the question of how long, when
6 did your school first start using the substance use
7 prevention curriculum you were using the most with
8 students in middle or junior high school grades? Our
9 response options were less than a year. You can see
10 for yourself, one to three years, three to five years,
11 and at least five years.

12 Now when I asked this question, I rather
13 hoped that we would get the answer that you see on the
14 following page, that most of the curricula have been
15 in place for quite a while. Two-thirds of them,
16 approximately, have been in place for at least three
17 years. I think that is good up to a point, because it
18 does show that these curricula are fairly stable.
19 They're not coming and going year by year. But what
20 these data also told me on reflection, I'm reflecting
21 as I speak because these data are so new, is that the
22 push to get effective programs into the school hasn't

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1 resulted in a whole slew of them just coming in
2 recently. Most of the ones that are there, have been
3 in for at least a year, and the majority for three or
4 more years. And I don't know why that is. I would
5 have expected to see a larger number of schools saying
6 well, we just got one in, because of the, I believe,
7 persistent emphasis on the part of our states and our
8 districts, to get schools to spend their money wisely,
9 where it is believed that the programs will be most
10 effective.

11 We then asked our schools, our respondents,
12 how likely is it that the substance use prevention
13 curriculum that you were using the most with students
14 will continue to be used next year, in three years,
15 and in five years? Here's some very good news. Most
16 of the people we talked to expected that their
17 programs will be sticking around, and I was pleased to
18 see that.

19 Now there was somewhat less optimism that
20 they would be highly likely to be around in five
21 years, as opposed to likely, but I think that just
22 that may have been caution on the part of some of our

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1 respondents, so I aggregated those two groups in a
2 single column.

3 Then we go to the question which I believe is
4 the nub, and I'm going to have to move slowly through
5 this one so you know exactly what you're looking at.
6 You know how economists, present company excluded,
7 have a way of dazzling you with assumptions of one
8 sort or another as they present the results of their
9 cost benefit analyses. I'm going to tell you exactly
10 how we asked this question, and then you can decide
11 for yourself how much credibility you place in the
12 answers that you will get.

13 We said, "About what proportion of students
14 in middle or junior high school grades in your school
15 will have received the curriculum you are using the
16 most before starting the high school grades"? And we
17 gave them a set of response options from zero to 100
18 percent, one to six, as you see. Now we categorized
19 schools as having zero percent if they received no
20 substance use prevention curricula whatsoever, or if
21 they received a substance use prevention curriculum
22 not shown to be effective. And we gave that both a

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1 zero. Now that's not to say that the programs that
2 are not on the list are not effective, it just means
3 that we don't know that they are. And what we found
4 from our middle schools reports of the proportion of
5 their students who receive an evidence-based
6 curriculum, is that 80 percent of our middle school
7 students have not, and will not, receive a program
8 that is on the list, that is in the effective category
9 by the time they leave middle school. And by the way,
10 you all know how unlikely it is that they will get
11 anything effective in high school. The prevalence of
12 curricula, particularly effective curricula in our
13 high schools is very low, indeed. So 80 percent got
14 zero, and then a piddling amount got the intermediate
15 categories, but 10 percent, a little over 10 percent
16 said well, almost all of our kids will get this
17 effective curriculum.

18 Now we also disaggregated in data that I
19 don't have to show you whether these charts looked
20 materially different across urban, and suburban, and
21 rural schools, and they don't. They look pretty much
22 the same, so it is with a reasonable level of

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1 assurance that I can inform you that we have a long
2 way to go in terms of exposure, or reach as it's
3 sometimes been called, getting our effective programs
4 out to our students in our middle schools.

5 By way of summary, about half the nation's
6 middle schools report having at least one effective,
7 that is evidence-based prevention curriculum in place,
8 but only a quarter are using it the most. And the
9 differences in use by population density of
10 communities served, that's simply another way of
11 looking at urban, suburban, or rural - these
12 differences are modest. Two-thirds of the schools
13 using effective curricula the most have had them in
14 place for at least three years, and the likelihood
15 that they will stick around in the future seems very
16 high. But 80 percent of the nation's middle schools
17 report that none of their students is exposed to an
18 effective substance use prevention curriculum by the
19 time they leave the middle school grades. And that,
20 to me, was an unpleasant surprise. That tells us that
21 we have work to do.

22 Now I also wanted to address the issue of the

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1 difficulties in determining the effectiveness of the
2 Safe and Drug Free Schools program. Zili has already
3 referred to the fact that you can't find control
4 schools any more that are pure controls, so it's
5 really difficult when you do a study that you'd like
6 to think it was controlled, to isolate program
7 effects, to attribute program effects when you're
8 lucky enough to find them, to the program under study
9 relative to some other characteristic or attribute of
10 the school that you're in, the intervention school, or
11 the comparison school.

12 You'll know, of if not, I hope you should,
13 that there's increasing resistance in schools to non-
14 mandated drug use surveys. Schools don't want to do
15 them any more. Evaluations are getting harder and
16 harder, and much more expensive to conduct. I'm
17 conducting some of them right now, and the costs just
18 keep ratcheting up. And there are many other
19 challenges to collecting survey data. Ellen has
20 mentioned education's mandate for active parental
21 consent which makes life difficult, particularly as it
22 is, even if you go to great lengths as we are in our

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1 studies to get parents to say yes, it's the ones who
2 say no who probably have the most to hide, or are the
3 most concerned that their kids may divulge something
4 that will make them look bad, or get them in trouble.

5 And there are some new concerns that the questions
6 that we ask kids about their drug use maybe iatrogenic
7 in nature. We prevention researchers have been saying
8 for decades oh, no, that doesn't happen. It can't
9 happen, it won't happen. Well, someone has done a
10 study and published it, which shows maybe it will,
11 maybe it is, maybe we are actually creating the very
12 problem by asking these questions that we are trying
13 to resolve. The jury is not in on this, but we have
14 to be sensitive to the fact that this article is out
15 there, as much as I would like to stick my head in the
16 sand like an ostrich and ignore it.

17 Other problems are school-based archival data
18 concerning reports of substance use activity
19 unreliable, the reporting norms and practices change,
20 and teacher fidelity to curriculum, and we've heard a
21 number of people talk about fidelity, is very hard to
22 assess. It is increasingly looking like we really

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1 can't trust teachers to tell us what they have done,
2 because they don't know what they don't know. And to
3 the extent that they haven't paid attention to the
4 curriculum guide, we can hardly blame them for saying
5 that they haven't followed it very well. So my final
6 slide, and do I have another minute or two? Good.
7 Relates to proposed mechanisms to determine the
8 effectiveness of our programs.

9 I do think it is worthwhile to support
10 through one mechanism or another periodic surveys of a
11 nationally representative sample of schools to
12 determine, among other things, the proportion and
13 distribution of schools using effective curricula, the
14 extent to which these curricula are being taught to
15 our students, so it's not as if -- what we don't want
16 to happen is the schools will say yes, we're
17 satisfying the mandate of this program, when they're
18 only reaching a very few, a small percentage.

19 We also need to find out the extent to which
20 content that it thought to be effective is being
21 taught, and also, the extent to which teaching
22 strategies thought to be effective are used. By the

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1 way, the strategies that we are modeling today we know
2 are ineffective. This notion that our dialogue should
3 be one way, and it won't be as soon as we start asking
4 questions, but that here we are, we're teaching you,
5 you're a class - we have known ever since Nan Tobler
6 told us ten years ago - it doesn't work.

7 We need to know the extent to which teachers
8 are administering evidence-based curricula with
9 fidelity, and there are a number of us who are pushing
10 the feel for, or trying to find out are there
11 questions that we can ask our teachers that will give
12 us reliable and useful information about fidelity.
13 And we need to know progress over time, both relative
14 to earlier surveys, and we did -- our first iteration
15 of this survey was back in 1999, and we will do
16 another one in an abbreviated form in another three
17 years, but also to establish goals. And I think we
18 should be considering strongly establishing a goal
19 that our states and our school districts reach X
20 percent of their students with an effective prevention
21 curricula, within a certain amount of time, and then
22 find some way to figure out whether, indeed, that has

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1 come to fruition or not.

2 The only other thing I have to say is that
3 with the revisions and modifications of the National
4 Registry of Effective Prevention Programs, and I could
5 talk at great length about that, but don't have time -
6 there's no longer going to be a list, as such. And
7 people like John Carnevale, who is known to some of
8 you, at least, are going around telling programs that
9 aren't on the list to tell schools that there is no
10 more list, there is no more list, so let our program
11 in, please. And, indeed, John is correct to the point
12 that the registry has transformed itself into
13 something called the decision support system.

14 Well, when you translate that into English,
15 it turns out to be something like consumers reports,
16 where each program that is reviewed or re-reviewed,
17 and Ellen will tell you that she's in the middle of
18 resubmitting her program for re-review, will be scored
19 along a number of criteria. And the scores will be
20 put out for the public along a continuum, but it won't
21 be an on the list/off the list kind of vehicle, which
22 is easy for anyone to understand; although, it

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1 certainly generates a lot of heat, and energy, and
2 passion, regardless of which side you're on. It'll be
3 much more difficult for the consumer at the district
4 or the school to say okay, is this an evidence-based
5 program or isn't it, and how do I tell, how do I
6 interpret these criteria, and how do I differentially
7 weight them? So I'm not sure where the field is
8 going, but things are in flux, and it's up to you
9 guys, I believe, to make the kind of recommendations
10 that will keep us on track and headed in the right
11 direction. Thank you.

12 DR. LONG: Thank you very much, Chris, and
13 thanks to all three of you. And at this time, as we
14 indicated earlier, we'll be opening this up to a
15 dialogue, question and answer, so that we can learn
16 some things as a committee. So we will do that just
17 as I indicated, right now. Any questions from the
18 committee?

19 MS. PRICE: I have two questions. One is a
20 very short question. Iatrogenic, can you tell me what
21 that means?

22 DR. RINGWALT: It means creating the problem

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1 you're trying to solve.

2 MS. PRICE: Okay.

3 DR. RINGWALT: The best example of an
4 iatrogenic illness is when you go into a hospital
5 healthy and you come out sick.

6 MS. PRICE: Okay. And your first point on
7 that slide was control schools with no prevention
8 programming, now impossible to find program effects,
9 cannot be isolated from potential competing
10 attributions. Can you expound a little bit on that so
11 we have a clear understanding of what that means?

12 DR. RINGWALT: Sure. When all schools are
13 doing Red Ribbon weeks, when they have MAD Chapters,
14 when they have assemblies, when there is drug
15 prevention components in regular health classes, when
16 there are metal detectors, drug sniffing dogs,
17 whatever it is, when all schools have a certain level
18 of activity, it becomes much harder to disassociate
19 the signal produced by the intervention that you are
20 investigating relative to the background noise, and so
21 as the background noise gets louder, as more schools
22 do more things, the ability to hear the signal above

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1 that gets harder and harder. It gets fainter and
2 fainter, and the results are that in this depressing
3 profession of ours, is that you -- it just gets really
4 hard to say with confidence yes, this worked, because
5 you're not comparing something to nothing any more.
6 You're comparing something to something else.

7 MS. PRICE: So, in other words, it's really
8 hard to identify the specific cause of the results of
9 lower drug use, or raising --

10 DR. RINGWALT: Yes. And it's even harder to
11 actually find a significant difference between say,
12 drug use and your intervention in control schools for
13 that very reason.

14 MS. PRICE: Okay. Thank you.

15 DR. RINGWALT: Yes.

16 DR. LONG: Russell.

17 DR. JONES: Yes, just a couple of quick
18 questions. Thanks so much for that very informative
19 report. I'm sorry that the results weren't more
20 positive, but that's what --

21 DR. RINGWALT: They are what they are, the
22 data speak.

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1 DR. JONES: That's research. First of all,
2 how were the data weighted, and then secondly, you
3 talk about the study that was done, suggesting the
4 iatrogenic effects. What is your sense of the -- how
5 reliable that study is? I've not read that.

6 DR. RINGWALT: Sure, I'll be glad -- I
7 thought I might get that question, and I thought to
8 myself you better read up on the study. I'd be glad
9 to get you a citation to it, if you give me your
10 business card.

11 DR. JONES: Sure.

12 DR. RINGWALT: And then you can decide for
13 yourself. It looks to my mind as if it's worthy of
14 attention, and that we need to be looking into this
15 with more detail.

16 DR. JONES: Yes. What journal is it in?
17 Okay, no, no.

18 DR. RINGWALT: Back to your first question,
19 how we weight it.

20 DR. JONES: Weight the data, yes.

21 DR. RINGWALT: We told you that the criteria
22 by which we stratified our sample, population density,

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1 school size, and poverty. Those three criteria, so we
2 weighted the data up to be representative of all
3 schools that include middle school grades by
4 population density, school size, and poverty. And as
5 I said, the good news was that our results didn't
6 change much at all. It's when they do start changing
7 that you worry about your sample being unreliable.

8 DR. LONG: Hope.

9 MS. TAFT: I want to thank you all for your
10 great presentations. I learned a lot, as I always do,
11 when I listen to the researchers. And I'm hoping that
12 you can enlighten us a little bit on the big question
13 that we are concerned with today, and that is how can
14 we repackage, or how can we reinvent, or how can we do
15 something different that will make this program more
16 attractive to the funders. And I would love to hear
17 your comments on that.

18 DR. REUTER: Attractive to the funders.

19 MS. TAFT: I.e., Congress - the big funder in
20 the sky.

21 DR. REUTER: Yes. I understand. I probably -
22 - I'm not sure any of us are the right people to

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1 answer that specific formulation.

2 DR. SLOBODA: I think as researchers, we're
3 kind of feeling awkward about that. I think that a
4 couple of things are important. I think first of all,
5 I think the program - Congress should know that this
6 local constituents seem to be, at least from my
7 experience, wanting to do something in the schools
8 related to drugs. I think that certainly your study
9 indicates that they're trying to do something. I
10 think schools are challenged right now. I know when
11 we were developing the high school portion of the
12 curricula that we are developing, the curriculum
13 people actually had focus groups with high school
14 principals to find out how to include this in the
15 school day, with everything else competing. And it
16 was wonderful because the program became their
17 program, too, so they were able to assist us and give
18 us guidance in where to place the program.

19 The point is that it wasn't that they didn't
20 want the program in the schools, they just didn't know
21 where to put it. And I think that along with the fact
22 that the communities are interested in this, I think

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1 that the thing I got excited about about this program
2 is the fact that I see this as a way of supporting -
3 the federal program supporting the local community,
4 particularly I was pleased to see this group, because
5 it included NIH, includes Justice, includes SAMHSA.
6 The fact that everybody is working on this issue
7 together, that information, to me, pulls out
8 information that each of the agencies is developing,
9 and feed that back to the communities, so I think that
10 communities really would like to address this problem
11 that they don't have the wherewithal to do it.
12 They're looking for guidance from the feds. The feds
13 are collaborating across agencies. Those are the
14 kinds of messages I think can get through to Congress.

15 DR. REUTER: Actually, could I just take a
16 brief go at that? I think the tension is that on the
17 one hand, Congress does like the entitlement aspect of
18 this, the fact that everybody gets something. On the
19 other hand, that makes it very hard for the program to
20 show that it is doing something, and I don't know how
21 you deal with that tension in terms of getting
22 Congress to be more enthusiastic about this program,

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1 but I do think that's the tension that's there.

2 MS. TAFT: In some ways, it's almost the
3 reverse from five years ago, when Congress was
4 enthusiastic about it, but the locals didn't have the
5 wherewithal, and were hesitant. And now the locals
6 seem to have more the wherewithal, more knowledge
7 about what works, more enthusiasm for it, more seeing
8 the need of how it relates to higher academic
9 performance, and Congress is cooling on it, so I was
10 just wondering how we could reverse it again.

11 DR. LONG: Shep, as you start, if we go Shep,
12 Fred, Belinda.

13 DR. KELLAM: There are times when it's
14 complicated to be a researcher, and I sort of sense a
15 enormous discomfort that the three of you seem to
16 have, although I know at least two out of the three of
17 you, and they're not shy people. One of the problems
18 we've talked about on the part of the policy people is
19 - and this is kind of a comment, I guess - I've tried
20 to elicit some kind of response to this. The policy
21 people this morning local and more broadly, were
22 talking about the importance of being able to show

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1 that something good happens; that is, they wanted to
2 show effectiveness. They were deeply interested, I
3 guess you could say they're a big market for
4 evaluation studies. Listening to the researchers, it
5 says well, nothing much is happening out there, guys,
6 at least that we can tell, and so what that leaves us
7 with is bringing together researchers and program
8 people who need to develop a new paradigm.

