

UNITED STATES OF AMERICA
DEPARTMENT OF EDUCATION

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SAFE AND DRUG FREE SCHOOLS AND COMMUNITIES
ADVISORY COMMITTEE MEETING

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Tuesday,
January 16, 2007

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The meeting was held in the Bernard Auditorium of 400 Maryland Avenue, S.W., Washington, D.C., at 9:00 a.m., David Long, Chairman, presiding.

MEMBERS PRESENT:

DAVID LONG, CHAIRMAN
DEBORAH PRICE
KIM DUDE
FREDERICK ELLIS
MIKE HERRMANN
RALPH HINGSON
MONTEAN JACKSON
RUSSELL JONES
SUSAN KEYS
TOMMY LEDBETTER
SETH NORMAN
MICHAEL PIMENTEL
DENNIS ROMERO
BELINDA SIMS
HOWELL WECHSLER

ALSO PRESENT

CATHERINE DAVIS, EXECUTIVE DIRECTOR AND DESIGNATED
FEDERAL OFFICER

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P-R-O-C-E-E-D-I-N-G-S

8:06 a.m.

CHAIRMAN LONG: We'll be starting right away and we'll be staying right on schedule with the various panels and so forth that we have. First of all, I'd like to introduce the panel and then as soon as I do that, I'm going to have Maureen Dowling give us an overview as we head into this first panel.

The panelists on my left, depending on where you're sitting back there in the crowd, but on my left, Joe McTighe, and he's the Executive Director of the Council for American Private Education, Joe, welcome. And next to Joe is Patrick Bassett and Patrick is President of the National Association of Independent Schools, Patrick, welcome. And next to Patrick is Jack Clark, and Jack is Director of Technology in Non-Public School Services for the Colonial Intermediate Unit in Pennsylvania, Jack, welcome, glad you're here. And on his left is Michael Caruso, who is Assistant Superintendent for Secondary Schools and Government Relations for the Archdiocese of Washington, DC, Michael, welcome. And with that, I'd like to introduce Maureen Dowling, who will give us an overview -- and by the way, Maureen is the Education Program Specialist for the Office of Non-Public Education and Maureen will be giving us an overview as we head into this first panel. Maureen.

DR. DOWLING: Thank you. Good morning, everyone. Again, my name is Maureen Dowling. I work in the Office of Non-Public Education in the Office of Innovation and Improvement here at the US Department of Education. I want to thank the Office of Safe and Drug Free Schools and the Advisory Committee for inviting me here this morning discuss with you the equitable participation of private school students and teachers in federal education programs. And of course, the focus today is on the Title IV, Part A, Safe and Drug Free Schools.

In your packets for those, if you'd like to follow along, on Tab 3, we've included a copy of the PowerPoint. Following that, we have department guidance on the equitable participation of private school students and teachers and then we thought it might be helpful to include some statutory language from the Title IX, Uniform Provisions. The Title IX, Uniform Provisions govern the equitable participation of private school students and teachers in the Title IV, Safe and Drug Free Schools Program. So Tab 3 and I'll go ahead and get started.

If I had to sum up in six points the equitable participation provisions, it would include these points. First and foremost, since 1965 with the passage of the Elementary and Secondary Education Act, the law has provided for the equitable participation of private school students and teachers in federal education programs. So the equitable participation is not new under the No Child Left Behind Act, which it has reauthorized the Elementary and Secondary Education Act.

Second, critical is that the law requires timely and

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1 meaningful consultation between the local educational agency, the LEA,
2 and private school officials. And I'll elaborate on these points as I go on
3 this morning. The third point, in general, expenditures are to be equal
4 based on a per-pupil allocation. So what the LEA is expending in a
5 particular program for a public school student and a private school student,
6 it would be an equal per-pupil allocation.

7 Also, number four, that the services that are going to be
8 offered under these various federal education programs within the
9 parameters of the program, the services then are to meet the needs of the
10 particular population to be served, whether it's the public school teachers,
11 private school teachers, public school students, private school students.

12 Five, the LEA, as the recipient of those federal education
13 funds, always is to remain in control of the funds. And I sell my colleagues
14 in the private sector, "You're not going to receive dollars to your school for
15 these federal education programs. You're going to receive benefits,
16 services, materials and equipment". And finally, the benefits, materials, the
17 services, they are to be secular neutral and non-ideological in nature.

18 Those are the six packed points that cover the major
19 areas regarding the equitable participation of private school students and
20 teachers in federal education programs. Now even though the focus is on
21 Title IV, Safe and Drug Free Schools, one of the items in your packet is this
22 red, white and blue booklet and I thought it would be helpful to let you
23 know that in addition to the Title IV program, there are about 11 other
24 major programs that require the equitable participation of private school
25 students and their teachers, and these programs include, beginning with
26 Title I, improving basic programs operated by LEAs, Reading First, Even
27 Start, Migrant Education, and then under Title II, Preparing and Training,
28 Recruiting Highly Qualified Teachers and Principals, the Mathematics and
29 Science Partnership Program, and Enhancing Education through
30 Technology.

31 Also under Title III, the English Language Acquisition,
32 Language Enhancement and Academic Achievement Program. Under Title
33 IV, we have the Safe and Drug Free Schools Program. And you'll note
34 within the Safe and Drug Free School Programs we have the state grants,
35 which are the formula grants which require the equitable participation. But
36 there are also a number of discretionary grants under the Title IV Safe and
37 Drug Free Schools Program. Those listed here, including Safe Schools
38 Healthy Students Initiative, Grants to Reduce Alcohol Abuse, Emergency
39 Response and Crisis Management Grants, Mentoring Programs, Grants for
40 School Basic Student Drug Testing and programs for Native Hawaiians, all
41 of those discretionary grant programs also require the equitable
42 participation of private school students and teachers. Those discretionary
43 grants are also covered by the Title IX, Uniform Provisions and by the
44 guidance that we've included in your packets this morning.

45 Also under Title IV is the 21st Century Community

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1 Learning Centers and then under Title V we have two programs, Innovative
2 Programs and Gifted and Talented Programs. So just so that you have an
3 understanding that it's not just this one program that has required it and that
4 this has been the case since 1965. Clearly, though, programs have been
5 added to the Elementary and Secondary Education Act over the years.

6 When I go out into the field to present to local
7 educational agency federal program directors and private school officials, I
8 tell them if they leave the room and they've forgotten that they were even
9 there that day, they don't remember titles and numbers and who was that
10 woman, the one thing you want to remember is consultation. Is it the rock,
11 the foundation of effective programs. And within the law and then backed
12 up in guidance and regulatory language what is required is timely
13 consultation and meaningful consultation.

14 So what do we mean by meaningful? Well, it's to be
15 meaningful so that in the end, what is developed is a very effective program
16 that maximizes those federal education dollars and is effective so at the end
17 of this school year we can look at that program and assess it and say, "You
18 know, it did what we hoped it would do". So what needs to be discussed
19 during that consultation process between the LEA officials and private
20 school officials?

21 One, we need to know how are we going to identify
22 those private school students' needs? And then what services will we offer
23 because generally within any program there are a host of services to offer
24 and programs as well as materials and equipment. How and where those
25 services will be provided for the private school students? And again,
26 because we're basing this on the needs of the students, we're going to want
27 to know what will the outcome be and we're going to want to discuss how
28 will we assess this program?

29 And I mention to people when I go out into the field, if
30 you've been doing this program for the past five years, and you're sensing
31 well, we do it because it's just what we've been doing for years and we get it
32 and it's free from the Federal Department of Education, if it's not having the
33 effect you want, that's critical to address that. So we need to assess it to
34 make sure we're expending these funds for effective programs.

35 Also what mechanisms will be used to provide the
36 services and who is going to provide those services? Under some programs
37 where there might be employees of the district involved, a district also has
38 an option to, perhaps employ or contract with a third party provider that
39 they might believe, you know, this third party provider has the skills and
40 experience to do this as opposed to perhaps using our own employees. So
41 that's an option that needs to be discussed, who is going to provide the
42 services?

43 Also what's critical to the discussion is the amount of
44 funding that's available. Clearly, when a discussion takes place, it's
45 important for the private school officials to know whether we're talking

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1 about \$500.00 that the LEA can expend on a program for their students, as
2 opposed to \$15,000.00. That's going to take the discussion to a whole
3 different level. So the law requires that what is discussed during the
4 consultation is the amount of funding that's available. And what will be the
5 size and scope of the services that the LEA will provide, and key, critical is
6 how does the LEA make decisions about these programs throughout the
7 year? As a private school principal, how will I know when the equipment
8 or that materials will show up at my school or do I need to go and pick
9 them up somewhere? Or when will that program begin that's going to be
10 directed towards our middle school students in the prevention of drug use --
11 of drugs, excuse me?

12 Also, and this aspect is new under the No Child Left
13 Behind Act, is in the discussion between the LEA officials and private
14 school officials, it may be that the private school people bring to the table a
15 third party provider. Perhaps they've gone to a conference and they've gone
16 through the exhibit hall and they've met these third party providers who do
17 very effective programs, so they might bring that to the consultation table to
18 say, "You know, we've heard of someone who does a wonderful program
19 here on crisis management, or on conflict resolution and we've heard they're
20 very effective and we even know some other private schools that are using
21 them". And they can bring that suggestion to the district to ask, "Could you
22 use the funds that have been generated by our students and in a sense hire
23 this third party provider?"

24 But the law allows that if there's disagreement on that
25 point on using a third party provider, that the private schools may ask the
26 school district to put in writing why they will not use a third party provider
27 in the provision of services. Critical and something that again, based on my
28 experience as I travel around the country, some local educational agencies
29 do this very, very well, the consultation, and they make sure that the
30 consultation takes place before any decisions are made that's going to
31 impact the participation of private school students. Some districts, and you
32 might hear about this morning, have developed a time line in consultation
33 with private school officials that says, "All right, in February expect this
34 letter and in March expect that we're going to have a general consultation
35 meeting, and then before you leave for your summer vacation, we're going
36 to make sure that we've discussed the programs that will be implemented
37 for the following school year".

38 But sometimes what happens, and this is more so with
39 what I've found particularly with the discretionary grant programs, because
40 as you may be aware, when it comes to some of the discretionary grants,
41 other entities, not just local educational agencies, may also apply for a grant
42 and I remember about a year ago, might have been two years ago, receiving
43 a phone call from a community based organization. It was one of the
44 mentoring grants and they said, "You know, we're getting ready to submit
45 our grant in a couple days and we heard about, do we have to talk to private

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1 school people"? "Oh, yes, you do, let me tell you what part of the law that's
2 in". "Well, if we do that, that's going to ruin our grant."

3 I said, "Well, no, that's what the law requires". It's very
4 challenging, as you know, just in life, in general, when you don't do
5 something up front and then you have to go and fix it later and there's
6 frustration. So to the extent that districts do this well and they do it in
7 advance, we have that maximum participation of private school students
8 and part of the reason for this is, perhaps the district knows very well what
9 is needed by way of safe and drug free schools for the middle schools it
10 operates but let's just say for purposes of discussion there are some private
11 schools and they might be K through 8 and their middle schools are
12 included in their K to 8 program. But perhaps those private schools middle
13 -- their middle school students, what might be needed for them might be
14 different from what is needed for the public school students in a particular
15 area. So it's critical that the LEA would have that information. So then as
16 the LEA or this other entity develops its grant, it can say, "Oh, we want to
17 make sure we accommodate this need". As I mentioned to
18 LEA people, the goal should be we don't look at public, private, we look at
19 here are the children, how do we serve the needs within these limits and
20 within the limited amount of funding that we have available? And again,
21 all those items under consultation apply to the discretionary grant programs
22 also.

23 Expenditures, this is addressed in the law and I've quoted
24 for you there, noted, the actual language but generally, as these funds go to
25 the states based on number of children enrolled in schools, number of
26 children from low income families, then what happens as it gets down to
27 the district level, the district is looking at the number of private school
28 children enrolled in private schools and develops a per pupil allocation and
29 then multiplies \$5.00 is the per pupil allocation and we have 10 children in
30 this private school, well, we have \$50.00 to expend on behalf of these
31 students. And so we're going to consult with the private school officials,
32 what are the needs.

33 In some areas, and you might hear this this morning,
34 some private schools join together and ask the school district to pool the
35 funds that have been generated on behalf of their students to then expend on
36 those students. So as opposed to a little school here generating \$1,000.00
37 and a little school here generating 2,000, again for services, not to receive
38 those funds, it can be more effective if the District says, "On behalf of these
39 10 schools we're going to pool the funds that you've generated under Title
40 IV so that we can then provide a really robust program". And sometimes
41 that happens where you might have a group of Catholic schools or a group
42 of Lutheran schools but it doesn't have to be one singular faith in that
43 regard. And just as I noted all those programs at the very beginning, Title I,
44 Part A, which we're not going to discuss today, which I call it the monster
45 of all programs, is very challenging to understand, how expenditures are

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1 generated for that are different. Just as a little side note, I always have to
2 make sure I say that so there's no confusion, but for all those other 11
3 programs, it's a per pupil allocation.

4 Well, how do we know that in the end we've actually
5 provided equitable services? What are some of the guiding principles?
6 This is taken from the regulations. As you'll notice as we go through --
7 have gone through the slides, I've cited the actual statutory language, but
8 here I'm citing some of the regulatory language that generally has the
9 district assessed and addressed those needs of the private school students
10 and teachers? So have they consulted with the private school officials in a
11 timely and meaningful way? And then have they provided benefits and
12 services that meet the needs?

13 Sometimes what can happen is a district has clearly
14 examined their students' needs, knows these are the three top needs, we've
15 examined the needs. We're going to develop programs to really meet those
16 needs and then in consultation with private school officials, they might say,
17 "These are three programs, would you like to participate". Well, that does
18 not meet the requirement of the law because the law requires that first we
19 need to identify the needs of those private school students and teachers. We
20 cannot just offer them services in a sense, "This is what you can have, take
21 it or leave it". It has to be, "Now that we've assessed those services, this is
22 what we've developed". And there are many times when the programs that
23 have -- that the district develops for its public school students and teachers
24 are also very appropriate for private school students and teachers. But
25 again, the starting point is always what are those needs because we don't
26 want to implement a program that doesn't meet real needs because it's not
27 going to be effective in the end.

28 Also that the district is to spend an equal per-pupil
29 amount, that's one of the ways we define that they've provided equitable
30 services, and that the opportunity for private school students and teachers to
31 participate is comparable to that of public school students and teachers.
32 Thus, this relates to time lines. If at the beginning of the school year a
33 program in the public school system begins operating in September, then
34 we would anticipate that the programs for the private school students would
35 start in September unless through consultation it was decided that it would
36 be better if it started in October for whatever particular reason.

37 As mentioned, again, not only does the LEA always
38 remain in control of the funds and the funds are the local educational
39 agency's funds, not the private school funds, what we also remind private
40 school officials is that because the Department, the Federal Department of
41 Education holds states accountable and then states have to hold their local
42 educational agencies accountable for implementing these programs, that
43 then results in the LEA always making the final decision about these
44 programs because when our monitoring teams go out, we're not going to
45 ask private school officials, "Have you implemented this program correctly,

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1 are you making sure you're evaluating it"? Those questions we're going to
2 direct to the local educational agency because they are accountable, they are
3 the fiduciary agent. They always make the final decision.

4 Now, on that note, what we anticipate is I like to ask the
5 counselors here in the Office of the General Counselor, my colleagues who
6 are lawyers, well, "What if there's discussion about that decision?" They
7 say, "Well, we would expect that any decisions that are made that there's a
8 rationale behind them and it's a reasonable rationale". There might not
9 always be agreement between the public and private school officials, but
10 that in the end if a decision has been made, and let's say there is
11 disagreement, we can inquire and at the Department level what response we
12 would get would be a rationale that was legitimate and reasonable.

13 Also, the services are to be, and the materials and
14 equipment programs, secular, neutral and non-ideological in delivering
15 those services to private school students and teachers. In general, the
16 allowable activities, whether it's a formula grant or one of these
17 discretionary grants, whatever the allowable activity might be or activities
18 in most cases, those would also be available to private school students and
19 teachers. And those allowable activities are going to be addressed during
20 that consultation process. One final note about this and mind you, I usually
21 get anywhere from one to three hours on this topic, but some local
22 educational agencies have developed what is called a non-public school
23 working group and they bring on board representatives, perhaps one
24 representative for all the Catholic schools, one for maybe independent
25 schools and it might be anywhere from 10 to 20 people on this non-public
26 school advisory board and some districts do that and particularly when
27 they're discussing discretionary grants which you have a tight time frame
28 and they've got to complete that grant and they've got to submit that grant.
29 Those types of groups can be helpful where the lead entity for a particular
30 group of private schools can gather information and say they're developing
31 a grant, a discretionary grant. We need to know what are the needs of
32 private school students. And that's just one what you might call a best or an
33 effective practice that I've found through my travels as I've been out there.

34 Finally, this information is our contact information for
35 the Office of Non-Public Education. We're the liaison office. One in four
36 schools is a private school. A little over 5 million students are private
37 school students and we bring their concerns and interest to the department
38 and then we also assist them in accessing through the local educational
39 agencies these benefits and services that are available to them. So I think
40 there's going to be questions at the end and I will end here. Thank you very
41 much.

42 CHAIRMAN LONG: Thank you very much, Maureen.
43 I don't know if that's on. The light is on, I'll just talk loudly. Thank you and
44 we will now be moving to the panel and you are exactly right, the format is
45 this; we will be having questions at the end. So we'll go from -- we'll start

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1 on my left with Joe and then if we could go from Joe to Patrick to Jack to
2 Michael, and then when we are done with the presentations, and then that
3 might also include any questions, Maureen, that might be directed to you
4 from our committee.

5 So again, thank you so much for being here. And with
6 that, I'll turn it over to Joe McTighe.

7 MR. McTIGHE: Thank you for inviting us this morning.
8 I was thinking on the metro on the trip down that when one considers all of
9 the circumstances under which testimony is given in this town, the chances
10 are pretty good that any given piece of testimony is either to defend oneself
11 or explain oneself or otherwise keep oneself out of jail but I'm happy to
12 assure you that this testimony has nothing to do with any of that. In fact,
13 this is all about a very pleasant and I think non-controversial topic and a
14 topic around which there is general and broad and bipartisan agreement,
15 namely the need to protect children from harm, but first some background
16 on CAPE.

17 The Council for American Private Education is a
18 coalition of 16 national organizations and 30 state affiliates representing
19 private elementary and secondary schools. One in four of the nation's
20 schools is a private school and 11 percent of all students attend them. That
21 translates into 28,000 schools and about 6 million students pre-K through
22 12. Approximately 80 percent of those students are enrolled in schools
23 represented by CAPE member organizations.

24 Our nation is blessed by a rich diversity of schools, some
25 rooted in religious tradition, some that provide intensive academic
26 experience and some that are specialized for particular populations.
27 Whether public or private, these diverse schools constitute the American
28 educational experience and share a worthy goal, the education of our
29 country's children.

30 Together public and private schools work to insure an
31 educated citizenry. Together they strive to help students reach their
32 potential and contribute to the common good and moreover, all the children
33 in these schools, public and private, are part of the American family;
34 indeed, part of the human family and thereby, entitled to certain rights and
35 protections. CAPE member organizations, which are listed on the slide
36 you've just been viewing, are themselves, diverse. The CAPE -- I just want
37 to make sure -- I need a little mirror here to see what's going on behind me
38 but I'll have to trust in technology from this point forward.

39 The CAPE board and the state network representatives
40 deliberate extensively. They listen to one another carefully and they
41 endeavor to reach agreement on important public policy issues. One of
42 CAPE's core purposes is to cooperate with the public sector to improve the
43 quality of education for all of the nation's children, regardless of the schools
44 they attend. And quite naturally, we are advocates for the equitable
45 opportunity of private school students and teachers to participate in

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1 appropriate programs at the state and federal level. Given this perspective,
2 we welcome the occasion to offer the following comments relating to
3 student health and safety.

4 CAPE member organizations do not agree on every point
5 of public policy but they do agree on this point; when it comes to insuring
6 the health and safety of children, the government should treat all students
7 alike. Now, at a certain level there's a common sense element to all of this.

8 All students are citizens and all citizens are entitled to certain protections.
9 Police officers, fire fighters or first aide providers do not put certain
10 students in a second class treatment category on account of the type of
11 school they happen to attend. If a fire breaks out at a public school, they are
12 there. If one breaks out at a private school, they are there. They are there
13 because their mission is to protect the public and children in private schools
14 are part of the public.

15 The same even-handed treatment is also generally
16 practiced at the federal level. The response in the wake of the 2005 Gulf
17 Coast hurricanes serves as an example. The Bush Administration and the
18 Education Department made it clear that help was going to be provided to
19 everybody in need. When the hurricanes struck, they did not draw
20 distinctions between public and private schools. The storms flattened and
21 flooded all effected buildings with the same ferocity and they uprooted
22 communities indiscriminately.

23 The President and members of Congress on both sides of
24 the aisle concluded that government assistance should not draw distinctions
25 either. Children who needed help, got help no matter what school they
26 attended. And schools that needed emergency disaster relief got the relief
27 no matter what type of school they were.

28 So whether the crisis is a hurricane, a pandemic flu, or a
29 strike by terrorists, public and private schools are all in it together. They all
30 have the same goal, to ease the pain of those in need and to insure that
31 students receive a decent education with minimum interruption. To achieve
32 these goals, all government disaster relief and crisis management activities
33 should extend to all schools.

34 Let me turn to the particular reason for this morning's
35 focus on private schools. During a Q and A session at the White House
36 Conference on school safety last October, a questioner, after noting that a
37 private school had been the scenes of the shootings of students in
38 Pennsylvania the previous week, asked how private schools might be
39 included in government plans and programs to help protect students.

40 Secretary Spellings responded by saying she intended to
41 ask the Committee, quote, "To take a look at that issue on how we can be
42 more coordinated". The next day, during a conference call with education
43 leaders, the Secretary reiterated her intention to ask this Advisory
44 Committee to include the topic of private schools in their discussions on
45 school safety. The fact that this committee is so quickly addressing this

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1 issue is testimony to the Secretary's, the Department's and the Committee's
2 commitment to serving all students.

3 In her report to President Bush at the conclusion of the
4 School Safety Conference, Secretary Spelling said, quote, "We know also
5 that these sorts of incidents can occur in inner city America and in Amish
6 communities, private schools and public schools. Really every single
7 community has to be alert", unquote. We couldn't agree more and we are
8 eager to work with the committee and with Department staff to carry out
9 the Secretary's obvious commitment to protect the nation's students no
10 matter what type of school they attend.

11 But despite good intentions, there are some obvious
12 obstacles to extending government disaster preparedness activities to
13 private schools, especially at the state and local levels. Quite
14 understandably, there is a natural network of coordination between
15 government officials and public schools when it comes to establishing
16 channels of emergency communication and connecting with community
17 emergency responders during a crisis situation. But that same natural nexus
18 does not always extent to private schools. I believe the Federal
19 Government, and this covers all appropriate agencies, including Education,
20 Homeland Security and others, would do well to encourage, if not mandate,
21 the establishment of state and local crisis communication networks that
22 encompass all schools. Along these lines, we propose having the Education
23 Department sponsor a special meeting or series of meetings on the issue
24 involving key government and private school officials; having the
25 Education Department develop and issue brief, a DVD instructional kit, a
26 resource guide, and other resources on the topic of private school inclusion
27 in crisis planning, including the topic in workshops and other gatherings
28 sponsored by the Department and other agencies, identifying and
29 disseminating model school level disaster plans, especially suited for
30 private schools; identifying and disseminating model private school/public
31 school government agency partnerships relating to crisis planning and
32 finding other ways and incentives to encourage state and local government
33 officials to include private schools in emergency planning activities and
34 finally, finding effective ways to advise private schools of the resources
35 available to promote school safety.

36 You should know that we, in the private school
37 community area also taking crisis planning very seriously. At CAPE we
38 have taken significant steps to make a private -- to make the private school
39 community aware of crisis planning resources. We have devoted a page on
40 our website to the topic, a page that provides convenient links to
41 government resources relating to disaster planning, pandemic flu, natural
42 disasters and promising practices for coping with the crisis.

43 In addition, we have devoted considerable space in our
44 monthly publication to reporting on events and promoting Department
45 resources related to the topic. Clearly, however, much more needs to be

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1 done both by the private school community and by government agencies.
2 Permit me to identify one concern that highlights the need for additional
3 focus on this issue. I will be brief, knowing that the topic is going to be
4 covered by my colleague, Pat Bassett from the National Association of
5 Independent Schools.

6 Three federal departments; Commerce, Education and
7 Homeland Security have launched a program entitled America Is Safer
8 When Our Schools Are Safer, a new program to protect our children. The
9 initiative involves the distribution of NOAA all-hazard public alert radios to
10 schools, but despite its inclusive title, the program has actually been
11 designed to protect only some students, namely those in public schools.
12 My understanding, however, is that efforts are underway to include private
13 schools in the radio distribution and I applaud those efforts and encourage
14 their quick success but the underlying issue is that when the program was in
15 initiated, the safety of an entire group of students, namely those in private
16 schools, was overlooked. We cannot allow some students to be thought of
17 as second-class citizens when it comes to issues of health and safety. All
18 children should be protected by a program designed to provide schools with
19 early warnings that allow quick and appropriate action during threatening
20 events. When a crisis starts, minutes and sometimes seconds can make the
21 difference. That thinking is what inspired the decision to equip public
22 schools with NOAA radios and the same thinking should have prompted
23 the inclusion of private schools from the start.

24 Finally, allow me briefly to mention another matter, the
25 Emergency Response and Crisis Management Grants Programs, which I
26 know will be covered by my colleague Mike Caruso from the Archdiocese
27 of Washington in his testimony. I urge Department officials to find ways to
28 guarantee that applicants for grants relating to school safety describe and
29 carry out their obligations to insure equitable participation by private school
30 children and teachers. The law requires equitable services and the
31 Department, when approving grants, in fact, before approving grants,
32 should insure that the requirements of the law are carried out.

33 In closing, I want to thank in the presence of the
34 Committee, the Department, Assistant Secretary Price, and members of her
35 staff for the outreach to the private school community on matters of school
36 safety. Tara Hill provided private school leaders an excellent overview of
37 school safety programs at a CAPE meeting last February and she joined
38 colleagues in offering an informative panel presentation on crisis planning
39 at the Department's Private School Leadership Conference in the fall. And
40 Deputy Secretary Price met with private school representatives in
41 December to discuss various matters. We very much appreciate the time
42 that the Office has devoted to the safety of students in all schools public and
43 private. I mentioned at the start that my overall topic, protecting children
44 from harm, is non-controversial. Indeed there is nothing controversial
45 about keeping students out of harm's way and helping those in need. Doing

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1 so is simply a matter of basic human decency, not controversy. Helping
2 one another is what we do as a nation, as a community, as a family. We
3 reach out to our brothers and sisters without distinction. Their needs
4 become our needs. The controversy would be to turn away.

5 I urge you not to turn away from the students in private
6 schools when carrying out federal programs relating to school safety and I
7 urge you to encourage state and local authorities to include our students in
8 schools in their plans for preventing and reacting to a crisis. Again, thank
9 you for establishing this forum, for inviting us to participate and for
10 considering our comments and suggestions. CHAIRMAN

11 LONG: Joe, thank you very much for your comments. We appreciate that.
12 Next, we'll turn to Patrick Bassett, who is President, as I indicated earlier,
13 of the National Association of Independent Schools. Patrick?

14 MR. BASSETT: Good morning. In school, you're
15 supposed to say good morning back.

16 ALL PARTICIPANTS: Good morning.

17 MR. BASSETT: Thank you. By the way, when we
18 need quiet, we raise our hand in school. That only works in elementary
19 school, not middle school or high school. This is my 37th year of working
20 with schools. I started as a teacher and a coach and a dorm parent in an all-
21 boy's boarding school Virginia and then after about 10 years of that, I had
22 two daughters and a female basset hound and I moved to become the head
23 of an all-girls' school so my world changed dramatically. Eventually, I
24 became the head of a coeducational school in Connecticut. Now, this is my
25 sixth year in this role as the President of the National Association of
26 Independent Schools. We represent about 1250 college prep schools
27 throughout the United States and another 50 or so throughout the world and
28 about 500,000 students. I might add that I grew up and went to public
29 elementary, junior high and high schools, very good schools in a suburb of
30 Rochester, New York and they were safe and drug free schools back in
31 those days. I'd like to comment first on the notion of school safety.

32 Independent schools, in particular, private schools in
33 general, have been blessed, at least to date with relatively safe history of
34 absence of acts of violence. The first thing I want to talk about with safe
35 schools is the enemy within, those folks we know, our own staff and
36 students who have the potential for bringing violence into our schools.
37 There are several factors that I believe have protected private schools and I
38 share them with Advisory Panel because I think they have implications for
39 all schools. Obviously, one factor is that our schools have narrow missions.

40 We cover the entire gambit of school age population, but each individual
41 school defines what segment of the school age population it chooses to
42 serve. So we have schools whose mission it is to serve just the gifted.
43 Most of our school serve average to above average college-bound kids, but
44 we also have schools that -- whose mission it is to serve under-served and
45 under-privileged kids in the inner city, students with learning disabilities or

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1 what we call learning differences. So key element for the safety in our
2 schools, key factor is that we have narrowly defined missions and as a
3 consequence, there's a match between the student, the family and the
4 school. The kids want to be in that school, they know they need to be in
5 that school and that makes a huge difference in terms of a sense of
6 belonging. I might add that when you feel you belong in a school, this is
7 your school, not only do you succeed academically but you're part of a
8 larger ethos for the school to be safe.

9 For those of you who are parents just of young children,
10 I would have to tell you this, to disabuse you of your most fervent hope;
11 that in fact, your influence will not waiver as your child becomes an
12 adolescent. Truth be known, for everyone who has been a parent of an
13 adolescent, you know this, the peer group defines one's behavior, once you
14 separate, individuate and separate from your parents and that's what
15 happens during adolescence. So choosing a school, public or private,
16 where there's a sense of belonging is absolutely critical.

17 The second factor is that our kids in private schools, are
18 involved in supervised after school activities. I can't tell you how important
19 this is as a factor for school safety and child well-being. It turns out, if
20 you're involved in after school activities that are salutary, healthful,
21 organized, you do not do antisocial behaviors, you do not do behaviors; sex,
22 drugs and rock and roll that actually happen quite freely in the unsupervised
23 world for most kids.

24 Thirdly, is our school size. It's related to the other two
25 factors. The average private school, I believe, Joe is 200 or so students; is
26 that right? The average independent school is more like four to 500
27 hundred. These are manageable numbers. The great movement in America
28 from the '50s in the public domain has been consolidation. We have
29 massively large public schools. It is a hugely irrational idea to have 1,000
30 middle schoolers, junior high kids or 1500 junior high kids together.

31 Here's why; the adults do not know the kids. They don't
32 know all the kids, they don't know their families. So what works in the
33 private model I would recommend and of course, Bill Gates is funding this
34 to the tunes of multiple millions of dollars in the public domain, find ways
35 to regroup even in large public systems into smaller manageable schools,
36 schools within schools.

37 By the way, the relationship between all these ideas is
38 this; in a large public school system you have to be an NFL or NBA
39 prospect to actually make the team. This is why so few kids participate in
40 sports. They don't have the option of participating. How about a small
41 private school? If you can fog a mirror, we're recruiting you to play on the
42 team, right? So here's the deal, everyone is on a team. It could be chess
43 team, the debate team, basketball team. Virtually, the ethos expects you,
44 the adults recruit you, you're on a team and it produces many, many
45 benefits, not the least of which is the one we're talking about today, a sense

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1 of belonging in a safe school because the kids own the school. The culture
2 they adopt is the school's culture, framed not just by the kids, but by the
3 adults.

4 A third factor, a fourth factor is the fact that we've
5 actually developed crisis plans. We have security consciousness. Many
6 independent schools, private schools have long feared attack, especially, for
7 example, the Jewish day schools. If you want to see the best protected and
8 safest schools in America, go to a Jewish day school because they have for
9 so long, been fearful of the kinds of attacks we've seen.

10 And lastly on this particular point of school safety, I
11 believe that there is a high touch, high tech future for grade schools in
12 America in the 21st Century, and if you know what high touch, high tech
13 looks like, you'll know that it is the future programically and academically
14 for schools both -- not either or, both and, high touch, high tech. Well, the
15 same is true for safety and security. What I think you'll find more schools
16 moving for -- towards and perhaps the panel will think about it and research
17 and recommend it, our security systems that aren't policed literally by
18 armed and uniformed guards. This is inhospitable and invasive and
19 intrusive and it creates a mentality that is anathema to what school is
20 supposed to be.

21 Instead, the future will be high touch teachers trained to
22 observe changes in behaviors or the unexpected arrival of adults that you
23 don't know. High tech will help in many, many new directions, including
24 smart cards, and neural networks in schools that will help track everyone
25 who is on campus and provide for a future that is more secure.

26 My second theme this morning was actually brilliantly
27 covered by my colleague and that is the program, the NOAA radio
28 program. The only thing I would add to Joe's incisive remarks would be
29 this; we're curious on how this could happen. How does the legislative and
30 regulatory process work so that 10 percent of the school age population
31 would be ignored in something as basic as providing for services under
32 emergency conditions because when the hurricane came to New Orleans, it
33 didn't segregate by public versus private. And when the next disaster
34 strikes there won't be that kind of distinction made.

35 So we're actually encouraged that because we've made a
36 lot of noise as the private sector, we're moving in the right direction but
37 we're fearful that this could happen at all. So that sense of concern, I really
38 did want to represent.

39 Third, I'd like to say something about the
40 Stafford/FEMA Hurricane Relief Programming. Of course, prior to 2006,
41 independent and private schools were ineligible to receive reimbursements
42 from FEMA because we were expected to make any applications through
43 the Small Business Administration, SBA in the event of a disaster. And of
44 course, the consequence for that was that this interrupted services towards
45 this 10 percent of the population, dramatically in the cases in which disaster

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1 struck.

2 Thankfully, in 2006, legislation was passed and signed
3 into law amending the Stafford Disaster Relief and Emergency Assistance
4 Act and restoring federal aid for the repair, restoration and replacement of
5 private, non-profit educational facilities. So really what I wanted to place
6 into testimony is I thank you and an expression of our gratitude to the work
7 of those of you who have made this possible.

8 I might add that NAIS and our private school colleagues
9 educated thousands of Katrina students, displaced students and it
10 represented really the best of what the private school universe is about.
11 Probably 85 percent of the schools charged no tuition whatsoever. Those
12 that did charge tuition were some of the Houston schools that had to take in
13 hundreds of students and add faculty. So for me it's a model of what this
14 panel is really about, the notion that given the power of the government and
15 the eleemosynary and charitable inclination of the not for profit world and
16 schools, we can do powerful things quickly when called upon.

17 And then the last thing I'd like to share some thoughts
18 about is really not as much on the agenda today but worthy of some
19 contemplation and that is the notion of drug free schools and I know the
20 committee is intently interested in and committed to that future. Actually,
21 statistically, it's clear to everyone the students in America are much more at
22 risk from drugs and alcohol, tobacco products and incidentally, premature
23 experimentation with sexuality, much more at risk than for any of the other
24 crises and emergencies that we're paying attention to today. And so I'd like
25 to suggest that private schools are by no means immune from this disaster
26 that's hit American schools. The increased incidents of the use of alcohol
27 and drugs and early experimentation with human sexuality. We do believe,
28 as I've tried to reflect in everything I've said this morning, that there's a
29 public purpose to private education. We believe that for 300 years private
30 schools in American have been a laboratory driven by the market. We
31 know what the public expects from their schools because they pay a lot of
32 money to send their children to private schools, so what is working would
33 be a good question for any group or panel to examine. And so actually
34 what's promising is an experiment that I just want to bring to the panel's
35 attention.

