NLWJC - Kagan
DPC - Box 071 - Folder-004

0-3 Conf - DOJ Violence Initiative

0-3 conf – DOT violence initiative

To: Elana Kagan
Fax #: 456-2878
Re: Children Exposed to Violence
Date: December 30, 1997
Pages: 1, including this cover sheet.

FACSIMILE

Laura was kind enough to set up a 10 minute phone conversation at 11:45 so that Laurie Robinson, Shay Bilchik and I could briefly bend your ear on this topic one more time. As you may know, as the final child care initiative decision memo was coming together, I made another pitch for the "Children Exposed to Violence" proposal to be included as one part of the initiative. We all still think it would be good from both a policy and a message standpoint to include this project in the President's announcement of a child care initiative and wanted to get your perspective on the state of play.

We believe that this proposal fits the initiative because one important part of caring for our children is dealing with circumstances in which they are exposed to violence. This is, unquestionably, a narrow group of children, but it is a group, which, if not properly attended to, easily enters the cycle of violence. We believe that the cycle of violence can be interrupted; the funding request for this demonstration program is minuscule compared to other elements of the initiative -- just $10 million a year.

Set out below is the program description which I had proposed including in the final child care initiative decision memo. Hopefully, it presents a succinct articulation of this proposed program:

Children Exposed to Violence

This new demonstration initiative, to be managed jointly by the Departments of Justice, HHS, Education, and others, would seek to allow communities to more effectively disrupt the cycle of violence which begins with the abuse of children. The effort would focus first on cross-training teachers, day care workers, parents, the police, and others who encounter children regularly, to recognize signs of children exposed to violence and to know what to do when such signs are evident. The initiative would also seek to assist communities in establishing a comprehensive, cross-disciplinary response to the exposure of children to violence as children are substantially more likely to be dysfunctional as children (vis-a-vis their education and development) and more likely to become violent and abusive as adults. We can act, through this initiative, to assist those children exposed to violence grow up healthy.

We'll talk at 11:45 (all you need to do is dial 305-2873 and we'll be hooked together).

From the desk of...

Kent Markus
Deputy Chief of Staff &
Counsellor to the Attorney General
U.S. Department of Justice
950 Pennsylvania Ave., NW
Washington, DC 20530

202/514-3008
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cc: Shay & Laurie

0-3 cmt - DOJ Violence Initiative

Bruce — was going through some old papers and came across this proposal by DOJ. I'm not sure where

Proposed Initiative
Children Exposed to Violence [1]

"It is appalling the number of letters I get from five- and six- year-olds who simply want me to make their lives safe; who don't want to worry about being shot; who don't want anymore violence in their homes; who want their schools and the streets they walk on to be free of terror. So, today the Department of Justice is establishing a new initiative called "Safe Start," based on the efforts in New Haven, Connecticut, which you will hear about this afternoon. The program will train police officers, prosecutors, probation and parole officers in child development so that they'll actually be equipped to handle situations involving young children. And I believe if we can put this initiative into effect all across America, it will make our children safer." - President Clinton, April 17, 1997

"A child's earliest experience, their relationships with parents and care-givers, the sights and sounds and smells and feelings they encounter, the challenges they meet determine how their brains are wired. And that brain shapes itself through repeated experiences. The more something is repeated, the stronger the neuro-circuitry becomes, and those connections, in turn, can be permanent. In this way, the seemingly trivial events of our earliest months that we cannot even later recall -- hearing a song, getting a hug after falling down, knowing when to expect a smile -- those are anything but trivial. And as we know, for the first three years of life, so much is happening in the baby's brain. They will learn to soothe themselves when they're upset, to empathize to get along. These experiences can determine whether children will grow up to be peaceful or violent citizens, focused or undisciplined workers, attentive or detached parents themselves." - Mrs. Clinton, April 17, 1997

Goal and Summary

The goal of the proposed initiative is to prevent and reduce the impact of family, school, and community violence on young children in 120 communities. The initiative seeks to accomplish this goal by improving the access, delivery, and quality of educational/ developmental, health, mental health, family support, crisis intervention and legal services for young children at risk of being or already exposed to violence, their families and their care givers. The initiative would be funded in increments over a six-year period for a total of $240 million.

Specifically, the initiative would provide each community with a three-year grant of approximately $500,000 per year. In year one, 30 communities would receive grants followed by an additional cohort of thirty communities in each of years two, three and four, scaling down in years five and six. In addition to grants totaling $192 million, $24 million would be set aside for training and technical assistance and $24 million would be set aside for evaluation over the lifetime of the initiative.

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[1] *Revised 10/7/97*

Justification

The need for the proposed initiative is significant. First, we know that the incidence of children's exposure to violence is high. Throughout America, millions of children are exposed to violence at home, in their neighborhoods, and in their schools. According to a National Institute of Justice survey, of the 22.3 million adolescents ages 12-17 in the United States today, approximately 9 million have witnessed serious violence. Among these witnesses to violence, 15 percent developed Post Traumatic Stress Disorder. Researchers excluded from their overall calculations the approximately 30 percent of adolescents who had directly observed someone being beaten up badly and hurt -- an experience so common that had these figures been included, the prevalence of witnessing violence would have risen to 72 percent for the entire sample. Other reports show a similarly high incidence of children exposed to violence:

- In a survey of sixth, eighth, and tenth graders in New Haven in 1992, 40% reported witnessing at least one violent crime in the past year.
- In Los Angeles, it was estimated that children witness approximately 10% to 20% of the homicides committed in that city.
- In a study of African American children living in a Chicago neighborhood, one third of the school-aged children had witnessed a homicide and two-thirds had witnessed a serious assault.
- Ninety-one percent of New Orleans fifth graders and 72 % of Washington, D.C. children have witnessed some type of violence.
- It has been estimated that between 3.3 to 10 million children witness physical and verbal spousal abuse each year, including a range of behaviors from insults and hitting to fatal assaults with guns and knives.
- In a study conducted at Boston City Hospital, 1 out of every 10 children seen in their primary care clinic had witnessed a shooting or stabbing before the age of 6 -- 50 percent in the home and 50 percent in the streets. The average age of these children was 2.7 years.

Secondly, we know the adverse impact of violence on these children. Children's exposure to violence and maltreatment is significantly associated with increased depression, anxiety, post traumatic stress, anger, greater alcohol and drug abuse, and lower academic achievement. It shapes how they remember, learn and feel. In addition, children who experience violence either as victims or as witnesses are at increased risk of becoming violent themselves. These dangers are greatest for the youngest children who depend almost completely on their parents and care givers to protect them from trauma.

Third, we know that the majority of children exposed to violence are not treated. According to the National Advisory Board on Child Abuse and Neglect, over 90 percent of children who are exposed to child abuse and neglect do not get the services they need; and too often, victims services in domestic violence and criminal investigations focus on the adult victim rather than the child. In one study of 28 child witnesses aged 1.5 to 14 years from 14 families in which the father killed the mother, delays in referrals for treatment for the children ranged from 2 weeks to 11 years. Without the increased awareness, funds for services and collaboration, training and technical assistance and evaluation supported by the proposed program, it is reasonable to believe that these children will continue to go untreated.

Fourth, the problem of children's exposure to violence is well recognized by both the research and policy making communities; and the solutions to this problem have been established by many esteemed organizations including the American Psychological Association, Children's Defense Fund, Carnegie Corporation of New York, National Research Council, American Academy of Pediatrics, National Council of Juvenile and Family Court Judges and Zero to Three/National Center for Clinical Infant Programs. According to the recommendations of a consensus of professionals in the field, child development theory, experience and evaluations from psychoanalytic and psychodynamic interventions with children, what children need when they are exposed to violence is comprehensive mental health services to help them process the violence; a sustained relationship with a caring, pro-social adult role model; protection from further risk of harm; and legal intervention.

These known solutions for treating children exposed to violence are synthesized in the proposed initiative which increases awareness in communities and among professions of the impact of violence on children; facilitates collaboration and coordination of services; improves identification, referral and interventions; provides specific training and support to deal with the psychological aftermath of children's experience with violence; assists organizational changes in the provision of police, mental health, health, educational services; produces specific protocols and procedures for responding to children exposed to violence, etc.

Objectives

The initiative would be a public-private interagency collaboration which expands on the Department of Justice's *Child Development - Community Policing Safe Start Initiative* and would seek to improve access, delivery, and quality of educational/developmental, health, mental health, family support, crisis intervention and legal services for young children (ages 0-6) at risk of being or already exposed to violence, their families and their care givers. This focus would include drug abuse identification and referral to treatment for parents, as this is also related to violence prevention, intervention, and family care.

The initiative would accomplish these objectives by providing funding, training, technical assistance and information in 120 communities (and, where appropriate, in their respective states) on the following:

- Coordination of services and the development of a community-wide system for responding to children exposed to violence and linking them to the appropriate services.
- Development of effective protocols and memoranda of understanding for working across systems.
- Development of a child- and family-focused violence prevention strategy that would include mentoring and conflict resolution for families, child care workers, law enforcement, juvenile justice practitioners, child protective service providers, teachers, medical personnel, community residents and community-based providers, including public housing personnel, and providers of vocational training.
- Education and training for parents, child care workers, child protective service providers, law enforcement officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, clergy, and relevant university staff on responding to the impact of violence on young children.
- Experience in problem-solving so that these individuals and agencies can prevent violence and trauma before it happens.
- Establishment or enhancement of a broad range of local intervention and treatment services and resources for children, their families, and their young peers, including school-based, court-based, community-based, and hospital-based victim services.
- Responsive investigation and prosecution of child victimizers and defendants in domestic violence cases.
- Appropriate law enforcement protection from repeat abuse.
- Improvement of the responsiveness of drug courts to the impact of substance abuse in families on children.
- Coordination with victims assistance and victims compensation for children.

