

ANNOTATED MINUTES

Tuesday, February 13, 1990 - 9:00 AM - 12:00 PM
Multnomah County Courthouse, Room 602

INFORMAL BRIEFING

1. County Chair's Quarterly Executive Management Report
-

Tuesday, February 13, 1990 - 1:30 PM
Multnomah County Courthouse, Room 602

INFORMAL BRIEFING

1. Briefing on the ADAPT (Alcohol and Drug Addiction Pregnancy Treatment) Program by the Department of Justice Services and the Department of Human Services
 2. Informal Review of Formal Agenda of February 15, 1990
-

Tuesday, February 13, 1990 - 4:30 PM
Portland School District 1J Boardroom
502 N. Dixon, Portland

JOINT MEETING

The meeting was convened at 4:40 p.m. with Forrest Rieke, Sharron Kelley, Stephen Griffith, Gretchen Kafoury, Ross Dey, Matt Prophet, Stephen Kafoury, Gladys McCoy, Rick Bauman, Marty Howard, Pauline Anderson, Carol Turner and Donald McElroy present and Joe Voboril excused.

1. The Multnomah County Board of Commissioners and the Portland School District 1J Board Will Meet to Discuss School Youth Alcohol and Drug Initiatives

PARTICIPANTS GLADYS McCOY, PAULINE ANDERSON, GRETCHEN KAFOURY, RICK BAUMAN, SHARRON KELLEY, STEVE KAFOURY, FORREST RIEKE, STEVE GRIFFITH, ROSS DEY, MATT PROPHET, MARTY HOWARD, CAROL TURNER, DONALD McELROY, MARILYN RITCHEN, CORNETTA SMITH, HOWARD KLINK, FRANK McNAMARA AND FRED NEAL DISCUSSED SCHOOL YOUTH ALCOHOL AND DRUG INITIATIVES, INNERCHANGE PROGRAM, NORTH/NORTHEAST

**ECONOMIC DEVELOPMENT TASKFORCE
PROPOSAL, TEEN CLINICS, YOUTH PROGRAM
FUNDING, DETENTION FACILITY UPDATE AND
SCHOOL FINANCING ISSUES.**

There being no further business, the meeting was adjourned at 6:25 p.m.

OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON



Deborah L. Bogstad

Thursday, February 15, 1990, 9:30 AM
Multnomah County Courthouse, Room 602

FORMAL AGENDA

Chair Gladys McCoy convened the meeting at 9:35 a.m. with Vice-Chair Gretchen Kafoury, Commissioners Pauline Anderson, Rick Bauman and Sharron Kelley present.

NON-DEPARTMENTAL

- R-1 In the Matter of the Appointment of Nancy E. Poppe to the Welfare Advisory Board for a Term Expiring 2/93
- R-2 In the Matter of the Appointment of Odales Perez to the Justice Services Citizen Budget Advisory Committee for a Term Expiring 9/91
- R-3 In the Matter of the Appointment of Harvey Lee Garnett to the Department of Environmental Services Citizen Budget Advisory Committee for a Term Expiring 9/90
- R-4 In the Matter of the Appointment of Peter Smith to the Citizen Involvement Committee for a Term Expiring 3/31/90
- R-5 In the Matter of the Appointment of Dana Anderson to the Multnomah Council on Chemical Dependency for a Term Expiring 2/92
- R-6 In the Matter of the Appointment of Rodney F. Parker to the Non-Departmental Citizen Budget Advisory Council for a Term Expiring 9/92
- R-7 In the Matter of the Appointment of Ana Eaton to the Community Health Council for a Term Expiring 6/30/92

- R-8 In the Matter of the Appointment of Douglas B. Fisher to the Auditor's Citizen Budget Advisory Committee for a Term Expiring 9/91
- R-9 In the Matter of the Appointment of Thomas A. Kessler to the Auditor's Citizen Budget Advisory Committee for a Term Expiring 9/90

**UPON MOTION OF COMMISSIONER ANDERSON,
SECONDED BY COMMISSIONER KELLEY, ITEMS R-1
THROUGH R-9 WERE UNANIMOUSLY APPROVED.**

- R-10 Presentation of Certificates of Appreciation Awarded by the Association of Oregon Counties to Art Bloom, John Dorst, John DuBay, Dennis Fantz, Mary Lou Hennrich, Howard Klink, Fred Neal and Gary Smith in Recognition of Their Extraordinary Effort and Contributions During the 1989 Legislative Session

CHAIR McCOY ADVISED THAT DUE TO INCLEMENT WEATHER, JERRY ORRICK OF THE AOC WAS UNABLE TO ATTEND TODAY'S MEETING. CHAIR McCOY PRESENTED CERTIFICATES OF APPRECIATION TO ART BLOOM, JOHN DORST, JOHN DuBAY, DENNIS FANTZ, MARY LOU HENNRICH, HOWARD KLINK, FRED NEAL AND GARY SMITH AND THANKED THEM FOR THEIR SIGNIFICANT CONTRIBUTIONS AND ASSISTANCE IN THE LEGISLATIVE PROCESS ON BEHALF OF MULTNOMAH COUNTY AND THE STATE OF OREGON.

COMMISSIONER ANDERSON ADVISED THAT MULTNOMAH COUNTY WAS PRESENTED WITH AN AWARD OF APPRECIATION FOR ITS SUPPORT OF AND CONTRIBUTIONS TO PARTNERS IN VOCATIONAL OPPORTUNITY TRAINING AT THE FEBRUARY 9, 1990 OPENING OF THE PIVOT PROGRAM. COMMISSIONER ANDERSON READ A COMPLIMENTARY LETTER CONCERNING THE ROAD DEPARTMENT FROM GREG WILDER, DIRECTOR OF PUBLIC WORKS FOR THE CITY OF TROUTDALE, STATING THEY LOOK FORWARD TO WORKING WITH THE COUNTY ON PAVEMENT MAINTENANCE PROGRAMS.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-11 Hearing for Consideration of Bids for Purchase of Certain Tax Foreclosed Property by Private Sale as Provided by ORS 275.200. Market Value is

\$1,600.00. Legal Description is PROEBSTEL'S ADD-EXC PT IN HWY,
LOT 3, BLOCK 16.

**NO ONE WISHED TO TESTIFY. UPON MOTION OF
COMMISSIONER ANDERSON, SECONDED BY
COMMISSIONER KELLEY, R-11 WAS UNANIMOUSLY
APPROVED.**

DEPARTMENT OF HUMAN SERVICES

R-12 Ratification of Amendment #2 of the Intergovernmental Agreement Between
Developmental Disabilities Program and Portland Public Schools

**UPON MOTION OF COMMISSIONER BAUMAN,
SECONDED BY COMMISSIONER ANDERSON, R-12
WAS UNANIMOUSLY APPROVED.**

NON-DEPARTMENTAL

R-13 Consideration of a Request Made to the Department of Environmental Services
to Close the South Sidewalk and One Lane of the Hawthorne Bridge June 29
- July 2, 1990, in Order to Provide Paid Admission Seating for Spectators at
a Proposed "River Grand Prix" (Power Boat Racing) Event - Submitted by
Commissioner Pauline Anderson

**CHAIR McCOY ANNOUNCED R-13 IS TABLED FOR
FURTHER INFORMATION.**

Thursday, February 15, 1990 - 9:50 AM
Multnomah County Courthouse, Room 602


EXECUTIVE SESSION

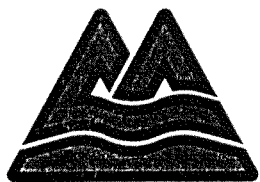
E-1 Executive Session called pursuant to ORS 192.660(1)(e) for the purpose of
discussing real property transaction with F. Wayne George, Harold Holub and
Paul Yarborough.

