North Wasco County School District

Comprehensive Substance Use Prevention and Intervention Plan

Adopted:	
Annual Review Date:	
Responsible Administrator:	

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Equity Commitment

North Wasco County School District recognizes that substance use does not affect all students equally. Research consistently shows that youth who face poverty, housing instability, racial bias, disability, language barriers, trauma, and other systemic stressors are at heightened risk for substance use and are more likely to encounter punitive rather than supportive responses when they do.

This plan is grounded in an explicit equity commitment: every decision, from how we design prevention instruction to how we respond when a student is in crisis, must account for who is most likely to be harmed, who has historically been over-disciplined and under-supported, and who has had the least access to resources.

> Equity in this context means more than equal treatment. It means ensuring that students who carry the greatest burdens receive the greatest support and that our systems do not reproduce the disparities they are meant to address.

To operationalize this commitment, NWCSD will:

- Disaggregate intervention and discipline data by race, ethnicity, disability status, English learner status, and socioeconomic indicators to surface and address disparities
- Train staff in culturally responsive, trauma-informed, and anti-bias approaches to substance use identification and response
- Ensure that prevention instruction reflects the cultural contexts and lived experiences of NWCSD's student population
- Center student voice, particularly the voices of students most impacted, in ongoing plan review and improvement
- Apply a restorative lens to all intervention responses, emphasizing accountability through reflection and repair, with consequences used as part of a broader process that supports learning and restoration.
- Ensure that language access and family engagement are not treated as optional, all families, regardless of language, culture, or immigration status, deserve meaningful participation

Executive Summary

North Wasco County School District (NWCSD) is committed to ensuring that all students learn in safe, inclusive, and supportive environments that promote physical, emotional, and academic well-being. Substance use among youth presents significant risks to student health, engagement, and long-term success, risks that are not equally distributed across all communities and that cannot be addressed effectively without naming and responding to systemic inequity.

This plan establishes a comprehensive, prevention-focused framework to address these risks through instruction, early identification, intervention, and community collaboration. It is grounded in the understanding that effective prevention:

- Is developmentally appropriate and skills-based

- Occurs across multiple systems, school, family, and community
- Emphasizes relationships, trust, and student connection
- Reduces stigma and promotes help-seeking behavior
- Is explicitly equity-centered, accounting for who is most vulnerable and most likely to be underserved

NWCSD's current foundation includes Multi-Tiered Systems of Support (MTSS), counseling services, and community partnerships. At the same time, the district has identified clear opportunities to strengthen this work: building consistency in staff training, clarifying referral pathways, expanding culturally responsive family engagement, improving disaggregated data tracking, and developing more robust re-entry support for students returning from suspension or treatment.

This plan defines the district's K–12 prevention education framework; establishes clear, equitable procedures for identification, referral, and intervention; clarifies roles and accountability across the district; aligns with Oregon law and district policy; and provides a structure for continuous, data-informed improvement.

> NWCSD is committed to ensuring that every student who needs support is met with a coordinated, compassionate, and culturally responsive response , and that no student's access to that support is diminished by who they are or where they come from.

Vision and Mission

Vision

North Wasco County School District envisions a community where all students, regardless of race, language, ability, or circumstance, are supported in making healthy choices and have equitable access to the relationships, skills, and resources needed to thrive.

Mission

Our mission is to implement a comprehensive, prevention-focused system that integrates instruction, early identification, intervention, and community partnership to support student well-being and academic success. We are committed to dismantling barriers that prevent students from seeking and receiving help, reducing stigma at every level of the system, and centering the experiences of those who have been historically underserved.

Purpose and Philosophy

North Wasco County School District (NWCSD) is committed to maintaining safe, inclusive, and drug-free learning environments that promote the physical, emotional, and academic well-being of all students.

The district recognizes that alcohol, tobacco, and other drug use among youth is illegal, harmful, and incompatible with the district's educational mission. Equally, the district recognizes that punitive, one-size-fits-all responses to substance use concerns can deepen harm, particularly for students who are already navigating adversity. NWCSD therefore affirms a prevention-oriented, health-centered approach that

prioritizes going 'upstream,' focusing on early intervention, addressing underlying causes, and strengthening student support, so that responses are not only corrective, but also supportive, restorative, and equitable.

The district's approach is grounded in several core principles:

- Students seeking help for themselves or others will be met with care, guidance, and appropriate support, not judgment or automatic punishment
- Responses to substance use concerns must account for context, history, and the full picture of a student's experience
- Discipline will not be used as a substitute for intervention, and will not be applied in ways that produce racially or otherwise disparate outcomes
- Instructional programming is both standards-aligned and culturally responsive, meeting students where they are

This plan is developed in accordance with OAR 581-022-2045, ORS 336.222, and ORS 336.067.

Scope of the District Program

NWCSD implements a comprehensive K–12 substance use prevention and intervention system that includes:

- Standards-aligned health instruction
- Skills-based, culturally responsive prevention programming
- Tiered behavioral supports (MTSS framework)
- Equitable intervention and referral procedures
- Accessible family and community engagement
- Staff training in both content knowledge and equitable practice
- Annual review grounded in disaggregated data

The district's approach is embedded within existing systems, ensuring alignment across academic, behavioral, and wellness supports. Implementation is coordinated across schools to ensure that a student's access to prevention and intervention supports does not depend on which building they attend.

Roles and Responsibilities

Effective implementation requires clear ownership at every level. The following table outlines roles, responsibilities, and accountability expectations. Each role includes a reporting or documentation expectation to ensure the plan functions as a living system rather than a compliance artifact.

Role	Responsibilities	Accountability
Superintendent	Ensure alignment with district priorities; allocate resources; present plan to the school board; champion student-centered implementation	Annual board presentation; budget alignment

Role	Responsibilities	Accountability
Director of Prevention & Intervention	Lead implementation; coordinate training; oversee annual review; analyze disaggregated data; identify and address disparities in referral and discipline patterns	Annual report with disaggregated data; stakeholder consultation summary
Principals / Assistant Principals	Ensure building-level implementation; support staff; monitor referral and discipline data for disparities; model restorative responses	Monthly data review; referral tracking submitted to Director quarterly
School Counselors / CDS	Identify at-risk students; coordinate referrals and re-entry planning; support delivery of sensitive instruction; maintain culturally responsive practice	Case documentation; re-entry planning records
School Nurses / Health Staff	Lead medical response protocols; support overdose response; assist with staff training; maintain naloxone access	Training participation logs; incident documentation
Teachers (K–12)	Deliver prevention instruction; identify and refer concerns without bias; use culturally affirming language; support safe classroom climate	Curriculum delivery documentation; referral records
All Staff	Follow reporting procedures; support safe and inclusive environments; complete annual training; apply trauma-informed lens	Annual training sign-in; attestation of plan review
Community Partners	Provide prevention, intervention, and treatment services; support coordination of care; contribute to a responsive and inclusive community response	MOU agreements; service coordination logs

Prevention and Education Framework (K-12)

Alignment to Oregon Health Standards

Substance use prevention instruction is embedded within the district's K–12 Comprehensive Health Education Program and aligns with Oregon Health Education Academic Content Standards and the Oregon Transformative Social Emotional Learning (TSEL) Framework.