9 I disagree a little bit, Chris, I think it
10 might be useful, a weather report of the nation in
11 terms of what's happening, but I do think that
12 research at the local level that really addresses what
13 works for whom, and under what circumstances is
14 critical. But I don't think we can get there without
15 a new kind of community public education/child welfare
16 institution and researcher collaborations. To do
17 randomized field trials requires an enormous
18 partnership, and what we're talking about is something
19 that involves demographic studies, evaluation
20 modeling, and third level randomized field trials.
21 And this has to be done in highly select places with
22 new kinds of funding, new kinds of institutional

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1 support locally, the mid level at the state, and
2 federally, so I think that's the business that we are
3 in. And I just try to make that comment to kind of
4 focus us into a marriage that looks like it could be
5 of mutual self-interest, as my old teacher, Saul
6 Alinski, used to put it.

7 DR. SLOBODA: I just wanted to comment on
8 that. It seemed to me that if you were able to
9 develop this uniform reporting system, it provides a
10 universe of programs that you can sample periodically,
11 and do some evaluations on a national level, something
12 that was done with the old data system, where they
13 selected programs randomly and went and did a follow-
14 up study, so I think it can be done. It would be a
15 nice system, I think, giving us information on what's
16 going on in the country in terms of what's being
17 delivered and some of the outcomes. But there are a
18 lot of other issues with research. I guess when
19 research is so close to the -- I definitely think,
20 particularly at the local level, I think communities
21 need to tie up with university-based researchers to do
22 ongoing evaluations. And I feel that when I talk to

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1 community groups that they don't, and in the past, I
2 mean, I literally got yelled at when I would go and
3 talk to workshops on evaluation, because it was used
4 as a tool, punitive evaluations are considered to be
5 very negative. I don't find that. I still sort of
6 quiver when I go into a workshop, but there's a lot of
7 interest in doing evaluations. But I think that the
8 focus should be on administrative evaluations to see
9 where you tweak a system so it's more responsive to
10 the needs of the kids, rather than necessarily be a
11 punitive thing where you withdraw funding. I think it
12 needs to be in a positive mode.

13 DR. REUTER: I think this is a field in which
14 evaluation is going to loom very large in the total
15 budget. These are extraordinarily expensive
16 evaluations to do, and if I could put in a plea, they
17 should be much longer, should have much longer term
18 follow-ups than is currently the case. And we are
19 concerned not merely about initiation by age 16, which
20 is often the outcome measure. We want to know about
21 drug use by age 23 or something like that, maybe get
22 away with 21. That's very expensive research, and it

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1 may be that there has to be an acceptance that if you
2 take the total prevention budget for a while, a
3 substantial chunk has to go into good quality
4 evaluation. Obviously, a researcher's comments, but
5 I'm not an evaluation researcher, so I have slightly
6 clean hands here. But I do think that that, given how
7 hard it is to make a strong case that these programs
8 make a difference to the nation's drug problem, not
9 simply reduce marijuana use in high schools, but make
10 a difference in the nation's drug problems, I think
11 one does need longer term and more expensive
12 evaluations, which are not going to come easily.

13 DR. RINGWALT: I'd like to put in a brief
14 plea to do that, and particularly in the case of
15 alcohol and alcohol abuse. When you look at drug
16 abuse, rates rise rapidly into the young and early
17 middle twenties, and then they decrease. Alcohol is
18 much more insidious, and is much more flat over the
19 life course. And to the extent that we can
20 demonstrate that we're keeping kids from using alcohol
21 and certainly abusing it, and that we are able to
22 maintain those differences into young adulthood, we

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1 are going to be saving our society a tremendous amount
2 of money and lost productivity over time. And there
3 are economists that are working on this issue even as
4 we speak. But yes, we do need to be following the
5 kids in our studies into high school and young
6 adulthood, if we're going to demonstrate the true
7 effects of what we're up to, to a skeptical audience
8 of funders.

9 MR. ELLIS: Yes, I was going to ask a
10 question, basically a follow-on to Dr. Kellam's
11 comment, because I'm sitting here as a non-researcher,
12 as the lay person, if you will, hearing from the state
13 and local representatives this morning about how
14 wonderfully effective they find the programs to be and
15 they quote various statistics, and really make a very
16 cogent case for continuation of programs in the
17 current or enhanced form. And then I hear your all
18 information about hey, none of -- well, not none, but
19 many of these programs are not effective, 80 percent
20 of the school systems don't even use the effective
21 ones that are there, so there's kind of a cognitive
22 dissonance going on in my mind. And also, I don't

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1 know if you're familiar with the suggested
2 improvements to the State Grants program and reporting
3 of the program, the recommendations that have been
4 made, and some of the things that Safe and Drug Free
5 Schools Office is going to do in terms of, for
6 instance, sharing best practices, and obviously,
7 improving the performance measures, and those kinds of
8 things. So I guess bottom-line question is, what am I
9 missing here? Is it that your all evaluations, and
10 obviously, albeit it your's, Dr. Reuter, was several
11 years ago, but what am I missing here, where your
12 evaluations didn't get the data that we heard this
13 morning, or what's the deal?

14 DR. SLOBODA: I didn't present this data.

15 DR. REUTER: I think there's a general
16 phenomenon of enthusiasm for what you have, and you've
17 tweaked it. And there's general optimism bias that's
18 true of a whole range of human activities. If you
19 don't have a control group, it's easy to fool
20 yourself. And all of those - I wasn't here this
21 morning, but everybody's reporting basically some very
22 ad hoc evaluation which violates every known principle

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1 of evaluation, but is a source of great comfort, and
2 genuine inspiration. I mean, I don't want to put this
3 down that everything they're doing is ineffective.
4 It's just that what they're relying on is the measure
5 of effectiveness doesn't have much credibility. And
6 this it's not that I think that the evaluations that
7 have -- I mean, one criticism you can make of the
8 evaluations is that often there are programs -- the
9 interventions are sometimes not very deep, and you
10 sort of, if you look back and say well, could we
11 expect that for a couple of hundred dollars a student,
12 we could make a major difference in a sort of
13 important dimension of behavior, and the answer may be
14 that's pretty optimistic.

15 Jim Heckman, a very famous economist, keeps
16 pointing out that the first thing you want to start
17 with in an evaluation is how much it cost, and if it
18 costs very little, don't expect much. And prevention
19 is not immune to that, but people act as though it's
20 immune to that. And so I think some of the things
21 that get evaluated are even on their face fairly
22 modest interventions, and not likely to have large

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1 effects, so to that extent, perhaps what gets
2 evaluated is not sort of what's really going on out
3 there in the field. That's the best I can do.

4 DR. LONG: We'll go to -- Dr. Ringwalt, were
5 you going to say something? And then we'll go to
6 Belinda's question.

7 DR. RINGWALT: What was I going to say? You
8 know, when programs are done at the local level,
9 they're backed by champions, they're backed by passion
10 and enthusiasm. All of that, I suspect, makes a
11 difference in a way that I don't know how to measure.

12 By the time we get around to evaluating the program,
13 it has become routine, and sometimes it's being
14 administered by people whose investment in it is very
15 little, and whose understanding of the program and the
16 rationale behind it may be low, and who are not going
17 to be administering it with fidelity, and certainly
18 not with the passion of the original developers. Is
19 it any wonder why by the time the programs get into
20 our hands in the evaluation field, they fail to show
21 what the developers, and operating under their
22 conditions, under start-up with enthusiastic schools

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1 and teachers, that they have found what they know in
2 their hearts to be true.

3 DR. SIMS: I wanted to follow-up on a point
4 that was raised by the presenters from the first
5 panel, I think it was the state representatives. And
6 at least a couple of them called for wanting to have
7 more choice around using prevention strategies versus
8 prevention programs. And I wanted to get your input
9 on that, especially since with most curricula, you
10 need to be exposed to a certain amount of the program
11 to be able to demonstrate similar effects of the
12 curriculum developer, in addition to the issues around
13 fidelity and things like that.

14 DR. RINGWALT: I'm very cautious about that.
15 I know how to evaluate programs. I don't know how to
16 evaluate strategies. I can look at programs that work
17 and I can detach from them a set of strategies that
18 they have in common, but then I also look at the
19 programs that have not yet demonstrated effectiveness,
20 and they are using pretty much the same strategies,
21 and often they're adopting the same teaching content,
22 teaching strategies, as well, both content and

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1 teaching. And I wonder to myself, is a program, is a
2 curriculum really a concatenation of various
3 strategies, or is it something more? And I believe
4 there is synergy operating in our curricula. I
5 believe that they have a beginning, and a middle, and
6 an end. I believe that they should be taught with as
7 much fidelity to the original as possible, and that
8 that is what makes the difference, not a collection of
9 strategies, even though you say but all these programs
10 use pretty much the same strategies. Well, they
11 probably do, so do the programs that aren't showing
12 effectiveness. They use the same strategies, too.
13 What makes the difference? It's something else.

14 DR. SLOBODA: Yes. Being one of the people
15 that put together that first red book that had
16 Principles of Prevention in it, that was -- what we
17 were trying to do with that booklet was to pull out
18 what were the consistent elements across what we were
19 finding were effective prevention programs. I'm also
20 quite torn on this issue, to be honest with you. I
21 believe in strategies, but I think one needs to talk
22 about strategies, or some kind of strategies, or other

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1 kind of strategies. I think one of the issues that
2 was raised, questions was bringing parents in. There
3 are different elements, there are different steps
4 involved with effectively bringing parents in. I
5 don't know if those are strategies. I think we're
6 hung up on evidence-based, research-based. We're hung
7 up on terminology. We really have to, as a field, we
8 really haven't defined terms properly, so I think
9 sometimes we talk across each other. So I think some
10 of us feel that there are sort of like how do you do
11 brain surgery? I mean, you could use Dr. X's
12 approach, which would be a program, or you can use
13 some strategies or steps to cut the brain - whatever.
14 So I think what we're really not there yet in the
15 field, but I'd like to be there. It seems to me I
16 would rather be teaching how to do brain surgery, do
17 prevention that way, than to do -- you have to learn
18 Dr. X's methodology. And I think that's basically
19 where the field is. We're still -- the field still
20 hasn't really come up with how do you -- one can agree
21 on what fidelity is, sort of, in the field, but how do
22 you measure - is it content coverage, is it structural

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1 style, is it the response you get back from the kids?

2 We're sort of not there yet, but I think we're on our
3 way there. I think in the next couple of years we'll
4 probably be able to address that question a lot
5 better.

6 DR. LONG: I'm sorry. I think -- okay. Yes,
7 you're on, Russ.

8 DR. JONES: Yes. Is it wave or is it
9 particle? How does light -- we're going to play dice
10 with the universe. Anyway, Chris, I had a question.
11 In terms of the effective strategy, how is that being
12 defined, the most effective strategy? You asked a
13 question to the --

14 DR. RINGWALT: The most effective curriculum,
15 or the most effective --

16 DR. JONES: Yes, I'm sorry, curriculum.

17 DR. RINGWALT: The most effective curriculum.

18 DR. JONES: I'm hung up on your excellent
19 question.

20 DR. RINGWALT: The very short answer to that
21 question is to go visit the National Registry of
22 Effective Prevention - excuse me - National Registry

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1 of Effective Programs and Practices maintained by
2 SAMHSA. There are a number of criteria. The criteria
3 are rated by outside reviewers, of whom I am one, and
4 then there's a score, and that's how it's done. And
5 there are a number of -- most of the score comprises
6 the quality or the methodology of the study, is it up
7 to snuff on one thing or another. And there's also,
8 does it actually have findings that indicate effects
9 on any particular substance.

10 DR. JONES: Right, I understand that, but my
11 question was in terms of the teachers, when you ask
12 them the question, are they using the effective
13 strategy?

14 DR. RINGWALT: Yes.

15 DR. JONES: How did they define the effective
16 -- is it --

17 DR. RINGWALT: Sorry, how did my respondents
18 define it.

19 DR. JONES: Yes, exactly.

20 DR. RINGWALT: We never asked the question.
21 We gave them a laundry list of curricula.

22 DR. JONES: Right.

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1 DR. RINGWALT: And said if you're using this,
2 tell us, curriculum by curriculum. Tell us if you're
3 using it, then we group the curricula as to whether
4 they were effective or not.

5 DR. JONES: And so what was the -- let me see
6 if I can ask it another way. So the effective
7 strategy --

8 DR. RINGWALT: Curriculum.

9 DR. JONES: Curriculum from -- did that match
10 the effective curriculum on the list?

11 DR. RINGWALT: Yes, what we did is --

12 DR. JONES: It did. Okay.

13 DR. RINGWALT: Sorry. We give them a laundry
14 list of curricula, are you using each one? Yes/no,
15 yes/no. Then we looked at what was on the list, and
16 we said you're using an effective curriculum if you're
17 using one of these.

18 DR. JONES: Right.

19 DR. RINGWALT: And that's how we did it.

20 DR. JONES: Right. Exactly. But what we
21 don't know is the fidelity, to the extent to which
22 they were also engaging --

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1 DR. RINGWALT: No, we do not know. We have
2 asked some questions about fidelity, which I have only
3 marginal faith, but we will report that.

4 DR. JONES: Sure. Yes, I was just kind of
5 piggybacking on the question that Shep raised, in
6 terms of a new paradigm, which I agree with. And I'm
7 just wondering the extent to which portions of those
8 effective mechanisms can be engaged in the development
9 of new strategies, or curricula. But that's another
10 issue. But this really does raise the issue of
11 evidence-based versus evidence-informed --

12 DR. RINGWALT: Indeed, that's exactly what it
13 is.

14 DR. JONES: Yes.

15 DR. RINGWALT: Evidence-informed means we
16 have a bunch of strategies, put them together like an
17 add-a-bead necklace, and chances are you'll do
18 something that'll be pretty good. Evidence-based
19 curricula means do it this way from soup to nuts the
20 way we tell you, teaching the content we tell you, and
21 that should work, but to the extent that you deviate,
22 it may not.

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1 DR. JONES: Indeed. You know, I was just
2 wondering - that question was supposed to be real
3 quick, but I was just wondering what your question
4 was, you were going to make a comment, the woman in
5 the yellow, because I thought that was an excellent
6 question that you asked, and I was just wondering if
7 you want to respond to that.

8 PARTICIPANT: I was just stating --

9 DR. JONES: Oh, you can't. I'm sorry. You
10 can't answer that question.

11 DR. LONG: Excuse me.

12 DR. JONES: I'm sorry.

13 DR. LONG: I'm at a point privilege here.
14 The reason that we don't do that is that then we go
15 beyond the panelists here, and it becomes a meeting
16 involving the entire public.

17 DR. JONES: So what I guess I would say, I
18 think it's important at some point that the presenters
19 have a better understanding and appreciation of what's
20 being said now in light of their evaluation of some of
21 the good programs that they're using.

22 DR. LONG: Which will be our job to put all

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1 that together, yes. Dennis.

2 MR. ROMERO: Thank you, folks. I found your
3 presentation extremely, again, enjoyable and
4 enlightening. Chris, it dawned on me, I do know you.

5 DR. RINGWALT: We sat on a plane next to each
6 other.

7 MR. ROMERO: That's correct. We had a
8 wonderful conversation, and it was your --

9 DR. RINGWALT: Accent.

10 MR. ROMERO: Your accent that just gave it
11 away.

12 DR. RINGWALT: Yes.

13 MR. ROMERO: Thank you. I thought he was
14 talking about me.

15 (Laughter.)

16 MR. ROMERO: Two questions, and I don't mean
17 to put you on the spot with the second one, so we'll
18 go with the easy one first. You characterized the
19 NREPP as a consumer's guide or consumer's report
20 version. How would you characterize this version, is
21 it more palatable, does it make more sense, or is
22 still the same soup, just --

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1 DR. RINGWALT: Served up in a different bowl.

2 MR. ROMERO: Yes.

3 DR. RINGWALT: I think it pushes the
4 challenge of interpretation onto the consumer, and it
5 pushes it away from the funding agency that bears the
6 heat from all the people whose programs are not on the
7 list. And that is a good thing and a bad thing. To
8 the extent that the public, the consumer, the end-user
9 of the National Registry has up until now been able
10 simply to figure out whether a program is or is not on
11 the list. That's all one word, "on the list", has
12 made it easy for them. It has also made it very
13 difficult for the people who are doing the reviewing,
14 and very difficult for the people who have had to
15 defend the reviews.

16 I think it's going to be a challenge, as I
17 believe I said to you on the plane when we talked, to
18 educate the end-user in the school, the lead
19 prevention teacher, whoever he or she is and the
20 school district prevention coordinator, in how to
21 interpret and select among the options given the
22 various criteria by which they are rated. That was

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1 the easy question?

