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April 3, 1997

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FROM: JANET YELLEN JY

Attached is a draft of a CEA whitepaper on the benefits of programs targeted to very young children. We are hoping to release it just prior to the White House Conference on Early Childhood Development.

If you have any comments, please get them to me by COB on Monday, April 7.

Thank you for your help.

cc: Jen Klein
Pauline Abernathy
Nicole Rabner

Attachment

+ return

The First Three Years: Investments that Pay

Introduction

Experiences during early childhood can make a crucial difference for the rest of the child's life. Health problems ranging from frequent colds to cerebral palsy can be prevented by appropriate nutrition and care for pregnant and nursing mothers, and for their infants. Often very small investments -- like immunization for polio or home-based smoking cessation programs -- yield large benefits.

The time from conception through early childhood does not just present a series of avoidable health problems, but also opportunities to nurture a child's emotional and intellectual development. Nurturing and stimulating a child in the first years of its life can promote emotional health and prepare the young for the challenges posed by school and later life.

Ultimately, parents bear the responsibility for raising their children. The government cannot require parents to spend time holding, feeding, and talking to their small children. Through legislation like the Family and Medical Leave Act (FMLA), however, the government helps provide the opportunity for parents to take time off from work to spend with their newborn children. Similarly although the government does not forbid pregnant mothers from smoking, it can take steps to reduce this behavior by providing information on the dangers smoking poses to the development of their children. More broadly, government supported programs like the Human Capital Initiative. (See Box 1.) leverage government resources into knowledge that can be used by parents, educators, and doctors to help children flourish.

For many families, however, these policies are not enough. For example, without government assistance, pregnant mothers in poverty and children growing up in poor families lack the resources needed for appropriate nutrition and medical care. Programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provide foods, nutrition education, and access to health services for low-income women during and after pregnancy and to their children through five years of age. The Vaccines for Children (VFC) program is helping to ensure that 90 percent of all two-year-olds are fully vaccinated by the year 2000. These programs make an enormous difference in the future of children and may save money, in the long-run, by permanently improving the health of children.

Why are the First Three Years So Important?

In recent years, researchers have made large strides towards understanding the process of early development. Scientists investigating brain development have discovered biological mechanisms that help to explain what psychologists and educators have long known: the first three years are pivotal. Recent evidence suggests that the flurry of brain-building activity that begins in the womb and continues at a rapid clip through a child's early years is affected more by *experience* than was previously thought. This experience in turn is dependent not only on the

Box 1. The Human Capital Initiative

An important building block of the Administration's efforts to support the well-being of young children is the Human Capital Initiative, an ambitious research program examining the effects of families, schools, communities, and the workplace on the formation of human capital. The Initiative was launched by leading professional associations in the behavioral sciences in the early 1990s and was endorsed by the Clinton Administration and Congress in 1994, with funding provided through the National Science Foundation. The goal of the Initiative is to apply a growing multi-disciplinary knowledge base to the challenges confronted by families and children so as to create an environment where all American children can grow up to become healthy, educated, productive, and successful citizens.

Research funded through the Human Capital Initiative funds has the potential to inform policy and support services for young children. For example, a psychologist at the University of Pittsburgh is exploring the role of social relationships at home in promoting early academic success among at-risk children; two economists at the University of California at Los Angeles are examining the efficacy of early intervention programs in achieving long-term educational and social benefits; a University of Michigan anthropologist is investigating the principles used by young children to organize knowledge and the determinants of young children's social stereotypes; a University of Iowa psychologist is studying conscience development in the first four years of life with the goal of developing a general model of early conscience formation; a University of California psychologist is examining the mathematical competencies that children bring to their earliest preschool experiences.

The social and behavioral sciences have made important contributions to our understanding of what makes our society successful in raising children to become healthy and productive citizens. The Human Capital Initiative is a multi-disciplinary research effort to fill gaps in our knowledge and to inform the actions taken on behalf of children.

physical health and emotional well-being of the child but also on the mother's health before birth.