Instruction is:

- Age-appropriate and developmentally sequenced
- Skills-based and interactive, not solely informational
- Prevention-focused

- Culturally responsive, reflecting the backgrounds, experiences, and strengths of NWCSD's student community
- Reviewed annually for both content alignment and equity

> Prevention instruction should not be experienced as surveillance or judgment. The goal is to build students' capacity to make informed decisions, seek help without fear, and support one another, not to generate referrals or reinforce stigma.

Required Content Areas

Instruction across grade levels includes:

- Effects of alcohol, tobacco, cannabis, and other drugs
- Synthetic opioids, including fentanyl, including recognition and risk
- Counterfeit substances and the dangers of unknown contents
- Controlled substances and Oregon law
- Good Samaritan and overdose response laws
- Help-seeking: school and community support resources
- How systemic factors, stress, trauma, housing instability, and social pressure, intersect with substance use risk (age-appropriate framing)

Fentanyl and Overdose Response

Given the current public health landscape, fentanyl warrants dedicated instructional attention at all grade levels. NWCSD addresses fentanyl and overdose response as follows:

Instruction

- All students in grades 6–12 receive annual fentanyl-specific instruction covering risk, recognition, and Good Samaritan protections
- K–5 instruction addresses the danger of taking substances not given by a trusted adult, in age-appropriate terms
- Instruction explicitly addresses counterfeit pills and why any unknown substance carries overdose risk

Naloxone and Emergency Response

- Naloxone (Narcan) is available in all NWCSD school buildings and accessible to trained staff
- School nurses and designated staff are trained in overdose recognition and naloxone administration
- Emergency response protocols (see Appendix B) are reviewed annually and posted in nurse offices and health rooms
- Any suspected overdose triggers immediate emergency services contact, naloxone administration does not replace calling 911

Staff Awareness

- All staff receive annual training on fentanyl recognition, overdose response, and Good Samaritan law protections
- Staff are trained to respond without judgment and to immediately involve health staff and emergency services

Oregon Department of Education: State Resources and Requirements

NWCSD's prevention education program is aligned with and supported by resources and requirements established by the Oregon Department of Education (ODE). Districts are required under OAR 581-022-2045 to provide age-appropriate instruction on the effects of substances, including tobacco, alcohol, and other drugs, as an integral part of a K–12 comprehensive health education program. ODE provides instructional materials and structured lesson frameworks to help districts meet this obligation.

Oregon Health Standards: Substance Use, Misuse, and Abuse

The Oregon 2023 Health Standards include Substance Use, Misuse, and Abuse (SUB) as one of eight topic areas addressed across K–12 grade-level standards. The SUB standards outline the knowledge and skills students need to make decisions when faced with pressures related to using, misusing, and abusing alcohol, tobacco, marijuana, and other substances, including over-the-counter and prescription drugs. Standards also address media literacy, coping strategies, goal-setting, accessing community resources, and how to prevent and respond to overdose emergencies.

NWCSD's prevention instruction is designed to address these standards at each grade band, with documentation maintained through the Appendix F Curriculum Crosswalk.

Annually Required Opioid Prevention Lessons (SB 238)

Beginning in the 2024–25 school year, all Oregon school districts and public charter schools are required to implement one of ODE's Synthetic Opioid Prevention Lessons at each of the following grade levels: grades 6, 7, 8, and at least once in high school. This requirement is established under OAR 581-022-2045 and was created pursuant to Senate Bill 238 (2023).

NWCSD meets this requirement through the following implementation approach:

- ODE's grade-specific opioid prevention lessons are delivered annually in grades 6, 7, 8, and at least once during high school enrollment
- Lessons are available in both English and Spanish; NWCSD ensures that Spanish-language versions are used where appropriate to serve English learner students and families
- Delivery is documented by classroom teachers and submitted to the building principal each year as part of curriculum completion records
- The Director of Prevention & Intervention monitors completion rates across buildings and reports to the Superintendent annually

ODE updates the SB 238 lesson plans on an annual basis. NWCSD will review ODE's published revision tracking document each summer and implement the current-year versions of all required lessons no later than the start of each school year.

ODE Instructional Resources by Grade Band

In addition to the annually required opioid lessons, ODE provides optional K–12 substance use prevention lessons that can be integrated into a comprehensive prevention unit. NWCSD uses these resources to supplement core health instruction and to support consistent, standards-aligned delivery across all grade levels.

Grade Band	ODE Lesson Resources
K–1	K-1.1 Medicine Safety K-1.2 Medicine Safety and Rules to Follow
2–3	2-3.1 Making Safe and Healthy Choices: Understanding Medicine 2-3.2 Making Healthy Choices: Feelings and Tricky Situations
4–5	4-5.1 Safe and Healthy Use of Medicine and Other Substances 4-5.2 Substance Use Advertising and Awareness
6	6th Grade Substance Use Prevention Lessons (optional) 6th Grade Opioid Prevention Lesson (REQUIRED annually)
7	7th Grade Substance Use Prevention Lessons (optional) 7th Grade Opioid Prevention Lesson (REQUIRED annually)
8	8th Grade Substance Use Prevention Lessons (optional) 8th Grade Opioid Prevention Lesson (REQUIRED annually)
9–10	9-10.1 Youth Brain Development: Effects of Substance Use 9-10.2 Messaging, Media, and Substance Use: Making Informed Decisions 9-10.3 Navigating Health and Wellness Through Empowered Choices
11–12	11-12.1 Substance Use and Misuse Changes Over Time 11-12.2 Investigating Substance Use, Data-Driven Decisions 11-12.3 Navigating Hard Conversations that Matter: Talking About Substance Use With Empathy High School Opioid Prevention Lesson (REQUIRED at least once)

All ODE lesson materials referenced above are available through ODE's Substance Use Prevention Education webpage and through the OER Commons platform. For questions or additional support, districts may contact the ODE Substance Use Prevention Education Coordinator at ode.substance-prevention@ode.oregon.gov.

Interdisciplinary Integration

ODE provides supplemental guidance for integrating substance use prevention across content areas, not only within health classes. NWCSD uses ODE's Interdisciplinary Practices handouts for both elementary and secondary levels to support teachers across disciplines in reinforcing prevention concepts in age-appropriate ways. This approach aligns with the district's commitment to embedding prevention within the full school environment rather than treating it as a standalone unit.

Grade-Level Delivery

K–5: Foundational Skills and Safety

At the elementary level, prevention instruction is delivered through a shared model between classroom teachers and school counselors or Child Development Specialists (CDS).