36 It's a programming called Social Norming. And here's
37 the idea behind it. We're actually as a culture, very misinformed about the
38 use of drugs and alcohol. For example, if you ask the typical American
39 what percentage of adults have a drink every day, let's just test this little
40 hypothesis I have here, would -- well, some of you actually are experts
41 around the panel, so I'm going to ask you not to respond. But for the rest of
42 the panel or anyone in the public who's joining us, what percentage of
43 Americans do you think have a drink every day? Someone take a guess.

44 Mr. Chairman, what would you guess?

45 CHAIRMAN LONG: Forty-seven percent.

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1 MR. BASSETT: Forty-seven percent. Let me have
2 three points so we can triangulate this at little bit. Forty-seven percent,
3 someone take another guess. Sixty-five percent and give me a third guess,
4 adults, yes, adults, 80 percent. Exactly, this is the common perception and
5 it's largely because the people in this room belong to the socioeconomic
6 class actually that does have a drink, including myself, every day, but in
7 American only 11 percent of Americans have a drink every day. So we
8 wildly overestimate that. It reminds me of a story. Kentucky, you know,
9 we have a kindergarten class in one of our independent schools in Kentucky
10 and the headmaster overheard this conversation in the playground. There
11 were two boys and a girl, and the girl said, before school started, "Well, let's
12 play family". And she said, "I'll be the mom, this boy, you be the dad," and
13 then the third child, the other boy said, "Well, that's not fair, whom can I be,
14 who can I be", and the little girl thought for a minute and she said, "Well,
15 you can be the grandpa". And then he thought for a minute and said, "Well,
16 that won't work, we don't have any bourbon".

17 So, what I'm saying -- but the antidote is the expectation
18 is that everyone drinks, but the reality is not everyone drinks, a very small
19 minority drink every day. Here's the point about social norming, every
20 teenager in every American school, public and private thinks that everyone
21 drinks, thinks that everyone experiments with drugs, particularly marijuana,
22 and thinks that everyone is having sex. So the social norm thing, the
23 normative thing to do apparently in every teenager's mind is to experiment
24 with alcohol, drugs and premature sexuality.

25 It turns out when you actually do the polling, here's what
26 you find and this is also true in America's universities; that not everyone, in
27 fact the minority behavior in schools is to experiment with alcohol and
28 drugs, that minority behavior is to experiment with alcohol, drugs and
29 human sexuality. And in American universities, the minority behavior is to
30 drink to get drunk. And yet, if you ask your own kids in college, they'll tell
31 you everyone is drinking to get drunk, you know, starting on Wednesday
32 night. So once you actually do the research and publish the results, guess
33 what? Teenagers and even college kids decide, you know what, it's normal
34 not to do that. And so what I'm really trying to do is use an antidote to
35 illustrate that larger point of the public purpose of education. We have the
36 freedom and the will to experiment with safety mechanisms, with crisis
37 planning, with alcohol and drug programming and we think we owe it back
38 to the larger society to be experimental schools and share with you what
39 seems promising. Thank you.

40 CHAIRMAN LONG: Thank you very much, Patrick.
41 We appreciate that and we'll next move to Jack Clark, Jack.

42 MR. CLARK: Thank you, David, members of the
43 Committee, honored guests. I want to express my appreciation for the
44 opportunity to present here this morning. I'm going to give a little bit of a
45 different type of presentation, although I do echo what my peers are

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1 presenting, but I'd like to present a little bit more of a success story of what
2 can be done depending upon structure and depending upon how the
3 programs are handled. I represent a consortium of non-public schools that
4 are administered by intermediate units in Pennsylvania.

5 Pennsylvania has a structure of regional educational
6 service agencies called intermediate units. There are 29 intermediate units
7 to service the 501 public school districts and numbers of non-public schools
8 and they service those in terms of special education services, professional
9 development, consultation with curriculum and a number of other areas.
10 My responsibility is to administer a state-wide program called the Act 89
11 Auxiliary Services Program that provides remedial services, counseling,
12 psychological services, a number of different things for the non-public
13 schools. And we also serve as the LEA for the non-public schools for the
14 federal programs. Now, this makes it very interesting in that we don't suffer
15 the problems that are caused by having the empty seats on the bus type
16 syndrome where a large public school district puts a program in place and
17 they have a very small group of non-public school children and it's tough to
18 find something that meets their needs when you're dealing with such a small
19 number. For instance, in my particular intermediate unit, Unit 20, which is
20 in the upper right-hand corner there, we have about 85,000 public school
21 students and 13 school districts. With the non-public school structure we
22 serve, there's about 9,000 students, so the numbers are small in relation.

23 When we looked at these particular programs, one of the
24 things we did a number of years back when I was still working for the
25 parochial school system was to put together a consortium of intermediate
26 units. Due to the fact of the expansive amount of paperwork you're all
27 familiar with for federal programs, we felt it would be worthwhile if one of
28 the intermediate units of a group of four if us did, Safe and Drug Free
29 Schools, another one did the Title II Professional Development and so
30 forth. So we teamed up and this has made things extremely effective. And
31 that highlighted green area on the map, that's the consortium that's
32 administered by my intermediate unit to do Safe and Drug Free Schools
33 Programs for the non-public schools and about 50 public school districts.
34 There are 11 non-public high schools, approximately 70 elementary and
35 middle schools and countless early childhood and pre-school programs that
36 come under this group. So it makes a sizeable group and we have probably
37 the best functioning advisory committee in the state, with law enforcement
38 represented, social service. We have legal people, we have parents, we
39 actually have students who come to our advisory counsel meetings. Right
40 now they're reviewing the budget, reviewing programs that are effective,
41 working on our application to make sure that we do have proven programs
42 that are being put into place that are scientifically based. So this has made
43 things exceptional and one of the products of our committee has been a
44 crisis response manual.

45 This started back in about 1985 when some of the

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1 schools had programs in place dealing with substance abuse and they had a
2 manual, "This is how we deal with problems," and we were putting student
3 assistance programs in place. Then eventually the Safe and Drug Free
4 Schools Program came across and we created this advisory panel and they
5 thought, "Well, this is a great idea, let's just take this substance abuse
6 manual that we have for schools and expand it into a number of other areas.
7 So it was an outgrowth of earlier substance abuse manual and it was
8 developed by practitioners in the field.

9 We set up committees for the different chapters and
10 brought in all the experts and this particular project is reviewed and updated
11 annually. And the manual itself is available on the website. I have a web
12 address there where you can find this under auxiliary services. Click on the
13 crisis manual and you'll be able to find that.

14 The reason I want to go through this rather quickly is
15 because to talk about
16 -- I want to focus on the crisis response itself and the issues we have in
17 working with the public school district. When we developed our manual,
18 we developed a standard process for each different section; a purpose, what
19 triggers the intervention process and procedure so that you could follow a
20 common approach to all issues and people would be comfortable in
21 responding and things would start to be internalized much easier, similar to
22 the all hazards planning approach that's now fostered.

23 We also listed a number of additional resources in the crisis
24 manual. Our first section, of course, dealt with alcohol, tobacco and other
25 drugs, different topics and dos and don'ts for parents. There's a wealth of
26 resources there. The purpose of the manual was not to set policy but to
27 implement procedures and to be able to point out where local policies
28 needed to be implemented to support your procedures. The definition of in
29 loco parentis, the responsibility of the schools we have in Pennsylvania,
30 examples of policies, also our single county agency contact sheet, all
31 different types of help and resources.

32 Our second section dealt with child abuse, suspected child
33 abuse by school employees. We have copies of the Child Protective
34 Services law in there as a resource. We then got into death in the school
35 community, provided sample letters to parents, how to respond and deal
36 with this death, whether you're dealing with students, whether you're
37 dealing with parents who are very close to the school or actual staff
38 members.

39 A suicide section because that's been one of the major issues
40 unfortunately that we deal with, with children this age group. How to
41 handle not just the aftermath of a successful suicides but when you do
42 attempts and we're actually even implementing University of Columbia's
43 Teen Screen Program now, very successful in the non-public schools to
44 provide some information for parents for children who may be at risk so
45 there are a lot of resources in this.

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1 We have a section on medical emergencies, how to handle
2 medical emergencies, helpful procedures to put in place and to local school
3 and different charts, resources and so forth. Actually, it gets rather
4 extensive and that's what's nice about having some representatives from the
5 medical community on your advisory counsel. This is one of the areas that
6 when we're talking about communicable diseases, we already did have
7 something in place there but it's a section that typically has to be expanded
8 much as is being done in the public schools, just to have a pandemic plan
9 response so you can show your local community you're addressing issues in
10 that area.

11 Natural disasters, dealing with different types of natural
12 disasters that may occur. Up in our area, we recently had some serious
13 flooding in the eastern area. We are susceptible to small earthquakes in
14 different sections there. We have mine subsidence and a number of other
15 problems there. Also going along with our natural disasters anything you
16 could imagine we try and put on the list.

17 Weapons and violence had been an area where we drew
18 from the resources from DARE office and law enforcement and legal
19 people who were on our committee and our local state police and task
20 forces have been very helpful in putting these procedures in place. We are
21 one of the areas where we have had shootings. It was nice to have these
22 procedures in place. They're predating Columbine and so forth but about
23 six years back we did have a shooting up at Newman High School in
24 Williamsport and luckily we had a policy in place that helped us to keep
25 things on track.

26 Other topics there dealing with gangs. Copies of our Gun
27 Free Schools Act, a list of members who are trained in first aid. We get into
28 custody issues, another hot topic with the public as well as the private
29 schools, dealing with missing children, procedures for handling issues with
30 missing children and tracking them on field trips and an official chapter we
31 have that's not listed in your handouts is Meagan's Law which is a
32 Pennsylvania law for tracking sexual predators.

33 With our crisis manual, it was so successful and we did have
34 it in place there for many of the parochial schools. It was shared with the
35 other private schools across the state. The Pennsylvania Department of
36 Education found out about it and liked it and actually gave us a grant to
37 distribute the template. It was basically a template in Microsoft Word
38 format so that a school building administrator could take this and tailor it
39 and it helps. You know, why re-invent the wheel but it helps point to major
40 issues that should be covered.

41 So we distributed this on a CD a number of years back to all
42 the public school districts in the state and we developed a website which
43 was listed on that third slide at IU 20 from which to download the manual,
44 and it's been used extensively. We've had downloads from countries all
45 across the world. An outgrowth of the manual was the flip charts for

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1 classroom teachers for quick references. It's nice, there are little flip charts
2 instead of looking through the whole manual. The procedures that the
3 administrators have, they can look up what happens when we're dealing
4 with an intruder and quick reference, who do I call, how do I handle these
5 things. The schools have done this, one of the public school districts
6 adopted this same procedure, so we've been sharing that and it's gone quite
7 well.

8 We've gotten involvement on our advisory committee in
9 working with the development of our manual and by the way, I have a copy
10 of the template just to show you the size of it. I can bring this out and leave
11 this with the committee but you can review this and it has a lot of helpful
12 resources. Much of this is -- some of this, I guess relevant specifically to
13 Pennsylvania but it's a step-by-step procedure that local building
14 administrators can use in putting their plans into place.

15 Following the development of this and all the recent
16 concerns that we've had with respect to crisis management, we began to
17 work in training our administrative teams from the non-public schools and
18 the incident command structure as well as the national incident
19 management system so that they would know how to interface with the first
20 responders when they came into their building. Not only would they know
21 how to interface with the first responders but they would be able to support
22 one another because they would understand the structure that was in place
23 at a particular school building.

24 In our area the public school districts have absolutely
25 adapted the plan format that we have in place. They've also been trained in
26 the incident command structure and in NIMS. Many of them, as I told you,
27 are developing flip charts for their teachers and flow charts for the
28 administrators so they can respond quickly and help each other out.

29 Our current priorities, both in the public schools and the
30 representatives of the private schools are sitting elbow to elbow with the
31 public school districts in developing comprehensive all hazards planning.
32 They are learning the common language structure from the NIMS. They're
33 working with the first responders. They're conducting tabletop exercises
34 and practice drills that go well beyond your severe weather drills.

35 The major areas that seem to be focused on right now are
36 how to respond in terms of natural disasters, how to deal with school
37 security and violence, and of course pandemic planning. In Pennsylvania,
38 our government support has come to the schools from resources we were
39 able to pull down from the FEMA website, also from the Department of
40 Education, the resources there and the Pennsylvania Management Agency
41 website. We've been getting our training in the instant command structure,
42 NIMS, at least in my particular intermediate unit where I'm located from
43 the Director of Emergency Services training at the local community college
44 and he's worked both with the non-public schools as well as the public
45 school districts. The state police are doing workshops on vulnerability

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1 assessments for the schools and assisting in consultation but they are
2 stretched rather thinly. The issue that we're all dealing with is the lack of
3 support in some areas. Our State Department of Health finally picked up
4 the phone to talk to the Department of Education when they were informed
5 by the Governor that they didn't the authority to close the schools down by
6 themselves. This is only under that authority of the Secretary of Education.
7 So they finally started to talk to one another.

8 They went and established PODs, the Points of Distension
9 throughout the state without any consultation or input from the local
10 emergency management agencies, without any input from the Regional
11 Anti-Terrorism Task Force and without any input from the schools. Many
12 of these sites that they selected or some of the sites they selected were
13 school buildings that were actually under construction and things that
14 would be impractical. Yet they had school districts that were willing to
15 work with them if they had picked up the phone ahead of time and said,
16 "Sure, we have a nice spot and we'd like to include this right here". So
17 there's a lack of coordination on a rather large scale.

18 We find the county support has been missing and we really
19 have to coordinate with the county. Our superintendents and many of you
20 are very familiar with the issue, we're -- the superintendents are accountable
21 to the parents for the health, safety and welfare of the children as well as the
22 staff. And it's hard to answer questions to parents about why you don't have
23 a plan to put into place when you're trying to pass things off to the county.
24 They don't want to hear that. They don't send the children off to the county
25 every day. They send them off to the school district and you had better be
26 prepared. So what has happened in our particular area, the schools are
27 driving the disaster preparedness planning. The schools have taken what
28 they've learned from the ICS trainings and NIMS training, taken their plans,
29 made them NIMS compliant and conducted the research to develop
30 response plans to put into place. And now they're at the stage where they're
31 going to be taking these plans to the county and asking the county to
32 support them and to be compliant with plans that they have prepared
33 according to the national standards. And I don't think this is an unusual
34 situation that you would find across the country.

35 School districts have to be responsive to parents, have to put
36 plans into place whether the support is there from the local government or
37 not. As I said, the schools are concerned about the safety of the students
38 and staff. The answer is not forthcoming. Our next step is to coordinate the
39 completed plans, review and update them regularly and to put procedures
40 into place to help children. Thank you.

41 CHAIRMAN LONG: Thank you very much, Jack. To
42 answer one of the things, just a statement you made, yes, it is almost the
43 same everywhere and that's why we're listening, that's why this will be a
44 good discussion afterwards. Michael, if we could turn to you, Michael
45 Caruso.

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1 MR. CARUSO: Thank you, good morning. I'm going to
2 try to breeze through my testimony and not hit all the points that are in my
3 written testimony. Does everyone have the testimony? And I don't have
4 the PowerPoint unfortunately this morning but distinguished Advisory
5 Committee members, honorable federal public servants and honored guests,
6 I'm very, very pleased to have this opportunity to present remarks and
7 participate in the follow-up panel discussion and I do want us to get to that
8 because I think the synergy and discussion that can happen there is
9 sometimes the most fruitful.

10 Concerning issues related to crisis planning and school
11 safety as they relate to Catholic schools, I handed around an overview of
12 the Catholic schools of the archdiocese of Washington that I represent.
13 There are 34,000 students in our system of schools, 76 of them are
14 archdioceses schools with two archdioceses high schools. Most of the
15 archdioceses schools are elementary and middle schools and the remaining
16 schools are -- about a quarter of them are independently operated Catholic
17 high school and middle schools.

18 We're in six different jurisdictions including the District of
19 Columbia and five Maryland county surrounding Washington, DC. The
20 geographic area for the archdioceses is 2100 square miles. I've worked in
21 the education profession for the last 25 years serving the archdioceses of
22 Washington since 2003 and my role, I'm not a security chief, although I
23 play one about every six weeks. My role really is to link the Catholic
24 schools with essential resources and my involvement though with the
25 Council of Governments Security Chief's Group and then the National
26 Group that's met every year for the last three years that I've been a part, has
27 really been to sensitize me to the fact that the external threats are very real
28 to all of our schools.

29 The same essential factors that influence public schools
30 have influenced Catholic and non-public schools' approach to rethink
31 school safety and crisis preparedness strategies and procedures and there's a
32 constellation of factors that you're all aware of. It started with Columbine,
33 9-11, the global war on terrorism, the war in Iraq and most recently the
34 potential for a flue pandemic. These are all key big factors that are driving
35 all of us and it's raised the consciousness level in non-public, private
36 schools the same way as it has in public schools. I'm a parent of two young
37 children, one six and one nine, and this has really become an important part
38 of my life both professionally and personally as I suspect it is for all of you.
39

40 Logic dictates that there be a heightened sensitivity to the
41 vulnerability of all children no matter where they go to school. We are
42 most concerned. We do have internal threats, just like everyone else and
43 they were alluded to, but we are most concerned about the external threats
44 and the common misperception is that non-public schools and private
45 schools don't think they have a problem or they don't worry about school

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1 safety and nothing could be further from the truth.

2 Now, some people like us and all of you worry about it a lot
3 more than some others especially in the suburbs who believe that somehow
4 it's not going to happen there, but most of the schools do worry about it,
5 especially the school leaders and parents increasingly worry about it.

6 No school -- to paraphrase the poet John Donne -- is an
7 island unto itself. And Catholic schools, while we pride ourselves in the
8 safety and security of our internal environments, we really are concerned
9 and we worry about the potential for a flu pandemic the way everyone else
10 does and we worry about the proliferation of gangs and natural disasters
11 and in another 9-11 and unfortunately it's likely to happen.

12 And what we need to do and we know is to plan accordingly
13 and we know that good planning and good coordination go a long way to
14 anticipating these complexities and addressing them. Now, I'm just going
15 to -- I don't want to whine about it, but it is a reality, after 9-11 there was a
16 burst of public funding to public schools and other public entities as there
17 should have been. Those funds, for the most part, did not reach non-public
18 and private schools. The additional funds, you're familiar with how they
19 were -- how they were provided and they were provided for very important
20 things. It makes practical sense to do everything possible to insure that the
21 non-public schools receive equitable and meaningful support for school
22 health and safety because our students to go school across these venues.

23 I've provided a couple of examples of promising practices.
24 They're not the only promising practices but they are a couple of examples.
25 One is a children's health alert network. The information is in your
26 packets. It essentially is a program in which the Montgomery County
27 Government Health Department received a federal grant about three years
28 ago and the Catholic schools, 30 of them in Montgomery County report
29 attendance essentially every day, most of them still participate in that as do
30 public schools. And what it is intended to do, the information goes to Johns
31 Hopkins is if there's any kind of dramatic change in attendance, it can
32 render a signal that there may be a health problem. It's really a bio-
33 terrorism initiative and health initiative.

34 The problem with that initiative is, there was a burst of
35 funding. We're all continuing to participate but there's been no follow-up
36 funding. In Prince George's County, this is just one example, we're working
37 with the special forces unit in which we provided all of our school floor
38 plans in case there was a major incident in which those SWAT teams would
39 need to get into the schools, they would know where to go.

40 Again, this is an initiative that's kind of done in isolation.
41 It's important. It's not being done in the other five jurisdictions and it
42 probably should be but that particular partnership doesn't exist there exactly
43 the same way, and yet if it were connected with a comprehensive approach,
44 it could really be a good model.

45 What I want to just shoot to are impediments to enhancing

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1 school safety and emergency preparedness and my focus is really around
2 the whole area of Title IV. But a key challenge, a couple of key challenges
3 faced by non-public schools is that, number one, they're not permitted to
4 apply directly for federal funds. We're not LEAs. So we're really, you
5 know, at the mercy and at the invitation of the public schools and we have
6 really, really good relationships with them but we can't be the lead. And
7 there's some interesting things going on in Pennsylvania, as there are in
8 New York where there are pass-throughs, voluntary pass-throughs that are
9 occur that enable non-public schools to access money more readily and
10 therefore, supports.

11 But the consequences that nearly all the efforts to enhance
12 the non-public schools readiness has been without the benefit of the
13 technical assistance training and implementation support that the public
14 schools have realized.

15 Another challenge that I want to mention that impacts
16 Catholic schools is kind of a broader contextual issue that I've observed and
17 that has to do with the fact that there's a separation between the school
18 safety offices in the public school systems and the Title IV offices. As most
19 of you probably know, there is not really a lot of coordination between
20 those Title IV programs, per se, and the security offices. Now, that's not
21 necessarily a criticism, it's just an observation and we are impacted by that
22 separation. Those groups meet separately. So in the end, important
23 programs such as Title IV that require non-public participation, have not
24 been fully implemented within the spirit of the law and let me just mention
25 a couple of reasons I think why. But before I do, I just want to mention that
26 I believe, as this whole panel does, I'm sure, that Title IV is a vital service
27 for school safety and crisis planning in the United States. It's just
28 astonishing to me that this isn't really abundantly clear to the Congress and
29 to others in the Administration.

30 Although it's not the only funding source to supplement
31 school safety and crisis, preparedness needs, the programs and services
32 supported under this program are really vital. The Office of Safe and Drug
33 Free Schools has a very modest budget relatively speaking and with limited
34 staff done amazing things and created a national crisis blueprint,
35 management blueprint for all hazards approach to school emergencies.
36 Even the Title IV programs provided to public schools invariably benefit
37 the non-public schools.

38 Our students interact with one another, peer mentoring,
39 suicide prevention, alcohol, drug prevention, gang awareness programs are
40 among the many programs that are literally seen. And here's the point, we
41 can't ignore the fact or minimize the fact that our nation is now faced with
42 extraordinary threats to its national health, safety and security at home and
43 abroad. All of us in education are challenged to think differently about the
44 programs and services we provide and the priorities we're making with the
45 limited resources under our stewardship.

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1 Now, many non-public schools are seeking to use the Title
2 IV for emergency preparedness. To get back to that other impediment
3 where you have your school safety offices over here and your Title IV
4 program offices over here and that -- the non-emergency preparedness
5 programs that are going on. Those are very important programs, but at a
6 time really when the efficacy of the Title IV program is being questioned
7 by the Congress and the Administration, this Advisory Committee has an
8 opportunity to recommend new ways of focusing the Title IV funds to
9 address current and anticipated realities that address the health and safety of
10 school communities across America. For many Catholic schools the Title
11 IV funds and the supports are the only supplemental supports to enhance
12 our capabilities and align ourselves with the emerging standards of
13 efficiency that the public schools are really ahead of the curve on.

14 As this Advisory Committee prepares to make
15 recommendations to the Secretary of Education, I hope that you'll keep in
16 mind that the public schools can't afford not to include non-public schools
17 much, much more deliberately and systematically. Let's face it, children
18 from the same schools often attend a combination of public and non-public
19 school. Spouses and friends work across those venues. An isolated and
20 disenfranchised non-public private school communities are a risk to
21 everyone. They weaken the chain of protection within and across our
22 nation's school communities.

23 I've mentioned two impediments here or concerns that I
24 have with regard to number one, the categorical or formula based funding
25 flows to the LEAs, the public schools through the states and we need to
26 insure that equitable participation for non-public programs is assured.

27 Let me just kind of allude to what Maureen Dowling
28 mentioned in terms of how that Title IV funding occurs. Essentially bottom
29 line, some of you or many of you may know how it works, but basically
30 what you have is the LEA public schools will send the non-public schools a
31 sheet that indicates, "Do you want to participate in all these 11 programs,
32 one of them is Title IV, yes or no"? Usually it's not accompanied by our
33 approximate equitable proportion of funds.

34 So if I'm DeMatha High School in suburban Maryland, I
35 don't know that there's possibly \$10,000.00 of equitable proportion of
36 funds. No one has told me, okay? Six hundred and fifty thousand dollars is
37 provided by -- to the state, to Prince George's County, which is the
38 jurisdiction in which that particular high school is located, for instance.
39 DeMatha and the rest of our 30 archdioceses schools in Prince George's
40 County still don't know what our equitable proportion is. We think that it's
41 probably around \$10.00 a head and we're still waiting for that funding. But
42 without knowing the dollar amount, we can't consult meaningfully. So
43 what happens?

44 Usually, there's a unilateral offer of services to our non-
45 public schools. At the participation, the non-public participation meeting

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1 last spring, basically what happens, and this happens in a number of
2 jurisdictions, is the menu of peer mediation, alcohol awareness, court
3 programs that expose adolescents to what it means when you get
4 incarcerated, all those good programs are described to us and we are offered
5 those services. That is not equitable participation and it doesn't meet our
6 most compelling need right now. And our most compelling need right now
7 is for crisis preparedness. So I've mentioned a couple of our key concerns
8 with respect to those and I've posited some questions for the LEAs.

9 And somehow this needs to get in terms of implementation
10 guide just to the LEAs. For the Title IV discretionary grant program for
11 emergency preparedness, equitable participation for non-public programs
12 must be assured. Despite the deliberate efforts by the Office of Safe and
13 Drug Free Schools and they've done a number of things that are really
14 important, there still appears to be a lot of gray area concerning
15 implementation of this. I've also posited a number of questions that the
16 committee can take up with the staff, the Office of Safe and Drug Free
17 School staff in terms of looking at the protocols that are used at the front
18 end of applications and also at the tail end of applications in terms of the
19 implementation.

20 The bottom line is that there needs to be systematic tracking
21 of those that indicate non-public school participation to assure that it
22 actually happens for either the categorical or competitive grant programs.
23 Having good positive advisory committees at the state level and at the LEA
24 level is another way, is a way that that can happen. Now, in the
25 Washington area we have very positive conditions. We have excellent
26 relationships with our public school systems. Our superintendents in the
27 Catholic school systems attend the meetings with the public school
28 superintendents. I attend meetings with my colleagues, the school security
29 chiefs. These are all excellent conditions but -- and those relationships
30 grew out of all that's happened in the last six years, but we need to do more
31 than follow the lead of the public school systems. We follow the lead of the
32 public school systems for delays and closures of schools, for instance, but
33 we need to do more than that. The government officials -- and we do that
34 because the government possesses more intelligence than we do. So we
35 assume when the public schools close, they have garnered all the possible
36 information concerning health and safety and they are using more complete
37 information to make those decisions.

38 Last Friday, the Washington Region's top elected officials
39 for Maryland and the District of Columbia and Virginia, the new governor,
40 Governor O'Malley, Mayor Fenty and Governor Kane convened a summit
41 on security, pledging to cooperate on homeland security issues. The focus
42 of their effort was on cross-jurisdictional communications, public
43 awareness, critical infrastructures, protection planning, intelligence sharing,
44 et cetera, et cetera.

45 The National Capital Region is to receive 411 million of the

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1 747 million in urban area security initiative money that's being directed to
2 provide support to the six high-risk urban areas. It really may be time for a
3 series of regional school summits on homeland security to prepare all
4 schools in America to act as a seamless education community in the event
5 of one or more catastrophic or otherwise horrific incidents as my colleague
6 Joe McTighe alluded to.

7 It's time that our public and non-public school education
8 leaders were provided with the supports to plan appropriately for a national
9 and regional emergency that could threaten the stability of the education
10 system nationally as well as locally. And I mean, just looking at the
11 Washington area, I mean, we're a decision making center obviously for the
12 nation. And the same really is true for the other regions of the country.

13 I've mentioned our Catholic school goals and I won't go
14 over all of them, but basically, they mirror the goals of the public schools
15 and I've taken the template of the Office of Safe and Drug Free Schools'
16 competitive grant program and we've developed a blueprint that we're
17 shopping around to the Title IV LEA offices.

18 The important thing to note now is that we're ready to act
19 and yet we're waiting for the LEAs to respond and I believe in some cases
20 they will respond. Our purpose is to formalize our school safety and
21 emergency planning activities as the public schools have and to align
22 ourselves with those standards of proficiency that the public schools, as I've
23 mentioned, really have the curve on. We recognize the need to work with
24 community partners but to achieve this, we need the technical assistance
25 and the training for our central office as well as our school staff and
26 students, as well as enhanced communications for parents.

27 Of immediate concern, and I have to mention this because it
28 kind of brings it all back, is the need for federal support to develop
29 guidance around the whole issue of a potential infectious disease outbreak.
30 And we've been told in a number of briefings that it could be as short a time
31 as three to four weeks if something really happened, before a pandemic
32 would hit. We tend to think of it like it's going to be six months or six years
33 from now but there is real genuine concern and we read about it every day
34 and I'm showing your intelligence that there are various kinds of things
35 happening that indicate that the potential for this could happen.

36 And even if it were done on a much more isolated smaller
37 scale the repercussions could be devastating. We're talking about what it
38 would mean to close our schools for three to six to nine months. We're
39 talking about the economic impact on our schools. The same impact could
40 occur on local jurisdictional budgets as well. And we're trying to plan for
41 how we would go about withstanding that. We would welcome -- let me
42 just say this, make this as an overture, we would welcome the Archdioceses
43 of Washington and I would suspect with other partnering non-public school
44 organizations, an alternative funding opportunity for an innovative
45 partnership collaboration based on best practices, national standards and

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1 data driven decision making. We want to focus on global pandemic and
2 other catastrophic incident preparation. If funding, we will work, we are
3 prepared to work with the Federal Government, the state governments, the
4 jurisdictions in this region.

5 This Advisory Committee really should consider proposing
6 to the Secretary as a proposal, not only for the Washington Capital Region
7 but strategically throughout the nation collaborative, innovative initiatives
8 and moving on it with dispatch, not a year from now where we put it out to
9 bid. I'm not talking about \$50 million. I'm talking about \$3 million say, to
10 jump start a number of innovative initiatives to parallel and mirror the
11 really good best practices that have been occurring through the Office of
12 Safe and Drug Free Schools Competitive Grant Programs.

13 Let me conclude by thanking Secretary Spellings, this
14 committee for the opportunity to present and be part of the panel discussion.
15 I want to engage with the panel. I also want to acknowledge the really,
16 really good work and fine efforts of the professional staff in the Office of
17 Safe and Drug Free Schools, Bill Modzeleski, along with Assistant Deputy
18 Secretary Deborah Price. I'm going to miss Tara Hill and Sara Strizzi and a
19 number of other people. An amazing staff, they really do amazing things
20 on a very relatively modest budget. There's no finer or committed staff in
21 the Federal Government or the private sector and I hope that my remarks
22 and my written remarks which are more detailed, will be helpful as you
23 develop recommendations to the Secretary to insure that all children and the
24 staff who work with them every day can keep all children safe in America.
25 Thank you.

26 CHAIRMAN LONG: Michael, thank you very much.
27 We've been here almost two hours. I'm going to ask that we take a five-
28 minute break and in the meantime, Maureen, if you could then come up to
29 join the four panelists as we enter the question and answer.

30 MS. PRICE: Can I just identify who these are, do you
31 mind? Let me mention one thing; we've got some international guests that
32 have come in and are observing us today. Rita, could you stand and just
33 identify where they're from because at the break time you -- just generally.

34 FEMALE PARTICIPANT: Generally, they're from seven
35 countries. (Inaudible) Yeah, just very briefly.

36 MALE PARTICIPANT: This is a program sponsored by
37 the International Visitor Leadership Program of US Department of State.
38 We have eight guests from eight different countries involved in politics and
39 education who are looking at civics education in the US.

40 MS. PRICE: And the countries?

41 MR. SKOUGSTAD: The countries are Burma, Egypt,
42 Romania, Peru, Colombia, Turkey and Malaysia.

43 MS. PRICE: Thank you, just so that if during the break you
44 wanted to chat with them.

45 (Applause)

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1 (A brief recess was taken at 9:44 a.m.)

2 (On the record at 9:52 a.m.)

3 CHAIRMAN LONG: I think, Maureen, yes, you've found a
4 place there. Now for those of you that are panel members, this now is a
5 very freewheeling question, answer discussion so that we can start to
6 synthesize some of the information to see what the committee wishes to do
7 with it. So with that, if we could please start with committee questions and
8 away we'll go.

9 MS. PRICE: I don't necessarily have a question but I
10 wanted to give a little bit more information about the NOAA radios, just
11 because as the Advisory Committee is looking at a variety of things it
12 would be helpful for them to know kind of the background and the current
13 status of that as well.

14 While you mentioned Hurricane Katrina and the response
15 with the public and private schools, it really was outstanding. Private
16 schools were taking in public school students. Public schools were taking
17 in private school students and they looked at them as a community in need
18 as a whole. And that was an outstanding example. The NOAA radios,
19 while I described it, may not have been the outstanding example that
20 Hurricane Katrina is but let me give a little bit of background.

21 The NOAA radios are all hazard radios that are being
22 provided to schools but they're not being provided from the Department of
23 Education. They're being provided -- NOAA is part of Commerce.
24 Homeland Security actually is the entity that is doing this and so they are
25 the ones who have taken on this responsibility. The role of Education has
26 been to help them identify the communication tool to reach those goals in
27 communities that they're trying to reach.

28 And clearly they want Department of Education involved
29 because you know, we -- it's schools, it's our subject matter, but last year
30 there was an earmark, so a particular amount of money put in the
31 Appropriations Bill to provide -- and it was a smaller amount of money, it
32 was actually the year before last, to provide NOAA radios to some schools
33 and it was a pilot project. It was a small amount of money. So Homeland
34 Security -- I always pronounce it wrong, UASI (phonetic) which identifies
35 those communities that have the highest risk in the country. And so the
36 decision was made to give radios to public schools in those school districts.

37
38 Then the earmark increased and it was a much larger
39 amount of money and so they thought that they would try to distribute the
40 radios to as many schools as possible, thinking they could get some, but
41 because they were able to contract such a particularly low price for the
42 radios, they were able to distribute -- Homeland was able to distribute those
43 radios to all K through 12 public schools in the country and still had some
44 money left over.

45 Now, their -- you know, everything moves in a department

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1 by a decision memo that is then approved by that particular Secretary and
2 their decision memo, that had been as far as it goes. Since then, they have
3 determined that they will be getting NOAA radios to all non-public schools,
4 K through 12 in the country in addition to daycare facilities and many
5 institutions of higher education. That decision memo is currently at the
6 Department of Homeland Security going -- moving forward and there are
7 some legal things they had to figure out about getting -- particularly daycare
8 facilities is kind of cumbersome but do they have the authority to give the
9 dollars at XY and Z. And so, you know, no one is saying no but they had to
10 work those elements out.

11 Those are -- that decision memo is going forward and no
12 reason to believe that there will be anything but a positive response to that,
13 but that is Homeland Security's authority to say yes or no, not ours. So I
14 can't pre-empt them or usurp their authority in that. But those are expected
15 to go out this spring. So -- but you know, should private schools have been
16 incorporated in the early thing, you know, we can see now that there are
17 reasons to incorporate both but nonetheless, the nature of the beast being
18 what it was, this is the circumstances that we had, but they will be going out
19 to those school districts and can be a valuable tool down the road. So I just
20 kind of wanted to give an update about that process and let you know.

21 MR. McTIGHE: If I could just offer a comment, and we
22 appreciate all that the Department has done in trying to expedite the remedy
23 for this what we consider a problem.

24 MS. PRICE: Well, I should say that that decision to go
25 forward with the public schools has been -- I mean, nothing in the Federal
26 Government happens quickly. That was all discussed prior to all of these
27 other conversations.