EXECUTIVE SESSION HELD.

There being no further business, the meeting was adjourned at 10:05 a.m.

OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON


Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GRETCHEN KAFOURY • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

AGENDA OF
MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS
FOR THE WEEK OF
February 12 - 16, 1990

Tuesday, February 13, 1990 - 9:00 AM - Informal Page 2
Tuesday, February 13, 1990 - 1:30 PM - Informal Page 2
Tuesday, February 13, 1990 - 4:30 PM - Joint Meeting Page 3
Thursday, February 15, 1990 - 9:30 AM - Formal Page 4

Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Friday, 6:00 PM, Channel 27 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

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PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS



MULTNOMAH COUNTY OREGON

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The Multnomah County Board of Commissioners will hold a joint meeting with the Portland Public School Board on:

Tuesday, February 13, 1990
4:30 P.M.
Blanchard Administration Building
501 N. Dixon
Portland, Oregon

The agenda for discussion is as follows:

1. Multnomah County/Portland School youth alcohol and drug initiatives.
2. Teen Clinics: Update and future program plans.
3. Report on County juvenile justice issues.
4. Discussion of state and local finance proposals.

For additional information, please telephone the office of the Chair of Multnomah County at 248-3308.

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275.200. Market Value is \$1,600.00. Legal Description is
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Agreement Between Developmental Disabilities Program and
Portland Public Schools

0700C.39-42/dr

DATE SUBMITTED 1/23/90

(For Clerk's Use)

Meeting Date FEB 13 1990

Agenda No. Item 4³⁰ pm

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Joint Meeting Board of County Commissioners
Portland School Board

Informal Only* _____
(Date)

Formal Only February 13, 1990
(Date)

DEPARTMENT Nondepartmental DIVISION County Chair's Office

CONTACT Fred Neal TELEPHONE (503) 248-3308

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Joint Meeting - Agenda Attached

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

☐ PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

☐ Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: _____

BUDGET / PERSONNEL _____ / _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____

(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



MULTNOMAH COUNTY OREGON

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BRIEFING PAPER: ALCOHOL & DRUG INITIATIVES

I. Background

Both Multnomah County and Portland Public Schools (PPS) have made significant investments in alcohol and drug prevention and treatment services. Multnomah County currently operates three youth alcohol and drug treatment programs that provide residential and outpatient services to 1,168 clients each year. The annual program cost is \$492,000, of which \$296,000 is County General Fund.

Additionally, the County is responsible for a broad range of alcohol and drug prevention and counseling services through community health programs, the Youth Service Centers, Student Retention Initiative, alternative schools, Mainstream Youth Programs, Harry's Mother, Outside In, and Burnside Projects. These programs are supported by a mix of state and local funds. Approximately \$1.3 million in County General Funds supports programs that include some level of substance abuse services to about 8,000 children and youth each year.

Portland Public Schools has recently revised its alcohol and drug policy. This revision was the result of a year long planning effort that is likely to have a significant impact on the County's Juvenile Justice Division and contract service providers. The District's new policy involves an aggressive approach to the identification and referral of students who are in possession or under the influence of drugs and alcohol. Following identification of students in possession or under the influence an immediate assessment is ordered. In addition, the student is referred to the Juvenile Court. The assessments are to be conducted by private agencies under contract to PPS. Drug education for the offender and family, also to be provided by the District, is required for first time offenders. Subsequent offenses will result in referral to a District-funded alternative school for substance abusers. This program will go into effect in September of 1990.

II. Multnomah County Impact

There are several ways this program will affect Multnomah County operations. First, there will be an increase in the number of juvenile referrals to the Court, therefore a significant increase in the Juvenile Justice Division processing and reporting responsibilities. It is not clear what the size of this increase will be. Assessments made by the District and recommendations made by the County will refer large numbers of juveniles and their families to treatment. PPS estimates an increase over current demand of 60-90 residential admissions and 76-114 outpatient admissions. All youth treatment programs are fully utilized and some have waiting lists. No funding is currently available to expand services to meet this demand.

Additional questions have been raised by PPS in the areas of County funding of urinalysis testing for students who violate District policies, County funding for school based treatment and counseling, and expanding the scope of County reporting to include notifying the District of drug charges adjudicated on PPS students. Discussion of these questions is currently underway among program staff.

BRIEFING PAPER: TEEN CLINIC UPDATE

I. Background

There are currently six school-based health centers operating in Multnomah County, located at Roosevelt, Cleveland, Marshall, Madison, Jefferson, and Parkrose High Schools. Roosevelt High School's clinic opened in 1986, Cleveland, Jefferson, and Marshall opened in 1987. Madison and Parkrose opened yesterday (February 12, 1990). Grant High School's clinic, due to some construction delays, will not open until next month. Additionally, the County Health Division recently began providing health services to teen mothers participating in the Pivot/New Chance program. The annual cost per clinic is \$120,000, funded from the County General Fund. The State pays for approximately one-third of the cost of Jefferson's clinic. Portland Public and Parkrose school districts provide space, custodial services, and pay for utilities. The clinics provide comprehensive health care including treatment of minor illness and injury, sports physicals, immunizations, preventive health programs, mental health services, and reproductive health services.

II. Evaluation Update

State and elected officials established clear program goals when the clinics were initially funded; make health care accessible to a medically underserved population, and reduce teen pregnancy. There is no doubt that the first goal is being met, as nearly half the 2,761 students receiving services from the teen health centers each year do not get health care from any other source.

Concerning the second goal, preliminary results are positive. While the clinics have not been operating long enough to draw definite conclusions from the data, teen birth rates appear to be declining (or at least failing to increase) in the catchment areas for high schools that have teen clinics. The State Health Division has allocated \$25,000 to conduct a comprehensive statewide evaluation that will be complete in about a year. This evaluation has been designed to include the Multnomah County clinics.

III. Issues for Discussion

- A. How secure is ongoing funding for this program?
- B. Will additional funds be made available (state or local) for program expansion?
- C. Is there support for a middle school teen clinic demonstration project? Where will funding for this project come from?
- D. Where should the next high school clinics be sited?

BRIEFING PAPER: JUVENILE JUSTICE UPDATE

\$1.9 Million In State Funds For Gang-Involved Youth

I. Background

During the 1989 Legislative Session Governor Goldschmidt proposed a \$1.9 million increase in the Children's Services Division (CSD) budget to add 40 beds to the McLaren School for Boys for gang-involved youth. The Legislature did not support this proposal, but the funding was placed on reserve in the Emergency Fund to be appropriated during the interim for "close custody needs of gang-involved youth." Information presented to the Legislature indicated that there had not been an increase in the number of gang-involved youth committed to McLaren, that community-based services for all youth, especially blacks, were seriously underfunded, and minority youth were over-represented in institutional settings. Since then there has been a slight increase in the number of gang youth committed to McLaren, but the other factors have remained constant.