Links between brain *activity* and brain *structure* are becoming more and more evident to scientists. When children are deprived of a stimulating environment early in life, their brains may not develop to their full potential. More specifically, scientists have identified several "windows" of time when different areas of the brain are developing and children are best able to learn particular behaviors or skills. Of course, these windows do not open and close abruptly,

and improvements are still possible after the window has passed. Still, understanding how and when the brain develops helps adults target resources to children at the most effective times.

Early Interventions Have Big Payoffs

Family income is an important contributor to children's well-being. Low-income children are at greater risk of virtually every adverse outcome: for example, they are more likely to experience stunted growth, suffer learning disabilities, sustain injuries, have low educational achievement, and exhibit extreme behavioral problems. Low-income children are 1.2 to 2.2 times more likely than the average child to be low birthweight (less than 5 lb 8 oz), and they are 1.3 times more likely to die during infancy. They are about twice as likely to have physical or mental disabilities and at least 3 times more likely to be hospitalized for injuries.[1] Family income seems to be a significant contributor to the well-being of children primarily because of the resources it makes available: medical care, nutrition, parental advice on child development, quality child care, and preschool, for example.[2]

A growing body of research, much of it supported by the Federal government, from sociologists, doctors, and educators, as well as economists has examined the effect of investments -- goods or services like immunizations that are costly during childhood yet save money in the future -- on children. In the language of economists such interventions contribute to the stock of "human capital" -- which includes ideas, knowledge, education, training, and problem-solving skills that make people productive contributors to economic activity. The literature finds that investments in young children can have big payoffs for families, for government, and for society. (See Box 2.) Investments can reduce the need for more-costly measures later in life and lead to increased productivity.

[1]Children's Defense Fund, *Wasting America's Future*, Washington, DC., 1994: 62.

[2] A recent study finds that income during the first five years of life has larger impacts on outcomes than that during any other time of childhood (Greg Duncan, Wei-Jun Yeung, and Jeanne Brooks-Gunn, "Does Poverty Affect the Life Chances of Children?", *American Sociological Review*, forthcoming).

Box 2. Evaluating Investments in Children

Investments in children have the potential for substantial and lasting benefits. However, not all interventions will be equally successful, so it is important to evaluate the gains from specific programs. Ideally, such evaluations involve experimental designs whereby individuals willing to participate in the intervention are **randomly** assigned to the "treatment" group, who participate in the program, and the "control" group, who do not. The two groups are then carefully monitored for a substantial period of time to see if individuals receiving the treatment have superior outcomes.

Random assignment can be done by the toss of a coin, for example, or using computerized randomization procedures. The treatment can be anything from receiving food stamps to attending a pre-school program. The key advantage of random assignment is that the treatment and control groups are likely to have similar characteristics, increasing the confidence that any observed difference in outcomes is due to the intervention. In the absence of such an experimental design, participants typically chose to enroll in the program while nonparticipants choose not to. (In some cases, program administrators decide who is allowed to enroll.) This nonrandom selection may result in difficult-to-observe differences between participants and nonparticipants.

Unfortunately, randomized experiments are often expensive and have small sample sizes, limiting their use in evaluating programs. Therefore, social scientists have developed a variety of alternative methods of measuring the effects of interventions. Most importantly, **statistical** techniques are used to account for observable differences between participants and nonparticipants such as income, education, and family status. Researchers also increasing attempt to obtain information from **natural experiments**, where participation in the intervention is largely unrelated to individual characteristics or preferences. For instance, cross-state differences in Medicaid eligibility have recently been used to examine how this program affects the health of children.

Families Face Many Obstacles

Families face many challenges in making these important investments in young children. For example,

- **The share of families with both parents working outside the home has risen rapidly.** In 1995, both parents were employed in more than 70 percent of married-couple families with children, an increase from roughly 60 percent in 1980.[3]

[3] Annual Demographic Files of the Current Population Survey (March), Department of Commerce, U.S. Bureau of the Census

- **Many families are single-parent households.** In 1995, more than 20 percent of families were single-parent households, compared to 13 percent in 1965.[4]