Partners and Initiative Development

Organizations contributing to the development, funding, or implementation of the grants, along with training and technical assistance, information dissemination, and assistance in evaluation could include:

- Domestic Policy Council
- President's Crime Prevention Council
- Community Empowerment Board
- Department of Health and Human Services
  - Administration for Children, Youth and Families
  - Center for Disease Control and Prevention
  - Center for Substance Abuse Prevention
  - Center for Substance Abuse Treatment
  - Maternal Child Health Bureau
  - NIDA
  - National Institute of Health
  - National Institute of Mental Health
  - Office for Planning and Evaluation
- Department of Housing and Urban Development
- Department of Labor
- Department of Defense
- Department of Education
- Department of Agriculture
- Office of National Drug Control Policy
- Department of Interior
- Corporation for National Service
- Department of Treasury
- Department of Justice
  - Bureau of Justice Assistance
  - Community Oriented Policing Services
  - Drug Courts Office
  - Executive Office for Weed and Seed
  - National Institute of Justice
  - Office of Juvenile Justice and Delinquency Prevention
  - Office for Victims of Crime
  - Violence Against Women Act Grants Office
- White House Conference on Early Childhood Development and Learning participants
- Kaiser Permanente
- American Pediatrics Association
- Edna McConnel Clark Foundation
- American Psychological Association
- Zero To Three
- International Association of Chiefs of Police

A year long planning period involving these agencies and key thinkers and actors from these organizations would focus on comprehensively examining the magnitude of the problem and characteristics of children exposed to violence; what puts particular children at risk and what factors protect other more resilient children; what works to prevent the undesirable consequences

of exposure to violence; and how communities can implement and support these programs. Specifically, the areas where the planning group would focus its learning efforts are:

1) *Surveillance*:
What do we know about the nature and extent of the problem? Who are the children who witness violence? How often does it occur? What types of violence do they witness? Where do they live?

Many of these questions can be answered by examining health and police data sets, NCHS National Health Information Surveys, NCAAN's research, Emergency Department data and Center for Disease Control surveys such as the Youth Risk Behavior Survey administered in schools, the National Electronic Injury Surveillance System surveys for all injury, and the Behavioral Risk Factor Surveillance System.

2) *Risk Factor Research:*
What types of children are impacted by what types of violence, and in what ways? Who are the children at highest risk of being adversely impacted when they observe violence? Are particular types of violence more damaging (e.g., witnessing domestic violence at home versus witnessing a shooting of a stranger at school; television violence versus community violence)? How do single exposures compare to repeated exposure? How do different types of violence impact children of different backgrounds, ages, different socio-economic status, and in different demographic and geographic settings?

3) *Intervention Identification and Evaluation:*
What is the range of effective prevention and intervention approaches of which we are aware (e.g., nurse home visitation, family strengthening, multi-systemic family therapy, etc.)? How should they be applied separately or in combination (simultaneously or serially) to best prevent and intervene with children's exposure to violence?

4) *Implementation and Program Delivery:*
How will extant services in the areas of welfare; health and human services, schools, medical care, mental health, public safety, and housing be combined and coordinated to address children exposed to violence? How can we assure cultural relevancy in their application? What can the federal role be in supporting these systems and interventions? How do we create a positive and effective partnership in this area?

The interagency, public/private planning process would be supported by a contracted literature review and program review. These efforts would target the parameters of the initiative and prepare us to write up a more detailed project description for implementation. They would also assist in assessing all existing program, training, and research resources related to the goal of the initiative.

Grants

For purposes of discussion, it is suggested that the program budget for the initiative be $240 million over six years and be located in an agency to be determined. One hundred and twenty (120) communities would be provided with three-year grants of approximately $500,000 per year.

The annual grants of $500,000 to each community would cover the cost of the following:

- 1 Director/Coordinator @$50,000;
- 2 program staff @$70,000;
- 2 support staff @$50,000;
- overhead and administrative costs @$80,000; and
- seed money for 2 intervention programs identified by the community assessment process as missing or requiring enhancement @$250,000. This seed money would ensure that as communities increase their identification of children exposed to violence, they broaden the services and programs necessary to meet the needs of those children. These programs might include crisis response centers, mental health services for children, domestic violence intervention programs, drug courts, or cross-training for police.

In year one, 30 communities would receive grants totaling $16 million. In each of years two, three and four, an additional cohort of thirty communities would be added. In year four, the first cohort would no longer be funded, as with the second cohort in year five and the third in year six. Scaling the initiative up, and then down again in this manner, would keep the number of communities manageable (90 sites maximum in years three and four) and the annual appropriation at a maximum of $60 million, while still reaching a broad number of communities.

In addition, a local match would be required of communities in their second and third years of implementation to encourage the institutionalization and sustainability of their projects after federal funding.

Communities awarded grants would represent urban, rural and tribal jurisdictions and would be identified through a competitive process, by demonstrating:

- high rates of children's exposure to violence;
- a comprehensive, integrated, community-wide plan based on their needs and resources for a system of prevention and treatment of children exposed to violence;
- local human resource and financial commitments for implementing and evaluating such a system;

- a strong partnership between State child welfare and justice systems, as well as an established system of addressing issues in a multidisciplinary approach.

Empowerment Zones and Enterprise Communities would be given competitive advantage.

The first year of funding for each community would be set aside for planning, finalization of the program design, and the first stages of implementation -- all of which will be conducted in close coordination with the evaluation described below. The grants would support the range of activities described on page four and would be managed by a federal interagency board, in conjunction with the administering agency, and with input and support from private partners.

Training, Technical Assistance and Information Dissemination

Twenty-four million dollars ($24 million) would be set aside for training and technical assistance over six years. Training could take four forms:

1) Professional development provided by a team of experts from the Yale Child Study Center. The current team of experts, which is already being expanded, would include professionals experienced in working with parents, child care workers, child protective service providers, law enforcement officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, educators, clergy, public housing officials and university professors.

2) Training and technical assistance to communities offered through existing contracts.

3) Training and technical assistance to states offered through existing contracts.

4) Federal employees on the local level, such as U.S. Attorneys, FBI, DEA, HHS, DOL, HUD, ED, DOD, DOI, CNS, and USDA personnel could be involved in supporting program implementation on the local level.

In addition to training and technical assistance, fact sheets, training materials, curricula, posters, and information could be developed and disseminated to various audiences, again, based on the work of existing clearinghouses and campaigns. A web site would also contain this information, and a List Serv would be established to electronically link the sites, and various individuals within the sites, to one another.

Research and Evaluation

Twenty-four million dollars ($24 million) would be set aside for evaluation of the program over six years. The evaluation would track the individual projects and examine the impact of the overall program as well as certain projects. It is anticipated that each community

would implement a range of interventions and approaches which would vary from one community to another. The initiative and its evaluation would serve to assess the effectiveness of these various interventions and approaches. In addition, existing research and evaluations focused on the range of interventions (e.g., CDC's research on the impact of interventions targeting intimate partner violence and NCAAN's research on the efficacy of various treatments for abuse and neglect) would inform this initiative and provide guidelines for the field on helping children exposed to violence.

Interim evaluation reports would be produced annually to assess the direction of the initiative, provide ongoing information about promising interventions in the sites, and to disseminate information on models that have proven effective.

Implementation

Building upon the Community Empowerment Board model, a federal interagency team would be formed around the purpose of reducing the impact of violence on young children (0-6 years old). All existing program, training, and research resources related to this goal would be identified and become part of this team's effort to better coordinate, integrate, and improve prevention and intervention services for children exposed to violence. In addition, the team would develop a common list of effective training and technical assistance providers in this area; as well as a comprehensive list of effective approaches and evaluations.

The selected communities would build upon existing projects such as their Empowerment Zone/Enterprise Community; HHS's Starting Early/Starting Smart, Head Start and Early Head Start; MCHB Leadership Education Projects; HUD's Hope VI; DOJ's Community Prevention Grants, Comprehensive Communities or Weed and Seed sites; USDA's Children, Youth and Families At Risk training; Safe and Drug Free School Community; or Community Anti-Drug Coalition and receive necessary funding support through these existing funding streams for a collaborative process focused on coordinating services and developing a community-wide system for preventing and intervening with children's exposure to violence.

Together, families, child care workers, law enforcement, juvenile justice practitioners, child protective service providers, teachers, medical personnel, mental health providers, community residents and community-based providers, including public housing personnel and providers of vocational training would develop a child- and family-focused violence prevention strategy that would include, among other components, family strengthening/parent training, domestic violence reduction, substance abuse prevention, mentoring and conflict resolution.

State health, education, justice and other relevant agencies with sites participating in the initiative would receive training through programs such as HHS's Child Care and Development Fund Training, Leadership Forums, Child Care Health Consultant Program, and Health System's Development in Child Care to facilitate system-wide reform, coordination of funding streams and the provision of family and mental health services which would benefit young children.

Intensive training across disciplines for community teams on children's exposure to violence, treatment options, and interventions in various settings (e.g., curricula for school) would be provided by the team of experts identified by the agencies, including professionals experienced in working with parents, child care workers, child protective service providers, community policing officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, educators, clergy, public housing officials and university professors. Again, this training would build upon that available under existing contracts.

A broad range of local intervention and treatment services and resources for children, their families, and their young peers, would be established, including school-based, court-based, community-based, and hospital-based victim services. These services may require some new dollars, but would build primarily upon existing federally-funded comprehensive service delivery programs such as HHS's Healthy Start Family Resource Centers, DOJ's Safe Havens, Boys and Girls Clubs, and USDA's Community and Migrant Health Centers.

Federal employees on the local level, such as U.S. Attorneys, FBI, DEA, HHS, DOL, HUD, ED, DOD, DOI, CNS, and USDA personnel would be involved in supporting the development of effective protocols and memoranda of understanding for working across systems; including coordination with victims assistance and victims compensation for children; responsive investigation and prosecution of child victimizers and defendants in domestic violence cases; and appropriate law enforcement protection from repeat abuse.

Various audiences would receive fact sheets, training materials, curricula, posters, and information on the impact of violence on young children, the importance of prevention, and how to identify and respond to children exposed to violence. This information could be produced and disseminated through, among other channels, HHS's National Child Care Information Center, Head Start's seven national training contracts, Early Head Start National Resource Center, the National Center for Health and Safety in Child Care, Healthy People 2000, Bright Futures, USDA's Anti-Drug Education in rural housing, and DOJ's Clearinghouse.

An evaluation would track the process of implementing this system reform among individual projects, examine the impact of the overall program, and report on the impact of certain projects. HHS's research on Preventing Developmental Delays, Early Social and Emotional Development, Early Learning, Child Abuse and Neglect, Childhood Behavioral Disorders, Social Experience and Development, Mental Health Services for Young Children, and Childhood Injury Prevention; and DOJ's research on the Causes and Correlates of Delinquency and Study of Human Development in Chicago Neighborhoods would inform the evaluation. The current effort by HHS to expand and coordinate research in the early childhood development area would also be linked with this initiative.

