U.S. Department of Justice

Office of Justice Programs

Office of the Assistant Attorney General *Washington, D.C. 20531*

May 14, 1998

MEMORANDUM

TO: Distribution List

FROM: Lauric Robinson, Assistant Attorney General
Shay Bilchik, Office of Juvenile Justice and Delinquency Prevention

RE: Meeting on Safe Start: Children Exposed to Violence Initiative

Almost a year ago many of you were involved in the initial discussion for the development of a new initiative, Safe Start: Children Exposed to Violence. In response to the *White House Conference on Early Childhood Development and Learning*, OJJDP submitted an FY 99 budget request to support this new initiative. This $10 million program is in the President's budget request as Department of Justice Violence Against Women Grants Office (VAWGO) funds. Together, VAWGO and the Office of Juvenile Justice and Delinquency Prevention will be working closely over the next six months to develop the program, and we invite your participation and ideas in this process. An initial meeting to update all of you on our progress thus far and future plans, is scheduled for Wednesday, June 3rd at 9:30 AM in conference room 8133 (810 7th Street, NW). We hope you can join us.

The goal of the Safe Start initiative is to prevent and reduce the impact of family, school, and community violence on young children in 15 communities. The initiative seeks to accomplish this goal by integrating federal and private support to improve 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 Safe Start planning period involving federal agencies, researchers and representatives from private organizations will focus on comprehensively examining the magnitude of the problem and characteristics of children exposed to violence; effective interventions; what communities are doing to implement these interventions; and the best way for various federal agencies and private organizations to maximize their current work in this area and jointly support local efforts.

Attached you will find a concept paper describing the initiative. We look forward to your participation and support of this project.

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Proposed Initiative
Safe Start: 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." - First Lady of the United States, April 17, 1997

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[1] *Revised 4/1/98*

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 15 communities. The initiative seeks to accomplish this goal by integrating federal and private support to improve 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.

In FY 1998, the initiative would be funded at $10 million from the Violent Crime Reduction Trust Fund and would be allocated to the Department of Justice. The goal would be to have a three-year program based on individual site performance and availability of funding.

The initiative would provide 15 communities with grants of approximately $500,000. In addition to grants totaling $8 million, $1 million would be set aside for training and technical assistance and $1 million would be set aside for evaluation. These funds would supplement existing grant activity taking place at the federal, state and local level which will be coordinated for this initiative.

Justification Part One: Children Exposed to Violence

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.

Justification Part Two: Interagency Multi-Site Replication

While the needs of children exposed to violence is clear, the application of knowledge at the federal and state levels as well as in local communities is one of the most critical problems we face. At the recent *White House Conference on Child Care*, the President of the United States, First Lady, Governor Hunt of North Carolina and a Program Officer of the Kellogg Foundation asked why, if the field of child services possesses evaluations of promising practices (such as Nurse Home Visitation, Multi-Systemic Therapy, mental health interventions for children, etc.), these programs are not being brought to scale to serve all children in need. The question is a critical one at this point in the Clinton Administration and in the field of children, youth and family services and portrays a dire need for more coordinated federal and private leadership, adequate resources for comprehensive planning and services, place-based program saturation, and broad scale information dissemination.

While most of the specific programmatic elements of the proposed Children Exposed to Violence Initiative are being implemented by one agency or another with positive results (see *Attachment A* for a preliminary list of more than 66 federal grants, training and technical assistance and research programs that could prevent exposure to violence, improve outcomes for children exposed to violence and advance our understanding of the issue), no one agency of combination of agencies is explicitly and comprehensively focusing on the issue, building upon the best practices of each. A 1994 Government Accounting Office audit of Early Childhood Programs indicated over 90 early childhood programs in 11 federal agencies totaling at least $3.66 billion in federal fiscal year 1992. This patchwork of programs results in an inefficient use of resources and does not necessarily provide individuals with needed services. Further, it does not mirror the interagency coordination on the federal level that is required of communities.