II. What Happened Next

In response to a request from Congressman AuCoin's office, the county Juvenile Justice Division staff prepared the "Youth Gang Demonstration Project" as a comprehensive approach to youth gang problems in Multnomah County. Congressman AuCoin made this request in anticipation of \$25 million in federal funds being made available for urban areas experiencing problems with youth gangs. The status of these funds is highly uncertain.

The project included a gang intervention unit to provide intensive probation supervision for 350 gang-involved youth a year, a service fund to make residential, education, counseling, and alcohol and drug programs available to those youth, a 30-day detention program for youth detained up to the limit allowed by recent statute changes, back-up detention for probation violators, and funding for House of Umoja. The total program cost was \$2.4 million per year.

A somewhat scaled down version of this proposal was presented to the State CSD and the Governor's Office to be funded by the \$1.9 million E-Board reserve.

III. On to the Emergency Board.....

Two weeks ago CSD and Multnomah County officials reached agreement on a proposal that will be submitted to the Governor for review. If the proposal receives favorable consideration, it will be forwarded to the Emergency Board sometime in the spring. The proposal recommends that the E-Board appropriate \$1.25 million to be used for local detention space and community correctional services for gang-involved youth in Multnomah County. The recommendation is predicated on an agreement that establishes a process by which County and State will assume joint responsibility for managing the McLaren downsizing process.

IV. Issues to Discuss

- A. Does the School Board have any questions about this process or proposal?
- B. What are some joint strategies that could be employed to pursue this funding with the E-Board?

BRIEFING PAPER: JUVENILE JUSTICE ISSUES UPDATE

Donald E. Long Facility Replacement

I. Background

The Multnomah County Board of Commissioners (BBC) is discussing authorizing a General Obligation Bond measure in an amount of approximately \$20 million to fund construction of a new Juvenile Justice Center. The current proposal would provide improved and expanded space for the Court, District Attorney, and an increase in detention space. The detention space increase would allow longer detention periods for serious juvenile offenders, accommodate long-range population fluctuations, and provide back-up detention for probation violators. Also included in the plan is a greatly expanded capability to provide programs for juvenile offenders while they are incarcerated. This initiative is being driven by a space crisis that is having a direct impact on the efficiency of the juvenile justice system and a growing concern about the health and safety of juveniles incarcerated in that facility.

II. Timeline

The BCC will be discussing the issue related to authorization of the bond measure later this month. It is anticipated that at that time they will make a decision to authorize placement of the measure on the ballot and determine when this placement should occur.

Questions yet to be resolved are related to the size of the facility, funds available from the state to accommodate program needs, and timing of the ballot measure.

III. Issues for Discussion

- A. What questions does the school board have about the proposal?
- B. What are some joint strategies that can be pursued to promote passage of this ballot measure?



PORTLAND PUBLIC SCHOOLS

501 North Dixon Street / Portland, Oregon 97227

Phone: (503) 249-2000

Mailing Address: P.O. Box 2107 / 97208-2107


OFFICE OF THE SUPERINTENDENT

Matthew W. Prophet
Superintendent

February 12, 1990

MEMORANDUM

TO: Board of Education

FROM: Matthew Prophet 

SUBJECT: SCHOOL BOARD/COUNTY COMMISSION MEETING

Mr. Griffith reminded me of a memo prepared by Marilyn Richen last November in anticipation of your meeting on Tuesday, February 13, 1990.

You will find it helpful in framing questions related to the Drug and Alcohol policy topic on the agenda. Copies of this memo are also being delivered to the County Commission members.

1990 FEB 13 11:26
CLERK
COUNTY
OREGON



PORTLAND PUBLIC SCHOOLS

Child Services Center

531 S.E. 14th Ave., Room 206 . Portland, Oregon 97214

Phone: (503) 280-5794

STUDENT SERVICES DEPARTMENT

Carolyn Sheldon
Assistant Director

Marilyn C. Richen
Coordinator
Alcohol & Drug Program

November 27, 1989

MEMORANDUM

TO: Matthew Prophet

FROM: Marilyn Richen

Stephen Griffith requested I develop background information for a meeting between the Board of Education and the Multnomah County Commission to discuss coordination issues related to the Report of the Board of Education Ad Hoc Committee On Drugs and Alcohol which was adopted by the full board November 6th;

I would like to suggest the following as Portland Public Schools objectives for such a meeting. I have highlighted in bold type questions we would ask the County to answer. The preferred answer to all questions is "yes".

1. Clarify County response to policy changes outlined in Board Ad Hoc Committee Report.
 - a. All violations of alcohol and drug laws will be reported via the school police to the Juvenile Justice Division of Multnomah County. **Will the County notify the district of its response or action taken related to each student as a result of these reports?**
 - b. The district will accept as proof of drug use a determination of a juvenile court following a due process hearing. The district will discipline students for any drug activity (on campus or off campus) which impairs its ability to educate students. Any off campus drug activity which occurs during school hours would automatically fall into this category. **Will the County notify the district of juvenile court determinations that its students have violated drug laws?**
 - c. The district will notify the County and the Juvenile Court when students who have committed a first offense drug possession or use fail to comply with district requirements (either the student and parent/guardian attend and complete a 4 session Chemical Insight Class or the student undergoes a drug assessment and follows its resulting recommendations). The district will request that the Juvenile Court order these parents and students to attend the Chemical Insight Class and use its powers to ensure compliance. **Will the county support this request?**

- d. Upon a second offense possession or use or first offense delivery, a student will be transferred to another campus (Innerchange) for the remainder of the semester or 45 calendar days, whichever is greater. Will the County place treatment services in this program?
2. Request that the County determine prevalence of drug use among district students referred to the Juvenile Justice System for violation of alcohol and drug laws.

Several members of the Board of Education are interested in having information to use for planning purposes about the extent of drug use among students who have been reported to the county for violation of alcohol and drug laws. The district will request that urinalysis testing of these students be conducted and that the results of the tests be available to the Portland School District for program planning purposes. Will the County conduct this program?

3. Discuss the impact of district policy changes on demand for treatment services.

New policies are expected to more than double the number of identified students with treatment needs. (See attached projection.) The County provides adolescent treatment services and coordinates state funded treatment services. Recently the district provided testimony to the State Office of Alcohol and Drug Abuse Programs regarding the treatment needs of adolescents. I have enclosed this testimony as background information for this discussion.

During the next year the district will be exploring the possibility of obtaining insurance (to be funded by state or county sources) for costs of assessment and treatment for all its students. Would the County be interested in working collaboratively on this project?

4. Request the County place staff in schools to provide support groups and treatment groups.

The district is proposing to staff high schools with .5 FTE per school to provide peer assistance programs, alcohol and drug identification and referral, and program coordination. Other Oregon counties have placed county and state alcohol and drug treatment resources in schools to provide support groups and treatment groups for students. Will the County provide alcohol and drug treatment and support services in schools to complement the services the district is able to provide?

5. Consider whether a joint communications plan should be implemented to make the public aware of those aspects of the program which the district and County are implementing cooperatively.