As a result of the significant increase in coordinated federal support, along with the local activity it would prompt, we would find an equally significant change in a community's awareness and involvement in addressing the problem; and its capacity for providing responsive,

quality services. The following three scenarios give brief examples to this effect and are intended to help bring to life how this initiative might operate. They reflect our preliminary thinking and would be informed by the other agencies and non-federal organizations which we hope can be involved in making this initiative a reality:

Scenario #1

In one community, if a mother and two children, ages 3 and 10, are present when a relative is shot to death through the door of their apartment, the district supervisor, trained by the Initiative, offers a referral for mental health services and also provides the mother with his beeper number. The supervisory sergeant, in touch with the mental health provider, accepts daily calls from the mother, during which he provides her with information regarding the family's protection from reprisal and makes sure that her clinical support is appropriate.

Through support from the Department of Education, the youngest child is placed in a Perry Pre-School program, a model program identified and implemented through the initiative, which fosters the child's social and intellectual development and strengthens the family unit through home visits, weekly meetings with the mother, parent training and vocational assistance.

The older child's school teacher is alerted of the dramatic episode witnessed by the children. The trained school teacher, upon hearing many of the students from the neighborhood talking about the incident, is able to focus a classroom discussion on the repercussions of violence and helps the kids process the incident productively. As a result, the students form a school non-violence campaign.

With the ongoing support of the sergeant, mental health provider, and school teachers, and the involvement of the local public housing authority, the mother and her children receive intensive treatment, both children are functioning well in school and the mother is able to relocate her family to a safer neighborhood.

In addition, the ongoing Community Collaborative, consisting of the formal and informal leadership from the community, suggests that a team including law enforcement, education, mental health, and public housing providers be formed to go into the community to work with residents on an ongoing basis to address local violence-related issues and identify at-risk children in need of services.

Scenario #2

In another community, a woman is stabbed to death by her estranged boyfriend in the presence of her children. During this incident, the boyfriend also batters the woman's six year-old child in the presence of her four-year-old and her daughter, who is 16-years-old and pregnant.

An ambulance rushes the battered six-year-old to the hospital. At the hospital, the

physicians treat the six-year-old's wounds and also provide clinical support. Simultaneously, law enforcement officers and mental health clinicians respond to the scene, provide acute clinical assessments of the other children, and consult with relatives and police as to how to tell the children their mother is dead.

Child protective service workers are briefed by the physician, hospital clinicians, police, and clinicians who were on the scene about the incident and the symptoms being exhibited by each child. They place the children with local family members. The police and child protective service worker are in contact with the prosecutor to stay updated on the case of the boyfriend. Police conduct follow up visits to the family, providing practical recommendations for the security of the home and information regarding the status of the prosecution.

The coordinated efforts of police, mental health, child welfare, home-based support professionals, and prosecutors allow the children to remain together, rather than be dispersed to multiple foster homes, and to receive long term family psychotherapy. The teenager is referred to a Nurse Home Visitation program, (another model program implemented through the initiative), which helps her improve her health-related behaviors, her quality of infant care-giving, and her personal development. After a brief conference with their school principal, all of the children are able to stay in school despite a prolonged absence. The children's symptoms of anxiety, depression, and aggressive behavior have diminished.

Scenario #3

In a rural community, a sixteen year old is exhibiting delinquent behavior. Law enforcement officers bring him to the attention of the presiding juvenile and family court judge. It turns out his twelve-year old sister had recently been brought to the attention of courts because of child abuse. Their younger five-year-old sibling appears not to be abused, but during regular monthly conversations with the local school administrators, information concerning the five-year-old indicates that he is exhibiting unusual behavior at his school. The judge asks the mental health clinicians working with the twelve-year old to speak with the younger child.

The judge, child protective service worker, community-based police officers, community-based probation officers, clinicians, school officials, and case managers decide they need to provide a coordinated, comprehensive, and structured assessment and intervention for this family. The probation and police officers provide the external authority necessary to contain the older sibling through intensive supervision, frequent monitoring, and the imposition of variable sanctions for violations. In close collaboration with these figures of authority, the Department of Transportation provides a means for the children to get back and forth to the Extension Center where they participate in a model family strengthening program; and the clinicians, educators, job training specialist and case managers provide a range of educational, therapeutic, and recreational interventions, including life skills, work force development, conflict resolution training, community service projects, after school activities, wilderness experiences, and group psychotherapy, all coordinated with the children's parents.

Conclusion

The tragic consequences to children of chronic exposure to violence, and the social implications of those consequences, are considerable. This Administration has taken a strong position and leadership role on this issue through the *White House Conference on Early Childhood Development and Learning*. The proposed initiative will ensure that we have taken the necessary follow up action to protect and help the silent victims of crime and violence.

0-3 - DOT Violence Initiative

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Office of the Administrator

Washington, D.C. 20531

September 11, 1997

MEMORANDUM FOR DISTRIBUTION

FROM: ELENA KAGAN
Deputy Assistant to the President for Domestic Policy
The White House

SHAY BILCHIK
Administrator, Office of Juvenile Justice and Delinquency Prevention
U.S. Department of Justice

SUBJECT: Proposed Initiative Focused on Children Exposed to Violence

The April 17, 1997 *White House Conference on Early Childhood Development and Learning* provided a tremendous opportunity for the latest research on infants and early childhood to be shared with the public. It also offered an opportunity for the Administration to engage each agency in a broad-based review of policy, activities, and accomplishments in support of early childhood development.

Building upon this conference, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice, has proposed a public/private interagency initiative focused on preventing and reducing the impact of violence on young children. The attached document, produced by OJJDP with the input of the U.S. Department of Health and Human Services, provides an overview of this proposed initiative.

On Friday, September 19, we will hold a meeting in OEOB Room 180 from 2 p.m. until 4 p.m. to explore the feasibility of this initiative. Please review the attached document and come to the meeting prepared to share information on practices in your agency or area of expertise that relates to children ages 0–6 and exposure to violence, and to provide your input on whether and how this initiative should be developed.

Please contact Sarah Ingersoll, Special Assistant to the Administrator, OJJDP, to confirm your attendance, supply your birth date and social security number for clearance into OEOB for the meeting, or if you have any questions. She can be reached at (202) 616–3650.

We look forward to discussing this concept with you.

O-3 : DOT Violence Initiative 4/17/97 Conference Announcement, fyi

CLINTON ADMINISTRATION'S SAFE START INITIATIVE

Announcement

- Today at the White House Early Childhood Development and Learning Conference, the President announced a new Safe Start Initiative to help break the cycle of violence for our nation's youngest victims. The Safe Start Initiative will provide training to law enforcement, prosecutors, school personnel, probation officers, and other professionals to better respond to the needs of children exposed to violence in their homes and communities.

The Problem

- Throughout America, too many children are exposed to violence at home, in their neighborhoods, and in their schools. Children's exposure to violence has been associated with increased depression, anger, substance abuse, and lower academic achievement. Children who experience violence either as victims or witnesses also are at increased risk of becoming violent themselves.

- In a study conducted at Boston City Hospital, 1 out of every 10 children seen in its primary care clinic had witnessed a shooting or stabbing before the age of 6 -- half in their homes and half in the streets. The average age of these children was only 2.7 years old.

The Safe Start Initiative

- The Safe Start Initiative builds on the Child Development-Community Policing Program (CD-CP) started in 1991 between the New Haven Department of Police Services and Yale University Child Study Center, and now funded by the Department of Justice. It was more recently extended to Buffalo, NY; Charlotte, NC; Nashville, TN; and Portland, OR, with Justice Department funding.

- The Safe Start Initiative will increase the number and expand the scope of these regional demonstration sites in which community police officers partner with mental health clinicians to provide rapid and effective treatment to children exposed to violence.

- The Safe Start Initiative will also provide nationwide intensive training and technical assistance for professionals who come into contact with children who have been exposed to family and gang violence, violence in their community and schools, and abuse or neglect.

- Up to 20,000 professionals who work with children in communities across the nation will receive Safe Start training including: law enforcement, prosecutors, school personnel, and probation and parole officers.

0-3-DOJ Violence Initiative

Proposed Initiative
Children Exposed to Violence

"It is appalling the number of letters I get from five- and six- year-olds who simply want me to make their lives safe; who don't want to worry about being shot; who don't want anymore violence in their homes; who want their schools and the streets they walk on to be free of terror. So, today the Department of Justice is establishing a new initiative called "Safe Start," based on the efforts in New Haven, Connecticut, which you will hear about this afternoon. The program will train police officers, prosecutors, probation and parole officers in child development so that they'll actually be equipped to handle situations involving young children. And I believe if we can put this initiative into effect all across America, it will make our children safer." - President Clinton, April 17, 1997

"A child's earliest experience, their relationships with parents and care-givers, the sights and sounds and smells and feelings they encounter, the challenges they meet determine how their brains are wired. And that brain shapes itself through repeated experiences. The more something is repeated, the stronger the neuro-circuitry becomes, and those connections, in turn, can be permanent. In this way, the seemingly trivial events of our earliest months that we cannot even later recall -- hearing a song, getting a hug after falling down, knowing when to expect a smile -- those are anything but trivial. And as we know, for the first three years of life, so much is happening in the baby's brain. They will learn to soothe themselves when they're upset, to empathize to get along. These experiences can determine whether children will grow up to be peaceful or violent citizens, focused or undisciplined workers, attentive or detached parents themselves." - Mrs. Clinton, April 17, 1997

Goal and Summary

The goal of the proposed initiative is to prevent and reduce the impact of family, school, and community violence on young children in 120 communities. The initiative seeks to accomplish this goal by improving the access, delivery, and quality of educational/ developmental, health, mental health, family support, crisis intervention and legal services for young children at risk of being or already exposed to violence, their families and their care givers. The initiative would be funded in increments over a six-year period for a total of $240 million.

Specifically, the initiative would provide each community with a three-year grant of approximately $500,000 per year. In year one, 30 communities would receive grants followed by an additional cohort of thirty communities in each of years two, three and four, scaling down in years five and six.

In addition to grants totaling $192 million, $24 million would be set aside for training and technical assistance and $24 million would be set aside for evaluation over the lifetime of the initiative.

