

2011 SENATE APPROPRIATIONS

SB 2314

# 2011 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2314  
01-31-2011  
Job 13665

☐ Conference Committee

Committee Clerk Signature

*Alice Rulzer*

### Explanation or reason for introduction of bill/resolution:

An Appropriation to DPI for drug-free schools program grants and to DHS for drug-free school efforts.

### Minutes:

See attached testimony.

**Chairman Holmberg**, called the committee to order on Monday, January 31, 2011 at 9:00 am in reference to SB 2314. Roll call was taken. All committee members were present except V. Chair Grindberg. Becky J. Keller, Legislative Council and Joe Morrisette, OMB were present.

Senator Robinson, District 24, Valley City introduced the Bill to the committee. The bill addresses the issue of funding for prevention and intervention programs for alcohol and drug abuse. The first section is for 1.5 million dollars from Appropriations; the federal government reduced or removed those dollars and the DPI budget 2013 for drug free schools. Section 2 is a appropriation to the Governor's provision on the advisory task force, I serve on this, as do others that are here today.

**Representative Lee Kaldor, District 20:** I am here on behalf of SB 2314. What I want to address, is this effort that is necessary in the State of North Dakota relating to increasing our literacy regarding the effects of alcohol abuse on our State and health care system. They want to maintain a positive program. He said that the Governor's Advisory Council was one of the vehicles that could provide grants to organizations across the State. We have made strides, but we have a long way to go. Whatever we can do to help we do lose some funding for drug free schools, we are trying to replace that.

**Senator Kilzer:** Is it correct that the Governor's Advisory Council is in favor, but did not put it in the executive budget?

**Representative Kaldor:** We met with the Governor on this issue and he was very supportive, he seemed very willing to work with us. It is not in the executive budget.

**Senator Murphy, District 20:** I have come to support SB 2314. As an educator, I wish to add my pleas for the passage of this bill. Our State has statistics that don't match up with

other States; the money will help dedicated people deliver some hope. Thank you for your dedication for the youth of our state.

**Senator Fischer:** As a professional educator, where are we failing, as far as children with excessive drinking?

**Senator Murphy:** It can be attributed to a lot of different causes; it is pervasive and is not an easy fix. We need to try.

**Valerie Fischer, Director of School Health and Director of Adult Education for DPI:** testified in favor of SB 2314. Testimony attached # 1. Included in her written testimony was a statement from Steve Swiontek, Superintendent of Devils Lake Public Schools in support of SB 2314. Also included is a copy of an email from Jody Thompson, Assistant Superintendent of the Grand Forks Public Schools in support of SB 2314. Also an email from Dr. Viola LaFontaine, Superintendent of Williston Public Schools and current President of the ND Study Council and her testimony in support of SB 2314. There is also a letter of support from the North Dakota School Counselor Association.

**Senator Christmann,** you said we are losing a million and a half of annual funding and this would provide a million and a half for a two year period. Was it the intention to get by with half as much or is one of these a mistake?

**Valerie:** No you are correct. She said that there annual funding was 1.5 million dollars and this appropriations is 1.5 for the biennium. I would not object if that number was changed and could match. We will do what we can with the money appropriated.

**Senator Christmann:** How long were you getting the 1.5 million a year?

**Valerie:** Since 1991 or 1992 and at that time it was an annual allocation of 3.1 million and it has decreased to its current 1.5 million and now zero.

**V. Chair Bowman:** You have been in this for quite a few years does the data show that we are reducing the drug and alcohol use or does it show we are not making any difference. It is a sad thing that this becomes an important part of young kids' lives.

**Valerie:** The data shows a multitude of things. Prevention is hard to measure because you are measuring what doesn't happen. We look at a variety of different triggers in the data and they try to look at in locally as well as Statewide. Statewide our numbers are holding steady. We are no longer the first for under aged drinking we are now tied for 1<sup>st</sup> place in the nation with several other states. Prevention efforts need to be continuous and comprehensive. It has to be school, law enforced and community and the numbers continue to show we do make a bit of difference.

**V. Chair Bowman:** That was my point, if you made the difference, then it is worth the investment but if the data doesn't show you are making a difference it is time to look at something else. We are all in this to solve this problem. He said he felt it had to do a lot with what happens at home. He said to look at the parents, if they don't set a good example, you can't blame the kids. He said he doesn't know if enough money can be put

into this to ever solve the problem. You hope and pray that the kids see the light before it is to late.

**Senator Kilzer:** Is this your only source of funding, are you going to have to close your department of safe schools, drugs and bullying or do you have other grants that you have been also been receiving/

**Valerie:** We will not receive any federal funds and it won't reduce our staffing at this time.

**Senator Kilzer:** If you are going to keep your staff, what other funds do you receive?

**Valerie:** I have some funding on adult education that allows me to do both positions.

**Senator Kilzer:** You can use adult education funds for safe schools and things like that?

**Valerie:** We have a small amount of fund we can use when we do the work on the safe school side.

**Senator Erbele:** Have you ever sought any funding from tobacco settlement dollars, would that be an option for funding? Seems it would be a match.

**Valerie:** I would not be opposed to receiving tobacco funds at this time she wasn't feeling equal to ask for a share of that.

**Senator Robinson:** We became aware of the federal funds reduction for a drug fee schools and we tried to regroup as a member of the Governors prevention and advisory task force. He shared the name of the others on the task force. They have discussed this and don't know where else they could go for this. There was a discussion that in several other states they take the percentage of alcohol tax that goes to the general fund and fund these programs. He said visiting with other legislators it was not met with much enthusiasm, ear marking tax dollars. They are trying to find some balance and some support for co sponsors, they came up with this package, 1.5 to DPI and then 500,000 in prevention task force, the two working together. It would not be as much money as they had, but still a strong program. The task force was put into place, to coordinate all the agencies, try to get the most mileage for our investment. That is why we are at 1.5 plus the five.

**Dr. John Salwei, Superintendent of Bismarck Public Schools** testified in favor of SB 2014 Testimony attached # 2. He stated that with the loss of federal funds the district is no longer able to support the programs listed in the testimony. In this testimony is a statement from each of the below listed district administrators: Principal Keith Bjornson, SCHS; Principal Ken Erickson, BHS, concerned about prescription drugs, Principal Steve Madler, CHS, shared what is most alarming

**Beth Ryan, Senior of Ray Highs School, Students Against Destructive Decisions.** Testimony attached # 3. Knowledge and skills, what kids learn as they are younger, with the 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> graders.

**V. Chair Bowman:** It is sad because in the small communities so many parents buy the alcohol for the kids. If we had a \$10,000 fine for doing this, we try to tell them right from wrong, but if the fine was steep enough, would that slow this down?

**Beth:** Putting money towards enforcing that, how would you find that and prove that. With their program, reality- check, they try to get the students to have strong enough values to not ask their parents to buy them alcohol. The attitude teens and adults are changed with SADD, when they see teens standing up, they tend to take notice and change their attitudes as well. Slowly it has been proven that the attitude is changing.

**Carrie Sandstrom, Junior at CHS member of SADD:** It is a life style choice. In SADD we spread a message. She testified in favor of SB 2314. Testimony attached # 4.

**Lee Erickson, ND Coordinator for the SADD:** I've been with the program since 1999, it has grown from 5 chapters to 70 right now. He testified in favor of SB Testimony attached # 5, Handout- Shoveling it Up II, Handout ND Dept of Human Services allocations, strengthening Youth Policy.

**Senator Wanzek:** I don't doubt anything that has been said but why have the feds cut all the funding?

**Lee:** SADD has never received any federal money. It is not a novel concept for States to use some of their own dollars for prevention. It was mentioned earlier about allocating some of the alcohol tax revenue. There are currently twenty states doing that, up to fifty percent. This two million for the biennium, allocates out to roughly fifteen percent.

**Bruce Wolf, Counselor at Beulah Schools** testified in favor of SB 2314 and Testimony attached # 6.

**Doug Johnson, Director for the North Dakota Council of Educational Leaders** testified in favor of SB 2314. He said he would like to see the committee consider is that there might need to be some monies, for administration of this, maybe five percent.

**Chairman Holmberg** closed the hearing on SB 2314.

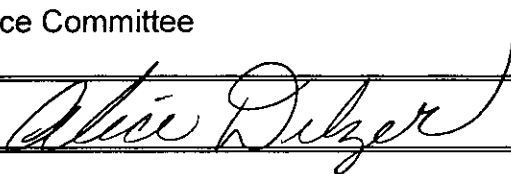
# 2011 SENATE STANDING COMMITTEE MINUTES

## Senate Appropriations Committee Harvest Room, State Capitol

SB 2314  
02-16-2011  
Job # 14627

☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

Drug-free schools program grants.

### Minutes:

You may make reference to "attached testimony."

**Chairman Holmberg** called the committee to order in reference to SB 2314.

**Senator Robinson** explained there has been a reduction of federal funds for drug-free schools. That money is gone. We had discussion in committee as a member of the governor's Drug Provision Task Force. I felt that it is a mistake for us not to fund this program. Therein is the rationale behind the bill. We elected to propose funding that drug and alcohol free schools at half of what they were getting. \$1.5 million. They were getting \$3 million for the biennium. The proposal in 2314 was to fund it at \$1.5 and then there was another section to add \$500,000 to the governor's Prevention Advisory Task Force. I need to remind the committee that task force has been receiving \$100,000 for the last several years. There is a \$100,000 for the drug task force in Human Services in the governor's package. They have done a lot of great things. To make a long story short, realizing this Bill is going to go down because of the funding I met with the chairman of the committee and we are proposing that once the current Bill is going to be amended to provide \$200,000 of funding to the Drug Task Force so that will give that organization, should the \$100,000 remain in DHS, \$300,000 for the biennium and what they do is to provide grants to organizations such as SADD, that's the amendment. \$200,000 for the governor's Task Force.

**Senator Robinson moved the Amendment #11.0750.01001. Seconded by Senator O'Connell.**

**Chairman Holmberg:** Would you call the roll on the Amendment to reduce it to \$200,000 and the money go for the Task Force. That removes the question that a lot of people had that we were putting money into program that was a federal program that the feds had quit. We were not taking over a federal program.

**Senator Robinson** I have heard from school districts that have used this money in a variety of ways. Some with bullying, some with educational conferences and so on. I know the Medora conferences when they brought teachers in part of the funding was there so they could go back and work these programs. There is a multitude of uses that school districts across the

state used that money for. **A Roll Call vote was taken on the Amendment. Yea: 12 Nay: 0 Absent: 1. Motion passed.**

**Chairman Holmberg:** Can we have a motion on the Bill?

**Senator Robinson moved Do Pass as Amended. Seconded by Senator Wardner;**

**Chairman Holmberg:** Would you call the roll on a **Do Pass as Amended. A Roll Call vote was taken. Yea:12 Nay: 0 Absent 1. Senator Robinson will carry the bill.**

The hearing was closed on SB 2314.

11.0750.01001  
Title.

Prepared by the Legislative Council staff for  
Senator Robinson  
February 16, 2011

*adopted 2-16-11*

PROPOSED AMENDMENTS TO SENATE BILL NO. 2314

Page 1, line 2, remove "drug-free schools program"

Page 1, line 2, remove "and to the department of human services for drug-free"

Page 1, line 3, replace "schools efforts" with "to the prevention advisory task force"

Page 1, line 6, replace "\$1,500,000" with "\$200,000"

Page 1, line 8, remove "school districts to implement risk behavior prevention and intervention"

Page 1, line 9, replace "programs" with "the prevention advisory task force"

Page 1, remove lines 10 through 14

Renumber accordingly

*\$200K for task force*



Date: 2-16-11  
Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2314

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.0750.01001

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment  
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Robinson Seconded By O'Connell

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Warner	✓	
Senator Bowman	✓		Senator O'Connell	✓	
Senator Grindberg	✓		Senator Robinson	✓	
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 12 No

Absent 1

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 2-16-11  
Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2314

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment  
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Robinson Seconded By Wardner

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Warner	✓	
Senator Bowman	✓		Senator O'Connell	✓	
Senator Grindberg <sup>A</sup>			Senator Robinson	✓	
Senator Christmann	✓				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment Robinson

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2314: Appropriations Committee (Sen. Holmberg, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2314 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "drug-free schools program"

Page 1, line 2, remove "and to the department of human services for drug-free"

Page 1, line 3, replace "schools efforts" with "to the prevention advisory task force"

Page 1, line 6, replace "\$1,500,000" with "\$200,000"

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Page 1, line 9, replace "programs" with "the prevention advisory task force"

Page 1, remove lines 10 through 14

Renumber accordingly

**2011 HOUSE APPROPRIATIONS**

**SB 2314**

# 2011 HOUSE STANDING COMMITTEE MINUTES

## House Appropriations Committee Roughrider Room, State Capitol

SB 2314  
3/10/11  
15286

☐ Conference Committee

Committee Clerk Signature

*Meredit Trailholt*

### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the superintendent of public instruction for grants to the prevention advisory task force.

### Minutes:

You may make reference to "attached testimony."

**Chairman Delzer:** Representative Dahl, would you care to go through the flowchart from Legislative Council?

**Representative Dahl:** See attachment 1. Sometimes it is helpful to step back and look at the big picture as we go through the budget process. It's relatively simple and since you are pretty familiar with a lot of these funds, it's pretty easy to understand. Thank you to the Council for providing this to us.

**Chairman Delzer:** Questions or comments? I'm sure LC and OMB would be more than glad to go over it with you if you have any. We'll open the hearing on SB 2314, and the title was read.

**Senator Larry Robinson, District 24:** This is to respond to a serious need in the state of ND regarding drug and alcohol abuse among our young population statewide. Several years ago we put in place the governor's prevention advisory task force. There was concern that we had a lot of efforts fragmented across the state, and that we lacked coordination to address this issue of substance abuse, there was duplication, voids in coverage, and the result was the task force. I've been fortunate to have served on that task force for the last few years. For the current biennium, the task force had \$100,000, and I believe the funding was in the Department of Human Services (DHS) budget. We worked aggressively to be good stewards with those dollars, and we contracted out with organizations to do anything and everything they could in terms of best practices in the area of substance abuse. One of grants went to the ND SADD chapter, and Lee Erickson will be testifying later. The effort has made an impact. If you look at the statistics in this area, ND does not fare well. Much of it ties to our culture, and a way of life we've had here for a long long time. To suggest the funding in this bill will resolve things overnight would not be an accurate statement. We are at a critical juncture with substance abuse in ND. For a number of years, the Department of Public Instruction (DPI) budget has had a Drug Free Schools line item. That particular line item included \$3 million in federal funds for the

biennium. Those monies have been around for some time, and public schools use the dollars in a variety of ways, with efforts centered on substance abuse education, awareness, prevention, and intervention. Those dollars are gone. To respond to the absence of that money, we put together a bill that included a proposal for \$1.5 million, initially thinking we would direct money to the department and provide some dollars for additional funding for the prevention advisory task force. On the Senate side the funding was reduced to \$200,000. The initial bill had two parts, one to DPI, and one to the task force. We wanted to tie the two together to prevent confusion. In the DHS budget, there is \$100,000 for the prevention advisory task force, which is level funding for where we are this biennium. The intent of this bill is to add \$200,000 to their funding. This is a very serious issue.

**Chairman Delzer:** I have a few procedural questions for you. The Senate had the DPI and DHS budgets in the first half. Did you make any attempts to do any additions within those budgets?

**Senator Robinson:** In SB 2314, we had the two parts for the funding, because we wanted to keep this money together. We didn't want to confuse the issue by funding part of it in one budget, part in another. There was not support on our side at the time to replace federal funds.

**Chairman Delzer:** It looks like the amendment on the bill was offered by you. Was that an effort just to keep the bill alive?

**Senator Robinson:** No, I think the feeling was that we want to keep the funding level at the minimum, and then see where we are in the second half. The amendment was done in committee, not on the floor. The governor was surprised to learn this was an area that had fallen through the cracks.

**Chairman Delzer:** Questions by the committee?

**Representative Kaldor:** I would like to present an amendment, .02001, see attachment 2, which would restore section 2 from the original Senate bill. This would put money in the prevention advisory council. This is not specific to SADD, it could go to other entities as the council sees fit. As you look at the sponsors of this legislation, you will see three of them are District 20. There is a strong reason we were so willing to step on board with this. Lee Erickson lost his daughter when she was 16 years old to a drunk driver. At the time I was serving on the Hillsboro School Board, and I knew the family. He has committed his life outside of work to this cause, and almost single-handedly developed a SADD organization in ND that spans the entire state. This is a very important issue, and there has already been discussion of it on the floor from other legislators, relating to other bills. We had a very good meeting with the governor on this issue. I understand procedurally what we may do is seek to amend the DHS or DPI budget, and I am prepared to do that, but I think it is very important that this bill have a hearing in the House, and I am glad we have this opportunity today.

**Representative Skarphol:** When did you meet with the governor?

**Representative Kaldor:** We met with the governor early in the session, around the deadline for house bill introduction.

**Representative Skarphol:** Did you ask him why it wasn't included in the budget?

**Representative Kaldor:** We didn't talk about why this wasn't included in the budget, but we did talk about the issue.

**Chairman Delzer:** Further questions? Further testimony in support of SB 2314?

**Lee Erickson, ND SADD (Students Against Destructive Decisions) Coordinator and Northern Lights Youth Services Executive Director:** See attachment 3 and supporting documents 3A-3C.

**Chairman Delzer:** Do you have any kind of annual budget you can share with us?

**Erickson:** Right now it is about \$150,000. The only budget we're truly operating on is the one grant we have through the prevention advisory council for about \$43,000 for the year. As of the end June, we're effectively out of money again.

**Chairman Delzer:** Have you had any kind of community fund drives throughout the state?

**Erickson:** We have begun our efforts to contact potential corporate sponsors, but they don't want to be the only sponsor and we are very limited with staff. With community fund drives, I don't want to step on the toes of the local SADD chapters because they are all trying to raise money for their own efforts as well, getting kids to conferences and so forth. I'm a proud man, we're not asking for everything we need, because I know we don't need to get everything from this body. But we need something. If we can just get over the hump to get the basic needs we have, get the basic staff, I know we can get the rest of the way.

**Chairman Delzer:** You've been getting \$43,000 a year out of the current \$100,000 that is out there?

**Erickson:** This year, before that is was basically nothing. The year before that, we got about \$48,000 out of the \$100,000 that was available for the biennium.

**Chairman Delzer:** Questions by the committee? Further testimony in favor?

**Beth Ryan, Senior, Ray High School:** See attachment 4 and document 4A.

**Chairman Delzer:** Questions by the committee? Further testimony.

**Jessica Roscoe, National SADD Student of the Year, New Rockford:** See attachment 5.

**Chairman Delzer:** Questions by the committee? Further testimony.

**Tori Rude, Junior, Hillsboro High School:** See attachment 6.

**Chairman Delzer:** Does the local school contribute any money to your chapter?

**Rude:** Not that I'm aware of.

**Chairman Delzer:** Questions by the committee? Further testimony in support of 2314.

**Michael Heilman, Assistant Superintendent for Secondary Schools with Bismarck Public Schools (BPS):** In every school district across the state where I have been an administrator, I have been invited to attend the funerals of young people who had made poor decisions. I am here today to ask you to consider restoring the original \$1.5 million into this bill. BPS uses its Title IV money to support programs to prevent violence; to prevent illegal use of drugs, alcohol, and tobacco; to foster safe environments within our schools. We have used some of those dollars to support SADD chapters. In the past five years, our district's Title IV money has ranged from \$95,000 to \$128,000. Those dollars were used to support Teen Moms, the Roughrider Health Council, security advances at the middle and high school levels, after-prom and after-grad safe environment programs for students; we have supported SADD chapters, responsible decision making groups in our buildings, surveillance equipment, Reality Check, and Red Ribbon Week. With the loss of those dollars, it will be difficult for the district to continue to support those programs. I would also like you to know that about 11-12% of those dollars each year are directed to the non-public schools in our district for their use of similar programs. We fear without the support of these dollars, those activities that cause young people to drop out of school will continue to go up. There is a high rate of illegal drug use that we are seeing in the schools. The environment our young people live in today is much more challenging than the environment we grew up in. The temptations are greater, and the results of those temptations are catastrophic. I encourage you to look at the reinstatement of those dollars to this bill to support these efforts.

**Chairman Delzer:** The Title IV money you mentioned, was that the \$3 million that was federal?

**Heilman:** I believe so.

**Chairman Delzer:** Are you aware of the stimulus money that is floating around this upcoming biennium? Could you use that for this?

**Heilman:** I would guess we probably could, but I have heard that the stimulus money may also be in jeopardy and may also go away. I don't know when we'll hear about that.

**Representative Monson:** All your Title IV money is going away?

**Heilman:** I believe that is correct.

**Chairman Delzer:** Further questions by the committee? Further testimony.

**Wayne Levang, Executive Director, ND Small Organized Schools:** See attachment 7.



**Chairman Delzer:** How many of those schools support SADD chapters with tax dollars?

**Levang:** I can't answer that question.

**Representative Skarphol:** Do any schools support it with tax dollars that you're aware of?

**Levang:** Not that I'm aware of. The tax dollars don't directly come to the schools (for SADD), a lot of the communities are supporting it through community fund raising.

**Chairman Delzer:** Further testimony in favor of 2314?

**Josh Askvig, North Dakota Education Association:** See attachment 8. The one question I would answer that had been asked earlier about the federal stimulus dollars: they could be used to fill in some of this if it is for staff salaries or benefits; it cannot be used for programming.

**Chairman Delzer:** Your take on that is it must be used for staff? I thought I heard it did not.

**Askvig:** If you are talking about the federal jobs money that was passed late last year, it is for salaries and benefits of staff.

**Chairman Delzer:** In your expectation, is that going to be added to staff salaries and it would be asked for next time to be replaced?

**Askvig:** I highly doubt that. Federal law says states can't supplant; it doesn't say school districts can't. I would guess they'll shuffle money they would have used in other ways.

**Chairman Delzer:** If we accept that, we may have to expend it again next time simply because it's federal money going away, and as you see, we already have problems with those types of situations. Questions by the committee?

**Representative Skarphol:** I believe NDEA is a dues-paying organization. Have they thought about doing some match to any money that would be available to SADD?

**Askvig:** We sure are; we could ask our board of directors about it. I know we've supported efforts from public schools in the past.

**Chairman Delzer:** Further questions? Further testimony in support?

**Valerie Fischer, Director of School Health and Director of Adult Education, Department of Public Instruction:** See attachment 9.

**Chairman Delzer:** Questions by the committee?

**Representative Skarphol:** From earlier testimony, I got the impression if we give you the \$500,000 it would kick you off. Does that mean you anticipate after that you would have

your own money? Do you anticipate ongoing revenue after this biennium, to the point that an initial amount of money would get you going and you would be self-sustaining after that?

**Erickson:** I am thinking after the initial investment we would be pretty much on our own; I believe this would get us over the hump. I am very confident in our strategic plan and our fundraising strategies.

**Representative Skarphol:** You \$500,000 would be able to accomplish that for you?

**Erickson:** I do.

**Chairman Delzer:** Could you forward us some information on how you expect that would do that?

**Erickson:** I would be happy to do that.

**Chairman Delzer:** Further questions? Is there any further testimony in support of SB 2314? Opposition or neutral testimony? We'll close the hearing. For the people in the audience, historically this chamber, this committee, likes to do things in the budget bill; this bill may not go forward in its state, but there may be some action taken in one of the budget bills. Is there anything more to come before the committee today? We'll stand adjourned.