2 MR. ROMERO: I think so. The graph where you
3 showed the 80 percent of the folks are using non-
4 listed programs.

5 DR. RINGWALT: Or nothing.

6 MR. ROMERO: Or nothing. Were you able to
7 interpret the effectiveness of those efforts since it
8 was -- they were using non-evidence --

9 DR. RINGWALT: No.

10 MR. ROMERO: They were off the list,
11 basically.

12 DR. RINGWALT: If they were not on the list,
13 they were not -- right, they were either on the list
14 or off. This was the old list. Actually, the list as
15 it currently exists on the website, which is soon, I
16 suppose, to be updated - so now I can't characterize
17 the effectiveness. I'm just -- this is just a fairly
18 sophisticated exercise in bean counting.

19 MR. ROMERO: I just wonder if -- I have seen
20 programs that are very effective in prevention, that
21 may not be on the list of - the NREPP list.

22 DR. RINGWALT: Yes.

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1 MR. ROMERO: So they're not - but they are
2 effective, and so how do we measure that?

3 DR. RINGWALT: How do we measure the
4 effectiveness of programs that are not on the list?

5 MR. ROMERO: Yes.

6 DR. RINGWALT: By having them evaluated, and
7 then reviewed, I think.

8 MR. ROMERO: That's such an easy answer.

9 DR. RINGWALT: It is such an easy answer, and
10 it is very superficial. I know that.

11 MR. ROMERO: No.

12 DR. RINGWALT: Evaluations take years and
13 years, and they cost a great deal of money to do
14 right.

15 MR. ROMERO: Absolutely.

16 DR. RINGWALT: And if they're not going to be
17 done right, they won't pass muster by the current
18 criteria that NREPP is using.

19 MR. ROMERO: Thank you.

20 DR. LONG: As we close this portion, I had a
21 question, and it's actually for members of the
22 Department that are sitting at the table. I would

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1 just - as you were talking, Peter, I was listening,
2 and some of the things we've heard this morning from a
3 few of the panels about the need-weighted grant
4 renewal process, accountability, evaluation, improved
5 capacity, effectiveness, so I was seeing and hearing a
6 lot of the things we'd heard from some of the earlier
7 panels. And you had indicated as we're aware, that
8 this was about five years ago, so the question that I
9 would have, what have we done as a Department relative
10 to the things that came up five years ago, or is that
11 -- I mean, leaving politics out of it, of course - but
12 that's something that crossed my mind as I was
13 listening to you, because I was hearing that from five
14 years ago, and yet we were talking about some of those
15 things this morning, so I was just curious.

16 MS. PRICE: Well, I'll give a first shot at
17 answering that, and then I'll let Bill follow-up on
18 anything I missed, because he's had the legs with the
19 program, where I've been in the office a little over
20 two years. But when Peter's, the Rand study came out,
21 we became very much aware that there were issues
22 related to the Safe and Drug Free Schools and

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1 Communities Grant Program, and they needed to be
2 addressed. Shortly after that, then OMB reviewed in
3 the PART review, and the program received an
4 ineffective rating, which is the lowest rating.

5 Before the PART review, after the Rand
6 report, we started looking at questions within the
7 office of what needs to be done to show that programs
8 are effective, and we started looking into areas, what
9 can we do to show that there are positive things about
10 the program. One of the results of that is a grant
11 that we have called the State Data Grant, and it
12 identifies the data, and I'll let Bill give a better
13 example of it, but it's developed and has been
14 implemented. As any research project, it's a long-
15 term research project funded through grant dollars.
16 But to help us understand what programs states are
17 implementing, and the second part of that question is,
18 are they being implemented with fidelity.

19 We are hoping that we will have the first
20 half of that answer in the fall, probably around
21 November, and we'll be able to see what programs
22 states are implementing with their Safe and Drug Free

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1 Schools State Grants dollars. In the spring, we
2 should be able to get more - in spring/early summer,
3 more of the information about fidelity, are they being
4 implemented with fidelity.

5 If you will look under your second tab, State
6 Grants Program Background, we gave you a background
7 paper. I think we sent it out a little earlier, but
8 on page 7 of that, if you go over to -- the PART said
9 three things; performance measures used by ED at the
10 time did not reflect program performance, so the
11 program performance measures did not help improve
12 local programming decisions, and the funds are spread
13 too thinly to support quality interventions.

14 From that, the Department has taken steps to
15 address some of those concerns. There are parts of
16 the legislation that restrict the Department to what
17 we can actually do. We would like to be able to do
18 some things, but we cannot do that. We are -- I mean,
19 the legislation doesn't provide for us to be able to
20 do that, so as much as it seems perfectly logical that
21 we would do that, we can't. But these are the things
22 that we can do, identify performance measures. And

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1 I'll just list the categories, the State Data Grants,
2 getting this information about what programs are out
3 there being implemented, and are they being
4 implemented with fidelity, developing a model data
5 set. We are prohibited from identifying what data
6 states have to collect. That's one of those
7 flexibility issues that states get to do, that's part
8 of the beauty of No Child Left Behind. It's flexible
9 on many points, and this is one of them, but what we
10 can do is get a model data set and provide that to
11 states so they can use that, and it's like the short
12 menu, maybe they'll add to it, maybe they'll get some
13 other things, but it helps with that data. Because as
14 you all know, the data is not comparable from state to
15 states because of different definitions, which is part
16 of the No Child Left Behind Act, that states get to
17 define these things, and we believe that that's an
18 important thing for states to do, but it makes
19 comparing that information difficult.

20 Truancy would be a good example of that, and
21 one state being absent from school may be truancy, in
22 another state it's a much different thing, and so

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1 comparing one-to-one. And then providing training to
2 states, and we have really focused on providing
3 training to states. We do technical assistance
4 meetings, we have our state coordinators in twice a
5 year, we do a variety of things. But these are the
6 elements that we have been implementing, and I'll let
7 Bill expand more on it. Do you have anything you want
8 to add to that?

9 MR. MODZELESKI: Just a couple of things.
10 First of all, let me say, the research that Chris has
11 talked about was in the June edition of *Social*
12 *Influence*, and three researchers, one from Parook
13 School, one from the Wharton School, and one from
14 Duke, so Gavin Fitzsimmons from the Falkland School I
15 think was -- and it is an important study, and I think
16 that Howell should take a look at it, also, because
17 they also talked about exercise. They thought that
18 basically if you ask a person a positive question
19 about something like exercise, they'll give you an
20 answer saying yes, we exercise more often than not.
21 And the flip side of that is if you go ask a question
22 about drug uses, that if you ask a negative question,

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1 you'll get an answer below what you're asking, but you
2 had just the opposite effect, where what they got were
3 people answering higher than they expected, so it is
4 in the June edition of *Social Influence*, I believe.

5 Just to pick up Peter - Peter and I actually
6 were involved with this back in 1999 on the study, and
7 I think some things have changed for the better, and
8 some things probably haven't changed for the better.
9 I mean, there has been some significant changes in
10 some areas. I just jotted a couple down. There's
11 just as many LEAs receiving dollars today as there was
12 back in 1999. That means about 95 percent.

13 Peter had a figure on about \$10,000, and
14 that's about cut in half, so that's decreases
15 significantly. At the same time the funds have been
16 decreased, Peter mentioned that the focus expanded
17 back in '99, it expanded in 1994 to violence
18 prevention, and now it's expanded even more to crisis
19 prevention, Avian bird flu, disaster, so forth and so
20 on, so the focus has expanded even more. Sort of the
21 good news was that, you heard this morning, the word
22 "POE", Principles of Effectiveness, and while that was

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1 codified in the No Child Left Behind Act, that was
2 actually developed by staff of the Safe and Drug Free
3 Schools in 1999, so just as Peter was beginning to
4 take a look at this, we began to enforce and
5 effectuate the Principles of Effectiveness, and so
6 that began to kick in, and we believe that that plus
7 the codification in the law had a lot to contribute to
8 developing more, again, research-based, science-based,
9 Chris, call it what you will, at least better
10 programs. And I think that there has been a
11 significant increase in the number of programs that
12 have been effective, whether it's on NREPP's list or
13 whatever the case may be.

14 Just one point of clarification - there still
15 is a list out there. I mean, there is still a lot of
16 confusion. NREPP is not the only thing that schools
17 go to take a look at, and it is the administration.
18 The White House has now the HAY program, Helping
19 America's Youth, which is a list of programs with
20 three levels and schools use that. Schools use the
21 Blue Print Series, schools still use our program, so
22 there's not one, there's multiple lists that are still

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1 out there. There's some beauty to that, but there's
2 also some problems because it leads to a lot of
3 confusion about what may or may not happen.

4 Lastly, is that from where we were in 1999
5 when Peter took a look at this, and where we are, and
6 Debbie alluded to that, is that there's much more data
7 being collected. And I think the Department has done
8 several things. Lorraine is going to be up next,
9 Lorraine Allen. Her state, Florida, has done quite a
10 bit in the area of not only collecting data, but using
11 data to make decisions, data for decision. We are in
12 the process of developing a uniform data set.
13 Hopefully, it will be adapted by every state, but we
14 don't have the authority to force it down any state's
15 throat, and the other problem here is that you know if
16 you go to change a system, any time you begin to
17 change a system in the state, the one thing they're
18 going to ask you is where is the dollars to change the
19 system, so we have had sign-off by most of the states
20 for a willingness to go to a uniform data set, uniform
21 definitions, and we'll have to see over the course of
22 the next several years as to whether or not they'll

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1 accept that change in definitions, and whether they'll
2 put money behind it, and then begin to collect some
3 different data.

4 DR. REUTER: Could I just very briefly add a
5 point that Deborah made, which is Congress is really
6 the -- was the target for the study that Rand did. I
7 mean, this office is hamstrung by legislation, which
8 really I think makes it very difficult to be effective
9 and innovative, and the timing of this report was
10 that there was a re-authorization, this was the chance
11 to make changes, but I think in the end there turned
12 out to be not much interest on the Hill in taking on a
13 major reform, so I think that's why not much has
14 happened. I mean, it was commissioned by the
15 Department of Education. We're probably going to be
16 highly critical of the implementation, but that wasn't
17 the critical issue, it was the legislation that was
18 the problem. Thanks.

19 DR. LONG: Thank you very much. We are
20 close, just a few minutes over. That was because of
21 all of the very good questions. We will now take a
22 break, and we'll be coming back at 3:10. And as we

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1 leave, I want to give you the ultimate compliment -
2 thanks to the doctors. You were excellent.

3 (Applause.)

4 (Whereupon, the proceedings went off the
5 record at 2:59:20 p.m. and went back on the record at
6 3:09:39 p.m.)

7 DR. LONG: Okay. As we come back together,
8 we have four distinguished folks here in front of us
9 that will be our Panel IV on School Safety and
10 Preparedness, their perspective on that. And we'll
11 start over here with introductions of Ed. Ed Ray has
12 been the Chief of Safety and Security Department for
13 Denver public schools since 1995. During his 25-yea
14 career in law enforcement in Colorado, he served as a
15 Deputy Sheriff, patrol officer, detective, sergeant,
16 lieutenant, division commander, and chief of police,
17 retiring in 1993. Chief Ray holds a Bachelor's degree
18 in technical management with minors in criminal
19 justice and economics, and graduate work from Regis
20 University in Denver. Welcome, Ed. Thanks for being
21 here.

22 Next, Lorraine Allen. Lorraine is the

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1 Director of the Office of Safe Schools for the Florida
2 Department of Education. Since 2000, her
3 responsibilities have included overseeing the Safe and
4 Drug Free School program, School-wide Discipline
5 Initiatives, and School Emergency Management and Anti-
6 terrorism Planning activities. And from March 2004 to
7 `06, the Coordinated School Health Program. She has a
8 Master's degree in public administration from Florida
9 State University, as well as a BS in government, and a
10 BA in Spanish. She is originally from the Panama
11 Canal zone, and currently resides in Tallahassee.
12 Welcome, Lorraine.

13 Next is John Akers. John has served as
14 Executive Director for the Kentucky Center for School
15 Safety since his employment in December of 2000. He
16 has over 35 years experience in public education,
17 including 25 years as school-based administrator and
18 principal. Since then, and prior to serving as
19 Executive Director of the Kentucky Center for School
20 Safety, served as Kentucky Leadership Academy Coach
21 and Scholastic Auditor for the Kentucky Department of
22 Education. John received the designation as one of

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1 Kentucky's distinguished educators in 1996, and was
2 selected as the 1998 High School Principal of the Year
3 by the Kentucky Department of Education. Thanks,
4 John, for being here.

5 And Cynthia Timmons. Cynthia has done
6 extensive training and consulting in the area of Safe
7 and Drug Free School Programs, including
8 implementation of violence prevention programs and
9 student assistance programs. Cynthia is the Director
10 for the Children of Promise Mentors of Hope, a
11 statewide initiative to immobilize Oklahoma in
12 reaching children who have an incarcerated parent.
13 Children of Promise Mentors of Hope is a partnership
14 between the University of Oklahoma Outreach and Big
15 Brothers/Big Sisters of Oklahoma, and is funded by a
16 grant from the U.S. Department of Health and Human
17 Services. Cynthia received her Bachelor's in
18 education, Master's in guidance and counseling at the
19 University of Oklahoma. Cynthia, nice to have you
20 with us. And with that, we'll go ahead and get
21 started. And, Ed, if we could start with you.

22 MR. RAY: Thank you, David. Having listened

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1 to so many panelists already this morning, I'm not
2 sure exactly where to start, but I'm going to give the
3 famous disclaimer, that I'm a cop. I work in
4 security. I work in security-related issues, so
5 probably many of my comments are going to be geared
6 towards law enforcement and how we protect, rather
7 than how we educate; even though there certainly are
8 some correlations in how do we educate people to
9 protect.

10 In preparing to come here today, obviously,
11 we were given a series of questions to try to answer
12 and respond to, and my methodology on response, or
13 gathering information for my response was to talk with
14 numerous of my counterparts around the country and
15 pose the same questions to them, and then try to
16 compile the myriad of answers that I got into
17 sensical remarks, and I'm not sure I've done that.
18 But regardless, I'm going to try to focus on what we
19 believe, and I say "we", and I hope I'm not bringing
20 too much of my own personal beliefs in, because my
21 personal beliefs are somewhat strong in some areas, so
22 I'll try to keep those as subjective, or as objective,

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1 as possible.

2 The first question you asked us to respond to
3 was, what are the strengths of the State Grants
4 Program, and the elements of the States Grants Program
5 that are working and addressing the needs of students
6 in schools today. In my surveys, I found that nearly
7 100 percent of the folks I talked to felt that the
8 State Grants Program is working effectively, in that
9 the program provides funding, vital funding to school
10 districts to conduct programs that may or may not
11 otherwise be possible, due to the current budgetary
12 constraints, and reductions that are taking place
13 across the country. That's basically in our large
14 inner city urban school districts. Felt that the
15 greatest element to the States Grant Program that is
16 working is the flexibility provided. It allows - I'm
17 going to try to steer away from the research-based
18 programs discussion, but it provides funds for us to
19 use to put programs in effect that we believe are
20 based on best practices, that do have a high degree of
21 efficacy, if nothing else, from the empirical data,
22 and unfortunately, sometimes from the anecdotal,

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1 whether they're working on.

2 The programs that we have concerns about are
3 those programs that are not -- don't have the ability
4 to research-base, that there has not been any
5 research-base conducted. We've heard a lot of talk
6 this morning about - I think Gus from LA mentioned the
7 great program, DARE programs - those are nice programs
8 to put in, but we don't know. We don't know if they
9 are effective. We really had no opportunity to study
10 those. I should say we haven't taken the opportunity
11 to study those effectively.

12 Alcohol counseling, mental health, drug
13 programs certainly are extremely important, and I
14 think there are data, is data that will support that
15 those programs work. The problem we don't know in
16 safety and security in law enforcement is do those
17 programs truly provide a higher degree of safety for
18 the schools, or are they more geared towards the
19 community-base as to helping eradicate the problems of
20 drug and alcohol abuse? We're not sure about that, so
21 we've kind of tried to focus on those things that we
22 believe will truly provide a higher level of safety

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1 for our schools that are - I guess basically they are
2 determined by lack of bad things happening to our
3 schools.

4 One of the other questions was, is the Safe
5 and Drug Free School Grants Program working
6 effectively to promote safe and drug free schools
7 across the country, especially in rural, urban, and
8 suburban settings. The general answer is yes;
9 however, this works better in the urban and suburban
10 areas, the programs do, because of the resources
11 available to those inner city suburban bases.