Matthew Prophet

-3-

November 27, 1989

Please let me know if there is anything further you or the Board would like to have done in preparation for the meeting and when you would like the meeting to occur.

Attachments (2)

REPORT OF THE BOARD OF EDUCATION AD HOC COMMITTEE
ON DRUGS AND ALCOHOL

Formation

The Ad Hoc Committee on Drugs and Alcohol was established as a result of a December 15, 1987 memorandum from Board chair Carol Turner (Exhibit A). It was composed of three Board members and four administrators responsible for District drug programs:

Stephen Griffith, Board Member (Chair)
Carol Turner, Board Member
Joe Voboril, Board Member
Matthew Prophet, Superintendent
Carolyn Sheldon, Assistant Director, Student
Services Department
Marilyn Richen, Coordinator, District Alcohol
and Drug Program
Jo Ellen Osterlind, Immediate Past Chair,
District Alcohol and Drug Advisory Consortium

Other persons were invited to join in committee discussions on topics within their expertise as set forth below.

Scope

The Turner memorandum encouraged the committee to concentrate on District drug policies as opposed to staffing and program issues. It also directed the committee's attention to coordination (or lack thereof) between the District and police and juvenile justice services. This focus was modified as the committee discussed what to do about drugs. The committee recognized that there are few important policy choices that do not carry program consequences, and that there are coordination issues with families and treatment agencies as well as correctional authorities.

The committee did not address the issue of staff drug use or the issue of staff or student tobacco use. Control of employee behavior raises very different legal questions from control of student behavior. Smoking is allowed by law and permitted under current District policy for both staff and students (in limited circumstances), and is an ideal topic for a separate District-wide initiative. The committee's sole concern, thus, was student alcohol and drug use. Although most of the discussion was phrased in terms of drugs other than alcohol (as is this report), the policies and suggestions set forth below are meant to include alcohol.

The committee's recommendations about drugs focus on what steps schools should take, not on other actions that can be taken by the Children Services Division, Juvenile Justice Division, families, churches, or treatment and other community agencies. This limitation in scope should not be interpreted as implying that public schools alone are responsible for solving or able to solve society's drug problem. Schools must do their part, and the committee's purpose was to clarify just what that part is. The District should encourage other institutions to take a careful look at the drug issue as well, and in a similar manner to consider changes that may increase their effectiveness.

Meetings and Issues

The committee met eleven times between February and August 1988. In the first meeting (February 8) the committee identified two separate interests of the District that relate to drugs. One is the District's educational interest in having its students free from drug involvement. The other is the District's territorial interest in having school grounds and school activities free from drugs. The committee felt that the violation of either of these interests is a basis for intervening in a student's life by altering the way the student is educated. It was advised by counsel that the District has the authority so to do.

In the second meeting (February 22) the committee developed a list of eight "problems" that the members wanted to discuss. These were: (1) the high number of students who become involved in drugs; (2) the low number of students whom schools identify as being possibly drug involved; (3) the still lower numbers of students who are assessed for drug involvement; (4) what schools should do when they confirm, through assessment or other means, that a student is involved in drugs; (5) the attrition between confirmed drug use and successful treatment; and (6)-(8) the lack of effective coordination with families, treatment agencies and correctional authorities in attacking the drug phenomenon. One meeting was devoted to each of these eight topics, and there was a final meeting in 1988 (August 17) in which committee members stated their personal recommendations.

During 1988 the committee met with:

Helen Richardson, Director, Mainstream Youth
Program, Chair, Portland Alcohol and Drug
Managers Association
Rick Boehm, Clinical Director, Kaiser Adolescent
Chemical Health Program
Bruce Edgerton, Pioneer Trail Treatment Center,

representing Addictions Treatment Association
Mac Lockett, Chief, Portland School Police
Carol Matarazzo, Vice-Principal, Benson High School
Hal Ogburn, Director, Juvenile Justice Division,
Multnomah County Department of Human Services

The first draft of the committee's report was prepared in March 1989. The committee met ten times thereafter to discuss it. Between June and October, the committee also solicited and received comments from the following categories of District staff:

Superintendent's Cabinet
Directors of Instruction
PAPSA Representatives Council
Instructional Programs Council
Alcohol and Drug Advisory Consortium
Steering Committee
Counseling Department Chairs
Alcohol and Drug Program Staff;

solicited and received comments from the following categories of interested citizens, including at a public hearing in September:

Local School and Cluster Advisory Committee
Neighborhood Associations
Parent/Teacher Associations
Budget Coordinating Committee
Portland Public School Youth Council
Community Organizations (City, County, et al.);

and met with the following specific members of the District's staff:

Vicky Barrows, Representative, PAT
Bonnie Brown, Counselor, Marshall High School
Peter Hamilton, Principal, West Sylvan Middle School
Ron Hudson, Vice Principal, Madison High School
Judy Lachenmeier, Director, Special Education
and Student Services
Bob O'Neill, Principal, Cleveland High School
Sue Parker, Principal, Kellogg Middle School
Jill Randall, Counselor, Beaumont Middle School
Ron Reilly, DOI, Roosevelt Cluster
Linda Simington, DOI, Grant Cluster
Judy Taylor, Representative, PAT

The committee met and agreed on its final recommendations on October 17, 1989. Its recommendations are all unanimous, and are listed at the conclusion of the different issue sections below. Recommendations arising from

the three "coordination" discussions (problems 6-8) are included in the recommendations for the student-oriented problems (problems 1-5) where they seem most relevant. Interesting suggestions that were not adopted, or which the committee feels need further study before adoption, are also noted. Suggestions with a budgetary impact are shown, and explained in Exhibit B.

Recommendations

A. PREVENTION.

Problem: Too Many School-Age Children
Become Involved in Drugs.

The general goal of prevention has two expressions-- how to encourage children not to become involved in drugs (interest 1 on page 2 above), and how to discourage those who are involved in drugs from bringing them to school or to a school activity (interest 2 on page 2 above).

According to a 1988 state wide survey, Portland area public school students are significantly involved in drugs. For example, 52.1 percent of eleventh grade students and 51.4 percent of eighth grade students reported that they had used alcohol within the past month; 5.4 percent of the eleventh graders and 1.4 percent of the eighth graders reported daily use. Marijuana was used monthly by 33.1 percent of the eleventh graders and 24.6 percent of the eighth graders; it was used daily by 6.4 percent of eleventh graders and 4.7 percent of eighth graders. Monthly use of cocaine was reported by 7.2 percent of the eleventh grade students and 4.4 percent of the eighth grade students; daily use was reported by 1.4 percent of eleventh graders.

The number of students who violate school district policies by bringing drugs onto campus or to school activities is much smaller. In 1986-87 there were 254 suspensions and three expulsions for policy violations relating to controlled substances other than tobacco. In 1987-88 there were 175 suspensions and two expulsions in this category.

The age of onset of drug involvement is critical. The longer first use or experience with drugs can be delayed, the shorter and less severe any eventual drug involvement tends to be.