Justification

The need for the proposed initiative is significant. First, we know that the incidence of children's exposure to violence is high. Throughout America, millions of children are exposed to violence at home, in their neighborhoods, and in their schools. According to a National Institute of Justice survey, of the 22.3 million adolescents ages 12-17 in the United States today, approximately 9 million have witnessed serious violence. Among these witnesses to violence, 15 percent developed Post Traumatic Stress Disorder. Researchers excluded from their overall calculations the approximately 30 percent of adolescents who had directly observed someone being beaten up badly and hurt -- an experience so common that had these figures been included, the prevalence of witnessing violence would have risen to 72 percent for the entire sample. Other reports show a similarly high incidence of children exposed to violence:

- In a survey of sixth, eighth, and tenth graders in New Haven in 1992, 40% reported witnessing at least one violent crime in the past year.

- In Los Angeles, it was estimated that children witness approximately 10% to 20% of the homicides committed in that city.

- In a study of African American children living in a Chicago neighborhood, one third of the school-aged children had witnessed a homicide and two-thirds had witnessed a serious assault.

- Ninety-one percent of New Orleans fifth graders and 72 % of Washington, D.C. children have witnessed some type of violence.

- It has been estimated that between 3.3 to 10 million children witness physical and verbal spousal abuse each year, including a range of behaviors from insults and hitting to fatal assaults with guns and knives.

- In a study conducted at Boston City Hospital, 1 out of every 10 children seen in their primary care clinic had witnessed a shooting or stabbing before the age of 6 -- 50 percent in the home and 50 percent in the streets. The average age of these children was 2.7 years.

Secondly, we know the adverse impact of violence on these children. Children's exposure to violence and maltreatment is significantly associated with increased depression, anxiety, post traumatic stress, anger, greater alcohol and drug abuse, and lower academic achievement. It shapes how they remember, learn and feel. In addition, children who experience violence either as victims or as witnesses are at increased risk of becoming violent themselves. These dangers are greatest for the youngest children who depend almost completely on their parents and care givers to protect them from trauma.

Third, we know that the majority of children exposed to violence are not treated. According to the National Advisory Board on Child Abuse and Neglect, over 90 percent of children who are exposed to child abuse and neglect do not get the services they need; and too often, victims services in domestic violence and criminal investigations focus on the adult victim rather than the child. In one study of 28 child witnesses aged 1.5 to 14 years from 14 families in which the father killed the mother, delays in referrals for treatment for the children ranged from 2 weeks to 11 years. Without the increased awareness, funds for services and collaboration, training and technical assistance and evaluation supported by the proposed program, it is reasonable to believe that these children will continue to go untreated.

Fourth, the problem of children's exposure to violence is well recognized by both the research and policy making communities; and the solutions to this problem have been established by many esteemed organizations including the American Psychological Association, Children's Defense Fund, Carnegie Corporation of New York, National Research Council, American Academy of Pediatrics, National Council of Juvenile and Family Court Judges and Zero to Three/National Center for Clinical Infant Programs. According to the recommendations of a consensus of professionals in the field, child development theory, experience and evaluations from psychoanalytic and psychodynamic interventions with children, what children need when they are exposed to violence is comprehensive mental health services to help them process the violence; a sustained relationship with a caring, pro-social adult role model; protection from further risk of harm; and legal intervention.

These known solutions for treating children exposed to violence are synthesized in the proposed initiative which increases awareness in communities and among professions of the impact of violence on children; facilitates collaboration and coordination of services; improves identification, referral and interventions; provides specific training and support to deal with the psychological aftermath of children's experience with violence; assists organizational changes in the provision of police, mental health, health, educational services; produces specific protocols and procedures for responding to children exposed to violence, etc.

Objectives

The initiative would be a public-private collaboration which expands on the Department of Justice's *Child Development - Community Policing Safe Start Initiative* and would seek to improve access, delivery, and quality of educational/developmental, health, mental health, family support, crisis intervention and legal services for young children (ages 0-6) at risk of being or already exposed to violence, their families and their care givers. This focus would include drug abuse identification and referral to treatment for parents, as this is also related to violence prevention, intervention, and family care.

The initiative would accomplish these objectives by providing funding, training, technical assistance and information in 120 communities (and, where appropriate, in their respective states) on the following:

- Coordination of services and the development of a community-wide system for responding to children exposed to violence and linking them to the appropriate services.
- Development of effective protocols and memoranda of understanding for working across systems.
- Development of a child- and family-focused violence prevention strategy that would include mentoring and conflict resolution for families, child care workers, law enforcement, juvenile justice practitioners, child protective service providers, teachers, medical personnel, community residents and community-based providers, including public housing personnel, and providers of vocational training.
- Education and training for parents, child care workers, child protective service providers, law enforcement officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, clergy, and relevant university staff on responding to the impact of violence on young children.
- Experience in problem-solving so that these individuals and agencies can prevent violence and trauma before it happens.
- Establishment or enhancement of a broad range of local intervention and treatment services and resources for children, their families, and their young peers, including school-based, court-based, community-based, and hospital-based victim services.
- Responsive investigation and prosecution of child victimizers and defendants in domestic violence cases.
- Appropriate law enforcement protection from repeat abuse.
- Improvement of the responsiveness of drug courts to the impact of substance abuse in families on children.
- Coordination with victims assistance and victims compensation for children.

Partners and Initiative Development

Organizations contributing to the development, funding, or implementation of the grants, along with training and technical assistance, information dissemination, and assistance in evaluation could include:

- Domestic Policy Council
- President's Crime Prevention Council
- Community Empowerment Board
- Department of Health and Human Services
    - Administration for Children, Youth and Families
    - Center for Disease Control and Prevention
    - Center for Substance Abuse Prevention
    - Center for Substance Abuse Treatment
    - Maternal Child Health Bureau
    - NIDA
    - National Institute of Health
    - National Institute of Mental Health
    - Office for Planning and Evaluation
- Department of Housing and Urban Development
- Department of Labor
- Department of Defense
- Department of Education
- Department of Agriculture
- Office of National Drug Control Policy
- Department of Interior
- Corporation for National Service
- Department of Treasury
- Department of Justice
    - Bureau of Justice Assistance
    - Community Oriented Policing Services
    - Drug Courts Office
    - Executive Office for Weed and Seed
    - National Institute of Justice
    - Office of Juvenile Justice and Delinquency Prevention
    - Office for Victims of Crime
    - Violence Against Women Act Grants Office
- White House Conference on Early Childhood Development and Learning participants
- Kaiser Permanente
- American Pediatrics Association
- Edna McConnel Clark Foundation
- American Psychological Association
- Zero To Three
- International Association of Chiefs of Police

An initial meeting of these federal agencies and key thinkers and actors from these organizations could come together to answer the following four questions, and target the initiative accordingly:

1) What is the nature of the problem? What types of children are impacted by what types of violence, and in what ways?
2) What are effective prevention and intervention approaches?
3) What are the different systems involved in these interventions?
4) What can the federal role be in supporting these systems and interventions? How do we create a positive and effective partnership in this area?

This meeting, and a contracted literature and program review would fine tune our thinking on the parameters of the initiative and prepare us to write up a more detailed project description for implementation. It would also assist in assessing all existing program, training, and research resources related to the goal of the initiative.

Grants

For purposes of discussion, it is suggested that the program budget for the initiative be $240 million over six years and be located in an agency to be determined. One hundred and twenty (120) communities would be provided with three-year grants of approximately $500,000 per year.

In year one, 30 communities would receive grants totaling $16 million. In each of years two, three and four, an additional cohort of thirty communities would be added. In year four, the first cohort would no longer be funded, as with the second cohort in year five and the third in year six. Scaling the initiative up, and then down again in this manner, would keep the number of communities manageable (90 sites maximum in years three and four) and the annual appropriation at a maximum of $60 million, while still reaching a broad number of communities.

Communities awarded grants would be identified through a competitive process, by demonstrating:

- high rates of children's exposure to violence;
- a comprehensive, integrated, community-wide plan based on their needs and resources for a system of prevention and treatment of children exposed to violence;
- local human resource and financial commitments for implementing and evaluating such a system;
- a strong partnership between State child welfare and justice systems, as well as an established system of addressing issues in a multidisciplinary approach.

Empowerment Zones and Enterprise Communities would be given competitive advantage.

The first year of funding for each community would be set aside for planning, finalization of the program design, and the first stages of implementation -- all of which will be conducted in close coordination with the evaluation described below. The grants would support the range of activities described on page four and would be managed by a federal interagency board, in conjunction with the administering agency, and with input and support from private partners.

Training, Technical Assistance and Information Dissemination

Twenty-four million dollars ($24 million) would be set aside for training and technical assistance over six years. Training could take four forms:

1) Professional development provided by a team of experts from the Yale Child Study Center. The current team of experts, which is already being expanded, would include professionals experienced in working with parents, child care workers, child protective service providers, law enforcement officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, educators, clergy, public housing officials and university professors.

2) Training and technical assistance to communities offered through existing contracts.

3) Training and technical assistance to states offered through existing contracts.

4) Federal employees on the local level, such as U.S. Attorneys, FBI, DEA, HHS, DOL, HUD, ED, DOD, DOI, CNS, and USDA personnel could be involved in supporting program implementation on the local level.

In addition to training and technical assistance, fact sheets, training materials, curricula, posters, and information could be developed and disseminated to various audiences, again, based on the work of existing clearinghouses and campaigns. A web site would also contain this information, and a List Serv would be established to electronically link the sites, and various individuals within the sites, to one another.

Research and Evaluation

Twenty-four million dollars ($24 million) would be set aside for evaluation of the program over six years. The evaluation would track the individual projects and examine the impact of the overall program as well as certain projects. In addition, existing research and evaluation programs would inform this initiative.

Implementation

Building upon the Community Empowerment Board model, a federal interagency team would be formed around the purpose of reducing the impact of violence on young children (0-6 years old). All existing program, training, and research resources related to this goal would be identified and become part of this team's effort to better coordinate, integrate, and improve prevention and intervention services for children exposed to violence. In addition, the team would develop a common list of effective training and technical assistance providers in this area; as well as a comprehensive list of effective approaches and evaluations.

The selected communities would build upon existing projects such as their Empowerment Zone/Enterprise Community; HHS's Head Start and Early Head Start; MCHB Leadership Education Projects; DOJ's Community Prevention Grants, Comprehensive Communities or Weed and Seed sites; USDA's Children, Youth and Families At Risk training; Safe and Drug Free School Community; or Community Anti-Drug Coalition and receive necessary funding support through these existing funding streams for a collaborative process focused on coordinating services and developing a community-wide system for preventing and intervening with children's exposure to violence.