12 I'll use Colorado for a second, and every
13 state's got the same issues. We have some school
14 districts in Colorado that have 1,500-2,000 kids in
15 them. They're so rural that even getting an ambulance
16 to a school in the event of something happening is 20
17 to 30 minutes away. They don't have the resources in
18 some of our - at least in Colorado - rural areas. And
19 in some cases, some of what we consider suburban
20 areas, so are the grants programs truly working in the
21 rural areas? The answer probably is a qualified no,
22 not to the extent they certainly are in the urban and

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1 inner city, and suburban areas.

2 A lot of the grant money that we believe
3 we're seeing is based on population and free food, the
4 funds are driven based on that. So if you have an
5 extremely affluent community that has severe, or has
6 very little reduced food, we have some concerns are
7 they getting the appropriate share, or fair share, I
8 guess, for lack of better terms, to implement
9 programs. I don't believe that has been decided upon,
10 but we do know that in the rural and somewhat suburban
11 areas, that many of the safe and security programs
12 that we are able to implement in the inner cities are
13 not implemented appropriately in the rural
14 communities. Obviously, risk factors are believed to
15 be lore. I'm not sure I totally agree with that, but
16 certainly, they don't have many of the, numbers-wise,
17 the issues we have in the inner cities and some of the
18 suburban areas. But if we are foolish enough to think
19 that gangs don't exist, drugs don't exist in even the
20 most rural communities, we're badly mistaken to allow
21 ourselves to accept that premise, because it does
22 exist.

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1 I tried to list out some mechanisms that
2 could be considered, and I'm not sure that these are
3 kind of a compilation of mechanisms. First and
4 foremost was needed to establish follow-up surveys
5 with attendees of programs. We talked about DARE,
6 talked about GREAT, talked about some of the other
7 awareness programs. To my knowledge, there has been
8 no follow-up down the road, four, five, six years down
9 the road of attendees to see did they learn the
10 lessons of these various programs.

11 We also know that there are no baseline data
12 programs baselining the occurrence of alcohol and drug
13 directly to crimes occurring on school campuses, and
14 the ability to analyze those incidents appropriately,
15 so we need baseline programs.

16 We need to establish at the statewide level
17 reporting systems, so that this data, this information
18 can be shared and possibly it will help to do the
19 research to determine whether our programs are
20 effective. This basically applies to school-based
21 incidents. The problem with a lot of incident
22 reporting we do currently at the state level, is it

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1 reports only incidents where there is a subsequent
2 disciplinary action taken. Crime analysis, incident
3 analysis, if you will, requires an analysis of those
4 things where we don't know who did it, and frequently
5 report data based only on we know we have a
6 suspension, or an expulsion, or disciplinary action,
7 that we don't take a very good look at the underlying
8 cause of other incidents that take place on our
9 schools that may or may not be directly related to a
10 wide range of things, not just alcohol and drugs,
11 certainly. Certainly, behavioral issues, but if we
12 don't catch somebody doing it, we tend not to report
13 it in that fashion.

14 We talked about other emerging issues facing
15 students in schools today that need to be reviewed and
16 addressed. I'm going to go over here to Gus because
17 he stole everything I was going to say today. Yes,
18 there are some tremendous emerging issues, especially
19 in the area of safety and security dealing with the
20 issues that we have to deal with today other than the
21 drug and alcohol issues, certainly major issues,
22 certainly things we have to deal with, some of the

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1 social and cultural bases, but our fear today is all
2 the cultural diversity issues that are taking place,
3 that are causing to every day wake up to another act
4 of terrorism, another act of a school administrator, a
5 teacher, a custodian, security officer, bus drivers
6 that are involved in behavior that is extremely
7 detrimental to the safety of our children. Every day
8 you pick up a newspaper, turn on the news, another
9 story about a behavioral aspect of some of our most
10 trusted, or should be our most trusted personnel, our
11 educators, involved in behavior. And it's apparent -
12 I'm sure it sends chills up most of our spines to
13 think we send our children to school, and we have our
14 own professional personnel that are conducting and
15 involved in behavior. We have to develop, we have to
16 figure out how we can implement programs to stop those
17 types of things, certainly terrorism, certainly gang
18 shootings.

19 We know that gang shootings infrequently
20 occur on school properties, but we know if a gang
21 shooting takes place in a neighborhood on Saturday
22 night, it's coming to school come Monday morning. We

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1 know that. How do we interact with law enforcement?
2 How do we interact with the prevention? How do we
3 interact with the intelligence services that Gus so
4 brilliantly alluded to? We have 20 to 25 percent of
5 our populations in our buildings every day of the
6 school day/school year, and yet we seem to be ignoring
7 they are prime targets for those persons, those groups
8 who want to make a political or ideological statement
9 to this country, and that we do very, very, very
10 little to harden our schools against these types of
11 attacks, what do we do, how do we prepare our
12 teachers, our staff, how do we respond; very little.
13 That's the biggest issue I see emerging, and again,
14 Gus over here to my left did an outstanding job of
15 bringing those issues up, so we know the issue that we
16 had in Bezlin, Russia. I was fortunate enough to be
17 involved in the study on that, and all the various
18 things leading up to the Bezlin attack are
19 frightening, and they are occurring today in our own
20 country, seeing people who are ideologically immune to
21 the feelings of hurting our children. So, please, we
22 need to really consider what we can do on those areas.

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1 We all believe that the basic language when
2 it talks about focusing on safety, is adequate. We
3 believe that the recent emergency response or crisis
4 management grants from the Department of Education
5 were critical in helping the schools begin to prepare
6 for how to respond to an emergency, how to prevent an
7 emergency, how to mitigate emergencies, how to deal
8 with the after-effect from all aspects of it, so for
9 the most part we believe the language appears to be
10 adequate in the current documents.

11 Very difficult to train our staff, however,
12 especially with the No Child Left Behind things that
13 are in place currently. They're geared towards
14 education, they have to be geared towards education,
15 and to find time, as somebody else, a previous
16 panelists said, to find time to train all of our
17 teachers to be security and safety experts, not only
18 it's not -- well, it's plain impossible. We can't do
19 it, so we have to make sure that we have other methods
20 in place, such as the school training, the school
21 safety teams and hope, hope that our principals are
22 responsible enough to roll out those plans to their

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1 schools, because that's where the first place, the
2 first-- that's where we have to start with school
3 security. The whole thing with national management
4 systems, these are buzz words, not buzz words,
5 operational words, but they're critical in how to
6 establish incident command bases and so on like that.

7 We need to continue training and educating all of our
8 educational staff without putting the burden to them,
9 turning them into experts on those concepts.

10 I'm going to kind of glaze over this real
11 fast. The question was is the structure of States
12 Grants program through the state and the Governor the
13 most effective mechanism for use of these funds? Yes,
14 we believe currently it is, unless there was a
15 mechanism to award directly to the school districts,
16 but we - no offense to Washington, D.C. folks, but we
17 don't believe that the funds should come directly out
18 of Washington, D.C. We don't believe that to be the
19 most effective, and maybe the most unwieldy
20 possibility, so we kind of would like to see, at a
21 minimum, keep it as it is.

22 Flexibility, accountability, continue the

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1 statute working, are they? The short answer is yes.
2 Could state and local flexibility be balanced with
3 additional core requirements? I would encourage LEAs
4 to address specific issues. We believe yes, it could
5 be, it can be balanced.

6 Can the tension between the Principles of
7 Effectiveness provisions that require that funds be
8 spent on research-based activities and the broad list
9 of authorized activities, many of which lack a strong
10 research-base be resolved? We believe it's important
11 to consider this, that not all programs that work can
12 be research-based. We know for technology, we know
13 that the technology is changing so rapidly that,
14 frankly, if we waited three to four years to get a
15 research-base on any type of program, the technology
16 already left and we've gone to something new, so we
17 need to be a little more flexible in our thinking in
18 thinking outside the box on the technologies, and how
19 do we interact or interface, what we call security
20 technology, and educational technology. Can they be
21 appropriately interfaced? We believe they can be to
22 direct or help us get into truancy issue, safe campus

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1 issues, keeping the kids on campus that belong there,
2 and the kids off - not just kids, people off of
3 campuses that don't belong there. We believe all
4 those technologies can be interfaced, but as I've
5 heard so many times this morning, it takes money to do
6 those things, and to sustain those programs, and cause
7 those probably to become institutionalized and funded.

8 With that, I think I'll shut up. Okay. Turn the mic
9 off.

10 DR. LONG: Thank you, Ed, for the
11 information, and we'll now turn to Lorraine.

12 MS. ALLEN: Thank you, David. I want to take
13 a little bit different turn if it's all right with
14 you, since we've talked very much about the Safe and
15 Drug Free Schools Program, and I want to go right to
16 question 4. How does that sound, talking about school
17 emergency management planning and safety and security,
18 because we've covered quite a bit. But I always like
19 to start out any presentation that we do with this.
20 Really, what we want is for students - we know that
21 our students thrive, and that they do learn in these
22 environments that are safe and drug free, that are

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1 well disciplined, strategies that lead students to
2 make healthy life choices, and also that everyone is
3 respected, and the civil rights of all are respected,
4 and so that's one of the things that I like to always
5 start out with, because that's where we look when
6 we're looking at implementing our program.

7 I also want to show a little bit about
8 Florida, just to show you that we have over 2.6
9 million students. We're quite large state. In fact,
10 one of our LEAs has 400,000 students in it, so when
11 they were looking this morning at some of them that
12 have less than seven, I said oh, well, Miami-Dade,
13 probably as large as some of the states. We also have
14 3,441 schools that we deal with, and we try to work
15 with in this program.

16 My office is the Office of Safe and Healthy
17 Schools, and until recently, we used to be called the
18 Safe and Healthy Schools until about two months ago,
19 and now we are just back to the Office of Safe
20 Schools, and we have school emergency management
21 planning and anti-terrorism activities, school safety
22 and security, Safe and Drug Free Schools programs,

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1 school-wide discipline initiatives, and also safety
2 and discipline data collection. So I thought what I
3 would do first is to talk a little bit about what
4 we're doing in the area of school emergency management
5 planning. After 9/11 it expanded to anti-terrorism
6 activities for schools, as well. But as all of you
7 have heard so far today, collaboration is the key,
8 because we could not do our job if we didn't
9 collaborate with all the other state agencies, and
10 also local education agencies, and our emergency
11 management folks in our counties, et cetera, so we
12 couldn't do it alone. And, also, the funding, we
13 couldn't do it alone on just the funding that we do
14 receive.

15 Back after the school shootings back in 2001,
16 the Department decided to look at this issue of
17 emergency management and preparedness planning, and so
18 we received a grant from our Department of Community
19 Affairs, and basically, we received almost \$300,000 to
20 improve emergency planning in our schools. And we
21 were asked to bring together an advisory committee,
22 such as you all have brought together an advisory

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1 committee. We also wanted to assess the status of our
2 school plans, and we had a survey that we developed.
3 We wanted to find out well, what are in your plans,
4 are you using your plans, what are your most critical
5 emergencies? Those are the kinds of things that we
6 asked in our survey.

7 We also wanted to give them some planning
8 guidelines on well, if you're getting ready to do a
9 school emergency management plan, what should you do?

10 And then we created a website, and we've been
11 maintaining it, even though the grant has now ended.
12 And we developed some training, it's our multi-hazards
13 planning training for school, and then we were to
14 evaluate the project. So this is how we got started
15 in the business under the office of Safe Schools, is
16 through this grant with our Department of Community
17 Affairs, where our emergency management division is
18 housed.

19 Some of the things that have come out of that
20 grant, I just wanted to show you some of our
21 activities, but we have worked with our Attorney
22 General's office and our law enforcement, our

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1 emergency management in FASR, which is the Florida
2 Association of School Resource Officers, to have
3 school resource officers response to terrorism
4 training. As you can see, quite a few partners there,
5 because again, we can't do it alone. And the multi-
6 hazard planning for Florida schools, which we
7 developed through the grant. Then crime prevention
8 through environmental design, which is CPTED, it's
9 target hardening, and we work with our Attorney
10 General's office in offering that training to our
11 school districts.

12 We also have school safety CD-Roms for site
13 and floor planning training, because Florida requires
14 that all the schools and community colleges provide
15 their plans to law enforcement and emergency
16 personnel, and so this was one way to help our schools
17 get that on a CD, so that if there were an emergency,
18 they could just bring up that CD and find out the
19 layout of the school and the campus, et cetera, and
20 help with the emergency.

21 We also offered virtual safety conferences
22 around the state on different topics. There were hot

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1 topics, and at each of your places I've gone ahead and
2 provided you with three of the sessions that we
3 offered, and they were based on the hurricanes, our
4 lessons learned. As you know, Florida in 2004
5 especially, we were hit by four great hurricanes, and
6 so we went ahead and had regional meetings, and we
7 developed these DVDs from that, and we have shared
8 them with Mississippi last year, our commissioner did,
9 and so I wanted you all to have these, as well. And
10 then we started to develop an emergency drill CD-Rom
11 training, too, and we didn't like the product we got,
12 so we're back at the drawing board on that one, but
13 those were some of the things that we did.

14 We also worked with our school transportation
15 office, because as you know, in emergencies they
16 happen on school buses, and also, you need to use
17 school buses during emergencies, as well, and so we
18 have the electronic bus route so you can tell
19 electronically where the different routes are.
20 Critical situations for school bus operation, and we
21 also have our school emergency management web page.

22 We also did review some of the school

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1 district's emergency plans. We didn't get the kind of
2 response that we wanted, so that's something that we
3 will revisit again. We had some of our regional
4 committees and councils look at those plans, and then
5 we're working with our school transportation area in
6 the school bus student management best practices.

7 After 2000, there were also some legislation
8 in Florida that passed in dealing with school
9 emergency management planning, and so our school
10 districts are required to have school emergency plans
11 by law, as well as safety and security best practices,
12 which I'll just share with you just what they look
13 like. And then coordination of school safety
14 information.

15 We also found that there's school safety
16 information that we don't want to have public access
17 to, so we were able to, through legislation, to be
18 able to not have that as part of our Sunshine Law,
19 where you have to report out information, so we're
20 able to keep that non-public information, which is
21 very good in the area of safety.

22 As I mentioned hurricanes, lessons learned,

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1 that's another piece, because we were working on the
2 emergency management plans, and working with our
3 school districts after our hurricanes of 2004 and
4 2005, and we had our sessions. We said well, what are
5 the things that you've learned, and how do schools
6 play such a major part in that? And, of course,
7 schools usually are first responders because you use
8 them for shelters, and what we also found was really
9 critical is that when you start to get the community
10 back to some sense of normalcy, you need the schools
11 to be involved, because when kids start to go back to
12 school, they start to feel they're normal again, and
13 those were some of the things we found were very
14 important.

15 Also, the fact that disasters changed the
16 rules. What used to be normal, no longer is normal,
17 you have a new set of normalcy. And they found that
18 having multi-agency plannings for multi-hazard
19 response was very, very productive, because you want
20 to be prepared before the emergency occurs, not after.

21 And then backup power systems, because they should
22 have them for the core functions, your data

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1 processing, for food services, maintenance, your
2 central office and schools designated as shelters.
3 One of the things that happened in Santa Rosa County
4 is that people couldn't get paid because the banks,
5 the banks weren't operational, so how do you get
6 paychecks to people? There's just all these different
7 things to think about before the hurricanes, that you
8 have processes in place to deal with them after
9 hurricanes. And, also, that communication was very
10 critical, and you had alluded to they have the whole
11 incident command system, there's a whole bunch of
12 different ways to communicate, but that communication
13 was critical, too. You need planning, of course, on
14 all the phases, not just in the actual response, but
15 in prevention and preparedness, and recovery.

16 What we're finding in our school districts in
17 the west area of our state, which are Santa Rosa and
18 Escambia, especially, it's a very long-term recovery.

19 We still -- it just takes so long to get the
20 community back to where it was, and so that's one of
21 the things that they are still dealing with two years
22 after the hurricanes of 2004. They felt that

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1 dismissing kids from schools probably saved some
2 lives, and then as I mentioned earlier, that schools
3 are such a critical part of the community, that the
4 sooner you can get the schools operational and the
5 students back, the teachers back and you work with
6 them on their recovery, the better it will be for the
7 community as a whole.