# 2011 HOUSE STANDING COMMITTEE MINUTES

## House Appropriations Committee Roughrider Room, State Capitol

SB 2314  
3/23/11  
15863

☐ Conference Committee

Committee Clerk Signature

*Meredith Tinscholt*

### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the superintendent of public instruction for grants to the prevention advisory task force.

### Minutes:

You may make reference to "attached testimony."

**Chairman Delzer:** Opened discussion on SB 2314. This would appropriate up to \$200,000 to DPI (Department of Public Instruction) for grants to the prevention advisory task force. There is \$100,000 in the human service budget for this already. Discussion?

**Representative Skarphol:** I would have a question of the Human Resources subsection on whether this particular task is something that would be a legitimate entity to be funded by the tobacco control and prevention group.

**Representative Pollert:** I had a discussion with Representative Kaldor; he's gone and I don't know how that discussion has gone. I had asked to the department of human services if some of those dollars could be put to this program; their dollars go toward treatment more than prevention. There's a \$4.4 million grant that has been given to the department. I asked if any of the dollars in that grant could go towards prevention or this type of program, but I haven't gotten a definitive answer back yet because they have to check if it will meet the federal guidelines of the grant.

**Chairman Delzer:** If we do something with this it should be done in the human service budget. I know there some discussion about possibly changing this bill so it would suggest that the tobacco advisory group fund such organizations; I don't think we want to go down that route, I would rather see us dispose of this bill and suggest that to them without actually telling them what to do. I think this is where it belongs, that group should be funding groups like this, because prevention of smoking, drinking, or other destructive decisions is a very valid way to do that.

**Representative Skarphol:** If Representative Pollert believes it's possible, I would hope that we would put something into session law suggesting that human services work with the tobacco prevention group to fund this in some matching way.

**Chairman Delzer:** I think it's certainly something that, since it's been mentioned, the Human Resources subsection can have some discussion on it.

**Representative Pollert:** There have been discussions on both sides of the aisle in the section as to what we can do relating to this bill. We're making slow progress. I think it should be in the DHS (department of human services) budget in the first place, or grants that go through them.

**Representative Skarphol:** I would move a Do Not Pass on SB 2314.

**Representative Pollert:** Second.

**Chairman Delzer:** Discussion.

**Representative Glassheim:** Why would you want it in DHS instead of Education? Isn't the idea to prevent kids in school from drinking and driving? Why would want the money from tobacco when it primarily has to do with alcohol?

**Chairman Delzer:** I think if SADD (Students Against Destructive Decisions) gets some money they'll work in the school, but I think it is a much better fit for the DHS budget rather than the DPI budget, because I think it would get lost in DPI. DHS also has the \$100,000 already.

**Representative Kaldor:** I apologize for missing some of the discussion. We've been working on this, trying to find other sources. I've been waiting on DHS to provide me some information relative to what they might be able to do. Where the funding comes from is probably a discussion that needs to be had. There is some sentiment that the SADD organization is one organization that may have some eligibility for grants, even from the tobacco committee, as well as others. There are other sources that could be considered as well, but they're not all identified yet. I will resist the motion; I would have like to have introduced my amendment, .02001, but I suspect that would have gone down anyway. I handed it out the day of the hearing (March 10<sup>th</sup>). I will do whatever I can to find a way to put a resource into the DHS budget, and I understand that, as does SADD. However, I will move a substitute motion that we will amend 2314 with amendment .02001.

**Representative Metcalf:** Second.

**Chairman Delzer:** Discussion?

**Representative Kaldor:** The purpose of this amendment is to put some potential back into the governor's advisory council to provide support for organizations like SADD, and especially SADD, to do what I think they do very well, and that is peer support for prevention. These are kids talking to kids. They're very very motivated, energetic, and passionate about their cause. I think they have a better chance of changing things, even though things won't change all at once, or possibly ever. Total alcohol consumption prevention in our youth is a wishful dream. But I think they have a dramatic impact, much more than we do as adults. That's why I put this forth, knowing full well where things are headed. The reason I did not put additional funds into the DPI side of this is because that

was already discussed in the Senate, and they left money in that portion for DPI; what they eliminated was the dollars for the governor's advisory council.

**Chairman Delzer:** It leaves the \$200,000 in DPI and adds \$500,000? Okay. Committee members, I think this is premature and it should be looked at in the DHS budget and discussed again when that comes before full committee.

**Representative Nelson:** It looks like there had been some federal Title IV dollars that were discontinued; were they all discontinued? What was the amount of money that was in the budget in Title IV? That obviously would have been through DPI.

**Representative Kaldor:** I believe the number is in the neighborhood of \$1.4 million. That went through DPI into the Drug Free Schools program, which is not necessarily the same. It's a loss to not have those federal dollars for that purpose, and I think it's going to have a negative impact in our schools. That did not relate directly to the propose for the governor's advisory council, that is a different and separate initiative.

**Representative Nelson:** Were all those Title IV dollars discontinued, or were they reduced?

**Representative Kaldor:** They were all taken away. As a further explanation on the amendment, in the original bill, title .01000, section 2 was taken out by the Senate, and my amendment would restore it.

**Representative Delzer:** Further discussion on the substitute motion to amend? Seeing none, we'll do a voice vote, and the motion fails. That leaves the original motion for a Do Not Pass in front of us.

**Representative Pollert:** We are going to work on funding for this. It's still a work in progress in the DHS bill; the amendments haven't come forward yet, that will be next week.

**Chairman Delzer:** I think all of us think this is a good organization, that they do good work and we'd like to see them receive some funding. I'm not sure that taxpayer dollars going to private groups like this is always a good thing, so we need to be careful.

**Representative Monson:** If your discussions on the DHS budget fall through, please let us know so we can try to do something through the DPI budget. The Title IV money helped some very good programs. If that's going away, we could try to make something work to get the funds back to the schools for peer counseling, which would likely go to SADD.

**Chairman Delzer:** Further discussion? If not, we'll call the roll for a Do Not Pass on 2314. Motion carries 17-4-0. Representative Pollert will be the carrier.

Date: 3/23  
Roll Call Vote #: 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2314

House Appropriations Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken: ☐ Do Pass ☒ Do Not Pass ☐ Amended ☐ Adopt Amendment  
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Skarphol Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Representative Nelson	X	
Vice Chairman Kempenich	X		Representative Wieland	X	
Representative Pollert	X				
Representative Skarphol	X				
Representative Thoreson	X		Representative Glassheim		X
Representative Bellew	X		Representative Kaldor		X
Representative Brandenburg	X		Representative Kroeber		X
Representative Dahl	X		Representative Metcalf		X
Representative Dosch	X		Representative Williams	X	
Representative Hawken	X				
Representative Klein	X				
Representative Kreidt	X				
Representative Martinson	X				
Representative Monson	X				

Total (Yes) 17 No 4

Absent 0

Floor Assignment: Rep. Pollert

If the vote is on an amendment, briefly indicate intent:

Substitute motion (failed)

Date: 3/23  
Roll Call Vote #: 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2314

House Appropriations Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment  
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Kaldor Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Representative Nelson		
Vice Chairman Kempenich			Representative Wieland		
Representative Pollert					
Representative Skarphol					
Representative Thoreson			Representative Glassheim		
Representative Bellew			Representative Kaldor		
Representative Brandenburg			Representative Kroeber		
Representative Dahl			Representative Metcalf		
Representative Dosch			Representative Williams		
Representative Hawken					
Representative Klein					
Representative Kreidt					
Representative Martinson					
Representative Monson					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

voice vote fails

**REPORT OF STANDING COMMITTEE**

**SB 2314, as engrossed: Appropriations Committee (Rep. Delzer, Chairman)**  
recommends **DO NOT PASS** (17 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING).  
Engrossed SB 2314 was placed on the Fourteenth order on the calendar.



2011 TESTIMONY

SB 2314

**SB 2314 TESTIMONY**

Senate Appropriations Committee

January 31, 2011

Valerie Fischer, Director of School Health & Director of Adult Education

328.4138

Department of Public Instruction

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Chairman Holmberg and members of the Senate Appropriations Committee - I'm Valerie Fischer, Director of School Health and Director of Adult Education for the Department of Public Instruction. I am here to provide supportive testimony for SB 2314.

The Department of Public Instruction has state constitutional responsibility (15.1.21-01) to support schools and students to address risk behaviors and its academic consequences. The US Department of Education (Title IV – Safe & Drug Free Schools & Communities – SDFSC) fiscally supported that obligation and annually allocated funds to all states – until the 2010-2011 school year. The purpose of Title IV is to support programs that prevent violence in and around schools; that prevent the illegal use of alcohol, tobacco, and drugs; that involve parents and community efforts and resources to foster a safe and drug-free learning environment that supports student academic achievement. However, last spring the Obama administration terminated the state grant portion of the Safe & Drug Free School & Community Program. ND lost \$1,500,000 in annual funding, which was granted to schools on a formula basis of enrollment and poverty. Schools were left in a difficult position to replace those funds; of even greater concern was the absence of the “message” - information, education, programs and activities about risk behaviors and its negative consequences.

Multiple sources of statewide and local data reveal ND youth and teens have significant issues as it relates to alcohol and tobacco use, truancy, bullying, fighting, drugs and sexual activity. (Handouts: Suspension, Expulsion and Truancy state report – 2007-08, 2008-09, 2009-10; 2009 Youth Risk Behavior Survey).

Using health education standards and research-based curriculum / programs as core criteria, DPI can again coordinate funds for schools to implement and improve local prevention programs with parents and community partners to reach students about risk behaviors, decision making and consequences. In the lapse of reliable information and education, students have no choice but to

accept the messages closest to them – generally from peers and the media - which is often inaccurate and unreliable.

While a recipient of the Title IV appropriations, ND schools did some incredible activities: funding counselor/social worker and school resource officer positions; prevention programs and curriculum for drugs, alcohol, bullying, tobacco, violence and other risk behaviors; initiating programs aimed at parents and community partnerships; developing SADD chapters across the state; crisis management planning; suicide and truancy prevention programs. Bills in the 2011 session regarding truancy, bullying and possibly compulsory attendance will require local coordination of services; replenishing this appropriation to DPI will allow us to disseminate grants to a single district, a group of contiguous districts, or even an REA to meet their unique school and community needs regarding these and other locally identified issues.

Steve Swiontek, Superintendent of Devils Lake Public Schools was unable to be here today to testify in support of this bill, but asked me to read the following statement ...

*Valerie,*

*It is great news that the ND legislature is willing to consider allocation of 1.5 million dollars to replace the discontinued federal Title IV Safe and Drug Free Schools Program. Because of this discontinuance, the Devils Lake Public School District has been forced to reduce and even discontinue many of our best programs to keep students safe.*

*It is very likely that we will drop the Kindness and Courage Retreat programs for our elementary and middle school because we can't afford to fund these programs. My principals will be very upset with me.*

*I hope this information is of use today as you attempt to convince the legislature that this would be a great investment.*

*Steve Swiontek, Devils Lake*

Additionally, Assistant Superintendent Jody Thompson of the Grand Forks Public Schools sent the following email in his absence to be here today supporting this bill and its appropriation ...

*Thank you for the opportunity to communicate my support for SB 2314. The Grand Forks Schools had used our Safe and Drug Free Schools funds to support our School Resource Officers, curriculum, service learning projects and student surveys on risk behavior. Since that funding has been eliminated, we have struggled to provide the same level of support. We fully support the legislative efforts to restore funding for these types of programs. Thank you.*

*Mr. Jody Thompson*

*GFPS Assistant Superintendent of Teaching and Learning*

Your testimony packet contains an email of support from Viola LaFontaine, Superintendent of Williston Public Schools and current President of the ND Study Council, on behalf of the 16

largest school districts. Additionally, there is a letter of support from the ND School Counselors Association for your review.

Section two of SB 2314 also appropriates funding for the Department of Human Services. As a member of the Governor's Prevention Advisory Committee, our partnerships have been highly effective; while DPI is able to coordinate the work of the schools, DHS does the same with communities – together, we help maximize resources and communication and avoid duplication of effort and services at both the state and local levels.

This concludes my testimony in support of SB 2314 and your investment in the safety of our youth. I'm available to take any questions the Committee may have for me. If not, thank you for your time and support.

**North Dakota Department of Public Instruction  
School Health  
Safe and Drug Free Schools  
Suspension/Expulsion Report 2007-2008**

**Quick Stats  
North Dakota School Violence and Drug Statistics**

**1759** — Total number of violent and drug-related incidents in North Dakota schools that resulted in suspension or expulsion:

- 685 reported fighting/mutual altercation incidents;
- 264 reported tobacco incidents;
- 134 reported simple assault incidents;
- 145 reported drug incidents;
- 95 reported alcohol incidents;
- **145 reported terrorizing incidents;**
- 37 reported knife (blade 2.5" or greater) incidents;
- **70 reported assault incidents;**
- **36 reported other object incidents;**
- **41 reported reckless endangerment incidents**
- **53 reported hazing incidents;**
- **26 reported robbery incidents;**
- 15 reported other offenses resulting in 10 days out of school suspension or expulsion;
- 0 reported handgun incidents;
- 0 reported serious bodily injury incidents;
- **7 reported sexual imposition incidents;**
- 2 reported rifle/shotgun incidents;
- 2 reported other firearm incident;
- 2 reported aggravated assault incident;
- 0 reported murder, manslaughter, negligent homicide, kidnapping, felonious restraint, inciting a riot, or gross sexual imposition/rape incidents

**Bold** – indicates increase from previous school year

Total Public/Nonpublic K-12 enrollment 2007-2008: 102,112

\*\*\*\*\*

**Truancy Incidents reported in 2007-2008:**

- 15,457 days ND students were truant
- 5,370 students truant
- State truancy rate: 2.88 days

**North Dakota Department of Public Instruction  
School Health  
Safe and Drug Free Schools  
Suspension/Expulsion Report 2008-2009**

**Quick Stats  
North Dakota School Violence and Drug Statistics**

**1756** — Total number of violent and drug-related incidents in North Dakota schools that resulted in suspension or expulsion:

- 818 reported fighting/mutual altercation incidents;
- 253 reported tobacco incidents;
- 151 reported simple assault incidents;
- 167 reported drug incidents;
- 66 reported alcohol incidents;
- 101 reported terrorizing incidents;
- 33 reported knife (blade 2.5" or greater) incidents;
- 53 reported assault incidents;
- 11 reported other object incidents;
- 32 reported reckless endangerment incidents
- 7 reported hazing incidents;
- 23 reported robbery incidents;
- 13 reported other offenses resulting in 10 days out of school suspension or expulsion;
- 1 reported handgun incidents;
- 2 reported serious bodily injury incidents;
- 17 reported sexual imposition incidents;
- 0 reported rifle/shotgun incidents;
- 0 reported other firearm incident;
- 0 reported aggravated assault incident;
- 8 reported murder, manslaughter, negligent homicide, kidnapping, felonious restraint, inciting a riot, or gross sexual imposition/rape incidents

Total Public/Nonpublic K-12 enrollment 2008-2009: 101,179

\*\*\*\*\*

**Truancy Incidents reported in 2008-2009:**

- 7,148 days ND students were truant
- 2,427 students truant
- State truancy rate: 2.95 days

**North Dakota Department of Public Instruction  
School Health  
Safe and Drug Free Schools  
Suspension/Expulsion Report 2009-2010**

**Quick Stats  
North Dakota School Violence and Drug Statistics**

**1807** — Total number of violent and drug-related incidents in North Dakota schools that resulted in suspension or expulsion:

	<u>Removal days</u>
• 800 reported fighting/mutual altercation incidents	2361.9
• <b>310</b> reported tobacco incidents	687.5
• 119 reported simple assault incidents	287.5
• <b>177</b> reported drug incidents	1459.0
• <b>82</b> reported alcohol incidents	280.0
• 89 reported terrorizing incidents	314.5
• <b>38</b> reported knife (blade 2.5" or greater) incidents	639.0
• 53 reported assault incidents	234.0
• <b>19</b> reported other object incidents	170.2
• 29 reported reckless endangerment incidents	37.0
• <b>30</b> reported hazing incidents	64.2
• <b>31</b> reported robbery incidents	68.5
• 11 reported other offenses resulting in 10 days out of school suspension or expulsion	190.0
• 0 reported handgun incidents	0
• 1 reported serious bodily injury incidents	10.0
• 12 reported sexual imposition incidents	22.0
• 1 reported rifle/shotgun incidents	1.0
• <b>3</b> reported other firearm incident	37.5
• 1 reported aggravated assault incident	3.0
• 1 reported murder, manslaughter, negligent homicide, kidnapping, felonious restraint, inciting a riot, or gross sexual imposition/rape incidents	2.0
	<u>total days: 6868.8</u>
• 149 reported vandalism/criminal mischief	514.75 removal days

**Bold** indicates increase from previous year

Total Public/Nonpublic K-12 enrollment 2009-2010: 101,319

\*\*\*\*\*

**Truancy Incidents reported in 2009-2010:**

- 7810 days ND students were truant
- 1922 students truant
- State truancy rate: 4.06 days



## North Dakota School Counselor Association

January 31, 2011

### Senate Bill 2314 Position Statement

Dear Senators:

The North Dakota Counseling Association declares their unanimous support for SB 2314. The funds provided by The Drug Free Schools Grants provide vital and invaluable monies which support Drug Prevention Programs for our students and training for staff. This Bill addresses the gaps that exist in funding for this critical area for our students in North Dakota.

Sincerely,

North Dakota School Counselor Association



**Fischer, Valerie J.**

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**Subject:**

Support for Safe and Drug Free Schools Funding

**From:** Dr. Viola LaFontaine [<mailto:viola.lafontaine@sendit.nodak.edu>]

**Sent:** Friday, January 28, 2011 10:29 AM

**To:** Fischer, Valerie J.

**Subject:** Support for Safe and Drug Free Schools Funding

The North Dakota Study Council is in support of the reinstatement of federal funding for Safe & Drug Free Schools. The North Dakota Study Council represents the 16 larger school districts in the state of North Dakota. We recommend proving funding to DPI in order for them to grant to districts funding to implement prevention programs for risk behaviors, essential to the overall effective management of our schools. With the increase in bullying issues, drug and alcohol issues, dropout prevention, funding would be able to support our efforts to help students stay in school, be successful in school and be productive after graduation. Schools have used the Safe and Drug Free Schools to provide programs such as non-violence crisis preventions programs so staff can work with people with aggressive behaviors, students against destructive decisions, character education, and emergency procedure plans.

Dr. Viola LaFontaine

President of the North Dakota Study Council

P.O. Box 1409

Williston, ND 58801

701-572-1580

Cell : 770-5963

## SENATE BILL NO. 2314

Dr. John Salwei

Superintendent, Bismarck Public Schools

Prior to becoming Superintendent, I was the Assistant Superintendent for secondary education, staff development, and curriculum development. My portfolio also included overseeing the district entitlement program which included Title IV...Safe & Drug Free Schools.

Bismarck Public Schools focused all Title IV entitlement dollars toward supporting programs that prevented violence, prevented the illegal use of alcohol, tobacco, and drugs, and made efforts to foster a safe and drug-free learning environment that supported the district mission and vision.

The past five years the district received the following Title IV funding:

2006-2007...\$128,000: 12% (\$15,725) went to the non-public schools

2007-2008...\$107,343: 11% (\$12,273) went to the non-public schools

2008-2009...\$111,058: 12% (\$12,837) went to the non-public schools

2009-2010...\$97,035: 11% (\$10,645) went to the non-public schools

2010-2011...\$96,796: 12% (\$10,477) went to the non-public schools

During the past five years, the Bismarck District has relied on Title IV funding for the following: Teen moms, Roughrider Health Council, Security at School Dances, Counselor and Physical Education Registration for their respective state conferences, Students SADD State Convention Registration, Responsible Decision Making training, Neighbors Network for SCHS, DVR Surveillance equipment, curriculum materials, HIV/Aides & Healthy Relationships, Red Ribbon Week supplies, other:

With the loss of entitlement monies in Title II Part A, Title II Part D, Title V, and Title IV, the district is no longer able to support the programs listed above. We used Title IV resources wisely, living up to the intent of the program, and provided

the non-public schools their share of the grant monies and access to district programs.

Upon my request, district administrators shared their concerns about the loss of Title IV funding!

**Principal Keith Bjornson/SCHS:** I believe items that affect high school students most are those that pertain to family dynamics. Without a solid support system at home the student does not stay on task in school, i.e. lack of credits, poor attendance, no interest in education, inappropriate classroom behavior, removal from classes and eventually dropping out of school. Such things as drug and alcohol usage, bullying, teenage pregnancy, etc., all seem to start from lack of proper adult supervision, guidance and support.

**Principal Ken Erickson/BHS:** I am very concerned about the usage issues among high school students, especially the trafficking of prescription drugs. Substance abuse leads to other related issues such as depression, suicide, inappropriate sexual behaviors, violence, and traffic related accidents.

**Principal Steve Madler/CHS:** Below are the stats on our YRBS survey that are most alarming to me on behalf of Century High!

- 30% of students rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking
- 54% of students drank at least once in the past 30 days
- 37% of student had five or more drinks in a row in the past 30 days
- 42% of students used marijuana
- 25% of students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months

## Testimony in support of SENATE BILL 2314

Mr. Chairman, members of the committee,

Good morning. My name is Beth Ryan and I am a senior at Ray High School. I have been a member of SADD for 6 years.

There are eleven students in my graduating class and roughly 100 students in our high school. Our rural community is tight knit with every one feeling like a family and looking out for one out for one another. In my school and my community, Students Against Destructive Decisions is supported and participation is encouraged.

SADD has made an impact on every generation of our community. From our youth education program to our community awareness activities no one can deny that SADD has made a difference.

You see, in a rural community, not near to any large cities and without a movie theater or bowling, it is easy for kids to fall into the excuse, "There is nothing else to do." The kids believe it, and sometimes, so do the parents do to. In small communities like mine, it is not uncommon for the star basketball player to be planning a night of drinking games and booze chugging before every one has left the gym. It's seen as normal and a rite of passage for kids, supported and sometimes encouraged by adults, until something happens. A bad accident can result in injuries or death. This sort of accident can bring a class of eleven to a class of ten. It can leave an empty chair at graduation and a gaping hole in a community.

I have seen SADD make a difference in my community in many ways, but the most effective way we do that is with our unique youth education programming.

Reality Check is probably our most effective program. Reality Check uses high school students as teachers present lessons to the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> grades that focus on developing self worth, respect for others, media literacy and the knowledge and skills to face high school. By teaching kids these life lessons and values, they are stronger when it comes to high school and peer pressure and they also learn that if they choose to stay away from drugs and alcohol, they will not be alone.

We have developed lessons that use games, role-playing and images such as this one, to show students how serious these issues can be. This handout shows the effects alcohol can have on a young drinker. At only 15 years of age, the brain is so damaged, the brain activity is ~~very~~ less than the non-drinker. Images like this are startling, but effective when teaching students.

Reality Check has helped us gain respect from elementary students, helped teens to learn the value of being a role model and helped us gain respect from teachers and parents.

It is hard to deny that SADD is an organization worth supporting and being apart of. So far, we have been able to make a difference in my community with little to no funding, but with the population growing on the western side of North Dakota, I have seen the need for a staff member and office to help the schools on the western side deal with new issues that are arising.

When considering this bill, I hope you consider the effect prevention efforts and an organization like SADD can have on a rural community, as well as our state.

Testimony in support of SENATE BILL 2314

Carrie Sandstrom

Mr. Chairman, members of the committee, my name is Carrie Sandstrom and I am a junior at Century High School and a member of Students Against Destructive Decisions or SADD.

SADD is an organization that has a unique place in the community and in my heart. To me SADD is more than just another club at school. SADD is a lifestyle choice- it's away to stand up for what you believe in and make an impact on your community, your peers, and younger students who look up to you.