- **Some children are without health insurance.** From 1989 to 1995, the percent of children without private insurance increased over a quarter, from 26.4 percent to 33.9 percent.[5] When including publicly provided insurance, a total of 9.8 million children are uninsured (13.8 percent of all children), including 3.3 million under age 6.[6] Surprisingly, nearly nine out of ten uninsured children have at least one parent who works.[7]

- **Crime and instability are prevalent.** Evidence suggests that many young children are exposed to violence, particularly in large cities. In one survey, 47 percent of children were reported to have heard gunshots in their neighborhood, and 1 in 10 children witnessed a shooting or knifing before age 6.[8]

- **Many families with children live in poverty.** About 16 percent of all families with children under the age of 18 were in poverty in 1995, up from 12 percent in 1970. Of female headed families with children, the poverty rate in 1995 was 42 percent.[9]

Because families are facing these obstacles, they often need help providing their young children's needs. The Federal government has many programs that provide services to young children (see Table 1 for important examples), some of which are discussed later. State and local governments also have a variety of programs.

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[4] Ibid.

[5] Ibid.

[6] Ibid.

[7] *The State of America's Children Yearbook*, Children's Defense Fund, 1997.

[8] Taylor, L., B. Zuckerman, V. Harik, and B. Groves, "Witnessing Violence by Children and their Mothers", *Journal of Developmental and Behavioral Pediatrics* cited in *Starting Points*, Carnegie Corporation of New York: 17.

[9] Annual Demographic Files of the Current Population Survey (March).

Table 1. Selected Government Programs That Assist Children

Program	Year Of Enactment	Number Served	Annual Expenditure	Average Benefit
Income Support Programs				
Temporary Assistance for Needy Families (TANF)	1996	4.9 million families	$22 billion	$377 per family
Earned Income Tax Credit (EITC)	1975	18.9 million tax returns	$26.5 billion	$1,404 per return
Child and Dependent Care Tax Credit	1954	6.2 million tax returns	$2.8 billion	$445 per tax return
Exclusion for Employer-Provided Dependent Care	1981		$775 million	
Health and Nutrition Programs				
Medicaid	1965	17.2 million children	$18.0 billion for children	
Food Stamp Program	1964	28.0 million (13.7 million children)	$25.7 billion for children and adults	$71 per month per individual
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	1972	6.9 million women and children	$3.5 billion in federal payments	$30 per month per family
Early Childhood Programs				
Child Care and Development Fund	1996		$2.0 billion	
Social Services Block Grant	1975		$2.7 billion	
Head Start	1964	750,696	$3.5 billion	$4,345 per child

Note: The year cited varies by program. Sources: TANF-based on 1995 FY AFDC numbers, *1996 Green Book*; EITC-estimated 1996 FY, Department of the Treasury; Child and Dependent Tax Credit-estimated 1996 FY, *1996 Green Book*; Exclusion for Employer-Provided Dependent Care-1996 FY, President's *Budget of the United States Government, FY 98*; Medicaid-1995, Annual Statistical Supplement, 1996, Social Security Bulletin; Food Stamp Program-1995 FY, *1996 Green Book* and U.S. Department of Agriculture; WIC-1995 FY, *1996 Green Book*; Child Care and Development Fund-1997 FY proposal, President's *Budget of the United States Government, FY 98*; Social Services Block Grant-1996 FY, President's *Budget of the United States Government, FY 98*; Head Start-1995 FY, *1996 Green Book* . Devaney, Barbara et al.

Improving Children's Physical Health

Physical health is essential to a child's growth and development and is influenced by the interaction of a complex set of factors including nutrition, access to medical care, and the environment. Investments in health are important throughout life, but some of the most important and long-lasting of these occur before birth and during the first three years of life. Maternal nutrition, lifestyle, and medical care during pregnancy have a serious impact on the health and development of infants and children. Poor habits or deficient health care during pregnancy can inhibit a child's development and may lead to "failure to thrive." Many of these effects last a lifetime and some may even result in death.[10] For example, smoking during pregnancy has been linked to 19 percent of low birthweight births.[11] Similarly, fetal alcohol syndrome is associated with a variety of birth defects and health disorders.[12]

In 1995, 7 percent of babies born in the United States were considered low birthweight.[13] Low birthweight babies often require expensive medical attention early in life and may subsequently suffer from a variety of physical, emotional, and intellectual problems.