8 I also just wanted to share with you our
9 website, what it looks like. After 9/11, our focus
10 included anti-terrorism planning for schools, and we,
11 in Florida, and I'm just going to give you a real
12 brief overview of what it looks like in Florida. We
13 have a Florida Domestic Security Partnership and a
14 Domestic Security Oversight Board, and what's really
15 critical is that the Department of Education is
16 represented on this board, so education is a player.
17 We also have seven regional Domestic Security Task
18 Forces, and as you can see here from the map of
19 Florida where they're located in seven critical areas
20 of our state. But what's really nice about them, if
21 you'll turn to the next slide, is that each one of
22 them has an education schools subcommittee, and

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1 because of that subcommittee, we were really fortunate
2 that when some of the federal dollars from Homeland
3 Security came down for budgeting issues, we were at
4 the table.

5 Over the last three years, I just wanted to
6 share with you some of the dollars that we have
7 received through Homeland Security that comes through
8 the State of Florida, they're called the Domestic
9 Security State Grants. Target hardening for our
10 districts and our schools. As you know, schools, if a
11 terrorist were to attack the school, it gets right to
12 the heart of our country, and what they talked about
13 is okay, how can we look at some of the areas that
14 have most need, those that are by ports, those that
15 are by power plants, those sorts of things, how can we
16 harden those schools, and control access to and
17 enhance security of school campuses and transportation
18 are the areas that were looking at. And as you can
19 see here from the list, they talk about single points
20 of entry. Quite a few of our schools now have that
21 single point of entry. Of course, we're Florida, and
22 in the old days our schools were with great

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1 breezeways, so you could go to our campuses and there
2 everything is outside. It wasn't that -- so those -
3 we're working toward making it so that you do have
4 that single point of entry. And, of course,
5 integrating your fencing into the design of your
6 school campuses to help create that single area, and
7 to keep others out. Vehicle stand-off barriers,
8 which, of course, you see all around Washington, D.C.
9 and very lovely, by the way. You do a nice job with
10 that. Integrating appropriate locking systems and
11 restricting access to ventilation system intakes,
12 because people don't realize that you could also a
13 terrorist attack by putting something into the
14 ventilation system. And so we actually, through
15 CPTED, teach our school administrators and our
16 security people to go through and look at their campus
17 and say ooh, this is an area that I need to make sure
18 that we don't have access to. Those are some of the
19 things these dollars are for.

20 Also, we had a group that talked about some
21 of the things that we felt would be really the best of
22 all worlds if we could, and that is having our uniform

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1 school resource officers there, that they're actually
2 in uniform as a preventative measure. And in the best
3 of all worlds, they would love to have one school
4 resource officer to 1,500 students, including our
5 elementary schools, consistent with school resources
6 and consultation with law enforcement. And then we
7 talked about security facilities for unattended buses,
8 because some of our school districts actually used to
9 let the school bus drivers take their buses home, and
10 so there wasn't a secured area. I mean, I remember
11 when I first moved to Leon County, you would see the
12 school buses all over the place, so there was no
13 secure area for those buses to go to.

14 Then we talked about just the physical
15 checks, the critical operations equipment on campus
16 during periods of increased alert, and then, of
17 course, maintaining the safe mail-handling procedures.

18 We also received some funding for training, and we've
19 been really fortunate in that we have several police
20 chiefs of school, and one of them is Jim Kelly with
21 Palm Beach County schools, and he has a Safe Schools
22 Institute. And I think, Bill, you've been fortunate

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1 enough to go and visit Jim in his facility, and they
2 provide incredible training, and so we gave them these
3 funds to provide training for all of our school
4 districts that were interested. And as you can see,
5 the incident command system, national incident
6 management system training for district personnel. We
7 had statewide meetings on best practices, exercise
8 development and technical assistance and training,
9 shelter-in-place training, access control, target
10 hardening training, and risk communication, so those
11 are just some of the things that we did.

12 Also, communication is very critical during
13 emergencies, and we spent dollars on improving our
14 communication system, and purchasing passive
15 repeaters, and that's kind of devices that amplify
16 signals to help responders, the bi-directional
17 application systems to improve, again, signal strength
18 and radios to facilitate communication. Those were
19 just some of the things that we did with regard to
20 communications.

21 We also received dollars to conduct a study
22 to research the needs for expanded emergency

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1 management responders, because I don't know if you
2 know, but in Florida, for example, just in Palm Beach,
3 you have very urban areas, and you have very rural
4 areas, you go into glades, and you have migrant
5 workers, et cetera, so how fast can responders really
6 get there if there's an emergency in the school, so
7 you need to teach your school administrators what to
8 do in those 15, 20, 30 minutes that it takes to be
9 able to respond to an emergency. So we've done a
10 study on that, and we haven't gotten the final results
11 yet. And we also purchased GPS units for all of our
12 school districts, because as you know in hurricanes,
13 sometimes all the street signs are gone, all the
14 landmarks are gone, and so this way they're able to
15 pinpoint where things are with this. That's something
16 else that we have done.

17 Another thing is, we received additional
18 funds a year ago, another \$1.1 million for more
19 communication, and also, for our K-20 - we're actually
20 K-20, which is that we include post secondary in our
21 Department of Education, and there's funds there for
22 campus warning systems, because campuses are so spread

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1 out. How do you warn the students of emergencies, et
2 cetera, so there has been dollars provided for that,
3 too. And the most recent legislative session, we were
4 given \$1.5 million for school safety emergency
5 preparedness system pilot. And, basically, what that
6 is, is we're going to be looking at having one large
7 district, two medium, and four small districts
8 implement this notification system. And it's going to
9 be multi-lingual, so that if there is an emergency
10 occurring that we can via email, phone call, cell
11 phones, communicate with parents to let them know
12 what's going on, but there's also another side to it -
13 you need to tell them about the football game, or the
14 homecoming parade, you can also do that, and FCAT,
15 you know, FCAT studying, so you can do that, too,
16 through this system. And quite a few of our districts
17 have already put into place these kinds of systems.

18 Julie Collins is the person that I hired to
19 manage all this for us, and she is my school emergency
20 management planning manager, and I actually hired her
21 away from the Emergency Management Division, and so
22 it's really nice to get someone with that experience

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1 and those contacts to come and work in education,
2 because she had so many contacts already made in the
3 field, and at the county level, so that was very, very
4 important to have that, again, that collaboration. So
5 with regard to emergency, I don't see us as a lead
6 agency, but I see us as an agency that needs to be
7 part of that collaborative process in order to make
8 sure that our schools know how to respond, and how to
9 prevent, also, emergencies. That's the piece that I
10 wanted to talk to you a little bit about, emergency
11 planning.

12 The next I wanted to talk about was school
13 safety, and it gets to some of the data, and I don't
14 know how much more time I have, about two minutes, one
15 minute? Okay. Just briefly, we do collect data on
16 school environmental safety incident report, and we
17 have -- our legislature gives us \$75,350 for safe
18 schools. And we also have best practices for safety
19 and security, and so just briefly, we collect
20 incidents of crime and violence on 22 incidents, and
21 we just added bullying and harassment. You can see
22 those are the incidents right there.

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1 We also show based on those 22 incidents of
2 crime and violence what was the resulting disciplinary
3 action, but we also collected based on those who are
4 non-students, too. It's a system that's in effect 365
5 days per year, 24 hours per day, so we try to collect
6 it on all aspects of school time.

7 This is just a trend to show you school
8 safety in Florida over times with the Violence Act
9 piece, and we did have a slight increase last year,
10 and that's mostly in battery. We saw an increase in
11 battery in our numbers. And, as I mentioned, we do --
12 our legislature appropriated \$75,350 for safe schools
13 activities. Every district gets \$50,000, the rest is
14 based on two-thirds the Florida crime index, and one-
15 third on weighted FTE. And what we found when we
16 survey the schools, they say that 50 percent of their
17 issues deal with behavior, and 50 percent deal with
18 safety and security, and so these are how they spend
19 these dollars. And I've included some slides there
20 for you on some of the activities for emergency
21 preparedness, for school safety equipment and
22 resources for the learning environment, and also

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1 student programs. And we really like this quote,
2 "Effective schools invest in systems and strategies
3 that prevent behavior problems, rather than relying on
4 compelling consequences to deter violent behavior."
5 Okay. And then the best practices for safety and
6 security, and we have 29 of them, and these are the
7 areas that they cover; as you can see, safety
8 planning, discipline, school climate, safety programs,
9 facilities, transportation, and we have best practice
10 indicators, and this is just an example of one.

11 And as a result, our districts are able to
12 assess their school safety, and to report that at
13 school board meetings, and to make decisions on how to
14 improve their safety, as well. And the last slide, I
15 know how to be safe, because I want all our kids to
16 feel that way. Thank you.

17 DR. LONG: Thank you very much, Lorraine. We
18 appreciate that. And next, Jon.

19 MR. AKERS: I'm afraid I got carpal tunnel
20 syndrome by clicking that so much. She gets off easy,
21 I only have ten slides on mine. Let me, first of
22 all, say to you all, thank you for you giving up your

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1 time to come here and to kind of pull all this
2 together, and kind of do all this hard work and sit
3 here and listening to us pontificate here all these
4 many hours of this day, so from Kentucky, we say thank
5 you for all that you're doing for us.

6 It's hard to be next to the last one. I
7 don't envy you. I don't want to repeat what everybody
8 else has said, but from the educator standpoint, I
9 really believe that what they're saying holds a lot of
10 water. I have troubles with research issues when you
11 can't really measure prevention issues, and that's
12 speaking as a high school principal for 25 years.
13 It's hard to measure our effectiveness until years
14 later down the road, and so I'm just going to kind of
15 say ditto to what our educator folks have been saying
16 here.

17 I've been invited to come here to give you a
18 different perspective. I think I'm kind of a stand-
19 alone here, if I'm not mistaken, as far as being a
20 Director of Center for School Safety, and are you
21 going to click for me? It's hard to get good help
22 these days.

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1 (Laughter.)

2 MR. AKERS: I'm on background right now. I
3 just wanted to tell you that I'm going to come to you
4 from a principal's perspective. I'm going to come to
5 you as a Director of a Center for School Safety. We
6 are independent from our state education agency, so we
7 are stand-alone. Sometimes we're seen as a watchdog
8 agency to be sure that our Department of Education is
9 doing the right things under school safety is
10 concerned. That's a media perception, that's not a
11 real perception. We have a very strong working
12 relationship with the Department of Education in
13 Kentucky. We do not receive monies directly from
14 Title 4s for our program. It's a stand-alone. You
15 want to go the next slide for me here. We are a
16 consortium of three universities, Murray State
17 University, University of Kentucky, and Eastern
18 Kentucky University, which I'm an employee of, and
19 we're the headquarters of the Center for School
20 Safety. We also have as a partner the Kentucky School
21 Boards Association.

22 Our funding comes from our general assembly,

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1 which was enacted back in 1998, which was House Bill
2 330. Our main task is to basically partner and
3 facilitate activities that will enhance school safety,
4 so in a nutshell, that's kind of like what we do.

5 Now who do we partner with? Well, we partner
6 with our number one partner, obviously, is our
7 Department of Education. In our state, we have
8 education cooperatives, which are basically eight
9 regions where all of the superintendents cluster in
10 one of these eight regions to work on common issues
11 and goals together, so we work with those folks. From
12 Bill's shop over here, the RCM grantees that have been
13 awarded grants in our state, we work with those folks
14 to see that whatever we can do to help facilitate what
15 they're doing in pursuing what they have said they
16 were going to do in their grants.

17 We work with our Homeland Security office.
18 We had Bill Modzeleski and some of his folks from the
19 Secret Service come to our state last year to do a
20 threat assessment workshop, as far as trying to look
21 at how do we try to identify would-be students who
22 were going to be violent in our schools.

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1 Just a quick aside, I think they were
2 thinking that we were going to have about 75 police
3 officers and 75 principal-types in there to kind of
4 work with this, and we had to shut down at 500. We
5 had basically a split house of about 250 principals,
6 and 250 police officers that work together on that
7 thing, really, really good session.

8 We work with our Office of Drug Control
9 Policy, and I go over to Maryann Solsberg, who came
10 over in February, and lit a fire for us over there.
11 She's awfully quiet. I'm really surprised how quiet
12 she is here, because she was just -- she lit my fire.

13 I haven't had a cup of coffee in five months, so
14 she's got me that fired up.

15 We work with the Department of Mental Health,
16 and I'm not a school psychologist, but when I hear
17 such stats that we have close to 20 percent of our
18 kids that are clinically depressed going to our
19 schools, we've got some problems. We need to get some
20 issues on the front burner here, and we work with our
21 folks with that. And, of course, just like Florida
22 does, and Colorado does, we work with our school

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1 resource officers and see what we can do to help them
2 out, as well. Next frame here.

3 Just kind of give you an idea of what we do
4 as an outside agency looking in here; we formed our
5 own emergency management guide back six years ago,
6 which definitely needs to be tweaked now, but we gave
7 them, and then we were just working with the three
8 phases, Bill, at that time, the preparedness, the
9 response, and recovery. It didn't get into the
10 mitigation issues at that point in time.

11 We have worked with in our alternative
12 education programs, and I don't know how it exists in
13 your states, as well, but some of our alternative
14 education programs span the continuum, from absolutely
15 wonderful to absolutely uh-oh, where we have some
16 alternative education programs where that's the last
17 stop for some teachers, and the last stop for some
18 administrators, so that's lose-lose when challenging
19 kids come in there. So we have hired, through a
20 program with our Department of Education using these
21 discretionary funds to send trained alternative
22 education specialists to work with those schools that

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1 are having troubles, or those programs that are having
2 troubles, and try to assist those programs in an
3 advisory way, not in a supervisory way.

4 Our hallmark service that we provide in our
5 state is a school safety assessment, which is a
6 climate and culture piece, that is a voluntary piece
7 that superintendents ask us to conduct. And, again,
8 those were through state monies, through the Title 4.

9 My board of directors have picked up on that, and now
10 totally funded, but it was because we had two years of
11 funding through discretionary monies that allowed us
12 to get this program, which we feel is very, very
13 important, up and running, and I think that's the way
14 it's supposed to be. We get the seed money from you
15 guys, and then we take it and run with it in the state
16 level.

17 A community service work project - boy, did I
18 hate to see those monies dry up. We had some
19 tremendous results on this, where we had kids in lieu
20 of suspensions going to community work service
21 programs. Plus, we put a major counseling component
22 in that - why did you mess up, and how could you avoid

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1 these things in the future, and give them some skills
2 on how to avoid those things, and we saw some
3 suspension rates drop as much as 75 to 80 percent.
4 And when we were looking at targeted use, we saw major
5 drops in that, as well. Some school districts had the
6 funds to go ahead and pick it up and run with it.
7 Some smaller districts couldn't do it.

8 We have been for the last six years working
9 with our State Department of Education. We report all
10 the board and law violations that escalate into
11 suspensions, corporal punishment, expulsions with
12 services, and expulsions without services. The PDS
13 obviously stands for Persistently Dangerous Schools.
14 Since we are the keepers of the data for the state, we
15 will issue a report card, if you will, to all 1,265 of
16 our schools in our state where they stand as far as
17 movement towards or movement away from our definition
18 of what is being considered as persistently dangerous
19 school. So those are some of the things where we have
20 interacted with our state agency by virtue of Title 4
21 monies, and so none of this would have gotten off the
22 launching pad hadn't we had those dollars here, is my

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1 point.

2 Some general comments, speaking out of both
3 sides of my mouth now as a principal, and as a
4 director, and as a proud father of a son who is a high
5 school principal now, as well, the reign of terror of
6 Akers in principalship still continue in Kentucky.
7 Title 4 monies need to be there. Ten years ago, 15
8 years ago when I was practicing as a high school
9 principal, I was more concerned about getting those
10 kids to pass that state test. I wasn't really
11 concerned about Osama bin Laden, I wasn't concerned
12 about school shooters, I wasn't concerned about a
13 whole lot of these issues. Even though I'm right next
14 to a airport, never thought about an air crash. Two
15 years prior to that, I was at another school where
16 there was a railroad track, never thought about
17 derailment, never thought about the all hazards
18 approach, but we have morphed from, as been mentioned
19 to you here today, from the alcohol, tobacco syndrome
20 issues, all the way through and including an all
21 hazards approach situation.

22 Now one thing that we're really trying to do

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1 in our commonwealth is to look at this teacher/student
2 connectivity piece. When I look at the documents that
3 Bill's shop produced, along with Secret Service, on
4 some of these issues about why kids were involved in
5 these heinous acts, there was a major disconnect
6 between the kids and their school, or the kids and the
7 adults in that school, so we're looking for ways to
8 find ways to enhance that connectivity piece, and that
9 could be through several of these programs that I've
10 got listed there; the Anti-Bullying Program. If
11 teachers really knew how they could really interface
12 with that, you would see a major connectivity piece
13 there. The threat assessment program that we talked
14 about earlier, I see a major need to breathe life more
15 into these student assistance teams.