In SADD we spread a message of positive decision making and youth empowerment. This is not a unique concept, as many groups have similar beliefs. What makes SADD the most effective prevention organization in our state is that our message is communicated from one teen to the other. SADD has a track record of changing student opinion about important issues such as alcohol and tobacco use amongst students in middle school and high school.


In Bismarck/Mandan the SADD community is strong. We are able to network amongst each other, assist when needed, and share valuable advice and input. The students in our communities feel all the more empowered knowing that they have support from not only their school but many others in our community.

Thus far I have spoken to you about the outstanding benefits of SADD and extraordinary work in prevention, but to me the question is not whether or not SADD is effective or whether or not prevention efforts are needed throughout our state. For me those things have been made apparent by the number of my peers and younger classmates I see struggling with the very issues SADD addresses. To me the question is, "How much are our students worth? How much is the future of our state worth?"

Just as a body cannot survive long without nourishment, so an organization, such as SADD, cannot survive long without funding. The work we do is great and the funds we have to work with must be equally great if we are to thrive and continue to empower youth.

I would be lost without SADD and the support and community it has provided me with throughout my life. I'm standing here today because of SADD and because soon, without additional funds, this organization will cease to exist in our state.

Please, for my sake, the sake of our students, and future of our state I urge you to affirm this bill.



*Testimony to Senate Appropriations Committee  
Supporting SB 2314*

*Lee Erickson, ND SADD Coordinator  
January 31, 2011*

---

Mr. Chairman, and members of the Senate Appropriations Committee,

My name is Lee Erickson, and I am here today on my own behalf to state my support for SB 2314.

We are all well aware of the problem North Dakota has with substance abuse, especially as it relates to alcohol use. And from a fiscal sense, studies have shown that all levels of government spend huge sums of money putting Band Aids on the surface of issues rather than treating the causes.

(Handout – “Shoveling it Up”)

(Handout – ND Dept of Human Services allocations)

The pattern of the past has been to rely upon federal funding, but we can't rely upon the federal government to adequately or accurately address state problems.

**The Case for SADD**

I have been involved at the local level with SADD since 1994, and I was asked to become the North Dakota SADD coordinator in 1999. Since then, we have built the strongest and most innovative statewide SADD program in the nation, with the most passionate student members, and we have grown from 5 to around 70 chapters in the state since 1999.

We have partnered with virtually every state agency on various projects, funded or non-funded:

- Dept. of Transportation
- Dept. of Human Services
- Dept. of Health
- Dept. of Public Instruction
- Attorney General
- Dept. of Higher Education
- Law Enforcement
- Numerous local-level partners

SADD exists not just to promote our own programming, but to help state agencies serve their missions and deliver their programming through our network.

However, we have built some unique and effective programming, such as our Reality Check program (which you will hear more about). What makes our particular SADD organization in ND so strong is that we have always listened to the teens we serve. And what we have learned from them and implemented into SADD is precisely what recent studies have shown is needed and effective.

(Handout – “Strengthening Youth Policy”)

The national SADD office isn't the only entity that holds our program in high regard. Last fall, the White House Office of National Drug Control Policy (ONDCP) selected our SADD office as one of 23 local “communities” nationwide to participate in local-level youth-led strategies in connection with their national “Above the Influence” ad campaign, which is designed to empower youth to be “above” negative influences regarding alcohol and other drugs. This was based not only on our geographic location and nature of our problems, but upon their belief in us as an agent for change.

We built our SADD program with extremely little funding, relying heavily upon in-kind support and a lot of time, passion, and personal sacrifice from everyone involved. We did this because we believed in the cause and the power of youth, and that belief and sacrifice has worked. We're doing things right. We wouldn't be here today if we didn't have complete faith in our efforts and in the ability of our youth to effectively implement effective peer-based strategies. We have accomplished an enormous amount with very scant resources, but we are at a point where we need the state's help to build the infrastructure necessary to serve and grow our network.

We need field services staff and a media specialist, and we need a western ND office. We need predictable funding for programming, and we need to answer the many pleas I receive every year from our SADD alumni to expand our presence to the college level.

The \$500,000 during the upcoming biennium represents only about half of what our total budget would be, but together with our strategic and fundraising development plans, this amount would put us in a position to be able to fund core services and enable us to obtain the other funds necessary to finish the job. We could partner even more effectively with the state agencies who realize that we are the organization that has access to the youth necessary for them to carry out their prevention, health and safety-related goals.

Grandma's saying that, “an ounce of prevention is worth a pound of cure” is pretty accurate. Study after study has shown that every dollar spent in prevention results in huge savings to the taxpayer in the future. Prevention should be looked upon as an investment, not an expenditure.

A poll conducted by our nonprofit, Northern Lights Youth Services, in 2007 showed that 70% of North Dakota voters felt that the state should use a portion of its current surplus to fund prevention efforts.

We have the will of the people, the need, the resources, passionate students, and the appropriate vehicle for change to make a lasting impact on our state – one that will save lives, change lives, and promote the best possible chance of positive development for our youth.

Please pass SB 2314, with all funding intact.





# STRENGTHENING YOUTH POLICY

NATIONAL  
CONFERENCE  
of  
STATE  
LEGISLATURES

Research and Policy Report

October 2005

## Positive Youth Development: State Strategies

By Thaddeus Ferber, Elizabeth Gaines and Christi Goodman\*

A growing body of research shows that kids who feel safe, valued and connected to caring adults are more likely to be positive about life, engaged in school and emotionally healthy; they also are less likely to participate in destructive or delinquent behavior. This research, although it seems based upon common sense, has led to a dramatic shift in thinking about youth policy—from viewing some youth based on their risk factors or deficits versus viewing all youth as having certain strengths, assets and protective factors to build upon.

Policymakers across the country are responding to the research and increasing public awareness of what is necessary to change the odds for youth. They recognize that, too often, society has reacted with fragmented and disjointed responses to youth problems and that no real plan exists to address promotion of youth strengths. Although no one method may be perfect to address the challenges in creating effective youth policies, states are taking steps to find the best among a wide range of possible solutions. This issue brief shares supporting research and examples from states that are tackling these challenges and succeeding. It also includes examples of what can be done to align and coordinate youth policies to promote youth development in any state.

### Research on Making a Difference for Youth

Over the years, researchers have learned why some young people in disadvantaged situations "beat the odds," while others succumb to them. There is little magic involved—some young people make it because

#### From Beating the Odds to Changing the Odds

At 18, I was immersed in trying to answer the deeply troubling question of why some kids and cousins I grew up with had already taken detours off the road to success. I also wanted to understand why people—students and professors alike—were surprised at how well-educated, well-rounded and "well-adjusted" I was, given my demographics.

As a budding sociologist, I was already rejecting the theories that I had "beaten the odds." True, I came to Oberlin with a diploma from the Washington, D.C., public schools, from an all-black community, co-raised by a widowed mother who worked long hours and a godmother who took me into her home during the week. But I did not feel that I had "beaten" anything. I felt that I was supposed to succeed and had been equipped to do so. The idea that luck had more than an incidental role was insulting. I wanted to, in sociologists' terms, explain the variation.

Twenty-five years later, I can explain the source of my frustration with those who praised me and can label, if not prove, the source of the variation. I had not "beaten the odds." Instead, others—family, neighbors, church members, teachers and youth workers—had changed the odds by offering me a path of supports and opportunities. In addition, a variety of institutions, most notably the schools, had offered me high-quality academic and nonacademic instruction.

Young people need environments that offer them nurturing, guidance, rules, structure, clear expectations and consistent limits. They need opportunities to explore, excel, contribute, earn, lead and join. They need high-quality instruction and access to basic care and services. While stern measures are certainly necessary for those young people who have already committed crimes, we will never fully address this country's epidemic of violence without a full continuum of response that includes supports, opportunities and services in addition to sanctions. Only in this way can we truly change the odds for all youth.

Source: K. Pittman, "Changing the Odds," *Youth Today* 4, no. 2 (March/April 1995).

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they had more help along the way. Kids need a well-coordinated array of people, places and possibilities to help them as they grow and develop.

**Kids beating the odds isn't magic—it's the result of committed youth, parents, communities and policymakers who help to change the odds.**

Young people who were sometimes expected to have dropped out of school or wound up dead, in jail, or pregnant, but instead managed to "bear the odds," were studied to find out why they overcame the challenges in their lives. If a young person overcomes great adversity and thrives, experts thought, there must be something special about them. But research showed otherwise. "The most surprising conclusion emerging from studies of these children is the ordinariness of resilience. . . resilience is made of ordinary rather than extraordinary processes."<sup>1</sup> Researchers discovered that the odds against those youth were not as bad as originally thought. More supports and opportunities were available to them than were apparent at first glance, and it was those supports and opportunities that made all the difference.

**It's not a magic program model—but there are proven effective programmatic features.**

High-quality youth programs can and do make a significant difference in many young people's lives. No single model works for all kids in all places, however. Summarizing a five-year study of effective programs in five major cities, researchers concluded, "We found no single focus, strategy or organizational type associated with success—no cookie cutter for policy. For each success, we can point to an apparently identical activity that inner-city youth scorned to attend."<sup>2</sup> However, across the extraordinarily diverse universe of programs, they found effective approaches in all categories.

**Figure 1. National Academy of Sciences  
Features of Positive Developmental Settings**

- Physical and psychological **safety**
- Appropriate **structure**
- Supportive **relationships**
- Opportunities to **belong**
- Positive **social norms**
- Support for **efficacy** and **matter**ing
- Opportunities for **skill-building**
- **Integration** of family, school and community **efforts**

**What do these effective places have in common?** ✱

A national panel of experts found a consistent set of features that reliably predict program effectiveness across settings—from effective parenting to schools to community organizations (see figure 1). These features contribute to young people's success across a range of goals, from preventing teen pregnancy, drug abuse, unemployment and youth violence to promoting academic, civic and vocational success.<sup>3, 4</sup>

**It's not a magic risk or protective factor—it's the overall number of risk and protective factors.**

Researchers have sifted through data on the complexity of young people's lives and sought to identify one or two risk factors (negative influences on a young person's life) and protective factors (positive influences on a young person's life) so powerful that they can reliably direct a young person's life course. They found that there is no one factor—even a factor as traumatic as the death of a parent—that can predict a young person's success or failure.

"Investigators have learned that outcomes generally worsen as risk factors pile up in children's lives."<sup>5</sup> Similarly, researchers found that the overall number of protective factors—or assets—strongly correlate with young people's success." According to the Forum for Youth Investment, "The desired goals of youth development are difficult, if not impossible, to achieve within the bounds of a single intervention unless that intervention is, in reality, not a single program (even

a comprehensive one) but a reasonably complex strategy to change young people's environments and opportunity structures." "

## Challenges to Effective Youth Policy

As the research conclusions became clear, the Forum for Youth Investment dubbed it "footnoting common sense."<sup>8</sup> Hugh Price, former CEO of the National Urban League, summed up the research this way, "Youth development is what you'd do for your own kid on a good day." Indeed, little is shown in the research that would surprise most parents. Unfortunately, however, the conclusions of this research create real challenges for policymakers. If the answer were to focus on a single trait in children, one program model to replicate, a key risk factor to prevent, or a particular protective factor to promote, clear and easy policy solutions would be indicated.

Instead, policymakers are left with a longer, more difficult road. Effective youth policy requires an overarching strategy to change lives—one that addresses a full range of risk and protective factors; promotes effective program elements that are more difficult to measure than a fixed model or curriculum; supports not only discrete programs but coherent pathways to success; and recognizes that children and youth do not grow up in programs, but in families and communities.

Many states are developing new strategies to address young people's positive growth and development to avoid specific problems. They are focusing on both program quality and supply. They are using a comprehensive approach to weave together myriad efforts across agency and committee lines. They also are working to make supports for children and youth more accessible and connected to families and communities.

### Challenge 1: Focusing on Youth's Strengths and Assets, not only on Discrete Problems

Traditionally, officials have approached youth policy by tackling one "youth problem" at a time—youth violence one year, teen pregnancy another, drug abuse the next. Ultimately, seeking only to help youth avoid problems may not be enough—they also may need help to become fully prepared for adulthood. Policymakers and researchers have become sophisticated at measuring, tracking and preventing the behaviors we don't want young people to exhibit; however, they have not been in the habit of measuring, tracking and promoting the behaviors we do want youth to exhibit. By examining the full range of interrelated outcomes and setting developmental goals for youth, policymakers can be intentional about promoting positive outcomes and also preventing negative ones.

Research shows that the programs that are most effective at promoting positive outcomes for youth are framed in terms of the constructive assets they seek to build, rather than the negative behaviors they seek to avoid. Opportunities to participate in an acting troupe, sports team or artistic endeavor attract and retain youth because they build on their strengths and interests and provide them with an opportunity to develop deep relationships that can change their lives. Programs that focus solely on fixing or preventing problems such as teen pregnancy or gang involvement often have little appeal to young people.

Even serious intervention-focused programs can incorporate youth-centered, strength-based approaches that yield the desired rehabilitation results. Programs that use scare tactics to curb youth violence and delinquency not only are ineffective but also may exacerbate the problem.

whereas programs that include family involvement and social skill development have been proven effective at curbing problem behavior.<sup>9</sup> Massachusetts, Missouri and Utah have decreased their recidivism rates by shutting down large juvenile institutions and developing small group homes and community-based programs that include opportunities for young people to have clear and consistent consequences, to be involved in decision making, and to have access to high-quality educational and vocational programming.<sup>10</sup> This approach is as effective with juveniles who commit serious offenses—both in ensuring community safety and delivering positive youth outcomes—as it is with juveniles who commit minor offenses.

When efforts are crafted to “fix” youth and families, they miss valuable opportunities to engage youth as positive resources who are capable of transforming the lives of those around them. A youth development approach opens the door for policymakers, program directors and community leaders to engage young people and their families in taking action.

#### *What can states do?*

- **Set Positive Developmental Goals for Youth.** Louisiana, Maine and many other states have established positive, developmental results or outcomes they wish to promote across a range from academic to social to health. Louisiana, for example, has developed goals, objectives and strategies to achieve positive developmental outcomes and now collects the data to track results.
- **Track Data on Strengths as well as on Problems.** Many states are finding ways to track positive indicators of youth well-being. This allows policymakers to base public policy decisions on the outcomes they want to see—not only on the ones they do not want to see. In Vermont, two state agencies work as part of a public/private partnership to create a framework that focuses on developing, disseminating and using data on positive indicators such as the percent of youth who participate in youth programs and the percent of high school seniors who continue their education within six months. This framework includes outcomes of well-being, positive social indicators, a variety of measurement tools, legislation, community-based data, Web-based tracking systems and other resources.<sup>11</sup>
- \* **Provide Funding to Programs that Focus on the Positive Development of Youth, not Just Preventing Specific Problems.** States can fund effective programs that are framed in terms of the constructive assets they seek to build, rather than on the negative behaviors they seek to avoid. The New York State Department of Health administers Assets Coming Together for Youth, an initiative that focuses on building youth assets and integrating prevention strategies. Funded projects must focus both on prevention of negative outcomes and on the promotion of positive ones.<sup>12</sup>

#### *How can you get started?*

- Hold hearings to establish overarching, positive developmental goals for young people in your state and to determine the balance of intervention, prevention and positive developmental opportunities that currently exist in your state.
- Ask for a detailed review of the indicators and benchmarks used in your state by age group, outcome and focus (whether problem reduction, prevention or positive devel-

opmental outcomes) to ensure that the state is tracking both problems to prevent and positive outcomes to promote.

- Request a budget review that examines the balance of funding for prevention of youth problems compared with the promotion of positive outcomes.

## **Challenge 2: Building Program Quality and Supply**

It is easier to document and understand an increase in the number of young people served than an increase in program quality. “Numbers served” is a concrete benchmark upon which to communicate and campaign. However, evidence shows that quality makes a real difference—low-quality programs simply do not achieve the desired outcomes. For example, programs that have untrained staff or operate in an unsafe environment do not have the same positive outcomes as those that have skilled, experienced staff and that operate in a stimulating environment. Improving quality, however, has costs. Youth workers need adequate training (or retraining), compensation and support. Managers and directors need a predictable flow of human, fiscal and material resources. Leaders need sufficient authority to effect change and external accountability to strive for improvements.

Ensuring program quality cannot necessarily be achieved by picking one successful model and replicating it across the state. The features of effective programs identified by the National Academy of Sciences cannot be created by a curriculum or program model alone. They require not only a sustained effort to build capacity, but also innovative assessment and accountability models. Outcomes for youth can be steadily improved by ensuring that programs focus on preparation and development rather than on problem reduction.

### ***What can states do?***

- **Increase Supply by Increasing Funding for Successful Programs.** Increasing the supply of after-school programs has been a priority in California and Maryland; both have approved measures to raise the funding levels for after-school programs in the state.
- **Increase Supply by Creating Dedicated Children's Trust Funds.** The New Mexico Legislature approved the Next Generation Fund in 2005 to secure state funds for youth development programs into the future. A small amount of seed money was put into this dedicated fund and initially supplemented by the New Mexico Community Foundation.<sup>13</sup>
- **Increase Quality by Partnering with Businesses, Community Groups and Faith-based Organizations.** The California Department of Education, the Foundation Consortium for California's Children and Youth, and the Governor's Office of the Secretary for Education formed a public/private partnership to develop a strategy to improve the quality of after-school programs in the state. In less than three years, the California Afterschool Partnership and its statewide System of Field Support has provided training and technical assistance to more than 2,600 after-school programs in California.<sup>14</sup>
- **Increase Quality through Training and Technical Assistance.** The Youth Development Training and Resource Center in Connecticut is using a federal grant passed through the governor's office to increase the knowledge and skill of front-line youth workers,

supervisors, statewide associations and funders in the youth work community. They provide training and workshops, technical assistance and consultation to those who work with youth. The training has led to a substantial increase in facilities that employ certified youth work practitioners.<sup>15</sup>

- **Increase Quality by Allocating Funding Based on Effective Program Features (Not Just on Specific Program Models).** Since research has shown that no one program model is perfect, grantmaking can, instead, be focused on the common features of programs that have been proven successful. Principle-based grantmaking is based on the principles of effective youth development and prevention programs such as those described by the National Academy of Sciences (NAS) and the Substance Abuse and Mental Health Services Administration (SAMHSA). "Extensive research on prevention programs targeting substance use, tobacco, suicide, violence and early sexual activity has identified critical principles for successful outcomes. The more these principles are incorporated, the more likely the programs will be successful"<sup>16</sup> (see figure 1). The Alaska Department of Health and Social Services has embedded the "Features of Positive Developmental Settings" list compiled by the National Academy of Sciences into its grant-making process to ensure that state-funded programs focus on positive strengths and also prevent negative outcomes.

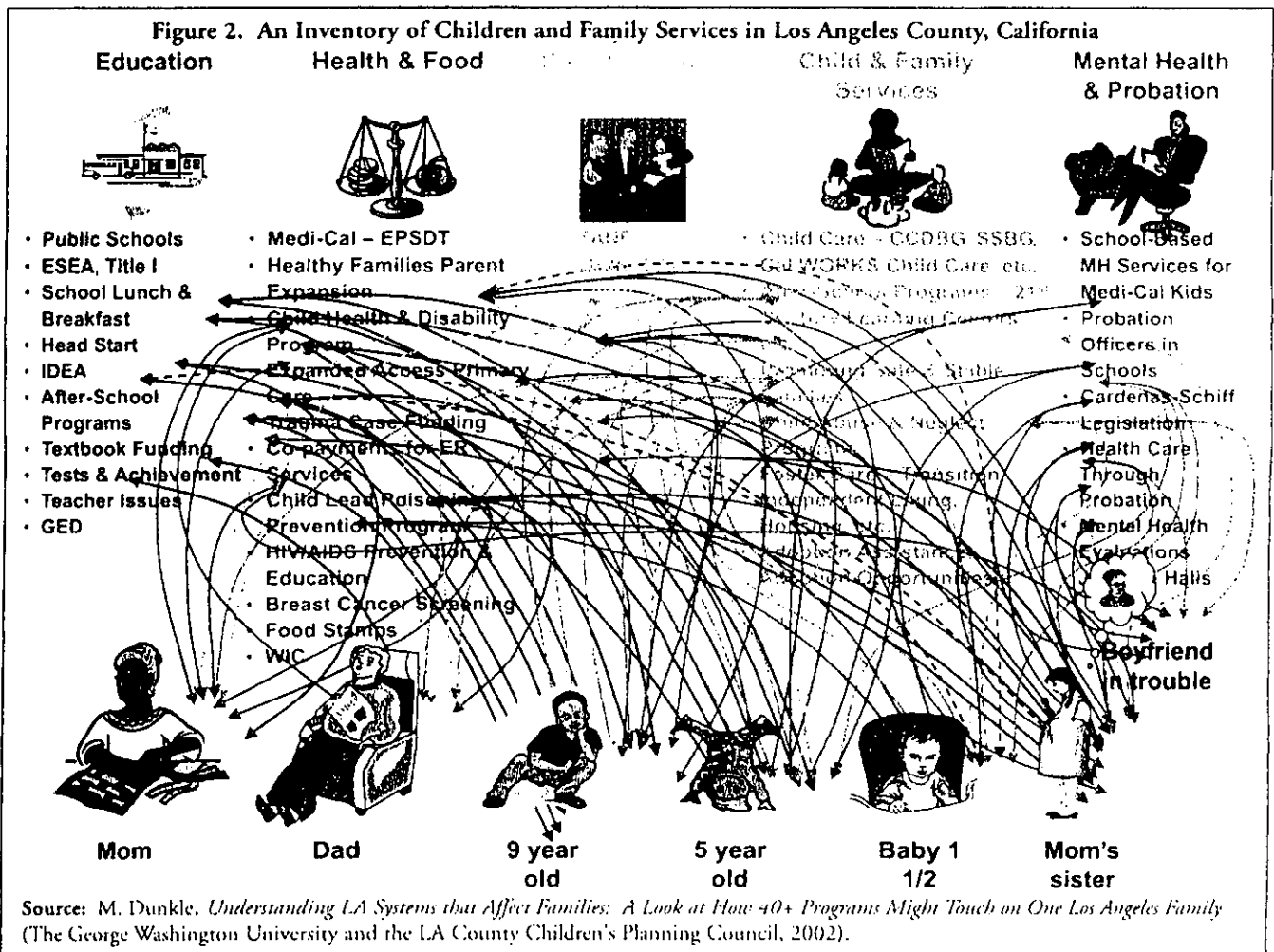
#### *How can you get started?*

- Meet with state and national think tanks and advocates to explore all possible ways to increase funding (e.g., identify an initial funding stream for a youth trust fund that increases in worth over time).
- Meet with intermediary organizations and public/private partnerships that focus on training and technical assistance to programs and ask how the state could support their work.
- Ask departments to provide data on youth-focused performance measures and quality standards; host a meeting to consider developing statewide, interdepartmental measures.
- Ask your governor's office or your budget committee for a children's budget showing targets for annual growth.
- In committee hearings, ask sponsors of youth-focused legislation to explain how it meets with national standards of quality, such as those established by the National Academy of Sciences.

#### **Challenge 3: Building a Comprehensive, Coordinated, Aligned Effort across Department and Committee Lines**

In 2004, the White House Task Force for Disadvantaged Youth found that hundreds of federal youth programs were under the oversight of more than a dozen federal departments and agencies; it concluded that, "The complexity of problems faced by disadvantaged youth is matched only by the complexity of the traditional federal response to those problems. Both are confusing, complicated, and costly."<sup>17</sup> This also is true at the state and local levels. A survey

of state legislators found that, "Building a coherent message on children's policy is challenging. . . because there is no clearly discernible legislative agenda for children and families; rather, a multitude of individuals and organizations with different agendas are sending mixed messages about what is best for children."<sup>18</sup> As one state official put it, "the legislature gets overwhelmed hearing from advocates and departments what the priorities are, so we are left with scrambled eggs." An inventory of Los Angeles County's existing policies for children, youth and families found a tangled mess (see figure 2). A similar picture could be drawn for many cities, counties and states in the nation, and for the country as a whole.