The drug curriculum used in Portland public schools, "Here's Looking At You--2000," is the best available on the market. It is required at grades K, 2, 4, 5, 7, 8 and in high school health classes, but there are no standards for either hours or frequency of instruction. The curriculum, in this

sense, is optional even in the grades where it is required. The first year of district-wide implementation of Here's Looking At You--2000 was 1987-88. During that year at least 20 percent of the schools did not use the curriculum at some of the required grade levels. Those schools that were using the curriculum generally did not provide it systematically to all students. Concerns about implementation led to the purchase of additional materials during the 1988-89 school year and to programs to train staff in the use of Here's Looking At You--2000 materials. Under a recent regulation promulgated by the state Board of Education, every grade in every school must have a drug curriculum by September 1990.

Classroom instruction is rarely sufficient to deter a young person who is interested or being urged to experiment with drugs. Peer programs and a concerned adult--in plain English, the interest of a caring person with whom drug issues can be discussed--have been identified repeatedly as the most effective approaches to help young people keep or change their attitude and behavior.

The best persons to demonstrate that they care for a child by serving as role models and discussing drugs seriously are the members of a child's family. Currently under way is a state-wide initiative for parents called "Preparing for the Drug (Free) Years." This program is designed to provide parents, before the age when drug use is most likely to begin, with the skills to reduce the risk that their children will become involved. More than 870 parents from the Portland school district area participated in these workshops in April and May 1989. Another round of workshops began in October 1989.

Perhaps the next best persons to help a child decide wisely on drug issues are at school. The key individuals in this regard are the people students listen to. It is a statement of the times, and of the age, that in middle school and high school the peer group probably is the most effective vehicle for preventing drug use. For adolescents, the peer group is an extremely powerful socializing agent. School based peer programs attempt to identify the students who are viewed by their peers as naturally helpful and influential. These students are trained in communication, decision making and problem solving to enable them to help other students. Once trained, student leaders can address individual student problems (including but not limited to drug and alcohol use) and work together to improve school climate and change social norms.

At the present time there are Peer Helper programs in some District high schools and in some District middle schools. The funding base for some of these programs is not assured, and

the staff who sponsor them are not compensated for their extended responsibilities. These programs do not meet their full potential because the helper training occurs late in the school year and there is insufficient carryover into an ongoing school program. There is also virtually no coordination between Peer Helper groups in middle school and Peer Helper groups in high school. Technical assistance to the sponsoring staff, a predictable budget, and the development of standards defining district expectations related to these services are needed.

There are adults at school who also are natural leaders. Some staff are in a position to influence students because of their personality, others because they are associated with a voluntary high status activity. These persons include principals, the teachers who are selected as sponsors for Peer Helper programs, and high school coaches.

Deterrence strategies are an important part of any prevention program. Peer-based deterrence depends on social pressure. School-based deterrence depends on a specific calculation--the student's calculation of the risk of getting caught and punished. For deterrence to be effective, students must perceive that their school not only has a policy against drug activity but also the ability to detect it and the intention of punishing it. A combination of drug use policies, punishments and security measures, by limiting the circumstances under which drugs are available, can help to limit the number of students who initiate drug use.

Recommendations:

- Develop District standards for hours and frequency of instruction on drugs.
- Continue to provide staff support for the "Preparing for the Drug (Free) Years" project.
- Challenge parents of children in all grades, including elementary school, to form intentional drug-free activity groups--and support their efforts.
- Provide peer assistance programs in all middle schools and high schools. (\$124,178 annually).
- Provide drug training to all principals. (\$2,000 annually).
- Provide drug training to all high school coaches within three years. (\$31,470 annually for three years; \$10,490 annually thereafter).

- Improve the ability of school officials to detect alcohol and drugs that are brought on campus (see pp. 10-11 below).
- Enhance the penalties for violation of school drug policies (see pp. 11-15 below).

II. INTERVENTION.

Problem: Too Few Children Who Are Possibly Drug-Involved Are Identified

Problem: An Even Lesser Number of Suspected Students Are Assessed for Drug Involvement

The District presently pays the cost of assessing any child who it believes may be involved in drugs. Assessment services are delivered off campus by a contract provider in response to a referral by a school official.

Three things must occur before a child who appears to be drug-involved is assessed: (1) the school staff must identify the student as someone who needs assessment; (2) the student's parent, at a parent conference, must give permission for the student to be referred for assessment; and (3) the parent and the student must follow through with the assessment appointment. The two problems stated in the heading to this section are combined in this report because presently the District has no data on identifications that do not result in a referral, and no policy on identification or referrals that do not result in an assessment.

We do know that the rate of referral for drug assessment varies dramatically by school and year. During the 1988-1989 school year, the number of assessment referrals from high schools ranged from 9 to 44. The number of assessment referrals from middle schools ranged from zero to 27. In one middle school with zero referrals in 1987-88, the school staff actually recommended assessments for 15 children but none of the parents consented to the assessment. (Several parents indicated they would independently seek an assessment, but none confirmed that this had taken place.) In the district as a whole, there were 448 assessment referrals during the 1985-1986 school year, 367 referrals during the 1986-1987 school year, and 344 referrals during the 1987-1988 school year (a two-year drop of 23 percent). In 1988-89, assessment referrals increased to 405--a 12 percent increase over the number of referrals the prior year.

It is estimated that parents do not give consent in 24 percent of the cases where assessment is recommended. Of those families who consent to assessment, 27 percent (1988-1989) did not complete the assessment process.

The District has no regular or reliable means of determining the extent of student drug behavior. (The biennial state survey includes data from one District high school and two District middle schools.) Nonetheless, the committee believes that actual drug use is not as localized or volatile as the referral numbers suggest. Several factors may account for the unevenness. Parents in some schools may be more willing to consent to assessment. Students in some schools may have lower levels of use, or may have switched to drugs that are less easily identified or locations having fewer consequences. School staff differ in their ability to identify drug-affected students, their skill in confronting parents in obtaining consent for their service, and the amount of time they devote to this particular task. The last point is not surprising, as there is no extended responsibility compensation for drug referrals, and staffing ratios, particularly in the high schools, are extreme. A growing number of staff doubt that a referral will make a difference, citing lack of parental follow-through, lack of treatment resources, and lack of effectiveness of treatment.

Given the prevalence of drug use and the amount of District resources currently devoted to drug intervention, it is apparent that referral rates are highly sensitive to staffing. Changes in staff arrangements in 1988-89, which included the Roosevelt cluster program and the addition of .5 FTE for student services specialists in each middle school, probably account for last year's increase in the number of assessment referrals. The committee proposes adding .5 FTE to each high school for the related purposes of improving the rate and effectiveness of high school referrals, coordinating peer assistance programs, and coordinating and documenting parental and agency responses to students who need assessment. Providing guaranteed staff with specific drug and alcohol training and responsibility to all high schools is an expensive step. The committee is persuaded, however, that it is a necessary step to address the problems of low identification, referral and recovery rates.