28 MR. McTIGHE: Right, I understand. The background,
29 even to go back a little bit further, the original appropriation, which was an
30 earmark in the DHS appropriation, specified for the distribution of NOAA
31 radios to schools across the country. Now, you have to know a little bit
32 about legislative lingo to realize that when Congress wants to deal only
33 with public schools, they say public schools or they say LEAs or they say
34 school districts, some peculiarly public school descriptor.

35 When they say schools, they mean all schools. They mean
36 public schools, they mean private schools. So somewhere between that
37 appropriation earmark and the implementation of the program, which took
38 place, as you described, at DHS, the decision was made to focus on public
39 schools rather than schools in general, including the initial decision which
40 was to focus on schools in the most at risk urban areas. That could have
41 been public schools and private schools in the most at risk. In the urban
42 areas at risk includes everybody.

43 So that was one of our concerns, that from the get-go this
44 program was designed for public schools. And here's a -- I just want to
45 quote from a letter that I received when we initially raised a fuss about this

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1 program. We got a letter back from the Department of Homeland Security
2 and you know, she described the whole, you know, series that you
3 described, the 2005 appropriation, the 2006 expansion, et cetera. But here's
4 an interesting quote; "When the current distribution is complete, DHS will
5 work closely with the Department of Education and Commerce to consider
6 possible distribution to additional categories of schools through this joint
7 initiative, if there is remaining funding". So listen to the hierarchy.

8 Okay, we're going to take care of public schools first, okay,
9 and we're going to take care of public schools in urban areas that are at risk
10 first. Then we're going to take care of all public schools and then if there's
11 money left over, we will consider protecting the well-being of kids in
12 private schools. That's our concern about this program, the hierarchy of
13 consideration. If that applied to any majority, minority group and you were
14 to say, "We're going to take care of the majority in providing this level on
15 service and then if we have money left over, we'll consider providing the
16 same services to the minority". Do you get the point? And that's exactly
17 our response. I mean, we're trying to avoid that kind of thinking from
18 happening again.

19 MR. CARUSO: Kind of the broader point is -- and I come
20 back to pandemic, because pandemic, if there's anything I know that
21 alcohol and drugs and certain things are impacting us immediately, but the
22 likelihood of a catastrophic national or regional issue, you know, it's more
23 likely that a pandemic or health-related emergency could be impacting
24 across then there's no argument on it. If my kid goes to a public school,
25 neighborhood school, and then another child goes to a Catholic school or
26 another private school, and one school is doing all the right things in terms
27 of health practices and then the other school somehow it just didn't get all of
28 that information. You're not really fortifying and making and minimizing
29 and isolating the virus. So I think the more important thing is there are
30 some looming national issues related to health and safety where this is just
31 an example of. We don't need the same level of funding but we need to
32 make sure that we're applying those safeguards and those protections across
33 venues and we're applying them and providing the support so it's not an
34 unfunded mandate.

35 So that when we're shoring up and fortifying various things,
36 whether it's being concerned about intruders and looking at your zone of
37 protection or looking at your health zone of protection in your practices that
38 those practices are being improved and enhanced across public and non-
39 public/private school lines.

40 CHAIRMAN LONG: Other questions or comments from
41 the committee, yes, Mike?

42 MR. HERRMANN: First off, I just want to thank the
43 committee, particularly Michael and Jack for raising the issues about crisis
44 preparedness. Those issues, I think this committee has, perhaps, not heard
45 as much about as some of the drug and violence issues but I do think it's an

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1 important thing to think about in terms of the overall Title IV picture.

2 As a person associated with state government who has
3 responsibilities for insuring that these private school issues get addressed.
4 You know, I heard the recommendations in terms of steps that the US
5 Department could take. Do you have recommendations or thoughts in
6 terms of things that should be happening at the State Department of
7 Education level?

8 MR. CARUSO: Well, I guess one observation I would
9 make is that you can't kind of blame the LEA completely for the way they
10 act sometimes. I think it's -- you know, the Department of Ed can provide
11 guidance, provides the guidance to the states and to the LEAs to some
12 extent, but the states need -- and in our case it's the District of Columbia
13 and the State of Maryland, need to be more -- need to be more mindful of
14 the fact that they need to be providing guidance, that those LEAs need to be
15 breaking out those, you know, \$650,000.00 for Prince George's County and
16 five hundred some thousand dollars for Montgomery County and those
17 LEAs need to know when -- that they need to be breaking those out and
18 they need the guidance from the state. And it's not just a federal matter, it's
19 the feds talking to the state because I suspect, for instance in a couple of
20 jurisdictions, the Title IV program officers who are really good people
21 doing programs for the populations they're doing them for, eluded to the
22 adolescent survey, such and such adolescent survey and when I said, "Who
23 did you do the adolescent survey with", to drive those programs, those
24 mentoring programs and alcohol programs, they did them with the public
25 school students, not the non-public/private school students. Now, students
26 are students but they're not the same students. And if you survey your
27 public school teachers and staff, you're going to get a different response
28 from non-public school teachers and staff, okay?

29 The supports that exist for the public schools don't exist for
30 the non-public schools. The same initiatives aren't happening. Therefore,
31 you know, we -- hence we have decided in the Archdioceses of Washington
32 we need to get ready for major, all hazards approach, major incidents that
33 could happen, including an isolated or broad based evacuation of the
34 Washington metropolitan area if a major incident occurs. You have to
35 worry about the here and now, but those kinds of things could happen here
36 more than anywhere else, but coming back to it, the state needs to provide
37 and exercise more guidance, so the LEAs tend to be looking to well, in my
38 last audit they said that adolescent survey was fine. They said the
39 assessment that we did based on that was fine. Well, a unilateral provision
40 of services you know, is not enough. So I don't mean to be a whistle
41 blower, per se, it's just a reality. You know, so the states have a
42 responsibility.

43 I don't know if anyone else has any thoughts about the
44 states.

45 MR. CLARK: Yeah, I'd like to make just a couple quick

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1 comments; on the state level both for the non-public and the public schools,
2 in Pennsylvania it seems to be somewhat out of the hands of the
3 Department of Education. The decisions are being made by the Department
4 of Homeland Security and the Department of Health, just without
5 consultation. Consultation is finally starting to pull into place but they have
6 to work together as a team and this is something that has to occur there.

7 I think Pennsylvania has a model of using educational
8 service agencies. There's 23 states with educational service agency
9 systems. Thirteen of them have what we call a Type I ESA put into place
10 by the legislature like we have in Pennsylvania, that really can pull together
11 some of these programs and administer them on behalf of the non-public
12 schools regionally. That would be much more effective in designing
13 programs to meet their needs and assisting in coordinating with what they're
14 doing and what the public schools are doing.

15 Not only do we do that with our agency but we also meet
16 with our public school superintendents on this particular topic on
17 emergency planning and helping them to develop plans that the county is
18 not doing for them, that the state is not doing for them. So I encourage
19 making use of that type of a structure where it can be.

20 Mr. BASSETT: Just a word about how kids and adults
21 learn; you know, if we gave you a book and we did a presentation for you
22 on how to prepare for a dirty bomb, let's say, you know, it's very academic
23 and it's the way schools work but NOAA would absorb anything that would
24 be useful. But if we asked -- if there were an event, we're going to do a
25 simulation, do a statewide simulation in October of 2007, and I know my
26 parents and my school were going to expect us to participate, and we've
27 have to evacuate that day and we'd have to use the local medical emergency
28 facilities and we'd have to be able to provide educational services to our
29 kids for the next day. Let's do a two-day simulation.

30 That's actually how schools one, would get their act in gear
31 to be prepared and two, we'd actually have some professionals who could
32 see how well we did and how poorly we did is more likely and we'd get
33 better preparation because people learn by doing. They don't learn by
34 listening, they don't learn by studying. All the resources on the web, nice to
35 have and important to do but it doesn't even come close to comparing by
36 actually doing something. So the state could play a large role in actually
37 seeding some simulations, let's say.

38 Actually, you could do it. You could do it two ways. You
39 could do a real simulation or you could do a virtual simulation, on second
40 life, for example.

41 CHAIRMAN LONG: Very good, thank you. Susan.

42 MS. KEYS: It seems from Mr. Caruso's presentation that
43 the need for this consultation that we heard about is something that's
44 important regardless of whether it's related to crisis preparedness or
45 emergencies, it's just general program funding. And we talked about how

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1 the state could be important but I guess I'm wondering if you have
2 recommendations for what the role of the Federal Government could be
3 because in some cases, I know one of our major grant programs that the
4 Department of Health and Human Services shares with Office of Safe and
5 Drug Free Schools is Safe Schools, Healthy Students. And those grant
6 funds go straight to the local education agency, not through the state.

7 So what do we need to do to better equip non-public and
8 private schools to engage in this consultation role or to educate the local
9 education agency about the importance of that role, so if you have some
10 thoughts on that, of what we might recommend.

11 MR. McTIGHE: I think we have to distinguish between
12 discretionary grants and regular grants or universal grants, if you will. With
13 respect to universal grants, the model I would hold up in terms of educating
14 LEAs about their responsibilities and educating the private school
15 community, too, about, you know, what they might be entitled to under a
16 particular grant program. Because, frankly, the private school community
17 has a lot to learn, too, and people within the private school community are
18 not, you know, fully aware of all that's available to them under various title
19 programs.

20 The model I would hold up is a model that was just
21 promulgated actually, between the Departments of Office of Non-Public
22 Education and the Title I Office. It's a manual relating to the
23 implementation of Title I. It's Q and A documents. It's model consultative
24 calendars and agendas and the like. It's really a hands-on document that
25 people can just take and duplicate and adapt to use in terms of, you know,
26 involving the private school community.

27 There's no reason why that kind of thing couldn't be
28 developed for the other federal programs as well. With respect to the
29 discretionary grant programs, I think the key there is the implementation of
30 the approval process itself. So that if there are stipulations in the law that
31 require, for example, consultation, outreach inclusion of private school
32 folks, then when that application is reviewed by the Department, it's -- there
33 have to be real clear guidelines as to whether or not it's going to be
34 approved without some verification or some mention of the kinds of
35 consultation that was supposed to take place.

36 We participated, for example, recently in a Blue Ribbon
37 Schools Grants program that awards Blue Ribbon School status to a whole
38 variety of schools and public and private. And there are some stipulations
39 that the schools have to observe if they're going to be approved for the
40 program. Stipulations as refined as a nine-digit zip code, for example, on
41 the application. If you don't have the nine-digit zip code on the application,
42 your application is put in the discard pile.

43 And the same is -- even more so should be the case with an
44 application from a school district that is supposed to adhere to consultation
45 and critical services requirements. If they don't mention it, if they don't

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1 explain how they're going to carry that out, that application goes in the
2 discard pile and school districts will quickly learn what the requirements of
3 the law are because you know, they'll learn from experience, I guess is the -
4 -

5 MR. CLARK: And along that same line, although
6 Pennsylvania doesn't have this issue, because the advisory counsels for the
7 non-public schools, the Safe and Drug Free Schools design their programs
8 to meet their specific needs. Some of the other programs, like Title I, we
9 have a sign-off procedure that's all done on line. When the school districts
10 submit their applications for Title I, if they don't have a sign-off of a non-
11 public school to show that they have been consulted on all the different
12 items that are under the law, you know, prior to decisions being made,
13 there's a checklist there, if that consultation isn't there, it's not a veto but it
14 does put a flag up for the State Department of Education reviewer who is
15 accepting that application and they pick up the telephone and find out
16 what's going on.

17 So it's a very successful type of a process that could be
18 implemented rather easily with these applications.

19 MR. CARUSO: I mean, I guess whether it has to do with
20 the formula or the competitive grants, maybe a policy -- Title IV policy
21 implementation brief like essential expectations checklist, not some
22 document that's going to take two years to go through the approval process,
23 but something that's distilled, that's based on what we've just discussed and
24 is an extension of what Dr. Dowling indicated is one possibility. Another
25 one is to look to Title IIA which is the program for professional
26 development which much more routinely, that's one of the other 11
27 programs, much more routinely that same jurisdiction that I eluded to asks
28 us do you want -- our various schools, "Do you want to participate in Title
29 IIA, Professional Development monies for teachers and staff"? They say,
30 yes, that's an immediate indication of that's -- they're among the number of
31 schools that need to have an equitable allotment generated and that
32 determines how this -- whether it's going to be five dollars per student or
33 whether it's going to be nine dollars per student, because the more schools
34 involved, the less money per head that is going to be generated.

35 There is a model looking to Title IIA. I think that with Title
36 IV it just kind of emerged with the schools -- my sense of it, the school
37 districts have really good people. These are really smart doctors of
38 education who are implementing programs based on best practices and
39 believe that there -- that, you know, they have a basis for the decision to
40 continue these programs. So when you mention to them, you know, "Have
41 you thought about emergency preparedness", I mean, our school security
42 chiefs for the most part don't know anything about what's going on with the
43 Title IV program because they don't really have to do largely with that day
44 to day bailiwick when it comes to emergency preparedness.

45 So it's an embedded, you know, culture for Title -- you

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1 know, for program officers at the LEA level and it winds up impacting us
2 because these people aren't used to having requests for a focus on all the
3 kinds of things we're talking about.

4 MR. BASSETT: I would respond to what should the
5 Federal Government do or what could the Federal Government do by
6 asking how big do you want to think? In other words, let's take -- let's go
7 down that road of avian flu pandemic or dirty bomb, when we are going to
8 have literally, potentially millions of kids at home and their parents at home
9 because they can't go to work because their kids are home. So
10 how will we sustain education for nine weeks or six months or whatever it
11 actually might take? And the only way you're going to sustain education in
12 that scenario is through Internet exchanges, teachers and kids and every
13 family and very household inter-connected. So the future of that is actually
14 on our doorstep and I don't know how much the government is interested or
15 willing to invest but you could play an extraordinarily useful role in
16 incubating, funding the incubation of a culture, an educational culture
17 where that's going to be able to happen overnight. And if you haven't seen
18 one computer per child stuff on the Internet, just Google it, one computer
19 per child.

20 Of course, this is the MIT initiative for \$100.00 computers
21 and they're there. Why wouldn't the government fund some pilot programs
22 so you knew that every family in the DC area had a computer or if they
23 didn't have one, got that \$100.00 computer. By the way, if you start
24 exploring what that one computer per child movement is doing, the MIT
25 computer, absolutely astonishing.

26 Check out Mini Tam Tam on the one computer per child.
27 It's so far beyond anything we've seen in terms of capabilities. So my point
28 would be if you want to invest, invest in wiki curriculum. Everyone on the
29 panel, I'm sure, knows what Wikipedia is, open source alternative to highly
30 expensive published encyclopedias. Well, wiki curriculum is the next step,
31 which is open source curriculum.

32 So when all of our parents are at home instead of at work,
33 and they have to connect with their teachers, with their kid's teachers,
34 there's lesson plans for every kid at every level, that's open source, state of
35 the art, best accessible lesson plans. So we need to really jump start that
36 kind of stuff and the Federal Government could play a role in that.

37 MR. JONES: Yeah, I was just going to quickly follow up.
38 To what extent are trauma type information on that particular website?

39 MR. BASSETT: Trauma, you mean trauma for the
40 children?

41 MR. JONES: Yes, right, yes, just the information about the
42 impacts of trauma and how --

43 MR. BASSETT: Yeah, exactly, you can find anything on
44 Wikipedia and if you went for a trauma and you didn't find anything, you'd
45 start it and that would, in fact, begin the beginning of a whole community

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1 of the world contributing until we got the best of the world's knowledge on
2 how to help your child in a trauma situation.

3 MR. JONES: So specifically, what would a
4 recommendation be to the Department of Education to enhance?

5 MR. BASSETT: Well, I think you should be contributing
6 to Wikipedia because that increasingly will be the source that we'll go to.
7 It's current. It's daily updated and it's what we need to have. I think you
8 should be contributing to wiki curriculum by funding, you know, the early
9 adapters out there who are already contributing so we'll have a worldwide
10 first class curriculum for the third grader stuck at home.

11 And by the way, the reason you would want to do this is that
12 there are a lot of kids who can't go to school, a lot of American kids are not
13 served because they can't go to school, they have some kind of disability.
14 And so there would be a reason to do this even if weren't fearful of the
15 pandemic that's coming.

16 MR. JONES: Yeah, you know, I think that ties into the
17 point about -- I forget who made it on social -- in fact, you made it, right, I
18 mean, just in terms of what we don't know about the impact of trauma on
19 children and that may be a mechanism whereby that information could be
20 shared.

21 I just wanted to share a comment. I've heard a number of
22 very interesting things, very interesting initiatives that you folks are doing
23 with limited funding. It sounds very good. In fact, Jack, your manual
24 sounds just outstanding. I'm going to be meeting in Richmond next week.
25 We're updating our crisis management plan and I'd like to get a copy of that
26 and take some of that information on.

27 But I'm wondering, the extent to which I heard a number of
28 things in addition to funding, just communication, I thought a couple of
29 things came up that were quite right on, and I'm just wondering, to what
30 extent how -- to what extent can the Department assist in two things; one
31 greater communication between the Departments of Health and the
32 Department of Education and then secondly, this whole notion of these
33 regional school summits that I think, Michael, you brought up. Just
34 communicating with the key partners, we know that there's great
35 information out there and lot of people doing great things, but the
36 breakdown of communication often leads to very poor results.

37 MR. CARUSO: Yeah, and when I think about those, I think
38 about carefully crafted summits that would have input. I mean, I would
39 think that this group would be a key advisory group to construct what they
40 look like which would include the kinds of inter-departmental involvement
41 and activities that would go on at those summits. So you know, you've got
42 the Department of Education; you've got the Department of Homeland
43 Security, the Department of Commerce, HHS. Those in particular are key
44 departments that would be
45 -- have to be involved in the structure of this.

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1 And I know that sounds like a very complicated thing but
2 it's absolutely essential because if anything were to happen all of them
3 would be involved in the response. So you know, I always think of it in
4 terms of scenario based things. So instead of it just being an information
5 delivery conveying activity where people get around and have panels that
6 would be interesting, there would be scenarios involved, I would think
7 involved in that.

8 And it's something that we need to do sooner than later and
9 it may be that that's the microcosm of what then is proposed be done within
10 all these communities, the kinds of follow-up activities that are done within
11 a close proximity to those summits that within 60 days these certain
12 activities will be happening throughout the country. But I guess, back to
13 your point, it's inter-departmental, it has to involve at the federal level and
14 then at the state level you've got a similar constellation of departments, and
15 then at the local level. I mean, in Montgomery County, we have a
16 Department of Homeland Security that was spawned as a result of 9-11,
17 which is a model.

18 The other thing I want to just mention is again, in the event
19 of a major incident that would close the public schools in any one of these
20 jurisdictions, our Catholic schools would close. We follow them. We
21 would assume that if it's significant enough to close the public close, it
22 would be significant enough to close ours. So it would force -- you know,
23 and we're impacted by those factors.

24 DR. DOWLING: Susan, I just wanted to jump back to one
25 other item on what can the Federal Government do in its role. I'm glad I
26 didn't have to follow -- I love you thinking here, but the Department
27 program offices monitor the states to insure that the programs are being
28 implemented as required by law and in that monitoring they'll also do site
29 visits to local educational agencies to insure that what the law requires is
30 being implemented at that local level and that states are overseeing what the
31 LEAs are doing.

32 And as related to equitable participation, one area that might
33 be worthwhile to examine is do the monitoring protocols across the
34 Department address equitable participation? I've had the benefit of
35 participating only in Title I, so I'm aware of the ones we use for Title I
36 which are very intricate, very detailed. As monitoring teams walk away,
37 they know for certainty whether Title I has been implemented for students
38 in private schools. So that may be an area that may be worth addressing,
39 across programs.

40 MR. CARUSO: And the checklist that I mentioned that
41 would have more force and effect coming out of the Department may be the
42 non-public office in terms of Title IV with -- in concert with the Office of
43 Safe and Drug Free Schools would have certain questions like does the
44 LEA let the non-public/private school know the total Title IV allocation for
45 the jurisdiction in which they are located and/or the formula, usually the

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1 approximate per pupil allocation that will be used as the basis for services
2 when they ask the non-public school or school system to respond in writing
3 whether they wish to participate in the Title IV.

4 That's a mouthful but it is in the testimony. Does the LEA
5 adopt a same service approach to Title IV which we know some of them do,
6 it's a unilateral provision of services, it's not in concert with the law.
7 Surveying public schools children without offering to complete an
8 assessment of the non-public school needs under Title IV is a more positive
9 way to flip it around to say do they assess non-public school needs rather
10 than just using the survey they used to survey public school students.

11 And I have a similar few questions that could be posited and
12 embedded in the monitoring protocol and the application protocol. I think
13 that's what Maureen is saying, but the important thing is that the guidance
14 needs to come out. Even if it's non-regulatory and advisory, it's sort of an
15 extension of what we've learned by having these discussions and even Dr.
16 Dowling, Maureen Dowling's comments really have really become richer
17 based on her experience, I think in the LEAs and at the state level.

18 CHAIRMAN LONG: Just some comments, not trying to
19 address all these but this has been very interesting. I alluded to this at
20 break, very interesting for me to hear. Most of what I'm hearing does not
21 exist where I work, so that's why I found it interesting. The reason that it
22 doesn't because we have a very close collaborative relationship with all the
23 agencies and I'm talking about a rather large -- it's Riverside County,
24 California. We have 405,000 students that reside in the county and I heard
25 someone mention square miles. We have 7,200 square miles, so it's a large
26 educational entity. And yet, we have very little of the things that I'm
27 hearing described by you as problems. And the reason that I think we don't
28 have too many is because what I mentioned earlier, we have a very close
29 collaboration and by that I mean as it relates to we now have a Homeland
30 Security Department in the county. And we work very closely together
31 with 52 agencies.

32 We meet constantly and we have a communication system
33 all set up for the 405,000 students. We try to -- if something comes up, we
34 can get to them in approximately 30 seconds. If they are not there, their
35 parents will be notified either on their home phone. If that hits twice, it
36 goes to their cell phone for 2.1 million residents. So there's a lot of
37 communication tools that are set up.

38 When we talk about the plans and the workshops that we
39 conduct as an intermediate agency and that's why I was glad to hear Jack
40 talk about some of the things that he did. We do as a county educational
41 service agency, we do these things. So Susan, when you were asking about
42 the Federal Government or Mike, when you're talking about the state, they
43 are very helpful to us in offering umbrellas and general plans and then we
44 see it as our task to do. So we simply go do it.

45 And the other part of that, there's no private schools from

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1 California sitting on the panel because I don't think they would be saying
2 that at least in our area because everything that we do, I didn't know there
3 was a difference. They just all come. So when we have a meeting, they're
4 there. When we have a -- we're working on a plan for these, they are a part
5 of those students and they are a part of the plan. So a lot of these things,
6 that's what I said, I find interesting, but realizing that there are differences
7 across this great country, and that we have to address those, some other
8 things that I didn't hear very much, I just had a meeting last week with the
9 County Sheriff and the head of Public Health and we're setting on March
10 Air Force Base.

11 We've established a training center together and we will
12 train all bus drivers, all teachers, all administrators, all classified. We have
13 about 50,000 of them in the county and we will systematically train all of
14 them. If there's something that happens on a bus, there will be simulations
15 of the bus. We're going to build a village. We, as a County Office of
16 Education, will supply that village because we'll build it out of relocatables.

17
18 They're going to supply the training from the Sheriff's
19 Department and the Fire Department and what I'm saying is, we aren't
20 coming to the Federal Government to ask for any money. We're going to
21 do that. So the County Office of Education, Fire, Sheriff and we aren't
22 asking for any grants and we aren't asking for any -- we're just going to go
23 do it. We figure it will cost four or \$5 million to get it up and running.

24 Now, when I say just do it, we also spent a lot of time
25 developing a very close relationship, as I know you do, with the business
26 community, so they will be literally pouring millions of dollars into this
27 effort. So there's all different ways to skin a cat and as we -- that's why we
28 have these discussions, because there are places and there are states and
29 there are sections of a state, Jack, I really enjoyed hearing what you were
30 doing in Pennsylvania.

31 So as we continue talking about this, I think that as we work
32 together, we can come up with a solution on many of these things. One
33 other thing I just remembered, Patrick, you brought up a good point about
34 what happens when all those children are home. We just got our own TV
35 channel along that same line because out of this collaborative effort the
36 Sheriff's Department asked that same question. So we've got a TV channel
37 we work with. We've got five different channels -- or not channels but
38 stations across the county. We have a collaborative effort for that so we are
39 now developing with the teachers and we're putting DVD lesson plans and
40 we're going systematically through all the courses in case that happens so
41 that we have shelves of -- so there are ways, but you're right, we really have
42 to think about all of those possibilities.

43 MR. JONES: Yeah, David, that sounds right on, what's
44 happening out in California and I'm wondering, you know, the answer isn't
45 always money. You know, even though I was --

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1 CHAIRMAN LONG: One correction, not California,
2 Riverside County, California.

3 MR. JONES: Oh, sorry. I'm sure there's a difference. But,
4 yeah, we know money is important. I was in LAX the other day and I was
5 talking with a banker. He said, money not only talks but it walks. Anyway,
6 money is not always the answer. Sometimes it's just kind of reconstructing
7 what we do in working together in different agencies, organizations, et
8 cetera.

9 But I'm wondering the extent to which the good things that
10 are being done there could be communicated to others. That model, I mean,
11 it sounds like an effective model. I'm just wondering the extent to which
12 that template could be passed on to you know, members of the panel and
13 others to see the extent to which --

14 CHAIRMAN LONG: And I'm not suggesting that we do it.
15 I'm just -- I was responding to some of the things that I heard that I know
16 that we do. I'm sure that there are things all across this country that they're
17 just wonderful models, and I know the Department has done a good job of
18 pulling those together and I think that's a good takeout from my personal
19 point. I was just trying to answer some of those questions but I think the
20 Department really has -- and they could project some of those models
21 across this country.

22 MR. JONES: Yeah, you know, just for example, I'm
23 wondering to what extent are the best practices in terms of calling upon the
24 private sector to do some of the many good things that, you know, that need
25 to be done and the extent to which that's being done.

26 MR. CLARK: David, I just wanted to make one more
27 comment. When we talked about the role of what the Federal Government
28 could do, the Department of Education and so forth. We're on the verge of
29 the reauthorization and we know the Safe and Drug Free Schools Program
30 has been slipping a little bit in terms of its funding. I think I'd like this
31 committee to make some suggestions either to the Department or the
32 Department to work with the legislators on structuring the program so that
33 what you put in the program is able to be measured in terms to show a
34 success.

35 We've been discussing something that's been extremely
36 important to us that work with the non-public schools but the same types of
37 situations apply to all the public schools but how do you measure that your
38 Safe and Drug Free Schools program has put these programs in place to be
39 able to have people address issues such as terrorism or pandemic planning?
40 It really can't be measured.

41 And I testified before the Democratic members of one of the
42 House committees a number of years back on education funding and I just
43 remember a question that came from one of the representatives from
44 Chicago. He said, "You know, I had a drive-by shooting in my District last
45 week. You're telling if I put more money into Safe and Drug Free Schools I

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1 wouldn't have to deal with stuff like that?" I mean, it shows a disjointer
2 from what we're trying to accomplish here, which is very much long-term
3 and very serious type of issues that are being addressed that if perhaps this
4 could be written into the legislation when it's re-enacted with the
5 reauthorization, we would be able to show, yes, we are helping all these
6 schools in developing their crisis response plans, being more integrated
7 with the Departments of Health and Homeland Security, being able to
8 provide for the health, safety and welfare of the children in these types of
9 crisis. We really can't measure those types of things, yet, Congress is
10 looking for measurable types of items and they look right back at what's in
11 the legislation and if you say what you're going to do and you can't relate
12 that.

13 And I think it's a charge that would be well worth
14 undertaking from the this particular committee to identify a few of those
15 items and work with the committees that are put together for the
16 reauthorization to put something into place, because this is an extremely
17 valuable program and it's -- this is an extremely important exchange in my
18 mind to be able to look at these issues and what's the state of the art there.

19 CHAIRMAN LONG: Other comments from members of
20 the committee or questions or any closing comments from any of the panel
21 members?

22 MR. CARUSO: Just one idea based on what was just said,
23 is the competitive discretionary grants, and again, I'm probably going to get
24 -- Bill is going to kill me on this, but I don't know -- I know the year before
25 last there were 93 grantees. What were there, about 50 or 60 this year? The
26 discretionary grant, the crisis management grants. Anyway, of all of those,
27 the last three or four years, there have to be, you know, a dozen that are
28 absolutely stellar and would be models and have excellent evaluation plans
29 and have the measuring what they do. And it may be based on the new
30 prior and emerging priorities that there could be some kind of even a
31 review, competition or maybe a review to identify those that would be
32 highlighted and gleaned and you could glean from them to develop, you
33 know, the state of the art. They really represent the state of the art.

34 MR. MODZELESKI: First of all, let me pass out that I
35 want to thank Michael for really being at the heart of helping us for the past
36 couple of years in much of the training that we do in emergency
37 management and crisis management, emergency response, crisis
38 management. We're changing the name, by the way, to confuse you even
39 more. We're going to make it simple but we're going to continue to confuse
40 you and Michael has been a cornerstone and I think realizes after not only
41 coming to the ERCM trainings but also bringing the grantees in and I
42 remember I think it was last year when we were over in Arlington,
43 Alexandria, we did a training and Tara and Sarah were up there on the stage
44 talking about the need for non-public participation in schools and there was
45 an absolute uproar from the people in the -- who received the grants saying,

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1 "Why do we have to do this"? I mean, so as part of our education process,
2 and what I'm passing around is something after that which we instituted last
3 year, we instituted this year, which is a requirement and Michael you could
4 pass this over. You know what it is. Basically, it's the -- it is the -- what we
5 put in our ERCM application which really requires prior to the receipt of
6 the funds that the public, the LEAs sit down with the non-privates and work
7 out these issues. So it is something that we've done with the ERCM grants.
8 I would love to tell you that it's working 100 percent of the time in 100
9 percent of the applications.

10 I think we're doing a better job at it. I think the schools are
11 getting a better understanding of what needs to be done but I also want to
12 say picking up on Russell's comment is that money not only talks but it
13 walks, is that what you have happening in the districts around the country is
14 a decreasing pie, not an increasing pie. So there's a struggle among the
15 LEAs about okay, we had \$8.00 per student, that was the high, about 8.50.
16 We're now down to about \$40.00 per student, so programs are not only
17 being cut at the say non-public but what you have is this case where local
18 school districts, local school districts are having to cut dollars, they're
19 having to cut staff, so it makes our job working with non-publics all the
20 more difficult. I'm not saying it's impossible. I'm just telling you that
21 money is an issue here.

22 We need to figure out how we're going to work that out.
23 But there are some models out there. You know, we've funded about 400
24 school districts now since the beginning or the inception of the emergency
25 planning grant and actually, there's at least one this afternoon that is going
26 to testify and I know Marleen is sitting behind me and will also talk.
27 Marleen has done some training and maybe you could comment on the
28 training that we put into this thing. But there are some models out there and
29 part of what we have a contractor do is identify those models and pull those
30 models out.

31 What has been more difficult than just identifying models is
32 identifying models that have a good non-public participation. And I also
33 want to point out is that in many ways, what Mike has done here with the
34 Archdiocese in Washington DC also could serve as a model. Fred chaired
35 for many years, and is still chairing what's called the COG here in
36 Washington, that's the Council of Governments, whereby all of the
37 jurisdictions in and around Washington DC meet. There's a subgroup
38 dealing with school safety and so we do share information. We do share
39 communications. I mean, so it is an excellent model, not probably 100
40 percent. It's not where any of us would want to be but I think it's moving in
41 the right direction. It's one of those things for whether it's UASI sites or
42 other jurisdictions where we might be able to build on it, say here's the
43 beginning of something that's really working, is that we've got the non-
44 public sitting at the table and again, it's not perfect, but nevertheless,
45 Michael could pick up the phone and probably talk to anybody, Fred in

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1 Alexandria or Arlington or Washington, DC or Prince George or whatever
2 it is.

3 I mean, that's where we want to really on it, so I assure you
4 is that we are moving in that direction. We'll continue to look at some
5 models and try to get them out there for not only public schools but for the
6 non-public schools.

7 MR. ELLIS: I just wanted to make one comment and
8 maybe bounce it off the panel and see if this has any sound of truth to it.
9 One of the frustrations from the LEA perspective is, I think you eluded to it
10 earlier, is the

11 -- and Bill certainly hit on it, is the money issue. There's not a whole lot of
12 money through the Department of Ed's Safe and Drug Free Schools. That's
13 drying up. And we often want to spend money doing things such as the
14 Emergency Preparedness and trying to harden schools using technology as
15 every, you know, federal agency, whether it's FEMA or DHS, FBI,
16 everyone knows in their mind how to harden the school but the school itself
17 it seems. Everyone has some theory on how to do it.

18 But anyway, the recommendations are fast and furious
19 whether it's to access technology, video surveillance, visitor control kinds
20 of things, all these different hardware issues that cost a lot of money. The
21 fact of the matter is the Department of Ed grants don't have that kind of
22 money. And I thought it was interesting and Mike, you eluded to the
23 Department of Homeland Securities UASI grant coming to the National
24 Capital Region for about \$411 million. It's my experience that the
25 education community will probably get zero of those dollars from DHS.

26 So my frustration is the Bill Shop (phonetic) and the
27 Department of Ed does as good a job as possible spreading the small
28 amount of, relatively small amount of money that they have across the
29 country, particularly for schools to do plan development, to practice,
30 exercise plan development and collaboration, those kinds of things,
31 paperwork if you allow me to use that term, but a critical piece nonetheless.
32 It's very important.

33 But for buying stuff, hardware, whether it's NOAA radios,
34 which quite frankly, in all seriousness, if a private school didn't have a
35 NOAA radio before the distribution, shame on them. At 18.95 at Radio
36 Shack, everyone of you should have had one.

37 Having said that, you could probably use some help with,
38 you know, video surveillance, door access, those kinds of things. So that's
39 my feeling. I just wanted to kind of -- I see your heads nodding but I'd like
40 to at least hear some feedback on whether or not there's any truth to my
41 personal vendetta.

42 MR. CARUSO: Well, UASI funding, I know this particular
43 advisory group has a charge specific to you know, I guess Office of Safe
44 and Drug Free Schools, so I don't know if it's permitted to look at that
45 broader. I mentioned that UASI funding because it was so -- I mean, it just

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1 came out. If you can, I think it's worthy of looking at it. I've got two -- you
2 know, several articles that were written on it and the reports are out right
3 now.

4 You know, it makes no sense, I mean, it doesn't make any
5 sense to the public schools and it doesn't make any sense to us that the --
6 that education in schools are kind of embedded in with the number of 50
7 categories and we're embedded in Category 16, embedded in it.

8 I can guarantee you, if something happens and it probably
9 will, unfortunately, suddenly there's going to be an epiphany and somebody
10 is going to decide, yes, schools are worthy of being a category. Somebody
11 needs to note that it is worthy, that schools are worthy, where most of the
12 school age kids, you know, in America are at these settings of focusing on it
13 much more deliberately and some of those funds for priority initiatives and
14 we know what the priorities are, you know, ought to be -- you know, they
15 ought to be beneficiaries of that.

16 And when they're beneficiaries, it's a matter of public health
17 and safety. It's not a matter of we're paving our school -- public and non-
18 public school campuses with this money.

19 MR. ELLIS: Yeah, and that's kind of my thought that,
20 perhaps -- you know, the money is not going to come to the Department of
21 Ed through Bill Shop. It's just not but could the Department of Education
22 do something more to push back on the rest of the federal bureaucracy to
23 make more money available through DHS or other entities for the kinds of
24 things that Mike's talked about?