Such a “tangled mess” is an unfortunate and predictable result of many policymaking processes. Legislatures are organized into committees and executive branches into departments; each are responsible for specific policies and programs. In this environment, policymakers are asked to make decisions that may not include a clear view of the full range of programs and policies that are under way. Weaving the existing tangle of services into a seamless web of support requires working across departmental and committee lines.

This challenge is further compounded by fragmentation among the advocacy community. Advocates tend to be organized around specific issues and policies. A youth service coalition will advocate for increased spending for community service, a homeless shelter will request more funding for runaway and homeless youth, or a business group will suggest summer youth employment spending. Attempting to weave a strategic, multi-faceted approach can go against the grain of narrowly focused advocates.

### *What can states do?*

- **Create a Children’s Cabinet.** The Louisiana Legislature created the Children’s Cabinet in 1998. The mission of the Louisiana Children’s Cabinet is to produce measurable improvements for children and youth in health, education and family life. All facets of state government work together to this end. Members of the cabinet include the secretaries of more than seven departments, including Education, Social Services and Public Safety; a senator; a representative; and representatives of the Supreme Court and the state Board of Education. They produce one Children’s Budget each year and work across bodies to coordinate and improve services.<sup>19</sup> The New Mexico Children’s Cabinet oversees and coordinates cross-departmental efforts that include promoting and establishing comprehensive child and youth policy; assessing and maximizing resource allocation; removing administrative barriers to obtaining services; tracking child and youth indicators; and encouraging partnerships that elevate efforts on behalf of New Mexico children and youth. With the cabinet’s attention, New Mexico has increased its second grade immunization rate to 64 percent—and no longer ranks last in the nation—because of an aggressive new campaign called “Done by One.” The state also has allocated federal tax relief money to child care assistance. This allowed the state to raise the eligibility standard to parents living at 150 percent of poverty and enroll an additional 3,500 families.<sup>20</sup>
- **Create a Joint Legislative Committee on Children, Youth and Families or a Children’s Caucus.** Maryland created a Joint Committee on Children, Youth and Families in 1999 (Chapter 362, Acts of 1999). The committee works to coordinate state efforts to improve the health, education, safety and economic well-being of children in Maryland, recommending new laws, regulations and budget priorities to improve children’s well-being. The committee also searches out and makes recommendations to remedy any interdepartmental gaps, inconsistencies or inefficiencies in services to children and their families; and works to inform the legislature and the general public of issues concerning the special needs of children, youth and families. Arizona legislators created a Children’s Caucus in 2003. This bipartisan group of Arizona House and Senate members works to protect state funding for children and families.
- **Coordinate at the Local Level.** Oregon passed legislation in 1999 that calls for locally driven planning for youth policy and for replacement of fragmented activities with a



comprehensive strategy. The 36 counties' results-driven planning then informs the work of the five state agencies that affect children and families. Targeted, flexible funding then is provided to counties to support best practices and meet the needs of the community.<sup>21</sup> In this case, local coordination has promoted better delivery of state-funded programs and services. Louisiana passed legislation in 2004 to create Children and Youth Planning Boards in each judicial district, "to assist in the assessment, alignment, coordination, prioritization, and measurement of all available services and programs that address the needs of children and youth."<sup>22</sup>

- **Create a Youth Budget and Report Card.** Many state examples exist of budgets and report cards. Such data collection allows for closer inspection of a state's investment in youth across a range of programs and outcomes. The Kentucky Youth Development Partnership recently completed a full analysis of the state's investment in young people.<sup>23</sup> Examining the funding in this way can inform policymakers of the balance of programs and services to support youth, from promoting positive outcomes to preventing negative ones. It also can provide guidance on how to fill in the gaps and better align investments. Pairing a youth budget with a report card highlighting trends and indicators can help policymakers with tough choices and focus on the areas of highest need.<sup>24</sup>

#### *How can you get started?*

- Review legislation from other states that creates a children's cabinet or other similar coordinating body and consider introducing legislation to do the same.
- Create a joint committee for children, youth and families or a children's caucus to review legislative proposals that deal with children and enhance coordination on policies that affect children and families.
- Review report cards and children's budgets from other states; forward them to your state's governor and legislative finance committee, asking them to explore the feasibility of creating one for your state.
- Meet with the coordinators of city and county children's cabinets (and similar inter-agency efforts) and ask how the state could support their work.

#### **Challenge 4: Bringing Youth Perspectives to the Table**

Most services are designed with input from the people being served. However, young people are not allowed to vote and often are left out of the political process. As one 17-year-old said, "If you had a problem in the black community, and you brought together a group of white people to discuss how to solve it, almost nobody would take that panel seriously. In fact there'd probably be a public outcry. But every day, in local arenas all the way to the White House, adults sit around and decide what problems youth have and what youth need, without ever consulting us."

It is relatively easy to bring in a single young person to consult on a policy decision, but involving large numbers of young people is more difficult. Significant training and support are needed so the young people are well-versed on the issues and the policymaking process and so the adults

are prepared to fully engage the young people. Recruiting young people who reflect the diversity of the state is an important consideration. Giving them resources to build a constituency allows them to present the views of a wide range of young people.

#### *What can states do?*

- **Develop a Statewide Youth Council.** Maine and New Mexico have passed legislation to create statewide youth advisory bodies to provide young people with a meaningful role in shaping policies that affect them.<sup>25</sup> Maine's Legislative Youth Advisory Council offers a unique opportunity for its youth members to conduct public hearings, draft bills, and make recommendations on pending proposals under consideration by the Legislature. Senator John Martin thinks that Maine is probably the first state in the country to have someone under age 18 chairing a committee with a legislator. He says, "The purpose of the Council is to get student input on things that concern them, and to involve them in the process. It is working very well. I encourage other states to look at what we are doing in Maine and implement something like it." The New Mexico Legislature passed a bill in 2003 that created the New Mexico Youth Alliance to advise the governor, lieutenant governor and the Legislature on policy issues that matter to young people. The Youth Alliance, which consists of 112 youth from across the state, meets at least four times a year. In addition, each member of the Youth Alliance partners with an adult mentor to act as advocates of change in their communities.
- **Create Public/Private Partnerships to Engage Youth.** States also have forged public/private partnerships to increase capacity and sustainability for engaging young people and communities. For example, youth-focused intermediaries have the potential to provide the necessary infrastructure to support youth involvement in policy. Intermediary groups can help to facilitate opportunities that connect young people to policymakers, act as convener of key stakeholders around youth issues, and promote best practices to increase the quality and quantity of programs and services for youth. This is the case in New Mexico, where the Forum for Youth in Community, a community-based organization, provides staff support to the legislatively created Youth Alliance.
- **Establish Civic Education Initiatives.** Investments in civic education provide an avenue for youth to share their perspectives and also can encourage lifetime civic involvement. Louisiana passed legislation in 2004 to create a Commission on Civic Education to educate students about the importance of citizen involvement and to promote communication and collaboration among organizations in the state that conduct civic education programs.<sup>26</sup>

#### *How can you get started?*

- Consider legislation that promotes the positive development of young people.
- Be accessible and reach out to young people in your legislative district. Invite them to talk with you about issues that are important to them. Visit the places where young people spend time in your district. Visit classrooms and meet with students through initiatives such as America's Legislators Back to School Week.

- Inform young people of opportunities for involvement in your decision-making process by providing: 1) access to timely information such as upcoming hearings and meetings on youth-related issues; 2) background information about specific policy issues; and 3) names of staff people in your office with whom they can discuss specific policy issues. Respond to young people when they contact your office with a policy suggestion or question.
- Institutionalize youth voices in the policymaking process by creating a state-level youth advisory structure.
- Consider legislation that requires the involvement of young people and their families in local collaboratives that establish youth development programs.



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# Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets

May 2009

\*The National Center on Addiction and Substance Abuse at Columbia University is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations, or any other organizations with the name of "CASA".

## Foreword and Accompanying Statement by Joseph A. Califano, Jr., Founder and Chairman

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In this report, The National Center on Addiction and Substance Abuse (CASA) at Columbia University has identified the total amount spent by federal, state and local governments on substance abuse and addiction--the first time such an analysis has ever been undertaken.

This CASA report finds that in 2005 federal, state and local government spending as a result of substance abuse and addiction was at least \$467.7 billion: \$238.2 billion, federal; \$135.8 billion, state; and \$93.8 billion, local.\* Total government spending of \$467.7 billion on substance abuse and addiction amounted to 10.7 percent of their entire \$4.4 trillion budgets.

Of every dollar *federal and state governments*<sup>†</sup> spent on substance abuse and addiction in 2005, 95.6 cents went to shoveling up the wreckage and only 1.9 cents on prevention and treatment, 0.4 cents on research, 1.4 cents on taxation or regulation and 0.7 cents on interdiction.

Under any circumstances spending more than 95 percent of taxpayer dollars on the consequences of tobacco, alcohol and other drug abuse and addiction and less than two percent to relieve individuals and taxpayers of this burden would be considered a reckless misallocation of public funds. In these economic times, such upside-down-cake public policy is unconscionable.

The facts revealed in this report constitute a searing indictment of the policies of government at every level that spend virtually all of the funds in this area to shovel up the wreckage of substance abuse and addiction and practically nothing to prevent and treat it.

In the face of evidence that prevention programs aimed at smoking, illegal and prescription drug abuse and underage and excessive adult drinking

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\* In this report, numbers may not always add due to rounding.

† This analysis does not include local spending due to data limitations.

can be effective, and that many treatment programs have outcomes more favorable than many cancer treatments, our current spending patterns are misguided. They drain urgently needed funds from government budgets and permit the savaging of millions of lives through preventable accidents, homicides, suicides, domestic violence, child abuse, sexual assaults, unplanned pregnancies, homelessness, forgone educations, STDs, birth defects and more than 70 illnesses requiring hospitalization. It is past time for this fiscal and human waste to end.

The figures are based on 2005 spending because that was the most recent year for which data were available over the course of the study, but there is nothing to suggest that anything in this area has changed since then.

For three years, CASA has been analyzing the federal budget and budgets of the 50 states, the District of Columbia and Puerto Rico and reviewing local government expenditures, including case studies of four local jurisdictions. Based on a careful examination of national and peer-reviewed research, we have estimated the spending related to smoking, underage and excessive drinking and illegal and prescription drug abuse and addiction. The result of this effort is the first comprehensive picture ever assembled of substance-related spending across all levels of government.

Troubling as this unprecedented analysis is, it understates the burden of substance abuse and addiction on federal, state and local government taxpayers. In every case CASA made the most conservative assumptions about the burden of substance abuse and addiction on government budgets. Moreover, in some cases--higher education, tobacco and drug-related developmental disabilities, highway accidents linked to illicit or controlled prescription drug use, civil court costs, and workforce-related turnover and higher health insurance costs--we were unable to include any estimate at all due to data limitations.

In these areas where we could not estimate costs, we know that substance-related spending could be sizable. For example, 22.9 percent of full-time college students meet medical criteria for substance abuse and addiction and about 80 percent of heavy drinkers and two-thirds of illegal drug users in the U.S. are employed full or part time, imposing increased costs on governmental budgets for higher education and the workforce.

In spite of its conservative nature, the report offers the nation examples of just how much our failure to prevent and treat addiction costs federal, state and local governments. It also offers specific actions to reduce the burden on governments and taxpayers, save lives and untold agony for millions of families, and improve health.

Key 2005 findings of the report are:

- For every dollar *federal and state governments* spent to prevent and treat substance abuse and addiction, they spent \$59.83 in public programs shoveling up its wreckage.
- If substance abuse and addiction were its own *state* budget category, it would rank second just behind spending on elementary and secondary education.
- If substance abuse and addiction were its own budget category at the *federal* level, it would rank sixth, behind social security, national defense, income security, Medicare and other health programs including the federal share of Medicaid.
- *Federal and state governments* spend more than 60 times as much to clean up the devastation substance abuse and addiction visits on children as they do on prevention and treatment for them.

<b>Federal Outlays by Budget Function</b> <b><i>Including Spending on Substance Abuse</i></b> <b><i>and Addiction</i></b> <b>(in Billions)</b>	
<b>Budget Function*</b>	<b>2005</b>
Social Security	\$523
National defense	494
Income security	348
Medicare	299
Other health	250
<b>Substance abuse and addiction</b>	<b>238</b>
* The top five budget categories also contain costs linked to substance abuse and addiction.	

This report represents the second in CASA's analysis of the impact of tobacco, alcohol and other drug abuse and addiction on government. Our first report, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, was released in 2001 and was limited to state spending. Such spending has increased since CASA's 2001 report. In 2005, states spent 15.7 percent of their budgets on substance abuse and addiction compared with 13.3 percent in 1998, up more than 18 percent.

Almost three-quarters (71.1 percent) of total federal and state spending on the wreckage or burden of addiction is in two areas: health care and justice system costs. Increasing costs in these areas are devastating state budgets while health care costs are consuming a larger and larger share of federal spending. The largest share of *federal and state spending* to shovel up the burden of substance abuse and addiction is in health care costs (58.0 percent). At the federal level, 74.1 percent of all shoveling up spending is in the area of health care, underscoring the critical importance of addressing this issue in the context of national health care reform.

Sin taxes are inadequate to compensate for the harm caused by tobacco use, underage drinking and adult excessive drinking. The public health goal for tobacco taxes is to help eliminate use. The public health goal for alcohol taxes is to curb underage and adult excessive drinking. For each dollar in alcohol and tobacco taxes and liquor store revenues that goes to *federal and*

*state* coffers, these governments spend \$8.95 on the consequences of smoking and alcohol abuse and addiction.

To stem this hemorrhage of government shoveling up spending, the report recommends action in several areas:

- Prevention and early intervention,
- Treatment and disease management,
- Tax and regulatory policies; and,
- Expanded research.

Prevention is the top priority and the surest way to reduce the burden that shoveling up imposes on children, families and taxpayers. Prevention begins with individuals changing their conduct. It requires the kind of public health campaign that cut smoking almost in half over the past three decades; engages our elementary, secondary and university educational systems; and engages the medical profession in screenings and brief interventions to avoid the problem or identify it early when it can be dealt with in time to reduce or eliminate the costs of substance abuse and addiction to families, government and society.

A focus of public health prevention efforts must be our children: 17 years of research at CASA have shown that a child who reaches age 21 without smoking, using illicit drugs or abusing alcohol is virtually certain never to do so. We need, for example, to launch an effective public health media campaign aimed at drug abuse and underage drinking as the American Legacy Foundations' **truth®** campaign has so effectively targeted youth smoking.

As with other chronic health problems, it is critical to acknowledge the issue of personal responsibility. While some people are at greater risk than others for developing addictive disorders (genetics, family and community characteristics, co-occurring health problems, etc.), in the vast majority of cases initial use of tobacco, alcohol or other drugs is very much a

matter of personal choice. When use of these substances progresses to the point of meeting medical criteria for abuse or addiction, changes have occurred in the brain which make cessation of use extraordinarily difficult. Having a chronic disease should not, however, excuse an individual from the consequences of his or her actions or society from providing appropriate health care. The bottom line is that while an individual is responsible for his or her actions related to the disease, the disease must be treated.

Effective, evidence-based treatment is critical since some nine percent of the U.S. population has a clinical substance use disorder. The return on investments in treatment would bring a smile to any corporate CEO: scientific research has established that every dollar spent on quality treatment can deliver a return of \$12.00 or more in reduced substance-related crime and criminal justice and health care costs. Failure of the medical profession to treat substance abuse and addiction as a chronic disease where relapse may occur (like diabetes, depression, hypertension or asthma) and the failure of the health insurance industry across the board to provide adequate coverage for such treatment are inhumane and wasteful decisions that have resulted in broken families, lost lives and billions in wasted taxpayer dollars.

Deploying taxation to increase the price of cigarettes has been an effective companion to public health education in reducing smoking in our nation. This tool can be used to help reduce underage drinking and excessive adult drinking. Regulatory policies to curb underage access to tobacco and alcohol also can be effective in reducing use. Just as reducing smoking has cut health care costs, so can reducing underage and adult excessive drinking.

Finally, we need to increase our knowledge about the disease of addiction, its causes and correlates, and effective prevention and treatment strategies. This requires increased investments in research. On a health problem that costs this nation more than \$450 billion in 2005, we spent only \$1.6 billion on research. Instead, we spent billions researching the

consequences of addiction: cancers, strokes, cardiovascular ailments, respiratory diseases and AIDS. In 2005, the National Institutes of Health which supports 90 percent of the nation's basic biomedical research, spent at least \$11 billion researching these five diseases and 15 percent of this amount to study the largest single cause and exacerbator of that quintet of leading killers and cripples.

To stop the nation's profligate spending on the burden of addiction, America must change its culture. Just as we did with tobacco, starting in 1978, we have to educate Americans of the health and other dangers of alcohol and other drug use. As a nation, we must face the fact that substance abuse is a public health problem and addiction is a medical problem and respond accordingly. We need the kind of campaign the public health community mounted with respect to AIDS: in a matter of a few years, AIDS went from being seen as a social curse to being recognized as a serious, treatable disease. It's time for the public health community to mount a similar effort with respect to alcohol and other drug abuse and addiction, to move the nation from stigmatizing it to recognizing it as a disease.

While America should invest both in supply and demand reduction strategies, when it comes to illicit drugs there appears to be much room for improvement in the efficacy of \$2.6 billion in current federal drug interdiction activities. We have been able to keep biological and nuclear materials from entering our borders, but we haven't been able to stop the flow of illicit drugs that kill and maim so many of our people and destroy neighborhoods. We need to commit the same level of expertise to keeping drugs out of our nation that we have used so successfully for biological and nuclear weapons.

This report includes many examples of proven and promising practices to reduce the crushing substance-related costs to government. Some actions--like indoor smoking bans, alcohol tax increases, screening and brief interventions and addiction treatments--will yield immediate results; most promising practices presented in



this report will provide significant savings over longer periods.

One particularly promising change is that in October 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, with the support of key members of Congress including Representatives Patrick Kennedy and Jim Ramstad. The Act ensures that, as of January 2010, group health plans that provide any mental health and addiction treatment will provide the same coverage for mental health and addiction treatment as they do for all other medical and surgical care. While a major step toward coverage of addiction treatment, the Act only mandates parity for companies that already provide these services. The nation needs to make coverage for addiction treatment consistent with coverage for other chronic diseases.

This report lists the experts who served on our Advisory Commission and who made invaluable contributions. In particular, I would like to thank the Commission Chairman, Frederick M. Bohen, for his leadership and tireless effort. His work and that of the Commission members contributed significantly to the quality of this product.

Susan E. Foster, MSW, CASA's Vice President and Director of Policy Research and Analysis, was the principal investigator and staff director for this effort. The data analysis was conducted by CASA's Substance Abuse and Data Analysis Center (SADAC<sup>SM</sup>), headed by Roger Vaughan, DrPH, CASA Fellow and Professor of Clinical Biostatistics, Department of Biostatistics, Mailman School of Public Health at Columbia University, and associate editor for statistics and evaluation for the *American Journal of Public Health*. He was assisted by Elizabeth Peters. Others who worked on the project are: Sara Blachman, Kristen Keneipp, MHS, Akiyo Kodera, Linda Richter, PhD, Varouj Symonette, JD, Sarah Tsai, MA, CASA's librarian David Man, PhD, MLS, library research specialist Barbara Kurzweil, and bibliographic data base manager Jennie Hauser. Project interns included Hannah Kim, Jason Lerner and Emily Toto.

Jane Carlson handled administrative responsibilities.

For financial contributions toward this work, the Board of Directors of CASA and our staff of professionals extend our appreciation to The Starr Foundation, CASA board member Joseph Plumeri and Primerica Financial Services.

While many individuals and institutions contributed to this effort, the findings and opinions expressed herein are the sole responsibility of CASA.

# SURVEY OF AGENCY ALCOHOL, DRUG, TOBACCO, AND RISK-ASSOCIATED BEHAVIOR PREVENTION PROGRAMS

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs Department of Human Services	2009-11 Biennium Amount and Funding Source for Each Program			Detail of Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal and Special Funds	Total Funds			
Treatment services provided at the human service centers	\$13,434,141	\$11,178,368	\$24,612,509	Substance abuse prevention and treatment (SAPT) block grant - \$7,011,567	The state shall not expend grant funds on the following: To provide inpatient hospital services To make cash payments to intended recipients of services To purchase or improve land; purchase, construct, or permanently improve any building or other facility; or purchase major medical equipment To satisfy any requirement for the expenditure of nonfederal funds To provide financial assistance to any entity other than a public or nonprofit private entity To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs None None None	To provide treatment of substance abuse, including alcohol and other drugs Preference for admission into treatment services is in the following order: Pregnant injecting drug users Pregnant substance users Injecting drug users All other substance abusers
Treatment services provided at the State Hospital	2,953,055	6,245,121	9,198,176	Medical assistance - \$2,869,440 Collections - \$1,297,361 Medical assistance - \$84,203	Payments from Department of Corrections and Rehabilitation need to be spent toward the population placed by the Department of Corrections and Rehabilitation. Funds are limited to primary prevention activities only. See additional restrictions for the SAPT grant on the first page for the Department of Human Services.	To provide inpatient treatment of substance abuse, including alcohol and other drugs Program operations - \$9,198,176/100%
Prevention related to substance abuse	193,151	2,186,913	2,380,064	Insurance collections and payments from the Department of Corrections and Rehabilitation - \$6,160,918 SAPT block grant - \$2,186,913		Four tribal contracted prevention coordinators and six prevention specialists to provide prevention efforts throughout the regions and tribal areas. This serves as the framework for the substance abuse prevention program. Formation of community coalitions, support of coalitions and implementation of prevention strategies to decrease substance use.