- Nearly two-thirds of neonatal deaths and about 60 percent of deaths in the first year of life were low birthweight babies.[14]

- Health care costs in the first year of life for low birthweight infants are, on average, $15,000 higher than those for normal weight babies, and elevated medical expenditures continue throughout early childhood.[15]

- Cerebral palsy occurs 25 times more often in low birthweight children; and these children also have higher incidences of deafness, blindness, epilepsy, chronic lung disease, learning disabilities, and attention deficit disorder.[16]

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[10]The Future of Children Staff, "Analysis", *The Future of Children*, Vol. 2, No. 2, Winter 1992: 7-24.

[11] J. Kleinman, and J.H. Madans, "The Effects of Maternal Smoking, Physical Stature, and Educational Attainment on the Incidence of Low Birth Weight", *American Journal of Epidemiology*, Vol. 121, 1985: 832-55.

[12] E.M. Ouellette, H.L. Rosett, N.P. Rosman, and L. Weiner, "Adverse Effects on Offspring of Maternal Alcohol Abuse During Pregnancy", *New England Journal of Medicine*, Vol. 297, No. 10, 1977: 528-30.

[13] Harry M. Rosenberg, et al. "Births and Deaths in the United States, 1995", *Monthly Vital Statistics Report*, Vol. 45, No. 3 (S)2, October 4, 1996: 2.

[14] S. Nigel Paneth, "The Problem of Low Birthweight" , *The Future of Children*, Vol. 5, no. 1, Spring 1995.

[15] Eugene M. Lewitt, Linda Schuurman Baker, Hope Cormon, and Patricia H. Shiono, "The Direct Cost of Low Birth Weight", *The Future of Children* 5, No. 1, Spring 1995.

[16] S. Nigel Paneth, "The Problem of Low Birth Rate".

- Children who were low birthweight babies are more likely to repeat a grade in school and are about 50 percent more likely to be enrolled in some type of special education program.[17]

Prenatal care is believed to play a key role in the development of healthy children, largely through the prevention of low birthweight. According to the recommendations of the American College of Obstetricians, prenatal care should include three basic components: early and continuous risk assessment, health promotion, and when necessary medical and/or psychological intervention.

- Adequate prenatal care is associated with reductions in low birthweight births and lengthened duration of gestation, with some evidence that prenatal care is most effective in reducing the probability of low birthweight among high-risk women.[18]

- One careful study finds that prenatal care is a particularly cost-effective method of reducing neonatal mortality, when compared to alternative interventions such as the use of neonatal intensive care.[19]

- We know less about which aspects of prenatal care are most beneficial.[20] Some experts have concluded that standard prenatal care visits do little to reduce low birthweights but that three specific areas of prenatal care are likely to have an impact: cessation of smoking, nutrition of the malnourished, and medical care.[21]

The proportion of women receiving prenatal care in the first trimester of pregnancy rose substantially during the 1970s, leveled off in the early 1980s, and then increased again during the early 1990s (from 71 percent in 1990 to 86 percent in 1995).[22] Poor women and minorities are significantly less likely to receive early and comprehensive prenatal care. The receipt of prenatal services is closely linked to the availability and affordability of high-quality medical care, which we turn to next.

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[17] Ibid,

[18] Institute of Medicine, *Preventing Low Birthweight*, Ch. 6, Washington D.C.: National Academy Press, 1985.

[19] T.J. Joyce, H. Corman, and M. Grossman, "A Cost-Benefit Analysis of Strategies to Reduce Infant Mortality", *Medical Care*, Vol. 26, No. 4, April 1988: 348-60. Although not a full benefit-cost analysis, this research finds that the costs of providing the prenatal care are more than offset by reductions first year hospital and medical expenses resulting from averting low birthweights.

[20] Institute of Medicine, *Preventing Low Birthrate.*

[21] Greg R. Alexander, and Carol C. Korenbrot, "The Role of Prenatal Care in Preventing Low Birth Weight", *The Future of Children*, Vol 5, No. 1, Spring 1995: 103-20.