25 MR. CLARK: Just related to that allocation comment, we
26 found from our experience of training the non-public school, as well as the
27 public school district administrators in the NIMS system communications,
28 so they could be integrated with the first responders, we found that there's a
29 lack of communication that goes on there. We don't see any of the mercy
30 management planning in the schools but even the first responders really
31 need a little bit of a push to communicate with us. Our group that's been
32 doing the training has started their outreach now to the first responders
33 because they think, well, when there's a crisis they're going to come in and
34 they're going to take over the schools. And you ask them, "Well, are you
35 going to manage 200 kids, how are you going to handle those kids"? Well,
36 then we get back to the concept of unified command and working together
37 and it just brings things back to reality.

38 But these discussions are really just starting now and the
39 communication needs to be pushed up. They need to get some pushes from
40 Homeland Security and so forth to be able to talk to us to work cooperative
41 with the group that are trying to work with them.

42 MR. JONES: Yes. Okay, we're running out of time but I
43 had a question. You know, we've talked a lot about from the top down. We
44 talked about the forced multipliers, the Federal Government Homeland
45 Security, Departments of Health, et cetera, but I'm just wondering from the

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1 panel, to what extent are families engaged in your different emergency
2 management procedures? You know, one thing that we found in our clinic
3 is that if there's an emergency that -- if there's traumatic experience that
4 occurs, the extent to which families are involved, that's really going to
5 determine the outcome to a great -- you know, to a great extent and I'm just
6 wondering to what extent are families involved in your emergency plans
7 and how were you able to bring that about?

8 MR. McTIGHE: I kind of got a chuckle from your question
9 involving families in the plans. The prior question is, how many schools
10 actually have emergency management plans? And in the private school
11 community, you've heard from some systems, like the Archdiocese of
12 Washington, where they're fairly well-organized, fairly well networked. But
13 the private school community is 29,000 schools. A lot of these schools are
14 isolated schools and they're for the most part, relatively small schools, so
15 they involve the minimum of staff, a principal, a classroom teacher for each
16 classroom and that's it. There's not a lot of support beyond that.

17 So my first question would be, how many of those schools
18 have emergency management plans and the answer is, sadly, probably not
19 an awful lot. So I think we've got to deal with an even more fundamental
20 question, much less involving parents in the development of emergency
21 plans. The fact is how many schools actually have plans? And this is so
22 fundamental, this issue, that I think we have to, you know, just stop
23 thinking in terms of the public school model which is elaborate and which
24 is you know, well-staffed and you know, not as well-funded as anybody
25 would want it to be but better funded than any of our systems are and look
26 at a much more stripped down reality.

27 And so I think there's an awful lot of work that still has to be
28 done.

29 MR. JONES: Is that a funding problem or a priority
30 problem, restructuring and I'm sure they're all?

31 MR. McTIGHE: I think it's both. I think it's getting the
32 message out but beyond just the funding there's also the ethos question.
33 There's also the awareness question and you know, even the comment about
34 shame on the schools that don't have NOAA radios, you're right but the
35 reality is that, you know, without some sort of connection with programs
36 like that, they're not even thinking along those lines, unfortunately. So we
37 have much more fundamental education that has to take place.

38 MR. CLARK: And Russell, with our plans when we put the
39 master plan together, we did make use of the parents on our advisory
40 committee extensively to be able to give us input on that. And when these
41 plans are taken on a building level, and filled in and they put their local
42 contact information, they do also work with representatives from their local
43 parent groups and that's important from the point of view of establishing
44 some credibility response and being able to share with your school
45 community that you do have a plan without sharing all the details of the

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1 plan which would compromise its integrity.

2 They are able to say, "Yes, we do have a plan and we did
3 have Mr. Smith and Ms. Jones and so forth on the committee that helped us
4 develop this and they're comfortable with it, but we can't share all the detail
5 because some of these are security issues".

6 MR. CARUSO: And that was one of the questions that was
7 on an assessment that we did at all of our schools. All of our schools have
8 crisis plans, emergency management plans. And one of the questions we
9 put on had to do with parental knowledge of the plans as well as staff
10 knowledge of the plans. So it's kind of the next step is being sure
11 everybody -- not only is -- are people familiar with the plan and can
12 practice it but they know what their role is and they know how they would
13 act in case of certain kinds of emergencies.

14 MR. JONES: Well, one of the problems that we have in
15 Virginia, we have plans but people don't practice plans. You know, and I'm
16 just wondering the extent to what do you do to get people to practice a
17 plan? It's great to have it, but --

18 MR. CARUSO: I think what Patrick said and I think that
19 not that we want to mandate, you know, something, but it may be that what
20 we need to do is voluntarily have assurances of some sort across different
21 populations, including parents and there's an assurance that it goes home
22 and that -- you know, there's models that could possibly be developed to
23 make sure. And some of them are based on our own plan, but as we come
24 to understand the kinds of public health practices that need to be occurring
25 in the home as well as in the school, it may be that there's a need for an
26 assurance where everybody has to send home an assurance form to parents
27 that they've read this and they understand X, Y and Z.

28 And it doesn't guarantee it, but it goes a long way toward
29 insuring that we've moving toward where we need to be on certain
30 practices.

31 CHAIRMAN LONG: As we bring this to a close, I'd like to
32 one last time, thank you, Michael and Jack and Patrick and Maureen and
33 Joe. We really appreciate the information and we appreciate the dialogue.
34 So let's thank the panel.

35 (Applause)

36 CHAIRMAN LONG: And with that, we will now break for
37 lunch.

38 (Whereupon at 10:54 a.m. a luncheon recess was taken.)
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A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

11:36 a.m.

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2
3 CHAIRMAN LONG: We are now ready to start with our
4 second panel for the day which deals with trauma and the panel members,
5 I'll start on my left there, let's see, Steve -- Dr. Steven, I want to ask,
6 Marans?

7 DR. MARANS: Marans, okay, I did not want to
8 mispronounce, Dr. Steven Marans, Professor of Child Psychiatry at Yale
9 University and Director of the National Center for Children Exposed to
10 Violence, welcome Steve. And next to Steve is Dr. Marleen Wong,
11 Director of Crisis Counseling Intervention Services for the Los Angeles
12 Unified School District, welcome Marleen.

13 And thirdly, Dr. Lisa Jaycox, Senior Behavioral Scientist at
14 RAND Corporation and a Clinical Psychologist. And as we have in the
15 past, we will have presentations from each. And I understand that Lisa and
16 Marleen will be sharing like a 10-minute video after your presentation. The
17 only other thing I want to announce on this, it will -- and as you know, you
18 were sitting in the audience, I do believe when we had the first panel, and
19 then the questions, comments from panel members and the discussion
20 which is always very helpful.

21 In this one, I just want to let all three of you know, all can
22 ask questions but Russell Jones. Russell cannot ask any questions on this
23 one.

24 MR. JONES: Thank you, Mr. Chairman.

25 CHAIRMAN LONG: Okay, with that, Steven.

26 DR. MARANS: Well, since it's beat up on Russell Jones
27 day, everything I say has been pre-approved by Russell and if you don't like
28 it, then talk to him, please. First of all, it's a pleasure to be here and this
29 morning we were hearing the word "collaboration" a lot and often when we
30 talk about collaboration, we're talking about how do we connect the dots,
31 how do we connect the dots between services that have an impact on kids
32 and families and communities and I'm the opener for my colleagues and my
33 job is to give an overview on some of the issues of trauma and the reason
34 for actually beginning with an overview and thinking about
35 conceptualizations and phenomenology is because that really should be the
36 basis on which we think about plans, intervention strategies and how do we
37 begin to connect the dots.

38 One of the things that I always find impressive when the
39 likes of us do presentations to non-mental health folks and we actually see
40 this in operational situations after emergencies and crises, where too often
41 for our minds, to my mind in particular, I can speak for myself right now,
42 but too often we think about mental health professionals as the counselors
43 who come in and deal with the clinical issues following overwhelming
44 events. And too often mental health professionals think in those
45 ways, too. I think you'll see from the discussion and hopefully as we get

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1 into it, that as we look at the phenomena of trauma we see that the demands
2 that trauma creates are far broader than the specific area in which mental
3 health professionals are traditionally trained and in the same way that the
4 roles for providers, first responders, teachers, school administrators, other
5 social service agencies have key ingredients and elements to helping
6 children, families and communities in the entire nation recover from what
7 we talked about as traumatic events.

8 Now, I take a real -- I'm on thin ice with what I'm about to
9 do. Sometimes people walk out of meetings when they're told they're going
10 to do an exercise. I usually do, but this is going to be a brief one and it's a
11 way to get us into the spirit of trauma. I promise you, you will not be too
12 overwhelmed. What I'd like you to do is just for a moment, pick a time
13 somewhere between when you were seven and 12 years old or 13 years old
14 and pick a time when you can remember waking up from a nightmare. You
15 can do this with your eyes open or closed. I will insist that you reopen your
16 eyes, even if it is after lunch.

17 Okay, so if we have a couple of hours, we would be
18 unpacking this together, but I'm going to do some of it for you. So you
19 remember waking up and can anybody just shout out some of the first
20 things that they felt when they woke up? There's Dr. Jones being fancy,
21 anybody else? Okay, I'm going to get it started, racing heart, increases
22 respiration, eyes darting around. Yes, being terrified, but when we talk
23 about terror, let's break it down.

24 Pit in your stomach, and then you've got that big decision,
25 right? And you want to scream out because you want somebody to come
26 and rescue you, but you sometimes find yourself speechless, without words.

27 And then you have that big decision of well, if nobody is coming to me,
28 I'm going to them, right. But then you have to decide, are you going to get
29 out of bed because what if, you know, what got you in the dream is waiting
30 for you on the floor. There are these big decisions.

31 And then you walk down the hall and you go to parents,
32 right? And you're in front of parents and if they're awake, they look at you
33 and they see that you're kind of stricken and looking upset and they may
34 guess that you've had a nightmare and they look at you and they say, "Have
35 you had a nightmare", and you kind of barely get it out, "Uh-huh, uh-huh".
36 And what did your parents tell you then? "Well, go back to sleep, go back
37 to bed, it's only a dream", right? I'm doing the short version but you'll see
38 why in a moment.

39 So you stumble back to your room and you keep saying to
40 yourself over and over, "It's just a dream, it's just a dream", and it's not
41 working. It's not acting like, you know, the reassuring mantra and so you
42 get back to your room and you turn on the lights. You try to find a dog to
43 get into bed with you. You get a cuddly toy.

44 I had an older brother and a younger sister and sometimes
45 I'd climb into bed with them and I'd always make sure I was on the inside

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1 because as much as I love them, I figure whatever was going to get me was
2 going to get them first. You turn on the radio, you keep the lights on and
3 you do your best to try to not go to sleep, right, because sleep is where the
4 terror is residing, right?

5 And every sound in the house, you know, you're startled,
6 you jump, you're waiting and you're just looking around every corner, every
7 shadow for what might get you. So let's think for a moment about, well,
8 what are the dreams about? Well, again, I'll do the work for you, you
9 know, about being chased, about monsters, anybody else, fire. I mean, all
10 the things, right. And if you think about it, all of the things that we've
11 experienced in terms of these acute reactions, the search for protection,
12 hyper-vigilance, darting around, looking, watching out for where the danger
13 is lurking. Eventually, we're able to reassert that there's a safe reality, that
14 what was in our dream is not in our bedroom and eventually fatigue takes
15 over, we go back to sleep.

16 And if you think about the themes of the nightmares, the
17 themes that are powerful enough to disrupt our physiology and our sleep,
18 they basically come under these headings, don't they, if you think about it;
19 loss of one's own life, loss of life of a significant other, loss of love of
20 another or of one's self. You know, there's nothing worse than those
21 nightmares that are you know, about showing up to school and not being
22 ready for an exam or damage to the body, if there's injury that some aspect
23 or functioning is impaired, loss of control of impulses, affects or thoughts.
24 Anybody who has ever gotten so anxious knows what they mean when they
25 say, "Oh, my God, I'm losing it", right? "I'm losing it", means, "I'm losing
26 my mind, I'm losing control of how I think and feel and act", and anybody
27 who has ever had contact with somebody who is in the throws of a
28 psychotic break, knows that however weird and crazy they look, what one
29 is seeing is sheer terror, because they no longer have the ability to organize
30 and mobilize actions and thoughts in a linear fashion.

31 And then ultimately, the idea of loss of control of a sense of
32 agency. You know, every day we wake up, we're so familiar with what we
33 can anticipate and we can plan and prepare and those are the ways in which
34 we're able to take action and respond to new challenges. What happens
35 when the world around you robs you of all of those touchstones that allow
36 us to prepare? What happens when suddenly the house that you're used to
37 waking up in every morning and having coffee and juice and going to
38 school or going to work is gone because of a hurricane and daily life is not
39 returning so quickly?

40 So why do we talk about nightmares? Well, one of the
41 things that we talk about nightmares for in thinking about trauma is that one
42 of the major differences between nightmares and trauma is that nightmares,
43 the dangers are emerging from our imagination and we're able to get relief
44 from them because they're not real. In trauma the same kind of physiologic
45 activation and difficulties in retaining and regaining order and control are

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1 not so easily regained when the nightmare comes true, where there is no
2 escape back into sleep and away from the imaginary images.

3 When the imaginary images have actually come true, there
4 is a convergence between the things all of us fear the most and our inability
5 to avoid them, to fight against them and, in fact, to have the normal
6 controlling capacity to deal with them as we usually do. And so we think
7 about psychological trauma as an overwhelming, unanticipated danger that
8 leads to a subjective experience of helplessness, loss of control and terror.
9 There's an immobilization of normal methods for decreasing danger and
10 anxiety and where there is a neurophysiologic dysregulation that
11 compromises our ability to mediate our feelings, our thought processes and
12 our behavioral responses to the stimuli before us.

13 Now, we know that in children -- and I'm going to go
14 through these quickly because what will be far more interesting is the
15 discussion that we can have after our presentations but what we often see is
16 traumatic repetitions and you can see that in many ways, depending on the
17 age and we'll get into that in a minute, there are different ways in which the
18 traumatic repetitions occur. In younger children one sees a repetitive play.
19 In older kids, one may see flashbacks and distress when reminded, et cetera.

20 We also see avoidance, numbing and regression. And if you think about
21 these areas, these become general and again, if you go back to the
22 nightmare situation where one takes all sorts of actions to try to avoid the
23 sense of loss of control in the situation where there has been a real loss of
24 control, these aspects of avoidance and numbing ourselves to fear, et cetera,
25 can have major implications for the way we function and the way children
26 function and the children function in daily life.

27 Increased arousal can lead to a whole range of somatic
28 difficulties, sleep difficulties, eating difficulties and include the notion of
29 increased aggression, increased irritability and anger, hypervigilance,
30 exaggerated startle response and if we think back to the classroom,
31 decreased capacity for attention and concentration. How can you learn
32 when you are spending all of your energy looking over your shoulder,
33 avoiding every opportunity that may present itself with feeling small and
34 helpless again? No wonder that the kids who are most likely to be involved
35 in all of the behavioral difficulties are the kids who have the greatest level
36 and the greatest number of opportunities to feel small and helpless. And
37 what better way to reverse the feelings of helplessness and being frightened
38 than becoming that agent of fear and becoming the object of everybody
39 else's terror?

40 We also see, you know, some of the same things in terms of
41 decreased responsiveness and with the developmental regression, one thing
42 to remember is, is that there is an adage in our field that the last tasks and
43 abilities obtained are the first that are lost.

44 We know that there are major neuro-physiologic correlates
45 the kind of behavioral and affective and cognitive changes that occur and

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1 that some of these changes that lead to the areas, symptom areas that I've
2 just described can actually take on a permanent cast and this is especially
3 true when the level of trauma is chronic and the support systems available
4 for recovery are less available.

5 And there, we see that post-traumatic symptoms can
6 become chronic, that they can result in a variety of emotional behavior,
7 social and psychiatric sequellae and some of the examples of the difficulties
8 include depression, anxiety, attachment problems, learning problems, eating
9 disorders, suicidal behavior, substance abuse, violent and abusive behavior
10 and somatic problems, that is multiple problems involving stomach aches,
11 headaches, and increased vulnerability to illness.

12 By the way, substance abuse is not so surprising when if
13 self-medication, particularly for older kids and adolescents, becomes a tried
14 and true measure for avoiding the sense of helplessness that they're
15 experiencing on a regular basis. Helplessness in spirit can be wiped out if
16 you sedate yourself enough. The reason for looking at exposure rates and I
17 don't want to go into all of the details, but you'll get a sense from looking at
18 the numbers that the kinds of sources for trauma and particularly violent --
19 trauma that's from violent exposure and abuse and neglect, are really quite
20 extraordinary.

21 One of the things that we look at in addition to the
22 things that have come up now is that in Christine Hogan's study in New
23 York City, looking at kids after 9-11, one of the things that was so striking
24 was the fact that of the kids who were surveyed, about 64 percent of them
25 in grades 4 through 12 had experience multiple episodes that had reached
26 traumatic proportions well prior to the attacks of 9-11. We know that
27 domestic violence which is an enormously pervasive problem in this
28 country affects up to 15, 15-1/2 million kids who are exposed up close and
29 personally to violence that happens between parents on an annual basis.

30 One of the things that we know, again, going back to
31 understanding phenomenology as a way in to understanding what we can
32 do in response is looking at some of the factors that mediate between
33 exposure and the realized nightmare and the outcome. So we think about
34 how do events, external events, affect lives directly? Well, there's physical
35 proximity. It makes a big difference whether you're watching something on
36 TV that's about bodies being damaged, people being shot, killed, maimed,
37 et cetera, and having it happen right in front of you.

38 It's the same in terms of emotional proximity. Whether or
39 not the victim of any of these events is a relative, a parent, a brother, a
40 sister, an aunt, an uncle, is enormously different than a stranger. Somebody
41 called me around, just after the tsunami. This was a reporter who was
42 doing an interview on the impact and she was horrified that her adolescent
43 kids were not more concerned about the victims of the tsunami. They were
44 more interested in who was dating whom. Well, this is not surprising. It's
45 age appropriate. It would have been very different if the tsunami had hit
their neighborhood as we saw in Katrina and Lisa will talk about that in a

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1 bit.

2 Secondary effects are of enormous importance. Again, if
3 we go back to that last sort of over-arching source of danger, the loss of
4 control and agency, the level of physical and social disruption is an
5 enormous predictor for outcome and level or capacity for recovery. Again,
6 an individual factor, none of these are too surprising. I want to just point to
7 one of the other major factors that is a predictor for poor outcome which is
8 the failure of adults and children's worlds to recognize that they've even
9 been traumatized. And if you think about it, this goes with the phenomena
10 itself, you know, "Get thee behind me". Anybody who's had an
11 overwhelming event, knows that the first thing they want to do is to say,
12 "Well, it's done, I'm okay now", right. And it's often not until weeks after
13 that people feel that something is sneaking up on them and they're not done.

14 But then if you're a parent and you've got -- you're
15 struggling with your own issues and you've got kids who a few weeks after
16 an event, are causing you more trouble, keeping you up late at night, getting
17 into more fights, they're not telling you, "Mommy and Daddy, I'm feeling
18 scared about what happened". They're acting it and by now parents may
19 not have been able to recognize and the symptoms continue.

20 So when we think about intervention strategies, we think
21 about acute responses in terms of stabilization, making contact, actually
22 identifying kids and families who are at greatest risk. We think about the
23 need for monitoring, surveillance and follow-up because so many kids will
24 become symptomatic well after the original event. We think about peri-
25 traumatic and longer term that are clinic based, home based and school
26 based and here, one of the most significant ingredients is increasing the
27 communication and recognition between parents and children of the impact
28 of overwhelming events and then we think about longer term trauma-
29 focused kind of behavioral treatments that need to be available.

30 I want to just focus on one last thing and I have two
31 minutes, one minute, two minutes, good, is we want to think about if there
32 is such an enormous problem and one of the things that you'll see in the
33 slides is this is at an enormous cost. When we don't treat kids who are
34 traumatized and they wind up our jails, we know how much that costs.
35 When kids are 45 percent more likely to engage in delinquent and violent
36 behaviors when as adolescents when they've been exposed to domestic
37 violence without any treatment or intervention, we know the costs, so that
38 one of the things is how do we identify these kids? If we wait for them in
39 our clinical offices, we're never going to see them. We're going to barely
40 see the tip of the iceberg.

41 So part of it is who knows how to recognize kids that are
42 having difficulties secondary to the events that are happening in their lives?
43 And too often mental health professionals aren't thinking about who they
44 need to be working with. They're not thinking about working with the
45 police, first responders, EMS. They're not thinking about working and

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1 stepping into the shoes of their educator colleagues and not just going in
2 and telling people what to do but understanding what the nature of the
3 contact is with the kids themselves as a way of thinking about the range of
4 things that need to be taken care of. Again, just going through
5 these quickly, too often when we have overwhelming events, we think that
6 the kids think the way we do. Maybe in the discussion we'll have some
7 time for examples, but typically kids are not thinking about the events that
8 way adults do. If we don't take the time to listen, we're not going to know
9 how to help them. The other is, determining whether there's a continuation
10 of cessation of a threat.

11 You can talk until the cows come home but if there's still
12 threat in your home, or in your neighborhood, you're barking up the wrong
13 tree. If you're not working with law enforcement who are informed about
14 children's development and you're informed about law enforcement to work
15 together in identifying what's needed, those kids and families may be stuck
16 with the same threat that brought you there in the first place.

17 Psycho-education, helping people understand what's
18 happening to their minds and bodies can serve as an anchor that can serve
19 the basis of introducing knowledge as opposed to simply shame in the face
20 of feeling small and helpless. And again, going back to this very crucial
21 ingredient of re-establishing order and routine in daily life is not something
22 that is done in the consulting room of the mental health professionals. It's
23 done in our classrooms, in our neighborhoods and our after school
24 programs.

25 We're not going to have time to go into all this. This is a
26 very brief example, if we have any time. One of the things we've
27 developed, one of the reasons that I was asked to join you all today is that in
28 New Haven and in communities around the country for the last 15 years
29 we've been working closely with law enforcement, school personnel, Child
30 Protective Services and the juvenile justice system in providing and
31 learning how to work together to identify who can come in at what angle
32 into the lives of children and families who have been exposed to violence
33 and other catastrophic circumstances and we see, you know, literally
34 thousands of kids every year and do a range of interventions, but one of the
35 most important ingredients goes back to the issue of collaboration, and I'm
36 going to stop, is that before we can begin to collaborate, before we can
37 begin to talk about collaboration, and to think about the multiple roles that
38 different service providers have in the lives of traumatized kids and
39 families, we need to actually know about what each other thinks, the
40 perspective of the other, the skills, the resources and the activities.

41 This old model of coming in like the calvary and saying,
42 "We're going to tell you what to do, chief, we're going to tell you what to do
43 school principal, et cetera," this is over. And in part, it's wonderful to be
44 humble in any of our fields, because it opens the door to scratching our
45 heads, going back to phenomenology as the basis for thinking about what it

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1 is we have to offer and how we mobilize the resources the kids and families
2 need at times when they are least able to look after themselves. And last,
3 principles of intervention, do no harm, think about the threat, restoration of
4 external structure, parents and other care givers as primary mediators for
5 kids when they are unable to rely on themselves.

6 Interventions need to be age appropriate. We need to think
7 about the specific trauma elements that may vary enormously and how do
8 we listen long enough to identify what they are in order to address them.
9 Optimal responses require collaboration. And finally, the worst time to
10 begin collaboration is in the middle of a crisis. Thanks.

11 CHAIRMAN LONG: Steven, thank you very much. And
12 next we'll move to Marleen.

13 DR. WONG: Well, thank you very much, Dr. Long and to
14 members of the panel. Just to give an example of some of the things that
15 Steve talked about, which were so apt, I was at Columbine High School and
16 worked in that situation with Bill for a couple of years afterwards and the
17 importance of calm routine became so important. I was there on the day
18 that the kids returned to Chatfield High School because Columbine was still
19 a crime scene, and I was standing next to a teacher and a young man came
20 up to her, I mean, it was just an amazingly emotional scene.

21 Kids were pouring into the school. The Chatfield High
22 School kids went in the morning. The Columbine kids went in the
23 afternoon. And there were signs from all over the country, probably from
24 some of your schools saying, "We're with you. Our prayers are with you",
25 and it was very moving. And a young boy came up to the teacher who was
26 standing next to me, who happened to be a math teacher, and the boy said,
27 "Oh, Ms. Smith, I'm so happy to see you".

28 And she sort of like stepped back. And you could tell this
29 wasn't her best student, you know. And he said, "I can't tell you", and he
30 said a whole bunch of things about the media and it's so horrible. And they
31 turned, you know, Columbine into joke and, "I'm really pissed off", and all
32 this kind of stuff.

33 And then he said, "Ms. Smith, I can hardly wait to get back
34 to class and hear you talk about math". And she said, "Oh, my God, that's
35 amazing". He said, "I don't want to do math; I just want to hear you talk
36 about it".

37 (Laughter)

38 So calm routine is everything. I want to talk a little bit
39 about Los Angeles Unified School District, which is the second largest
40 school district in the United States. This is my 32nd year in Los Angeles
41 Unified, and I've played a variety of roles there, including the Director of
42 Mental Health for about eight years, and now the Director of Crisis
43 Counseling and Intervention. We have a student body of about 740,000
44 children K through 12 and with the new building program, we'll have over
45 1,000 schools in an area of about 700 square miles. The work that I'm

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1 going to be talking about was really done in the last nine years and one of
2 our very valued research partners is here and will be speaking next and
3 that's Dr. Lisa Jaycox.

4 And the reason why we began to engage with research
5 partners, UCLA and with RAND, is because as we began to go out to many
6 of these crisis situations -- and let me just say that the whole area of child
7 trauma and witness to violence began in LA Unified School District, in
8 1984 when a mentally ill man who lived across the street in a second floor
9 apartment building, across the street from the 49th Street Elementary
10 School, began shooting onto the school and held the school under sniper
11 fire for an hour and a half at 2:30 in the afternoon as children came out of
12 school.

13 And at the end of that hour and a half, two children were
14 killed and several other students and staff were shot and wounded. And it
15 was the beginning of a long journey of learning about trauma and its impact
16 on learning.

17 So beginning with that time and nine years ago we really
18 wanted to know how many children actually sitting in our classrooms
19 today, not special ed kids, not in any special program but just sitting in our
20 classrooms that have been exposed to violence in the community outside
21 the school. We're not talking about child abuse, we're not talking about
22 domestic abuse. We're talking about crisis incidents that occur on the way
23 to school or on the way home because we know that the first criteria for
24 post-traumatic stress disorder in children is exposure to violence, it's
25 exposure to a traumatic event.

26 So with our partners we began this research and what we
27 discovered along the way are a couple of things. And one is looking at how
28 do children who have been exposed to violence differ from those who have
29 not. And what we learned is that they have decreased IQ in these particular
30 studies, that really the case -- the case for trauma and education and its
31 association has been made. That they have lower grade point averages than
32 children not exposed to trauma. That they have more days of school
33 absence. They have decreased rates of high school graduation and in a
34 survey that we did of 28,000 children, especially among African American
35 youth, if they're exposed to community violence before the fifth grade the
36 associations with expulsion and suspension are very, very high.

37 So what about the achievement gap? We talk about that a
38 lot. At least in California where we talk about why is it that minority
39 students seem to lag behind quote unquote "their Caucasian counterparts".
40 And one of the things that we haven't really looked at is what kind of social
41 environments do they come from, what kind of community situations do
42 they confront all the time? They may have loving parents, they may have
43 good teachers. Why is it that despite decades of reform we still have
44 children who drop out or who don't do well? And one of the things we
45 haven't looked at is impact of their exposure to violence in the community

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1 and the effects of trauma.

2 There have been some national studies that have been done
3 just about violence exposure and you can see here in Kilpatrick Study that
4 was completed in 1995 that actually a large portion of children in the
5 United States if we take this study, many more children in this particular
6 generation have been exposed to community violence than any other
7 previous generation. I want you, however, to hold onto the figure of 27
8 percent. Twenty-seven percent in his study is exposed to no violence.

9 Now, I'm going to show you a study that we did in Los
10 Angeles Unified School District and you can see there that only six percent
11 of students in an urban area of these 28,000 students had been exposed to
12 no violence. Actually, many of them had multiple experiences of either
13 being hit, kicked, punched or threatened with a gun or a knife. And even
14 though these are figures from Los Angeles, I suspect that in many urban
15 areas and maybe even non-urban areas where there's high poverty and
16 crime, that there might be similar kinds of results.

17 To make this more graphic, I want to show you something
18 that was put together, published in the LA Times and taken from
19 information from the Los Angeles Police Department. And it really speaks
20 to the kind of social ecology that children live in before they come to
21 school. So this is an area of the far west San Fernando Valley, those of you
22 who know Los Angeles know this is the area where the big earthquake was,
23 the Northridge Earthquake. And what this represents, those little Monopoly
24 sized houses that are numbered are elementary schools. And the black dots
25 represent unsolved murders over the past 10 years, not all murders but
26 unsolved murders. So you can see that children walking to
27 school would pass by these places and this is where a crime had occurred
28 that had not been solved. Now, I want you to compare this to South Los
29 Angeles. Are you ready? Can you imagine what this looks like in your
30 mind, the difference between a suburban area and an urban area. These are
31 not all the murders, these are just the unsolved murders. The children who
32 go to school in these neighborhoods come to school in a completely
33 different mindset and it's no surprise that there are higher rates of
34 suspension, expulsion and school dropout.

35 So how does this distress from violence and trauma effect
36 students in the classroom? Well, in keeping with what Steve has just
37 described, they do have an inability to concentrate. They're thinking about,
38 "How do I get home safely?" They do have preoccupations with the
39 traumatic incidents that may have occurred and in our survey the students
40 didn't have just one experience with community violence, they had multiple
41 experiences with community violence.

42 They do avoid school because getting to school is because
43 getting to school is a matter of danger. Also, they develop many other
44 behavioral and emotional problems and especially among young males,
45 they act themselves out of school. They become very, very aggressive. So

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1 which students are at greatest risk for violence exposure? In our survey we
2 found it was children who were of ethnic minority status. They were -- had
3 lower socio and economic status in their family.

4 They were older children in middle school and high school.
5 They had early conduct problems and they lived in areas of high poverty
6 and crime and of course, they were mostly males. So why should we have
7 a program for traumatized students? This is a story from Martin and it's a
8 story that you probably heard from one of your students before.

9 "One night several years ago, I saw men shooting at each
10 other and people running to hide. I was scared, I thought I was going to die.
11 And after this happened, I started to have nightmare. I felt scared all the
12 time. I couldn't concentrate in class like before and I thought that
13 something bad could happen to me and I started to get into a lot of fights at
14 school and with my brothers."

15 Teachers who hear this story say, "Wow, Martin, that's
16 really terrible, I hope you're walking home with somebody and I'm glad
17 you're here and you're safe at school". But let's take a look at the story from
18 the perspective of post-traumatic stress disorder. "One night several years
19 ago, I was men shooting at each other and I thought I was going to die".
20 This is life threat. This is your child's perception that his life is in danger.
21 "And after this happened, I started to have nightmares". So it's now in his
22 sleep, he has interrupted sleep.

23 "I felt scared all the time". The fear is now generalized. It's
24 not just where he saw the incident. It's not just where he passes by during
25 the day. "And I couldn't concentrate in class". He's cognitive impairment
26 now and something bad, a sense of foreboding is going to happen to me. If
27 you talk to some gang members they'll say, "I'm not living long. I'm going
28 to live until I'm 18, maybe I'll live until I'm 19. I don't have a high
29 expectation of living".

30 "I started to get into a lot of fights and school and with my
31 brothers". So what can we do about this? Well, one of the things is really
32 to address trauma in schools. And first is the early detection of violence
33 exposure and associated distress. And teaching children how to cope better
34 with distress and to learn social problem solving skills also helping parents
35 and teachers, both of whom care greatly about their children but are
36 remarkably poor identifiers of children who are traumatized. Of the
37 thousands of children that we have screened for post-traumatic stress
38 disorder and depression, less than five have ever been referred for
39 treatment.

40 One of the things I'd like to talk about is CBIT, Cognitive
41 Behavioral Intervention for Trauma in Schools. And as part of this
42 screening, we wanted to know how many of these children had been
43 exposed to violence and you can see here, this is kind of a summary of it,
44 that over -- almost 90 percent, close to 90 and in some instances over 90
45 percent of these children and this was survey of one year of 772 kids, over

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1 80 percent had witnessed violence. Of those a number of them were
2 victimized, that is over 6 percent and over 40 percent, if you think about
3 that, of your friends, if it was your community, your church, your school,
4 over 40 percent had had direct experience with gun or knife violence.

5 We also found that in terms of the screening -- and here we
6 have the top part that shows the victimization, that 20 percent of the
7 students who were exposed to violence had clinical levels of post-traumatic
8 stress disorder, unidentified, and an additional 16 percent of these children
9 had clinical -- depression in the clinical range.

10 Cognitive Behavioral Therapy for Trauma in Schools is a
11 program developed by Dr. Lisa Jaycox for schools and in use by school
12 personnel. It's 10 sessions of therapy for trauma symptoms and rather than
13 go through all of this, I want to go also through some of the elements of
14 this, and that is educating students about trauma and common symptoms.

15 Most of the kids say, "I feel like I'm going crazy, I feel like I
16 have no control". And so we help them to be able to deal with that element
17 of fear by helping them to train with their thoughts how to reduce that
18 anxiety and how to calm their fears so that they can begin to problem solve,
19 learning to face the trauma, learning, again, to re-engage with others and
20 building skills to get along.

21 I want to say that there was one school, at all the school
22 shootings that we've dealt with, there was one school in which test scores
23 actually went up, they didn't go down and that was Columbine High
24 School. And that was because Columbine invested in counselors in the
25 school, additional staff, mental health people from the community to come
26 in and treat those children for the kinds of problems that they were facing
27 after the school shooting.

28 CBITS is tailored for delivery in schools. It is a short
29 training of about two days. It happens bell-to-bell and it can be doubled up
30 so that if there is a change in the schedule there can be two sessions during
31 the week rather than one.

32 CBITS was also developed in our multi-cultural district and
33 originally was work done with students who had been in the US three years
34 or less who spoke Russian, Spanish, Korean and Aremian and our work
35 since then has evolved over the last few years to involve mostly Latino
36 students and African Americans.

37 Here's just a brief overview of the randomized clinical trial
38 that was a study that was conducted by RAND, by Dr. Brad Stein and it
39 shows -- it's an effectiveness study of CBITS and as you can see here, there
40 were 769 students that were screened. A hundred and fifty-nine of those
41 were eligible. A hundred and twenty-six students had their parents and they
42 themselves consented to this treatment and 61 students received the
43 program immediately and 65 students received the program at a later date.
44 Here's some of our outcomes, and that is that treatment does improve
45 trauma symptoms. You can see here that the solid red line shows the

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1 students who did receive treatment dropped right out of the clinical range of
2 post-traumatic stress disorder.

3 Time is a mediator, so on the dotted line, you see that
4 overall the children did improve a little bit but there's still some clinical
5 range of PTSD. As they receive treatment, they also even dropped lower
6 out of the clinical range of Post Traumatic Stress Disorder and the earlier
7 group maintained their gains. The improvement in symptoms lasted over
8 time.

9 Here we see what parents reported as far as their children's
10 relationships within the home and their psycho-social impairment scores,
11 and you can see here that the children who received treatment their
12 impairment scores dropped so that they were doing better. Those students
13 who did not, the parents did not see any improvement at all in their
14 behaviors.

15 I'm going to skip over this next and tell you that we did find
16 that as their trauma symptoms decreased, the grades did improve, in some
17 cases a full grade point higher than at the beginning of the school year.
18 And the children did -- the teachers did report fewer classroom learning
19 problems. We did attempt to look at -- to achieve the status of having an
20 evidence based program which has now been established with the
21 effectiveness study in The Journal of American Medical Association.