The federal government must work towards specific indicators of success that can only be brought about when its various efforts are combined in a coherent targeted strategy. This strategy must include coordination of policies, joint budget planning, memoranda of understanding and protocols, and program implementation that replicates as extensively, and in as cost-effective a manner as possible, the integration of our services, the development of management information systems, and promising and effective programs at multiple points of entry for children in need.

Over the lifetime of the Clinton Administration, a number of interagency efforts have been implemented that seek to improve outcomes for disadvantaged children, families and communities. From each of these efforts, lessons about implementing these initiatives have been learned and documented. The White House Partnerships for Stronger Families effort summarized the lessons learned from many of these major initiatives, including the Oregon Option, Community Empowerment Board, Connecticut MOU, Project PACT, and others. This Administration has also gained insight from various smaller-scale interagency efforts such as Family Preservation and Support, Healthy Start, Comprehensive Communities Program, Title V Community Prevention Grants, SafeFutures, Weed and Seed, etc. Evaluation results, process summaries and preliminary findings from these and private efforts such as the Casey Foundation's Rebuilding Communities collectively form a methodology for interagency collaboration that includes the following elements:

- *A shared focused objective.* The initiative focus must be narrow enough to have an impact yet broad enough to engage the interests of multiple agencies (e.g., children exposed to violence have critical health, mental health, education, safety, housing and transportation needs).

- *Central leadership* and ongoing support from the White House and highest agency levels.

- *Dedicated administrative budget and staff* to support the initiative.

- *Implementation must be system-wide and sufficiently broad in scope* to gain sufficient

and sustained policy-level attention and impact overall Administration and agency practices, rather than be relegated to isolated "special project" demonstrations.

- *New funding*, in addition to coordination of existing federal funding, must be provided to serve as an incentive to communities as well as to support federal coordination.

- *A focus on outcomes.* Measurable progress toward planned goals/results must be tracked and this process must be a central feature of the initiative.

- An *action-orientation* that reflects *flexibility* in relation to the implementation of rules and regulations where appropriate.

- *Ongoing support* and technical assistance for federal coordination.

- *Active "field" representatives* who serve as local liaisons to the federal government and facilitators, as well as providing critical feedback to the federal process.

The goal of *Children Exposed to Violence Initiative* is to focus the lessons learned of this Administration to improve the way the federal government supports state and local government in meeting the needs of children exposed to violence, including the needs of their families and communities. The planning process for the initiative will allow the agencies to radically reshape the budget, program development and program implementation processes based upon what we know communities need and the direction the federal government must necessarily go.

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 15 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
- National Institute on Drug Abuse
- 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
- Regional Federal Representatives
- National Performance Review
- White House Conference on Early Childhood Development and Learning participants
- Child Welfare League of America
- Casey Family Programs
- Child Development Community Policing Program
- 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; how communities can implement and support these programs; and the best way for various federal agencies and private organizations to maximize their current work in this area and jointly support these efforts. 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? How can we assure cultural relevancy in their application?

4) *State and Local Initiatives:*
What are current activities and legislation underway which support this initiative?

5) *Interagency 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? What is the precise nature of the interagency federal role in supporting these systems and interventions? Which programs listed in Attachment 1 are should be directly applied to supporting this initiative and which are more appropriate to leverage this initiative? Are there program solicitations that can be coordinated with this initiative? How do we create a positive and effective partnership in this area based upon our lessons learned from other interagency and public/private initiatives?

The interagency, public/private planning process would be supported by insight from regional federal representatives on resources at the local level and by a contracted literature

review and program review, including the finalization of the attached inventory of federal grants, training and technical assistance, research, evaluation and information dissemination relevant to this initiative. This inventory would be printed and placed on a web site for the public and would serve as the basis for producing joint solicitations, coordinating solicitation announcements, examining some regulations, and developing future interagency funding requests, which will substantially leverage the resources committed to this project.

This planning process would target the parameters of the initiative, including additional consideration of the number of sites and funding issues, and prepare us to write up a more detailed project description for implementation.