Recommendations:

- Provide regular instruction, similar to that for child abuse, so all school building staff are trained to identify the symptoms of drug abuse. (\$500 annually)

- Identify one person at each school to whom all reports of suspected drug abuse are referred and who will be responsible, either personally or administratively, for all follow-up investigation and referrals. This person (and any staff he or she supervises) should be trained in working with students and parents to encourage them to complete a recommended assessment. (\$11,009 annually for training)
- Compensate elementary, middle and alternative school building staff for the extended responsibility of follow-up investigations and referrals for possible drug abuse and coordination of peer helper groups, and allocate .5 FTE to each high school for this function. (\$343,100 annually)
- Make a record of the reason why any recommended assessment does not take place by sending a registered letter to the student's parent. (The reason should be either parental refusal or student refusal.) Keep a record of these notices in the District's school and drug information system. (\$4,805 annually)
- Strictly enforce the provisions in District contracts that require assessment agencies to report whether a student who has been referred for assessment keeps the appointment.
- Within one year, develop guidelines for complying with existing child abuse legislation insofar as it requires District personnel to notify a child welfare agency of probable parental drug neglect.
- Automatically review a school's alcohol and drug identification system if the annual number of assessments reported is less than a threshold number. Initially, this figure should be 2 percent of high school enrollment and 1 percent of middle school enrollment.
- Conduct a periodic survey to determine the drug use patterns of District students. (\$3,500 every third year)

The committee's first two recommendations suggest an important division of labor. The function of identifying a child who may be in trouble (whether because of drugs or other reasons) can be distinguished from the function of

communicating with the child and the child's parents. All staff members should possess and use the first set of skills. The latter function properly belongs to a smaller group of counselors or at risk specialists.

In a few years the District will have the capability of identifying by computer those students whose behaviors (grades, attendance, declining PALT scores, etc.) are a warning flag of possible drug involvement. The committee does not support a budget allocation to accelerate this date, but urges the alcohol and drug office to monitor the development of District-wide information systems to ensure that they are compatible with possible use by at risk programs.

The committee considered but does not recommend any sanctions for a student who refuses to be assessed. Penalties should not be based on suspicion alone, even if the suspicion is well-founded. This conclusion is reinforced by the fact that some of the symptoms of drug involvement (drop in grades, absence from school, new peer groups) are also symptoms of other trauma (child abuse, divorce, depression), and by the fact that 49 percent of the District students who were assessed in 1988-89 were not recommended for drug treatment.

The committee also considered, but did not recommend, providing on-site assessment services at all middle schools and high schools. Assessments are not successful without the active involvement of parents. The committee concluded that if the school effectively chooses both the assessment site and contractor, the necessary parental "buy-in" will be lost.

Problem: School Officials Do Not Identify All
the Drugs That Are Brought on Campus

The District has no data or even an estimate on the amount of drugs that are brought to school that are never found. It is safe to assume, however, that school officials do not find all of the drugs that are brought on campus, nor are they aware of all of the drug activity that occurs at school.

The ability to possess, deliver and use drugs on campus is directly related to the ability to conceal them. District policies with respect to spaces provided to students are important, because they affect the District's right to inspect those spaces. The number of locations where drugs can be concealed means that any substantial reliance on visual searches by school personnel is not at all cost-effective.

Local law enforcement authorities have offered the District the use of dogs that are specially trained to detect the presence of certain drugs by smell. One "sniffer" dog can rapidly cover the entire premises of a school.

Recommendations:

- Revise district policies regarding student spaces to clarify that there is no expectation of privacy with respect to any school-provided space. This includes but is not limited to all lockers, desks and parking spaces.
- Use a trained dog to assist in detecting the presence of drugs in or on school property.

Some school districts require students to pass a urinalysis test for drugs before they can participate in athletics. Although allowed by law in certain circumstances, the committee recommends against the use of invasive searches such as urinalysis to detect whether students who have not violated any District policy are using drugs. The committee also recommends against the use of a sniffer dog for noninvasive examinations to determine whether students are carrying drugs on their persons. The committee believes that further consideration should be given to the law, policy and need for such measures before they are implemented.

Problem: Current Sanctions for Documented Drug Activity Are Flawed

An ideal response to student drug involvement would accomplish three things: affect the student sufficiently so he or she understood that the behavior was unacceptable and would be unlikely to repeat it (punishment); help the student realize the seriousness of the behavior and reorient his or her life in a positive way (treatment); and keep the student in a setting where he or she could continue to make academic progress (schooling).

Current District policies applicable to cases of documented drug activity are set forth in the Student Rights and Responsibilities Handbook and Department of Athletics regulation (Exhibit C). Under these policies it is difficult, if not impossible, to serve the three desired ends simultaneously. Suspension from school--a frequent punishment--does not satisfy either the treatment goal or the schooling goal; it may not even serve the punishment goal, as some students would like nothing better than to get out of class. Suspension, with a condition of reinstatement that the student attend a drug education program, combines elements of punishment and treatment; nevertheless, it does not address the student's academic progress. Finally, giving the student the opportunity to attend a drug education program in lieu of suspension meets the goals of schooling and treatment, but not really that of punishment. Representatives of treatment

agencies advised the committee of the correctional importance of an immediate tangible impact. Nothing has really changed for a student if the student can continue to come to the same school, associate with the same friends and participate in the same activities.

At the present time the District clearly prohibits student activity involving drugs. It does not, however, clearly spell out the consequences of drug activity. The range of possible sanctions, and the resulting discretion of administrators, is so great that the simple message that drugs are not acceptable is in danger of being lost--lost not only with respect to students, but also with respect to the public.

A model of response to documented drug use that combines all three elements of punishment, treatment and schooling is the "Reach" project of the Anchorage school system (40,000 students). Under this program, the student is removed from the student's regular school and educated at a special site using a curriculum with a heavy component of drug education in every case of documented drug activity. The length of alternative site education is graduated according to whether the drug activity is a first or repeated offense and whether the offense is one of delivery or a less serious act. If the drug activity persists, the student ultimately is expelled from the student's regular school and may return only if the student participates in a therapy program, provides urinalysis and counselor proof that the student is off drugs, and agrees to continued urinalysis for one year.

The Anchorage system has proven relatively successful in five years' experience. Reach staff report that only 10-15 percent of their students are expelled from their program and never return. (Expelled students can earn their way back into Reach through community service.) The recidivism rate of those who complete the program is less than 10 percent. These indicators compare favorably to traditional treatment responses to adolescent drug problems.

The committee believes that a modified version of the Reach program would be successful in Portland. Testimony from front-line staff and administrators indicated that students who are involved in the use or possession of drugs for the first time can, and should, be allowed to remain in their regular school rather than attend a program of instruction at another site for five days. Part of the reason for this modification of the Reach program is purely logistical. Part is the District's success to date with Chemical Insight classes and the committee's confidence that parents and students, either voluntarily or by court order, will in fact attend these classes.

Not all drug activity affects the educational and territorial interests of the District. Drug activity can invade both, one or none of these interests. Drug activity that occurs on campus affects both interests. Drug activity that is off campus, but which affects either a school's ability to conduct its programs or a student's ability to benefit from them, impinges on the educational interests of the school. Off campus drug activity that has no demonstrable educational effect is illegal, but arguably it is not within the proper sphere of District concern.

Current District policy implicitly recognizes the two interests of the District described above. Drug activity while a student is "under the jurisdiction" of a school may result in penalties including expulsion. Drug activity while a student is not under a school's jurisdiction, but which has an effect on a student's school activities (in athletics, for example), may result in suspension of the student's right to participate in the activity where the effect appears.