22 I'm going to skip -- this is just a little slide about
23 improvement of attendance and improvement of grades in our most recent
24 group of students. But I wanted to jump to some recommendations because
25 I think that this is what the heart of what we're talking about today is how
26 the programs in the US Department of Education can really make a
27 difference in school outcomes, both in terms of the social and emotional
28 health of children as well as their academic progress.

29 First of all, I want to go back to the idea that we are teaching
30 the whole child, that if we don't address in many cases, especially in urban
31 areas, the social and emotional problems of children, that we really cannot
32 achieve the educational outcomes that we want. Based on the
33 recommendation of the President's -- President Bush's new Freedom
34 Commission on Mental Health, there are several recommendations. One is
35 bring science to school services. Many of the people who work in our
36 schools, the counselors, social workers, the psychologists, they were trained
37 what they were trained to do, five, 10, 15, 25, sometimes 30 years ago.

38 Science has moved forward, far, far forward at this point in
39 time. We need to train all of them in the effects of trauma and trauma
40 interventions, especially evidenced based trauma interventions. We need to
41 help teachers with pre-service educational and trauma in learning so that
42 these young teachers who are filled with ideals and enthusiasm, they go to
43 our urban schools and they burn out.

44 How many of our teachers do we lose because what their
45 expectations are and what they're taught are completely at odds with what

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1 they actually see in front of them every day in the classroom. The second
2 is, build a knowledge base for the treatment of trauma. We need to know
3 that what our counselors are doing actually have an outcome, have an
4 educational outcome; not only improve the mental health status of children
5 but also have an impact on grades and attendance.

6 The third is, and this is Recommendation Number 4 in the
7 President's New Freedom Commission, expand and enhance school-based
8 mental health programs, organize, re-organize, reconfigure, the existing
9 school and community health resources and mental health resources into an
10 integrated whole at the school level and at the district level so that school
11 psychologists, school social workers, school counselors, attendance
12 workers, are all working together around one goal which is to improve the
13 academic and social and emotional status of children.

14 I want to thank you very much for inviting us to be here
15 today and I thank you for your attention.

16 CHAIRMAN LONG: Thank you very much, Marleen, and
17 now we'll turn to Lisa.

18 DR. JAYCOX: Thank you. I'm going to be sort of building
19 on what Marlene talked about and try to answer a few questions in terms of
20 not just CBITS but other interventions, what interventions are available for
21 helping students recover from traumatic experiences, what are their
22 characteristics how -- what are the issues around disseminating these
23 programs and from there I'm going to be drawing on some recent work,
24 talking with school personnel in the Gulf States in terms of how they
25 worked with the displaced students and their own students as schools
26 reopened to deal with that particular traumatic experience.

27 I have to just have faith that it moves when -- yeah, okay.
28 So first of all, what interventions exist? We've just done a couple big
29 literature reviews and some work related to Gulf States where we found at
30 least 39 programs and were specifically developed for use in schools and
31 dealt with some sort of trauma. Some are geared towards violence
32 exposure. Many are geared towards sort of diverse different kinds of
33 traumatic experiences like our program CBITS. Others are specifically
34 geared towards loss or grieve, those kinds of things.

35 Most of them are using some kind of cognitive behavioral
36 techniques. Those are the best proven in clinic settings and fortunately
37 they've been sort of pulled into the school setting and they really work in
38 the school setting in that they're sort of didactic and have small group
39 exercises. They really lend themselves to sort of classroom based learning.

40
41 Unfortunately, only about five of them have been evaluated
42 in any kind of controlled experimental trial. Ours is one and there's -- the
43 other ones are listed up there also. So it's really a developing field. We
44 don't have a lot of evidence for many of the programs but since many of
45 them incorporate these sort of proven techniques from other interventions

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1 and have a lot of commonalities, there's some faith in many of them.

2 So what are their characteristics? They tend to be brief,
3 time limited for students and groups. That means that they tend to be rather
4 cost efficient. We're not talking about individual long-term counseling
5 either with a school counselor or the mental health professional but rather
6 pulling groups of kids together. The short-term, 8 to 20 sessions is
7 generally the sort of parameters. Some of them have components for
8 parents and teachers.

9 Working in schools has sort of some real pros and some real
10 cons. The real pros are you really have good access to the kids. So
11 whereas many kids don't ever make it to a specialty mental health clinic,
12 they are in school every day. That's their job. They're there and if you're
13 able to integrate services onto the campus, then they're available for those
14 services. You don't need to rely on someone to give them a ride every day.
15 You don't need to worry about how motivated the parents are, what the
16 parents' live stressors are, you can work with the child regardless.

17 The downside is that that often means you have less access
18 and less involvement from the parents. So that's sort of a double-edged
19 thing. Most of the interventions that are out there focus on both symptom
20 reduction and skill building. So the idea is that you're both trying to help
21 them deal with the traumatic experiences that they've already gone through
22 but also recognizing that many of these kids live in urban, high stress
23 environments and they will be exposed to another traumatic event. So
24 you're trying to build some skills for the future, relaxation skills, social
25 problem solving, ways to talk with people about their problems, ways to get
26 support from peers, teachers and family members. So it tries to work on
27 both of those.

28 And to date most of the programs have relied on using some
29 kind of clinician or mental health professional. That's changing a little bit.
30 There's at least one program that has some good evidence behind it in Israel
31 that is being run by teachers and we're working with MAMH funding to
32 redevelop CBITS so that it could be used by non-clinicians, like school
33 counselors and teachers.

34 So then we get to the question as to whether schools are
35 using these programs. And we do a lot of work nationally through SAMSA
36 funding, the National Child Traumatic Stress Network to try and support
37 schools to use these kinds of programs. Marleen is running that project and
38 she is including both RAND and UCLA in those efforts. So we're
39 developing dissemination materials and such that we'll give you an example
40 of in a few minutes.

41 But the fact is, we're working with a select few school
42 districts around the country and most schools are not using these kinds of
43 services even though they have kids who are experiencing a lot of trauma
44 and who are feeling both uncomfortable at school and showing signs of
45 impaired learning.

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1 So the study I'm about to talk about with -- following
2 Hurricane Katrina is an example of sort of an opportunity to look at why
3 schools are or aren't using such programs because that was an example of
4 everyone perceiving a big need for some sort of mental health intervention
5 for these students who are highly effected and yet many schools were not
6 successful in implementing such programs.

7 So our goal in this study was to try and look at what schools
8 were doing for their displaced students. After the hurricanes hit, you know,
9 we have our CBITS program. It's available. We do a lot of training and
10 technical assistance around the country but we just got a few calls after
11 Hurricane Katrina and I believe that's true for other people who have
12 interventions, too. It was very spotty and we very quickly realized that
13 even though we knew about all of the mental health programs that existed,
14 the schools in this region did not and that there was really no place to find it
15 easily. It wasn't gathered in one place. So one aim of the project was really
16 actually to gather all the information on one place and provide that
17 information for schools in sort of a school friendly place, so we developed a
18 toolkit for that name. I'll pass them out. We have one thing that describes
19 that so you can see it and I have an example here, if anyone is interested.

20 So we tried to pull together information that was -- we
21 thought would be relevant to schools and we interviewed school personnel
22 both public and private in four states; Alabama, Mississippi, Louisiana and
23 Texas trying to target the school districts that took in the most displaced
24 students at first and then as we continued talking to school personnel in
25 schools that were reopening and sending back their students, in which case
26 all the students were effected.

27 We tried to look at from the school personnel perspective
28 what they saw as the need for these students and what they were putting in
29 place for them, what worked and didn't work.

30 So first in terms of need, I'd have to say that the sort of
31 educator perception of need really differed from place to place. And there's
32 a huge variety in the kinds of schools that we interviewed, so some were
33 college prep, private schools. Some were intercity schools that had many
34 high need students already and then accepted a huge number of displaced
35 students who were also very vulnerable students from inner city New
36 Orleans and had multiple needs themselves, so a whole range, but we
37 noticed that very quickly educators and school principals, for instance and
38 their superintendents were saying that they needed to get back to
39 academics. They did a lot around quickly enrolling students and finding
40 uniforms and desks for them and really served as a hub in the communities
41 that they served to get these families settled and acclimated and the kids
42 enrolled in schools. But by, you know, February it was, "Okay, enough of
43 that, we need to refocus on academics and on testing standards and meeting
44 our goals for that.

45 So some schools were really getting back to academics

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1 quickly and kind of leaving the mental health issues aside. But in one
2 school district for instance that screened many, many of the displaced
3 students, they screened everyone they could, they were finding that 40
4 percent of the high school students for instance were scoring in the highest
5 level of need in terms of mental health services using a screener put out by
6 the National Child Traumatic Stress Network. So clearly the
7 need was there at least in some school districts but not necessarily
8 perceived as something that they needed to be focused on. Just to give you
9 an idea of what we did with the toolkit, we drafted the toolkit and then also
10 got feedback from it. We sent it out very quickly in January or February of
11 2006 and then as we re-interviewed school personnel, we were able to get
12 more feedback and in fact, learn about a number of programs that school
13 systems were developing. So if you can kind of imagine, I mean, it's great
14 to hear that school districts were motivated to do that but I can think of one
15 school district where there was one social worker for the whole district and
16 she developed her own program, curricula, from scratch which is a huge
17 effort and a valiant effort, but there were many, many programs she could
18 have taken off the shelf had she known about them.

19 So there was a real lack of information. A lot of school
20 districts were doing their -- what they could on their own with limited staff
21 time and resources and then I'd hear from the next school district over that
22 they had already invented that thing and were using it. So for instance,
23 hearing one person say, "Well, you just really don't know how to screen the
24 kids, though", and we're trying to develop a screener and find out about that
25 and the next school district over, they just screened everybody around. So
26 that was a real issue in terms of not hearing about communication between
27 school districts and if you know New Orleans and Louisiana at all, a lot of
28 them are very small parishes with limited resources, so not the big school
29 districts we tend to see other places.

30 Okay. In terms of interviewing the school personnel, I've
31 talked a little bit about this already, we targeted schools and school districts
32 that took in a lot of displaced students with a lot of variations so that's
33 something to note as I'm talking because not only did they vary in terms of
34 size and resources, they varied a lot in terms of pre-existing mental health
35 need within their student population and some had very well developed
36 school based mental health centers for instance, funding mechanisms and
37 funding streams and were able to really leverage those resources. Others
38 had one school counselor per school, the sort of standard model without any
39 really extra mental health support around it and, therefore, were not able to
40 do so much.

41 I've already sort of mentioned this a little bit, but the schools
42 really did rally and put the primary emphasis on getting kids registered,
43 enrolled in school and they were very proud of their effort around this. It's
44 quite impressive what they did, especially when you imagine that in many
45 of these communities they also -- the school personnel who were trying to

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1 do this had their own personal damage and displacement issues going on. If
2 the community wasn't very damaged, they still were accepting visitors into
3 their homes and multiple people living with them, but often had some
4 damage. And in some communities, you know, like in Southern
5 Mississippi and clearly New Orleans, have long-term issues to deal with
6 outside of school. So one of the things that we've been talking a lot about is
7 sort of the role that educators are thrust into in a situation like this, to be
8 both the caretakers for our children, but also be enormously tax themselves
9 on a personal level, so we heard a lot from school personnel about you
10 know, really putting their all into it but not being sure how longer they
11 could keep it up.

12 And hopefully that they could get some, you know, sort of
13 respite over the summer to sort of recover from this year of really intense
14 stress and work -- both at work and at home on a personal level. We didn't
15 see a lot of implementation of the kind of trauma programs that we -- that
16 we talked about earlier, CBITS or other programs and I'll talk a little bit
17 about the reasons for that.

18 The kind of barriers that schools talked about were lack of
19 capacity, as you can imagine, limited funding, lack of trained staff to
20 implement programs, having had not quite enough resources to meet the
21 needs of their students before and then now all these extra displaced
22 students. If you can imagine having sort of a flood of students who are sort
23 of the most needy, most at risk for mental health problems come into the
24 school it really shifts the school population in the direction of having a huge
25 number of needy students. So that's what many schools faced.

26 The competing priorities I sort of mentioned on a personal
27 level, but also on a community level, there is a lot of need to focus on
28 rebuilding, even the school building, get new supplies and equipment and
29 all of that was very pressing, of course. And so it displaced some of the
30 issues around mental health. Other barriers are problems communicating
31 that's I've already mentioned. Some staff members, you know, didn't even
32 want to talk to me about it. They sort of said, "It's enough already. We're
33 tired of talking about Katrina. It's in the media every day. We need to put it
34 behind us." This is probably sounding familiar based on what Steve said
35 earlier.

36 That there is often a sort of impetus for people to try and put
37 the trauma behind them and the teachers and school personnel were doing
38 that too, even if the students weren't necessarily ready for that. And then
39 there was also enormous difficulty communicating with parents and
40 sometimes that's required for mental health services to get permission to do
41 an intervention with the child.

42 Phone numbers were changing, housing was unstable,
43 phone numbers that students were registered under changed immediately as
44 people found housing. So really, if you take your sort of urban difficulties
45 communicating with parents and triple them, it might be the situation here.

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1 People really didn't have ways to communicate, especially with the families
2 residing in the trailer villages, because there were not good communication
3 lines set up with that.

4 So trying to sort of put this all together, it is a little hard to
5 put together because of the variety of different kinds of schools that we
6 talked with but it's not just enough to have resources but rather your
7 resources and your needs already have to sort of be in balance so some of
8 the school districts that had high need populations but really were
9 struggling to meet those needs already were not able to kind of put in more
10 effort for these displaced students.

11 Some school districts were really lucky, they had just gotten
12 safe students -- Safe Schools Healthy Students funding and were able to
13 shift the priorities on that to focus on displaced students, that kind of thing,
14 but you can imagine that it would be hard to write a grant in the midst of all
15 of this chaos and try to apply for funding. So really one of the things that
16 we learned is, you know, that there are these existing barriers that are
17 always the case for getting mental health services to students, but even
18 more so during a time of disaster and because the whole community is
19 effected and everyone is sort of at their limit already, don't have time to sit
20 down and write a grant or develop new materials or attend a two-day
21 training.

22 So more and more we've been thinking about how that
23 training needs to sort of be pre-positioned. There was one story that -- from
24 a woman, social worker in Mississippi who had implemented some grief
25 program prior to the hurricane, so she had gotten trained on it and
26 implemented it in a few small groups for students in her school district.
27 And everything in the community was wiped out. This was in the very --
28 right along the coast and she lost all of her materials except for this one
29 program that she found floating in a zip lock bag in her living room. So
30 that was the program she implemented.

31 It was, you know, fortunately applicable to the kids in terms
32 of loss and grief but you immediately kind of have to imagine it being --
33 floating there in a zip lock back to be useable. It can't be something they
34 need to go to Chicago to get trained on.

35 I am talking too much, I guess. Okay, conclusions; the
36 window of opportunity for addressing the student mental health issues was
37 small in many school districts, so there was a window, although many
38 school districts started to do more training over the summer after the
39 hurricanes hit and we've been involved with some of that. One thing that
40 was really impressive is that the schools leveraged their crisis intervention
41 training and their crisis intervention teams in order to be able to respond to
42 the hurricanes and then -- but then really stopped there and quickly turned
43 back to academics and sort of set aside the mental health issues. And
44 information about the programs really needs to sort of be on the shelf
45 already with training pre-disaster.

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1 In terms of recommendations, we clearly are at the infancy
2 stage in terms of evaluating these kinds of programs so there does need to
3 be more of that but having the programs really isn't enough. We need good
4 training and good staff development prior to a school crisis or a
5 community-wide disaster. And the thing that these kinds of trauma
6 interventions can offer besides offering specific interventions for
7 traumatized students is that they draw on the same kinds of concepts that
8 are really important for treating other problems like behavior problems and
9 depression and anxiety. So bringing evidence-based treatment towards
10 trauma would go a long way towards also getting people ready to
11 implement other kinds of programs that we know are proven for use in
12 schools. I'll stop there.

13 CHAIRMAN LONG: Thank you very much, Lisa. Now,
14 let me ask, when I stepped up there, Marleen, you and Lisa were talking
15 about a --

16 DR. JAYCOX: Yeah, since we each took our time, yeah,
17 we can skip that.

18 CHAIRMAN LONG: Okay. I appreciate all the flexibility.
19 I saw the conversation going back and forth.

20 DR. JAYCOX: Yeah.

21 CHAIRMAN LONG: Now, to an important time and that is
22 to have comments and questions and enter a dialogue so that we can
23 synthesize some of this information. So yes, Susan?

24 MS. KEYS: I'd like to ask you to comment, a lot of the
25 presentation had to do with helping kids that have experienced trauma and
26 you touched on getting professionals and teachers and communities ready
27 for some type of large scale trauma or in this case maybe an individual who
28 experiences trauma. Can you comment on recommendations for building
29 resilience so that you can look from a preventative perspective and
30 hopefully have less children that are severely traumatized?

31 DR. MARANS: That's a great question. Let me give you
32 one example around domestic violence where we know so much about the
33 cycle of violence. I mentioned the delinquency but what I didn't say is, is
34 that you know, both boys and girls are 158 to 250 percent more likely to be
35 victims and perpetrators of inter-personal violence if they've been exposed
36 to domestic violence. So one of the things that developed out of our
37 partnership with law enforcement and Domestic Violence Services and
38 others is the idea of taking what we know about the pattern and
39 psychological and safety experiences of domestic violence and kind of
40 develop an intervention that would interrupt it, which also means
41 interrupting a level of exposure. So what we did was these are some of the
42 most frustrating, fourth most dangerous kind of law enforcement call for
43 service and often it's not a good mix in terms of what women feel from law
44 enforcement -- typically women feel from law enforcement in a domestic
45 violence situation. In our work, because we have learned so much from

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1 each other, we've developed an intervention strategy where domestic
2 violence advocates, clinicians and police officers would respond after the
3 acute call for service and do unannounced follow-up visits.

4 Now, lots of people are horrified saying, "Well, that's
5 intrusive". In fact that's not what we found in our survey from these women
6 and we had a controlled study and what it demonstrated was that the
7 women and kids who had the outreach in which there was safety planning,
8 mental status review, psycho-education, et cetera, were much more likely
9 than their control group to get additional social services, both for
10 themselves, both adults and kids, and much more likely, about 50 percent --
11 50 percent decrease in severity of violence and police calls for service. It's
12 one example about thinking collaboratively and looking at the phenomena
13 and then saying, "How can we interrupt the cycle and how can we decrease
14 the level of exposure and increase the level of a sense of agency and
15 control?" Just one example.

16 DR. JAYCOX: I was just going to say that some of the
17 work in the urban areas like the CBITS program and several of the other
18 ones that were on the slides, is that we know that they're exposed to things
19 on a regular basis, trauma in the community. And so it's not exactly
20 prevention but really more early intervention. We're not waiting until
21 they're sort of full blown PTSD and they're disabled, but rather trying to get
22 working with them when they have some symptoms and so it's sort of
23 earlier in the cycle.

24 And maybe Marleen, do you want to talk about the
25 programs you were --

26 DR. WONG: Yeah, I spent two weeks in Israel last month
27 around the holiday season and I spoke with many, many colleagues who are
28 dealing with exactly this issue about how do you provide universal and
29 preventative efforts around a situation in which 6000 Katyusha rockets are
30 falling every day on a very small country and you don't know where the
31 rockets are going to come and everybody is subjected to these air raid siren
32 type things and you just dive under a table, you jump out of your car. You
33 just get out of the way. And so trauma is highly likely in a population like
34 this and yet, it's not.

35 So what -- in talking with them what I found is and as you
36 look at that spectrum of prevention sort of you know, there's universal
37 applications, there's selected and there's indicated and you look at certain
38 populations. And we all have them, in, you know, communities of high
39 poverty and crime. What they did was they took an intervention, cognitive
40 behavioral intervention, and they sort of front-loaded it. I mean, they took
41 the first few pieces of it which was education about trauma, how do you --
42 what thoughts do you have about this? Which of those thoughts are not --
43 don't help you to problem solve but get you stuck where you're at? And
44 then how do you develop more social skills and cognitive skills in order to
45 deal with that? So they took those first like four segments of

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1 cognitive behavioral intervention and literally taught it to all the kids in the
2 country. Now, they don't have any outcome measures but I think it's a very
3 promising kind of direction, where you see now that they're still -- they're
4 dealing with some of those threats but at the same time, if you go to Israel,
5 life is going on. I mean, they are doing just -- they have fear but you know,
6 people are out in the street at night, people are enjoying life. The kids are
7 out there playing. They're not frozen. They're not looking like our inner
8 cities where kids are being forced to stay inside because it's dangerous
9 outside.

10 DR. MARANS: I think it raises a really important point
11 and one of the differences between what we see in Israel and what we see in
12 some of our high crime neighborhoods and communities is the notion of
13 social cohesion as a major protective factor. And so we have a
14 programmatic or a therapeutic intervention on the one hand, but one of the
15 most successful interventions that is protective and part of social cohesion
16 have been the after school programs that we've developed in our country
17 that have been decreased over the last several years. We know about the
18 connection between after school programming for high risk kids and this is
19 not -- you don't need to be a professor of psychiatry or child psychiatry to
20 recognize that if you want to increase protective factors, supervision is an
21 important one.

22 If you want to make sure the kids have an opportunity for
23 pro social development, then give them the opportunity for pro social
24 behavior, so that, you know, this idea that if we go back to the
25 phenomenology, if one of the sine qua nons of trauma is the erosion of
26 executive functioning and organized gratifying behavior, et cetera, then we
27 have to have some support. Somebody has got to have these kids' backs
28 that can help them re-establish the level of order and executive functioning
29 and group activities, if they can't have the level of support and supervision
30 in their homes or neighborhoods, well, we need to think about how to up
31 that ante on that, I think.

32 CHAIRMAN LONG: Mike?

33 MR. HERRMANN: In terms of building networks of folks
34 at the school level to support children in responding to these traumas, who
35 do you think are the most likely candidates? Are they teachers, school
36 counselors, and what kind of training would you need to prepare them for
37 that role?

38 DR. WONG: Well, I think in this country, you know, the
39 way that most school districts are organized is that there's a superintendent
40 of schools and then you have a whole group of people who are a support to
41 the district and it's Health and Human Services. They might be called
42 Social Services, Attendance Counselors, our School Psychologist, very
43 important, School Social Workers but really to integrate those folks
44 together into some sort of support system that then begins to look and
45 assess what does our district really confront, what do our children confront

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1 and how do we -- you know, what's the big picture here that we need to
2 address. And it may be different from community to community.

3 You know, maybe it's more of a bullying situation rather
4 than exposure to violence but I think that we're also finding more evidence
5 that children who are bullied do reach the level of trauma and get to the
6 point where they don't want to go to school, they don't -- you know, they
7 have all of those symptoms of post-traumatic stress disorder. So but
8 integrating those resources, because I suspect that in every state we're
9 spending you know, hundreds of millions of dollars on counseling
10 programs and they get splintered off but they need to be re-integrated so
11 that they serve the needs of the child.

12 DR. MARANS: Just to add to that, I think one of the
13 common denominators that's often missing is an appreciation of children's
14 development. And if you have a broader appreciation of children's
15 development, then you can begin to do more of the connecting of the dots,
16 and it's not asking everybody to be everything.

17 You know, teachers who complain about being turned into
18 substitute parents have legitimate grievances but they're not supported if --
19 for example, there's a wonderful SRO, School Resource Officer Program
20 but the teachers and the SROs only connect when the kid's in trouble. It's
21 not helpful if the SRO, the School Resource Officer, is so separate from the
22 rest of the policing districts that they are not able to transport in-tell
23 between what's happening in the community and the schools and vice versa,
24 and it's not useful in devising strategies for intervention for the most
25 troubled and troublesome kids if the teachers and mental health folks and
26 law enforcement and all these folks aren't talking from a similar frame of
27 reference, not about their expertise in what they can do but about what a
28 child is needing and how they can bring those areas of expertise to it and
29 talk from the perspective of the child.

30 And something that came up this morning about resources
31 and money and the money walks, well, one of the issues is, when money
32 walks, it's hard for people to be very interested in listening to what the other
33 knows. And we get into the silo effect and we get further and further away
34 from what it is to be this child and by the way, what it is to be this teacher
35 or this cop or this judge, et cetera, et cetera.

36 And we get far away from saying, "Well, whoa, hold on a
37 second. Who is this kid and how is that the starting point for where we need
38 to go"?

39 MR. JONES: And may I also respond to that question?
40 You know, so, you know, who do you go to, who is the go to person? Is it
41 the teacher or the counselor or whatever? And I think first of all, as the
42 panel is pointing out, it's just, first of all, educating our culture, our teachers,
43 our superintendents, et cetera, to the fact that trauma hurts. It's the gift that
44 continues to give. Educating individuals that it's a real phenomenon and
45 that children experience. I mean, you guys have quoted many wonderful

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1 statistics, actually dramatic, drastic statistics. You know, one statistic is up
2 to 91 percent of children in high-risk areas actually experience this
3 traumatic events. But again, it's just educating school professionals that
4 indeed, trauma is very prevalent, it hurts, it also lasts.

5 So given that, you know, one of the things that we're doing
6 in our clinic and in fact, this is based on Steven's model, the CDCP model
7 is, first of all, teachers are busy. They're trying to pass, you know, getting
8 the children to do well on standardized tests, et cetera, but first of all, it's
9 just educating teachers to the impact of trauma, just simple psycho-
10 education and then having those teachers refer children to counselors.
11 Counselors seem to have somewhat more time than do -- well, I'm sure
12 counselors wouldn't want to hear me say this, but we found that counselors
13 in our district are better able to work with children. So teachers referring
14 children to counselors and then working with those counselors. We've got
15 great dialogue with counselors in our area with our clinic and so those cases
16 where the counselors can't deal with children, they simply refer onto our
17 clinic.

18 And so we've got trained graduate students and other mental
19 health professionals actually screening children, assessing children,
20 diagnosing children in appropriate instances and then carrying out
21 intervention. So, you know, there are ways of getting the job done. But
22 again, I think first of all, it's just educating, you know, educating America
23 that trauma hurts, you know, and that it lasts, and it costs, yeah.

24 DR. JAYCOX: Yeah, I just wanted to add that in addition
25 to sort of training the teachers and school administrators, there's also
26 supporting the teachers and school administrators because both from the
27 Katrina example and the inner city example, the staff members are exposed
28 to the same stuff every day and have their own symptoms, their own burn-
29 out issues, their own desire not to get into it too far with the students and so
30 they need help, too, both in learning how to help their students but also,
31 now, how to help themselves, I think.

32 CHAIRMAN LONG: Without naming names, I just
33 thought as you were in this cycle that we all work in, sometimes -- and
34 you've mentioned it two or three times, those that have been victims of
35 different types of trauma then sometimes get into education, don't mean to
36 be but they're trauma givers. And somehow we have to help break that. I
37 heard that two or three times stated in a different way.

38 Other comments or questions? Yes, Fred?

39 MR. ELLIS: Yeah, for Lisa, in one of your slides you
40 talked about there were at least 30 programs for schools and only five have
41 been evaluated in any kind of controlled trial. Can you speak a little bit
42 about the five that have been evaluated, the results of that?

43 DR. JAYCOX: Yeah. CBITS is one of them and so
44 Marleen presented that. There is -- a few of them are quite similar. So the
45 UCLA Trauma, Grief Program, CBITS and something called Multi-

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1 Modality Treatment for Trauma, MMTT, have a lot of components in
2 common and are for diverse kinds of traumas and they also sort of
3 incorporate those cognitive behavioral techniques. The other two are ones
4 that have been developed overseas, so one is the classroom based
5 intervention which has been used in Gaza and in refugee camps and in
6 displaced persons' camps and so that was tested actually by USAID and
7 then it has been sort of revamped and it's been used quite a bit in New
8 Orleans, Save the Children funded its dissemination. So it's been tested
9 there and that's been used here.

10 And then the last one is one that is just newly developed and
11 being used in Israel in elementary schools and middle schools for ongoing
12 terrorism kinds of events, similar to what Marleen.

13 MR. ELLIS: And the evaluation, I'm assuming that they do
14 the efficacy of the programs are.

15 DR. JAYCOX: Yeah, it's a reduction in PTSD symptoms,
16 behavior problems and depressive symptoms usually. I mean, it's very hard
17 -- I'm sure many of you know that it's hard to do school-based research
18 especially when you're delivering some kind of intervention because there's
19 the need to serve all students that you identify as a need, for instance for
20 intervention programs. So they don't tend to be long-term outcomes for any
21 of the programs to really look over time, unfortunately. They tend to be
22 more short-term types of symptom reductions and unfortunately, you know,
23 we've tried to gather information on grades. It's really hard to fit into an
24 experimental design, because the grades are collected at certain time points
25 that don't match your intervention experiment. And you know, grades
26 come middle year and end of the year whether or not your experiment, your
27 intervention happened at the right time point.

28 So that's something that, you know, we have a lot of interest
29 in trying to get more information about, how does it really change academic
30 indicators and we feel like that would help schools get more interested in
31 these kinds of programs, but we're just not quite there yet with the research.
32 Marleen mentioned, we have indications that improvement in PTSD
33 symptoms map onto improvement in grades but you can't directly link it to
34 intervention effects.

35 DR. WONG: In terms of just this committee, we wanted to
36 give you a copy of this manual which Dr. Jaycox developed and this is the
37 intervention that we talked about that the evidence-based study was
38 conducted. So we'll leave this for the committee.

39 MR. HINGSON: As I listened to you talk about the types
40 of incidents that these young students are exposed to, it struck me that a lot
41 of these are family generated; domestic violence, child abuse and so on.
42 Could you tell us a little bit about the engagement of the parents in all of
43 this and how you deal with that and issues of confidentiality and the -- there
44 must be a whole series of those sorts of issues being worked through.

45 DR. MARANS: That's a great question and it also goes

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1 back to connecting the dots and some legal issues. I want to take up the
2 confidentiality quickly because when we present on our law
3 enforcement/mental health partnership, that's always one of the first things
4 that comes up. "Well, we can't talk with each other", et cetera, et cetera.
5 Well, people forget that parents, unless they've crossed the line, they're in
6 charge and if you ask parents as part of your standard of care, "Is it okay if
7 I'm in touch with Officer so and so and vice versa", services are always
8 introduced as voluntary and you sign waivers because the parent has a
9 feeling that you're on their side and you want to do what's right by them and
10 their children.

11 We have about an 85 percent acceptance of the sharing
12 information. It's very limited. It's very limited to the issues that the other
13 professional is going to be able to address. So that whether it's with the
14 police or Department of Children and Protective Services or Domestic
15 Violence Advocates, the kind of information that's shared is specific to
16 what these other professionals are going to bring to the table.

17 The other part is, is that one of the things that didn't come
18 up although it was implicit, many of the parents who are difficult to reach
19 are themselves the -- this is an inter-generational issue. And do you know
20 what it's like being a teacher when the parent doesn't show up? You just get
21 mad on them, you know. And the problem is, is that they're not showing up
22 to PTA meetings and they're not coming to school conferences because
23 they're also depressed and they're also limited.

24 One of the things that in consultation that I was doing in
25 Louisiana, I'm blocking because it was so unpleasant, but going to one of
26 the trailer camps of evacuees from the Ninth Ward, the rate of school
27 suspensions and all the problems that were being described earlier was only
28 matched by the clinically significant rates of depression amongst the
29 primary care givers that was off the charts in terms of general population.

30 So partially, we're often not very successful in our efforts
31 and it takes a special effort to reach out to parents. Where the efforts are in
32 some ways easier, are when the circumstances are more serious. That when
33 for example, parents have crossed the line, have gotten involved in abuse
34 and neglect, that's where the state is often able to increase and bring
35 leverage to a situation that can be productably motivating for families.

36 Otherwise, we're looking at how do we engage parents
37 where they are better? How do we stop waiting around for parents to come
38 to either schools or mental health clinics, where they feel they're going to be
39 judged and looked down upon when they're already feeling low? How do
40 we use some of the natural, you k now, places that they're likely to come to
41 whether it's domestic violence shelters and increasing the services we have
42 available there, whether it's meeting in substations of police departments,
43 whether it's -- so there are a range of efforts that are afoot but this is a major
44 issue when what you're trying to do is engage someone who themselves
45 have been so traumatized over a period of time and then acutely in a kind of

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1 engagement that is counter to what they're experiencing.

2 DR. WONG: One of the things that we saw in schools --
3 and my staff, they're all part of the teachers' union. I mean, they're part of
4 the district, so they're not coming from a community agency. They're
5 actually part of LA Unified School District. So parents are accustomed to
6 talking to counselors and despite that we also get the consent. We get
7 active consent for parents.

8 And we engage them in CBITS and that there are two to
9 four sessions where we talk with the parents about you know, what are
10 some of the symptoms of PTSD, do they know about the incident that their
11 child had been involved in and it was surprising that, you know, children
12 protect parents. They don't tell their parents about what happened to them.
13 They don't tell them all the problems that they're having; they're not
14 sleeping, they're afraid, or all of that kind of thing, but one of the really
15 lovely things that seem to happen between the parents and the children after
16 this treatment and I don't know if it was the treatment or just because, you
17 know, they were able finally to come together and talk about this was that
18 parents stopped being punitive with their kids.

19 You know, they finally got it, like, "I didn't know that that's
20 how it was affecting you". And they stopped -- in fact, one of the fathers
21 said, "I was getting really physical with my son because he wouldn't go to
22 school, he wouldn't go to sleep at night. He's wake up and he wouldn't
23 follow directions and he was getting into fights". But during one of the first
24 years that we did this program, 76 percent of the parents -- so we had all
25 these kids, hundreds of kids. Seventy-six percent of the parents said,
26 "There's someone else in my family I want you to see. Now I understand
27 what this is about. See my husband, you know, see my brother". I mean,
28 they all had someone that they recognized clearly were traumatized.

29 DR. MARANS: We don't like to use the word
30 "normalizing" but you get the idea that the approach that has been discussed
31 in terms of psycho-education makes a big difference if somebody -- and we
32 all know this from medical illnesses, right? When you're feeling really
33 anxious about what's going on with you, it makes a big difference when
34 somebody tells you what's going on with you and arms you with some
35 information. So the experience of using these kinds of approaches says,
36 "Well, of course you're having this experience and here they are, and here's
37 what can be done". And sometimes parents need more assistance in feeling
38 like somebody has got their back, whether it's in terms of safety but also
39 being able to experience that the teachers and the counselors and anybody
40 else aren't wagging their fingers saying, "What terrible parents you are",
41 but, "Well, of course you're having a tough time with this". DR.

42 JAYCOX: Just to touch on the confidentiality issue, most of our work has
43 focused on screening kids for community violence because of those privacy
44 issues and then many of them turn out to have other traumatic events in
45 their past that sort of come out over time and then we deal with them as

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1 they come. So it is more acceptable for the school and the community to
2 say this is a study about community violence that's what we're going to
3 focus on and then once the kids get into groups, they end up talking about
4 domestic violence that they've witnessed and other things and we do end up
5 having to report child abuse, you know, to some degree.

6 It's not all the kids but then as it comes up, then we can
7 handle it.

8 CHAIRMAN LONG: Montean, Belinda.

9 MS. JACKSON: Hi, a quick question on whether or not
10 there currently is any studies or any research being one on the military child
11 and children that attend non-DOD schools as well as the children that
12 attend DOD schools and the services and support that's provided.

13 DR. JAYCOX: I know that DOD has been in touch with us
14 occasionally to ask about our program and other programs, and we've sent
15 them materials because they are interested in doing this kind of
16 programming, for instance, on the bases in Germany but I don't think that
17 there's been any systematic research that I'm aware of on kids. Do you
18 know something?