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			Detail of Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal and Special Funds	Total Funds			
Methamphetamine and other substance abuse residential treatment services	1,481,573		1,481,573			Prevention Resource & Media Center - PRMC provides free materials and resources regarding substance use prevention; provides clearinghouse materials; designs media kits and messaging support for prevention efforts across the state. Program operations - \$471,654/20% Grants/contracts - \$1,908,410/80% To provide residential treatment for methamphetamine and other substance users Grants/contracts - \$1,481,573/100%
Program and policy related to substance abuse	470,081	849,397	1,319,478	SAPT block grant - \$835,598 Other funds remaining from Oxford House loan fund - \$13,799	See additional restrictions for the SAPT grant on the first page for the Department of Human Services.	To provide technical assistance, training, and outcome management policy to treatment and prevention fields Program operations - \$1,319,478/100%
Data information systems		250,000	250,000	DASIS - \$250,000	Must be used to develop and implement substance abuse data management At least 10% of this amount shall be used for law enforcement education partnerships. No more than 5% of this amount can be used for administrative costs.	Contracts - \$250,000/100%
Governor's fund for safe and drug-free schools and communities - Funding is provided as grants to high-risk areas for enforcement and education		596,340	596,340	Safe and drug-free schools and communities grant - \$596,340		Baseline Community Readiness Surveys completed in regions and in process of completion in tribal areas of the state. Community-focused best practices using community readiness survey results will be implemented. Prevention conference held in collaboration with DPI and DOH. Grants/contracts - \$596,340/100%
State Epidemiological Outcomes Workgroup		250,261	250,261	SEOW - \$250,261	Must be used for prevention strategies.	Utilizing the principles of outcome-based prevention, the SEOW is designed to create and oversee the strategic use of data to inform and guide substance abuse prevention policy and program development in North Dakota. Through ongoing and integrated data analyses, the SEOW will implement SAMHSA's Strategic Prevention Framework. The five-step process includes: Assessment of population needs, resources and readiness;

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						<p>Mobilization and capacity building to address needs;</p> <p>Prevention planning and funding decisions;</p> <p>Implementation of evidenced-based prevention programs;</p> <p>Evaluation of key outcomes and plan adjustments.</p> <p>State and county level epidemiological profiles are being produced that summarize alcohol, tobacco and other drug consumption patterns and associated consequences across the life span.</p> <p>Grants/contracts - \$250,261/100%</p>
Department of Justice underage drinking grant - Funding is used for underage drinking prevention programs.		696,644	696,644	<p>Enforcing underage drinking laws grant. This program is funded by the Department of Justice - \$696,644</p>	<p>Cannot be used to supplant state or local funds</p> <p>Funding can be suspended if:</p> <p>Failure to adhere to requirements or conditions placed on the grant</p> <p>Failure to submit reports timely</p> <p>Filing a false certification</p> <p>Other good cause shown</p>	<p>Alcohol beverage server campaign in collaboration with Attorney General's office; in collaboration with Highway Patrol, compliance checks, shoulder taps, point of purchase operations and party patrols are implemented; overtime hours for officers in order to provide the enforcement activities listed; Youth Advisory Board activities; safety and educational messaging and media involvement.</p> <p>Prevention conference held on collaboration with DPI and DOH.</p> <p>Operating expenses - \$55,402/8%</p> <p>Grants/contracts - \$641,242/92%</p>
Total - Department of Human Services	\$18,532,001	\$22,253,044	\$40,785,045			

Treatment Related Funding

Prevention Related Funding

Administrative Related Funding

# SURVEY OF AGENCY ALCOHOL, DRUG, TOBACCO, AND RISK-ASSOCIATED BEHAVIOR PREVENTION PROGRAMS

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Total - Department of Human Services	\$18,532,001	\$22,253,044	\$40,785,045			<p>Alcohol beverage server campaign in collaboration with Attorney General's office; in collaboration with Highway Patrol, compliance checks, shoulder taps, point of purchase operations and party patrols are implemented; overtime hours for officers in order to provide the enforcement activities listed; Youth Advisory Board activities; safety and educational messaging and media involvement.</p> <p>Prevention conference held in collaboration with DPI and DOH.</p> <p>Operating expenses - \$55,402/8%</p> <p>Grants/contracts - \$641,242/92%</p>

Treatment Related Funding

Prevention Related Funding

Administrative Related Funding

**Testimony  
Senate Bill 2314  
House Education Committee  
Monday, January 31, 2011**

**Bruce Wold**

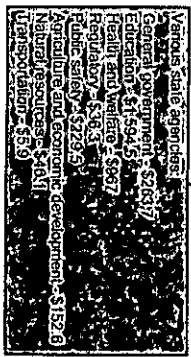
Chairman Holmberg and members of the Senate Appropriations Committee, my name is Bruce Wold and I serve as a counselor for the Beulah School District. I am here this morning to testify in support of Senate Bill 2314 and ask for a "do pass" recommendation from this committee.

I am in strong support of the SADD program and hope that this and other prevention programs can have adequate funding to help our teens as they make difficult choices during formative years. Our school has been taking students to the State SADD convention for many years and it is such a blast seeing 400 to 500 students having fun in a healthy, safe environment. I think the connections made during this time as well as the memories made are special. More importantly though, these students have returned to their respective schools and positively impacted many more students. Some of the activities Beulah's SADD students have been involved with are Reality Check, a research based prevention program provided to younger students, peer mentoring, cross age mentoring and tutoring as well as DJing dances, and leading and supporting Red Ribbon Week activities such as Ghost Out.

A "do pass" recommendation from this committee on Senate Bill 2314 would be a welcome first step to provide adequate funding for SADD and other prevention programs to help our teens as they make healthy choices during the years when habits are formed that can greatly affect a lifetime..



(Amounts Shown in Millions)



11.0750.02001  
Title.  
Fiscal No. 1

SB 2314  
March 10, 2011  
Prepared by the Legislative Council staff for Representative Kaldor  
March 8, 2011  
Attachment 2

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2314

Page 1, line 2, after "force" insert "and to the department of human services for assisting the governor's prevention and advisory council"

Page 1, after line 8, insert:

**"SECTION 2. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$500,000, or so much of the sum as may be necessary, to the department of human services for the purpose of assisting the governor's prevention and advisory council to support a statewide school and community-based youth network dedicated to implementing risk behavior prevention efforts and serving the mission of the council, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2314 - Summary of House Action

	Executive Budget	Senate Version	House Changes	House Version
Department of Public Instruction				
Total all funds	\$0	\$200,000	\$0	\$200,000
Less estimated income	0	0	0	0
General fund	\$0	\$200,000	\$0	\$200,000
Department of Human Services				
Total all funds	\$0	\$0	\$500,000	\$500,000
Less estimated income	0	0	0	0
General fund	\$0	\$0	\$500,000	\$500,000
Bill total				
Total all funds	\$0	\$200,000	\$500,000	\$700,000
Less estimated income	0	0	0	0
General fund	\$0	\$200,000	\$500,000	\$700,000

Senate Bill No. 2314 - Department of Human Services - House Action

	Executive Budget	Senate Version	House Changes	House Version
Prevention and Advisory Council			\$500,000	\$500,000
Total all funds	\$0	\$0	\$500,000	\$500,000
Less estimated income	0	0	0	0
General fund	\$0	\$0	\$500,000	\$500,000
FTE	0.00	0.00	0.00	0.00

Department No. 325 - Department of Human Services - Detail of House Changes

Assist the Governor's Prevention and Advisory Council <sup>1</sup>	
Prevention and Advisory Council	\$500,000
Total House Changes	\$500,000

Total all funds	\$500,000	\$500,000
Less estimated income	0	0
General fund	\$500,000	\$500,000
FTE	0.00	0.00

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<sup>1</sup> This amendment provides funding to the Department of Human Services for the purpose of assisting the Governor's Prevention and Advisory Council to support a statewide school and community-based youth network dedicated to implementing risk behavior prevention efforts and serving the mission of the council.

*Testimony to House Appropriations Committee  
Supporting SB 2314*

SB 2314  
March 10, 2011  
Attachment 3

*Lee Erickson, ND SADD Coordinator  
March 10, 2011*

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Mr. Chairman, and members of the House Appropriations Committee,

My name is Lee Erickson, and I am here today on my own behalf to state my support for an amended version of SB 2314, including funding for SADD or a "SADD-like" statewide youth prevention network.

We are all well aware of the problem North Dakota has with substance abuse, especially as it relates to alcohol use. And from a fiscal sense, studies have shown that all levels of government spend huge sums of money putting Band Aids on the surface of issues rather than treating the causes.

(Handout – "Shoveling it Up")

(Handout – ND Dept of Human Services allocations)

The pattern of the past has been to rely upon federal funding, but we can't rely upon the federal government to adequately or accurately address state problems, especially when those funding streams are being trimmed back. This is an issue we simply can't afford to ignore, from a fiscal or human standpoint.

**The Case for SADD**

I have been involved at the local level with SADD since 1994, and I was asked to become the North Dakota SADD coordinator in 1999. Since then, we have built the strongest and most innovative statewide SADD program in the nation, with the most passionate student members, and we have grown from 5 to around 70 chapters in the state since 1999.

We have partnered with virtually every state agency on various projects, some funded and many non-funded:

- Dept. of Transportation
- Dept. of Human Services
- Dept. of Health
- Dept. of Public Instruction
- Attorney General
- Dept. of Higher Education
- Law Enforcement
- Numerous local-level partners

SADD exists not just to promote our own programming, but to help state agencies serve their missions and deliver their programming through our network.

However, we have built some unique and effective programming, such as our Reality Check program (which you will hear more about). What makes our particular SADD organization in ND so strong is that we have always listened to the teens we serve. And what we have learned from them and implemented into SADD is precisely what recent studies have shown is needed and effective.

(Handout – “Strengthening Youth Policy”)

The national SADD office isn’t the only entity that holds our program in high regard. Last fall, the White House Office of National Drug Control Policy (ONDCP) selected our SADD office as one of 23 local “communities” nationwide to participate in local-level youth-led strategies in connection with their national “Above the Influence” ad campaign, which is designed to empower youth to be “above” negative influences regarding alcohol and other drugs. This was based not only on our geographic location and nature of our problems, but upon their belief in us as an agent for change.

We built our SADD program with extremely little funding, relying heavily upon in-kind support and a lot of time, passion, and personal sacrifice from everyone involved. We did this because we believed in the cause and the power of youth, and that belief and sacrifice has worked. We’re doing things right. We wouldn’t be here today if we didn’t have complete faith in our efforts and in the ability of our youth to effectively implement effective peer-based strategies. We have accomplished an enormous amount with very scant resources, but we are at a point where we need the state’s help to build the infrastructure necessary to serve and grow our network.

I have sacrificed a lot, in terms of time and money, to build the program we have today, but I can’t do it alone, or forever. We need field services staff and a media specialist, and we need a western ND office. We need predictable funding for programming, and we need to answer the many pleas I receive every year from our SADD alumni to expand our presence to the college level.

The \$500,000 asked for in an amended version of this bill during the upcoming biennium represents only about half of what our total budget would be, but together with our strategic and fundraising development plans, this amount would put us in a position to be able to fund core services and enable us to obtain the other funds necessary to finish the job. We could partner even more effectively with the state agencies who realize that we are the organization that has access to the youth necessary for them to carry out their prevention, health and safety-related goals. The \$200,000 in the current bill version would *not* get us our western ND office.

Grandma’s saying that, “an ounce of prevention is worth a pound of cure” is pretty accurate. Study after study has shown that every dollar spent in prevention results in huge savings to the taxpayer in the future. Prevention should be looked upon as an investment, not an expenditure.

A poll conducted by our nonprofit, Northern Lights Youth Services, in 2007 showed that 70% of North Dakota voters felt that the state should use a portion of its current surplus to fund prevention efforts.

We have the will of the people, the need, the state resources, passionate students, and the appropriate vehicle for change to make a lasting impact on our state – one that will save lives, change lives, and promote the best possible chance of positive development for our youth.

Please pass SB 2314, with the suggested amendment. Our state and our kids desperately need your help.



The National Center on  
Addiction and Substance Abuse  
at Columbia University

SB 2314  
March 10, 2011  
Attachment 3A

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## Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets

May 2009

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\*The National Center on Addiction and Substance Abuse at Columbia University is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations, or any other organizations with the name of "CASA".

## Foreword and Accompanying Statement by Joseph A. Califano, Jr., Founder and Chairman

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In this report, The National Center on Addiction and Substance Abuse (CASA) at Columbia University has identified the total amount spent by federal, state and local governments on substance abuse and addiction--the first time such an analysis has ever been undertaken.

This CASA report finds that in 2005 federal, state and local government spending as a result of substance abuse and addiction was at least \$467.7 billion: \$238.2 billion, federal; \$135.8 billion, state; and \$93.8 billion, local. Total government spending of \$467.7 billion on substance abuse and addiction amounted to 10.7 percent of their entire \$4.4 trillion budgets.

Of every dollar *federal and state governments*<sup>†</sup> spent on substance abuse and addiction in 2005, 95.6 cents went to shoveling up the wreckage and only 1.9 cents on prevention and treatment, 0.4 cents on research, 1.4 cents on taxation or regulation and 0.7 cents on interdiction. \*

Under any circumstances spending more than 95 percent of taxpayer dollars on the consequences of tobacco, alcohol and other drug abuse and addiction and less than two percent to relieve individuals and taxpayers of this burden would be considered a reckless misallocation of public funds. In these economic times, such upside-down-cake public policy is unconscionable. \*

The facts revealed in this report constitute a searing indictment of the policies of government at every level that spend virtually all of the funds in this area to shovel up the wreckage of substance abuse and addiction and practically nothing to prevent and treat it.

In the face of evidence that prevention programs aimed at smoking, illegal and prescription drug abuse and underage and excessive adult drinking

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\* In this report, numbers may not always add due to rounding.

† This analysis does not include local spending due to data limitations.

can be effective, and that many treatment programs have outcomes more favorable than many cancer treatments, our current spending patterns are misguided. They drain urgently needed funds from government budgets and permit the savaging of millions of lives through preventable accidents, homicides, suicides, domestic violence, child abuse, sexual assaults, unplanned pregnancies, homelessness, forgone educations, STDs, birth defects and more than 70 illnesses requiring hospitalization. It is past time for this fiscal and human waste to end.

The figures are based on 2005 spending because that was the most recent year for which data were available over the course of the study, but there is nothing to suggest that anything in this area has changed since then.

For three years, CASA has been analyzing the federal budget and budgets of the 50 states, the District of Columbia and Puerto Rico and reviewing local government expenditures, including case studies of four local jurisdictions. Based on a careful examination of national and peer-reviewed research, we have estimated the spending related to smoking, underage and excessive drinking and illegal and prescription drug abuse and addiction. The result of this effort is the first comprehensive picture ever assembled of substance-related spending across all levels of government.

Troubling as this unprecedented analysis is, it understates the burden of substance abuse and addiction on federal, state and local government taxpayers. In every case CASA made the most conservative assumptions about the burden of substance abuse and addiction on government budgets. Moreover, in some cases--higher education, tobacco and drug-related developmental disabilities, highway accidents linked to illicit or controlled prescription drug use, civil court costs, and workforce-related turnover and higher health insurance costs--we were unable to include any estimate at all due to data limitations.

In these areas where we could not estimate costs, we know that substance-related spending could be sizable. For example, 22.9 percent of full-time college students meet medical criteria for substance abuse and addiction and about 80 percent of heavy drinkers and two-thirds of illegal drug users in the U.S. are employed full or part time, imposing increased costs on governmental budgets for higher education and the workforce.

In spite of its conservative nature, the report offers the nation examples of just how much our failure to prevent and treat addiction costs federal, state and local governments. It also offers specific actions to reduce the burden on governments and taxpayers, save lives and untold agony for millions of families, and improve health.

Key 2005 findings of the report are:

- For every dollar *federal and state governments* spent to prevent and treat substance abuse and addiction, they spent \$59.83 in public programs shoveling up its wreckage. \*
- If substance abuse and addiction were its own *state* budget category, it would rank second just behind spending on elementary and secondary education.
- If substance abuse and addiction were its own budget category at the *federal* level, it would rank sixth, behind social security, national defense, income security, Medicare and other health programs including the federal share of Medicaid.
- *Federal and state governments* spend more than 60 times as much to clean up the devastation substance abuse and addiction visits on children as they do on prevention and treatment for them.



<b>Federal Outlays by Budget Function</b> <b>Including Spending on Substance Abuse</b> <b>and Addiction</b> <b>(in Billions)</b>	
<b>Budget Function*</b>	<b>2005</b>
Social Security	\$523
National defense	494
Income security	348
Medicare	299
Other health	250
<b>Substance abuse and addiction</b>	<b>238</b>
* The top five budget categories also contain costs linked to substance abuse and addiction.	

This report represents the second in CASA's analysis of the impact of tobacco, alcohol and other drug abuse and addiction on government. Our first report, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, was released in 2001 and was limited to *state* spending. Such spending has increased since CASA's 2001 report. In 2005, *states* spent 15.7 percent of their budgets on substance abuse and addiction compared with 13.3 percent in 1998, up more than 18 percent.

Almost three-quarters (71.1 percent) of total federal and state spending on the wreckage or burden of addiction is in two areas: health care and justice system costs. Increasing costs in these areas are devastating state budgets while health care costs are consuming a larger and larger share of federal spending. The largest share of *federal and state spending* to shovel up the burden of substance abuse and addiction is in health care costs (58.0 percent). At the federal level, 74.1 percent of all shoveling up spending is in the area of health care, underscoring the critical importance of addressing this issue in the context of national health care reform.

Sin taxes are inadequate to compensate for the harm caused by tobacco use, underage drinking and adult excessive drinking. The public health goal for tobacco taxes is to help eliminate use. The public health goal for alcohol taxes is to curb underage and adult excessive drinking. For each dollar in alcohol and tobacco taxes and liquor store revenues that goes to *federal and*

*state* coffers, these governments spend \$8.95 on the consequences of smoking and alcohol abuse and addiction.

To stem this hemorrhage of government shoveling up spending, the report recommends action in several areas:

- Prevention and early intervention, \*
- Treatment and disease management,
- Tax and regulatory policies; and,
- Expanded research.

Prevention is the top priority and the surest way to reduce the burden that shoveling up imposes on children, families and taxpayers. Prevention begins with individuals changing their conduct. It requires the kind of public health campaign that cut smoking almost in half over the past three decades; engages our elementary, secondary and university educational systems; and engages the medical profession in screenings and brief interventions to avoid the problem or identify it early when it can be dealt with in time to reduce or eliminate the costs of substance abuse and addiction to families, government and society.

A focus of public health prevention efforts must be our children: 17 years of research at CASA have shown that a child who reaches age 21 without smoking, using illicit drugs or abusing alcohol is virtually certain never to do so. We need, for example, to launch an effective public health media campaign aimed at drug abuse and underage drinking as the American Legacy Foundations' **truth®** campaign has so effectively targeted youth smoking.

As with other chronic health problems, it is critical to acknowledge the issue of personal responsibility. While some people are at greater risk than others for developing addictive disorders (genetics, family and community characteristics, co-occurring health problems, etc.), in the vast majority of cases initial use of tobacco, alcohol or other drugs is very much a

matter of personal choice. When use of these substances progresses to the point of meeting medical criteria for abuse or addiction, changes have occurred in the brain which make cessation of use extraordinarily difficult. Having a chronic disease should not, however, excuse an individual from the consequences of his or her actions or society from providing appropriate health care. The bottom line is that while an individual is responsible for his or her actions related to the disease, the disease must be treated.

Effective, evidence-based treatment is critical since some nine percent of the U.S. population has a clinical substance use disorder. The return on investments in treatment would bring a smile to any corporate CEO: scientific research has established that every dollar spent on quality treatment can deliver a return of \$12.00 or more in reduced substance-related crime and criminal justice and health care costs. Failure of the medical profession to treat substance abuse and addiction as a chronic disease where relapse may occur (like diabetes, depression, hypertension or asthma) and the failure of the health insurance industry across the board to provide adequate coverage for such treatment are inhumane and wasteful decisions that have resulted in broken families, lost lives and billions in wasted taxpayer dollars.

Deploying taxation to increase the price of cigarettes has been an effective companion to public health education in reducing smoking in our nation. This tool can be used to help reduce underage drinking and excessive adult drinking. Regulatory policies to curb underage access to tobacco and alcohol also can be effective in reducing use. Just as reducing smoking has cut health care costs, so can reducing underage and adult excessive drinking.

Finally, we need to increase our knowledge about the disease of addiction, its causes and correlates, and effective prevention and treatment strategies. This requires increased investments in research. On a health problem that costs this nation more than \$450 billion in 2005, we spent only \$1.6 billion on research. Instead, we spent billions researching the

consequences of addiction: cancers, strokes, cardiovascular ailments, respiratory diseases and AIDS. In 2005, the National Institutes of Health which supports 90 percent of the nation's basic biomedical research, spent at least \$11 billion researching these five diseases and 15 percent of this amount to study the largest single cause and exacerbator of that quintet of leading killers and cripples.

To stop the nation's profligate spending on the burden of addiction, America must change its culture. Just as we did with tobacco, starting in 1978, we have to educate Americans of the health and other dangers of alcohol and other drug use. As a nation, we must face the fact that substance abuse is a public health problem and addiction is a medical problem and respond accordingly. We need the kind of campaign the public health community mounted with respect to AIDS: in a matter of a few years, AIDS went from being seen as a social curse to being recognized as a serious, treatable disease. It's time for the public health community to mount a similar effort with respect to alcohol and other drug abuse and addiction, to move the nation from stigmatizing it to recognizing it as a disease.

While America should invest both in supply and demand reduction strategies, when it comes to illicit drugs there appears to be much room for improvement in the efficacy of \$2.6 billion in current federal drug interdiction activities. We have been able to keep biological and nuclear materials from entering our borders, but we haven't been able to stop the flow of illicit drugs that kill and maim so many of our people and destroy neighborhoods. We need to commit the same level of expertise to keeping drugs out of our nation that we have used so successfully for biological and nuclear weapons.

This report includes many examples of proven and promising practices to reduce the crushing substance-related costs to government. Some actions--like indoor smoking bans, alcohol tax increases, screening and brief interventions and addiction treatments--will yield immediate results; most promising practices presented in

this report will provide significant savings over longer periods.

One particularly promising change is that in October 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, with the support of key members of Congress including Representatives Patrick Kennedy and Jim Ramstad. The Act ensures that, as of January 2010, group health plans that provide any mental health and addiction treatment will provide the same coverage for mental health and addiction treatment as they do for all other medical and surgical care. While a major step toward coverage of addiction treatment, the Act only mandates parity for companies that already provide these services. The nation needs to make coverage for addiction treatment consistent with coverage for other chronic diseases.

This report lists the experts who served on our Advisory Commission and who made invaluable contributions. In particular, I would like to thank the Commission Chairman, Frederick M. Bohen, for his leadership and tireless effort. His work and that of the Commission members contributed significantly to the quality of this product.

Susan E. Foster, MSW, CASA's Vice President and Director of Policy Research and Analysis, was the principal investigator and staff director for this effort. The data analysis was conducted by CASA's Substance Abuse and Data Analysis Center (SADAC<sup>SM</sup>), headed by Roger Vaughan, DrPH, CASA Fellow and Professor of Clinical Biostatistics, Department of Biostatistics, Mailman School of Public Health at Columbia University, and associate editor for statistics and evaluation for the *American Journal of Public Health*. He was assisted by Elizabeth Peters. Others who worked on the project are: Sara Blachman, Kristen Keneipp, MHS, Akiyo Koder, Linda Richter, PhD, Varouj Symonette, JD, Sarah Tsai, MA, CASA's librarian David Man, PhD, MLS, library research specialist Barbara Kurzweil, and bibliographic data base manager Jennie Hauser. Project interns included Hannah Kim, Jason Lerner and Emily Toto.

Jane Carlson handled administrative responsibilities.

For financial contributions toward this work, the Board of Directors of CASA and our staff of professionals extend our appreciation to The Starr Foundation, CASA board member Joseph Plumeri and Primerica Financial Services.

While many individuals and institutions contributed to this effort, the findings and opinions expressed herein are the sole responsibility of CASA.