Together, families, child care workers, law enforcement, juvenile justice practitioners, child protective service providers, teachers, medical personnel, mental health providers, community residents and community-based providers, including public housing personnel and providers of vocational training would develop a child- and family-focused violence prevention strategy that would include, among other components, family strengthening/parent training, domestic violence reduction, substance abuse prevention, mentoring and conflict resolution.

State health, education, justice and other relevant agencies with sites participating in the initiative would receive training through programs such as HHS's Child Care and Development Fund Training, Leadership Forums, Child Care Health Consultant Program, and Health System's Development in Child Care to facilitate system-wide reform, coordination of funding streams and the provision of family and mental health services which would benefit young children.

Intensive training across disciplines for community teams on children's exposure to violence, treatment options, and interventions in various settings (e.g., curricula for school) would be provided by the team of experts identified by the agencies, including professionals experienced in working with parents, child care workers, child protective service providers, community policing officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, educators, clergy, public housing officials and university professors. Again, this training would build upon that available under existing contracts.

A broad range of local intervention and treatment services and resources for children, their families, and their young peers, would be established, including school-based, court-based, community-based, and hospital-based victim services. These services may require some new

dollars, but would build primarily upon existing federally-funded comprehensive service delivery programs such as HHS's Healthy Start Family Resource Centers, DOJ's Safe Havens, Boys and Girls Clubs, and USDA's Community and Migrant Health Centers.

Federal employees on the local level, such as U.S. Attorneys, FBI, DEA, HHS, DOL, HUD, ED, DOD, DOI, CNS, and USDA personnel would be involved in supporting the development of effective protocols and memoranda of understanding for working across systems; including coordination with victims assistance and victims compensation for children; responsive investigation and prosecution of child victimizers and defendants in domestic violence cases; and appropriate law enforcement protection from repeat abuse.

Various audiences would receive fact sheets, training materials, curricula, posters, and information on the impact of violence on young children, the importance of prevention, and how to identify and respond to children exposed to violence. This information could be produced and disseminated through, among other channels, HHS's National Child Care Information Center, Head Start's seven national training contracts, Early Head Start National Resource Center, the National Center for Health and Safety in Child Care, Healthy People 2000, Bright Futures, USDA's Anti-Drug Education in rural housing, and DOJ's Clearinghouse.

An evaluation would track the process of implementing this system reform among individual projects, examine the impact of the overall program, and report on the impact of certain projects. HHS's research on Preventing Developmental Delays, Early Social and Emotional Development, Early Learning, Child Abuse and Neglect, Childhood Behavioral Disorders, Social Experience and Development, Mental Health Services for Young Children, and Childhood Injury Prevention; and DOJ's research on the Causes and Correlates of Delinquency and Study of Human Development in Chicago Neighborhoods would inform the evaluation. The current effort by HHS to expand and coordinate research in the early childhood development area would also be linked with this initiative.

As a result of the significant increase in coordinated federal support, along with the local activity it would prompt, we would find an equally significant change in a community's awareness and involvement in addressing the problem; and its capacity for providing responsive, quality services. The following three scenarios give brief examples to this effect and are intended to help bring to life how this initiative might operate. They reflect our preliminary thinking and would be informed by the other agencies and non-federal organizations which we hope can be involved in making this initiative a reality:

Scenario #1

In one community, if a mother and two children, ages 3 and 10, are present when a relative is shot to death through the door of their apartment, the district supervisor, trained by the Initiative, offers a referral for mental health services and also provides the mother with his beeper number. The supervisory sergeant, in touch with the mental health provider, accepts daily calls

from the mother, during which he provides her with information regarding the family's protection from reprisal and makes sure that her clinical support is appropriate.

Through support from the Department of Education, the youngest child is placed in a Perry Pre-School program, a model program identified and implemented through the initiative, which fosters the child's social and intellectual development and strengthens the family unit through home visits, weekly meetings with the mother, parent training and vocational assistance.

The older child's school teacher is alerted of the dramatic episode witnessed by the children. The trained school teacher, upon hearing many of the students from the neighborhood talking about the incident, is able to focus a classroom discussion on the repercussions of violence and helps the kids process the incident productively. As a result, the students form a school non-violence campaign.

With the ongoing support of the sergeant, mental health provider, and school teachers, and the involvement of the local public housing authority, the mother and her children receive intensive treatment, both children are functioning well in school and the mother is able to relocate her family to a safer neighborhood.

In addition, the ongoing Community Collaborative, consisting of the formal and informal leadership from the community, suggests that a team including law enforcement, education, mental health, and public housing providers be formed to go into the community to work with residents on an ongoing basis to address local violence-related issues and identify at-risk children in need of services.

Scenario #2

In another community, a woman is stabbed to death by her estranged boyfriend in the presence of her children. During this incident, the boyfriend also batters the woman's six year-old child in the presence of her four-year-old and her daughter, who is 16-years-old and pregnant.

An ambulance rushes the battered six-year-old to the hospital. At the hospital, the physicians treat the six-year-old's wounds and also provide clinical support. Simultaneously, law enforcement officers and mental health clinicians respond to the scene, provide acute clinical assessments of the other children, and consult with relatives and police as to how to tell the children their mother is dead.

Child protective service workers are briefed by the physician, hospital clinicians, police, and clinicians who were on the scene about the incident and the symptoms being exhibited by each child. They place the children with local family members. The police and child protective service worker are in contact with the prosecutor to stay updated on the case of the boyfriend. Police conduct follow up visits to the family, providing practical recommendations for the security of the home and information regarding the status of the prosecution.

The coordinated efforts of police, mental health, child welfare, home-based support professionals, and prosecutors allow the children to remain together, rather than be dispersed to multiple foster homes, and to receive long term family psychotherapy. The teenager is referred to a Nurse Home Visitation program, (another model program implemented through the initiative), which helps her improve her health-related behaviors, her quality of infant care-giving, and her personal development. After a brief conference with their school principal, all of the children are able to stay in school despite a prolonged absence. The children's symptoms of anxiety, depression, and aggressive behavior have diminished.

Scenario #3

In a rural community, a sixteen year old is exhibiting delinquent behavior. Law enforcement officers bring him to the attention of the presiding juvenile and family court judge. It turns out his twelve-year old sister had recently been brought to the attention of courts because of child abuse. Their younger five-year-old sibling appears not to be abused, but during regular monthly conversations with the local school administrators, information concerning the five-year-old indicates that he is exhibiting unusual behavior at his school. The judge asks the mental health clinicians working with the twelve-year old to speak with the younger child.

The judge, child protective service worker, community-based police officers, community-based probation officers, clinicians, school officials, and case managers decide they need to provide a coordinated, comprehensive, and structured assessment and intervention for this family. The probation and police officers provide the external authority necessary to contain the older sibling through intensive supervision, frequent monitoring, and the imposition of variable sanctions for violations. In close collaboration with these figures of authority, the Department of Transportation provides a means for the children to get back and forth to the Extension Center where they participate in a model family strengthening program; and the clinicians, educators, job training specialist and case managers provide a range of educational, therapeutic, and recreational interventions, including life skills, work force development, conflict resolution training, community service projects, after school activities, wilderness experiences, and group psychotherapy, all coordinated with the children's parents.

Conclusion

The tragic consequences to children of chronic exposure to violence, and the social implications of those consequences, are considerable. This Administration has taken a strong position and leadership role on this issue through the *White House Conference on Early Childhood Development and Learning*. The proposed initiative will ensure that we have taken the necessary follow up action to protect and help the silent victims of crime and violence.

0-3 - DOS Violence Initiative

Attachment B

Potential Sources for Grants

HHS - The Early Head Start grants expand the proven benefits of early childhood development to low income families with children under three and to pregnant women. Combined with last year's grants, Early Head Start now totals 142 programs across the country; and is funded for FY 1996 at $143 million. Using the Head Start model, the program provides early, continuous, intensive and comprehensive child development and family support services to enhance children's cognitive, social, emotional and physical development; assist parents in fulfilling their parental roles; and help parents move toward self-sufficiency. This is a new service delivery activity funded incrementally over a five year period. It includes a strong research/evaluation component involving 16 research projects which study child, family, program and community variables that affect outcomes. To meet the unique additional requirements of very young children, the programs will test new services as well, including services to address special health needs for newborns, a three-generational model with grandparents, parents and children, and strong parent-child interaction models.

HHS - The Even Start Family Literacy Program is a family-focused program providing participating families with an integrated program of early childhood education, adult literacy and basic skills instruction, and parenting education. There are 576 local Even Start programs operating in every state. Even Start is an integral component of Title I, the single largest federal program supporting K-12 education.

HHS - The Child Care and Development Fund brings together, for the first time, four Federal child care subsidy programs and allows States to design a comprehensive, integrated service delivery system to meet the needs of low-income working families. Additionally, the Child Care and Development Fund sets aside a minimum of four percent of Federal and State funds to improve the quality and availability of healthy and safe child care for all families.

HHS/MCHB - The Healthy Tomorrows Partnership began in 1989 as a collaborative venture between the Maternal and Child Health Bureau and the American Academy of Pediatrics. Its purpose is to stimulate innovative programs that prevent disease and inability and promote health and access to health care services for children nationwide. The program supports cost-effective approaches to provide community-defined preventive child health and development services, particularly for vulnerable children and their families with limited access to quality health services. It requires cooperation among community organizations, individuals, and agencies; Federal, State, and local governments; professional organizations; foundations; corporate leaders; and families to share their knowledge and expertise and commit the necessary resources for mutual problem solving. Funded projects include a range of activities such as intervention and care coordination services for children with special health needs and expanded perinatal care and parent education services. Started in 1989, the "Healthy Tomorrows" program has funded and supported 85 projects at a total program commitment of $21 million.

HHS/OPHS - In FY96, 14 grants were awarded totaling $1.8 million for the Minority Community Health Coalition Demonstration Grant Program. This program provides support to community health coalitions to develop, implement, and conduct demonstration projects which coordinate integrated community-based screening and outreach services, and include linkages for access and treatment to minorities in high risk, low income communities.

HHS - Family Preservation and Family Support Services

HHS - Violence Against Women Grants

HHS/CSAP - Substance Use Prevention Grants

ED - The Safe and Drug-Free Schools and Communities program supports state and district initiatives to prevent violence and drug use, including teacher training, curriculum and instructions, student support services, and enhanced school security. The Department is supporting research to help make these and other anti-drug and anti-violence programs more effective.