19 MR. MODZELESKI: There is some, Montean. I mean,
20 many of the states are working not only with the military children, I mean,
21 where they're seeing more problems are with the National Guard and
22 reserve units which don't have the support of the military. So Mona Johnson
23 (phonetic) in Washington, Pennsylvania, there's three or four states I think
24 that are doing quite a bit of work with -- and I don't know whether Mike
25 knows any, but there are about three or four states.

26 DOD has a small unit working on this. Unfortunately, if
27 you go to the Department of Defense and ask about this, they'll tell you the
28 same thing you heard today is not enough resources, not enough time, not
29 enough energy to do this. As a matter of fact, a key person working on this
30 for DOD is leaving DOD and going out to Hawaii to do this on a local
31 level. So you'll lose the leadership at the DOD level.

32 MS. SIMS: Thank you. My question sort of dovetails off
33 of that in that it's what has been the uptake of the CBITS program as an
34 example, in general and specifically within the LA Unified School
35 Districts?

36 DR. WONG: Well, we're sorry we weren't able to show
37 you but we had children from LA Unified actually speaking on this video
38 about how when they would go into school and what their -- what their
39 experience with trauma was and how it was dealt with differently with
40 teachers and also a little bit about how CBITS has taken off.

41 I think that people who recognize that they are dealing with
42 traumatized children are more than ready for this. They're ready to get into
43 it. I think that the acceptance is like in any other situation. If they
44 recognize that there's a problem, they're more than ready to take it on.

45 Where the problem hasn't been recognized or they say,

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1 "Well, that's just those kids and that's how they, you know, deal with
2 things," and you know, make sort of blanket statements about you know,
3 their behavior, they're not so interested. So we have schools that have hired
4 three social workers and psychologists to deal with these issues and we
5 have schools who say, "That's not my job and I'm not going to do it". So
6 but CBITS has also been disseminated around the country, so there's
7 different places, for instance, Madison, Wisconsin and Baltimore and in
8 Minnesota we have some sites. In the Native American Reservations in
9 Montana there's a big effort around CBITS. We have CBITS Australia and
10 Japan. I mean, you know, places where people -- yeah, little pockets where
11 they recognize, "This is that I'm dealing with".

12 You know, and we had a teacher on the video say, "I knew
13 it wasn't because these kids were stupid. I just couldn't figure out what it
14 was when I walked into my classroom, I'd just feel the hair come up on my
15 arms because something had happened last night and these kids were acting
16 out. And until I started asking those questions, you know, like tell me about
17 what happened last night", and she started getting the answers about, you
18 know, "I saw my brother shot, I saw this happen", it was then that she
19 began to realize that there had to be something before learning to be --
20 something that went along with learning, you know, where somebody had
21 to sit down with these kids and talk about what had happened to get them to
22 a place where they could actually attend to what was going on in the
23 classroom.

24 So I would say it just -- it really depends on the interest of
25 the individual educator and it starts with the leadership. If the principal
26 says, "Yes, this is what we're dealing with," it's school-wide.

27 MS. SIMS: And are there key items or brief measures
28 widely available for use in terms of, you know, screening for trauma
29 exposure and then being able to -- you know, to do it on a wider scale, for
30 example, if this were going to be integrated into a safe and drug free school
31 screener for example?

32 DR. WONG: Yeah, well, we -- everyone keeps asking for
33 shorter and shorter, so we have done some work to try and shorten what we
34 used originally and I think we're now down to a seven-item community
35 violence exposure screener and a nine-item PTSD screener. So it's really
36 quick but it doesn't focus on all sorts of traumas. It sort of depends what the
37 school is interested in screening on.

38 You know, some are more interested in getting at the family
39 stuff or there's been a recent event and would want to focus in on those
40 things. But we do feel like we have good scorers and such for picking kids
41 who might benefit from some kind of trauma focus program and have some
42 short measures.

43 DR. MARANS: Lisa just made a reference to something I
44 think is really important, that when we think about trauma and heightening
45 awareness, it's not just about exposure to violence, you know, and this is not

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1 just about our schools, it's about our hospitals and a whole range of services
2 that come into contact with kids. When kids lose a parent suddenly to, you
3 know, a sudden death and gee, surprise, surprise, there are symptomatic
4 behaviors that are presenting in the classroom, what's the teacher supposed
5 to do when a kid has just had emergency surgery and is coming back after a
6 prolonged absence from the school?

7 You know, one can kind of, you know, wind out the list. So
8 I think this idea about considering again the awareness as Russell was
9 pointing out, of what are the links between overwhelming experiences in
10 the lives of children and the way they present behaviorally and in
11 compromise functioning, that's the key.

12 MR. JONES: Yeah, well, stated. Lisa, just in response to
13 Belinda's question in terms of screeners, yes, there are several other very
14 short screeners within the National Child Traumatic Stress Data Core that
15 could be given out to children systematically and, you know, boy, it's my
16 hope that the Department of Education really takes that on and that that
17 become a very fundamental component of the, you know, educational
18 initiative that children are systematically screened for the occurrence of
19 traumatic events and in assessments and that kind of thing. And again, it
20 doesn't have to be the Department of Education doing all of that. I mean,
21 once we know that children need a certain criterion on that screener, they
22 can then be referred out to you know, other agencies; community
23 psychologists, psychology clinics, et cetera. I mean, that can be done. It's
24 just a matter of doing the gimbling if you will, with other organizations who
25 are expert in the assessment, treatment and diagnosis of traumatized
26 children.

27 But I think I want to go back to another point. You know,
28 the importance of -- you know, there's a saying that culture counts. That
29 was benchmarked by, I believe, Secretary David Satcher some years ago,
30 talking about the psychological impact of any number of things on people
31 of color. But I think culture counts. But in this context, I think, trauma
32 counts. You know, and if the Department of Education could convey that
33 message that, indeed, trauma counts.

34 There was a question asked earlier in terms of how receptive
35 are parents to interventions, et cetera. You know, what we found and I've
36 heard that from many of my colleagues, that once parents become aware of
37 the impact of a traumatic event on their child, they beat the doors down to
38 get help. Once they realized that trauma has not only a psychological but
39 also a biological and neuro-biological consequence, parents will jump at
40 that. They -- parents are protectors of children but you know, parents don't
41 know what they don't know. If they don't know that this traumatic event
42 impacts my child, you know, not only for the short term but the long term,
43 there's no need for intervention. And in fact, what parents often do
44 following a traumatic event is get over it and let's move on. I've had parents
45 tell me that for many years following fires and Hurricane Andrew, and even

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1 Katrina. "It's over, let's get over it and let's move forward".

2 But once parents hear the message that, indeed, trauma
3 hurts, trauma lasts, I think they're very prone to seek out screening and to
4 seek out interventions. And even though, you know, we only have five
5 interventions so to speak that are evidenced based, there are many, many,
6 many more that are evidenced informed, that's simply meaning that the
7 components of those strategies that are evidence based, are also part of
8 those that are evidenced informed.

9 So again, there is solid treatment strategies, intervention
10 strategies, to help children across our nation that are traumatized.

11 MR. MODZELESKI: Before we go down this road, I have
12 a question and Russell, maybe you could jump in, too. I mean, listening to
13 all of you and having many years of experience, it's sort of like if this is the
14 first time I've landed here, I'd say there's absolutely no problems with
15 screening and there's -- merely tell the parents that trauma hurts and that
16 everybody is going to jump in and that this is -- you know, this is easy.

17 Our experience tells us otherwise. Our experience tells us
18 that screening is, even as easy as it is, nine scale or five scalers, that there
19 are many people out there who don't believe in it, who don't trust in it; as a
20 matter of fact, feel that there's some negative consequences to it. There's
21 still many people that don't believe that trauma hurts. So the flip side of
22 that is what are the negatives, I mean, that we should be looking for because
23 this is not merely doing it because we are well aware of the obstacles.

24 So could you talk briefly about what those obstacles are?
25 Why do people still fight us tooth and nail on screening and fight us tooth
26 and nail on trauma, to be quite frank with you?

27 MR. JONES: One response might be it's just in terms of
28 culture. You know, it's the culture of the way people think. You know, I
29 don't know the extent to which, you know, those individuals that you're
30 talking about have been educated to the impact of trauma and also the
31 prevalence and incidents of trauma in -- you know, in those families, in
32 those communities, et cetera. So I think that's just -- again, that's psycho-
33 educational piece, I think, is very important and again, the incidents again,
34 and the prevalence of that occurring in that community, in that family, is
35 essential.

36 DR. JAYCOX: Whenever we conduct a research project
37 together, we have many issues with trying to recruit families to participate
38 and some of the reactions are that, "Well, my child doesn't need it so I'm not
39 going to let you screen. I think everything is fine". But also some fear that
40 there will be some intrusion to family business and concerns about child
41 abuse or domestic violence or other things going on at home, immigration
42 status, all sorts of things.

43 I think this could open up too many personal issues. And so
44 I think that's where we lose families in our research projects. And the
45 research projects put a lot of extra hurdles into consents that school

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1 programs don't always have. But when we've implemented just as a
2 program, we have much better success. If a school rolls out a program that
3 doesn't need a lot of extra forms, scary forms signed, it tends to go better.
4 But still, I think, it does sort of cross the line into questions about home life
5 or parents are concerned about that, that is one of the barriers.

6 DR. MARANS: I think there's another -- I'm glad you
7 raised it, Bill. You know, the other element -- I would agree with what's
8 been said. The other element is, you know, I think Lisa was sort of alluding
9 to this, you're going to do the research and then what? So there's the whole
10 exploitation issue which, I think, many communities feel particularly from
11 an academic side.

12 I find I have to explain away being part of Yale University.
13 I have to remind people that we're out 24/7. It doesn't matter what time of
14 night or day, et cetera, et cetera, and actually, as Russell says, when we're in
15 somebody's living room, we're welcomed, but if you come in and say,
16 "We're going to do research," well, then it's just, you know, Yale writing
17 articles off the backs of people's suffering.

18 I think there's another element. America is just a wonderful
19 country of fads, isn't it? And so there have been some terrible egregious
20 things done in the name of trauma and help. After 9-11 Bill Moyers asked
21 me to take a phone -- you know, do a phone thing with him on television.
22 And I got this call from a teacher. She was a second grade teacher in New
23 York City and this was just a week and a half after the attacks. And she
24 said, "I was told by my principal that I was to have all of my second graders
25 draw pictures and talk about the attacks of 9-11." She said, "I felt awful
26 doing this".

27 There is an ersatz not based on the science that Marleen and
28 Lisa were talking about but a kind of a faddish, cultish, whatever knee jerk
29 kind of if you talk about it, talk about it, talk about it, everything is going to
30 be okay. And you know, one of the things -- we talked a lot about the
31 backing away from trauma but there's a flip side and the flip side is the
32 psychological equivalent of ambulance chasers.

33 And you know, when you feel immobilized, when all of us
34 feel immobilized, what do we want to do, we want to get active. We want
35 to get busy. We want to do something. Well, sometimes that can be done
36 in a way that's intrusive and insensitive and unplanned and unregulated and
37 that has an enormous additional impact that puts people off and rightly so.

38 And the media doesn't help when it's -- you know, the
39 camera and the microphone in the face of people who are going to
40 perserverate after they've been overwhelmed and trauma, trauma, trauma is
41 being rammed down people's throats. That's not a good way of reassigning
42 and helping people regain a sense of agency. So thinking about how we do
43 that is also part of a public health approach to this issue that Russell keeps
44 going back to and ways in which we contextualize people's experiences in
45 science, in subjective experience and bringing the two together.

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1 MR. JONES: You know, Bill, in response to your question,
2 just real quick, it's about relationships. And I think many times when
3 traumatic experiences occur, there aren't relationships on the ground. You
4 know, when people are traumatized, they're more likely to respond to
5 people that they know, people they have a track record with. And I think
6 that attempting to do screening without having relationships with
7 individuals or anything else, people are turned off.

8 We wrote a book chapter not long ago and it's talking about
9 how to do research and how to carry out services with people of color and
10 marginalized populations. And we talk about some very specific things that
11 mitigate against individuals wanting to become involved in what we do,
12 whether it's in the school or whether it's a research thing. We talk about
13 mistrust. We talk about access. We talk about culture and we talk about
14 linguistics. And the extent to which those things aren't discussed within
15 individuals, I think dictate specifically, the likelihood of them not becoming
16 involved in what we do. So it's just -- it's using our science to reach the
17 unreachable so to speak, or to reach the under-served if you will.

18 One of the things that we did down in New Orleans is did
19 focus groups with mental health professionals to find out their perception of
20 the storm and their perception of needs and their perception of the needs of
21 those that they were working with, developing those relationships. And
22 once that's done, in many instances, folks are much more open to allow you
23 to do what it is you would like to do in hopes of you know, assisting them
24 to deal with their grief, dealing with their stress and other reactions.

25 So it's relationship, I think it's relationship building.

26 CHAIRMAN LONG: And we'll close with one question,
27 Fred.

28 MR. ELLIS: Actually, it's kind of more of comment. I'm
29 glad Bill brought that up. I'm reminded of that movie, if you've seen it,
30 "Black Hawk Down", where the Army guys are in their Humvees driving
31 through the urban area getting shot up and at one point the Humvee stops
32 and this old salty sergeant is all shot up and bleeding and he turns to this
33 private and says, "Get in and drive", and the private looks at him and says,
34 "Sarg, I'm shot". And he said, "We're all shot, get in and drive".

35 And that always has struck me, as Bill said or eluded to, you
36 know, almost the American culture. I think Steven was very insightful on
37 some of the resistance that you might face on some of this. Having said
38 that, you know, I think it is a very interesting -- it's a fascinating area, but I
39 do think there is an element of -- maybe it's the word "trauma". People
40 don't understand what in the world you're talking about trauma, what do
41 you mean trauma. "We're all traumatized, we all have things that happen in
42 our life and don't send me a psychologist who is going to analyze me all the
43 way back to childhood where I had a nightmare". You know, that, I think,
44 turns people off. But I think the concept of what you all are talking about, I
45 think, potentially has some real value.

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1 I guess, my point, it would really help if we had the
2 empirical evidence -- evidence-based stuff to convince folks like me that,
3 "Hey, this is worthwhile doing, it's worthwhile pursuing. You know, it
4 makes a lot of sense antidotally, common sense-wise, and boy, it sure
5 would be great if I could see some real differences in some GPAs and some
6 reduction in suspensions and expulsions and behaviors and things like that".
7

8 DR. MARANS: I think we all agree. The only thing I'd
9 underline is your point about the over-use of the term "trauma" goes back to
10 the issue of public education. Trauma is not about being upset. It's about
11 having your brains scrambled and it's about not being able to function the
12 way you could before an event and then not being able to recover as
13 quickly.

14 It's also important to note that not everybody who's
15 traumatized develops PTSD. And not everybody who's traumatized doesn't
16 recover. Most people do. The percentages that Marleen was referring to,
17 these are significant number. When we're talking about 20 percent of the
18 population she was describing, this is a significant number and it's costing
19 our country billions and billions and billions of dollars.

20 So in addition to the heartfelt sympathy that we feel for
21 people who are impaired by overwhelming, truly overwhelming mind and
22 brain altering experiences, we have to also get better at being able to do the
23 work that monetizes and demonstrates not only the symptomatic changes
24 that can occur but the cost savings that can occur as well, and in the
25 opposite direction, the cost incurred when we don't do what need to be
26 done.

27 CHAIRMAN LONG: The -- and maybe we could engage
28 this committee on this one. I was thinking along the same lines as we talk
29 about students and we talk about attendance, think what it does for those
30 that -- in the educational community, those that teach and those that are in
31 the classified force and some of our states, I would -- in the larger states,
32 that would cost several billions of dollars a year just in absenteeism from
33 the reaction. I was also in closing thinking Marleen you were talking about
34 Israel and then we were talking about culture and that's what really makes
35 this an interesting subject and a very difficult subject for the American
36 public to tackle.

37 And with Israel, with pretty much one culture, and then this
38 wonderful crazy quilt we call America, with all of our cultures that are
39 present, and I do believe that culture plays a tremendous part. I was
40 thinking about in some of our communities with the -- how the African
41 American community might take a different view than -- and I would go
42 clear to the other -- the Hmong community or the Native American
43 community when we start to talk about the same subject. So, it's very
44 complex, very important. We deeply, deeply appreciate your expertise.
45 This has been incredibly interesting, Steve and Marleen and Lisa, thank you

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1 so much.

2 (Applause)

3 CHAIRMAN LONG: We'll take about a 10-minute break
4 and be right back with our next panel.

5 (A brief recess was taken at 1:28 p.m.)

6 (On the record at 1:39 p.m.)

7 CHAIRMAN LONG: Okay, for our final panel of the day,
8 and this panel will speak to and we'll be asking questions about rural and
9 urban schools because this has come up in our discussion in prior meetings
10 and that's of course, why these experts are here.

11 And I would like to, starting on my left, Liz Redmon,
12 Federal Projects Director for McNairy County Schools in Tennessee,
13 welcome. And next to Liz is Doug Swanson, Former Federal Projects
14 Director for Gage County Schools, Nebraska, Doug, welcome. And next
15 to Doug is Melissa Thompson, Project Director for Garfield-Heights Public
16 Schools in Cleveland, Ohio, Melissa, welcome. And next is, Lynn
17 Krehbiel-Breneman, Project Director for Minneapolis Public Schools in
18 Minnesota, is that good, okay?

19 If you're looking at this list, there was a different spelling
20 but I checked to see and I got the right spelling and everything. If I
21 remember right, Lynn, you don't have to answer this, just recently, I think
22 the Hawk-Eyes beat the Gophers in basketball. Okay. We will start with
23 Liz and then go to Doug, Melissa and Lynn and then as you know, because
24 you folks were sitting in the audience, we'll have a dialogue. So thank you
25 all for being here, and Liz.

26 MS. REDMON: Thank you. Distinguished members of the
27 Advisory Committee, thank you for giving me the opportunity to give you
28 glimpse of what a rural school system looks like, what funding streams we
29 raised to meet the needs of our students, what prevention and intervention
30 programs and activities we use, statistics for the programs, our academic
31 achievement and our needs for continuing to meet the needs of our students
32 and our community.

33 Let's begin by looking at -- taking a demographic look.
34 McNairy County is a rural county in southwest Tennessee with a
35 population of 25,285. We border Mississippi. The per capita income is
36 \$19,393.00 and the median household income is \$30,154.00. Our school
37 system has 3,997 students in kindergarten through 12th grade and then we
38 have with a 53.6 percent being economically disadvantaged. We also have
39 125 pre-K students all of whom are economically disadvantaged. Our
40 ethnicity percentages are 87.05 White, 11.78 percent African American and
41 1.17 percent Hispanic.

42 As a small rural system, we braid various funding stream
43 dollars to accomplish the federal mandates, the state mandates and the
44 needs of our students. I know from looking at your transcripts on the web
45 that you've already talked about in prior meetings about the state grant

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1 portion of Safe and Drug Free Schools and also the discretionary funds.
2 When I first began working with Safe and Drug Free Programs back in
3 1987, our basic grant was about 45,000.

4 As you can see on the PowerPoint slide, it has dropped to
5 \$20,315.00 for this year. This is the only pool of money for drug
6 prevention and character counts for the regular school program. The 21st
7 Century Learning Center grant is the source of funding for our after school
8 program which serves 1300 students each year. Providing students with
9 additional time and the assistance of certified and trained staff to actively
10 engage students in meaningful, remedial and enrichment activities in a safe,
11 secure environment addresses a multitude of academic, wellness, social and
12 emotional needs. And if you remember in our prior, he said it even builds
13 resilience.

14 Title VI is Rural School Money and we have received this
15 for two years now, but we're not assured of this. When I chased it all the
16 way back, when we didn't get it one year, I found out it was based on kind
17 of an elusive type formula that didn't make a lot of sense but we're proud
18 that we have it. This provides funds for technology, for training for
19 teachers, and also a social worker to assist with our Student Assistance
20 Program.

21 The Youth Violence and Drug Prevention Grant is a
22 competitive grant and it has been used to develop student assistance
23 program which is a combined effort of administrators, counselors,
24 educators and parents to identify and provide assistance to students who are
25 experiencing difficulty coping with the school and/or home environment.

26 And one of the things we're really proud of and I've listened
27 to a lot of the discussion today is we are now having a lot of parents contact
28 the school and say, "I'd like to refer my son or daughter because they are
29 experiencing some difficulty or they've had some kind of trauma". And
30 when you get to where the parents call the school to ask for help, you know
31 you must be doing something right.

32 This is a three- year grant and it has allowed us to train staff,
33 hire a social worker, and implement the program. And I'll explain this
34 program a little bit more and its impact. This year in October we were
35 awarded two Learn and Serve Grants to further meet the needs of more
36 drug awareness and education but both of these are in our after school
37 program. The LAB, which is the Learning Alternative Behavior grant is a
38 state grant but if you'll notice in each of these funding streams that we
39 braid, the funding is declining and yet we are expected to continue to meet
40 increased teacher salaries, increased other cost and I'm wondering when
41 that's going to kind of hit at a crossroads and we forget to -- we're not as
42 effective as we once were.

43 I know it's the responsibility of the local system to absorb
44 more and more but there's only so much you can when it's a very rural
45 system with very limited industry or business base and a very limited tax

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1 base. What I want you to see on the next slide are the prevention and
2 intervention programs and activities that we've been able to implement
3 because we took the basic state Safe and Drug Free Grant and we used it to
4 identify needs and then to develop strategies and programs to meet the
5 expectations and to implement those programs.

6 The first four are funded with Title IV Safe and Drug Free
7 funds. As we evaluated the effectiveness of what we were doing, we
8 realized that our efforts were not enough. Years ago someone said when
9 you start drug prevention programs, you need to have in place some
10 intervention programs because you will flush out programs. The search
11 began to identify new funding streams to accomplish these needs as they
12 arose because when we started, we started purely as prevention.

13 The McNairy County Drug Alliance, ours is probably one
14 of the oldest ones in the state and it's been ongoing and meeting quarterly to
15 address the needs. When they began working with us, they looked at what
16 we needed and what could we do to address it, and DARE was an
17 outgrowth of these discussions. The Selmar (phonetic) Police Department
18 and the McNairy County Sheriff's Department sent officers to be trained to
19 DARE. No school funds, no grant funds, they took it upon themselves.
20 While DARE has not proved effective in a lot of places, it has in our county
21 because these are the officers that they see in the community. These are the
22 officers that they work with and they have built that relationship that you're
23 talking about. In fact, one of our officers told me just recently that one of
24 the young men that had just gone through DARE he saw him out late at
25 night one Friday night and it was about 12:30. And now this is in 5th and 6th
26 grade and he knew he shouldn't have been out.

27 He asked him, called him by name, again, the relationship,
28 called him by name and he said, "Is this where you need to be"? The young
29 man looked at him and said, "No, sir". And he said, "Then don't you think
30 you'd better get where you need to be?" And in a rural area you can do that,
31 but again, it's the relationships.

32 Together partnerships were forged and new directions were
33 taken where we were going and what we needed to do. The need for an
34 after school program came next. We have probably 80 percent of our
35 parents work. They needed something after school. We also knew that we
36 needed extended time for students because a lot of times, they just need
37 more time or it needs to be presented in a different way. We were fortunate
38 enough to be one of the last cohorts for the 21st Century Learning Center
39 Grants from the Federal Government.

40 That started out at 840,000 and now we're funding at 540
41 through a state grant, so we try to make the best of everything we have.
42 The LAB came about the same time because we had students that couldn't
43 function in the regular classroom. The Student Assistance Program was
44 implemented with a Youth Violence and Drug Prevention grant to be the
45 early identification, referral and counseling vehicle. The first year we

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1 trained four teens and hired one social worker who served 77 students.
2 Evaluation showed us that one social worker for eight schools was not
3 enough. The next year we received Title VI funds and we added another
4 social worker.

5 This slide shows that together they served 160 students last
6 year. Now, look at this; this year, August to December, again because the
7 program is becoming more widely known, parents are now referring their
8 children because they begin to have these problems at home. In this first
9 semester this year, they've already served 141 students.

10 All of these programs have been prevention and
11 intervention efforts to address the underlying needs of students so that with
12 assistance they would be able to focus on the business of getting a quality
13 education. If the kids have underlying problems, they cannot focus. The
14 statistics on this slide show that we are making progress but we still have
15 work to do.

16 This shows the discipline hearing authority and also our
17 LAB and what we're trying to do. What is the payoff of running these
18 various funding streams to meet our student needs? The academic
19 achievement reported on our annual report card published by the state
20 shows our progress. You can see the academic gains that have been made
21 in 2005 and 2006. Our system improved in every area in grades 3 through
22 8 and we made our wonderful AYP, Annual Yearly Progress under No
23 Child Left Behind.

24 Our percent proficient and advanced is above the state
25 average and above the state target. Our graduation rate is 90 percent. Have
26 we made it? No, we're still striving for the NCLB goal of 100 percent.
27 What has helped us is being held accountable, being able to have basic
28 ground amounts and then being able to access various funding streams to
29 address the identified needs.

30 Now, in looking at this slide, you'll see that we didn't -- it
31 just didn't happen overnight and it was a combination of the intervention, it
32 was a combination of the after-school funds. It was a combination of
33 everything and everybody working together. There is no silver bullet in the
34 school business and each child is very, very different.

35 Now, what's still needed? In looking at our community, we
36 know that we need more staff to follow through with what we have
37 implemented. In my school system, I do all the federal projects; I, II, IV, V
38 and VI. I also supervise the after school grant which serves 1300 schools,
39 the youth violence grant, and in between work with community partners
40 and also write grants. Being forced to wear the multiple hats in a small
41 system is rather grueling. And over time, overall effectiveness slips. To be
42 effective we must inspect what we expect. I've told them in our system that
43 we are on our third year of our state funding for our 21st Century and that
44 we've been told if we make our gains, if we do what we say we're doing and
45 do it effectively, we will get another year of funding.

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1 So I said, you know, people can drop in any time and the
2 schedule is posted. And what is posted is what's supposed to be going on.
3 And it's supposed to be effective. Well, recently we had some people come
4 to visit from another school system and they all went into shock. We're
5 doing it, we're okay, we're on track, we're on track.

6 And you see, again, you must be able to inspect what you
7 expect and you must be held accountable and that's what it's all about.
8 What has helped us is being held accountable but then being able to use that
9 basic grant as a source of identifying needs and then being able to access
10 those additional streams. Our community has also identified four areas that
11 must be addressed. We have a new juvenile judge who is working with us
12 and interestingly enough, on his truancy cases that come before him, he is
13 now sentencing parents to community service in the schools and they are
14 doing janitorial work, which is rather interesting. Not many parents want to
15 do that so maybe they will get their kids up and get them to school.

16 Some of the things that he mentioned and some of the things
17 that we want to work on in our system are first of all juvenile justice
18 software. Any time you seek grants, you must what your basic needs are
19 and then you must have a plan. Well, in his probation office, he has an 82-
20 year old and 80-year old that have been working and they have not wanted
21 to use computers. So therefore, they have passed up all the money
22 available for juvenile justice software. So if any of you know where we
23 might access some money for juvenile justice software to track and
24 summarize the data, please let me know.

25 We must have increased parent involvement at the
26 prevention level. You know, when you're doing prevention activities and
27 we usually have -- we have two what we call family fun nights a year; one
28 in the fall and one in the spring, and we have anywhere from 400 to -- well,
29 from 100 to 400 parents that come. We feed them. We have programs that
30 share what we're doing and we also try to listen to what they have to say.

31 But at this level, a lot of times it's the parents that are
32 already supportive of the school. What we've got to have is also required
33 parental involvement at the intervention level. When the juvenile judge met
34 with us, he said, "Can you mandate parents be involved"? And I said, "Yes,
35 sir, we can". We have to have parent permission in order to test, assess or
36 work with children individually.

37 However, the problem is that parents can refuse service and
38 if you'll remember on the slide we had some that it showed parents' refusal
39 of service. We've been trying to address that, weren't quite sure how, and
40 he said, "I'll tell you how you can do it". He said, "Give them a choice".
41 Okay, I like choice, we can deal with that. "But we're offering them
42 services, what else can we do?" And he said, "You can give them the choice
43 of taking advantage of the services you're offering or if the situation doesn't
44 improve, whether it's truancy or misbehavior, you can tell them that if it
45 doesn't improve, that you will file a petition with the juvenile court".

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1 He said, "But I hope you'll use a little common sense and not
2 overrun my court". So we're going to try that. Another thing that we do not
3 have in McNairy County, being in West Tennessee almost all treatment
4 dollars, almost all intervention dollars as far as juvenile justice and so forth,
5 goes to Jackson or Memphis. So we really need a juvenile detention center,
6 some place where he can at least put these kids because by the time they
7 come through his court, there's not a lot that they can do. Working together,
8 we can achieve these goals but what we need is continued funding of
9 current programs and activities, but then we need to be able to access
10 specialized funding. So we are a big believer in the basic grant fund, grant
11 program, but we also know that that can help to identify our needs, that can
12 help us begin to plan certain activities and programs, but then we like being
13 able to apply for discretionary grants and then also we need to look for
14 some specialized funding to address the needs.

15 When we evaluate in each year we evaluate the programs,
16 we have advisory council meetings. One of the things that we're very
17 careful to do is to not include just parents and just community people who
18 believe in what we're doing but to also include those parents who are nay
19 sayers, those ones that probably have given us the most grief, because by
20 including them, we show them that their opinions are important to us and
21 believe it or not, some of the best ideas have come from them because find
22 out that maybe they haven't had good school experiences.

23 They don't feel welcome and we've been able to address
24 some of the very issues that have kept parents from participating in what we
25 do. Overall, our goal is truly no child left behind and we can do this if we
26 realize that all bad behavior is not the same. It's caused for different
27 reasons and until we find out what's going on, we cannot address the needs
28 of that child. Our system wide slogan is building the future one child at a
29 time and as long as we truly take that to heart and we look at the needs of
30 one child at a time in order to build the future one child at a time, we will be
31 able to be successful.

32 This is my information. If you have any questions or want
33 to know about any of the other programs, I'll be glad during the question
34 time to answer that. Thank you.

35 CHAIRMAN LONG: Thank you very much, Elizabeth.
36 And next, we'll turn to Doug. Doug.

37 MR. SWANSON: Thank you very much. I appreciate the
38 invitation to participate today. I anticipate that many of you have worked
39 with rural settings, directly or indirectly in your careers and that some of
40 you may have not. So what I'm going to do is give you a little bit of a tour
41 of what rural Nebraska and rural states like Nebraska are like. I'm going to
42 give you some of the views from rural America, talk about some of the
43 general issues. I'm not going to talk just specifically about what's on in our
44 grant programs, but I'm going to talk about some of the general issues going
45 on with rural schools and communities, some of the school safety concerns

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1 in rural communities, some of the alcohol and drug issues and then talk a
2 little bit about what's working and what could be done better. I will try to
3 do that in the 20 minutes allotted and first I just wanted to explain, I am
4 currently from the University of Nebraska, Lincoln Extension Program,
5 Land-Grant University. I work with the 4H Youth Development Program,
6 so I have contacts in all 93 mostly rural counties in our big state. Our state
7 takes eight hours to drive across one way and four hours the other way.

8 I know there's bigger states than ours but it is a large state.
9 And so I tried to take the perspective of many parts of our state, not just
10 Gage County. I used to be in a role similar to yours working with five local
11 public school districts, four of the very rural in Gage County, Nebraska and
12 that's how I got invited here because we've worked with several federal
13 grant programs.

14 So now, it's time for a little break. Why don't you jump in
15 my van with me and we're going to go to Adams. Adams, Nebraska sits
16 about 30 miles south of Lincoln. Lincoln has about 225,000 so the
17 residents of Adams have a lot more access to things that a population center
18 has than many rural towns do. However, it's still 30 miles away. Adams,
19 as you can see, is small town. Let me pull my slides out here so I can see
20 what you're seeing.

21 I want to -- the first place we should probably go is to the
22 city hall. And this isn't 40 years ago. These pictures were taken Saturday.
23 As you can see, the city hall might have limited hours so the best way to
24 reach them is just call them. Every good town has a library. This is the
25 library. It's been one of our partners in many of our programs in the county.
26 It's a little difficult to access partners sometimes because they have no
27 phone line, they have no computer access. A 75-year old volunteer who
28 staffs this from 1:30 to 4:30 two days a week, has a phone at home but no
29 answering machine. So my project assistant has actually driven the 30
30 miles to Adams to set up programs with her on the hours that she knows
31 she's available. And if you're going to be doing school projects and you
32 need a library, it's a nice little library but as you can see, it's limited hours,
33 you have to plan ahead.

34 As we go through Adams, this is Main Street, the business
35 district. Here's the primary businesses. There's a bank, that's the big
36 building. We've got the little grocery store in the middle and a restaurant on
37 the right. That's pretty much the businesses. They're pretty lucky. There's
38 a lot of towns this size that don't have those three things.

39 As you can see in the background, we're in the middle of
40 farming country and this is the staple of the community, one of the reasons
41 the community exists is the grain elevator. It is actually, this town is
42 building a new multi-million dollars ethanol development facility. And
43 there's one other staple that every little town needs is the funeral home.
44 And then there's the school. It's one building, K through 12. They are
45 actually expanding and building onto the building because like I said,

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1 they're only 30 miles outside of Lincoln and they're starting to get acreages
2 that people live south of Lincoln and they're starting to grow a little bit.

3 So this town has lots of aspirations but on our way out of
4 town I just want you to see, little towns have lots of aspirations. They're
5 trying to raise \$250,000.00 for their community center but you can see
6 they're thermometer is stuck at the bottom as far as raising funds for their
7 new community center and that their signs is tentative that they'll do this if
8 we can. So now we're back to the meeting.

9 I just wanted to set some context to what rural Nebraska is
10 like. Hope you enjoyed your tour. Tips are welcome. Adams has 489
11 people. As I was explaining to you, the size of Nebraska, as you can see
12 almost 500 of Nebraska's 600 towns are less than 1,000 people. I live in
13 Beatrice which is about 30 miles south of Adams. We have 13,000 people
14 and we're a major population area. We're the 11th largest city in Nebraska.
15 We have the big new Walmart. We -- people come for groceries from
16 miles around in the northern Kansas, everything. We're the place to be.
17 Nebraska has 1.7 million people and then I didn't put a map of this up but I
18 also talked to the panhandle a lot preparing for this on Friday. The
19 panhandle is a lot more remote because these small towns don't have
20 Lincoln 30 miles away from them.

21 There are 11 counties in the panhandle of Nebraska, if
22 you've ever seen that portion and there are 90,000 people in those 11
23 counties. They have a lot of challenges and I've included their challenges in
24 my presentation today.

25 Just to give you a brief picture of the school systems in
26 Nebraska. Adams actually falls in the I believe, the 20 -- I think they're just
27 moving up into the 42 to 79 per class. And this is not just elementary
28 centers, this is K through 12 average of class sizes in Nebraska school
29 systems. One of the reasons there has been some legislation in Nebraska of
30 eliminating the districts that aren't K-12 and one of the real issues is
31 geography because as I explained these small towns aren't close to larger
32 places and so this is the school sizes. And we can talk about these numbers
33 during discussion but I just wanted to give you a picture for number of kids
34 per like 8th grade or 10th grade or whatever.

35 I've already mentioned this but, depending upon where
36 you're located, a town from 2500 to 20,000 is considered a major business
37 center. I'm not just talking about Nebraska. I'm talking about Wyoming
38 and North Dakota and South Dakota and some of the places you guys come
39 from. This isn't news to you. Many times schools is the only facility
40 available for public gatherings, so that just draws dynamics to how the
41 school is involved in the community.