16 I look at this from basically 200 plus
17 assessments that we have been directly involved with
18 in our schools, basically middle schools and high
19 schools. Staff need the support, they need to have
20 the training there. And, of course, this doesn't come
21 cheap. In Kentucky, people don't want to work for
22 free, so we have to pay these folks when they come in.

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1 They just don't do it out of the kindness of their
2 hearts.

3 Some ideas that I have that I want to throw
4 out on the table here - for those states that are -
5 and I'll say this with all honesty here - for states
6 that are lucky to have Centers for School Safety, we
7 can see a good partnership happening between the
8 local, excuse me, not the local, but the state
9 education agency and the state Center for School
10 Safety, not in trying to supplant any kind of existing
11 funds, but to getting creative, and maybe pooling the
12 funds together to see what we can do. You've heard
13 some wonderful stories. Just seemed like regular high
14 school, the custodian going down this time of day with
15 a cart going down there - but anyhow, looking at these
16 initiatives that we could do to consolidate our
17 efforts, we heard some testimony today about that, as
18 well; great things can happen when people really don't
19 care who gets the credit, but who want to go out there
20 and see what they can do to help effect change.

21 I think they need to have a needs assessment.

22 I think they need to see where they need to go, and a

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1 cooperative attitude. And a couple of other quick
2 things here, too, and this was mentioned, again, that
3 we need to train the trainers, and then we need to
4 have, for lack of a better term, booster sessions,
5 where we can re-up these people again. You know,
6 you've been trained in bullying. You've taken it, now
7 okay, what's happening three years down the road from
8 here? What do we need to do to re-up this a little
9 bit? Same thing with our emergency management
10 situation with some of the issues that we've seen
11 there.

12 Talking about emergency management - the
13 training, obviously, is critical. As I go into these
14 schools, I see dusted off copies that haven't been
15 really updated in several years. We are going to try
16 to do something about that, but moreover, now that
17 I've learned a lot more from working with folks up
18 here, there's a significant piece there in this, this
19 exercising these programs, and having functional
20 exercises are certainly desirable, so those are some
21 things we'd like to see kind of come up from, or come
22 down from the federal government to us saying hey, you

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1 need to be more engaged with these activities.

2 And, finally, trying to save you a little bit
3 of time here, I recommend that as you look at where
4 the Center for School Safety are located, and I'll use
5 Ohio, for example, because I collaborate with the
6 folks in Ohio and Indiana, and Mike over here in
7 Tennessee, we could have regional meetings, and we
8 could bring our SEA folks down, along with our
9 Directors for Centers for School Safety, and get into
10 brainstorming sessions - what's going on in Ohio
11 that's hot and neat and stuff like that. I'd like to
12 steal some ideas from you guys. Maybe we have
13 something down in Kentucky that you all could use, et
14 cetera. So I think that there's a whole gamut of
15 things that we could do, if we could find some way to
16 coordinate this thing and explore that.

17 Finally, I'd just like to reiterate the fact
18 that prevention is a very difficult thing to put a
19 measuring stick on. I just know what I've seen in the
20 schools over the years, that these prevention
21 activities have worked in anecdotal ways. Will it fit
22 some of the questionnaires that are out there?

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1 Possibly not, but I know that when we have fewer
2 suspensions, we have fewer assaults, when we have
3 fewer crimes in our schools, when we see drug issues
4 dropping off the face as far as the chart is
5 concerned, some good things are happening. Now how
6 people answer crafted questions on surveys sometimes,
7 as was mentioned here before, may not always get to
8 what's going down. Good things are happening with you
9 Title 4 monies. Thank you.

10 DR. LONG: Thank you very much, Jon.
11 Cynthia.

12 MS. TIMMONS: Is my time up?

13 DR. LONG: No, God bless you.

14 MS. TIMMONS: Yes, I hope he is.

15 DR. LONG: This group in front of you has
16 been here --

17 MS. TIMMONS: Wishful thinking. Go ahead.

18 DR. LONG: We've been here for 27 hours, and
19 you can rest assured that we want to hear what you
20 say, and you take as much time as you want.

21 MS. TIMMONS: Oh, did you all hear that, I
22 can take as much time as I want.

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1 DR. LONG: I'm just kidding

2 MS. TIMMONS: Oh. The clock is on, right?

3 The bells will ring kind of like the custodian going
4 down, when the bell rings, that means I'm through.
5 When I work in the prisons, when they come in for
6 count, I have to quit, too, so if we come in for count
7 now you know I'll be quitting.

8 No, I appreciate the opportunity. Thank you,
9 Chairman, and thank you members that are here to
10 listen and to hear what we have to say, to help you
11 make advised and informed decisions, as well. Do we
12 have all the answers? The answer is probably not. We
13 don't even know the questions yet, so I'm hoping that
14 today what I have to share will kind of summarize many
15 of the things that I've heard people say from the very
16 beginning this morning, and I've been here all day,
17 and glad for that. From the things that Jon said, I
18 thought I think he was looking at some of my slides,
19 because some of those things I will be saying, but
20 very briefly. And I've got my watch here, so I'll try
21 to keep it at 10 minutes.

22 Okay. The information that I gave you in

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1 your packets, and that you've had prior to this has
2 several slides in it. I'm not going to go over all of
3 those. I'm going to emphasize the assessment phase,
4 the needs assessment phase, because I think that's
5 something that's truly, truly vital and important, so
6 I'm going to look at 13 steps here very quickly,
7 because many of them have been talked about, but I'm
8 going to look at that assessment and the needs
9 assessment phase. And as I've listened to all of the
10 panels, one reason that I'm going to do that, and that
11 I want to keep it to that, is that when we've talked
12 about evaluation, we've talked about programs that
13 have worked, I haven't heard too many say that
14 sometimes they've not been effective. Well, you know
15 what, sometimes they haven't been effective because
16 you're not measuring the right thing. You don't know
17 truly what your problems are in your school, so if
18 you're measuring Second Step and violence prevention
19 isn't your number one program, you may not get the
20 scores that you want, so I am going to emphasize the
21 needs assessment, and that this is kind of a checklist
22 of looking at the needs assessment, looking at what

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1 you need to do in generalities. I'm not going to look
2 at a specific school district. I'm not going to look
3 at a specific state. I've worked in several, but I'm
4 going to be looking at, in generalities, what do you
5 want to look at in each one of these comprehensive --
6 for a comprehensive prevention program. And look at
7 promising programs and practices, if you will.

8 And if I get off on the slides, Debbie, will
9 you tell me like you did before. Okay. Am I on
10 number one? All right. Well, first of all, we can't
11 separate focusing on academic achievement from safe
12 and drug free schools. We just can't do it. And I
13 think too often we fragmentize that, and we've looked
14 at our academics, and we've looked at our safe and
15 drug free schools issues as separate issues. It is
16 not. It is the same. We need to look at it together
17 collectively, collaborate, and work together on that,
18 and so that's the first one that I want to look at.
19 We, too, as Safe and Drug Free Schools educators, need
20 to look at that.

21 Okay. The second one is to involve the
22 family in meaningful ways. Again, that's the

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1 Principles of Effectiveness. We need to look at and
2 work with our families. Only when we work with our
3 families are we truly going to make an impact, are we
4 going to make a difference. Are they going to listen
5 to us, only if we're listening to them. I mean, in
6 meaningful ways, not bring the cookies through the
7 door, but I mean truly listen and put them on our
8 advisory boards within the schools, and listen to what
9 they have to say, as well as what the children have to
10 say.

11 The third one is developing those links to
12 the community. We've got several links with all of
13 our communities, the rural communities we're working
14 one school in Illinois, very, very small rural school,
15 and what they use were the Schools Within The Schools.

16 They use their high school students as mentors for
17 their elementary students, because they didn't have a
18 lot of resources, but a lot of things happened by them
19 doing that, so link to whatever resources you have
20 within your school.

21 Also, to emphasize the positive relationships
22 amongst students and staff, and I heard Jon talk about

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1 that, make sure that your students and your staff have
2 equal and mutual respect for each other. I've seen
3 too many administrators and too many teachers many
4 times not respect their students. The respect goes
5 both ways, and I think that's really important when
6 you're looking at a comprehensive plan for your
7 schools.

8 Another is to discuss those safety issues
9 openly, make sure that you're talking about them.
10 Just because you talk about them isn't going to make
11 them happen. You need to talk about them and get on
12 the same ground work, get on the same framework, make
13 sure your terminology is the same, and work together
14 there.

15 Again, I've gone back to the treat the
16 students with equal respect, and it goes along with
17 slide four, and that was that positive relationships
18 between the students and between the staff. There
19 needs to be that positive relationship, respect
20 absolutely the students for the teachers, but also to
21 make sure that you have that positive working
22 relationship with that. Many ways that we've done

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1 that in some of the schools that I've looked at as far
2 as student assistance programs, the teachers are
3 mentors with their children, and sometimes silent
4 mentors, especially with their high school students.
5 They don't want to be thought of as needing a mentor,
6 but to be silent mentor with someone, to ask them
7 about how they're doing, to go to their wrestling
8 match, to go to their choir meetings and things like
9 that, is really, really important.

10 And, again, mentioning student assistance
11 programs, create those ways for students to share
12 their concerns. Many times they don't feel like they
13 have any place that they can go to share those
14 concerns with. Our student support groups, the
15 opportunities for children to meet with and youth to
16 meet with their faculty and staff need to be made
17 readily available for those students. We also, number
18 eight, we need to help those children feel safe in
19 expressing their feelings. How many times do we say,
20 if any of us in this room have said oh, you shouldn't
21 be angry about that; oh, you shouldn't be mad, you
22 shouldn't be sad. Baloney. If they're angry, they're

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1 angry. Acknowledge it. Let them know that they can
2 express their anger in appropriate ways. If they
3 express their anger, and they say okay, well if this
4 isn't angry, then maybe I should show them what angry
5 is. Okay? So we need to help them, and share with
6 them ways to express those feelings, and listen to
7 their feelings.

8 We also need to have a place and system for
9 referring the children who are abused, children who
10 are - their parents are going through divorce.
11 There's children who have parents in prison. We need
12 to let them know it's okay, that they have someone
13 that they can talk to, to come back to. And any of
14 our violence prevention programs, in any of our safe
15 and drug free schools programs, we need to look at
16 that.

17 We also need to offer those extended day
18 programs. The little girl that I mentor in my
19 program, Children of Promise, both of her parents are
20 in prison, and she's been raised by a grandmother
21 that's trying to work full time, and doesn't get off
22 until 5:00. I don't know what she would do without a

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1 full day, without an extended day care that's positive
2 in nature, that allows for some tutoring, that allows
3 for some positive interaction with some adults,
4 extremely important in our Safe and Drug Free Schools
5 programs.

6 We also need to promote that good citizenship
7 and character. I can tell you since I've started
8 working with children of prisoners, they sometimes
9 don't know what good citizenship is. They really
10 haven't been taught that. They do not know. We need
11 to advise and not let the parents know that they are,
12 indeed, their first moral teachers, and we know that,
13 and we need to acknowledge that. We also need to help
14 them and teach them, re-teach them, if you will, some
15 good citizenship, and good character education.

16 We need to identify the problems and assess
17 the progress toward those solutions. How many times
18 do we as educators, do we as parents, look at the
19 problem, but we never move into the solutions. One
20 thing that I've used with middle schools, if you're
21 not a part of the solution, then you're a part of the
22 problem, so we need to talk about solutions as we

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1 identify those problems. And last but not least, we
2 need to support those students in making that
3 transition. These students, and especially at the
4 high school, are scared to death to move into
5 adulthood, as we know it; to move into what am I going
6 to be when I grow up, because we try to make them
7 decide that right now. How many of you are in the
8 same career that you were thinking about when you were
9 in elementary or middle school? We need to help them.

10 We need to have some of the things that Jon and some
11 others have talked about, and work study programs, the
12 opportunity to move forward, and to help our children
13 make those decisions, not to make the decisions for
14 them, but to help them in those decision making
15 skills.

16 Those are the 13 key points that I wanted to
17 bring out, that I wanted everyone to make sure that
18 when you're working for a comprehensive violence
19 prevention program, that you look at each one of these
20 and say am I doing this? Am I doing this? Am I doing
21 this, as you go through those programs that you're
22 looking at. And as we look at the seven elements of a

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1 promising program, make sure that they have these
2 seven key elements in place, that it's comprehensive.

3 Again, it's not a stand-alone program, it's not the
4 Safe and Drug Free Schools program versus No Child
5 Left Behind, versus the Math Department, versus the
6 English Department, but it's everyone working
7 together, a comprehensive approach, that we have an
8 early start and a long-term commitment, that we don't
9 try to get it all done in one year. We can't, but we
10 look at what's imminent, what we need to right now,
11 and that we make a long-term commitment to that.

12 We must have strong leadership, strong
13 leadership does not need a disciplinarian that's over
14 your head cracking the whip. It means strong
15 leadership to look at promising programs, to look at
16 changes, to look at what's happening in your school.
17 Just because you did something five years ago doesn't
18 mean it's going to work in today's time, so have that
19 strong leadership that could have action with it.

20 Also, staff development. Staff development,
21 as we've mentioned before, and that's why I said, he
22 was looking over my shoulder here, staff development

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1 means staff development, means staff development, not
2 once, but many, many times. Repeat it, and implement
3 it, make sure that those development programs and
4 those books are dusted off and read, and re-read, and
5 revised as the need be.

6 Also, look at the family involvement. We
7 have to look at the family, including our
8 grandparents. Guys, our grandparents are raising more
9 and more of our children right now, and if we don't
10 include them as part of the family, if we don't make a
11 56-year old woman as welcome in our schools when she's
12 raising a first grader, as we do a 25-year old mother,
13 then we've made a mistake. If we don't start looking
14 at all avenues of all of our family involvement, and
15 make them feel welcome, and not that oh, well this PTA
16 is for 30 and under, and I'm 60, and I've heard that
17 be said by grandparents that I work with, saying I
18 don't feel welcome in the schools as a first grade
19 mother, so we need to be sure that we look at the
20 family development, and the family involvement.

21 We also continually need to work with that in
22 our generation of partnerships, and those community

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1 linkages that I listened to before. And as we've
2 talked about being culturally sensitive, make sure
3 that we're developmentally appropriate, make sure that
4 we have the books and everything in the languages
5 which are in schools, and who is it that said they had
6 69 or so languages in your schools - make sure you
7 have a common language. Someone here, I respect this
8 morning, that they had an interpreter here for those
9 that needed it, and that was excellent.

10 The last slide that I have up here, this is a
11 quote that I love, and it's from - and I don't know
12 who it is here - from Howard Adelman. And I think it
13 just kind of puts it all together, and it talks about
14 fragmentation. It says, "We must avoid fragmentation
15 in implementing programs. The concepts and preventing
16 and responding to violence must be integrated into
17 effective school reform, including socially and
18 academically supportive instruction, and caring and
19 welcoming atmosphere, and providing good options for
20 recreation and enrichment." And I think that just
21 says it all. I think pulling that all together is so,
22 so very vital, and so very important.

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1 And the last slide, it's going to take us
2 all, each and every one of us around this table and in
3 this room, and outside this room and within our
4 states, to make that difference. Thank you.

5 DR. LONG: Thank you very much, Cynthia.
6 Thanks to all of you, and we will now turn to
7 questions from the committee so that we can interact.
8 So we'll entertain questions from committee members.
9 Fred.