[22] Harry M. Rosenberg "Births and Deaths in the United States, 1995".

Medical Care

Since 1965, the **Medicaid** program has provided health insurance for poor families. In 1995, nearly 30 percent of children under 6 were covered by Medicaid.[23] Eligibility used to be closely tied to participation in the Aid to Families With Dependent Children (AFDC) program; however, beginning in the middle 1980s, states were permitted and then subsequently required to extend eligibility to other groups of children and pregnant women. All pregnant women and children up to the age of 6 living in households with incomes up to 133 percent of the Federal poverty line are now eligible for Medicaid. All children in poverty born after September 30, 1983 are also eligible, with the result that by 2002 all children (aged 18 and under) in poverty will be eligible for the program.

Pregnant women receive special services under Medicaid including "enhanced" prenatal programs that cover specialized services such as nutritional counseling and health education in many states. Children covered by Medicaid are eligible for a wide variety of services including inpatient and outpatient hospital services, physician services, x-ray services and many others. In addition, under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, States are required to provide screening, diagnosis, and treatment services to Medicaid-eligible children (and are required to pay for treatment of conditions identified during EPSDT screens, even if these services would not otherwise be covered). Since 1993, States have been entitled to receive vaccines, free of charge, from the Federal government, for Medicaid-eligible and some other categories of children.[24]

- A recent national study concluded that expanded Medicaid eligibility has reduced the incidence of low birthweight babies and infant mortality.[25]

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[23]U.S. Bureau of the Census, Department of Commerce, *Children's Health Care*, Washington D.C.

[24] The Federal government also provides funding for a variety of other programs serving women and young children. These include matching funds for services delivered in public health settings and funds provided to community and migrant health centers under the Community and Migrant Health Center Program. For a review of these programs see Ian T. Hill, "The Role of Medicaid and Other Government Programs in Providing Medical Care for Children and Pregnant Women" *The Future of Children*, Vol 2, No. 2, Winter 1992.

[25] Janet Currie, and Jonathan Gruber, "Saving Babies: The Efficacy and Cost of Recent Changes in the Medicaid Eligibility of Pregnant Women", *Journal of Political Economy*, Vol. 104, No. 6, December 1996: 1263-96. However, the health effects of the Medicaid expansions are not unambiguous. Studies of Medicaid expansions in Tennessee and Massachusetts failed to uncover improvements in prenatal care, birthweight, or neonatal mortality (see J.S. Haas, et al., "The Effect of Providing Health Coverage to Poor Uninsured Pregnant Women in Massachusetts" *Journal of the American Medical Association*, Vol. 269, No. 1, January 1993: 87-91 and J.M. Piper, W.A. Ray, and M.R. Griffin, "Effects of Medicaid Eligibility Expansion on Prenatal Care and Pregnancy Outcome in Tennessee", *Journal of the American Medical Association*, Vol. 264, No. 17, November 1990: 2219-23.

- The Medicaid expansions have significantly increased the probability that children have at least one physician visit per year, as is recommended by pediatric guidelines. As a result, child mortality rates have declined.[26]

Nutrition

Adequate nutrition during pregnancy and the early years is another important investment to ensure children's health. Poor nutrition during this important time can have profound and lasting effects on a child's health.

- Pregnant women with poor nutrition are more likely to have low birthweight babies and children with poor nutrition often lack concentration and energy, experience dizziness, headaches, ear infections and frequent colds.[27]

- Iron deficiency can impede the development of problem-solving skills, motor coordination, attention, concentration, as well as long-term cognitive development.[28]

- Stunted growth, an indicator of poor nutrition, is associated with lower scores on tests of academic ability, even after controlling for socioeconomic characteristics.[29]

The Federal government has two programs that help to ensure good nutrition for low-income pregnant women and young children: the **Food Stamps Program** and the **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**. WIC is targeted specifically to pregnant women, infants, and young children at nutritional risk. WIC provides supplemental foods, nutrition education, and access to health services for low-income women during and after pregnancy and to their children through five years of age. Almost 7.4 million women, infants, and children participated in WIC in FY 1997, and the program had a budget of $3.9 billion.[30] WIC has had important benefits for women and young children (see Box 3).