# SURVEY OF AGENCY ALC, POL, DRUG, TOBACCO, AND RISK-ASSOCIATED BEHAVIOR PREVENTION PROGRAMS

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs Department of Human Services	2009-11 Biennium Amount and Funding Source for Each Program			Detail of Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal and Special Funds	Total Funds			
Treatment services provided at the human service centers	\$13,434,141	\$11,178,368	\$24,612,509	Substance abuse prevention and treatment (SAPT) block grant - \$7,011,567	The state shall not expend grant funds on the following: To provide inpatient hospital services To make cash payments to intended recipients of services To purchase or improve land; purchase, construct, or permanently improve any building or other facility; or purchase major medical equipment To satisfy any requirement for the expenditure of nonfederal funds To provide financial assistance to any entity other than a public or nonprofit private entity To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs None None None None	To provide treatment of substance abuse, including alcohol and other drugs Preference for admission into treatment services is in the following order: Pregnant injecting drug users Pregnant substance users Injecting drug users All other substance abusers
Treatment services provided at the State Hospital	2,953,065	6,245,121	9,198,176	Medical assistance - \$2,869,440 Collections - \$1,297,361 Medical assistance - \$84,203	Payments from Department of Corrections and Rehabilitation need to be spent toward the population placed by the Department of Corrections and Rehabilitation. Funds are limited to primary prevention activities only. See additional restrictions for the SAPT grant on the first page for the Department of Human Services.	Four tribal contracted prevention coordinators and six prevention specialists to provide prevention efforts throughout the regions and tribal areas. This serves as the framework for the substance abuse prevention program. Formation of community coalitions, support of coalitions and implementation of prevention strategies to decrease substance use.
Prevention related to substance abuse	193,151	2,186,913	2,380,064	SAPT block grant - \$2,186,913		

Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	2009-11 Biennium Amount and Funding Source for Each Program			Detail of Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
	General Fund	Federal and Special Funds	Total Funds			
Methamphetamine and other substance abuse residential treatment services	1,481,573		1,481,573			Prevention Resource & Media Center - PRMC provides free materials and resources regarding substance use prevention, provides clearinghouse materials, designs media kits and messaging support for prevention efforts across the state. Program operations - \$471,654/20% Grants/contracts - \$1,908,410/80% To provide residential treatment for methamphetamine and other substance users Grants/contracts - \$1,481,573/100%
Program and policy related to substance abuse	470,081	849,397	1,319,478	SAPT block grant - \$835,598 Other funds remaining from Oxford House loan fund - \$13,799	See additional restrictions for the SAPT grant on the first page for the Department of Human Services.	To provide technical assistance, training, and outcome management policy to treatment and prevention fields Program operations - \$1,319,478/100% Contracts - \$250,000/100%
Data information systems		250,000	250,000	DASIS - \$250,000	Must be used to develop and implement substance abuse data management	Baseline Community Readiness Surveys completed in regions and in process of completion in tribal areas of the state. Community-focused best practices using community readiness survey results will be implemented.
Governor's fund for safe and drug-free schools and communities - Funding is provided as grants to high-risk areas for enforcement and education		596,340	596,340	Safe and drug-free schools and communities grant - \$596,340	At least 10% of this amount shall be used for law enforcement education partnerships. No more than 5% of this amount can be used for administrative costs.	Prevention conference held in collaboration with DPI and DOH. Grants/contracts - \$596,340/100%
State Epidemiological Outcomes Workgroup		250,261	250,261	SEOW - \$250,261	Must be used for prevention strategies.	Utilizing the principles of outcome-based prevention, the SEOW is designed to create and oversee the strategic use of data to inform and guide substance abuse prevention policy and program development in North Dakota. Through ongoing and integrated data analyses, the SEOW will implement SAMHSA's Strategic Prevention Framework. The five-step process includes: Assessment of population needs, resources and readiness.

2009-11 Biennium Amount and Funding Source for Each Program				Detail of Sources of Federal and Special Funds	Restrictions on Uses of Funds	Anticipated Uses of Funds
Alcohol, Drug, Tobacco, and Other Risk-Associated Behavior Programs	General Fund	Federal and Special Funds	Total Funds			
Department of Justice - underage drinking grant - Funding is used for underage drinking prevention programs.		696,644	696,644	Enforcing underage drinking laws grant. This program is funded by the Department of Justice - \$696,644	Cannot be used to supplant state or local funds Funding can be suspended if: Failure to adhere to requirements or conditions placed on the grant Failure to submit reports timely Filing a false certification Other good cause shown	Alcohol beverage server campaign in collaboration with Attorney General's office. In collaboration with Highway Patrol, compliance checks, shoulder taps, point of purchase operations and party patrols are implemented, overtime hours for officers in order to provide the enforcement activities listed. Youth Advisory Board activities, safety and educational messaging and media involvement. Prevention conference held on collaboration with DPI and DOH. Operating expenses - \$55,402/8% Grants/contracts - \$641,242/92%
Total - Department of Human Services	\$18,532,001	\$22,253,044	\$40,785,045			

Treatment Related Funding
Prevention Related Funding
Administrative Related Funding



# STRENGTHENING YOUTH POLICY

NATIONAL  
CONFERENCE  
of  
STATE  
LEGISLATURES

Research and Policy Report

October 2005

## Positive Youth Development: State Strategies

By Thaddeus Ferber, Elizabeth Gaines and Christi Goodman\*

A growing body of research shows that kids who feel safe, valued and connected to caring adults are more likely to be positive about life, engaged in school and emotionally healthy; they also are less likely to participate in destructive or delinquent behavior. This research, although it seems based upon common sense, has led to a dramatic shift in thinking about youth policy—from viewing some youth based on their risk factors or deficits versus viewing all youth as having certain strengths, assets and protective factors to build upon.

Policymakers across the country are responding to the research and increasing public awareness of what is necessary to change the odds for youth. They recognize that, too often, society has reacted with fragmented and disjointed responses to youth problems and that no real plan exists to address promotion of youth strengths. Although no one method may be perfect to address the challenges in creating effective youth policies, states are taking steps to find the best among a wide range of possible solutions. This issue brief shares supporting research and examples from states that are tackling these challenges and succeeding. It also includes examples of what can be done to align and coordinate youth policies to promote youth development in any state.

### Research on Making a Difference for Youth

Over the years, researchers have learned why some young people in disadvantaged situations "bear the odds," while others succumb to them. There is little magic involved—some young people make it because

#### From Beating the Odds to Changing the Odds

At 18, I was immersed in trying to answer the deeply troubling question of why some kids and cousins I grew up with had already taken detours off the road to success. I also wanted to understand why people—students and professors alike—were surprised at how well-educated, well-rounded and "well-adjusted" I was, given my demographics.

As a budding sociologist, I was already rejecting the theories that I had "beaten the odds." True, I came to Oberlin with a diploma from the Washington, D.C., public schools, from an all-black community, co-raised by a widowed mother who worked long hours and a godmother who took me into her home during the week. But I did not feel that I had "beaten" anything. I felt that I was supposed to succeed and had been equipped to do so. The idea that luck had more than an incidental role was insulting. I wanted to, in sociologists' terms, explain the variation.

Twenty-five years later, I can explain the source of my frustration with those who praised me and can label, if not prove, the source of the variation. I had not "beaten the odds." Instead, others—family, neighbors, church members, teachers and youth workers—had changed the odds by offering me a path of supports and opportunities. In addition, a variety of institutions, most notably the schools, had offered me high-quality academic and nonacademic instruction.

Young people need environments that offer them nurturing, guidance, rules, structure, clear expectations and consistent limits. They need opportunities to explore, excel, contribute, earn, lead and join. They need high-quality instruction and access to basic care and services. While stern measures are certainly necessary for those young people who have already committed crimes, we will never fully address this country's epidemic of violence without a full continuum of response that includes supports, opportunities and services in addition to sanctions. Only in this way can we truly change the odds for all youth.

Source: K. Pittman, "Changing the Odds," *Youth Today* 4, no. 2 (March/April 1995).

\* Christi Goodman is a former NCSL staff person. Elizabeth Gaines and Thaddeus Ferber are youth policy experts at the Forum for Youth Investment, a nonprofit organization that works to strengthen initiatives and policies for youth.

they had more help along the way. Kids need a well-coordinated array of people, places and possibilities to help them as they grow and develop.

**Kids beating the odds isn't magic—it's the result of committed youth, parents, communities and policymakers who help to change the odds.**

Young people who were sometimes expected to have dropped out of school or wound up dead, in jail, or pregnant, but instead managed to "beat the odds," were studied to find out why they overcame the challenges in their lives. If a young person overcomes great adversity and thrives, experts thought, there must be something special about them. But research showed otherwise. "The most surprising conclusion emerging from studies of these children is the ordinariness of resilience. . . resilience is made of ordinary rather than extraordinary processes."<sup>1</sup> Researchers discovered that the odds against those youth were not as bad as originally thought. More supports and opportunities were available to them than were apparent at first glance, and it was those supports and opportunities that made all the difference.

**It's not a magic program model—but there are proven effective programmatic features.**

High-quality youth programs can and do make a significant difference in many young people's lives. No single model works for all kids in all places, however. Summarizing a five-year study of effective programs in five major cities, researchers concluded, "We found no single focus, strategy or organizational type associated with success—no cookie cutter for policy. For each success, we can point to an apparently identical activity that inner-city youth scorned to attend."<sup>2</sup> However, across the extraordinarily diverse universe of programs, they found effective approaches in all categories.

**Figure 1. National Academy of Sciences  
Features of Positive Developmental Settings**

- Physical and psychological **safety**
- Appropriate **structure**
- Supportive **relationships**
- Opportunities to **belong**
- Positive **social norms**
- Support for **efficacy and mattering**
- Opportunities for **skill-building**
- **Integration** of family, school and community efforts

**What do these effective places have in common?** \*

A national panel of experts found a consistent set of features that reliably predict program effectiveness across settings—from effective parenting to schools to community organizations (see figure 1). These features contribute to young people's success across a range of goals, from preventing teen pregnancy, drug abuse, unemployment and youth violence to promoting academic, civic and vocational success.<sup>3,4</sup>

**It's not a magic risk or protective factor—it's the overall number of risk and protective factors.**

Researchers have sifted through data on the complexity of young people's lives and sought to identify one or two risk factors (negative influences on a young person's life) and protective factors (positive influences on a young person's life) so powerful that they can reliably direct a young person's life course. They found that there is no one factor—even a factor as traumatic as the death of a parent—that can predict a young person's success or failure.

"Investigators have learned that outcomes generally worsen as risk factors pile up in children's lives."<sup>5</sup> Similarly, researchers found that the overall number of protective factors—or assets—strongly correlate with young people's success.<sup>6</sup> According to the Forum for Youth Investment, "The desired goals of youth development are difficult, if not impossible, to achieve within the bounds of a single intervention unless that intervention is, in reality, not a single program (even

NEXT, PL 2)



a comprehensive one) but a reasonably complex strategy to change young people's environments and opportunity structures."

## Challenges to Effective Youth Policy

As the research conclusions became clear, the Forum for Youth Investment dubbed it "footnoting common sense."<sup>8</sup> Hugh Price, former CEO of the National Urban League, summed up the research this way, "Youth development is what you'd do for your own kid on a good day." Indeed, little is shown in the research that would surprise most parents. Unfortunately, however, the conclusions of this research create real challenges for policymakers. If the answer were to focus on a single trait in children, one program model to replicate, a key risk factor to prevent, or a particular protective factor to promote, clear and easy policy solutions would be indicated.

Instead, policymakers are left with a longer, more difficult road. Effective youth policy requires an overarching strategy to change lives—one that addresses a full range of risk and protective factors; promotes effective program elements that are more difficult to measure than a fixed model or curriculum; supports not only discrete programs but coherent pathways to success; and recognizes that children and youth do not grow up in programs, but in families and communities.

Many states are developing new strategies to address young people's positive growth and development to avoid specific problems. They are focusing on both program quality and supply. They are using a comprehensive approach to weave together myriad efforts across agency and committee lines. They also are working to make supports for children and youth more accessible and connected to families and communities.

### Challenge 1: Focusing on Youth's Strengths and Assets, not only on Discrete Problems

Traditionally, officials have approached youth policy by tackling one "youth problem" at a time—youth violence one year, teen pregnancy another, drug abuse the next. Ultimately, seeking only to help youth avoid problems may not be enough—they also may need help to become fully prepared for adulthood. Policymakers and researchers have become sophisticated at measuring, tracking and preventing the behaviors we don't want young people to exhibit; however, they have not been in the habit of measuring, tracking and promoting the behaviors we do want youth to exhibit. By examining the full range of interrelated outcomes and setting developmental goals for youth, policymakers can be intentional about promoting positive outcomes and also preventing negative ones.

Research shows that the programs that are most effective at promoting positive outcomes for youth are framed in terms of the constructive assets they seek to build, rather than the negative behaviors they seek to avoid. Opportunities to participate in an acting troupe, sports team or artistic endeavor attract and retain youth because they build on their strengths and interests and provide them with an opportunity to develop deep relationships that can change their lives. Programs that focus solely on fixing or preventing problems such as teen pregnancy or gang involvement often have little appeal to young people.

Even serious intervention-focused programs can incorporate youth-centered, strength-based approaches that yield the desired rehabilitation results. Programs that use scare tactics to curb youth violence and delinquency not only are ineffective but also may exacerbate the problem,

whereas programs that include family involvement and social skill development have been proven effective at curbing problem behavior.<sup>9</sup> Massachusetts, Missouri and Utah have decreased their recidivism rates by shutting down large juvenile institutions and developing small group homes and community-based programs that include opportunities for young people to have clear and consistent consequences, to be involved in decision making, and to have access to high-quality educational and vocational programming.<sup>10</sup> This approach is as effective with juveniles who commit serious offenses—both in ensuring community safety and delivering positive youth outcomes—as it is with juveniles who commit minor offenses.

When efforts are crafted to “fix” youth and families, they miss valuable opportunities to engage youth as positive resources who are capable of transforming the lives of those around them. A youth development approach opens the door for policymakers, program directors and community leaders to engage young people and their families in taking action.

#### *What can states do?*

- **Set Positive Developmental Goals for Youth.** Louisiana, Maine and many other states have established positive, developmental results or outcomes they wish to promote across a range from academic to social to health. Louisiana, for example, has developed goals, objectives and strategies to achieve positive developmental outcomes and now collects the data to track results.
- **Track Data on Strengths as well as on Problems.** Many states are finding ways to track positive indicators of youth well-being. This allows policymakers to base public policy decisions on the outcomes they want to see—not only on the ones they do not want to see. In Vermont, two state agencies work as part of a public/private partnership to create a framework that focuses on developing, disseminating and using data on positive indicators such as the percent of youth who participate in youth programs and the percent of high school seniors who continue their education within six months. This framework includes outcomes of well-being, positive social indicators, a variety of measurement tools, legislation, community-based data, Web-based tracking systems and other resources.<sup>11</sup>
- \* • **Provide Funding to Programs that Focus on the Positive Development of Youth, not Just Preventing Specific Problems.** States can fund effective programs that are framed in terms of the constructive assets they seek to build, rather than on the negative behaviors they seek to avoid. The New York State Department of Health administers Assets Coming Together for Youth, an initiative that focuses on building youth assets and integrating prevention strategies. Funded projects must focus both on prevention of negative outcomes and on the promotion of positive ones.<sup>12</sup>

#### *How can you get started?*

- Hold hearings to establish overarching, positive developmental goals for young people in your state and to determine the balance of intervention, prevention and positive developmental opportunities that currently exist in your state.
- Ask for a detailed review of the indicators and benchmarks used in your state by age group, outcome and focus (whether problem reduction, prevention or positive devel-

SB 2314  
March 10, 2011

I am the oldest ~~child~~ in of five  
children. Attachment 4

## TESTIMONY IN SUPPORT

Good afternoon. My name is Beth Ryan and I am a senior at Ray High School. I have been a member of SADD for six years.

There are eleven students in my graduating class and 87 students in our high school. Our rural community is tight knit with everyone feeling like a family and looking out for one another. In my school and my community, Students Against Destructive Decisions is supported and participation is encouraged.

SADD has made an impact on every generation of our community. From our youth education program to our community awareness activities, no one can deny that SADD has made a difference.

You see, in a rural community, not near to any large cities and without a movie theater or bowling alley, it is easy for kids to fall into the excuse, "there is nothing else to do." The kids believe it, and sometimes sadly, the parents do to. In small communities like mine, it is not uncommon for the star basketball player to be planning a night of drinking games and booze cruising before the winning score has been cleared off of the score board. It's seen as normal and a rite of passage for kids, supported and sometimes encouraged by adults, until something happens. A bad accident can result in injuries or death. This sort of accident can bring a class of eleven to a class of ten. It can leave an empty chair at graduation and a gaping hole in a community.

I have seen SADD make a difference in my community in many ways, but the most effective way we do that is with our unique youth education programming.

Reality Check is probably our most effective program. Reality Check uses high school students as teachers to present lessons to the 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> grades that focus on developing self worth, respect for others, media literacy and the knowledge and life lessons and values, they are stronger when it comes

to high school and peer pressure and they also learn that if they choose to stay away from drugs and alcohol, they will not be alone.

We have developed lessons that use games, role playing and images such as this one, to show students how serious these issues can be.

Reality Check has helped us gain respect from elementary students, helped teens to learn the value of being a role model and helped us gain respect from teachers and parents.

I spoke to a class of sixth graders this morning. These students have been a part of Reality Check since <sup>fourth</sup> ~~fifth~~ grade and are on their third lesson in the sixth grade program today. When asked what makes this program more effective than others, they decided it was the teachers. One student, a young girl, who's older sister is actually her teacher this year, said she wouldn't have paid attention to lessons like this if she had been given the information from her teachers. They explained that it meant more coming from us as teens, because we were actually going through these things and dealing with these issues.

It is hard to deny that SADD is an organization worth supporting and being a part of. So far, we have been able to make a difference in my community with little to no funding, but with the population growing on the western side of North Dakota. I have seen the need for a staff member and office to help the schools on the western side deal with new issues that are arising. As many efforts as our local chapters are making to make a difference, we lack direction and guidance from a state organization, close enough to understand the different issues the West now faces.

When considering this bill, I hope you consider the effect of prevention efforts and an organization like SADD can have on a rural community as well as our state.

## REALITY CHECK

### Effects on Thinking Tasks:

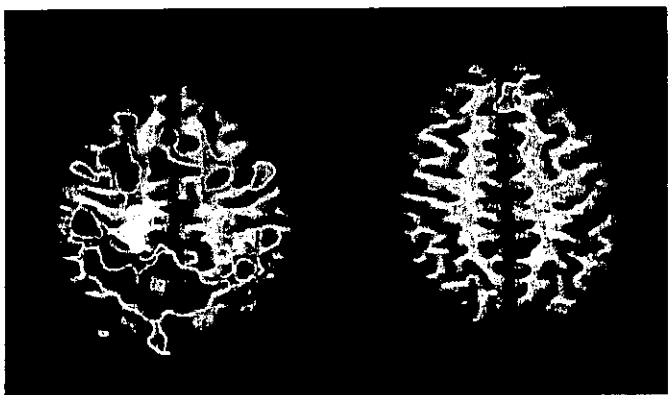


Image from Dr. Susan Tapert, University of California, San Diego

The image on the left is an MRI scan of a healthy 15 year old non-drinker.

Colored areas show parts of the brain activated by thinking tasks.

The image on the right is that of a 15 year old heavy drinker

\* These images were taken when the drinker was SOBER, NOT DRUNK!

Mr. Chairman and Members of the Committee:

My name is Jessica Roscoe, and I am originally from a small town called New Rockford, North Dakota. I am standing in front of you today because I am currently serving as the National SADD Student of the Year. With this position, I basically serve as the primary spokesperson for the 10,000 SADD chapters across the nation, and I lead the Student Leadership Council, a board of ten highly talented young people from across the country, in planning the annual national conference. Before my involvement at the national level, I was very heavily involved at the state level serving as the North Dakota Student of the Year.

You've all heard the story. SADD is a premiere youth led organization that empowers young people all across the nation to make healthy lifestyle choices, but with that said, not all of you have first-hand experience with our organization. And that's why I am here.

How do we know that SADD's approach to prevention works? There is an easy explanation for this question. I've been directly involved with SADD for seven years, and before I actually joined the organization in the seventh grade, I was a recipient of the Reality Check program. This means that I have been under SADD's influence for ten years. Over half of my life has been dedicated to this organization at the local, state, and national level, and believe me. I have seen our organization change lives.

SADD, being a grassroots organization, creates its largest impact within the communities that it serves. This is especially true in my hometown, New Rockford, which is made up of around 1500 people. I graduated with a class of twenty-four, and within my school, alcohol and tobacco abuse was a huge issue. The pressure to drink and engage in destructive behaviors was everywhere, and I watched many of my classmates and teammates compromise their potential because either they did not understand the risk of the decisions that they were making or they simply could not find the power to say no. There were few individuals who strived to live healthy lifestyles; these were the friends that I found in SADD.

Many of you know how it is. In a small town, everybody knows everything about everyone, and sometimes, it is hard to stand alone. But with an organization like SADD, you don't have to. The students that are involved with our organization serve as role models to both their peers and younger students. This is the beauty of SADD; this is the beauty of Reality Check. With the example that our program provides, young people have the strength and courage to say no.

After observing SADD's effects, I only gained more motivation. I have two younger sisters at home. One is eleven, and the other is sixteen. They are both beautiful and intelligent young women, and I love them to death. I want nothing more than to see them grow up to be happy and successful, but the pressures to make bad decisions are everywhere. And that's where SADD comes in. Through my example and the examples of other young people that are living the SADD lifestyle, they are finding the strength to make positive decisions.

My story proves the influence of positive role models. There are so many stories that are similar to mine, stories that are transforming into statistics. Underage drinking numbers have gone down in the state of North Dakota over recent years, and I firmly believe that this is because of

SADD's influence.

Being heavily involved at the national level, I bring a very different perspective to the table. I work with different states and programs all across the nation, and with that experience, I can honestly tell you that North Dakota is one of the best. We have strong numbers; strong youth leaders; and strong, innovative programming. But here's the deal. You all know, I'm sure, that programming takes funding. This is money that we, as an organization, do not have. Like I stated earlier, I've been around for a long time. I have seen multiple boards come and go, and each year, I witness the same thing. Young people, the leaders of today and tomorrow, bring brilliant ideas, drive, and work ethic. They are perfectly capable of developing top-notch programming, but money constantly holds us back.

SADD is doing incredible things in North Dakota already. Now, imagine if we had the funds to reach our full potential. I firmly believe that our mission would be unstoppable. We just need your help; your support is exactly what we need to take the next step.

With that, I encourage you to take my testimony, and the testimonies that you heard before me, to heart. Thank you for your time.

Testimony Senate Bill 2314  
Tori Rude

Mr. Chairman and Members of Committee,

My name is Tori Rude and I am currently a junior at Hillsboro High School. As well as being a member of the SADD chapter in Hillsboro, I am a part of the Northern Lights Advisory Board for SADD.

When I was five years old, my dad died in a snowmobile accident. Although that is the worst thing I've ever had to deal with, I believe that it is a major reason that I am who I am today. I've grown up my whole life trying to be someone my dad would be proud of. Not only that, but someone that my little sisters and niece could look up to. SADD helps me be that person. When I was younger, I was very shy and held back. After I became involved with SADD, that changed. SADD helped me "break out of my shell" so to speak. And I know for a fact that I'm not the only person that SADD has made a difference to. Being as involved with SADD as I am, I hear a lot of stories about how people's lives have changed because of SADD. Whether directly or indirectly. There are so many people involved with SADD that it is almost impossible not to see what an impact it makes. At our school, people have to earn their spot at State SADD, simply because of the fact that there are so many kids wanting to go that we don't have enough room for them!

SADD lets people know that they don't have to make bad decisions to fit in or to have fun. It accepts people no matter who they are, and it helps people who want to change their life around instead of just showing them the door. But, I think that SADD could do a lot more to help. And there's nothing really standing in our way... except for the lack of money to help get us there. My littlest sister is eight years old, and she's like a little mini me. She tries to do everything just like I do, and she always talks about how she wants to be just like me when she grows up. The one thing she talks about most often is how she wants to be in SADD (just like I am of course) when she gets older. But, without the financial support to keep us going, she might not even be given that chance.

That, though briefly stated, is my testimony and reasoning for believing in this cause. Thank you Mr. Chairman and Members of Committee.