- Classroom teachers deliver core health instruction using a standards-aligned curriculum (e.g., The Great Body Shop)
- Counselors/CDS support delivery of sensitive content and reinforce decision-making, safety, and emotional well-being themes
- Instruction is delivered through a coordinated implementation model with defined pacing, alignment between classroom and counselor-led content, and ongoing collaboration to avoid gaps or duplication

- Culturally responsive materials and examples are used; instruction affirms students' home cultures and community knowledge

6–8: Risk Awareness and Help-Seeking

- Delivered through health classes and/or advisory
- Includes annual opioid/fentanyl prevention instruction
- Focus on peer pressure, risk awareness, media literacy, and help-seeking behaviors
- Instruction acknowledges systemic stressors, including racism, poverty, and family stress, as factors that affect risk, without stigmatizing students
- Students learn about Good Samaritan protections and how to help a peer in crisis

9–12: Decision-Making and Systems Awareness

- Delivered through health courses, advisory, and embedded lessons
- Annual exposure is required and documented
- Focus on informed decision-making, legal and health consequences, and access to support
- Instruction includes how to access treatment and harm reduction resources, with explicit reduction of stigma around seeking help
- Opportunities for student-led dialogue and reflection are incorporated

Policies, Rules, and Jurisdiction

NWCSD maintains policies and procedures that:

- Affirm a drug-free learning environment
- Prohibit possession, use, and distribution of substances
- Outline disciplinary and intervention responses
- Clarify coordination with law enforcement when appropriate

Disciplinary practices align with OAR 581-021-0050 and OAR 581-021-0055. Responses may include both disciplinary consequences and required participation in intervention supports. The district is committed to ensuring that disciplinary responses do not produce racially or otherwise disparate outcomes. Data on disciplinary actions related to substance use will be disaggregated and reviewed annually as part of the equity review process.

> Discipline is not intervention. Students who receive consequences without access to support are more likely to re-offend and less likely to seek help in the future. Every disciplinary response should have a corresponding supportive component.

District jurisdiction includes all school-sponsored events and activities, including those held off campus.

Intervention and Referral Procedures

NWCSD's intervention system is built on early identification, equitable response, and coordinated support. The following procedures ensure that students receive timely, appropriate, and culturally responsive care and

that our systems do not produce disparate outcomes based on race, language, ability, or other identity factors.

> An equity lens must be applied at every stage of intervention. Before referring, staff should ask: Am I responding to behavior, or am I responding to who this student is? Referral patterns will be monitored for bias.

Identification

Concerns may be identified through multiple channels:

- Staff observation of behavioral, academic, or physical indicators
- Student self-report, actively encouraged through a climate of trust and non-judgment
- Peer report, supported through education about Good Samaritan protections
- Parent or caregiver communication
- Patterns in attendance, grades, or disciplinary data

Staff are trained to recognize that indicators of substance use may overlap with indicators of other needs, including mental health challenges, trauma responses, or disability-related behavior. Referral should be exploratory and supportive, not presumptive or punitive.

Immediate Response Protocol

Response depends on the nature of the concern:

If a medical emergency is suspected:

- Call 911 immediately
- Administer naloxone if available and appropriate; naloxone is safe and does not replace emergency services
- Notify parents/guardians as soon as possible
- Document incident per district protocol
- Activate re-entry planning process (see Section G)

If a behavioral concern is identified (no immediate medical emergency):

- Respond calmly and without stigmatizing language
- Notify administration and counseling staff
- Complete documentation and submit to the appropriate point of contact
- Do not contact law enforcement as a first response unless safety requires it
- Notify parents/guardians with care, communication should be collaborative, not adversarial

Documentation

All substance use concerns and responses are documented in the district's designated system. Documentation includes:

- Nature of concern and identifying information (staff member, date, location)
- Actions taken and referrals made

- Family notification record
- Follow-up actions and outcomes

Documentation is reviewed periodically to identify patterns, including any patterns that may reflect bias in identification or referral.

Assessment and Referral

Following documentation, the appropriate school staff, typically a counselor or administrator — conducts an initial review to determine the level of support needed. This review considers the student's full context, not only the presenting behavior.

Referral options include:

- School counselor or psychologist
- District Behavior Specialist
- Community-based provider
- Wasco County services
- Treatment or assessment services

When a student is referred to community services, the district will maintain a coordinated point of contact to ensure the referral is completed and followed through. NWCSD is developing a closed-loop referral tracking system to improve visibility into whether students are successfully connecting to services.

Family Communication and Engagement

Families are partners in intervention, not recipients of notifications. NWCSD is committed to engaging families in a way that is:

- Culturally responsive and linguistically accessible
- Non-stigmatizing and free of assumptions about family context
- Collaborative: families are involved in developing the support plan, not merely informed of it
- Sensitive to family concerns about consequences, including immigration-related fears — staff are trained to engage with care and to clarify district confidentiality protections

A coordinated support plan is developed collaboratively with the family whenever possible. When family engagement is not possible or safe, the student's interests remain central to all decisions.

Intervention

Intervention is tailored to the student's assessed needs and may include:

- Brief intervention with school counselor or specialist
- Ongoing counseling support
- Safety planning
- Referral to community treatment or assessment
- Academic support to address attendance or grade impacts

- Peer support or mentoring connections

Intervention is not a one-size-fits-all process. Students with disabilities, students who are English learners, and students with other specific needs will have interventions designed to be accessible and appropriate to their circumstances. The district will track intervention access and outcomes disaggregated by student demographics to identify and address gaps.

Re-Entry Support

Students returning from suspension, treatment, or hospitalization are at elevated risk. NWCSD treats re-entry as a critical intervention moment, not an administrative formality. Every student returning under these circumstances is entitled to a structured re-entry process that includes:

- A designated re-entry coordinator (typically the school counselor or prevention specialist)
- A re-entry meeting prior to or on the first day back, involving the student, family, and key staff
- A written re-entry plan that addresses: academic needs, behavioral supports, counseling or community service connections, and check-in schedule
- Ongoing monitoring for a minimum of 30 days following return
- Sensitivity to the stigma that can accompany return, staff are trained to support positive reintegration, not surveillance

Monitoring and Follow-Up

Ongoing support does not end when a referral is closed. For students identified as having substance use concerns, the assigned point of contact will:

- Conduct regular check-ins (frequency based on assessed need)
- Coordinate with community service providers to confirm service access
- Monitor academic and attendance indicators
- Revisit and update the support plan as needed

Public Information Program

NWCSD maintains a coordinated public information program. The goal is not only compliance — it is genuine community awareness and engagement, with particular attention to reaching families who may face barriers to accessing district communications.

The program includes:

- Publication of this plan on the district website in accessible formats
- Annual communication to all families at the start of the school year
- Inclusion of key provisions in student and family handbooks
- Prevention awareness messaging throughout the year, including fentanyl-specific communications
- Collaboration with community partners to extend reach

Families will receive clear, non-stigmatizing communication about the scope of health and prevention instruction, including sensitive topics. A unified, plain-language opt-out process is provided in accordance with Oregon law.

The district is committed to language access. All core communications will be translated into the primary languages of NWCSD families, and interpreters will be available for meetings involving individual students.

Information provided to families includes:

- Risks of substance use for youth
- Fentanyl and counterfeit pill awareness
- Good Samaritan law protections
- Available school and community resources, with contact information

Staff Development

Effective prevention and intervention depends on staff confidence, consistency, and shared understanding across all roles.

Staff are the front line of prevention and intervention. Training is not an optional add-on, it is a core component of this plan. All NWCSD staff receive annual training that includes:

- Overview of the district substance use plan and each staff member's role
- Signs of substance use and how to distinguish from other presenting concerns
- Referral procedures and documentation expectations
- Fentanyl awareness and overdose response, including naloxone administration
- Trauma-informed and culturally responsive approaches to identification and referral
- Equity in discipline: understanding and addressing referral bias
- Stigma reduction: language, posture, and practice

Role-specific preparation includes:

- Classroom teachers: support in delivering culturally responsive core curriculum; training in recognizing and referring without bias
- Counselors and specialists: additional training in sensitive content areas, intervention practices, reporting requirements, and equity-centered case management
- Administrators: training in data analysis, disparate impact review, and restorative response practices
- Nurses and health staff: annual overdose response certification; naloxone protocols

Training participation is documented and maintained by the district. Completion is a condition of annual performance review in relevant roles. The district will track training completion disaggregated by school and role to ensure equitable access to professional development.