HUD - Public Housing Drug Elimination Grants

HUD - The Early Childhood Development Program helps to provide quality child care opportunities for families living in public housing communities. The program's purpose is to expand availability of full-day, year-round child care services for parents or guardians obtaining training and/or education necessary to enter and remain in the workforce and to provide early childhood development services to families who are homeless or at risk of becoming homeless. Since 1988, more than $30 million has been awarded to over 100 non-profits, resident councils, resident management councils, and Head Start organizations. Funds help to initiate or expand comprehensive child care services in or near public or Indian housing developments, including care for infants, toddlers, preschoolers, as well as before and after-school care for school-aged children. The funds also may be used for the operating expenses and/or for minor renovations of child care facilities located in or near public housing developments.

HUD - Operation Safe Home

HUD - Historically Black Colleges and Universities (HBCUs) are in an excellent position to assist the neighborhoods and communities in which they are located. HBCUs currently receive support from HUD's Office of Community Planning and Development and the Office of University Partnerships. The HBCU program competitively awards grants to certain educational institutions to enable them to expand their roles and effectiveness in addressing community development/neighborhood revitalization needs in their localities, especially through housing and economic development activities.

DOI - Child Abuse Prevention: The Bureau of Indian Affairs works with the Indian Health Service to provide child abuse and neglect and alcohol and substance abuse prevention activities.

USDA - The Children's Health Facilities program administered by the Rural Housing Service finances a variety of health related projects in rural areas, including health clinics and hospitals. Approximately fifty percent of the funding has gone to health related projects which serve rural children, one of the largest population cohorts in rural areas.

DOJ/OJJDP - Safe Streets/Safe Kids: Community Approaches to Reducing Abuse and Neglect and Preventing Delinquency is being funded at $2.7 million per fiscal year for five years beginning with FY96. This program is designed to improve community response to child and adolescent abuse and neglect to break the cycle of early childhood victimization and later delinquency and/or criminality. The five selected communities are: Huntsville, Alabama; the Sault Sainte Marie Tribe of Chippewa Indians in Michigan; Kansas City, Missouri; Toledo, Ohio; and Chittenden County, Vermont. Each community will receive between $125,000 and $925,000 through a cooperative agreement for an initial 18-month budget period in a 66-month project period. Program goals are to: (1) encourage localities to restructure and strengthen the criminal and juvenile justice systems to be more comprehensive and proactive in helping children and adolescents and their families who have been or are at risk of being abused and neglected; (2) implement or strengthen coordinated management of abuse and neglect cases by improving policy and practice of the criminal and juvenile justice systems and the child welfare, family services, and related systems; and (3) develop comprehensive community wide, cross-agency strategies to reduce child and adolescent abuse and neglect and resulting child fatalities.

DOJ/OJJDP - Community Prevention Grants--Title V Program was funded $20 million in FY 97. In FY 96 over 100,000 youth were served in over 300 communities through this delinquency prevention program. The program supports community prevention planning and program implementation based on an assessment of local risk and protective factors. The 1996 GAO Report to Congress on the implementation of Title V indicated that 68% of the 276 projects funded in FY 1994 and 95 addressed problems in the family domain. Fifty-three projects provided activities to intervene with the zero to three age group specifically. Evaluation efforts are underway at a local, State and national level. With the reauthorization of the Juvenile Justice and Delinquency Prevention (JJDP) Act process the Administration has introduced a bill that would create an At-Risk Children Grant program that would replace the Community Prevention Grants Program and increase the funding level to $75 million.

DOJ/OJP - Drug Courts. The budget request for FY 98 is $75 million. Since 1995, the Drug Courts Program Office has funded 131 Planning Grants, approximately 50 Implementation Grants, and over 20 Enhancement Grants. The Drug Courts Program Office funds adult and juvenile drug courts. Adult drug courts often include parents whose substance abuse affects their children in a variety of ways. Drug court treatment for adults & juveniles may include family members. The drug court program for adults may produce drug free babies and more responsible parents for infants and other children of the family. The Drug Courts Program

Office (DCPO) has a cooperative agreement with the American University-Justice Programs Office for the purpose of operating the Drug Court Clearinghouse which collects data on the drug free babies born to drug court participants, as one of their functions. Based on the data collected by the clearinghouse a total of 254 drug free babies have been born to participants of drug court programs funded by DCPO.

Potential Sources for Training, Technical Assistance and Information Dissemination

CEB - Empowerment Zones/Enterprise Communities

HHS - The new Child Care and Development Fund Training authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, (PL 104-193), is funded for FY 97 at $2.9 billion to States, $59 million to Tribes. It provides training for States to assist low-income families and those transitioning off welfare to obtain child care so they can work or attend training or education. The Child Care and Development Fund brings together, for the first time, four Federal child care subsidy programs and allows States to design a comprehensive, integrated service delivery system to meet the needs of low-income working families.

HHS - The Child Care Technical Assistance Project (CCTAP) funded in FY 96 at $2.3 million seeks to improve and expand the child care delivery systems of State, Tribes and Territories for low-income families. CCTAP provides logistical support for national and regional activities sponsored by the Child Care Bureau for Child Care Development Fund grantees.

- The National Child Care Information Center (NCCIC) disseminates comprehensive child and early childhood information upon request, published and provides resource materials at Child Care Bureau meetings and State and Tribal Child Care Administrators' conferences, leadership forums and technical assistance work groups. NCCIC also responds to requests from parents, community organizations and the general public eager for information on everything from opening a child care center to work and family issues. More than 50,700 people accessed the NCCIC web site and the Center has answered 4,320 requests for information in the pas year.

- Leadership Forums and Institutes are held to highlight special issues in child care. Topics include: serving children with special needs in child care, promoting family centered care, improving infant care, expanding school-age care, and innovations in consumer education.

HHS - Healthy Start Family Resource Centers

HHS/ACF - The Head Start Training and Technical Assistance system is designed to support continuous quality improvement in all Head Start programs. The FY96 budget for T&TA was $74 million. Fifty percent of the T&TA budget goes to the Head Start grantees to support the provision of local training and technical assistance. The Training and Technical Assistance system consists of Sixteen Technical Assistance Support Contracts who provide training and technical assistance in early childhood education, health, parent involvement, social services and management; Seven National Training Contracts who develop materials and training guides in the areas of education, health, social services, parent involvement, disabilities, administration and transition.

HHS - Early Head Start Training and Technical Assistance. This extensive training and technical assistance system exists to support the Early Head Start program with emphasis on facilitating each grantee's ability to fully meeting the Head Start Performance Standards. The system consists of three parts: the Early Head Start National Resource Center (EHSNRC), sixteen Technical Support Contracts (TASCs), and twelve Resource Access Project Contracts (RAPs). The EHSNRC, a consortium comprised of Zero to Three and West Ed, works in partnership with the TASCs and RAPs in providing high quality specialized technical assistance for Early Head Start grantees. The Resource Center provides week-long intensive childhood training programs several times a year for grantee staff and Federal staff. The Resource Center also develops and disseminates information, including electronic communication, provides on-site technical assistance visits, and conducts training sessions for trainers for the Infant - Family Network of TASC and RAP Infant Toddler Specialists.

The TASCs provide training and technical assistance through the assignment of a startup consultant to each new grantee. Each TASC has a lead infant - toddler specialist and a pool of consultants with expertise in infant - toddler development and programming, health, parent involvement, social services and management. The RAPs function similarly, with technical assistance focused on enabling grantee staff to integrate children with disabilities into the Early Head Start program. The system as a whole provides needs assessments, on-site consultation, development of rapid response plans for addressing needs, cluster training and follow-up, use of community resources, materials, workshops and State, Regional and National conferences.

HHS - The Healthy Child Care America Campaign is a joint effort of the Child Care Bureau and the Maternal and Child Health Bureau to promote the healthy development of children. The Campaign seeks to enhance health education for child care workers and parents, support programs' efforts to create healthy environments for children, and better link programs with community health resources. The Action Step Strategy Sheets, Resources, and Examples provide possible strategies that communities can use to implement particular action steps. The strategies can be used by child care providers, health providers, families, child care regulators, policy makers, and businesses. Last year --46 three year grants of $50,000 each awarded for development of health systems in child care. The Campaign includes two components of interest:

- Partnership to Develop and Implement a Child Care Health Consultant Program. The purpose of this activity is to support the health and safety of young children in child care settings through the development and implementation of state based programs to train public and private sector health professionals to serve as health consultants to child care programs. It is hoped that by developing and implementing a standardized training program recognized by health and child care fields, more health professionals will avail themselves of the training and the overall health and safety of young children, and the quality of child care will be enhanced.

- The Health Systems Development in Child Care (HSDCC). The HSDCC projects are to utilize the child care environment as a focal point for State and community planning to integrate health care, child care and social support services in programs serving children and families. Each project is expected to stimulate and support collaborative, coordinated State-wide/community-based efforts to ensure safe, healthy and developmentally appropriate child care environments for all children, including children with special health care needs, and their families. MCHB is also launching a new effort to train health professionals to work in child care and issuing a new streamlined set of child care standards that ll states and communities could should adopt. The American Academy of Pediatrics has joined the Campaign to provide technical assistance to states and communities and to facilitate health professionals involvement in community-based child care programs. These partnerships between child care and health will ensure that children in child care are immunized, that their learning environments are safe and healthy, and that they have access to on-going preventative health care and education.

HHS/MCHB - The National Center for Health and Safety in Child Care provides training and technical assistance to support regional, state, and local initiatives; conferences for sharing experiences and knowledge; and development and distribution of resource materials.

HHS - An additional $4.9 million will be made available to continue and expand the Child Care Bureau's technical assistance activities. This year's technical assistance effort will include seven coordinated initiatives: the expansion of the National Child Care Information System; The expansion of the Healthy Child Care Campaign; the establishment of a Public - Private Partnerships technical assistance effort; the continuation of national and regional leadership meetings on emerging child care issues.

HHS/CDC - Healthy People 2000, the national prevention initiative to improve the health of all Americans is a project of cooperation among government, voluntary and professional organization, business, and individuals. The cornerstone of this effort is a set of national health promotion and disease objectives for the year 2000. Healthy people 2000 sets three broad public health goals for the 1990s: 1) Increase the span of healthy life for American: 2) Reduce health disparities among Americans: and 3) Achieve access to preventive services for all Americans. These benchmarks provide guidance to communities about how to target their efforts to improve the well being of young children and allow for ongoing tracking of how we are doing nationally and locally where they have been adopted and the data is collected. This ensures that in the health arena we are forming the solid foundation for the future promoted by the initiative.