Parents of District students are contacted and involved throughout the process whenever there is a violation of the District's discipline code. The police and Juvenile Justice Division generally are not contacted, however, unless large amounts of drugs are involved or dealing is suspected. As a result, when a correctional referral eventually is made, juvenile authorities frequently are often not aware of the student's past record of drug activity.

Recommendations:

- Revise District policies to require that all violations of alcohol and drug laws be reported to school police and the Juvenile Justice Division of the Multnomah County Department of Human Services, and maintain a record of the response or action taken by these authorities as a result of such reports. (\$19,086 annually)
- Revise District policies to clarify that any student drug activity that occurs on school premises or at a school activity, or that otherwise impairs the District's ability to educate the involved student or other students, is prohibited. In this regard, it should be stated that the District views off-campus drug activity that occurs during school hours as automatically impairing the District's ability to educate the involved student(s).
- Revise District policies to provide that the District will accept, as proof of student drug

activity, not only a determination of its staff following a due process hearing but also a determination of a juvenile court following a due process hearing.

- Develop a program similar to that of the Anchorage school system for students who engage in documented alcohol and drug activity that violates District policies. Under this program,
 - a. The determination of whether a District policy has been violated should be made as soon as possible, preferably within two school days.
 - b. Upon a first offense of possession or use, a student and the student's parent or guardian will be given a choice: either the student and parent/guardian attend a Chemical Insight class involving four sessions which must be completed within four weeks, or the student undergoes a drug assessment (with parental consent and participation) and follows its resulting recommendations. If the student and parent/guardian do neither, i.e., if they fail to choose or fail to complete the chosen procedure, then the District will ask the juvenile court to order the parents and student to attend the Chemical Insight class and to use its powers to ensure compliance. (\$13,603 annually)
 - c. Upon a second offense of possession or use within a three-year period or a first offense of delivery, a student will be transferred from the student's regular school to another campus, to be known as "Innerchange," for the remainder of the semester or 45 calendar days, whichever is greater, to enable the student to attend classes with further emphasis on drug education and a required parent/guardian conference prior to readmission. During this time the student will not be permitted to participate in any extracurricular activities (including any graduation ceremonies) of the student's previous school. The Innerchange teachers will be responsible for the student's academic assignments.

- d. Upon a third offense of possession or use or a second offense of delivery within a three-year period, a student will be expelled from the student's regular school and provided an education at an alternative school (not Innerchange) at the District's expense. The student may return to the student's regular school only if the student participates in a therapy program (not at District expense), provides urinalysis and a counselor statement that the student is off drugs, and agrees to continued urinalysis for one year.
- e. Elementary school students will be subject to the policies outlined above, but will receive individual counseling at the Innerchange site completely separate from middle and high school students. (\$98,050 annually)

The committee is opposed to any sanctions for drug activity that is disclosed in the course of a voluntary assessment or a student self-referral. If the origin of information about a student or of a student's treatment has been a nonadversarial conference between the student and school or assessment personnel, sanctions would be inconsistent with that confidence.

Issue: There is Great Attrition Between the Number of Students Recommended for Services of Alcohol and Drug Problems and the Number for Whom These Services are Successful.

Approximately 51 percent of assessed students are recommended for treatment. Attrition occurs at every stage thereafter. An estimated 60 percent of assessed students for whom treatment is recommended do not enter treatment. An estimated 70 percent of students who enter treatment programs fail to complete them successfully. Of those students who complete treatment, many are known to relapse.

A number of factors contribute to this attrition. Most students who use alcohol and other drugs want to continue their use. They have not yet experienced enough negative consequences to cause them to change their behavior or seek help for their problem. Some parents deny that their child has a drug problem. Some parents are reluctant to seek help for an identified alcohol or drug problem because other family members are also involved. Finally, treatment costs money, and may be inconvenient. Students generally are unwilling to travel any distance to participate in outpatient treatment. Current

insurance covers a portion but not all of the cost. Low income families are eligible for state and county funded programs which may be free to the client or charge on a sliding scale. However, the majority of publicly-funded treatment resources are for outpatient services, and, without a court order, students frequently do not attend these programs consistently enough to benefit.

Currently, a treatment program funded by the state Alcohol and Drug Programs office is available at Vocational Village Alternative School. It may be possible to place treatment services at other schools during the regular school day or at other times, but the committee has not conducted an inventory of space or resources available for this purpose.

Recommendations:

- Revise the penalties for documented drug activity as described above, in order to increase incentives to continue with treatment.
- Urge local businesses to provide employee insurance that includes the cost of drug and alcohol treatment for family members. A report on the results of this effort should be made within one year.
- Explore the possibility of obtaining insurance for the costs of assessment and treatment for all District students, and funding the insurance through state or county sources. A report on the results of this effort should be made within one year.
- Permit the placement of treatment services at school facilities if space is available and if the presence of the treatment program does not interfere with the primary mission of the school. In any such case the District should provide space only; funding must be provided by another agency.

Overview

The committee views drug and alcohol issues as a subset of at-risk issues. Ultimately, what the District does about alcohol and drug identification and advocacy should be a part of what the District does about at-risk kids. If and when there are specific resources devoted to at-risk children, these should be combined with the alcohol and drug program. There should not be parallel systems of authority, responsibility and staffing.

In discussing how to get kids to drug services, the committee was reminded that the solution may be to get drug services to kids. Schools have the potential of becoming the site for delivery of most of the important services school-age children need--services that are far beyond what can be considered education. At the present time, this observation is made more as a prediction than a recommendation. It certainly is not the recommendation of the committee that the District undertake to provide noneducational services with its own resources. The fact remains, however, that the school is the most logical site for finding a child, the most cost efficient site for delivering services to groups of similar children, and the organ of authority outside the family that probably can exert the most leverage in persuading a child to accept services.

The committee subscribes to the Board's mission statement that the primary function of the District is to educate. "Education" is a term more characteristic of drug prevention than drug intervention. The core function which the District must do well is to teach effectively about drugs through the use of highly trained instructors and the best available curriculum. For this reason it is not only appropriate, but also apparently cost effective, for the District to put more resources into prevention than intervention.

Having said this, it is also clear what the District's role in intervention can be. The social institutions that customarily have taken care of a child's nonacademic needs--the family, church and neighborhood--have become less effective in doing so. If government must intervene, then the organ of government best situated to suggest when and how this should happen probably is the school. School offers a window into a child's life. Teachers are trained in developmental issues. Teachers see a child more often and more regularly than any other agency, and sometimes, more often than any parent. School districts should but do not receive resources from general governmental agencies to look out for the general welfare of a child. Nevertheless, given its critical importance, this is a function which schools should attempt to perform within their available resources. Identifying when a child is in trouble, who should look into the matter, and whether that other responsible person or institution has done so are the characteristics of an institution that advocates for children.

Exhibit B
Budgetary Impact
(1989-90 costs)

PREPARING FOR THE DRUG (FREE) YEARS

Staff (.5 FTE), training of workshop leaders and other costs are funded by the federal Drug Free Schools grant.