Stakeholder Consultation

Prior to board approval and at each annual review, NWCSD conducts meaningful consultation with:

- Parents and caregivers, with specific outreach to families who are most affected and least likely to engage through standard channels
- Students, including students most impacted by substance use concerns and intervention systems
- Teachers and support staff
- Administrators
- Community agencies and health professionals
- Culturally specific community organizations

Consultation is not a formality. Feedback is reviewed, documented, and incorporated into plan revisions. A summary of stakeholder input and the district's response to it is included in each annual review.

The district is committed to removing barriers to participation. Meetings will be held at accessible times and locations; interpretation will be provided; and child care support will be explored for family sessions.

Monitoring and Annual Review

The Director of Prevention & Intervention is responsible for the annual review process, which includes:

- Reviewing curriculum alignment and delivery records
- Analyzing discipline, attendance, referral, and re-entry data, disaggregated by race, ethnicity, disability status, English learner status, and gender
- Evaluating intervention access and outcomes
- Identifying and documenting any disparities in identification, referral, or disciplinary response
- Developing specific corrective actions for identified disparities
- Updating communication materials for clarity and accessibility
- Coordinating stakeholder consultation
- Presenting findings and proposed updates to the School Board

The annual review is not only a compliance exercise. It is the mechanism by which the district assesses whether its equity commitments are being realized in practice and makes accountable, data-informed decisions about where to invest and what to change.

Continuous Improvement

NWCSD uses data, stakeholder input, and equity analysis to guide ongoing improvement. The following goals are active priorities for the current plan cycle:

Goal Area	Action	Timeline	Success Indicator
Referral System	Develop a consistent, documented referral workflow with closed-loop tracking	2026	Referral completion rates tracked; follow-up documented for all cases
Equity in Referral	Implement disaggregated data review of referral and discipline patterns; establish corrective action process for identified disparities	2026	Annual disparity report produced; corrective actions documented and monitored
Staff Training	Implement annual training system; include trauma-informed practice and referral bias modules	Ongoing	100% completion; pre/post confidence survey data collected
Re-Entry Support	Develop standardized re-entry protocol and tracking; designate re-entry coordinator at each school	2026	Re-entry plans documented for all returning students; 30-day follow-up rate tracked
Family Engagement	Develop multilingual outreach materials; pilot culturally specific family engagement sessions	Ongoing	Participation rates by language group; family feedback collected
Student Voice	Establish student advisory input into annual plan review; prioritize students most impacted by intervention systems	2026	Student input documented in annual review; survey data on climate and trust
Data Use	Define specific data points for annual collection; establish baseline metrics; review at mid-year and end-of-year	Ongoing	Baseline established in 2025–26; year-over-year trends reported to board

Appendices

The following appendices support implementation of this plan and are attached or referenced separately:

Appendix A: Intervention Flow Chart — Visual decision-tree for staff responding to substance use concerns

Appendix B: Emergency Response Protocol — Step-by-step overdose and medical emergency procedures

Appendix C: Staff Training Outline — Annual training content and delivery plan

Appendix D: Community Resource Directory — Local and county services with contact information

Appendix E: Annual Review Checklist — Data review, stakeholder consultation, and plan update process

Appendix F: Curriculum Crosswalk — Alignment of prevention instruction to Oregon Health Standards by grade band

Appendix G: Stakeholder Feedback Summary — Documentation of consultation input and district response

Appendix H: Equity Review Protocol — Disaggregated data review process, disparity identification framework, and corrective action template

Appendix A: Intervention Flow Chart

Visual decision-tree for staff responding to substance use concerns.

Use this flow chart as a quick reference whenever a substance use concern is identified. Follow each step in order; do not skip to discipline without first considering support options.

STEP 1 — Concern Identified

A substance use concern may be identified through any of the following:

- Direct observation (physical signs, odor, impaired behavior)
- Student self-disclosure
- Peer report
- Parent/caregiver communication
- Attendance, grade, or disciplinary data patterns

STEP 2 — Is this a Medical Emergency?

Signs of overdose: unresponsive, slow/stopped breathing, blue lips or fingernails, pinpoint pupils, gurgling sounds. When in doubt, treat as emergency.

IF YES — Medical Emergency	IF NO — Behavioral/Educational Concern
1. Call 911 immediately2. Stay with the student3. Administer naloxone if available and trained4. Call school nurse5. Notify administration6. Notify parent/guardian7. Document per protocol8. Begin re-entry planning	1. Respond calmly — no stigmatizing language. 2. Remove student from setting if needed 3. Notify administration and counselor4. Document observation5. Proceed to Step 3

STEP 3 — Initial Documentation

Complete a substance use concern report in the district's designated system. Include:

- Date, time, location
- Nature of concern and what was observed
- Names of staff present
- Actions already taken

Equity check: Am I referring based on observed behavior, or based on assumptions about this student? Referral patterns are monitored for disparate impact.

STEP 4 — Administrative Notification

Notify the building principal or assistant principal. The administrator reviews the documentation and determines next steps in coordination with the school counselor.

STEP 5 — Level of Need Assessment

The school counselor or administrator conducts a brief needs assessment considering the student's full context, not only the presenting behavior.

Tier 1 — Universal/Preventive	Tier 2 — Targeted Support	Tier 3 — Intensive Intervention
Student shows no acute signs; concern is minor or first-time→ Brief check-in with counselor→ Reinforce prevention education→ Parent notification→ Monitor	Repeated concern, moderate indicators, or student requests help→ Ongoing counseling support→ Safety plan→ Referral to prevention specialist→ Family engagement meeting	Acute use, dependency indicators, or safety risk→ Referral to community treatment/assessment→ Coordinate with Wasco County services→ Safety planning→ Possible short-term removal and re-entry plan

STEP 6 — Family Notification and Engagement

Contact parent/guardian using a collaborative, non-stigmatizing approach. Key principles:

- Communicate care for the student, not just the incident
- Ensure language access, use an interpreter if needed
- Invite family into the support plan, not just the consequence
- Be sensitive to immigration or other fears; clarify district confidentiality protections

STEP 7 — Develop Support Plan

In collaboration with the student and family, develop a written support plan that addresses:

- Identified needs and goals
- Intervention services (school and/or community)
- Academic supports if needed
- Check-in schedule and point of contact
- Timeline for follow-up and plan review

STEP 8 — Disciplinary Response (if applicable)

> Discipline is never a substitute for intervention. Any disciplinary consequence must be paired with a supportive component. Discipline alone increases re-offense risk.

If disciplinary action is warranted per district policy:

- Apply consequences consistent with OAR 581-021-0050 and OAR 581-021-0055
- Ensure consequences are proportional and do not produce racially disparate outcomes
- Document rationale
- If suspension results, activate re-entry planning immediately

STEP 9 — Monitor and Follow Up

The assigned point of contact (typically school counselor) conducts regular check-ins based on assessed need. For any student referred to community services, confirm service connection within 2 weeks.