10 MR. ELLIS: I don't know how to begin this.
11 One of the, I don't know, frustrations from little
12 piece of the world is coming like Ed did, from the
13 world of law enforcement over to school security, is
14 that there seems to be almost an exclusive emphasis on
15 the federal level, particularly at the Department of
16 Education, on prevention programs. And I don't say
17 that to say that prevention programs are bad. I think
18 in the world of crime fighting, prevention is the
19 ultimate crime fighting mechanism, or emphasis. But
20 in the world that I come from, crime fighting
21 basically is made up of the three-legged stool; one
22 is, prevention, another one is deterrence, and another

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1 one is enforcement. And it's my perspective, or my
2 impression that while there's this tremendous emphasis
3 on prevention, which is a good thing, there's almost
4 none on the deterrence and enforcement. And,
5 specifically, looking at and evaluating technologies -
6 Ed talked about technologies in terms of dual access
7 technology, video surveillance, student I.D. cards,
8 use of force issues. We heard on the emergency
9 management piece where not only, of course, Department
10 of Education, but DHS, FEMA, particularly FEMA comes
11 out with publication, for instance, that makes all
12 these recommendations for education facilities, such
13 as bomb resistance coating on all of your glass.
14 Well, Fairfax County, I have more than 25 million
15 square feet of space, that's more than four Pentagons.
16 I don't think the Pentagon has yet to do all of their
17 glass in bomb resistant coating, so to come out and
18 suggest that we should somehow come up with funding to
19 address these issues, bomb resistant trash
20 receptacles, these kinds of things, thousand feet
21 stand-off parking. Really, we don't even have the
22 land. The schools already exist, so it's a very

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1 frustrating position for us to be in, to listen to
2 other people suggest how we should be, one, protecting
3 our schools and doing these prevention programs, but
4 providing no funding, no assessment particularly of
5 the technologies to do some of those things. And it
6 was interesting, Lorraine, you talked about the - and
7 correct me if I'm wrong - you talked about \$3.3
8 million, I think you got from DHS, and that was for
9 the State of Florida, which sounds like a lot of
10 money, but you and I both know that's a pittance. We
11 did two generators, emergency generators in Fairfax
12 County, \$1.2 million. Two buildings of the 247 that
13 we have, so my point is it's very frustrating from our
14 end, so I'd like to hear from you guys to see if I'm
15 just nuts, or have I really hit on something, and
16 would you like to see somebody at the federal level,
17 whether or not it's Department of Education, and in
18 this office, this program being the right ones to do
19 that. But, personally, I would like to see -- I think
20 -- Bill, correct me if I'm wrong - didn't you guys
21 partner up with NIJ years ago and did the thing with
22 Sandia, and the video surveillance thing. It was a

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1 great piece on making recommendations on video
2 surveillance, but it would be great see some stuff on
3 dual access technology, student I.D. cards, those
4 kinds of things, and I would like to hear if you guys
5 echo that.

6 MR. RAY: I won't make a comment on whether
7 you're nuts or not, Fred. I won't make that comment
8 regarding whether you're nuts or not.

9 It is frustrating to us that are more geared
10 towards the non-educational program issues, and that
11 we are always trying to come up with that latest way
12 of making the classroom safe, whether it be through
13 programs, character education, certainly classroom
14 management issues. But the one thing we, at least I
15 in Denver, and most of my counterparts around the
16 country are charged with, is making sure that our
17 students, our staff members, and our facilities - we
18 can't forget facilities, because without a facility,
19 without the computers in the facility, without all
20 aspects of that, four corners of that building, we
21 don't have education. And we tend to think about
22 security from an eight to five, Monday through Friday

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1 concept, and I assure you that it's much, much deeper
2 than that.

3 Now we have, and Bill's probably tired of us
4 talking about this, but we have very little access,
5 unless you are a true law enforcement entity. And
6 some of the school districts in the country are law
7 enforcement entities, their own police departments,
8 ISDs. Michael over here from San Antonio is the other
9 school districts. We do not have access to Department
10 of Justice, Homeland Security dollars. They go
11 directly to law enforcement; and, therefore, when --
12 if we're fortunate enough for anything to come down,
13 which for most of us is not the case, the money we
14 count on is the money that comes out of DOE. Those
15 dollars are out of our taxing our own public for
16 monies -- for the majors. And Fred is right, we can't
17 create these thousand foot barriers, there are so many
18 things we cannot do, but there's a lot of things we
19 can do if we have the dollars to do it. And I
20 personally think access control, I think student
21 identification cards, I think knowing who is coming
22 into our campuses not only during school day, but

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1 around the clock. A school that's taken out because -
2 give you an example in Denver, we just had a burglary,
3 \$27,000 burglary of computers, \$27,000 worth of
4 computers in one school overnight, and the cameras
5 caught it, and we got them back. That school was able
6 to open this morning, as a matter of fact. Without
7 the cameras, that technology, and the intrusion alarms
8 to back those up, we would not have gotten the
9 school's computers back. One computer lab taken out
10 of -- just wiped out. Those types of technologies are
11 so critical, but they are also so difficult to
12 maintain, to keep them running, to keep those things
13 going on a 24-hour, 7-day a week basis, we can't
14 forget school security is a 24/7 operation, and we
15 need those funds, wherever they come from, whether
16 from Homeland Security, Department of Justice. I
17 agree with the comments about NIJ, the research
18 programs. NIJ has done a tremendous job for us in
19 taking a look at applicable technologies, and we need
20 to continue those programs, Bill. We need to get
21 those things hooked back up, so we know that what
22 we're doing from a technology point of view, at least,

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1 are those things are working.

2 MR. AKERS: I'd like to just maybe comment
3 just real quick on the behavioral side, rather than
4 from the criminal side on this situation; that as far
5 as deterrence are concerned and enforcement, I hope I
6 would get some support here from principal, the
7 colleague over here, but there are some programs out
8 there under the umbrella, huge umbrella called
9 "instructional discipline". It could be the CHAMPS
10 program, it could be the Peebis program, Rob Horner,
11 George Sugai, Randy Sprick, whoever - they're teaching
12 kids, actually, they're teaching teachers to be
13 consistent, first of all. Then if all the teachers
14 are pulling together consistently on what they're
15 asking these kids to do, then we're seeing a greater
16 compliance issue. That articulates back over to your
17 shop, Ed, that if the kids are complying to civil
18 issues with the teachers, then some of the crime
19 issues might come into lockstep as far as that
20 behavior thing is concerned, as well.

21 Being the first high school principal in our
22 State of Kentucky to enforce mandatory drug testing

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1 for athletes, we saw a major change, and we saw
2 something really weird happen, where we actually had
3 non-athlete kids come up to me and say can we start a
4 club for drug-free non-athletes, where we have to
5 offer a urine sample to get into the club? Now I
6 said, you want to hold that club in a closet because
7 we only have three kids that could come into that. We
8 had over 700 kids step up to the plate. We had
9 wonderful businesses give us - in fact, I still carry
10 the card in my wallet here, which I can show after
11 hours for you all - where they were offering discounts
12 for kids who tested negative as far as the drug tests
13 are concerned, had the card, sanction card, would go
14 in and get discounts. We let kids come into our
15 athletic contests absolutely free because they were
16 drug free. We got them at the concession stand -
17 that's where we got the money - a little bit more salt
18 gets more Coca Cola, but anyhow, bottom line here is
19 that there are some deterrent programs out there. Now
20 are they the end-all/be-all, the answer is no. Are
21 they a step in the right direction, I said I
22 definitely think so. And so we're seeing more and

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1 more. This lady over here lit a fire, we went from 46
2 school districts to 72 school districts within six
3 month period of time that are engaging in student drug
4 testing for athletes, and for extra curricular. And
5 because of our Safe School assessments that we do,
6 which I think is a deterrent, as well, we've had four
7 schools in our state that had open lunches, and that's
8 an accident waiting to happen, you know, where kids
9 can leave campus unsupervised, and that becomes a law
10 issue, as well as a school issue there. We've had
11 three out of the four closed because of our
12 assessments, and saying what a negative issue that is
13 as far as impacts on drugs and behavior, and crime is
14 concerned, so there's some deterrent issues there, as
15 well, that principals are trying to fight with day in
16 and day out.

17 MS. ALLEN: I just want to speak to the
18 technology piece, again, and we had districts that
19 have quite a bit of funding, and so they're able to
20 use the technology, the key to check I.D., et cetera,
21 but there's other districts that don't. And so based
22 on their needs, they're going to determine if they're

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1 going to use those dollars for technology, and so
2 that's something that gets back to, you know, we
3 talked about assessment all day, but it's based on
4 your needs, and with the dwindling resources, how
5 you're going to use those dollars. And we do have
6 some districts that that is so important to them, they
7 will put it in, for example, my county - they had the
8 RAPTOR system identification, and so that's a
9 technology that's used. So it just depends on their
10 need, and the funds available. Would we like to see
11 more funds for people to use that? Yes, but then you
12 have to measure, based on other needs, as well.

13 DR. LONG: Montean, question.

14 MS. JACKSON: Hi. And, again, thank you all
15 for coming. I'm from Alaska, and something that has
16 come up for many of us as we've discussed on the
17 breaks, is the active versus passive consent. And I
18 was wondering could someone talk a little bit about
19 that, and some of the strategies that you've used to
20 kind of get the students to participate in the
21 surveys, and get your families involved. And one
22 other piece on evaluation, on evaluating your

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1 ancillary programs. We've heard a lot about evidence-
2 based curricula that's delivered in the schools, but I
3 think for many of us, we probably know that with that
4 goes hand-in-hand some other support systems that need
5 to be in place, as we have students coming to school a
6 lot more challenged, and receiving -- perhaps even
7 taking medication and receiving some other kinds of
8 services in the community, so how are you evaluating
9 those components, that it's not just the prevention
10 piece, but it's also the intervention component.

11 MS. ALLEN: Well, could I speak to one way
12 that with active versus parental consent in our
13 Florida Youth Survey effort. I do have some slides on
14 that, was unable to show them to you, but we actually
15 worked with other state agencies for our Florida Youth
16 effort, and it includes Florida Youth Substance Abuse
17 surveys, and our Youth Risk Behavior survey, and our
18 Tobacco survey, in addition to our Physical Activity
19 and Nutrition surveys, and one of the things, because
20 we're using DCF dollars, which is Department of
21 Children and Families, we, of course, don't need
22 active, but passive - we go ahead and we tell our

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1 school districts that it's voluntary, that we're going
2 to be doing these surveys. And some of the districts,
3 because of local control, have decided that they will
4 make sure that the parents say yes or no, and others
5 will say well, we'll let them know the surveys are
6 there, we'll let them see the surveys, et cetera, just
7 to try to get the number of students that we need for
8 appropriate sample sizes, so that's one area that we
9 use another state agency and their dollars to be able
10 to do our Youth surveys.

11 MR. AKERS: I'm not sure if I understood your
12 question all together, but you were phasing into what
13 I'm calling co-occurring issues that kids have, and
14 how do we, at the state level, address those issues?

15 MS. JACKSON: It was actually how are we
16 evaluating the schools that are not only implementing
17 evidence-based curriculums in the schools, but also,
18 are providing those additional services that students
19 are in need of to show effectiveness to the Safe and
20 Drug Free Schools programming. Yes, is there anybody
21 evaluating those alternative programs in conjunction
22 with what they already have in place?

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1 MR. AKERS: I'm not a state coordinator of
2 that situation, so I have to defer over to --

3 MS. ALLEN: We're not evaluating programs
4 that-- we're not evaluating intervention programs, no.
5 I mean, our office doesn't do that.

6 MS. TIMMONS: I think that's more from the
7 state education agency, and I think more of our state
8 education agencies are looking at the Principles of
9 Effectiveness as a tool to do that, so they're looking
10 at all strategies, not just the programs but the
11 strategies they're putting in place to meet their
12 need, so they're looking at their needs assessment of
13 what they need to do, and the strategies to make those
14 difference. And then as they go back and evaluate are
15 they making that difference, then there are several
16 strategies in there that look at that, but a state
17 education agency person would be better to answer
18 that, I think.

19 DR. LONG: Hope.

20 MS. TAFT: Thank you all for coming, because
21 you've broadened my perspective of what it means to be
22 safe schools; but yet, knowing that the title of this

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1 program is Safe and Drug Free Schools and Communities,
2 how would you all recommend that the program be
3 tweaked or reinvented to become -- to keep what's good
4 in it, but also enhance it in some way?

5 MS. TIMMONS: I think one thing, Hope, that I
6 would do that I would like us to look at is to take
7 down those territorial walls. I think there's too
8 many territorials and boxes that we're in, and I think
9 we need to step outside those boxes in some ways, and
10 make some change among ourselves, not just here, but
11 with all of the colleagues that we work with, or that
12 we need to work with - Juvenile Justice with all of
13 the different programs, Homeland Security, et cetera,
14 et cetera, that we all need to look and see what is
15 our piece in making a difference, how can we work
16 collectively together, and I think it was Jon that
17 mentioned that, and we don't care who gets the credit,
18 as long as it makes that. What's happened, though, is
19 that Safe and Drug Free Schools is making a
20 difference. They're making an impact, and other
21 people are taking some of that credit, so we need to
22 look at that, as well. But as we look at the changes,

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1 we need to, first of all, contact every one that's at
2 the table who makes those changes, and look at the
3 five Cs, and then go back up to communicate, and then
4 communicate among each other, look at each other, talk
5 among ourselves, and then cooperate, cooperate with
6 each other, give each other the strokes that they
7 need, and to cooperate, and then to collaborate, and
8 truly to coordinate our efforts together to maximize
9 our programs. We could all, across the governments,
10 across the school boards, across the communities, we
11 could make a difference if we collaborated,
12 coordinated, and all worked together up that, what I
13 call the five Cs of making change in our efforts.

14 DR. LONG: Thank you.

15 MR. RAY: Could I respond, just a quick
16 second. I would just like to add that from my
17 perspective, I guess, and I think I've talked to
18 others about what can we do, is first and foremost, is
19 acknowledgment that times have changed. We talk about
20 stress levels of our children. You know, they're
21 dealing with things that most of us in this room never
22 had to deal with, and we talk about terrorism, we talk

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1 about pandemic flus, we talk about 1918. Well, how
2 many people died, I guess in 1918, is that somewhere
3 close with the various flus. Not only do we deal with
4 the issues that we have to acknowledge those issues
5 exist today, but we also have to acknowledge the fear
6 factor of our parents and our teachers. And I'm not
7 sure we do a real good job of understanding that
8 parents are sending their kids off, under concerns
9 that will they see them at the end of the day? And
10 they expect all of us to make sure that they do see
11 them at the end of the day. And that acknowledgment
12 has to come from where we are today, not where we were
13 25, 30 years ago. Things have changed, and I think we
14 have to acknowledge that we're living under different
15 times today, especially in the past decade or so.

16 MR. AKERS: I think one other thing too, Ms.
17 Taft, that when you look at school administrators,
18 they have the Jerry McGuire philosophy - show me the
19 money. And they've been used to getting monies from
20 state levels, used to getting monies from the feds, as
21 far as these things, and I think there's a certain
22 amount of an entitlement added, too, that some school

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1 administrators have, so now we're going to have to
2 show them the reason not to give them money if we do
3 get outside the box and find another way to reallocate
4 the situation. And so I would think that you would
5 need to get the stakeholders together and say okay,
6 let's all think outside the box here state-by-state,
7 and it may not be just a situation where we need to do
8 it nationally, but just give the option out there for
9 school administrators, superintendent-types,
10 principal-types that come to the table and say okay,
11 if we were to reconfigure this and re-allocate this
12 money within our state, rather than going out where
13 you don't get enough to even - I think one of our
14 school districts gets like \$1,015, something like
15 that, what are they going to do with that? But if
16 they cooperatively shared that monies within maybe
17 regions within the state or whatever, they might be
18 able to enhance some regional training, some things
19 like this where they could maximize their monies. And
20 then, also, I think we need to ask people, you know,
21 like Lorraine was saying, look at all the
22 collaboration that she's got going on with her state

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1 with all those folks. I'm sitting here in absolute
2 envy. Well, you know, Homeland Security invites us to
3 sit at the table, but we're at the back part of the
4 table. Homeland Security hasn't offered me a penny
5 yet, and yet we're the ones that they're going to come
6 to when a disaster happens saying can we put the
7 refugees there. And all I want is a fair seat at the
8 table for educators to be able to access some of the
9 monies. Of course, she's a lot better looking than I
10 am, so maybe that's an issue. I don't know.

11 (Laughter.)

12 MR. AKERS: But that's what I was thinking
13 about, maybe one year rotate off and see what might
14 happen. But, again, you would have to have a
15 grassroots agreement among the administrators in your
16 state before you tried to even get there, or else
17 they're going to start going to their Congressmen
18 saying hey, they're screwing with our money. Now back
19 them off from this thing because I want my \$1,015
20 back. It's hot potato.

21 MS. ALLEN: Well, to piggyback, also, with
22 regard to the collaboration issue; I would love to see

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1 at the federal level the prevention system in place
2 that all the federal state agencies that deal with
3 prevention, what their common goals are. And then
4 look at it at the federal level, because at the state
5 level, what we've done is we work with Children and
6 Families, and Health, and Juvenile Justice, and the
7 Office of Drug Control, and we have our own statewide
8 prevention system. All of us bring something
9 different to the table, but yet, I would love to see
10 that at the federal level, what are you all doing at
11 the federal level to do that, and what goals are you
12 setting as a federal government, and see what the
13 states are doing, as well. And what we found with our
14 prevention system is that then our LEAs kind of want
15 to mirror what we do, and that collaboration is really
16 improved collaboration.