Costs and Grants

The ultimate cost of this initiative for a local community is dependant upon three critical variables: 1) The size of the community; 2) the level of violence and exposure to violence; and 3) the leadership of and commitment of existing or newly developed "in-kind" resources from law enforcement, education, mental health and others to the project.

In a mid-size city, like New Haven which is the seventh poorest city in the country, every week a consortium consisting of the domestic violence unit, community police, mental health workers, teachers, victims services, juvenile probation and prosecutors receive 5-10 new cases. Each of these cases represents a new family to service. With an average of 2-5 children per family and a total of approximately 400-500 cases each year, this project provides services to an estimated 1500-2500 children per year. The costs associated with providing services to these new cases is dependent on the level of existing services and whether new services need to be developed to serve the population.

Another cost of providing these services in a given community is the expense of training law enforcement officers in basic child development and victims issues, engaging police officers as trainers, and allocating police time for training and engagement in the case management process. This cost varies depending on the size of the police department, whether it is unionized or not, the extent of investment and commitment from the police chief and the in-kind contribution he or she makes to the project.

The same costs and factors apply to making a shift in the delivery of mental health and educational services to ensure that they are integrated with law enforcement and available to a broader population of children. This shift requires support for clinicians and educators to be involved in the development and provision of training with their colleagues in law enforcement; as well as increasing their availability to be on-call and involved in programming.

In each "system" or institution, the primary objective is to capitalize upon and reshape existing staff time and services; and the available resources and ability to do this work will vary from one community to another. However, there are a few expenditures that are critical and can

be quantified for purposes of gaining a better understanding of local implementation costs. For example, funds totaling approximately $100,000 is required for shifting law enforcement and mental health practices as described above and to provide an incentive for leveraging existing staff time and services. Another $100,000 is required to support after school programming that includes a clinical coordinator, outreach workers, and psychologists to service an average of 10-15 children at any one time. Approximately $40,000 is required to train and support mentors and tutors for a core group of approximately 40 children exposed to violence; and another $40,000 will cover the cost of expanding a Head Start program, quality day care program, drug court, emergency ward or domestic violence center to include the benefit of a health consultant focused on preventing the harmful effects of exposure to violence. Again, all of these costs assume that some level of activity is already taking place and can be redirected or supplemented.

In addition, funds must be available for a central coordinator of the project, program and support staff and for supporting a community's core team of providers to develop the program, be on call, be assigned to neighborhoods, work with colleagues, coordinate and increase the array of hands on services, disseminate information and, most importantly, to review and manage cases.

Federal funding for these efforts serves as an essential leverage for the in-kind support that is critical to reshaping police, mental health, educational and community services. Lessons learned from the federal interagency process demonstrate that coordination costs money and that with increased coordination comes an increased demand for services. Both of these areas must be accounted for in the grants, but their specific ratios could be adjusted during the federal planning process or in the application process based upon local need.

The total program budget for the initiative is $10 million. Fifteen (15) communities would be provided with up to three-year grants of approximately $500,000 per year. Given the estimates stated above, this federal contribution would support comprehensive services for approximately 1500-2500 children at $200-330 per child as well as prevention programs and institutional improvements that would service countless other children in need.

The annual grants of $500,000 to each community could provide an equal amount for costs related to planning and coordination and costs related to providing direct services, and would consist of funds for 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 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, resources and steps for achieving a system of prevention and treatment of children exposed to violence;
- a range of local human resource and financial commitments for implementing and evaluating such a system;
- a strong partnership with 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 goal would be to bring into this initiative communities that have a variety of different strategic partnership initiatives and are working to integrate those across agency or initiative lines.

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

Training and technical assistance would focus on linking appropriate existing contracts into teams and would be supplemented with one million dollars ($1 million). Training and technical assistance would take five forms:

1) Support for bench marking and outcome measurement.

2) 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.

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

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

5) 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

The initiative would be explicitly focused on outcomes on three critical levels: 1) policy level/systems change, including change at the federal level; 2) improvements in service delivery; and 3) outcomes for children and families. One million dollars ($1 million) would be set aside for measuring these multiple outcomes. Specifically, 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 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 and Leveraging

Building upon a number of interagency models, 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.