42 And unlike some of the things we heard in the last panel
43 where we saw that map of number of unsolved murders, in these
44 communities, yeah, things happen but not very often and so there's a safe
45 feeling. There's a lack of acknowledgment of problems. It's -- the schools -

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1 - when something happens, they've been trained but they're not used to it.
2 They're a little softer. They're not as hardened on some of these things.

3 So now I just want to move onto the general rural issues that
4 I gathered and one of the problems is that there's a lack of knowledge of
5 services. We found in gathering a directory of services in Gage County
6 which has about 20,000 people, that we have over 140 services that either
7 exist or reach out in or outside of the county, reach out to our citizens but
8 people don't know what they do. They don't know that they exist. They
9 don't know -- just because it's named this an agency in rural America might
10 do 10 things and you don't know because they have this name that they also
11 do the thing that relates to your problem.

12 There's a huge stigma about receiving help, especially in the
13 mental health area but in other areas as well. The feeling is they want to
14 stay underground. They want to go to another community for help, even if
15 it means driving three hours because they figure nobody else needs help.
16 They figure that they're the only ones, but in all reality, in the small town
17 everybody knows they need help. And many of them want them to get help
18 and most of them would help them in any way they can but it doesn't
19 eliminate -- even though they're caring and understanding and want them to
20 get help, it doesn't eliminate the big problem and that is everybody knows
21 everybody and even though they're helping and caring, they're still going to
22 talk about it. They're going to talk about their problem, their problem is
23 going to be public knowledge and that's what people are afraid of.

24 So as we move on down that slide, many times, even though
25 you would think this wouldn't be the case, we're finding the schools isolate
26 themselves from the rest of the community. They kind of have the same
27 issue, "We don't want to open our doors and let them know what our
28 problems are." But really these issues related to mental health and alcohol
29 and safety, they're community issues, not school issues. It's just schools are
30 where we can get to the kids sometimes.

31 One of the things and this was really like some things I
32 heard in the last panel, is that support for teachers are necessary. Some of
33 the traumas we were talking about earlier this afternoon were based on one-
34 time really awful experiences but you were also talking about cumulative
35 things. And we have, for example, one of our small rural schools is kind of
36 becoming a drug culture, lots of family structure falling apart, lots of
37 poverty, no transportation and they're not dealing with one trauma event
38 that happened but these kids are dealing with multiple trauma events, and
39 the teachers, we set up a teachers' support group from our therapist and they
40 were knocking down the doors to come in. We need to provide mental
41 health support even when there's not an obvious trauma for our teachers.

42 Let's see. One of the things that I don't want to skip over is
43 the reality of getting training for staff when you want to train them in
44 working with trauma, train them in crisis teams, train them in new
45 curriculum, train them in whatever. In many parts of our states people who

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1 can teach, are teaching. There are no substitutes available. So therefore,
2 you can't pull a team of teachers out to train them because there's nobody to
3 sub for them.

4 Our state is working on some initiatives to improve that
5 situation but this was particularly evident in the panhandle. They just told
6 me, "We can't pull teachers out to train them because there would be
7 nobody with the kids". Therapists are overloaded. There are therapists
8 around. It takes -- and this is probably the same in the urban area, though.
9 You refer them, it will take at least three weeks to get an appointment. I
10 don't think that's probably a lot different. Because of all the issues the
11 schools are dealing with, there sometimes is a lack of a focus on education
12 in the schools because there's so much other stuff they have to deal with.
13 And we know that's important because if the kid is not ready to learn, they
14 can't learn anyway so you have to undo or create an atmosphere where the
15 kids are ready to learn but they're dealing with so many things other than
16 education. Communications is a challenge especially out in the western
17 half of our state. A lot of people have internet but dial-up and there's other
18 kinds of issues related to communications as well.

19 The untreated generational problems, I wanted to mention, I
20 had a therapist -- and maybe this is a description you've heard before, but
21 we put some therapists in the schools and they were doing mental health for
22 the kids with parental involvement and that's certainly the way to go. It
23 helps break down the stigma. It helps with transportation issues which we
24 have. It helps with lots of different things but one of the problems the
25 therapists were finding is they described it to me as an onion.

26 They said, "When we started to unpeel the layer with the
27 kid, we found out it really had to do -- the layer was -- under the layer was
28 another layer of the onion which was parent's problems, which we talked
29 about before. And you just kept on peeling and it was generational because
30 there hasn't been mental health services available in these towns, they
31 haven't been able or willing to drive to Lincoln. They have things that are
32 effecting them that are way deeper and you just keep unpeeling and
33 unpeeling and -- am I a slide off? Thank you. I've gone too far? Is
34 somebody else doing that? Back up one more, one more. It's hard when
35 you can't see it, so I appreciate that.

36 Okay, just see if there's anything else left on that slide. I
37 think I got about five minutes left. Support for teachers is important. Lack
38 of education. Okay. So the schools are left to deal with lots and lots of
39 problems. So the important part is community partners but part of the
40 challenge we have there is we have the same people doing everything.
41 They're at every meeting, they're at every event. They're at everything
42 because -- not because we don't have enough partners. It's just that not
43 everybody is involved. We're not engaging the business community. We're
44 not engaging the faith community. We're not engaging all the people that
45 need to be engaged and through our grant's involvement we've done a really

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1 good job of we actually tore apart three groups that call themselves
2 coalitions and merged them into one coalition. And that took a lot of work
3 but it really made a difference and I think Michael can share some of the
4 impact that we've had in doing that. That's one of the things that we've been
5 really successful in.

6 One of the other issues in the rural communities is because
7 of lack of funding, lack of staff, lack of whatever, they tend to create their
8 own programs instead of using the evidence-based programs like Step 1 or
9 hundred of other things. And I think they may be missing out on some
10 opportunities by not buying into the evidence based programs. And there's
11 lots of reasons for that.

12 I'll move quickly through some of the next slides but
13 bullying, physical and mental intimidation between kids is an issue that we
14 have. One of the problems in creating crisis teams and other kinds of -- we
15 have skip teams, we have student assistant teams, is it seems that the person
16 who gets chosen for those teams is the new person, the new staff member,
17 because they don't have enough on their plate yet or they don't have as
18 much on their plate yet, but the right person with the right personality, with
19 the right knowledge, with the right experience isn't on the team. So that's a
20 problem.

21 We certainly have the never happen here syndrome. We're
22 not hardened by daily violence in the area. The ability to comply to some
23 things because of the size of staff is an issue. I mean, I think we're doing a
24 good job of complying but it is an issue. And one of the things that is really
25 happening in partnerships with our law enforcement is law enforcement
26 turnover in small communities is high because it's low pay, it's entry level
27 positions. They have no connections to the community so they move on.
28 And one of the things that we did in our grant was instead of training a team
29 of officers, we took a couple of higher level officers that we knew weren't
30 going anywhere and we trained them to be trainers and now they are
31 training -- this particular training was how to deal with an active shooter in
32 the school. And now those two officers are training everybody as they
33 come and go, and it's much better to do it that way than to continually lose
34 people that went to this major big time training.

35 I already moved on -- there's a button down here I didn't
36 know and that's what's doing it. I'll get my finger off of that.

37 Our police chief used to work in Omaha, which is with
38 suburbs three-quarters of a million people, most of our 1.7 million. Now
39 he's the police chief in this town of 13,000 and he says -- although
40 everybody says this, he sees a huge difference in the that's the way it's done
41 here when it comes to alcohol and drugs. He says parents condone it a lot
42 more in rural than in city. He says there three groups of people. There's a
43 group of people who, like us, they're really against alcohol use among
44 young people and then there's the group that don't care at all, and then they
45 are the most danger group are the ones that give it lip service but go buy it

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1 anyway. And that's the largest group in his opinion.

2 The bar is the only community gathering spot in many
3 towns like Adams, so kids from day one see alcohol being an important part
4 of every activity in the community. Family structure is dropping. Drug
5 culture is moving to the community. We've got rental houses that have
6 meth residue and hotel rooms with meth residue. We've got meth labs
7 being made in backyard. We've got all those issues and just the issue of, "I
8 partied, I made it, so will my kid", and I don't think that's unique to rural.

9 What's working, and I'll try to wrap up here real quickly, is
10 the awareness and ownership of issues is increased through coalition
11 activity through doing things that are data driven, taking surveys and
12 finding out what's really happening, that's something we're getting much
13 better at in Nebraska. The grants that are available, all of the ones are really
14 making a difference in communities and the fact that most of them are now
15 requiring coalitions to give to funding is outstanding. You're creating
16 relationships that weren't being willing to be created before and it's
17 important.

18 The trend to putting mental health support in schools is
19 important. Schools are starting to do a little bit of that on their own, even if
20 they don't get a grant. Putting social workers in school helps teachers to
21 have time to teach and it helps with the stigma of the mental health issue.

22 Other things, the connections being made, coalitions, safety
23 plans, crisis teams, they wouldn't happen without the money and the
24 encouragement to do that. Meth laws seem to be helping a lot and that's
25 where the changes of not being available to buy the things that you make
26 meth labs with. Data collection is huge and we have an abundance of
27 caring, dedicated people who continue to challenge themselves and get
28 better.

29 Lastly, some of the challenges and it's not to say that people
30 don't understand the need for all the things behind No Child Left Behind
31 but in small staffs, there's some real challenges and it adds stresses in all the
32 requirements for the testings and standards and the other types of things.
33 People aren't against it, they just -- it just adds one more thing.

34 One of the problems we had is that grants come, they
35 approve solutions and then school boards and communities don't get behind
36 continuing and sustaining the efforts and the last thing is we have schools
37 who turn down opportunities because of the fear of looking bad if other
38 people get into their system. Sustainability is important. Community
39 issues, community owning the issues, not blaming it on the school is
40 important, having youth leadership, that's one area we've got to get better at,
41 getting youth involved in these processes.

42 I did include a handout that I won't spend time on now but I
43 would encourage you to look at it. I will just briefly explain that the
44 handout is statistics of the four most rural schools in Gage County related to
45 risk behavior compared to the statistics statewide in Nebraska including the

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1 urban and you will see that we're a lot higher on things like drinking and
2 driving, carrying a gun, reporting poor family management and number
3 one, is we are huge compared to the larger towns on our kids believe their
4 parents' attitudes favor drug and alcohol use.

5 These are interesting numbers. They're relative to other
6 small communities and we'll be glad to talk about them in discussion. Time
7 goes fast. I appreciate your attention.

8 CHAIRMAN LONG: Thank you so much, Doug. And
9 next we'll turn to Melissa, Melissa Thompson.

10 MS. THOMPSON: Good afternoon. I'm going to actually
11 step up for a moment and give you some additional materials that I've
12 prepared for you today. I do have more if you run out. I'm not exactly sure
13 which number it is in your binder; however, I have prepared an outline for
14 you to follow along with my remarks this afternoon. There is no
15 PowerPoint but rather the materials in front of you and the outline.

16 Good afternoon to you again, invited guests and federal
17 project officers that are in the room. On behalf of the Garfield Heights City
18 Schools, Board of Education, Dr. Jeanne Sternad, Superintendent of
19 Schools and the phenomenal staff of the Center for Learning Support
20 Services, I am proud to lead. It is an honor and privilege to participate in
21 this panel to consider the unique needs of rural and urban schools and to
22 discuss what can be done to better meet those needs.

23 I am also pleased to join my fellow panelists, Liz, Doug and
24 Lynne, who I've enjoyed meeting and getting to know today and when the
25 Fiesta Bowl results were not favorable for this Ohio State University
26 graduate, I am honored still to represent the great State of Ohio and I am
27 still proud to be a Buckeye.

28 One of 13 first ring school districts in Cuyahoga County,
29 there are unique challenges confronting Garfield Heights City Schools.
30 First ring, also known as inner ring, are communities in Cuyahoga County
31 that border Cleveland and are marked by significant student mobility, racial
32 and economic diversity and cultures of violence. To illustrate these
33 challenges, please consider the following. In December 2006 enrollment in
34 Garfield Heights City Schools was 4,108 students.

35 New enrollment data beginning in July 2006 through
36 December Garfield Heights City Schools enrolled 782 students, withdrew
37 477 students and changed the address of 149 students within the District.
38 The great majority of new students enrolled in Garfield Heights City
39 Schools move in from Cleveland or from other first ring or inner ring
40 communities. In 2002/2003 school year, when we first submitted our Safe
41 Schools/Healthy Students Federal Grant Application, the racial
42 demographics in Garfield Heights City Schools was the following; 78
43 percent Caucasian, 16.9 percent African American, 2.5 percent multi-racial,
44 1.4 percent Asian, 1.1 percent Hispanic and .1 percent American Indian.

45 As of December 2006, our students are; 57.9 percent

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1 Caucasian, 34.8 percent African American, 3.9 percent multi-racial, 1.9
2 percent Asian, 1.5 percent Hispanic and 2 students are American Indian.
3 According to 2000 census, of the near 80,000 students in the 13 first ring
4 school districts in Cuyahoga County, 17 percent are living in poverty. The
5 2005/2006 state report card for Garfield Heights City Schools indicated that
6 38.1 percent of our students were considered economically disadvantaged.
7 This was based on enrollment of over 3800 students.

8 Our current enrollment has grown to over 4,000 students,
9 most of whom are economically disadvantaged. It is reasonable to assume
10 that this percentage has increased. The culture and violent and
11 increased awareness of internal and external threats are experienced in
12 Garfield Heights City Schools like many other school districts around the
13 country. We are noticing an increase in aggressive behaviors and a
14 decrease in proud in solving skills among our students. Mental health and
15 substance abuse prevention and intervention are part of our daily routine.
16 Social skills groups, anger management classes and a district-wide theme of
17 character education has become the way Garfield Heights City Schools
18 does education.

19 At a survey conducted in December of 2006,
20 parents indicated their top priority is keeping our schools safe and our
21 students healthy. This was more important to them than curriculum and
22 instruction. So what has been done in the Garfield Heights City Schools to
23 meet the unique needs of our students? The Garfield Heights City Schools,
24 as part of the Garfield Heights Learning Community, demonstrates basic
25 values that meet the needs of the heart with clear academic goals applying
26 to all children in appropriate facilities and where all community members
27 work together.

28 Meeting the needs of the heart to make conditions right for
29 learning is our message. The Center for Learning Support Services is the
30 central office department largely responsible for the programs and services
31 in the district and community that promote safe schools and healthy
32 students and families. There are four primary programs and initiatives
33 within the Center for Learning Support Services. They are, Safe
34 Schools/Healthy Students, the Garfield Heights Youth, Family and Teen
35 Services Program, affectionately known as GYFTS, the Alternative
36 Juvenile Program, and the Garfield Heights Family to Family System of
37 Care. A brief fact sheet and more detailed brochure are included in the
38 folder that I provided.

39 In 2003 we were fortunate to be the recipient of the Safe
40 Schools/Healthy Students Grant. Now in our fourth year no cost extension
41 period, we are completing the activities that never would have been
42 possible without this funding. As a result of this grant, we became aware of
43 safety concerns in and around our district and more importantly, we were
44 able to respond. There are electronic security doors at each of our five
45 school buildings. There are large letters above each exterior door on every
46 school building.

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1 District staff now display photo identification cards and
2 upon entering a school building in Garfield Heights City Schools visitors
3 now receive a red visitor identification badge. Safety plans are in place
4 district-wide and electronic floor plans will soon be filed with the Garfield
5 Heights Fire and Police Departments. Safe Schools/Healthy Students
6 funding strengthen our collaboration with these local responders and the
7 emergency response and crisis management grant awarded in October of
8 2006 will continue our work together.

9 This school year, with our emergency responders, we will
10 participate in tabletop exercises, functional drills and work on a
11 comprehensive pandemic plan and I also want to note that our non-publics,
12 based on discussion this morning, are involved in that process and are
13 included in our planning efforts. Of the 12 staff within the Center for
14 Learning Support Services, four are paid exclusively from Safe
15 School/Healthy Students. They are directly responsible for keeping our
16 students safe and healthy.

17 Included in the GYFTS program are the social workers
18 providing the group counseling, violence prevention and character
19 education programming to our students in grades pre-K to 12. They also
20 make the mental health and substance abuse treatment referrals for students
21 requiring this level of intervention. The staff member coordinating the
22 alternative juvenile program interrupts the violence in the school district
23 and community by providing services directly to those students committing
24 misdemeanor or status offenses, including assaults and drug abuse.

25 The Cuyahoga County Juvenile Court provides partial
26 funding to support this program. Together these four grant paid staff
27 members, the Safe Schools/Healthy Students Grant paid staff members, are
28 responsible for the 255 referrals made to community based mental health
29 and chemical dependent treatment agencies receiving Safe Schools/Healthy
30 Students funding.

31 Finally, the Garfield Heights Family to Family System of
32 Care became part of the Center for Learning Support Services to work with
33 children, teens, birth parents, relative and kinship care givers, grandparents,
34 foster families and adoptive families actively involved or at risk of
35 involvement with the Cuyahoga County Department of Children and
36 Family Services. In this program, we provide clothing and food, referrals
37 for counseling, and resources to secure housing including the payment of
38 security deposits and utilities.

39 Funding for this program is provided by the Cuyahoga
40 County Board of Commissioners. In addition to these programs, there's a
41 host of partnerships and projects managed through the Center for Learning
42 Support Services. As a central office administrator in the Garfield Heights
43 City Schools and Director of the Center for Learning Support Services, and
44 I'll add Project Director for the Emergency Response Crisis Management
45 Grant, and Project Director for the Safe Schools/Healthy Students grant, I

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1 believe we are traveling along a positive path to keep our schools safe and
2 our students healthy. However, we are at a crossroads in our journey and it
3 raises the question, what can be done to better meet the needs of our
4 students? While our commitment to meet the needs of the heart to make
5 conditions right for learning began over 14 years ago when Dr. Sternad, our
6 Superintendent, wrote and submitted the first grant to local foundations to
7 begin the work in our learning community, it has been grant funding and
8 Title IV, Safe and Drug Free Schools funding that has allowed us to truly
9 realize our vision. Based on the work in Garfield Heights City Schools,
10 funding from the US Department of Education to prevent youth drug use
11 and violence and focus on emergency response and crisis planning, has
12 been integral to our success.

13 In Garfield Heights City Schools our crossroad is the
14 challenge of knowing that the road leading to these programs and services
15 not only meet the needs of the heart to make conditions right for learning
16 but also keep our schools safe and our students healthy. The other road is
17 that of school funding in a state where levies are difficult to pass
18 particularly in first ring communities experiencing increased rates of
19 student mobility and poverty. And Garfield Heights City Schools Safe
20 Schools/Healthy Students funding will soon end and Emergency Response
21 and Crisis Management Funding is not for personnel.

22 Title IV funding supports our safe school help line and
23 allows the purchase of prevention materials and direct services for students;
24 however, these funds are also limited. Search Institute research has found
25 that the 40 developmental assets are powerful influences on adolescent
26 behavior, both protecting young people from many different problem
27 behaviors and promoting positive attitudes and behaviors.

28 The staff of the Center for Learning Support Services
29 reflects and reinforces these assets and more importantly, it creates a caring
30 school climate to develop these assets in our students. Before I close,
31 please allow me to share a brief story about Jay.

32 I began my career in Garfield Heights City Schools as a
33 case manager in the GYFTS program and my office was located in our
34 middle school. Jay, at the time, a sixth grade student, was my first referral.
35 His risk factors were high and his perceptive factors low but for me Jay was
36 not a risk, he was at promise. His journey was difficult and sometimes
37 plagued by destructive behaviors, including substance abuse.

38 Slowly but surely and at times very slowly he persevered.
39 With his parent's support, he willing became the poster child for turning risk
40 factors into protective factors. He traveled around the State of Ohio with
41 me sharing his story with school and community leaders in many venues.
42 He won the hearts of many due to his honest feedback and at times harsh
43 judgments of the self-righteous attempts of educators and youth serving
44 professionals to help youth. I was so proud and I have to share, I was so
45 proud to take this picture with Jay at is graduation last year in June. I'll

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1 make sure that you'll get an opportunity to see closer.

2 Last week Jay, now a sergeant in the United States Army,
3 called to let me know he was home from Iraq. On Friday, I took him to
4 lunch and he shared his many accomplishments and of course, in Jay style,
5 shared his opinions on education, politics and life at 20 years of age. I told
6 him how proud I am of him. When I mentioned to him my visit with you
7 today, he said, "I'm proud of you, too, Ms. Thompson." So with Jay in
8 mind, again, I ask, what can be done to better meet the needs of our
9 students? Continue to support school districts like the Garfield Heights
10 City Schools in achieving the mission of meeting the needs of the heart to
11 make conditions right for learning where schools are safe and students are
12 healthy and at risk students are at promise. Thank you for your time and
13 attention. I appreciate this. I appreciate the opportunity. Thank you.

14 CHAIRMAN LONG: Melissa, we're all proud of that you
15 do, too. Lynne, you're next.

16 MS. KREHBIEL-BRENEMAN: Good afternoon, Deputy
17 Secretary Price, Chair Long, committee members, Ms. Davis and my fellow
18 panelists. It's very nice to be with you today. I appreciate the opportunity
19 to participate in the conversation and I hope that all our remarks today are
20 helpful to you as together we are trying to figure out ways to help rear
21 strong, healthy, good decision making, resilient students.

22 I just have to say there are Ohioans everywhere. I am
23 transplanted to Minnesota and this afternoon we're going to talk about
24 Minneapolis, Minnesota but you just need to know, we're everywhere.

25 In my remarks this afternoon I would like to do a couple of
26 things. First of all, I would like to highlight for you three general areas of
27 need from the perspective of an urban district, that of Minneapolis,
28 Minnesota. And I'm speaking from my experience and also from my past
29 eight years in the Minneapolis public school district both in the Office of
30 Safety and Security there and then for the last four years as a project
31 director for Safe Schools/Healthy Students with the able assistance and I
32 want to publicly acknowledge my Federal Project Officer who is with us
33 today, Ms. Jane Hodgdon Young and ably supported by Mr. Michael Wells.

34 So it's nice to see you both and I can't say enough to you as a panel about
35 the wonderful support we have received from these colleagues. They are
36 very dear to us.

37 The second thing I will do in my remarks today in addition
38 to highlighting three areas of need is that I will share with you some
39 examples of how those needs manifest themselves, so that you have a sense
40 about what we're talking about in an urban perspective. I'll offer a few
41 thoughts of how things should be and complete my remarks with some
42 suggestions to you about how you and we can work together and some
43 ways in which you could be of some ongoing help in urban situations. So
44 that's my focus for today.

45 First a bit of context, Minneapolis Public Schools is an

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1 urban district. You have two slides that show some of the important
2 features of Minneapolis Public Schools. There are a couple of additional
3 shadings that I would like to add to the information that you see on the
4 slides. In addition to the information on the slides, Minneapolis Public
5 Schools has 90, 9-0 languages spoken. We have about a 30 percent
6 mobility rate. We have many young people who are homeless or highly
7 mobile, who spend several nights in shelters until they have to move to
8 another shelter. Sometimes those shelters are in the area of their
9 neighborhood schools, sometimes they are clear across town.

10 We also, like many schools, are losing some students to
11 private and charter schools and in the State of Minnesota it's particularly
12 easy to organize a charter school. I think it's helpful for us as urban districts
13 to look at the learnings we can learn from the private schools and from the
14 charter schools but from an urban standpoint, we also have seen a decrease
15 in student census because of the private and urban, I'm sorry, charter
16 schools.

17 My hunch is that as I share with you some of our issues this
18 afternoon that you will find them similar to some of the points my
19 colleagues have raised but I would like to submit to you today that what is
20 unique about the perspective from an urban district is the shear difference in
21 size, scope and scale of the situations about which we're going to speak. I
22 would like to anchor our remarks today in a quote that we have used as the
23 hallmark of our Safe Schools/Healthy Students work and it has helped keep
24 us on track as we have gone down the road of many changed in the
25 Minneapolis Public Schools. A bit of wisdom from our elder, "Let us put
26 our minds together to see what lives we can make for our children". That
27 has helped us stay on track.

28 Three needs from the urban perspective that I'd like to share
29 with you today and I will highlight them and then speak in a little more
30 depth about them. First of all, the need for strong, articulate, stable, focused
31 leadership at all organization levels. Secondly, a broad definition of
32 learning that derives from the needs of children and young people and the
33 third need is a need for cooperative, honest, data based conversations into
34 shared planning and decision making among school districts, city and
35 county entities, community organizations and families. Let's take a look at
36 each of those.

37 Strong, articulate, stable, focused leadership at all
38 organization levels; we are in the fourth year of Safe Schools/Healthy
39 Students. It's a discrete period of time which we can stand back and look at.

40 In that time, Minneapolis Public Schools has had four superintendents, two
41 of whom, including the current one, have been interim. Four directors of
42 curriculum and instruction, five principal investigators, five finance clerks,
43 and 21 personnel changes that have only to do with Safe Schools/Health
44 Students. I'm not speaking about the district as a whole, I'm speaking about
45 one set of discrete programs. Additionally, we have had one

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1 county reorganization in the area of children's mental health and wellness
2 and we have had three police chiefs in four years. Therefore, I need to
3 share with you and stress, we need to do what we can to encourage strong
4 leadership at all areas of an organization.

5 What should that look like? The slides suggests, this has
6 played itself out this lack of leadership in the fact that it has taken two plus
7 years to get a social skills curriculum into the district. It has taken two and
8 one half years to work out the process by which the police alcohol and drug
9 use citations have a channel for getting into where people can help the
10 young people. And I do not say any of this in faulting, I think you know
11 that, but I do say it in terms of the realities in which we are trying our best
12 to serve kids and you have helped us through your support and we still have
13 much work to be done and so that, of course, is my goal in sharing some of
14 the examples from our district.

15 The second need about which I want to speak is the broad
16 definition of learning. We need to acknowledge that learning goes beyond
17 basic academic areas and beyond tests. These are critically important but
18 we need to think about services that derive from students' needs and we
19 need to start with a need-based approach and our friends on the trauma
20 panel made those points, Marleen particularly over and over again, just
21 incorporate some of her thought because it's certainly true in our urban
22 experience.

23 Why is this important? Again, let me share from some of
24 our experiences. We have been able to increase in Minneapolis and in
25 Hennepin County the number of early childhood screenings at age 3. That's
26 great and now we don't have enough appropriate placements. We have
27 been able to, because of the screening, have some placements and with
28 some state help, we are aware of more in-home and relative health care but
29 we can't get those folks trained around the best practices in early childhood
30 education. So we have not yet managed to bring together all of the players
31 in this large area who need to work together, obviously systemically.

32 So if you have more kids screened, that's great but then I
33 would argue that it's unethical to screen and not have resources to help the
34 very kids whom you have -- whom we have screened. Similarly, we have
35 young people who need drug and alcohol support. We do that screening
36 but, again, we have services that are not sufficient or in an area with 90
37 languages and all the cultures and ethnic groups that we have, we have
38 services that are not culturally appropriate.

39 Through Safe Schools/Healthy Students, we have been able
40 to make some connections. We've been able to help some agencies get
41 connected with us so we're definitely on the right path. But again, I
42 highlight this as a need in an urban setting. We have experimented with
43 mental health services in the schools. We have increased them and we have
44 been able to increase the cultural responsiveness of services. We've had
45 wonderful partnerships by which we brought in community organizations

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1 to work with out students and these are community organizations that are
2 focused on various ethnic groups, culture groups. So we've been able to get
3 the beginnings of responsive, culturally responsive drug and alcohol
4 support. We need much more training. We know that and we're trying to
5 figure out how to build that into our sustainability plan. Again, I highlight
6 that to you so that you are aware of where we are seeing needs and together
7 we can think about those. We are exploring some funding models also, so
8 I'm hopeful that we, in executing our responsibility under the grant, will be
9 able to come back to you and in another six to 12 months and say, "We
10 have a funding formula that we think will help lots of districts", and so I
11 think that's incumbent upon us as part of our responsibility.

12 Our teacher very much need cultural competence training.
13 One of my colleagues tells the story and describes himself as having been
14 working in schools. He says, "First, I spend 15 or 20 minutes with a young
15 man who is Hmong and I talk with him about whatever it is that's on his
16 mind." And he said, "And then I turn around and I face a boy soldier from
17 Africa", and none of us has yet the cultural competence to handle, address,
18 assess, the needs of our kids and we owe that, and again, we're working on
19 that. We have begun looking at teaching teachers what signs to look for in
20 mental wellness and we've also piloted teaching our teachers about the
21 concepts of mental wellness in other cultures because not everyone would
22 describe mental wellness in the ways in which we do and we want to be --
23 we want to honor that and be effective with students in all the cultures. So
24 that gives you some ideas there.

25 A broad focus on learning that comes from student needs
26 also has to include human resources alignment. Let me just remind you that
27 in our district we have high staff mobility so that we have had a team of
28 consultants working with schools in leadership teams helping them know
29 how to put into place school-wide behavior systems and the year after many
30 of those team members are in another school because of bidding, because of
31 a seniority system, which is not helpful many times to our students.

32 In many cases our least experienced teachers have ended up
33 teaching our students with the greatest learning needs. Now, this is not the
34 first time you've heard that, I know but I want to just give you some of the
35 scoop from Minneapolis. HR concerns and HR aligned against student
36 needs is critical and we need to figure out how to get there quickly.

37 Seniority has cost us many teachers of color who have come
38 out of school and are younger in their experience levels and they're gone
39 with every round of cuts. And because of some of seniority rules, we
40 cannot always get the best folks in the best positions. That's important, so
41 you need to know that these are, again, issues with which we struggle.

42 And finally, the third need that we have as an urban district
43 is some honest dialogue about what's going on in our district. We need to
44 talk about the isolation of students of ethnic groups, of gay, lesbian,
45 bisexual and trans-gender students, of racism, the lines between that and

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1 crime and violence. Just yesterday our interim superintendent, Dr. William
2 Green was interviewed by Minnesota Public Radio and he reminded us all
3 that when you think the way to be safe on the street is to posture how tough
4 you are, or the way to be safe in school is to be a smart aleck or be tough, or
5 when you're really afraid that you might be hurt after school because the
6 latest rumor on the street about who's doing what to whom and we do have
7 gang violence in Minneapolis, your thought is not on learning.

8 We need to figure out ways to come together as agencies to
9 address this. We need to look at homelessness which as you all know, often
10 leads to substance abuse and co-occurring mental health and chemical
11 health issues. We need to look at a group of institutions and people at the
12 racially and ethnically divided City of Minneapolis, again with the sense of
13 isolation. We get into the "My kid, not your kid", the decisiveness, the lack
14 of cooperation. We have many ethnic communities. We struggle with the
15 best ways to educate all folks and we need to get the conversation on the
16 table with all of the agencies, with the citizens with our parents.

17 We need to talk about the relationship of the district with
18 community organizations because schools can't do it all. We have not done
19 well at reaching out in the past. We need to have these conversations about
20 who can do what, who brings what to the table but the center of this has to
21 be driven by student need and by honest dialogue.

22 The struggles and barriers that I've presented on this slide
23 many of those we have talked on. I have offered them to you as reminders
24 and as illustration of the struggles and barriers particularly with working
25 with the community. It took us four years to get a community partners
26 manual together that would insure children safety and adult safety.
27 Communications in a large urban district is a very difficult matter. It's the
28 old, you don't turn the Queen Mary around on a dime in terms of
29 accommodating change. We need some models for accomplishing change
30 in huge systems.

31 We have, again, tried and been successful in small pieces.
32 We intend to keep it on. We're working sustainability plans with Safe
33 Schools/Health Students and with our newly received ERCM grant and so
34 finally, I would just offer to you some ways in which I think you can be of
35 help in urban districts. Just as Safe Schools/Healthy Students requires the
36 cooperation and the sign-on of agencies in order to get the grant, I would
37 urge you as a committee to carry that through in all of your grant
38 approaches or in all of your work, and that would be beyond the initial
39 application. That would be in terms of field visits and ongoing monitoring.
40 That's been great for us. It's often been the impetus to get people together,
41 to get institutions together across institutional boundaries, across political
42 boundaries, across personality boundaries.

43 We intend to go forward with professional competency
44 development around cultural competence, chemical and mental health
45 awareness, anti-racism, work. I would suggest to you that that is an area

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1 where you could join us and other urban districts in putting wisdom, in
2 perhaps putting dollars but in being explicit that these are some of the hard
3 issues that we have to talk about now.

4 I would suggest that for districts who are thinking about
5 implementing a systems-wide learning and behavior supports, that you
6 again, strongly urge this, that you begin to talk more about the best
7 practices for district-wide approaches. We need to think about that in our
8 district with our 30 percent mobility. We now have the staff in place to do
9 that. I would suggest that that is key to success in any district and urge you
10 to offer that message.

11 I would love it if you could help fund some work to explore
12 the most effective staffing systems for learners. I will cheer, you will cheer,
13 we will do it together but I would love that to be done. We could certainly
14 use the help, we could certainly use the wisdom and I would like you to
15 help us and we, as I've said earlier, will be glad to help you in terms of
16 finding approaches and formulas that make mental and chemical wellness
17 support to students economically viable because that takes the work of a lot
18 of people and a lot of minds.

19 So I hope that this has shared with you a perspective from
20 urban life. I'm thrilled with the work that we've been able to do. We have
21 so much more and I thank you for your help, would love you to stay
22 involved with us and we with you as you think about some of these topics
23 and put the tough ones on the table for the sake of the future lives of our
24 kids. Thank you.

25 CHAIRMAN LONG: Thank you very much, Lynne. As
26 we now move into that next phase and I think one of you characterized it
27 best when you said the conversation, so if we could have that conversation.

28 And before Russell asks the first question, if it's any solace to you, if I
29 recall Ohio State did win in basketball the other night, so that -- Russ.

30 MS. KREHBIEL-BRENEMAN: This is a losing
31 proposition, don't you think?

32 (Laughter)

33 MR. JONES: Thanks so much, panel, for the many
34 excellent points that were made and also gestures or places of success that
35 you met. But Lynne, since you went last, the recency effect, but I'm just
36 wondering, you were talking about the high turnover rate and I'm just
37 wondering if you can give us a sense of why that is or why that was and to
38 what extent the Department could assist with that.

39 MS. KREHBIEL-BRENEMAN: Many causes, I think,
40 Russell. One is lack of affordable housing. That manifests itself in
41 mortgages paid and lost. It also is the rent cycle of you can afford a place
42 for a month or two and then you can't afford it and so you move elsewhere
43 or move with a relative, that's another reason. A third reason, economic
44 conditions, some new job growth in Minnesota, in Minneapolis, some not
45 so. Sometimes family or spousal abuse and so leaving home for the safety

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1 of spouses and children and therefore, the shelter existence. Those are the
2 responses that come most to mind in response to your question.

3 MR. JONES: Have there been mechanisms set in place to
4 address those issues or --

5 MS. KREHBIEL-BRENEMAN: Yes. We have a
6 department now of Learning Supports that focuses under McKinney-Vento
7 on homeless and highly mobile students. This year we were able to pull off
8 a stronger collaboration with the city and the county so that we didn't have
9 just school workers going out and trying to help families, but we have
10 school workers going out with friendly police people, and I'm saying it that
11 way because these are the not and talk cops they call themselves, and they
12 are going out of a position of solicitness and not you know, "Where the
13 heck are you", and finger pointing and that kind of thing, and we've tied
14 them in with some of the community agents also are sending
15 representatives out.

16 We have moved some of the early childhood screening that
17 I told you about. We've moved that out into the shelters. The whole
18 concept of the school learning to go out to where the community is and
19 where those needs are is still a learning curve for us. We're getting there.
20 So those are some of the things that have happened to address it.

21 CHAIRMAN LONG: Howell?

22 MR. WECHSLER: I have a couple of questions for
23 Elizabeth. I want to follow up on your third and fourth slides. Your third
24 slide lists a whole bunch of funding streams and then the fourth side lists a
25 lot of really neat sounding programs. I'm wondering is there any way to
26 really separate out which of the programs really resulted from --
27 specifically, from the Safe and Drug Free Schools funding that you got.