FOR THE RECORD - MY NAME IS WAYNE LEVANG, EX. DIRECTOR OF  
NDSOS.

WHAT SB 2314 DOES IS PROVIDE FUNDING FOR CHALLENGING THE RISK  
BEHAVIORS ASSOCIATED WITH SO MANY OF NORTH DAKOTA'S YOUTH.

THE FUNDS WE ARE TALKING ABOUT GO TO SCHOOLS TO ADDRESS LOCAL  
NEEDS AND THEY VARY FROM DISTRICT TO DISTRICT. IN EACH DISTRICT  
IT GIVES STUDENTS AN ALTERNATIVE AND AN ANSWER TO "EVERYONE  
DOES IT" OR "IT WON'T HURT JUST ONCE".

YOUNG PEOPLE AND THEIR PARENTS HAVE A NEED FOR INFORMATION  
AND SUPPORT IN CHANGING PATTERNS OF RISKY BEHAVIORS BECAUSE  
"EVERYONE DOESN'T DO IT" AND "ONCE MAYBE ONE TIME TOO MANY".

MY PERSONAL EXPERIENCES WITH YOUNG PEOPLE MAKING POOR  
CHOICES REVOLVE AROUND MY 18 YEARS AS A HIGH SCHOOL PRINCIPAL.

THERE WERE FOUR SPECIFIC TIMES DURING THE YEAR WHICH SHOULD BE  
SO SPECIAL FOR OUR STUDENTS BUT UNFORTUNATELY SOME OF THE BAD  
CHOICES BECAUSE OF THE THINKING THAT THERE WERE NOT  
ALTERNATIVES AND/OR CONSEQUENCES WERE FOR SOMEONE ELSE.

THE FOUR TIMES FOR ME WERE:

HOMECOMMING

STATE TOURNAMENTS

PROM

GRADUATION

DURING THESE TIMES MY HOPE WAS "**KEEP THEM SAFE**". I HATED  
THE DAY AFTER UNTIL I HEARD THAT THEY WERE SAFE

SO ON BEHALF OF OUR 103 MEMBER SCHOOLS I ASK THAT YOU LOOK  
FAVORABLY ON INCREASE THE FUNDING FOR THIS PROGRAM TOO HELP  
MAKE TOOLS AVAILABLE TO "**KEEP THEM SAFE**".

THANK YOU FOR YOUR TIME AND CONSIDERATION.



**House Appropriations Committee**  
**TESTIMONY IN SUPPORT OF SB2314**  
**March 10, 2011**

Josh Askvig – 701-223-0450 – [josh.askvig@ndea.org](mailto:josh.askvig@ndea.org)

Chairman Delzer, members of the House Appropriations Committee, for the record my name is Josh Askvig and I represent the North Dakota Education Association. We rise today in support of HB2314, which provides grant money to the Department of Public Instruction (DPI) to help off-set the loss of federal dollars for the Safe and Drug Free Schools Grant Program.

The NDEA strongly supports efforts to ensure that Children are “ready to learn” and “ready for life,” through our Ready Child Initiative. The vision of the NDEA Ready Child Initiative is to unite North Dakota's adults in doing what's best for kids. Our mission is to help every North Dakota child be ready for learning and ready for life through our promotion of the Ready Nine: 1. Caring adults 2. Early literacy 3. Safe environments 4. Good health 5. Self-discipline 6. Resilience 7. Marketable skills 8. Opportunities to give and 9. Hope.

As you can see, number three on this list is safe environments. The NDEA Ready Child initiative supports efforts to ensure that children are able to learn in a safe environment. Schools are generally seen as safe environments and they usually are because of the caring adults and staff but also because of the resources that the Safe and Drug Free Schools Program provide. For example, these dollars can be used to hire school resource officers, extra school counselors, and other needed staffing and programming to ensure safety in schools.

As the bill was originally introduced the request was for \$1.5 million which would have filled in half of the cuts that were made at the federal level. Unfortunately, the Senate Appropriations Committee cut this funding to \$200,000. We believe the funding should be restored to the original \$1.5 million request.

I appreciate your time today and we urge you to support SB2314!

**SB 2314 TESTIMONY**

House Appropriations Committee

March 10, 2011

Valerie Fischer, Director of School Health & Director of Adult Education

328.4138

Department of Public Instruction

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Chairman Delzer and members of the House Appropriations Committee - I'm Valerie Fischer, Director of School Health and Director of Adult Education for the Department of Public Instruction. I am here to provide supportive testimony for SB 2314 and ask the Committee to amend this bill back to its original version which would enable school districts to receive funding.

The Department of Public Instruction has state constitutional responsibility (15.1.21-01; 15.1-24) to support schools and students to address risk behaviors and its academic consequences. The US Department of Education (Title IV -- Safe & Drug Free Schools & Communities) fiscally supported that obligation and annually allocated funds to all states -- until the 2010-2011 school year. The purpose of Title IV is to support school-based programs that a) prevent violence in and around schools; b) prevent the illegal use of alcohol, tobacco, and drugs; c) advocate for a safe school environment and crisis management; and d) involve parents and community efforts and resources to foster a safe and drug-free learning environment that supports student academic achievement. However, last spring the Obama administration terminated the state grant portion of the Safe & Drug Free School & Community Program. North Dakota lost \$1,500,000 in annual funding, which was granted to schools on a formula based on enrollment and poverty. Schools were left in a difficult position to replace those funds; of even greater concern was the absence of the "message" - information, education, programs and activities about risk behaviors and its negative consequences.

Multiple sources of statewide data reveal ND youth and teens have significant issues as it relates to alcohol and tobacco use, truancy, bullying, fighting, and drug use. (Handouts: Suspension, Expulsion and Truancy report -2009-10; 2009 Youth Risk Behavior Survey).

Using health education standards and research-based curriculum and programs as core criteria, DPI can again coordinate funds for schools to implement and improve local prevention programs

with parents and community partners to reach students about risk behaviors, decision making and consequences. In the lapse of reliable information and education, students have no choice but to accept the messages closest to them - generally from peers and the media - which is often inaccurate and unreliable. Schools need constant and new resources to deal with the never ending new issues facing our youth. Students who come to school hungry, tired, scared or hung over are not positioned to learn.

While a recipient of the Title IV appropriations, ND schools implemented activities to include: funded counselor/social worker and school resource officer positions; prevention programs and curriculum for drugs, alcohol, bullying, tobacco, violence and other risk behaviors; initiated programs aimed at parents and community partnerships; developed SADD chapters across the state; crisis management planning; and suicide and truancy prevention programs. Bills in the 2011 session regarding truancy, bullying and compulsory attendance will require local coordination of services; replenishing this appropriation will allow us to disseminate grants to a single district, a group of contiguous districts, or even an REA to meet their unique school and community needs regarding these and other locally identified issues. The Department asks for no fiscal note to administer this program as our priority is to put funding into the hands of the district and communities.

The first engrossment of this bill provides no funding to schools. On behalf of all school districts in North Dakota, we ask that you amend SB 2314 to its original form and appropriation and consider this bill based on its program merits, outcomes and opportunities. This concludes my testimony in support of SB 2314. Thank you for your investment in the health and safety of our youth. I'm available to address any questions the Committee may have for me.

**North Dakota Department of Public Instruction  
School Health  
Safe and Drug Free Schools  
Suspension/Expulsion Report 2009-2010**

**Quick Stats  
North Dakota School Violence and Drug Statistics**

**1807** – Total number of violent and drug-related incidents in North Dakota schools that resulted in suspension or expulsion:

	<u>Removal days</u>
• 800 reported fighting/mutual altercation incidents	2361.9
• <b>310</b> reported tobacco incidents	687.5
• 119 reported simple assault incidents	287.5
• <b>177</b> reported drug incidents	1459.0
• <b>82</b> reported alcohol incidents	280.0
• 89 reported terrorizing incidents	314.5
• <b>38</b> reported knife (blade 2.5" or greater) incidents	639.0
• 53 reported assault incidents	234.0
• <b>19</b> reported other object incidents	170.2
• 29 reported reckless endangerment incidents	37.0
• <b>30</b> reported hazing incidents	64.2
• <b>31</b> reported robbery incidents	68.5
• 11 reported other offenses resulting in 10 days out of school suspension or expulsion	190.0
• 0 reported handgun incidents	0
• 1 reported serious bodily injury incidents	10.0
• 12 reported sexual imposition incidents	22.0
• 1 reported rifle/shotgun incidents	1.0
• 3 reported other firearm incident	37.5
• 1 reported aggravated assault incident	3.0
• 1 reported murder, manslaughter, negligent homicide, kidnapping, felonious restraint, inciting a riot, or gross sexual imposition/rape incidents	2.0
	<u>total days: 6868.8</u>
• 149 reported vandalism/criminal mischief	514.75 removal days

**Bold** indicates increase from previous year

Data does not reflect students placed on an IEP

Total Public/Nonpublic K-12 enrollment 2009-2010: 101,319

\*\*\*\*\*

**Truancy Incidents reported in 2009-2010:**

- 7810 days ND students were truant
- 1922 students truant
- State truancy rate: 4.06 days



## North Dakota School Counselor Association

March 10, 2011

Senate Bill 2314 Position Statement

Dear House Appropriation Committee:

The North Dakota Counseling Association declares their unanimous support for SB 2314. The funds provided by The Drug Free Schools Grants provide vital and invaluable monies which support Drug Prevention Programs for our students and training for staff. This Bill addresses the gaps that exist in funding for this critical area for our students in North Dakota.

Sincerely,

North Dakota School Counselor Association

The North Dakota Study Council is in support of the reinstatement of federal funding for Safe & Drug Free Schools. The North Dakota Study Council represents the 16 larger school districts in the state of North Dakota. We recommend proving funding to DPI in order for them to grant to districts funding to implement prevention programs for risk behaviors, similar to the way it worked before is essential to the overall effective management of our schools. With the increase in bullying issues, drug and alcohol issues, dropout prevention, schools would be able to support our efforts to help students, stay in school, be successful in school and be productive after graduation. Schools have used the Safe and Drug Free Schools to provide programs such as non-violence crisis preventions programs so staff can work with people with aggressive behaviors, students against destructive decisions, character education, and emergency procedure plans.

Dr. Viola LaFontaine  
President of the North Dakota Study Council  
Superintendent of Williston Public Schools  
P.O. Box 1409  
Williston, ND 58801

Dr. Steve Swiontek, Superintendent  
Devils Lake Public Schools  
Devils Lake, ND

*Valerie,*

*It is great news that the ND legislature is willing to consider allocation of 1.5 million dollars to replace the discontinued federal Title IV Safe and Drug Free Schools Program. Because of this discontinuance, the Devils Lake Public School District has been forced to reduce and even discontinue many of our best programs to keep students safe.*

*It is very likely that we will drop the Kindness and Courage Retreat programs for our elementary and middle school because we can't afford to fund these programs. My principals will be very upset with me.*

*I hope this information is of use today as you attempt to convince the legislature that this would be a great investment.*

*Steve Swiontek, Devils Lake*

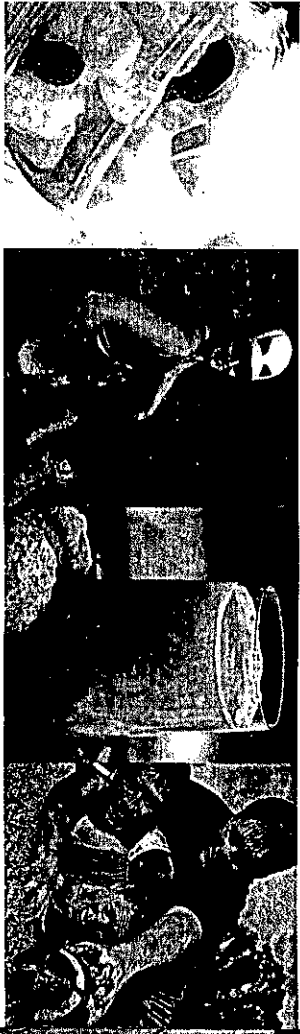
Jody Thompson, Assistant Superintendent  
Grand Forks Public Schools  
Grand Forks, ND

*Thank you for the opportunity to communicate my support for SB 2314. The Grand Forks Schools had used our Safe and Drug Free Schools funds to support our School Resource Officers, curriculum, service learning projects and student surveys on risk behavior. Since that funding has been eliminated, we have struggled to provide the same level of support. We fully support the legislative efforts to restore funding for these types of programs. Thank you.*

*Mr. Jody Thompson*

*GFPS Assistant Superintendent of Teaching and Learning*





# 2009 NORTH DAKOTA

## YOUTH RISK BEHAVIOR



### North Dakota Department of Public Instruction

Dr. Wayne G. Sanstead  
State Superintendent  
600 E. Boulevard Ave., Dept. 201  
Bismarck, ND 58505-0440



### North Dakota Department of Health

Terry Dwell, M.D., M.P.H.T.M.  
State Health Officer  
600 E. Boulevard Ave., Dept. 301  
Bismarck, ND 58505-0200

For more information contact:

### North Dakota Department of Public Instruction

Coordinated School Health  
701.328.2753



### North Dakota Department of Health

701.328.2372



Healthy North Dakota  
701.328.2372

Support provided by:

### U.S. Centers for Disease Control & Prevention

Cooperative Agreement No.  
5U87DP001235-03

Photo credit for page 13 – KAT Communications

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## HISTORY & PURPOSE...

The Youth Risk Behavior Survey (YRBS) was developed in 1990 by the U.S. Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS was designed to monitor trends and compare state health risk behaviors to national health risk behaviors and is intended for use to plan, evaluate and improve school and community programs.

North Dakota began participating in the YRBS in 1995. Students in grades seven and eight and nine through 12 are surveyed in the spring of odd years. The survey is voluntary and completely anonymous.

The six priority health risk behaviors, often established during childhood and early adolescence and resulting in unintentional and intentional injuries, include:

- Tobacco use
- Dietary behaviors
- Physical activity
- Alcohol and other drug use
- Sexual Behavior/STDs/HIV/AIDS/unintended pregnancies
- Violence/Injury

During the spring of 2009, the North Dakota Department of Public Instruction and the North Dakota Department of Health conducted the eighth biennial YRBS. All schools are invited to participate. Schools participating in the survey are divided into two categories (1) selected and (2) voluntary. The selected schools provide a random, researcher-based representation of the North Dakota student population in order to generate weighted data that is highly representative of all students (grades 7-8 and grades 9-12).

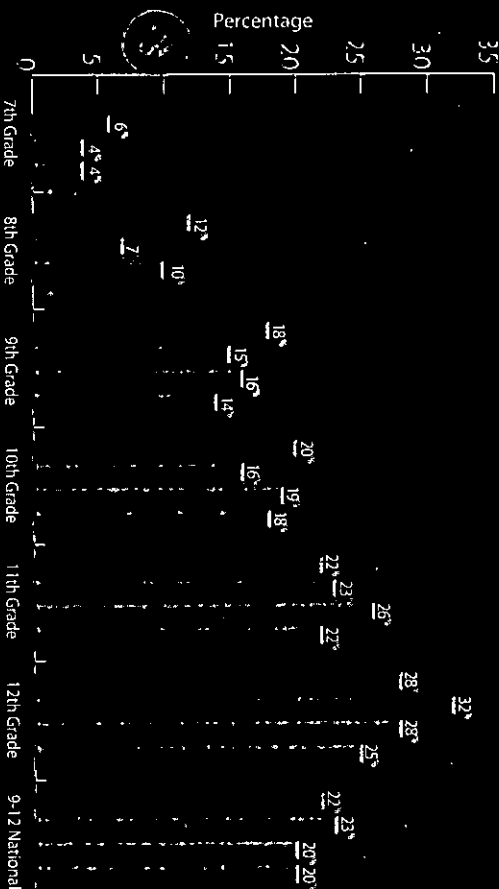
The reported YRBS results includes data from the randomly selected schools buildings and classes that includes 2,144 seventh and eighth grade students and 1,838 students in grades nine through 12. These results can be used to make important inferences about all North Dakota students in grades seven through 12 due to the selection process. Therefore, the statewide results do not have any limitations and can be used to (1) project the results to all public high school students and (2) compare changes in results from survey year to another.

The voluntary schools provided additional, non-weighted, data from 5,124 students in the seventh and eighth grade and 8,881 students in grades nine through 12.

The 2009 state data are compared to the 2009 national and 2007, 2005 and 2003 state weighted survey results to indicate trends that are applicable. Other information sources are footnoted.

## CIGARETTE SMOKING...

ND 2005 ND 2007 ND 2009 NATIONAL 2009  
STUDENTS WHO CURRENTLY SMOKE



A current smoker is a person who has smoked on one or more of the past 30 days.

\* Grades seven & eight have a national comparison.

### North Dakota in 2009...

Nearly 12% of students in grades nine through 12 smoked their first cigarette before age 13. During the past 12 months, 53% of current smokers in grades nine through 12 tried to quit, as compared to 57% in 2007.

## OTHER TOBACCO PRODUCTS...

Used chewing tobacco (including snuff and/or dip) or cigars on one or more of the past 30 days.

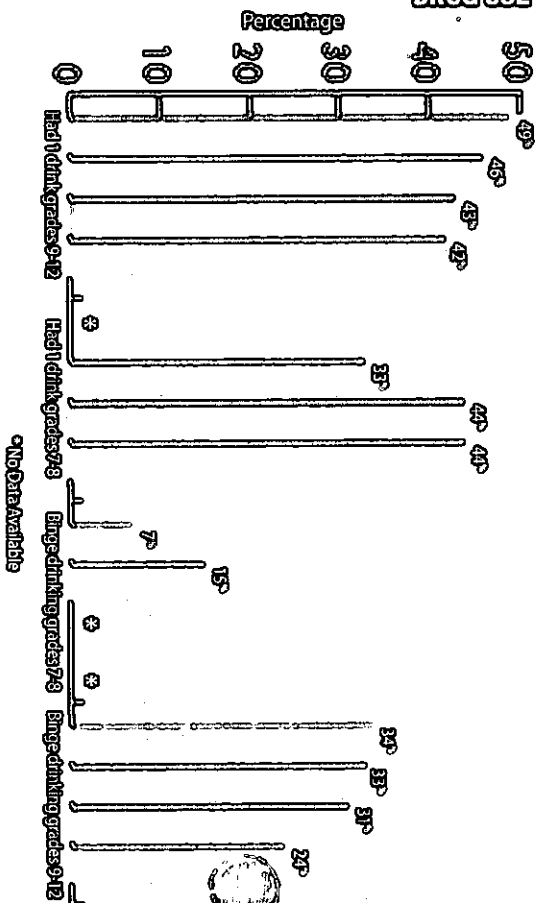
	Chewing Tobacco			Cigars		
	2005	2007	2009	2005	2007	2009
ND Grades 7-8						
Overall	5%	3%	5%	4%	3%	3%
Males	7%	5%	7%	5%	4%	3%
Females	4%	2%	2%	3%	2%	3%
ND Grades 9-12						
Overall	11%	12%	15%	12%	11%	12%
Males	18%	20%	23%	16%	15%	18%
Females	3%	3%	7%	8%	7%	7%
National 9-12						
Overall	8%	8%	9%	14%	14%	14%
Males	14%	13%	15%	19%	19%	19%
Females	2%	2%	2%	8%	8%	9%

## DRINKING & DRIVING...

Percentage of students who rode with a driver who had been drinking alcohol and/or drove after drinking one or more times in the last 30 days.

ND 2005	ND 2007	ND 2009	NATIONAL 2009
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
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26	26	26	26
27	27	27	27
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36	36	36	36
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43	43	43	43
44	44	44	44
45	45	45	45
46	46	46	46
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90	90	90	90
91	91	91	91
92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

**ALCOHOL USED DURING THE 30 DAYS PRIOR TO THE SURVEY**



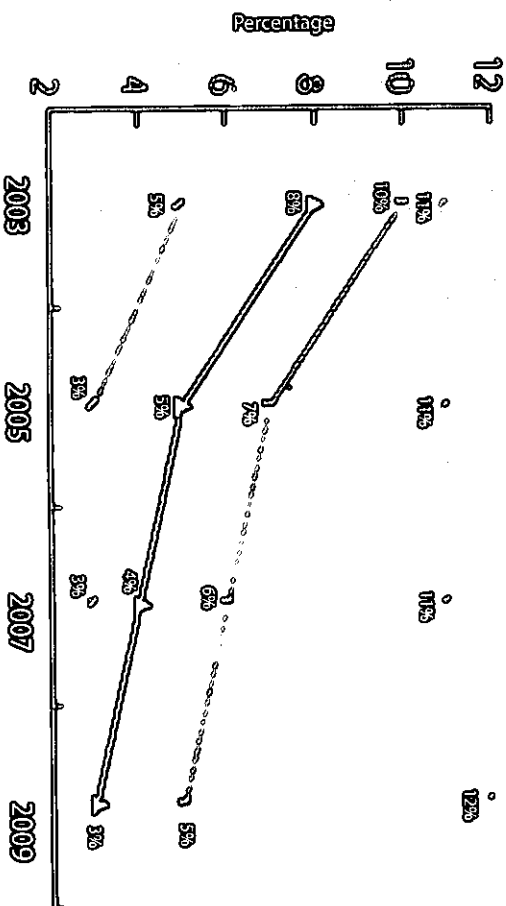
**Binge drinking is consuming 5 or more drinks of alcohol within a few hours**

"From the survey results, it's clearly evident there is a continuing need for strong health education in our schools so students are provided accurate and current information about risk behaviors and consequences. The health status of our younger generation needs to be our first priority, students who come to school tired, depressed, bullied and under the influence of alcohol and drugs are not good learners. Health and academics need to be addressed simultaneously as an integral part of providing quality education."

— State Superintendent, Dr. Wayne G. Sanstead

## DRUG USE...

### Trends in inhalants, cocaine, methamphetamines & steroids among ninth through 12th grade students



**Used inhalants one or more times during their lifetime**

**Used cocaine one or more times during their lifetime**

**Used methamphetamines one or more times during their lifetime**

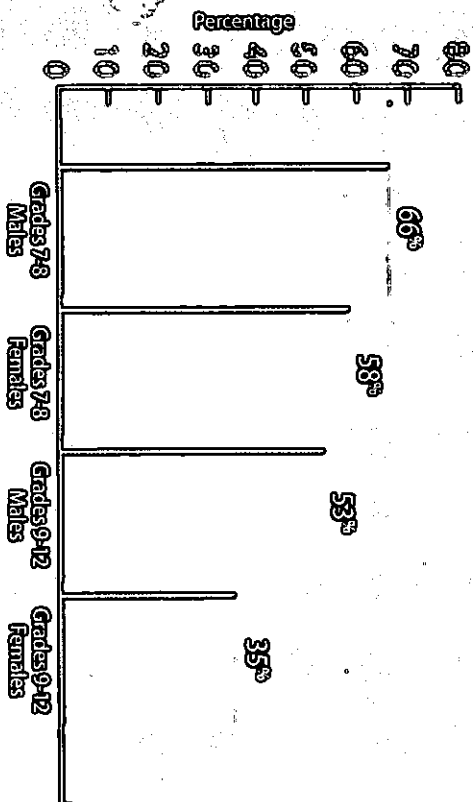
Abstract: The purpose of this study was to determine the effect of a 12-week resistance training program on the strength and endurance of the lower extremities of sedentary individuals. The subjects were 12 sedentary individuals who were randomly assigned to either a resistance training group or a control group. The resistance training group performed a 12-week program of resistance training, while the control group did not. The subjects were then tested for strength and endurance. The results of the study showed that the resistance training group had significantly greater strength and endurance than the control group. The findings of this study suggest that a 12-week resistance training program can improve the strength and endurance of the lower extremities of sedentary individuals.