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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.

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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.

Bruce (Jen) Nicole — What do you think? Elena

U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and Delinquency Prevention

Office of the Administrator

Washington, D.C. 20531

Elena — This looks like a good idea. It's basically a broader implementation of the "Safe Start" program we announced at the conference. Jen

August 5, 1997

MEMORANDUM

To: Libby Doggett, ED; Naomi Karp, ED; Steven Hyman, NIMH; Mark Rosenberg, CDC; Helen Taylor, ACF; Woodie Kessel, MCHB; Terry Dozier, ED; Carol Williams, ACF; Rose Kittrell, SAMHSA; Duane Alexander, NIH; Marilyn Gaston, HRSA

cc: Elena Kagan, Deputy Assistant to the President for Domestic Policy

From: Shay Bilchik

Re: 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 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.

To follow up on the Administration's commitment to this issue, the Department of Justice, through the Office of Juvenile Justice and Delinquency Prevention, is proposing the development of a public/private interagency initiative focused on preventing and reducing the impact of violence on young children. The attached document outlines the proposed interagency initiative and is followed with a description of how the initiative might operate at the federal and local level.

We have been developing this concept with the input of Ann Rosewater at HHS and will be seeking the leadership of the Domestic Policy Council for its implementation. However, the concept can not advance without your input and guidance. Therefore, I hope you can participate in the first of a series of meetings to discuss the concept this **Thursday, August 7 from 11:30 - 12:30 at 633 Indiana, N.W., Seventh Floor Conference Room, Washington, D.C.**

Please contact Sarah Ingersoll to confirm your attendance or if you have any questions. She can be reached at: (202) 616-3650.

Attachment A

Proposed Initiative

"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

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, eight, 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 children exposed to violence. 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, the Children's

Defense Fund, the Carnegie Corporation of New York, the 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.

Goal

The goal of the proposed initiative is to prevent and reduce the impact of family, school, and community violence on young children through the development and replication of a multi-disciplinary approach.

Objectives

The initiative would be a public-private collaboration which expands on the Department of Justice's *Child Development - Community Policing Safe Start Initiative* (Attachment C) 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 at risk of being or already exposed to violence, their families and their care givers. This focus would include drug abuse identification and referral for 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 150 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

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 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

Grants

For purposes of discussion, it is suggested that the program budget be $100 million per year for five years and be located in an agency to be determined. $90 million would be awarded to 150 high-risk communities, identified through a competitive process, which demonstrate:

- 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.

Each community would receive grants of $600,000 per year for five years, with the first year being 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

$6 million per year would be set aside for training and technical assistance. Training would take four forms:

1) Site-specific training 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 provided through existing contracts such as HHS's Head Start and Early Head Start, MCHB Leadership Education Projects, DOJ's Community Prevention Grants, or USDA's Children, Youth and Families At Risk training; and in centers that serve families, such as HHS's Healthy Start Family Resource Centers, Empowerment Zones, DOJ's Safe Havens, Boys and Girls Clubs, and USDA's Community and Migrant Health Centers.

3) State agencies with participating sites would receive training to facilitate system-wide reform, coordination of funding streams and the provision of family and mental health services which would benefit young children. For example, HHS's Child Care and Development Fund Training, Leadership Forums, Child Care Health Consultant Program, and Health System's Development in Child Care could provide opportunities for State-based training.

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 would be developed and disseminated to various audiences 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. 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

$3 million per year would be set aside for evaluation of the program. The evaluation would track the individual projects and examine the impact of the overall program as well as certain projects. In addition, 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 are suggestive of the types of agency research programs which could inform this initiative. The current effort by HHS to expand and coordinate research in the early childhood development area would also be linked with this initiative.

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 recent White House Conference. 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.

Attachment B

Federal and Local Scenarios for Proposed Initiative

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. (A preliminary listing of these resources is included in Attachment B). 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.

Fact sheets, training materials, curricula, posters, and information would be developed and disseminated to various audiences 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. 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.

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. In addition, 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 could 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:

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.

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I hope that these three case examples 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.