HHS/CDC - Publication: ABCs of Safe and Healthy Child Care, Action Plan for Child Care Health Safety promote the health and safety of children in child care centers, including child care health and safety in planning new projects or in identifying need to be addressed.

HHS - Bright Futures is a partnership that strives to promote and improve the health, education, and sell-being of children, families and communities for the 21st century. *Bright Futures* is a set

of developmentally based multi disciplinary guidelines that promote health and address the preventive needs of all children and their families within the communities they live. Health promotion and preventive strategies aimed at children in the context of families and communities are essential for addressing the "new morbidities" that plague our children from their earliest days.

HHS/MCHB - Leadership Education Projects to Support Training of Professionals Working with Young Children. Well-educated health professionals can assure that infants and children, including those with special health care needs, achieve their full potential. MCHB has developed leadership education projects to support the training of professionals in disciplines such as pediatric practitioners, residents and medical students.

HHS/HRSA - Community and Migrant Health Centers. In FY 95, the Community and Migrant Health Centers Program served 8 million clients. Of this total, approximately 75 percent were pregnant women, infants, children and youth up to 19 years old.

CNS - Early Learning. Early childhood education and school readiness have been a priority for AmeriCorps since its creation. AmeriCorps helps increase the availability and quality of programs: Action for Children Today Members help recruit and train new home-based infant care providers in 31 sites across the country; In Greensboro, North Carolina, AmeriCorps Members serve in classrooms, increasing the teacher-child ratio; AmeriCorps Members in the Teach program serve as teacher substitutes in child care centers, enabling the regular providers to obtain additional training; and AmeriCorps Members in HIPPY (Home Instruction Program for Preschool Youngsters), a home based, early intervention/school readiness program to help educationally disadvantaged parents, provide educational enrichment for their Preschool children. In addition, approximately 2,870 Foster Grandparents serve one-on-one with children in roughly 1,110 Head Start Centers and other Preschool program.

CNS - Literacy. National Service participants, working under the supervision of reading specialists and other teaching professionals are serving as reading and math tutors, and are recruiting others to take on this important role. The Experience Corps demonstration program develops and tests new strategies to mobilize the time, talents, resources and experience of older adults in intergenerational programming. The Experience Corps demonstration operates through five project sites around the country utilizing teams of Foster Grandparents or RSVP volunteers serving in public elementary schools and community youth organizations concentrated in target neighborhoods. Research examining the impact of service on the young people, schools, youth organizations and the seniors is an integral part of the demonstration.

CNS - Community Policing. The success of community policing depends on the willingness of community members to become more active in the community. AmeriCorps and the National Senior Service Corps have supported pioneering programs in the area of public safety. In the Blue Hills neighborhood on Kansas City, Missouri, AmeriCorps Members and local community volunteers helped shut down drug houses, designated neighborhood "safe homes", identified

block representatives, and sponsored anti-drug events. In New York City, an AmeriCorps program with the NY police Department was able to significantly reduce crime and disorder at public swimming pools and parks. Members also coordinated and supervised "play streets" in neighborhoods, providing a safe recreational environment for young children.

USDA - The USDA Rural Housing Service sponsors Anti-Drug Education poster and essay contests in the multi-family rental units it finances to encourage the children of tenants to assist in keeping the housing units drug free. The Rural Development mission area also co-sponsored a national conference on drug abuse in rural areas, and will produce a publication that can be used by community organizations to combat drug abuse and violence in rural areas.

USDA - Children, Youth and Families at Risk is a national network of collaborators supporting programs that focus on children, youth and families to promote positive, secure environments, improved child care, and reading and science literacy.

USDA - The Department-Wide Task Force on Rural Women and Families will identify programs that can be used to help families as they transition from welfare to work, help rural women gain access to capital and become business owners, ensure that families with female heads of house hold are given the same opportunity, and access to information that more traditional families are given.

HUD - The Family Investment Centers Program's mission is to provide families living in public and Indian housing communities with better access to educational and employment opportunities, encouraging families to achieve self-sufficiency and independence.

HUD - Day Care Centers. Most public housing authorities sponsor day-care programs for residents. In order to give parents of young children access to the latest research and information on early childhood development, HUD could require each public housing authority to set up "Early Childhood Info Centers" to carry brochures and newsletters focusing on health, nurturing and development for the youngest children. HUD field offices would be responsible for ensuring that day-care center staff understand the importance of getting available information to parents.

DOJ/OJJDP/W&S - The Prenatal and Early Childhood Nurse Home Visitation Program. Funded at $820,000 over three years. Number of Clients Served: 600 first time mothers and their newborn babies. Description: The Department is currently implementing, jointly with the Department of Health and Human Services, a nurse home visitation program for low-income first-time mothers, some of which were drug addicts. In the program, nurse home visitors will work intensively with families in six sites to improve key aspects of health and early child development. Evidence of Success: This program has been proven effective in reducing child abuse and neglect. Specifically, it is expected to: (a) help first-time mothers improve their health-related behaviors during pregnancy improves birth outcomes, which in turn diminish the likelihood of neurological impairment in the child, (b) enhance empathy and emotional availability in the parent-child relationship during the first two years of life reduces the likelihood

of child abuse and neglect, and (c) improve parents' participation in the work force and reducing unintended subsequent pregnancies contributes to economic self-sufficiency and family stability. The positive results this program will achieve in the health and social functioning of low-income mothers in the Weed and Seed and SafeFutures' sites in which it is being implemented, offer significant potential as a means of reducing violence and criminality in young adults. OJJDP will publish a bulletin on the Nurse Home Visitation Program with Dr. Old's 15-year research results, as soon as they are published in the Journal of the American Medical Association.

DOJ/OJJDP - Strengthening America's Families Project In FY97, the funding level is a $250,000 award to the University of Utah's Department of Health and Education. Through its national conferences, it has directly trained practitioners and program administrators from 200 communities. The program provides training and technical assistance to family services agencies and administrators to enable them to improve or establish effective family strengthening programs nationwide by disseminating information on model family strengthening approaches, providing training and technical assistance on implementation barriers and issues, and helping communities to select and evaluate family programs. The program is just concluding the national conferences, which are the core of its outreach and support efforts. This initiative has produced a document entitled *Effective Parenting Strategies for Families of High-Risk Youth (December 1993)*, which identifies a representative group of 25 promising programs. In FY 1997, the following activities are planned: a 2nd regional training conference to be held from March 23-25, 1997 in Washington, D.C., delivery of ten regional program-specific workshops, production of user and training-of-trainers guides, distribution of family strengthening workshop videos, and technical assistance to individual jurisdictions to implement effective programs.

DOJ/OJJDP - Parents Anonymous (PA), Inc. Recognizing that minority children are over represented in the dependency system, this initiative provides funds to support the national PA organizations' comprehensive model of neighborhood-based, shared leadership to families in low-income, high crime areas. This national initiative is being implemented in 11 States by PA organizations whose trained staff are dedicated to serving the needs of minority and ethnic families, including Native Americans, African Americans, Asians, Latinos, and Appalachians. Parents are given the opportunity to observe, practice, and learn skills in parenting, communication, conflict resolution, and other related life skills. These skills are taught in the context of family life, the work site, and personal friendships. They are practiced in weekly group sessions as concerns are aired on various parenting, family, personal, and employment issues.

DOJ/W&S - Safe Havens. Approximately $4 million in FY 1997. Operation Weed and Seed targets children of all ages who may be at risk. Early childhood health problems are frequently addressed through the Safe Havens, such as the clinic provided by the Safe Haven in Savannah, Ga. This Safe Haven also provides a day care center for local children whose parents must work. Other sites, such as New Orleans, Dallas, and Richmond, have

immunization programs for infants and young children. A number of Weed and Seed Safe Havens have programs serving the needs of expectant mothers to help ensure their health and the health of their children 0-3. A recent evaluation of the Weed and Seed Safe Havens in Madison, Wisconsin, concluded that the program successfully targeted at-risk children and that Safe Haven programs were of good quality.

DOJ/OJJDP - Children's Advocacy Center Program. (Includes efforts of four Regional Children's Advocacy Centers and the National Network of Children's Advocacy Centers) In FY96, funding was $3,250,000 of which $3 million was provided by OJJDP and $250,000 by OVC. The more than 300 communities with established or developing Children's Advocacy Center programs and any other community interested in establishing a children's advocacy center or multi disciplinary approach to abuse and neglect case investigation, prosecution and treatment. This program provides training, technical assistance and funding to local commonties seeking to establish or strengthen children's advocacy centers or multi disciplinary teams.

Two million in funding is administered by the National Network. The National Network and the four Regional Children's Advocacy Centers provide training and technical assistance and share information to assist communities through a variety of means. Support and information are provided through national and regional conferences, through telephone and on-site consultation, through community-specific trainings, through mentoring programs pairing established CAC programs with communities developing such programs and through dissemination of resource materials and information. $50,000 of the OVC funds are being used to assist a tribal community develop a CAC under a pilot program.

DOJ/OJJDP - Training and Technical Assistance to Improve Court Practice in Abuse and Neglect Cases. This project of the National Council of Juvenile and Family Court Judges, is known variously as the Child Victims Project, the Model Court Project: and as the Hamilton County Juvenile Court Model. The project serves multiple juvenile and family courts nationwide. Currently the project is working with 10 "model" or "core" courts on an intensive basis and five "observer" courts on a less intensive basis. Training and technical assistance, however, is provided to many other courts through national and state training programs and presentations and through dissemination of project resource material.

DOJ/OJJDP - Training for Community Prevention Grants--Title V

DOJ/VAWGO - Training on Violence Against Women

DOJ/COPS - Training in Community Policing

Potential Sources for Evaluation

HHS/CDC - Planned Research Projects on Preventing Developmental Delays. FY 96 - $3.5 million. CDC is planning a set of quality scientific studies designed to provide policy oriented research data regarding "what works" in early intervention. These research studies will be directed at children and/or their families to prevent or remedy a wide variety of developmental delays or problems. The interventions to be studied will occur between the prenatal period and the child's fifth birthday. They will be designed to assess whether the services provided will facilitate parent/child relationships, promote the development of the child and enhance family functioning. It will also examine whether these services, delivered during the Preschool years can: 1) promote better relationships and more stable family patterns; and 2) prevent adolescent and adult problems such as school failure, illiteracy, teen pregnancy, substance abuse, unemployment, poverty, and welfare dependence.