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[26] Currie, Janet and Jonathan Gruber, "Health Insurance Eligibility, Utilization of Medical Care and Child Health", *Quarterly Journal of Economics*. Vol. 5, May 1996.

[27] Ernesto Pollitt, "Developmental Impact of Nutrition on Pregnancy Infancy, and Childhood: Public Health Issues in the United States" in Norman W. Bray (ed) *International Review of Research in Mental Retardation*, Vol. 15, Academic Press, 1988; Barbara H. Kehrer and Charles M. Wohlin, "Impact of Income Maintenance on Low Birth Weight: Evidence from Gary Experiment," *Journal of Human Resources* Vol. 14, No. 4, 1979; and Food Research and Action Center, *Community Childhood Hunger Identification Project: A Survey of Childhood Hunger in the United States*, Washington, D.C. 1991, all cited in *Wasting America's Future*, Children's Defense Fund.

[28] Children's Defense Fund, *Wasting America's Future*: 15.

[29] Ibid.

[30] Office of Management and Budget, *Budget of the United States Government, Fiscal Year 1998: Analytical Perspectives*, Washington D.C.: U. S. Government Printing Office, 1997.

- Participation in WIC is associated with higher probabilities of receiving adequate prenatal care, greater probabilities of receiving advice on nutrition, breast-feeding, and substance use, higher average birthweights, and reduced incidence of low birthweight and premature births.[31]

- WIC participation is associated with lower rates of infant and neonatal mortality, even after accounting for differences in the use of prenatal care, possibly due to improved nutrition.[32]

- Participation in WIC reduces the incidence of iron-deficiency anemia among infants.[33]

- WIC participants are more likely to comply with nutritional guidelines for 4 to 6 month old infants than are nonparticipants.[34]

- One widely cited study found that every dollar spent on WIC for pregnant women saves $1.77 to $3.13 in Medicaid costs for new mothers and infants in the first 60 days of life.[35]

[31]Anne Gordon, and Lyle Nelson, "Characteristics and Outcomes of WIC participants and Nonparticipants: Analysis of the 1988 National Maternal and Infant Health Survey", mimeo, Mathematica, March 1995.

[32]Barbara Devaney, and Allen Schirm, "Infant Mortality Among Medicaid Newborns in Five States: The Effects of Prenatal WIC Participation", mimeo, Mathematica Policy Research, Inc., May 1993.

[33] Barbara Devaney, Marilyn Ellwood, and John Love, "Programs that Mitigate the Effects of Poverty On Children", *The Future of Children*, Vol. 7, No. 2, Summer/Fall 1997, forthcoming.

[34] Anne Gordon, and Lyle Nelson, "Characteristics and Outcomes of WIC participants and Nonparticipants: Analysis of the 1988 National Maternal and Infant Health Survey". However, not all of the nutritional measures are favorable. In particular, WIC participants are less likely to breast-feed their babies. This may occur partly because infant formula is provided to WIC participants. In addition, some mothers may be referred to WIC because they are feeding their infants improperly. The reduction in breast-feeding rates may be reversible, however, with some evidence that WIC participants who are given advice to breast-feed do so more frequently than income-eligible non-participants (U.S. Department of Agriculture, *The WIC Breast-feeding Report: The Relationship of WIC Program Participation to the Initiation and Duration of Breast-feeding*, Alexandria VA, September 1992).

[35] U.S. Department of Agriculture -- Food and Nutrition Service. *A Study of the Savings in Medicaid and Indigent Care for Newborns from Prenatal Participation in the WIC Program*, Washington, D.C., 1990.

Box 3. The Effects of Prenatal WIC Participation

In an effort to improve the health of newborns, WIC provides nutrition, health care, and social service referrals to low-income pregnant women (and to children aged 5 and under). Participants typically receive vouchers to purchase specific types of foods (milk, cheese, eggs, infant formula, cereals, and fruit or vegetable juices) valued at an average of around $30 per month, in addition to the services mentioned above.