PEER ASSISTANCE

STAFF

Specialist (.5 FTE)	\$ 15,000	
Fringe @ 39.32%	5,898	
Middle School and Alternative School Coordinators		
21 schools @ \$762 (4% extended responsibility)	16,002	
Fringe @ 26.62%	4,260	
High School Coordinators		
(duties will be assumed by .5 FTE described in Referral section of budget)		\$ 41,160

TRAINING (2 day retreat)

Lodging, food, transportation		
(31 schools @ \$1450)	44,950	
Trainer (31 schools @ \$550)	17,050	
Substitutes for staff who attend		
3 subs (\$113/day) for 2 days for 31 schools	21,018	\$ 83,018

TOTAL, PEER ASSISTANCE: \$ 124,178

TRAINING FOR PRINCIPALS

Trainer, materials, food	2,000	\$ 2,000
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TOTAL, PRINCIPALS' TRAINING: \$ 2,000

TRAINING FOR COACHES

(Estimated number of coaches = 350 -- not all are full-time district employees)

FIRST THREE YEARS -- train 120 per year

Trainer--\$600 per training of 40 for 3 trainings	1,800	
Food, Materials, Space: \$850/training		
for 3 trainings	2,550	
Substitutes (\$113/day for 2 days)	27,120	\$ 31,470

ONGOING TRAINING (4th year and beyond) -- train 40 per year

(Annual turnover of coaching staff = 15%-20%)		
1 training per year	10,490	(\$ 10,490)

TOTAL, TRAINING FOR COACHES: \$ 31,470

REGULAR STAFF INSERVICE

VIDEO PRODUCTION

(Narrator, special effects, blank tape, etc.--
major production costs absorbed by TVS) 500

SYSTEM FOR DELIVERY

(Assumes it will be included as part of
Child Abuse Training) NC \$ 500

TOTAL, REGULAR STAFF INSERVICE:

\$ 500

REFERRAL

(Number of schools, alternative schools, special programs, etc. = 96)

TRAINING (1 day)

Training Costs (food, materials, space) 500
Substitutes (\$113/day for 93 schools/programs) 10,509 \$ 11,009

EXTENDED RESPONSIBILITY

Elementary and K-8

(61 schools @ 2%-5% [2% + 1% for each 200 students])

Salary 42,466
Fringe @ 26.62% 11,304 \$ 53,770

Middle Schools

(17 schools @ 6%-8% [5% + 1% for each 200 students])

Salary 24,370
Fringe @ 26.62% 6,487 \$ 30,857

Alternative Schools and CEG

(5 schools @ 6%-8% [6% + 1% for each 200 students])

Salary 6,091
Fringe @ 26.62% 1,621 \$ 7,712

STAFF (These staff will also coordinate High School Peer Assistance Programs)

High School (.5 FTE, 200 day work year, 10 schools)

Salary (\$18,400/school) 184,000

Fringe (assumes individual is full time
district employee with another program
paying half Health & Welfare) 66,761 \$ 250,761

TOTAL, REFERRAL:

\$ 354,109

LETTERS TO PARENTS WHO REFUSE ASSESSMENTS

(Assumes 600 attempts to refer for assessment, 144 (24%) refused consent,
109 (24%) fail to complete, or 253 letters per year.)

Postage @ \$4.50/letter (registered mail) 1,139 \$ 1,139

TOTAL, LETTERS TO PARENTS WHO REFUSE ASSESSMENTS:

\$ 1,139

DRUG SURVEY (every three years)

(Assumes technical assistance and support from Research and Evaluation Department)

Printing, data analysis, etc. 3,500 \$ 3,500

TOTAL, DRUG SURVEY:

\$ 3,500

SNIFFER DOG

No initial cost. The dog and trainer would be loaned to the District.

SCHOOL POLICE/JUSTICE NOTIFICATION OF EVERY DRUG INCIDENT

(Project 371 drug violations including offenses which this year would result in suspension/expulsion, in referral to an alternative program, and/or offenses in which drug and alcohol is a secondary (but not primary) cause for discipline.)

School notification of school police

NC

Police costs (police report, arrest, transportation,
disposal of drugs, notification of court,
record keeping)

2.5 hours per incident

Salary (\$14.77/hour)

13,699

Fringe (39.32%)

5,387

\$ 19,086

TOTAL, SCHOOL POLICE/JUSTICE NOTIFICATION:

\$ 19,086

CHEMICAL INSIGHT CLASS (4 sessions for student and parent)

(Project 371 drug violations, 315 (85%) will choose Chemical Insight)

Facilitators (140 sessions, 18 parents and
students per session @ \$45)

6,300

Supplies (140 sessions @ \$8.50)

1,190

Transportation

150

\$ 7,640

(Bus tickets for students/parents
who request assistance)

TOTAL, CHEMICAL INSIGHT CLASS:

\$ 7,640

ASSESSMENTS

(Project 371 drug violations, 56 (15%) will choose assessment. Also improved process for voluntary assessment referrals will result in a projected increase of 50 assessments for a total increase of 106 assessments.)

Assessments (106 at \$56.25)

5,963

\$ 5,963

TOTAL, ASSESSMENTS:

\$ 5,963

INNERCHANGE

(Project 42 (drug violation primary) and 11 (drug violation secondary) second offenses first year of the program. Other things equal, the costs for this program will increase each year for three years because we will count second offenses which occur within a three year period.)

53 students @ \$1,850/semester

98,050

\$ 98,050

TOTAL, INNERCHANGE:

\$ 98,050

CENTRAL COORDINATION AND SUPPORT

(The Alcohol and Drug Office is currently staffed with 1 coordinator, 1 specialist (funded with federal Drug Free Schools grant) and 1.5 secretaries assigned to general coordination, support and monitoring functions. The elements of the Ad Hoc Committee proposal which will require increased Alcohol and Drug Office support include:

- Development of standards for hours and frequency of instruction.
- Challenging parents in drug prevention.
- Development of training for principals, coaches and all staff (identification and referral).
- Increased support of assessment referral system through training, monitoring and technical assistance to schools which do not meet referral standard, production of registered letters to be sent when assessments do not occur.
- Development of child abuse guidelines.
- Coordination of survey (in cooperation with Research and Evaluation Department).
- Monitoring of Innerchange program.
- Expansion of relationships and agreements with Multnomah County Juvenile Justice Division, Multnomah County Alcohol and Drug Programs Office and the Children's Services Division.
- Working to increase employee insurance provided by local businesses.
- Investigating the possibility of insurance covering assessment and treatment costs for all students.
- Pursuit of federal funding opportunities.)

Specialist (1.0 FTE)	35,000	
Fringe (26.62% plus \$3,556 H&W)	12,873	
Secretary (1.0 FTE)	17,500	
Fringe (26.62% plus \$3,556 H&W)	8,215	<u>\$ 73,588</u>

~~TOTAL, CENTRAL COORDINATION AND SUPPORT: \$ 73,588~~

SUBTOTAL COST, EXHIBIT B: \$ 731,713

OFFSET BY: \$ 658,125

High School mini-grant reduction from \$7400 to \$1500	59,000	
Federal Drug Free Schools grant support of Chemical Insight program	4,166	<u>\$ 63,166</u>
(this grant also funds coordination, secretarial support, etc. for the Chemical Insight Class; however, these costs were not reflected in the Board Ad Hoc budget projection.)		

TOTAL, OFFSET: \$ 63,166

GRAND TOTAL COST*, EXHIBIT B: \$ 668,057

* Estimates are based on 1989-90 salary and fringe rates \$594,959

Revised 10/25/89