28 MS. REDMON: The first four on the fourth slide, the Drug
29 Alliance, is a direct result of the Safe and Drug Free Schools and that has
30 been in existence since 1987 to help us plan, organize and determine needs.
31 The Character Counts also is funded with Safe and Drug Free Schools.
32 The Aspire and Junior Team Board and Life Skills, the first four are funded
33 with Safe and Drug Free Schools.

34 MR. WECHSLER: And that's with the 20 to \$25,000.00?

35 MS. REDMON: Yes.

36 MR. WECHSLER: What would happen in your district if
37 there were no -- if that source of funding was removed?

38 MS. REDMON: We would struggle. We would have
39 almost no prevention dollars because the only other prevention dollars that
40 we have come through the 21st Century and that's after school. Through the
41 Learn and Serve we have just recently received a Meth Free Tennessee
42 Learn and Serve Grant which is also in the after school program. If we
43 didn't have that basic grant, we would have almost no prevention activities.

44 MR. WECHSLER: And what would happen if that
45 prevention grant was doubled?

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1 MS. REDMON: Then we would be able to expand our
2 student assistant program. We would be able to work more with parents to
3 get that parent involvement. You know, we could expand. We could hire a
4 person who would be
5 -- if it was doubled, we could hire a person at least part time to oversee all
6 of those prevention activities which would make them much stronger.

7 MR. WECHSLER: One last question, and I don't know if
8 you ever saw that show but I want to play Deal or No Deal with you.
9 Here's the deal. The deal is you can double that pot of money. The catch is
10 that half the school districts in the country are not going to get any more
11 funding from Safe and Drug Free Schools, so there's a chance that you'll get
12 zero, but there's also a good chance you'll get double. Are you going to
13 take the deal?

14 MS. REDMON: Sure.

15 MR. HERRMANN: Let me follow up on that one, too, and
16 just a suggestion, Howell, Liz is very familiar with the Coordinated School
17 Health Model. You two might want to have a conversation after this about
18 sort of Liz's plans because I think you would be very interested in that. I
19 don't think it necessarily applies to the work of the council, but I want to be
20 sure and mention that.

21 This is -- I have a question for the rural folks first. Can you
22 characterize for me your relationship with your local law enforcement
23 agency?

24 MR. SWANSON: Our relationship with the law
25 enforcement, the sheriffs, the local police in Beatrice, the county attorney
26 and all that has really increased with Safe Schools/Healthy Students grant
27 that we got in '02. They came to the table. They were to the table some
28 before but that grant really, really helped it because they saw their role, they
29 saw the justice, they saw the involvement of people they could relate to.

30 We have a really good relationship with schools, talk to
31 them regularly. They have meetings together. We were lucky enough to
32 have an officer in school for awhile. I don't think that's there any more but
33 the issues of confidentiality and all of that, I just think the relationship is
34 strong.

35 They're sharing information, they're working together.
36 They're developing plans for individual kids with law enforcement in
37 schools and other agencies all involved in the same room together and I'd
38 say it's strong.

39 MS. REDMON: Ours with the law enforcement is good.
40 With Juvenile Justice it's just now beginning and that's exactly why we did
41 not apply for Safe Schools/Healthy Students, because we didn't have that
42 partnership. We are seeing that with new Juvenile Judge taking place. I
43 mean, he's talking with us. He is looking at what are the needs of the
44 students and I can see it strengthening, and I can see it really making a
45 difference.

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1 MR. HERRMANN: And then the second question, really, I
2 think is for all of you. You know, one of the things I wonder about is, is it
3 better to provide a small amount of funding over a long period of time or a
4 relatively really substantial amount of money over kind of a three or four-
5 year period. And I'm wondering -- I think all of you either have ended a
6 Safe Schools/Healthy Students Grant or approaching the end to it. What's
7 life like after the grant? What kind of things are still going to be in place
8 and over the long term, what kind of things will you have gotten out of it?

9 MR. SWANSON: Just to respond to a couple of those
10 points, I think that there's a real need with grants to consider systemic
11 changes rather than just hiring a bunch of personnel because we ran into the
12 thing of hiring a bunch of mental health therapists for the schools and then
13 being able to sustain personnel is difficult. I think -- I've worked in some
14 other areas where similar amounts of money spread over five years might
15 be as effective, even though it's less per year than say, large amounts for
16 three years because you get some planning time, you maybe don't build that
17 year one budget up as big. I think large amounts of money are still very
18 useful like the Safe Schools/Healthy Students grant but extending it over
19 just a little bit longer period of time and also really encouraging
20 sustainability plans from day one and maybe not so much -- I don't know,
21 you need some direct personnel but you really need to think about how
22 you're going to sustain direct personnel, service delivery personnel.

23 MS. THOMPSON: I'd like to respond because as Doug
24 indicated, we really were beginning with the end in mind, knowing that it
25 was not going to be there forever, talking about Safe Schools/Healthy
26 Students. And one of the -- I'll share that one of the challenges and I think
27 it served us well, and I'll be very honest, for me it was a challenge truly but
28 also being a central office administrator and part of the district's leadership
29 and administrative team, but serving as the project director, while it truly
30 has been two and now three full time jobs, a lot of work, but on this end of
31 it, I would not have done it differently because while there was a lot of
32 work, and a lot of work, because I'm part of the leadership structure and my
33 direct supervisor, with or without the grant, is the superintendent of schools,
34 the agenda of Safe Schools/Healthy Students emergency response crisis
35 management has always been at the table. That is the agenda and it has
36 become part of the way that we do business. So it's part of the
37 infrastructure of how Garfield Heights City Schools does education.

38 I mention that and it's -- again, it was a lot of work but at the
39 same time it was worthwhile because when things were being discussed it
40 was no longer the what we do as educators and what we do in the school
41 district, and then Safe Schools/Healthy Students, but it was part of the
42 discussion that was so inter-woven to the point now where in the survey
43 results that I shared, that our parents have indicated that Safe
44 Schools/Health Students is more important than curriculum and instruction.

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1 Now, that might be concerning but at the same time they
2 recognized that this is so vital to the way that our district has to do business
3 because of the challenges that we face and the things that our students are
4 confronting, they've determined that this is necessary. Now whether they
5 vote and allow us to raise taxes in order to keep that is another story but we
6 did not, as Doug indicated, did not spend a lot of money with the staff
7 because that does result in turnover. If person knows that, you know, I
8 may not have my job after three years, then if something else comes along
9 within a year's time being in that position, they're going to leave. So again,
10 we really started at the beginning with our sustainability planning. What is
11 it that we're going to have to do making sure we were communicating to the
12 board of education and to our community, our parents and working with our
13 business partners.

14 And I'll share one just from a sustainability standpoint.
15 Ponderosa Steakhouse is working with us to provide family night, a buffet
16 type style restaurant, you know, and that money goes to support our
17 character education programming, so that when we no longer have Safe
18 School/Healthy Students, that conversation began two years ago. So that
19 way the parents that are coming to feed their children, they can see where
20 the money is going. It goes for character ed. It goes for this particular
21 program or initiative and it's not just going into the abyss of, you know,
22 school funding, "What are you guys really doing with the money"? This is
23 something concrete that all of our young people will benefit from.

24 MS. KREHBIEL-BRENEMAN: Our situation primarily
25 because of the complexities of the district and driven in part by the size,
26 Safe Schools/Healthy Students has not been able to assume the kind of
27 position that you have just described Melissa, but it has worked more
28 sneakily intentionally to infiltrate the system. And as we have talked about
29 sustainability, the four ways that we have talked about it with our folks
30 have been if you are providing services that students need, they need to
31 continue after this year. So hook them onto something that already exists in
32 the district, join with an outside organization, private, public, and integrate
33 that work with the work of the organization, expand the competence and the
34 skills of personnel because personnel may go to a different school but
35 they're still there after the grant is over. And fourthly but literally in fourth
36 position is look for additional money because we don't want to construct
37 other systems that need to keep this churn of money going. So in direct
38 response to your question, the short term larger amounts of money has been
39 the most helpful approach to us in getting the partnerships established and
40 getting people's minds set from day lackadaisical there's a beginning and an
41 ending so people don't get into that, "We've always done it", or, "We think
42 we're going to do it", cycle and by being real clear, this has to go on for our
43 kids. So that has allowed us to take some risks and be out on some limbs
44 that we wouldn't have been able to with a lesser amount of money or with
45 something that continued and therefore, people got lackadaisical.

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1 MS. REDMON: One of the things, too, is that we know
2 that any kind of sustainable change takes three to five years. So by putting
3 those restrictions in place, those expectations of forming coalitions,
4 bringing people to the table to work together and then -- and it takes money
5 to train people to get things going. So really what works well is that larger
6 amount of money at the beginning and then possibly even stepping down
7 where you gradually withdraw as opposed to just being a large amount for
8 say three years and then it's gone.

9 MR. SWANSON: I just wanted to real briefly respond to
10 your last direct question that said what's life like after Safe Schools. It's
11 really good actually, because I saw Safe Schools as a launching pad. We
12 have been done with it for awhile. We were '02 funded but the things for
13 the next 10 years that are going to happen related to safety, school
14 environment and drug and alcohol are because of safe schools. There's a
15 launching pad.

16 MR. ELLIS: That's probably a good segue into my
17 question. The data that you provided in the presentation talks refers to the
18 Gage County risk and protective factor survey data both for Nebraska
19 statewide and the percent in Gage County. Is Gage County a recipient of
20 the Safe and Drug Free Schools Programs?

21 MR. SWANSON: Safe and Drug Free Schools, yes. I -- I
22 mean, yes, they are.

23 MR. ELLIS: I'm not trying to give you a hard time but just
24 looking at the data, you know, in your slides you make the reference that
25 the programs are working and yet, 45 percent of the 10th graders have used
26 alcohol in the last 30 days, 20 percent have been smoking cigarettes, 11
27 percent prescription drugs, 27 percent binge drinking, 40 percent drinking
28 and driving, 10th graders, 37 percent believe the laws favor drug use, 62
29 percent believe their parents favor drug use. Fifty-three percent of the kids
30 have a low commitment to school.

31 MR. SWANSON: Absolutely, let me respond to that.

32 MR. ELLIS: Okay, I'm wondering what's --

33 MR. SWANSON: Okay, the Safe and Drug Free Schools is
34 limited amounts of funds -- and I didn't even work with those. I would have
35 to talk to the individual administrators in the schools about where they go.
36 It's really small amounts but the reason I say things are working and that it's
37 a launching pad to the future is because we did do that data in '03 and it's
38 starting to improve but what is improving is our level or organization and
39 our level of impact before Safe Schools/Healthy Students. And it takes so
40 long when you have a community that hasn't addressed these issues.

41 Before Safe Schools/Healthy Students, nobody worked
42 together. We had four or five different organizations that were all doing the
43 same thing and they never got beyond awareness. Well, if you don't get
44 beyond awareness, you never get to behavior change. And now we're
45 working together and the anticipation is we'll get to behavior change. Do

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1 these numbers show success over the last 10 years? Absolutely not,
2 absolutely not, but we've got the Safe Schools/Healthy Students grant in '02
3 and it -- you don't change that culture in three years or four years.

4 But the systems are -- I think if I came back here in seven,
5 eight years, the numbers would be much better because of the way we're
6 organizing as a community. We're now using data to make decisions. We
7 didn't even do this data before, ever. So as far as your direct question on
8 Safe and Drug Free School monies, I honestly can't even tell you how it's
9 used because it's so small.

10 MS. KEYS: I wanted to ask -- another issue that we really
11 haven't touched on but is really kind of a pressing issue particularly in rural
12 areas has to do with workforce development and I think in particular in the
13 mental health field, and I don't know if you've experienced not having
14 sufficiently trained personnel even when you have grant money for
15 positions that you might have available. And if we're thinking about
16 developing infrastructure using grant money for sustainability, might we
17 need to be thinking about how to incorporate within those programs the
18 expectation that some dollars go towards the development of a workforce
19 and that's one question.

20 And then the second question is do we need to become more
21 flexible in our expectation of who delivers what kind of services because of
22 just the lack of certain kinds of professionals. So thank you.

23 MS. REDMON: Let me address that because in our rural
24 system, when we first started out particularly with student assistance
25 program and I became looking for a social worker, it was kind of interesting
26 because we immediately were able to find a master's level social worker
27 who had just moved into the community. When we added the additional
28 one, again, we didn't find a masters level but we found a bachelors level
29 working with our masters level and she's currently working on her masters
30 level. It's almost like if you lower the expectations, then you don't really
31 look for and find those capable people. And I think you have to have that
32 level of competence, that level of training. If you don't then your program
33 is not going to be successful.

34 So while I say don't lower the expectations, I'm also saying,
35 make sure that there are funds for training to find additional people, if
36 necessary, or to find initial people, if necessary, but I think that the
37 expectations have to be there for it to be successful.

38 MS. KEYS: And let me add just one other thing and that is
39 something that we haven't talked about which I think is, again, particularly
40 relevant for rural areas is the use of technology both in service delivery,
41 supervision, et cetera so if you want to comment on that, too.

42 MS. REDMON: Technology is something that when we
43 first started, it was kind of interesting, our goal was to have one internet
44 connection per classroom. We have gradually built on that through E-rate
45 and through some other areas that have been very, very beneficial to help us

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1 develop that technology. You have to have that mind set, just like what we
2 are experiencing now with the juvenile court system. They didn't want
3 technology. They didn't take advantage of technology and now they're still
4 keeping a paper file and you can't follow through with that.

5 When we started the students assistance program, we
6 bought computers with the idea that we wanted to compile data, we wanted
7 to be able to -- we know that data is important in order to know whether
8 you're being successful or not. And I think technology is something that
9 has to be incorporated, it has to be planned for and that's where having the
10 large pool of money the first year gives you that opportunity to put those
11 pieces in place.

12 CHAIRMAN LONG: Could I ask some "-bility"
13 questions? I've heard, just a series of quick answers because it might be
14 helpful for me anyway. When I say "-bility" questions, I mean, I've heard
15 sustainability, and I think we would all agree that to have sustainability that
16 we have to have stability because I heard a thread of that through there.

17 And then what gets in the way of that is mobility. So that's
18 why I said talk over a question about "bilities". And we have a rural
19 situation, we have an urban situation here. Let me ask first of all if you'd
20 just quick answers, what about your approximate percentage of student
21 mobility, if we could just go one, so we can get rural to urban just to get an
22 idea and then I'm going to ask some questions about --

23 MS. REDMON: In our school system we have eight
24 schools. We have two that are very stable because there's very little rental
25 property. Our two larger areas where there is more rental property, we have
26 a higher mobility rate. Our mobility rate in those larger areas is anywhere
27 from 28 to 30 percent. In the two schools where there's very little, it's
28 interesting because we don't see that turnover in students and therefore, we
29 don't have the problems we do.

30 Now, are we finding an influx of people coming in? Yes.
31 We're not sure how people find McNairy County but we're getting a lot of
32 people from Florida, from California and from the larger cities. So it's
33 almost like people are looking for stability and by looking at -- for instance,
34 40 percent of our teachers have masters degrees. We have 30 percent of
35 our faculties can retire within the next five years. So we've had that
36 stability. And it's almost like we're seeing people seeking that.

37 MR. SWANSON: Ours is low.

38 CHAIRMAN LONG: Low, I would imagine very low.

39 MR. SWANSON: Yeah, I don't have a number. It's talked
40 about but it's low.

41 MS. THOMPSON: And I mentioned that as an inner ring
42 suburb of Cleveland, ours is extremely high. And it's actually one of those
43 indicators that explains first ring districts, one of those things that we all
44 share and that is high rates of student mobility and it follows what Lynn
45 was speaking of, we refer to it as an eviction cycle, often the case.

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1 And I've talked with our municipal court judge that hears
2 our evictions in Garfield Heights weekly and she's making referrals to us
3 because of that, because we'll find that people are moving into places where
4 they knew that they couldn't afford it but operated off of a cycle where, "I
5 have to stay somewhere". So, you know, it is one of those kinds of
6 situations and they go between the first --

7 CHAIRMAN LONG: When you say high do you mean 40
8 percent, 50 percent?

9 MS. THOMPSON: You said, 30, I would probably agree to
10 about 30 and I mentioned the actual raw numbers for us from start to
11 beginning from the start of the school season for the 2006/07 school year
12 and up to December that we were noticing how many young people came
13 in, how many left that withdraw and new enrollment cycle.

14 CHAIRMAN LONG: And you said about --

15 MS. KREHBIEL-BRENEMAN: Around 30.

16 CHAIRMAN LONG: Okay, and what I want to get at, that
17 was just a baseline. What would you say just a straight shot comment about
18 mobility of teachers, because there's a point to be made here for what we're
19 talking about with the mobility of teachers with the least experienced
20 teachers teaching the youngsters that are at the highest risk. Do you have
21 much mobility?

22 MS. REDMON: We don't have a problem with that
23 because we don't -- all of our schools are funded equitably. All of our
24 schools have pretty much similar populations. We just don't have a lot of
25 movement from one school to another.

26 MR. SWANSON: Ours is low and I would say in my
27 personal opinion, sometimes it needs to be a little higher.

28 MS. THOMPSON: Ours tends to be low also actually.

29 CHAIRMAN LONG: And Lynne, yours tended to be --

30 MS. KREHBIEL-BRENEMAN: Ours tends to be higher
31 and I don't have those figures with me, David, but driven by two things;
32 first of all decreasing student census, so fewer jobs, so job cuts, and then
33 combine that with the seniority bumping and bidding as you all know it,
34 that we perpetuate the cycle of less experienced, most needy kids.

35 CHAIRMAN LONG: And the last question; number of
36 superintendents in the last 10 years? Two, two, two.

37 MS. KREHBIEL-BRENEMAN: Five.

38 CHAIRMAN LONG: Okay. See, I think that something
39 that the Federal Government needs to start to pay attention to and could be
40 helpful, it's like the gorilla in the room, when we talk about mobility and
41 when we talk about it with students, but when we start to talk about
42 teachers and having those least experienced teachers teaching the
43 youngsters and all these things we've heard today at the highest risk and
44 then add one more ingredient to that, the tremendous mobility of
45 superintendents and just -- I'll just ask one, why do you think that you've

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1 had five in the last 10 years? You are on tape. Seventeen -- is that 17
2 seconds or 17 minutes?

3 MS. KREHBIEL-BRENEMAN: Yeah, what you're
4 witnessing is me trying to not be caution, just try to figure out how in the
5 world to summarize. Our longest tenured superintendent, Dr. Carol
6 Johnson, who was there for I believe six to seven years, left to go to a larger
7 district, that is Memphis. In her wake the board put an interim
8 superintendent in place who was in my opinion doing a very good job but
9 the board misread the community, did not do an appropriate vetting or get
10 community input and the politics led to his not being appointed as the
11 permanent superintendent.

12 In the third case, our superintendent brought some strengths
13 and some politics caught up with the superintendent. And in this case now,
14 Dr. Bill Green, our current interim, who has expressed an interest in staying
15 in the job as permanent, became the healer in the community outreach,
16 mender of fences and the board is now faced with a very difficult decision
17 as to whether to keep him without a search or go through the time, the
18 money, the possible disequilibrium of a search in order to be transparent in
19 its process versus keep him as a known quantity, certainly as a respected
20 leader for the sake of stability and all these kinds of things that we've been
21 talking about, including getting a coherent behavior management and
22 curricular process in place across a very disparate district.

23 CHAIRMAN LONG: And the reason that I asked those
24 questions, I think that we've -- that the Department might want to think
25 about, if you could be a catalyst, I truly believe that until we in American
26 education face the fact this mobility factor, especially with teachers, and
27 pull in CTA and American Federation of Teachers and start to really have a
28 conversation about it, and at the same time pull in a group called board
29 members and because board members are the ones that we're talking about
30 here, that's the reason that we have -- one of the main reasons that we have
31 tied to contract, that we have a dialogue with the National School Board
32 Association that emulates out to the different states so that we can start to
33 talk about this high mobility with those leaders because I'm hearing all of
34 you say, whether it's rural or urban that it gets in the way of stability and
35 sustainability.

36 MS. KREHBIEL-BRENEMAN: One of the facts that our
37 board was given to consider as it was thinking about is it going to do a
38 search or not for our permanent superintendent, the board was told by one
39 of the outside consultants, I believe, that it expects that this spring there will
40 be 12 openings in urban districts.

41 CHAIRMAN LONG: In what geographic area?

42 MS. KREHBIEL-BRENEMAN: For superintendent.
43 Pardon me?

44 CHAIRMAN LONG: Twelve openings in what geographic
45 area?

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1 MS. KREHBIEL-BRENEMAN: Nationally, I believe but
2 of major -- I'm sorry.

3 CHAIRMAN LONG: We just had 10,

4 MS. KREHBIEL-BRENEMAN: Pardon me?

5 CHAIRMAN LONG: We just have 10 in our county, so
6 that's why --

7 MS. KREHBIEL-BRENEMAN: Oh, understand.

8 CHAIRMAN LONG: Other questions? Yes, Russ?

9 MR. JONES: Yeah, an issue that we haven't talked about is
10 race. And I was just wondering if I can get a sense from the panel the
11 breakdown of race and ethnicity groups within your purview.

12 MS. REDMON: We're 87/13 if you put it all together, 87
13 percent Caucasian and 13 percent other, almost 11 percent of that being
14 African American.

15 MR. SWANSON: In the specific county where I've worked
16 it's 99 percent Caucasian. I was trying to represent Nebraska as a whole as
17 a rural state. There is a major increase in the Hispanic population where
18 some school districts are 50 to 75 percent now Hispanic and we also have
19 several Native American tribes in our state as well, but those -- the
20 Hispanics are gathered around the meat packing plants in our state. And
21 those rural districts, like I said, are over 50 percent Hispanic.

22 MS. THOMPSON: And in Garfield Heights it's 47.9
23 percent Caucasian, 34.8 percent African American and the balance would
24 include multi-racial, Asian, Hispanic and American Indian.

25 MS. KREHBIEL-BRENEMAN: And in Minneapolis, on
26 the second slide in your notebook we have the breakdown, African
27 American 71.8, White American 28.2, Latino, 16.4, Asian American 9.7,
28 Native American 4.3 and then breakdowns for special ed, English language
29 learners and free and reduced.

30 MR. JONES: Yeah, thank you. The reason I ask that
31 question, Lynne, you brought up, I thought a very good point. You brought
32 up a number of very good points, but one in particular was cultural
33 competence. And I'm just wondering the extent to which the lack of
34 cultural competent training has led to some of the untoward consequences
35 that different ones of you have faced.

36 MS. KREHBIEL-BRENEMAN: It certainly has. In our
37 situation, Russell, one of the most painful ways in which lack of cultural
38 competence has manifested itself is through staff and teachers who don't
39 know how to relate to students or who, because of their unconscious racism,
40 hold different expectations for kids and knowingly or unknowingly convey
41 those.

42 MR. JONES: Can you provide an example?

43 (Pause)

44 MS. KREHBIEL-BRENEMAN: Millions are running
45 through my mind. I'm sorry. Let me just collect my wits for a second.

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MR. JONES: Sure.

MS. KREHBIEL-BRENEMAN: Most of them are painful.

MS. REDMON: While she's thinking, let me give her a little bit of time to think. MR. JONES: Okay.

MS. REDMON: I know sometimes when you're trying to do that. We have moved up into -- for awhile we only had about less than five percent minority of any kind. As we moved on up, we did diversity training with all of our administrators, our central office staff, our principals and assistant principals because we thought they needed to know what the differences, what the various backgrounds. And then in Tennessee, a big emphasis, I guess it's been nearly four years ago, we brought to -- they brought to Nashville and put a lot of money into poverty training, went through the Ruby Paine training and so forth because what we were seeing in Tennessee was a definite increase in poverty. And this helped tremendously because then we trained someone and then we came back -- we trained four people in our district and we came back and worked with our school districts.

And at that time, one of the sub-groups that was not making AYP was out economically disadvantaged. But by coming back and sharing that training with our administrators, and with our teachers and making that concerted effort, within two years that's no longer a problem.

We also look at with our African American students what was happening there because we weren't seeing them make that difference. And we made concerted efforts. One of the areas that we were particularly seeking was that we had a low percentage of African American students that were testing for the gifted program. And so what we have done is we have a class at our school that has that largest population and it's a class to expand their experience background so that they can do better --

MR. JONES: That's great.

MS. REDMON: -- on the individual achievement or IQ tests and so forth, because we know that that is culturally biased and that's our way of addressing that. But I think if school systems will look at and identify those needs in those sub-groups and then put time and effort into the training, you're going to avoid some of the things that Lynne was talking about because if you're teaching and the only background you have is a middle class or an upper middle class, you can't have that empathy.

One of the best things that came out of the Ruby Paine training was a questionnaire, "Could You" -- and we had to go through -- we answered three different ones, "Could You Survive in Poverty"? And we all flunked it, you know, we couldn't. We didn't know how to access all the different things. The interesting thing, too, was that the majority of people that went through the training also discovered they couldn't survive in wealth because, you know, to me if you can save money and have something that looks like, then fine, but in wealth, huh-uh.

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MR. JONES: Right.

MS. REDMON: So I think that you have to look not only at diversity but you've got to look at your sub-groups.

MR. JONES: Yeah, that sounds very good. In fact, there's a term we have for that, it's called cultural gimbling. And you're interacting with folks of different colors, ethnicities, backgrounds, et cetera. Let me just a follow-up question, was that training funded by this initiative and to what extent is it ongoing?

MS. REDMON: The poverty training was funded through Title I. The diversity training was funded through local funds.

MR. JONES: I see and is it ongoing training or is it just one time?

MS. REDMON: No, no, it's ongoing.

MR. JONES: Great. Excellent.

MS. THOMPSON: If I may, I'd like to respond to the question as well. In Garfield Heights, race in particular is a very emotionally charged situation. I mentioned that when we submitted the Safe Schools/Healthy Students proposal initially, 78 percent were Caucasian, 16.9 percent African American. Now, we are 57.9 percent Caucasian, 34.8 percent African American. That has created a significant problem in the Garfield Heights community.

Not everyone in the community has received the changing demographic in Garfield Heights very well. In fact, you know, the survey that I mentioned that we did in December we surveyed students, parents, staff members in the district. Everyone in the district received the survey and one of the things that continued to come up was the -- from our students, some White students feeling that African American students were being treated differently. African American students feeling that White students were being treated differently.

In fact, we had a parent -- and this will just give you a little insight on where we are as a learning community in some respect. There were an opportunity to write in comments and a parent -- now, of course anonymous, we have no idea but a parent wrote the comment was, and I have to say this was a provider that we work with, so this was an out-source type of survey. This is what they do for a living. They do a phenomenal job and have been working with us as a result of Safe Schools/Healthy Students.

The parent indicated that the safety problem in the district has to do with all the Black people and that her children are now having to play with colored people and so that's an indication of where some residents in the community are as it relates to race. And it is a real issue in the district and community and sometimes is quite a challenge to overcome. We are doing training as Liz stated. We also have the work of Ruby Paine.

One of the challenges that we confronted, however, was for some it was an issue of culture of poverty, therefore being synonymous

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1 with Black, African Americans and having to really work through that.
2 And Dr. Wells, who I love dearly, has really helped me and worked through
3 that piece because it's greater than just culture of poverty. It's culture
4 poverty. It's not culture of poverty for African Americans. And so that has
5 constantly been this piece that we're trying to massage and work through
6 and it has to be ongoing for that reason.

7 Certainly it was a great opportunity to have these
8 consultants come in and work with us and the work continues including on
9 Friday of this week. So it is yet a work in progress.

10 MS. KREHBIEL-BRENEMAN: Thank you for the
11 thinking time. I have four or five examples for you.

12 MR. JONES: I'm a clinician.

13 CHAIRMAN LONG: You only get one, however, Lynne.

14 MS. KREHBIEL-BRENEMAN: Pardon me?

15 CHAIRMAN LONG: You only get one, however.

16 MS. KREHBIEL-BRENEMAN: Not for a topic as critical
17 as this. From the most individual level to the systemic level, Russell, here's
18 a give and go. I have a person on our staff who works in a couple of middle
19 schools, a couple of high schools. He was gifted with this incredible ability
20 to connect with kids, all kids. If I could clone him, I would.

21 In a particular high school -- and he wanders around and
22 talks to kids. He also does some groups and things like that. But for the
23 purposes of this story, a recent couple of weeks ago, he was walking in one
24 of our high schools and he saw a young lady outside of the classroom.
25 They greeted each other. She was looking pretty glum and he asked her,"
26 What's the deal."

27 "Well, I got into trouble in Ms. Jones' room". My staff
28 person is an African American gentleman. The young woman with whom
29 he was speaking is an African American young lady. My staff person's
30 name is Mr. Martin. Mr. Martin came back the next day, same young
31 woman outside the same door, same period. "What's happening"? Similar
32 discussion, "I got in trouble in Ms. Jones' room". The story unfolds. "I
33 tried to tell her what happened, she didn't listen. I tried to tell her what
34 happened".

35 Okay, long story short, Mr. Martin made his rounds several
36 more days and the young woman was at her post outside of the classroom
37 away from instruction time with apparently an unresolved issue between
38 her and Ms. Jones. Now, I don't know any more. I do know that at least
39 from her perspective as reported to me, there was something going on there
40 between her and Ms. Jones.

41 I know it takes two to tango, but I also know that racism
42 lives and that appeared to factor into that individual situation.

43 On a larger level one of our -- a couple of our high schools
44 now and eventually all of them, are going to be looking at their small
45 learning communities, the SLCs because a couple of those SLCs

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1 inadvertently have become sorters of kids in part by race. So some of the
2 kids know, "Oh, the dumb kids are in that one", or, "The kids of color are in
3 that one". I will say certainly that was not foremost in anybody's mind in
4 creating small learning communities, but that -- be that as it may, whether it
5 was foremost in their mind or not, the fact remains and now those
6 boundaries on those small learning communities have been changed. So
7 that's good news, but White privilege, inadvertence, who knows and again,
8 this is not a situation in which I was directly involved, Russell, but on a
9 more systemic level, yes, issues like that.

10 And finally, on the broadest sweep, Minnesota has one of
11 the largest achievement gaps between students of color and White students
12 in the country. Now this is not just Minneapolis, so I have to say, I've
13 switched a frame here. But you all know that and we know that painfully.
14 So whether it's at the individual student level or at the highest level, we
15 have issues of racism and cultural competence that we've only begun to
16 work out and we have a huge need to go much further very quickly. There
17 are some examples.

18 CHAIRMAN LONG: Thank you, Lynne. And we'll close
19 with either a question or a comment from Tommy.

20 MR. LEDBETTER: Yes, I have two questions but one of
21 them is just very short. I mean, it's a geography lesson. McNairy County,
22 Tennessee, I know that Adams and Ruskin are 30 miles south of Lincoln
23 and I can make some reference to that and Minneapolis and Cleveland, but
24 McNairy County, Tennessee, what is the county seat of McNairy County?
25 I'm trying to get a place in my mind where --

26 MS. REDMON: Selmer.

27 MR. LEDBETTER: Selmer.

28 MS. REDMON: We're directly south of Jackson Tennessee
29 and we border the Mississippi Line.

30 MR. LEDBETTER: I know where you're at. Now my
31 question, you mentioned that you think that it's important to have large
32 sums of money funding the first year and then gradually reduce those, that
33 that's a better way of funding the program. One of our panelists earlier
34 today used some terminology that -- they didn't say it exactly the way I use
35 it but you know, being a school administrator, I believe that the terminology
36 is pretty close to my philosophy on things. And that is that if you don't
37 inspect it, don't expect it because it will not happen. And that's pretty basic
38 to the way I view programs in schools.

39 The funding for these programs, the personnel that are
40 involved in the supervision of these programs that's a big area of funding. I
41 understand when you're talking about salaries, you're talking about a lot of
42 computers instead of just one, to just have that one person at full salary.

43 If the salaries were the area that was reduced from a year to
44 year basis, do you think the programs would have a better chance of being
45 sustained if say the program in your school system, the first year you

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1 funded the salary at 100 percent and the second year at 66 percent and the
2 next year at 33 percent and then the fourth year, obviously, there's no
3 funding for it, do you think that your school system would maintain that
4 position for that person being able to gradually reduce that salary? Do you
5 think they would pick it up?

6 MS. REDMON: It has happened in our system where we
7 have started out with totally funded and then gradually backed down. It is
8 more apt to be sustained that way than if it's totally funded for three years
9 and then it's gone because you have to build that -- help the community see
10 the need for it. Now we haven't invested in a lot of salaries, other than our
11 after school program. That's the largest part of our after school program,
12 but in the supervision of it, we didn't add a lot of additional people for two
13 reasons.

14 I wrote the grant, I knew what we wanted to do and I asked
15 to supervise it and so therefore, you know, I just added another hat because
16 I knew if we brought in someone new, it would take at least a year to get up
17 to speed and then at the end of the term, that person would be gone.
18 Therefore, what we've done, we've put the money -- the first 21st Century
19 grant, we bought a lot of computers, we bought a lot of software. We
20 looked at what the needs were and then we put it into after school
21 personnel. We didn't put it into a lot of extra salaries.

22 MR. LEDBETTER: But you're a rural school system where
23 an urban school system may have more money invested in salaries because
24 they're supervising more.

25 MS. REDMON: Right, but in what areas we have, we have
26 found that if you step it down, it's more apt to because see, the board will
27 pick up 25 percent. You know, we won't have this if you don't pick up the
28 25 percent. But if you just totally -- you just kind of have to play games
29 and you have to sell it and make it something you can't live without.

30 MR. LEDBETTER: Well, I guess the thought that's in my
31 mind is how much easier would it be to sell the importance of the program
32 to the board if they only had to absorb a portion of that salary each year.

33 MS. REDMON: It would be much better, that works better
34 and the thing about it is, now our parents are saying like with our after
35 school program, "Well, we'll be glad to pay for it when the funding runs
36 out", because they see how nice it is to pick up their kids from a safe secure
37 environment with their homework done and with the extra help if they need
38 the extra help or with the enrichment if they don't need remediation and
39 then all of them have that second hour doing something that's fun and
40 they've learned something from it.

41 So I think that's probably going to be a lot of our
42 sustainability is that sliding scale.

43 MR. LEDBETTER: Thank you.

44 CHAIRMAN LONG: Thank you very much, panel. We
45 appreciate it. Thank you individually, Elizabeth and Doug and Melissa and

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1 Lynne. And let's give them a big thank you.

2 (Applause)

3 CHAIRMAN LONG: And a reminder for us that tomorrow
4 breakfast is 7:45 to 8:00 and then from 8:00 to 8:30 we have an ethics
5 briefing. I don't know which two of you on the panel caused this. I won't
6 go into names.

7 MS. DAVIS: This is a mandatory briefing for all non-
8 federal members of the committee, so the federal members, if they want to
9 slip in at 8:30, you're more than welcome to, but from 8:00 to 8:30 for the
10 non-federal members, there's an ethics briefing in the break room.

11 CHAIRMAN LONG: And we won't get into it, but some of
12 the states for elected officials have already had this. So, I mean, this is --

13 MS. DAVIS: I think the federal level is --

14 FEMALE PARTICIPANT: Not through the Department of
15 Education.

16 CHAIRMAN LONG: No, but I mean, it's a federal, so as I
17 say, we don't need to get into it. But what I want to do is thank all of the
18 panels and also thank this wonderful committee; great questions, a lot of
19 information and through eight hours you've finished absolutely one minute
20 early. You're wonderful. Have a great night.

21 (Whereupon, at 4:01 p.m. the above-entitled matter
22 concluded.)

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