All referral and discipline data are reviewed quarterly by building administrators and annually by the Director of Prevention & Intervention for patterns of disparate impact.

Appendix B: Emergency Response Protocol

Step-by-step overdose and medical emergency procedures.

This protocol applies whenever there is a suspected drug or alcohol overdose or any substance-related medical emergency on school property or at a school-sponsored event. Post this protocol in the nurse's office, health room, and main office.

Legal Protections — Review Before Responding

Oregon's Good Samaritan Law (ORS 689.527) provides protection from prosecution for students and staff who call 911 for an overdose. Staff are expected to call for help without hesitation. Calling 911 does not require confirmation that an overdose has occurred, a reasonable belief is sufficient.

Signs of Overdose — Know What to Look For

Opioid/Fentanyl Overdose	Stimulant Overdose	Alcohol Poisoning
Unresponsive or hard to wake	Chest pain or irregular heartbeat	Unconscious or unresponsive
Slow, shallow, or stopped breathing	Seizures	Breathing is slow (fewer than 8/min)
Blue or grayish lips, fingertips	Extremely high body temperature	Skin is pale, cold, or clammy
Gurgling or choking sounds	Stroke symptoms (facial drooping, slurred speech)	Cannot be awakened
Pinpoint (tiny) pupils	Severe agitation or confusion	Vomiting while unconscious

When in doubt, treat it as an emergency and call 911. The risk of not acting is always greater than the risk of overreacting.

Step-by-Step Emergency Response

Step	Action	Who
1	CALL 911 immediately. State the school name, address, and that you have a suspected overdose. Stay on the line.	First responder / any staff
2	Stay with the student. Do not leave them alone.	First responder
3	Call for the school nurse via intercom or radio. If unavailable, call the office for any trained staff.	First responder
4	Check responsiveness. Tap shoulders firmly and call the student's name. If no response, begin rescue breathing if trained.	Nurse / trained staff
5	Administer naloxone (Narcan) if opioid overdose is suspected. See naloxone protocol below.	Nurse / trained staff

Step	Action	Who
6	Place student in recovery position if unconscious and breathing (on their side to prevent choking).	Nurse / trained staff
7	Clear the area. Ask other students to move away calmly. Assign a staff member to manage the scene.	Administrator / any staff
8	Meet emergency responders at the school entrance and brief them on what was observed.	Administrator / designated staff
9	Notify parent/guardian as soon as possible. Do not wait until after emergency services depart.	Administrator or counselor
10	Complete incident documentation. Use district's designated reporting system within 24 hours.	Administrator
11	Notify Director of Prevention & Intervention. For suspected fentanyl/opioid situations, also notify district superintendent.	Principal
12	Initiate re-entry planning. Assign re-entry coordinator before student returns.	Counselor / administrator

Naloxone (Narcan) Administration Protocol

Naloxone is safe and has no effect if opioids are NOT present. There is no risk to administering it if you are uncertain.

Naloxone Location: _____ (complete for each building)

1. Confirm the student is unresponsive or has signs of opioid overdose.
2. Lay the student on their back.
3. Remove nasal spray from packaging.
4. Hold the device with thumb on bottom, two fingers on nozzle.
5. Tilt the head back slightly. Support the neck.
6. Insert nozzle gently into one nostril. Press plunger firmly.
7. Place student in recovery position. Watch for breathing.
8. If no response after 2–3 minutes, administer second dose in other nostril.
9. Continue until emergency services arrive. Naloxone does NOT replace 911.

After the Emergency — Follow-Up Responsibilities

Timeframe	Action	Responsible Party
Same day	Complete incident report in district system	Administrator
Same day	Notify parent/guardian (if not already done)	Counselor / administrator
Within 24 hrs	Notify Director of Prevention & Intervention	Principal
Within 48 hrs	Debrief with staff present during incident — trauma-informed support offered	Principal / counselor
Before return	Re-entry meeting with student, family, and key staff; develop written re-entry plan	Re-entry coordinator
30 days post-return	Monitor check-ins; confirm service connections; update support plan	School counselor
Annual	Review and update this protocol; confirm naloxone stock and training status	School nurse / administrator

Naloxone supplies must be checked monthly and replaced before expiration. Training for all designated staff must be renewed annually.

Appendix C: Staff Training Outline

Annual training content and delivery plan.

All NWCSD staff complete annual substance use prevention and intervention training. This outline specifies required content, role-specific modules, delivery format, and documentation expectations. Training completion is a condition of annual performance review for relevant roles.

Training Schedule Overview

Training Component	Audience	Format	When	Duration
District Plan Overview & Staff Roles	All staff	Building-level meeting or recorded module	August/September	30 min
Recognizing Signs of Substance Use	All staff	Interactive module + scenario practice	August/September	45 min
Referral Procedures & Documentation	All staff	Guided walkthrough + Q&A	August/September	30 min
Fentanyl Awareness & Good Samaritan Law	All staff	Video + discussion	August/September	30 min
Overdose Response & Naloxone Administration	All staff	Hands-on demonstration	August/September	45 min
Trauma-Informed & Culturally Responsive Practice	All staff	Workshop or online module	Fall	60 min
Equity in Referral: Recognizing & Reducing Bias	All staff	Facilitated discussion + data review	Fall	60 min
Stigma Reduction: Language & Practice	All staff	Online module	Fall	30 min
Curriculum Delivery Support (Health Standards)	K-12 teachers	Grade-band workshop	Before unit delivery	60 min
Intervention & Case Management Practices	Counselors, specialists	Professional learning cohort	Fall + Spring	120 min
Disaggregated Data Review & Corrective Action	Administrators	Data lab session	January	90 min
Naloxone Recertification	Nurses, designated staff	Hands-on skills check	Annual	60 min

Module Descriptions

Module 1 — District Plan Overview & Staff Roles

Content: Summary of the Comprehensive Substance Use Prevention and Intervention Plan; overview of Oregon law and district policy; each staff member's defined role and accountability expectations; documentation and reporting obligations.

Outcome: All staff can articulate their role in the plan and know who to contact when concerns arise.

Module 2 — Recognizing Signs of Substance Use

Content: Physical, behavioral, and academic indicators of substance use; how these indicators may overlap with mental health, trauma, or disability presentations; avoiding assumptions; cultural context.

Format note: Include scenario-based practice using realistic, school-based examples drawn from NWCSD's student population.

Outcome: Staff can identify concerns accurately and without over- or under-referral.

Module 3 — Referral Procedures & Documentation

Content: Step-by-step walkthrough of the intervention flow chart (Appendix A); how to complete a substance use concern report; who receives documentation; timeline expectations; family notification procedures.

Outcome: All staff can complete a referral accurately and without delay.

Module 4 — Fentanyl Awareness & Good Samaritan Law

Content: What fentanyl is and why it represents a distinct risk; counterfeit pills; why any unknown substance must be treated as potentially lethal; overview of Oregon's Good Samaritan Law and its protections for students and staff.

Outcome: Staff can communicate fentanyl risk clearly and accurately, and will not hesitate to call 911 due to legal concerns.