To study the effect of this prenatal program on birth outcomes and Medicaid costs, Mathematica Policy Research, Inc. undertook a study for the United States Department of Agriculture in five States: Florida, Minnesota, North Carolina, South Carolina, and Texas. Mothers included in the study participated in Medicaid and gave birth to around 105,000 infants in 1987 or 1988. To analyze the effect from WIC, birth outcomes and Medicaid costs of WIC participants were compared to those of WIC nonparticipants. Statistical techniques were used to control for observable differences between the WIC participants and nonparticipants. (However, the two groups probably differ in ways which were not observed by the researchers, which could explain some of the differences in observed outcomes discussed below.)

WIC participants were only one-third to one-half as likely as nonparticipants to have received inadequate prenatal care. Participation in the program was also associated with an increase in birthweights (averaging between 51 and 117 grams), a lower incidence of pre-term births, and a longer gestational age. Medicaid costs were also lower for WIC participants. Every dollar spent on the prenatal WIC program was associated with savings in Medicaid costs during the first 60 days after birth of $1.77 to $3.13 for newborns and mothers and from $2.84 to $3.90 for newborns only. (These benefit-cost ratios are calculated assuming that the two groups are identical, once the observable characteristics are controlled for.)

Smoking Cessation

In 1993, an estimated 16 percent of pregnant women in the United States smoked.[16] The harmful effects of smoking on fetal development and child development are well-documented. Programs designed to convince women to quit smoking during pregnancy may be an exceptionally effective means of helping children.

[16] Harry M. Rosenberg, et al. "Births and Deaths in the United States, 1995", p. 89.

- A pregnant women who smokes less than a pack a day is 53 percent more likely than a nonsmoker to have a low birthweight baby; a woman smoking more than a pack a day is 130 percent more likely to do so.[37]

- The elimination of smoking during pregnancy could prevent about 10 percent of perinatal deaths and about 35 percent of low birthweight births.[38]

- A baby born to a smoking mother is more likely to experience longer-term problems as well, including higher risks of neurological abnormalities, poorer verbal skills (at age 48 months), and reduced fertility in women.[39]

Smoking cessation programs for pregnant women, often administered through public clinics or home-visiting programs (discussed below) are generally inexpensive and likely to be especially cost-effective. Again, the cost-savings are most often associated with reductions in low birthweight babies. Since these programs are inexpensive, they do not have to achieve exceptionally high quit rates to recover costs.

- The cost of providing smoking cessation programs to the 350,000 pregnant smokers seen in public health clinics would be about $1.75 million. A quit rate of 12 percent (well within the range of rates achieved by these programs) would save $12 for every $1 spent.[40] One study of a home-based smoking cessation program costing $11.75 per patient found that for every $1 spent on the program, almost $3 were saved.[41]

- Smoking-cessation programs aimed specifically at pregnant women are more effective and have a lower cost per quit than programs using generic material.[42]

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[37]Select Committee on Children, Youth, and Family, "Opportunities for Success: Cost-Effective Programs for Children, Update, 1990", 101st Congress, 2nd Session, Washington D.C.: U.S. Government Printing Office, 1990: 131.

[38] Department of Health and Human Services, *The Health Benefits of Smoking Cessation, A report of the Surgeon General, 1990*, cited in "Opportunities for Success: Cost-Effective Programs for Children, Update, 1990", p. 132.

[39]"Select Committee on Children, Youth, and Family, Opportunities for Success: Cost-Effective Programs for Children, Update, 1990".

[40] J. Mayer, et al., "Health Promotion in Maternal and Child Health Care" in *Universal Maternity Care: A Description for Ensuring Access*, edited by J. B. Kotch et al., Washington, D.C.: American Public Health Association.

[41]Ibid.