HHS/NIH/NICHD - Early Social and Emotional Development. NICHD research aims to understand how young children develop social, reasoning, and decision-making skills, and the factors that influence their emotional development. Starting with newborns, the NICHD supports research on the basic biological processes, the social influences, and the individual differences that affect the development of emotionally healthy children. For instance, NICHD-supported researchers are examining how infants develop their first emotional and social attachments, and how these crucial connections provide the basis for their future development. Other investigators are attempting to develop ways to measure emotions, stress, and temperament in infants and young children, and assess their reactions to different stimuli, based on physical and novel biological markers.

HHS/NIH/NIMH - Research on Early Learning. The developing brain is very malleable with regard to an infant's experience. If environmental stimulation and events are favorable, normal patterns of childhood development will result, but if the environment presents unusual and unfavorable conditions, development may be abnormal. Related research with animals has shown that development within enriched environments dramatically improves brain functions. Infants and children, as well as adults, select the aspects of their environment to which they will attend; therefore, early experience can bias that selection in positive or negative directions. NIMH research studies ways in which early learning experiences can be optimized. Early learning experiences play a major role in determining whether an individual reaches his or her full potential. Favorable environments and positive experiences enable a person to attain full potential, while hostile environments and negative experiences not only prevent the attainment of full potential but my even be extremely harmful by laying the foundation for later mental and behavioral disorders.

HHS/NIH/NIMH - Research on Child Abuse and Neglect. Large numbers of children experience significant traumatic events early in life that can profoundly affect their psychological, biological and social development both immediately and in later developmental period. Types of trauma

and victimization include (a) physical and sexual abuse and trauma (child physical and sexual abuse, severe physical injuries, e.g., accidents, burns); (b) traumatic separation and loss (sudden loss of parent, loss of home in disaster or war, foster placement); c) deprivation (child physical and emotional neglect, refugee displacement); and (d) forms of oppressive environments (psychological abuse, chronic intimidation or threat). One major form of family violence that affects young children (in addition to direct physical and sexual victimization) is witnessing domestic violence between parents or other adults.

NIMH research topics include: how maltreatment is related to the development of mental health problems throughout life, why some children are severely damaged by maltreatment while others are able to cope; what are the mental health needs of maltreated children; what types of treatment programs can help maltreated children, adolescents, and adults; what types of approaches can effectively prevent the occurrence of child maltreatment; and what characteristics and experiences of perpetrators play a role in their maltreatment of children. Research studies that target this particular age group represent a subset of NIMH studies related to the effects of child abuse and neglect, many of which target school-age children and adolescents. NIMH also is the lead institute for the NIH Child Abuse and Neglect Working Group which works to advance and coordinate child abuse research across all NIH institutes. Childhood maltreatment experiences are associated with the development and/or exacerbation of significant mental health problems and disorders, and are precursors to the cycle of abuse in adulthood by persons who once were abused or neglected as children.

HHS/NIH/NIMH - Research on Childhood Behavioral Disorders. Understanding the factors influencing the onset and developmental course of behavior problems in young children is a major challenge for research on development. Research has shown that the antecedents of conduct disorder can be detected in children as early as the toddler age. NIMH supports prevention and early-intervention studies on externalizing and disruptive behavior disorders in young children. These studies rely on two primary approaches: 1) improving behavior management skills in parents, teachers, and child care providers and fostering early language and communication skills; and 2) a comprehensive program of home visiting during the prenatal and infancy periods aimed at improving the outcomes of pregnancy, the quality of care that the mothers provide to their children, and the women's own development through education, employment, and subsequent family planning. Understanding the origins of behavioral disorders in young children and learning how to prevent or manage these disorders will enable large numbers of children to attain their full potential.

HHS/NIH/NIMH - Research on Social Experience and Development. The results of millions of years of biological evolution are built into every newborn infant, but the results of millions of years of cultural evolution have to be acquired through social contact. For children, family relationships provide the earliest and most enduring social contact, and as a result, family life experiences deeply affect the competence, resilience, and well-being of each of us. While for most people, the family's influence is extremely positive, for an significant segment of society, family effects are profoundly negative. In these cases, the family provides the context for severe

violence and long-term patterns of physical and emotional abuse that can have dire effects on the mental health of children and adults. In an effort to understand the factors that lead to effective and ineffective family interactions, researchers are examining the specific relationships that make up family life and the structural and cultural differences among families. The processes and dynamics within family and other social support relationships are vitally important to normal and abnormal mental and emotional development. Research seeks to determine how good relationships can be made better and how harmful relationships can be prevented or compensated for.

HHS/NIH/NIMH - Research on Mental Health Services for Young Children. A major national challenge is to find ways to provide effective care and services to the millions of Americans, young and old, who suffer from mental disorders. NIMH supports mental health services research with the goal of improving the organization, financing, quality, accessibility, delivery, outcomes and cost-effectiveness of those services. Models of service integration systems that provide coordinated services to children, adolescents and their families are being studied in a number of programs funded by NIMH. These programs are finding significant changes in placement patterns for children and adolescents enrolled in these systems of care, particularly in the decreased use of restrictive placements, such as hospitalization and residential treatment centers. For the many children that need care and services for mental disorders, the availability and use of such care can produce a dramatic improvement in their life course, enabling them to attain their full potential.

HHS/MCHB - "Starting Early - Starting Smart" is a public - private collaboration which will test the effectiveness of integrating violence prevention and treatment services with primary health care service settings and early childhood settings.

HHS - The Early Head Start grants include a strong research/evaluation component involving 16 research projects which study child, family, program and community variables that affect outcomes.

HHS - Through its unique Family and Child Well-Being Network, the NICHD supports multi-disciplinary research to examine the many social, economic, and psychological factors that influence families. The goal is to understand what factors allow some families to function more successfully than others and to evaluate the effectiveness and impact of an array of public policies and programs.

HHS/CDC - Childhood Injury Prevention Program, funded at FY 1996 - $1.7 million, monitors trends in childhood injuries including violence, conducts research to better understand risk factors, and evaluates programs. Currently, CDC childhood injury prevention research funds are awarded to 12 states, which conduct demonstration projects that measure the prevention effectiveness of their programs and interventions.

HHS/CDC - Violence Between and Among Youth: CDC sponsors several research projects to examine what puts America's young people at risk for violence. To determine how to alter these risks and prevent young people from becoming victims or perpetrators of violence, CDC has funded 23 projects across the country that are looking at a broad range of promising interventions.

HHS/CDC - Family And Intimate Violence as it Relates to Youth: Projects are specifically looking at the prevention of dating violence among teenagers as a way to prevent subsequent family and intimate violence in adult life and examining the dynamics of urban youth culture that allow, support, and perhaps encourage violence in dating relationships.

HHS/NICHD - The Study of Early Child Care is a longitudinal seven year project, conducted in conjunction with 14 universities nationwide, to understand the effect of child care on the development of children zero to three years. Given the rapidly changing nature of our communities and Nation, strengthening the Federal research enterprise on child and adolescent development and expanding its role in shaping relevant policy is especially crucial.

DOJ/OJJDP - Causes and Correlates of Delinquency Studies $600,000 per year ($10 million for 11 years). The needs and concerns of 4,500 inner city youth are being analyzed. Since 1986 the Department has funded the Causes and Correlates of Delinquency Studies to obtain a comprehensive understanding of the development and course of delinquent careers. Through a series of coordinated longitudinal research projects studying 4,500 inner-city youth, the Department is obtaining information on a variety of risk and causal factors associated with delinquent behavior, including the higher risk of delinquency (and the increased likelihood of committing serious delinquent acts) among youth who have a maltreatment history. The Studies are also examining the correlation between maltreatment and drug use, teen pregnancy and school problems. More than 400 journal articles, dozens of reports, and several bulletins have been published. Expansion of the analysis to the children of these 4,500 youth and an ongoing series of bulletins which will include as its next two topics: *"The Epidemiology of Serious Violence"* and *"In the Wake of Child Maltreatment."*

~~Contact~~

0-3 - DOT Violence Initiative

DOT Violence Initiative 9-19-97

FY 99 Proposal - ?

BB: No one coordinating across disciplines very will w/r/t this problem.

E2s/ECs - very similar to this.

Integration of systems + delivery of services

O-3 – DOJ Violence Initiative

PROPOSED INITIATIVE ON CHILDREN EXPOSED TO VIOLENCE
September 18, 1997

Background

The goal of the DOJ-developed, inter-agency initiative is to prevent and reduce the impact violence on young children in 120 communities across the country, through grants to communities and TA designed to improve access, delivery, and quality of services -- educational/developmental, health, mental health, family support, crisis intervention and legal -- for young children (ages 0-6) at risk of being or already exposed to violence, as well as for their families and caregivers. [Statistics for exposure to violence for children ages 0-6 do not really exist, according to DOJ, but we know, for example, that of the 22.3 million adolescents ages 12-17 in the U.S., approx. 9 million have witnessed serious violence.]

DOJ proposes a public-private collaboration which would build on and expand the DOJ program, *Child Development -- Community Policing Safe Start Initiative*, which was highlighted at the April WH Conference (New Haven police chief Mel Wearing discussed on the second panel how the program trains community police officers in child development to enhance intervention and prevention techniques; also, one of the policy initiatives announced at the Conference -- Safe Start -- was a commitment to expand this program, which was already in development at DOJ). This new initiative DOJ proposes builds on this program further by bringing in other relevant federal programs for a coordinated approach to prevention and intervention for young children.

DOJ is framing this initiative as follow-up to the April WH Conference and says that Reno is particularly eager for it to be developed. DOJ put a request of $20 million in its recent budget submission for this project, but, in its proposal, seeks $240 million over six years.

Interagency Meeting -- Talking Points

The purpose of the meeting is to discuss this proposal with an interagency group -- principally HHS represented -- that oversees programs throughout government relating to children's exposure to violence. You will open the meeting and turn it over to Shay Bilchik to give an overview of the proposal. It is important that in your opening remarks you mention:

- the tie to the April Conference and its success;
- the fact that this meeting is not meant to get ahead of the budget process or necessarily signal White House endorsement; and
- your hope that this meeting discusses not only the merits of this particular proposal, but also examines other related federal initiatives and explores how this proposal would interact with other programs and whether and how this initiative would fill gaps.

The meeting was somehow scheduled to last for two hours, but you might want to say that you expect it to run for about an hour.