Module 5 — Overdose Response & Naloxone Administration

Content: Signs of overdose by substance type; step-by-step emergency response protocol (Appendix B); hands-on naloxone (Narcan) administration demonstration; location of naloxone in the building; when and how to call 911.

Format note: Requires in-person, hands-on demonstration component. Cannot be completed by video only.

Outcome: All staff can respond to an overdose and administer naloxone if the nurse is unavailable.

Module 6 — Trauma-Informed & Culturally Responsive Practice

Content: How trauma affects behavior and learning; why trauma-informed responses reduce re-offense and increase help-seeking; cultural humility in substance use identification; avoiding deficit framing; engaging families across cultural contexts.

Outcome: Staff can apply a trauma-informed, culturally responsive lens to every stage of identification and referral.

Module 7 — Equity in Referral: Recognizing & Reducing Bias

Content: Review of district disaggregated referral and discipline data; what disparate impact looks like and why it occurs; implicit bias in identification; restorative alternatives to punitive response; corrective action processes.

Format note: Include review of actual building-level data (de-identified as needed). Facilitated small-group discussion is strongly preferred.

Outcome: Staff can recognize potential bias in their own referral patterns and apply corrective action when patterns are identified.

Module 8 — Stigma Reduction: Language & Practice

Content: How stigmatizing language ("addict," "junkie," "druggie") increases shame and reduces help-seeking; person-first and recovery-affirming language; how staff posture and tone affect student willingness to seek help.

Outcome: Staff use respectful, accurate, non-stigmatizing language in all substance use-related communication.

Documentation and Accountability

Requirement	Details
Sign-in records	Maintained by building administrator for all in-person sessions
Module completion records	Tracked in district professional development system for all online modules
Hands-on certification	Naloxone administration certification signed off by school nurse annually
Completion deadline	All required modules completed by October 31 each year
Non-completion follow-up	Principal notified of any staff not completing required training by November 1
Annual report	Director of Prevention & Intervention compiles training completion rates disaggregated by school and role for the annual review

Training completion rates and any gaps are included in the Annual Review presented to the school board. Buildings with completion rates below 90% are required to submit a corrective action plan.

Appendix D: Community Resource Directory

Local and county services with contact information.

This directory is reviewed and updated at each annual plan review. The Director of Prevention & Intervention is responsible for maintaining current contact information. Schools should verify contact details at the start of each school year.

Note to staff: This directory is for professional referral use. When sharing resources with families, use plain-language versions and ensure language access. Do not share provider information without student/family consent unless required by law.

Crisis and Emergency Services

Service	Contact	Notes
911 — Emergency Services	911	Always the first call for any medical emergency or overdose
988 Suicide & Crisis Lifeline	Call or text: 988	Mental health and substance use crisis; also available for staff consultation
Oregon Behavioral Health Crisis Line	1-800-273-8255	24/7 crisis support statewide
Mid-Columbia Crisis Team	Call 211 or local dispatch	Wasco County local crisis response; can dispatch mobile team

Wasco County and Local Services

Organization	Services	Phone / Contact	Notes
Mid-Columbia Center for Living (MCCFL)	Outpatient behavioral health; substance use assessment and treatment; mental health services; crisis stabilization	(541) 296-5452 mccfl.com	Primary county behavioral health provider; accepts OHP; serves youth and adults
Wasco County Health Department	Public health services; harm reduction resources; naloxone distribution; tobacco cessation	(541) 506-2600 wascocounty.us/health	May provide naloxone to school nurses; contact for community health questions
Wasco County Department of Human Services (DHS)	Child welfare; family support services; referrals for youth in crisis	(541) 506-2500	Required reporting contact for child welfare concerns
Columbia Gorge Health Council	Coordinated care; health navigation; OHP enrollment support	(541) 296-4636	Can assist families with insurance and service access

Organization	Services	Phone / Contact	Notes
The Next Door Inc.	Residential treatment for women; recovery support	thenextdoorinc.org	May be relevant for family members of students in need
Oregon Recovery Network — Gorge Chapter	Peer recovery support; community outreach	oregonrecovery.org	Peer mentors available; may support re-entry connections

School-Based Contacts

Role	Responsibility in Referral	Contact
Director of Prevention & Intervention	Plan oversight; complex case coordination; community partner liaison	District Office — update annually
School Counselors (each building)	First-line assessment; referral initiation; family engagement; re-entry coordination	Update annually per building
School Nurses (each building)	Medical assessment; naloxone; overdose response; community health liaison	Update annually per building
Child Development Specialists (CDS)	Elementary-level prevention support; counseling; family coordination	Update annually per building

Youth and Family Support Programs

Program	Target Population	Services	Contact
The Hub Youth Center	Middle and high school youth	After-school programs; mentoring; positive activities	The Dalles — verify annually
Boys & Girls Club of the Columbia Gorge	Youth ages 6–18	After-school and summer programming; safe environment	Verify current contact annually
Oregon Department of Human Services — Youth Programs	Youth in or at risk of system involvement	Foster care services; independent living; youth hotline	211 or odhs.oregon.gov
211info	All community members	Statewide social service referral; housing, food, health, crisis	Call or text 211; 211info.org

Substance Use Treatment — Youth-Specific

Provider	Services	Notes
Mid-Columbia Center for Living (MCCFL)	Youth outpatient substance use assessment and treatment; dual diagnosis (co-occurring mental health)	Primary local option; most youth will be referred here initially
Lines for Life — Youth Line	Youth-specific crisis and substance use support line; peer support	Call: 1-800-273-8255 (press 1 for youth)
Oregon Health Authority — Treatment Locator	Statewide directory of licensed treatment providers	findtreatment.gov or oregon.gov/oha
SAMHSA National Helpline	Free, confidential treatment referral and information; 24/7	1-800-662-4357 (English and Spanish)

This directory does not constitute an endorsement of any provider. Staff should use professional judgment when making referrals and should follow up to confirm students/families have connected with services.

Appendix E: Annual Review Checklist

Data review, stakeholder consultation, and plan update process.

The Director of Prevention & Intervention completes this checklist each spring in preparation for the annual board presentation. A completed, signed copy is retained on file and summarized in Appendix G (Stakeholder Feedback Summary).

Field	
Review Period	School Year: _____
Completed by	Name / Title: _____
Date Completed	_____
Board Presentation Date	_____

Section 1 — Curriculum and Instruction Review

Task	Complete?	Notes / Evidence
Reviewed curriculum delivery records across all buildings	Yes / No / Partial	
Confirmed ODE SB 238 opioid prevention lessons were delivered at grades 6, 7, 8, and high school	Yes / No / Partial	
Confirmed K–5 prevention instruction was delivered per grade-band plan	Yes / No / Partial	
Reviewed Appendix F (Curriculum Crosswalk) for alignment accuracy	Yes / No / Partial	
Identified any gaps in instructional delivery	Yes / No / N/A	
Updated ODE lesson materials to current-year versions	Yes / No	
Confirmed Spanish-language lesson versions used where appropriate	Yes / No / N/A	

Section 2 — Data Review

Data Point	Collected?	Disaggregated?	Notes
Number of substance use referrals	Yes / No	Yes / No	
Referrals by school/grade level	Yes / No	Yes / No	

Data Point	Collected?	Disaggregated?	Notes
Referrals disaggregated by race/ethnicity	Yes / No	Yes / No	
Referrals disaggregated by disability status	Yes / No	Yes / No	
Referrals disaggregated by EL status	Yes / No	Yes / No	
Referrals disaggregated by gender	Yes / No	Yes / No	
Number of discipline actions (substance use)	Yes / No	Yes / No	
Discipline actions disaggregated by race/ethnicity	Yes / No	Yes / No	
Number of community referrals made	Yes / No	N/A	
Community referral completion rate	Yes / No	N/A	
Number of re-entry plans completed	Yes / No	Yes / No	
30-day post-return monitoring completion rate	Yes / No	N/A	
Medical emergency / overdose incidents	Yes / No	N/A	
Staff training completion rates by building/role	Yes / No	Yes / No	

Section 3 — Equity Review

See Appendix H for the full Equity Review Protocol. The following tasks are required as part of the annual review.