17 I feel so fortunate when I come to national
18 meetings because we have very good rapport with
19 Children and Families, and Juvenile Justice, and the
20 Governor's office, and we really do all sit down
21 together, and we like to tease the reason why is
22 because most of them started in education, we just

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1 farmed them out to those other state agencies so that
2 we all have a common goal. But I'd like to see that
3 common prevention goal. I don't know if that existed
4 at the federal level, but we're working on it at the
5 state level. It's hard. It's not a simple job, but
6 we are, so that we can pull together the data we need
7 with limited resources, the fact that we can have our
8 Youth survey and Children and Families pays for it. I
9 mean, how incredible is that? And we do other things.

10 We have a prevention conference coming up in
11 September, and all these players, all these state
12 agencies are putting that together, so that's one
13 piece I would like to see, I think would help if we
14 see what the feds are doing.

15 The second thing to go with what Jon had
16 mentioned was, we do have 72 LEAs, and some of them
17 are pretty tiny, and so we have a built consortia.
18 And what's really nice about that is they tend to be
19 our smaller rural districts, and they tend to be near
20 each other, and so we're able to maximize our dollars
21 that way through either a consortium, or the two
22 consortia that we do have, so it's another way that I

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1 would like to see those states that have so many LEAs,
2 perhaps look at what Jon had mentioned, and
3 regionalize some of the activities, and to be able to
4 set some common goals and work on those. And we
5 talked about the current law, we now are required
6 through the Uniform Management Information Reporting
7 System to have this common set of uniform data, and we
8 have been working since the mid-90s on trying to come
9 up with, across our state, data for crime and
10 violence, our substance abuse surveys. And we're
11 tweaking it, and we're tweaking it, and we feel we're
12 in pretty good shape that we can across the state look
13 at that if fighting is happening in Baker County, it
14 means the same thing as fighting in Miami-Dade,
15 because we spend so much time training our school
16 administrators and staff on reporting that back to us
17 through our automated information system that we have.
18 So for that piece, I think we could get some common
19 elements.

20 And then I really would like us to revisit
21 the criteria by which the PART scores our program,
22 just to ensure that the program is looking at our

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1 program outcomes, and that they are aligned. And in
2 revisiting the criteria, work with out states to
3 determine the best program indicators to use to
4 reflect program performance. I think that would be
5 really useful for us, as well. Those are just a
6 couple of things I think would improve the program,
7 but I think it's critical that you have the states
8 receiving administrative and state activity dollars
9 because we can really maximize the use of those
10 dollars across out entire state. And again, our state
11 is huge, Florida is huge, and we're able to do so much
12 with such little dollars because of that, because then
13 we bring in all those collaborative partners by having
14 the infrastructure in place. Thank you.

15 MS. TAFT: I have to agree with you. Having
16 a single definition for prevention in your state with
17 all agencies and departments buying into it makes a
18 tremendous difference. Ohio has just gone through
19 that process, and it's like night and day.

20 DR. LONG: We have about two minutes left,
21 and the order is Shep, and Susan, and then we'll --
22 Shep, go ahead. I'm sorry.

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1 DR. KELLAM: I was fascinated, as was Ms.
2 Taft, and I'm sure everybody sitting around here, with
3 the breadth of what you all are presenting. It goes
4 far beyond - I mean, as the day has unfolded, the
5 picture has gotten very much more enlarged, somewhat
6 out of focus in some areas, but very much larger. The
7 role of research in all this, whether, in fact, this
8 is antagonistic research managing to impose itself in
9 certain ways that don't make any sense or not, all
10 kinds of issues that need to be resolved. One of the
11 things that's not come up, and comes out of a lot of
12 research is the importance, as Ed pointed out, of
13 classroom behavior. I think it was you - classroom
14 behavior management, and we've been doing research on
15 that for 40 years literally. The two great
16 risk factors for aggression and trouble with drugs
17 later, in fact, are school failure and aggressive,
18 disruptive behavior as early as first grade, and
19 actually earlier, but those two risk factors have been
20 the subject of an incredible amount of research. One
21 of the things that's become clear, and we've tested
22 methods, is that roughly 50 percent of the first grade

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1 teachers in Baltimore, the Baltimore school district
2 being our close, very dear partners in our work, is
3 that about 50 percent of first grade teachers don't
4 have the tools to organize the classroom. And when
5 you actually look at schools of education, they don't
6 even require, it's not required by NCADE, the
7 accreditation nationally of schools of education, and
8 teachers have very little background. And about 50
9 percent do it, apparently, intuitively, and the other
10 50 percent don't.

11 Now imagine kids coming into first grade
12 classrooms who are not very well prepared to be
13 students, or have some attentional difficulties, or
14 who haven't been socialized at home to be students.
15 When a teacher says sit still and pay attention, what
16 happens? Chaos, so you end up about eight or ten
17 weeks later after random assignment, literally, of
18 kids to classrooms and teachers to this kind of
19 condition or that, or standard conditions, and about
20 half the classrooms are chaotic. And it's out of that
21 chaotic half that you see an enormous amount of later
22 problems, so I'm trying to illustrate two things. One

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1 is, how research can really help tease out what the
2 early risk factors, and what works and what doesn't
3 for which kids. But another issue is, schools of
4 education don't show up in these conversations. You
5 go from one place to another, one meeting to another
6 with the National Prevention Coalition or what, or
7 Society for Prevention Research, and never hear about
8 schools of education, so what I'm really concerned
9 about is how we reach out and integrate.

10 Student teachers get so little field
11 experience before coming into a first grade classroom,
12 or any other classroom, it's incredible. As an M.D.,
13 when I think back over 12 or 15 years of how people
14 taught me how to think about cardiovascular, or
15 psychiatric, or whatever, it doesn't make any sense.
16 It's no easier to teach reading than it is to do
17 medicine. That's the facts. I know, because I've
18 been around medicine all my life, and I've been around
19 classrooms all my life. It's a very complex, highly
20 precise process of instruction, and many school
21 districts don't have the coaches, or whatever.

22 I'm raising the question in the context of a

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1 big speech, but I just wondered whether you all could
2 help enlighten us. I mean, surely, where are schools
3 of education in all this, where is teacher training?

4 MR. AKERS: One of the biggest frustrations I
5 had when I first started my role as a director, I
6 addressed all 29 deans of the colleges of education in
7 our state, and it was like I was slapping them in the
8 face saying that we really need - and I was being very
9 diplomatic when I was talking - have you all looked at
10 having your secondary teachers primarily given some
11 kind of behavioral management class? Now your
12 elementary teachers in our state get it, but when I
13 did a survey within our state, and I had 80 percent
14 return rate on this thing, those who were in secondary
15 education, only 15 percent of them had behavioral
16 management classes taught to them by the colleges, and
17 those are the people who were leaning over into the
18 special education areas. And I have 35 years into
19 this, and I don't have a doctorate in this, but I have
20 60 years above my Master's degree, and I had never had
21 the first class on how to sit across the table from a
22 kid, or how to handle the angry parent coming in, and

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1 how to deal with these issues on de-escalation. Fast
2 forward 30 years later and Jon Robert Akers, Jr.
3 sitting over there at Woodford County High School
4 never had the first class. You would think 30 years
5 later he would have had something like that. And fine
6 institutions, all governed by NCADE and Southern
7 Association, and all the associations that go along
8 with this, I think the deans of colleges of education
9 need to have a freshen up and say let's take a peak at
10 this, like Ed says, the times have changed. And the
11 kids today aren't fearful of a call coming home from a
12 teacher. And I'm sure us boomers in here remember
13 those days when we didn't want to have anybody call
14 home on us.

15 MS. ALLEN: Perhaps one of the players who
16 should be at the table then would be post-secondary
17 education, as well represented, especially with regard
18 to the colleges of education, that could be a
19 recommendation, because it is very difficult to get
20 into the colleges, and to change, because you can say,
21 for example, Florida requires that they have
22 discipline in their curriculum, but what does that

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1 mean? It's embedded, so does that mean that they get
2 it for 15 minutes in one of their classes? I mean,
3 what does it really mean?

4 I know for us, we went ahead with the
5 Positive Behavior Support System, we went ahead and
6 looked at two districts, a small district and a large
7 district, to have them implement Positive Behavior
8 Support in their schools to manage their discipline
9 issues, and we're getting the results back this
10 summer. And I know because they've used it in ESE
11 classes, that they're going to see great reductions in
12 discipline referrals in those schools. We know it
13 from what we've seen in previous schools in Florida
14 that have implemented it, and that's school-wide
15 approach to discipline. It's not just discipline in
16 one classroom, but that everybody in that whole school
17 has the same concept as to what tardy means, what it
18 means to -- as you were talking about, the different
19 language in school, that everyone is on the same page
20 with it, from the principal, to the teacher, to the
21 student, but that it's school-wide, and it's not just
22 in one classroom. So tardy means to Mrs. Jones after

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1 the bell rings you're sitting in your seat, whereas,
2 tardy means to Mr. Allen, you're walking in the door.

3 And that's just a little basic example of getting
4 kids to honor school rules, but it will be really
5 interesting to see the data that we get from the two
6 projects that we've done for discipline.

7 DR. LONG: Let's go Donni, then Russell, and
8 we'll wrap-up.

9 MS. LeBOUEF: Throughout the day they've been
10 talking about training, and you all have talked about
11 it on your panel and your presentations were so
12 wonderful all day, but when you said sometimes
13 training cannot be, except within the union
14 guidelines, and I was wondering how you got around
15 training, because so many of the issues we've spoken
16 about today were about keeping teachers on the cutting
17 edge of what's happening with all of these issues, so
18 I don't know who would like to talk about that.

19 MR. RAY: It'S interesting. We just went
20 through some negotiations on a union contract that
21 dealt primarily around responsibilities of teachers
22 during an event, that they ask for the training so

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1 that they could be more proactive in dealing with some
2 of the issues. In the past, we've said teachers, you
3 know, if you see a fight break out, dive in. Now
4 we're saying teacher, if you see a fight break out,
5 don't. And the unions are saying we don't pay our
6 teachers to be enforcement officers, but we just
7 negotiated, I think it'll come up in the start of the
8 second semester this year, where we will actually go
9 out and do some restraint training, some other
10 programs with the teachers, not all of them, but the
11 teachers that want to accept it, on how to protect
12 themselves, and how to deal with those moderately
13 violent issues that take place. It took a lot of
14 negotiation with the contract with the union to sit
15 down and say look, we will teach you what you need to
16 know, but you need to tell us what it is you need to
17 know, and why you need to know it. And we found them
18 to be very receptive, at least at the onset.

19 MS. LeBOEUF: Thank you.

20 DR. LONG: That was not done on purpose,
21 Russell, I assure you.

22 DR. JONES: (Off mic.) I have a question and

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1 a comment. What percentage of the monies that you
2 guys have gotten come from the Department of
3 Education?

4 MR. RAY: Aside from the ERCM grants, less
5 than 5 percent.

6 MS. ALLEN: And with regard to the funding of
7 our office, 100 percent -- well, of course, you know
8 20 percent goes to the Governor's office. We get 80
9 percent, and of that 80 percent, 93 percent goes to
10 our LEAs, but our funding is totally from Title 4, but
11 as I mentioned, with our collaborations that we bring
12 in other funds, but our office funding is totally our
13 Title 4 funds.

14 MR. AKERS: Are you talking about the U.S.
15 Department of Education --

16 DR. JONES: Yes.

17 MR. AKERS: Okay. U.S. Department of
18 Education, we get none, other than grants that have
19 come to us to administer, such as the Community
20 Service Work Project. As far as the functionality of
21 our group, we're totally state money.

22 MS. TIMMONS: And in Oklahoma, our department

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1 within the State Department is 100 percent funded by
2 second --

3 (Off mic comment.)

4 DR. LONG: Thank you. Good question, good
5 answer, and I appreciate that metaphor. As we wrap-up
6 today, first of all, I think to remind all of us that
7 we've heard from folks, experts from all over this
8 wonderful country. And these folks came from Florida,
9 to Washington, from California to Colorado, and
10 Kentucky, to Oklahoma, so we heard from all over this
11 great nation, and from really some great experts.

12 I do keep track of things, also, and I just
13 changed it here, but 85 percent of our panelists, and
14 I did have 75 percent of our committee members, but
15 then Shep said it, and then Donni just said it, so I
16 had to change it to also 85 percent of our committee
17 members that at least one time today said "you all".
18 Where I come from, see, I can't even say it. But I
19 want to, in closing for this panel, want to thank all
20 the gimbals. I think your start of that. You do some
21 things for our children that we know are necessary for
22 them to learn, and sometimes not appreciated enough.

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1 So I want to say for all of us sitting here, thank you
2 for what you do for our children, thank God for what
3 you do to keep them safe. Thank you very much.

4 (Applause.)

5 DR. LONG: And as we wrap-up the day as a
6 committee, a reminder that we start tomorrow morning
7 8:00 to 8:30 for the breakfast, and then 8:30 in this
8 room, so 8 to 8:30, Continental breakfast, and then
9 8:30 in this room. And, Debbie, would you address, if
10 you would, and I just mentioned this, about the public
11 comment section that will be here tomorrow, but also
12 ways that folks across this country, if they wish to
13 give some form of public comment, could get to that.

14 MS. PRICE: Sure. Obviously, most of the
15 world doesn't read the *Federal Register*, but it is in
16 the *Federal Register Notice*, and we'll put it in the
17 *Federal Register Notice* for each meeting. Tomorrow
18 we'll have a public comment period. People will come,
19 basically first come/first serve. They can speak up
20 to five minutes, but we would prefer they keep it
21 shorter, around the three or so minute time period.
22 We have allotted from 8:40 to 9:15 for that, which

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1 seems like a small amount of time, but we didn't get
2 any requests for speaking from the *Federal Register*
3 *Notice*, so we may have some in the morning. And they
4 would be able to come and speak, and give their
5 comments, and then we will just move on to the next
6 person. There won't be a question and answer time
7 following their comments.

8 If we don't use all that time, that time just
9 rolls over into working time for the committee, so we
10 have from, like I said, 8:40 to 9:15. And if people
11 would like to provide any additional information, even
12 our panelists today, or anyone in the public, anyone
13 who's working in the areas of Safe and Drug Free
14 Schools, there's not a parameter about who you need to
15 be. But we have the Safe and Drug Free Schools, we
16 have an email address specifically for this committee,
17 which is osdfsc@ed.gov. Well, I have to apologize for
18 having an O in the beginning of it, because I'm so
19 used to doing Office of Safe and Drug Free School, I
20 stuck an O in the beginning of it. It wasn't until
21 about four weeks after it was up, and I thought why
22 did I even put the O on? It didn't need the O, so

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1 it's OS - Safe and Drug Free Schools and Communities
2 Advisory Committee, osdfsc@ed.gov. So that is our
3 email address. It is posted in the *Federal Register*.

4 Anyone who wants to send anything, any comments to
5 the committee can send it to that email address, and
6 we will get those out to all the members of the
7 advisory committee. So, for example, if someone had -
8 I think Chris Ringwalt mentioned his study, if you
9 wanted to send a cite for that, we can get it out, so
10 we'll get that all out.

11 We also -- our website is live. If you go on
12 to the Department of Ed's website and click on
13 offices, and ignore when it comes up and continue,
14 underneath offices you'll see boards and commissions,
15 if you click on there, then you'll be able to see our
16 website for our committee. And we will post the
17 presentations from today, we'll post on there, we'll
18 post information on there, as well.

19 PARTICIPANT: And the website address, please?

20 MS. PRICE: Well, the Department of Ed's
21 website is ed.gov, that's all you need is ed.gov. But
22 to run it through to get to our advisory committee,

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1 it's best to just click on offices, click on boards
2 and commission, and you'll see us there. In the
3 *Federal Register Notice* we'll put everything, but
4 anyway, so is that helpful to everybody? I think
5 everybody but one person will be here, so it'll be
6 fine. I tell you what, if you leave your notebook
7 here, if you could put, let's say put your name or tag
8 here, because we may have to move them into another
9 office overnight. I don't know if we can physically
10 leave them in this office, in this room, but we'll
11 find out. We've got it in the morning, so I don't
12 think it should be a problem. The logistics for
13 tomorrow are identical to today, getting food over
14 there, and then meeting in here. And we moved it up a
15 half hour so that you could get out of town, for those
16 of you who need to catch flights, a little earlier.

17 DR. LONG: As we close, I think it's straight
18 up on 5:00. That's when we said, and I want to say
19 that as a way of thanking you for what I thought was
20 an excellent day. You had some outstanding questions.

21 I think we learned a lot. Tomorrow we'll start to
22 put it together, so I would say to you, excellent job,

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1 have a great evening.

2 (Whereupon, the proceedings went off the
3 record at 5:02:11 p.m.)

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