	Rode with a driver who had been drinking			Drove when drinking		
	2005	2007	2009	2005	2007	2009
ND Grade 9	31%	25%	24%	10%	10%	7%
ND Grade 10	31%	31%	25%	16%	13%	13%
ND Grade 11	40%	29%	30%	27%	13%	20%
ND Grade 12	43%	40%	34%	36%	30%	21%
ND Grades 9-12	37%	32%	28%	22%	19%	15%
National 9-12	29%	29%	28%	10%	11%	10%

**ALCOHOL & DRUG USE**

## PHYSICAL ACTIVITY...

WERE PHYSICALLY ACTIVE AT LEAST 60 MINUTES PER DAY ON FIVE OR MORE OF THE PAST SEVEN DAYS



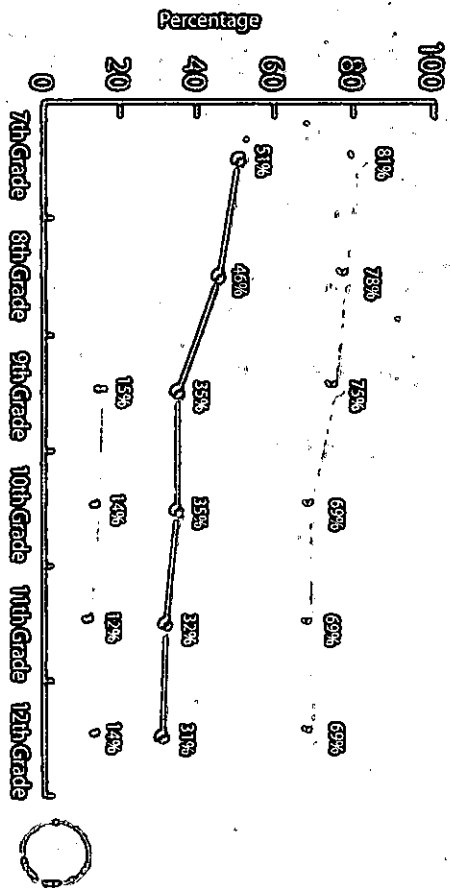
Students in grades nine through 12, especially females, are less likely to get the recommended amount of weekly physical activity than are students in grades seven and eight.

### North Dakota in 2009...

On average, 53 percent of seventh and eighth graders and 26 percent of ninth through 12th graders watched three or more hours of TV during a school day.

## DIETARY BEHAVIORS...

FAMILY MEALS, BREAKFAST, FRUITS & VEGETABLES



Ate a meal with family three or more times in past seven days

Ate breakfast last seven days of the week

Ate five or more servings of fruits and vegetables daily

### North Dakota in 2009...

Seventy-one percent of students in grades nine through 12 ate at a fast food restaurant one or more times in the past week.

## BEVERAGE CHOICES...

STUDENTS, WHO DURING THE PAST 7 DAYS, DRANK 3 OR MORE GLASSES OF MILK PER DAY

	2005	2007	2009	2005	2007	2009
Males	48%	47%	41%	34%	36%	34%
Females	35%	32%	26%	21%	19%	19%

STUDENTS, WHO DURING THE PAST 7 DAYS, DRANK 1 OR MORE 100% FRUIT JUICE BEVERAGE

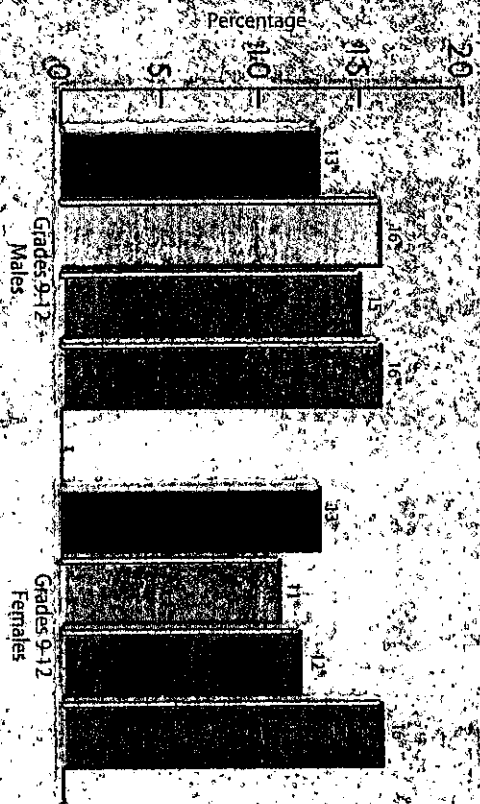
	2005	2007	2009	2005	2007	2009
Males	83%	84%	80%	82%	83%	84%
Females	83%	83%	84%	83%	83%	84%

"The choices children make often become habits that follow them into adulthood. It's important that we know the prevalence of any negative health patterns so we can guide our youth into making positive choices. Children need to establish safe and healthy behaviors during the early years so they can live long, healthy lives. Parents, schools, churches, physicians and communities all have a role in helping children make healthy choices."

State Health Officer, Terry D'Welle, M.D., MPH, MTM

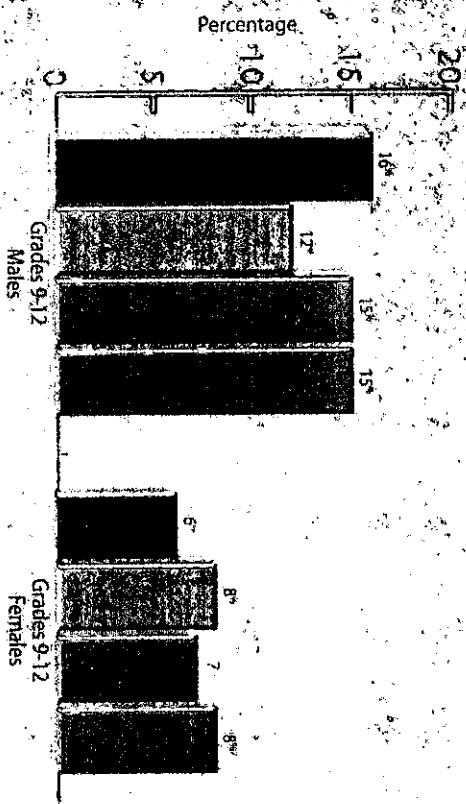
# WEIGHT

## STUDENTS AT RISK OF BECOMING OVERWEIGHT



85th to 94th percentile for height and weight

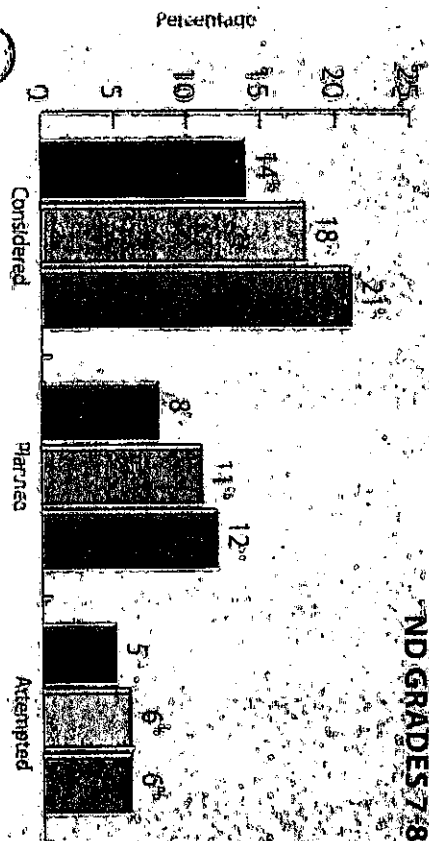
## STUDENTS WHO ARE OVERWEIGHT\*\*



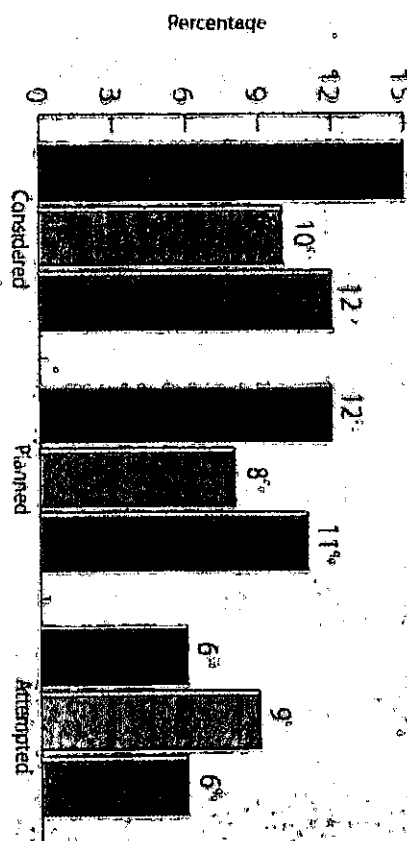
\*95th percentile or greater for height and weight

# SUICIDE

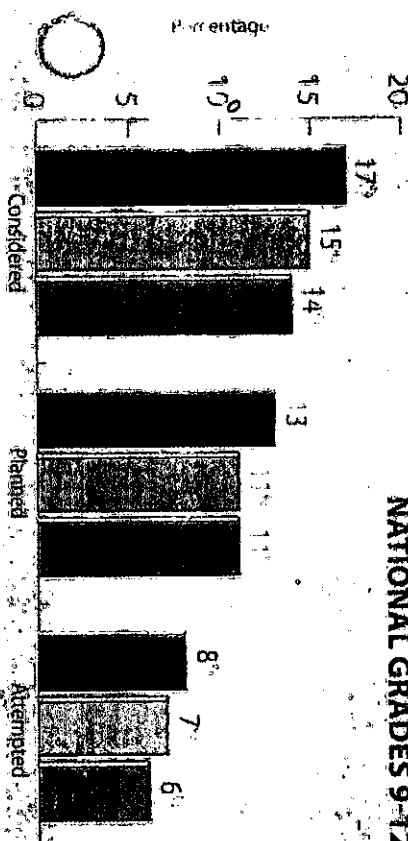
## ND GRADES 7-8



## ND GRADES 9-12



## NATIONAL GRADES 9-12



## 2005 RESULTS 2007 RESULTS 2009 RESULTS

# VIOLENCE...

STUDENTS WHO WERE INVOLVED IN A PHYSICAL FIGHT ON SCHOOL PROPERTY ONE OR MORE TIMES DURING THE LAST 12 MONTHS

	Males			Females		
	2005	2007	2009	2005	2007	2009
ND Grades 7-8	30%	19%	22%	12%	7%	6%
ND Grades 9-12	15%	14%	10%	9%	5%	4%
National 9-12	18%	16%	15%	9%	9%	7%

# BULLYING...

PERCENTAGE OF STUDENTS BULLIED ON SCHOOL PROPERTY

	Males			Females		
	2005	2007	2009	2005	2007	2009
ND Grades 7-8	NA	36%	51%	NA	32%	49%
ND Grades 9-12	NA	24%	19%	NA	28%	23%
National 9-12	NA	9%	19%	NA	16%	21%

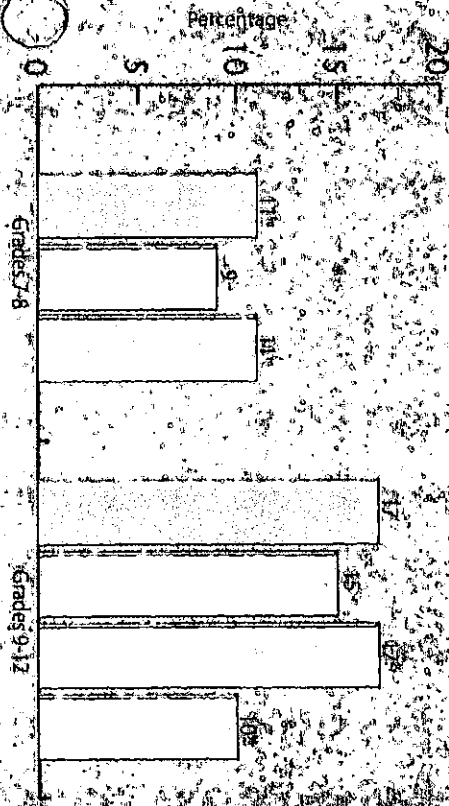
PERCENTAGE OF STUDENTS ELECTRONICALLY BULLIED

	Males	Females
	2009	2009
ND Grades 7-8	12%	26%
ND Grades 9-12	9%	20%

It is estimated that 160,000 children miss school every day due to fear of attack or intimidation by other students. Source: National Education Association.

# SEAT BELTS...

STUDENTS WHO RARELY OR NEVER WORE A SEAT BELT



\* Grades seven and eight have no national comparison

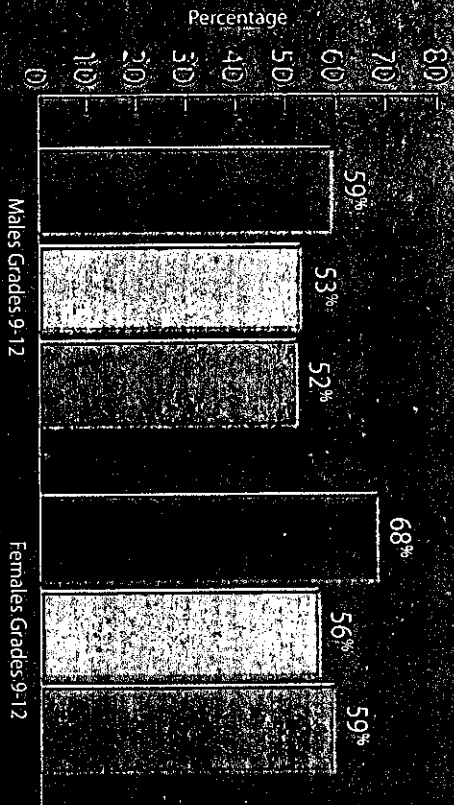
North Dakota in 2009... Seventeen percent of high school students reported that they never or rarely wear a seat belt when riding in a car.





## ORAL HEALTH...

STUDENTS WHO REPORTED ONE OR MORE CAVITIES IN THEIR PERMANENT TEETH

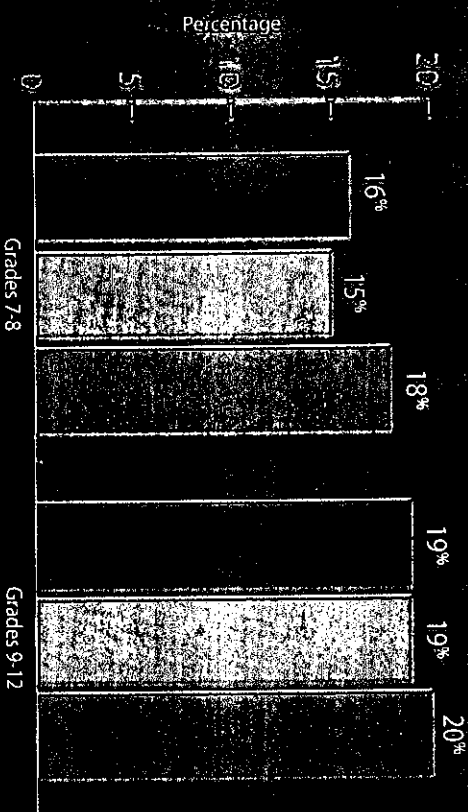


## North Dakota in 2009...

Seventy-two percent of students in grades seven and eight and 76 percent of students in grades nine through 12 reported visiting the dentist in the past year.

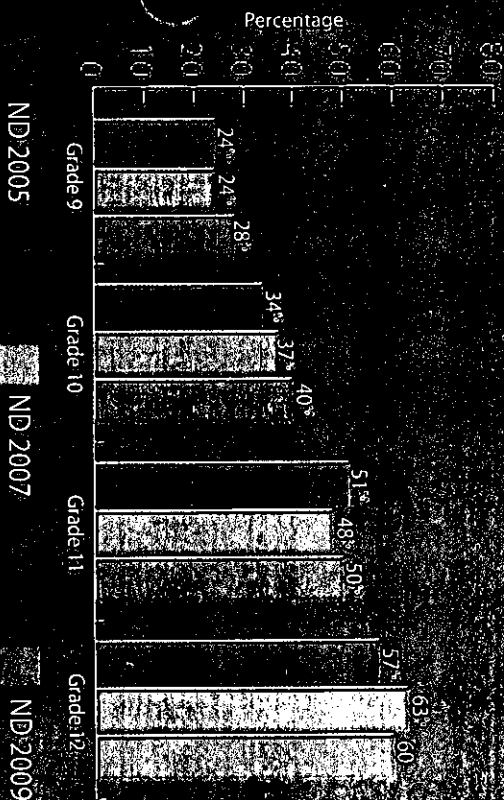
## ASTHMA...

STUDENTS WHO HAVE BEEN TOLD THEY HAVE ASTHMA



## SEXUAL BEHAVIOR...

PERCENTAGE OF NORTH DAKOTA STUDENTS IN GRADES NINE THROUGH 12 REPORTING INTERCOURSE DURING THEIR LIFETIME



## North Dakota in 2009...

Forty-six percent of North Dakota students in high school have ever given or received oral sex.

PERCENTAGE OF STUDENTS WHO DESCRIBE THEMSELVES AS GAY, LESBIAN OR BISEXUAL

Grade	Males	Females
7th Grade	2%	4%
8th Grade	5%	5%
9th Grade	3%	5%
10th Grade	6%	4%
11th Grade	4%	6%
12th Grade	4%	6%

## North Dakota in 2009...

Fourteen percent of seventh and eighth graders and eight percent of ninth through 12th graders report being harassed because someone thought they were gay, lesbian or bisexual.

Research shows that 45 percent of North Dakota ninth through 12th graders are having sex, and the results of their actions include...

## TEEN PREGNANCIES...

AGES 12-19\*

	2003	2005	2007	2009
TEEN PREGNANCIES	794	806	829	803
LIVE BIRTHS	634	631	696	662

\*Vital records, North Dakota Department of Health, 2009

## North Dakota in 2009...

Twenty-five percent of students in high school reported drinking alcohol or using drugs before their last sexual intercourse.

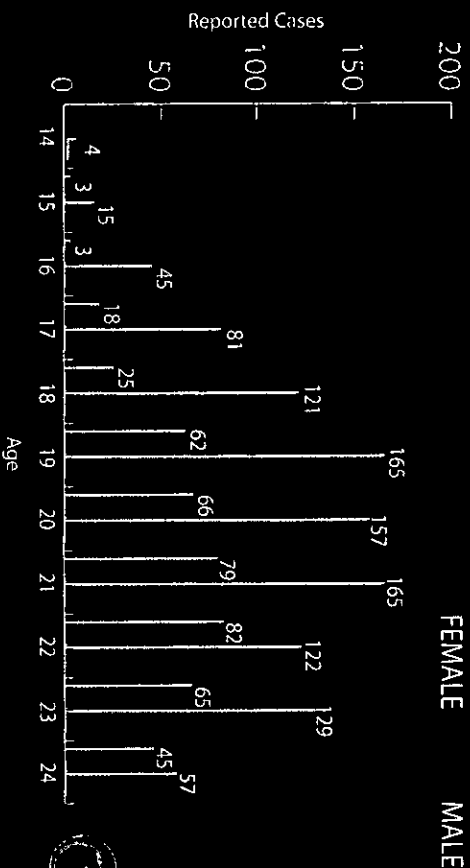
Seven percent of high school students indicated they had been forced to have sexual intercourse when they did not want to.

Nine percent of high school students reported they had been hit, slapped or physically hurt by a boyfriend or girlfriend in the past 12 months.

## SEXUALLY TRANSMITTED DISEASES/INFECTIONS...

NORTH DAKOTA 2009\*

NUMBER OF STDs, INCLUDING CHLAMYDIA AND GONORRHEA, BY AGE AND SEX



\*North Dakota Department of Health Surveillance Data, 2009

## PRIMARY RESEARCH STUDIES

North Dakota Youth Risk Behavior Survey  
North Dakota Department of Public Instruction  
North Dakota Department of Health  
2003, 2005, 2007 and 2009.

## FOR MORE INFORMATION

### Youth Risk Behavior Surveys

[www.dpi.state.nd.us/health/YRBS/index.shtm](http://www.dpi.state.nd.us/health/YRBS/index.shtm)  
[www.cdc.gov/HealthyYouth/yrb/index.htm](http://www.cdc.gov/HealthyYouth/yrb/index.htm)

### Tobacco

[www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco)

### Alcohol/Drugs

[www.nd.gov/dhs/services/mentalhealth/prevention/index.html](http://www.nd.gov/dhs/services/mentalhealth/prevention/index.html)

### Dietary Behaviors/Physical Activity

[www.ndhealth.gov/ch](http://www.ndhealth.gov/ch)  
[www.healthynnd.org](http://www.healthynnd.org)

### Suicide Prevention

[www.ndhealth.gov/injury](http://www.ndhealth.gov/injury)

### Sexual Behavior/HIV/AIDS

[www.ndhealth.gov/disease](http://www.ndhealth.gov/disease)  
[www.ndhealth.gov/hiv](http://www.ndhealth.gov/hiv)  
[www.dpi.state.nd.us/health/HIV/index.shtm](http://www.dpi.state.nd.us/health/HIV/index.shtm)

### Asthma

[www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma)

### Bullying

<http://stopbullyingnow.com/> or <http://stopbullyingnow.hrsa.gov/kids/>

### Resource Guide for School & Community Development

[www.dpi.state.nd.us/health/YRBS/guide.pdf](http://www.dpi.state.nd.us/health/YRBS/guide.pdf)



11.0750.02001  
Title.  
Fiscal No. 1

Prepared by the Legislative Council staff for  
Representative Kaldor  
March 8, 2011

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2314

Page 1, line 2, after "force" insert "and to the department of human services for assisting the governor's prevention and advisory council"

Page 1, after line 8, insert:

**"SECTION 2. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$500,000, or so much of the sum as may be necessary, to the department of human services for the purpose of assisting the governor's prevention and advisory council to support a statewide school and community-based youth network dedicated to implementing risk behavior prevention efforts and serving the mission of the council, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2314 - Summary of House Action

	Executive Budget	Senate Version	House Changes	House Version
Department of Public Instruction				
Total all funds	\$0	\$200,000	\$0	\$200,000
Less estimated income	0	0	0	0
General fund	\$0	\$200,000	\$0	\$200,000
Department of Human Services				
Total all funds	\$0	\$0	\$500,000	\$500,000
Less estimated income	0	0	0	0
General fund	\$0	\$0	\$500,000	\$500,000
Bill total				
Total all funds	\$0	\$200,000	\$500,000	\$700,000
Less estimated income	0	0	0	0
General fund	\$0	\$200,000	\$500,000	\$700,000

Senate Bill No. 2314 - Department of Human Services - House Action

	Executive Budget	Senate Version	House Changes	House Version
Prevention and Advisory Council			\$500,000	\$500,000
Total all funds	\$0	\$0	\$500,000	\$500,000
Less estimated income	0	0	0	0
General fund	\$0	\$0	\$500,000	\$500,000
FTE	0.00	0.00	0.00	0.00

Department No. 325 - Department of Human Services - Detail of House Changes

Assist the Governor's Prevention and Advisory Council <sup>1</sup>		Total House Changes
Prevention and Advisory Council	\$500,000	\$500,000

Total all funds	\$500,000	\$500,000
Less estimated income	0	0
General fund	\$500,000	\$500,000
FTE	0.00	0.00

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<sup>1</sup> This amendment provides funding to the Department of Human Services for the purpose of assisting the Governor's Prevention and Advisory Council to support a statewide school and community-based youth network dedicated to implementing risk behavior prevention efforts and serving the mission of the council.