Task	Complete?	Notes
Conducted disaggregated data analysis per Appendix H protocol	Yes / No	
Identified any statistically notable disparities in referral by subgroup	Yes / No / None found	
Identified any statistically notable disparities in discipline by subgroup	Yes / No / None found	

Task	Complete?	Notes
Documented findings in the Disparity Identification section of Appendix H	Yes / No / N/A	
Developed corrective action plan for any identified disparities	Yes / No / N/A	
Shared findings with building principals prior to board presentation	Yes / No	

Section 4 — Stakeholder Consultation

Stakeholder Group	Method	Date(s)	Input Documented?
Students (general)			Yes / No
Students most impacted by intervention systems			Yes / No
Parents/caregivers			Yes / No
Families with language access needs (outreach confirmed)			Yes / No
Teachers and support staff			Yes / No
Administrators			Yes / No
Community agencies / health professionals			Yes / No
Culturally specific community organizations			Yes / No

Summary of key themes from stakeholder input:

_____

_____

_____

Section 5 — Plan Updates

Task	Complete?	Notes
Reviewed all sections of the plan for accuracy and currency	Yes / No	
Updated community resource directory (Appendix D)	Yes / No	

Task	Complete?	Notes
Updated staff training outline (Appendix C) for any new content	Yes / No	
Updated curriculum crosswalk (Appendix F) if standards changed	Yes / No	
Updated intervention flow chart (Appendix A) if procedures changed	Yes / No	
Updated emergency response protocol (Appendix B) — confirmed naloxone locations	Yes / No	
Revised plan language to incorporate stakeholder feedback	Yes / No / N/A	
Submitted updated plan to superintendent for board approval	Yes / No	
Plan posted to district website in accessible format	Yes / No	
Family notification distributed at start of next school year	Pending / Sent	

Certification

Director of Prevention & Intervention Signature	_____ Date: _____
Superintendent Signature	_____ Date: _____
Board Presentation Date	_____

Appendix F: Curriculum Crosswalk

Alignment of prevention instruction to Oregon Health Standards by grade band.

This crosswalk documents how NWCSD's K–12 substance use prevention instruction aligns with the Oregon 2023 Health Education Academic Content Standards — Substance Use, Misuse, and Abuse (SUB) strand. Review and update this crosswalk annually to reflect any standards revisions, curriculum changes, or new ODE instructional resources.

Grade Band K–1: Foundational Safety

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
Identify rules for safe use of medicine and household substances	K-1.1 Medicine Safety	ODE Lesson K-1.1 (OER Commons)	Classroom teacher / CDS	
Explain the importance of following safety rules about substances	K-1.2 Medicine Safety and Rules to Follow	ODE Lesson K-1.2 (OER Commons)	Classroom teacher / CDS	
Identify trusted adults who provide safe medicines and substances	Integrated into health and counseling lessons	The Great Body Shop or equivalent	Classroom teacher / Counselor	
Understand that some substances are dangerous if not given by a trusted adult	Age-appropriate fentanyl awareness: 'Never take anything unless a trusted adult gives it to you'	Teacher-developed, CDS-supported	CDS / Counselor	

Grade Band 2–3: Making Healthy Choices

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
Describe physical and emotional effects of some commonly used substances	2-3.1 Making Safe and Healthy Choices: Understanding Medicine	ODE Lesson 2-3.1 (OER Commons)	Classroom teacher / CDS	
Identify healthy ways to manage feelings and cope with stress	2-3.2 Making Healthy Choices: Feelings and Tricky Situations	ODE Lesson 2-3.2 (OER Commons)	CDS / Counselor	

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
Practice refusal skills in age-appropriate scenarios	Embedded in health units and counseling curriculum	SEL curriculum / The Great Body Shop	Classroom teacher / CDS	

Grade Band 4–5: Awareness and Influence

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
Explain the short- and long-term health effects of tobacco, alcohol, and other drugs	4-5.1 Safe and Healthy Use of Medicine and Other Substances	ODE Lesson 4-5.1 (OER Commons)	Classroom teacher / Health teacher	
Analyze how media and advertising influence substance use attitudes	4-5.2 Substance Use Advertising and Awareness	ODE Lesson 4-5.2 (OER Commons)	Classroom teacher	
Apply decision-making skills to substance use scenarios	Embedded in health and advisory units	Teacher-developed / SEL	Classroom teacher / CDS	
Identify community and school resources for help	Counseling curriculum — help-seeking	School counselor sessions	Counselor / CDS	

Grade Band 6–8: Risk, Peer Pressure, and Help-Seeking

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
Describe effects of alcohol, tobacco, cannabis, and other drugs on developing brain	6th/7th/8th Grade Substance Use Prevention Lessons	ODE Lessons (OER Commons)	Health teacher	
Explain risks of synthetic opioids including fentanyl and counterfeit substances	ODE Opioid Prevention Lessons (REQUIRED annually)	ODE SB 238 Lessons — English and Spanish	Health teacher	
Analyze peer and social influences on substance use decisions	Media literacy unit; peer pressure scenarios	Grade-level health curriculum	Health teacher	

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
Apply communication and refusal skills	Role-play and scenario practice in health class	Health curriculum	Health teacher	
Describe Good Samaritan protections and how to help a peer in crisis	Embedded in opioid prevention lesson; standalone lesson if needed	ODE SB 238; teacher-developed supplement	Health teacher / Counselor	
Identify systemic factors (poverty, racism, trauma) that affect risk — without stigmatizing	Advisory discussions; counselor-led sessions	Counselor curriculum	Counselor / CDS	
Identify school and community help-seeking resources	Counseling curriculum; resource cards distributed	School counselor	Counselor	

Grade Band 9–12: Decision-Making and Systems Awareness

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
Analyze short- and long-term consequences of substance use for health, relationships, and legal standing	9-10.1 Youth Brain Development: Effects of Substance Use; 11-12.1 Substance Use and Misuse Changes Over Time	ODE Lessons (OER Commons)	Health teacher	
Evaluate media and marketing messages about substance use	9-10.2 Messaging, Media, and Substance Use	ODE Lessons (OER Commons)	Health teacher	
Apply harm-reduction and help-seeking knowledge; reduce stigma around seeking support	9-10.3 / 11-12.3 Navigating Health and Wellness; Hard Conversations	ODE Lessons (OER Commons)	Health teacher / Counselor	
Investigate data on substance use trends and community impact	11-12.2 Investigating Substance Use, Data-Driven Decisions	ODE Lessons (OER Commons)	Health teacher	
Explain synthetic opioid risks, fentanyl danger,	ODE High School Opioid Prevention	ODE SB 238 — English and Spanish	Health teacher	

Oregon Health Standard (SUB)	NWCSD Instructional Activity	Materials / Resources	Deliverer	Documented?
counterfeit pills, overdose response	Lesson (REQUIRED at least once in HS)			
Access treatment and community resources; understand insurance and OHP access	Integrated into 11-12 health units; counselor sessions	Community Resource Directory (Appendix D)	Counselor / Health teacher	

This crosswalk is a living document. The Director of Prevention & Intervention and health curriculum lead review it annually against current Oregon Health Standards and update it to reflect any new ODE lesson materials, curriculum adoptions, or changes in delivery responsibility.

Appendix G: Stakeholder Feedback Summary

Documentation of consultation input and district response.

This appendix is completed each year as part of the annual plan review. It documents who was consulted, what themes emerged from their input, and how the district responded to or incorporated that feedback. A completed copy is presented to the school board alongside the updated plan.

Field	
School Year	_____
Consultation Period	_____ through _____
Compiled by	Name / Title: _____
Date Finalized	_____

Section 1 — Consultation Summary

Stakeholder Group	Method of Engagement	Date(s)	# Participants	Language(s)
Students — general school population				
Students most impacted by intervention systems				
Parents and caregivers				
Families — language access outreach (specify languages below)				
Teachers and instructional staff				
Support staff (counselors, CDS, nurses)				
Building administrators				
Community agencies / behavioral health providers				

Stakeholder Group	Method of Engagement	Date(s)	# Participants	Language(s)
Culturally specific community organizations				
Other (specify)				

Languages used in outreach materials and meetings:

_____

Barriers to participation identified and steps taken to address them:

_____

_____

Section 2 — Key Themes from Feedback

Summarize major themes by stakeholder group. Use direct quotes where helpful (with consent). Be specific — vague summaries are not useful for accountability.

Theme	Stakeholder Group(s) Raising It	Frequency / Emphasis

Section 3 — District Response to Feedback

Feedback Theme	District Response / Action Taken	Plan Section Affected	Timeline

Feedback Theme	District Response / Action Taken	Plan Section Affected	Timeline

Feedback received but not incorporated (explain rationale):

_____

_____

Section 4 — Student Voice

NWCSD is committed to centering the voices of students most impacted by substance use and intervention systems. Document specific student input received this cycle:

Methods used to gather student input:

_____

Key student themes (summarize):

_____

_____

How student input was incorporated into the plan or will inform practice:

_____

_____

If student input was not gathered this cycle, document the reason and the corrective action plan for the following year.

Section 5 — Certification

Director of Prevention & Intervention Signature	_____ Date: _____
Superintendent Signature	_____ Date: _____

Appendix H: Equity Review Protocol

Disaggregated data review process, disparity identification framework, and corrective action template.

NWCSD's equity commitment requires more than counting outcomes. It requires examining who is being referred, disciplined, supported, and served and whether those patterns reflect bias in our systems rather than genuine differences in need.

Purpose

This protocol guides the Director of Prevention & Intervention through the annual disaggregated data review. It provides a framework for identifying disparities, understanding their potential causes, and designing accountable corrective action. It is completed as part of the annual review process (see Appendix E, Section 3) and presented to the school board.

Step 1 — Data Collection

Collect the following data points for the review period, disaggregated by the demographic variables listed in Step 2:

- Number and rate of substance use referrals per 100 students enrolled
- Number and rate of disciplinary actions related to substance use
- Number and type of interventions provided
- Community referral completion rates
- Re-entry plan completion rates and 30-day follow-up rates
- Staff training completion rates

Step 2 — Disaggregation Variables

Variable	Why It Matters
Race and ethnicity	Research consistently shows students of color are over-referred and over-disciplined for substance use compared to white peers with similar behaviors
Disability status (IEP/504)	Students with disabilities are at higher risk for substance use and are often misidentified or over-disciplined rather than supported
English Learner status	Language barriers may prevent EL students from accessing help; they may also be under-identified due to communication challenges
Gender	Gender affects both substance use patterns and how adults perceive and respond to substance-related behavior
Socioeconomic status (Free/Reduced Lunch)	Students experiencing poverty face compounding risk factors and may be more likely to encounter punitive responses

Variable	Why It Matters
Grade-level	Useful for identifying buildings or grade levels with concentrations of referrals or gaps in prevention delivery

Step 3 — Disparity Identification Framework

A disparity is defined for this protocol as a statistically notable difference in outcome rates between demographic groups that cannot be explained by enrollment size alone. Use the following decision framework:

Question	If Yes	If No
Is the referral rate for any subgroup more than 1.5x the rate for the overall student population?	Flag as potential disparity — proceed to Step 4	Document and continue monitoring
Is the discipline rate for any subgroup more than 1.5x the rate for the overall student population?	Flag as potential disparity — proceed to Step 4	Document and continue monitoring
Is the intervention access rate for any subgroup notably lower than the overall rate?	Flag as potential gap — proceed to Step 4	Document and continue monitoring
Is the community referral completion rate lower for any subgroup?	Flag as potential barrier — proceed to Step 4	Document and continue monitoring
Are re-entry plan rates or 30-day follow-up rates lower for any subgroup?	Flag as potential gap — proceed to Step 4	Document and continue monitoring

Step 4 — Disparity Analysis

For each flagged disparity, complete the following analysis:

Analysis Field	Response
Identified disparity (describe specifically)	
Subgroup(s) affected	
Data source and time period	
Magnitude of disparity (rate differential)	
Possible contributing factors (list all that may apply)	Implicit bias in identificationDifferences in instructional deliveryLanguage or communication barriersFamily engagement gapsTrauma responses misread as

Analysis Field	Response
	substance useOver-policing of particular spaces or groupsOther: _____
Factors ruled out after review	
Buildings / grade levels where disparity is most concentrated	
Has this disparity appeared in prior years?	Yes / No — prior year data:

Step 5 — Corrective Action Plan Template

Complete one corrective action plan for each identified disparity. File with the annual review documentation.

Field	Response
Disparity being addressed	
Root cause hypothesis (primary)	
Goal (specific, measurable)	
Action steps	1.2.3.
Responsible party for each step	
Timeline	
Resources needed	
Success indicators	
Mid-year check-in date	
Annual review outcome	

Step 6 — Reporting and Accountability

Findings from this equity review are:

- Summarized in the annual review presentation to the school board
- Shared with building principals prior to board presentation
- Used to inform staff training priorities for the following year
- Tracked year-over-year to assess whether corrective actions are producing change
- Included in the Stakeholder Feedback Summary (Appendix G) as context for consultation

Corrective action plans that do not produce measurable change within one school year require escalation to the Superintendent and a revised, more intensive action plan. Persistent disparities are not acceptable outcomes.

Equity Review Certification

Field	
Review completed for school year	_____
Disparities identified (Y/N)	If yes, number of corrective action plans filed: _____
Director of Prevention & Intervention	Signature: _____ Date: _____
Superintendent	Signature: _____ Date: _____
Presented to school board	Date: _____