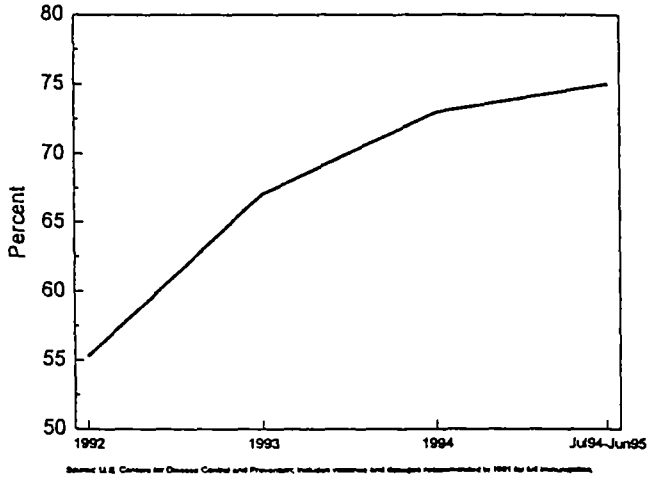
[42]R.A. Windsor, et al., "A Cost Effective Analysis of Self-Help Smoking Cessation Methods for Pregnant Women," *Public Health Reports*, Vol. 103, 1988.

Childhood Immunizations

Childhood immunizations play an important role in preventing diseases such as polio, measles, rubella, diphtheria, and mumps. Prior to the approval of the measles vaccination in 1963, for example, about 500,000 cases of measles were reported each year, killing 400 to 500 people per year. By 1983, the number of cases of measles had dropped to a record low of 1,497. The widespread use of vaccines has reduced the peak-level incidence of the disease in the United States by at least 95 percent.[43] In addition to securing the health of those immunized, vaccines can indirectly protect those who do are not vaccinated (i.e., lower disease risk for all individuals).

Immunizations represent a particularly appropriate area for government involvement since the provision of immunizations provides great health and economic savings. In 1993, President Clinton signed the Comprehensive Childhood Immunization Initiative that created the Vaccines for Children (VFC) program to help uninsured, Medicaid-eligible children get vaccinated. This initiative promoted the Administration goal that 90 percent of all two-year-olds should be fully vaccinated by the year 2000. VFC provides all recommended vaccines free of charge to clinics and doctors in all 50 States who provide services to uninsured and Medicaid-covered children. In response to this initiative, the percent of all 2-year-olds who were fully immunized increased from 55 percent in 1992 to 75 percent in 1994-1995. (See Figure 1.) This increase in immunization rates is correlated with the 35 percent decrease in cases of preventable diseases per 100,000 children under 5 from 1993 to 1996.[44]

Figure 1. Full Immunization of 2-Year-Olds



- The Centers for Disease Control and Prevention estimate that every $1 spent on the Diphtheria vaccine saves nearly $30 in future direct and indirect savings -- which includes savings from work loss, death, and disability; every $1 spent on the Measles, Mumps, and Rubella vaccine saves over $20.[45]

[43]Center for Disease Control and Prevention, CDC Immunization Information Document #240010, Centers for Disease Control and Prevention, March 9, 1995.

[44]Children's Defense Fund, 1997.*The State of America's Children*, 1997.

[45]U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Immunization Program.

- Every $1 spent on polio vaccines is estimated to save $10.[46]

Home Visiting

Services are often particularly effective when provided to families in their own homes. The goals of home visiting programs vary considerably. For example, some programs link families with other social services while others assess the safety of the home. Many other programs help parents set goals and make plans, encourage healthy habits, and answer questions about pregnancy, childbirth, and child-rearing. Home visits are often made during pregnancy and through the first 1 to 2 years after birth. The more successful programs typically continue after the child is born and employ a comprehensive approach that addresses many of the goals previously mentioned.[47]

More than 4,000 programs in the United States use Home Visiting to provide health, social, or educational services to families, sometimes in conjunction with organized child care programs. Although the Federal government has no coordinated effort for home-visiting programs, the Department of Health and Human Services and the Department of Education fund various programs for families with young children. The **Head Start** program (discussed below) administers one of the largest home-based programs, mostly to children in rural areas who would have difficulty participating in center-based care. In 1990, 24 states used Medicaid funds to provide prenatal care through home-visiting programs.[48] Because they are varied in both goals and approach, evaluating home visiting programs as a whole is difficult.

Many studies have linked home visiting programs to reductions in the incidence of low birthweight babies, to child abuse and neglect, and to improvements in prenatal care, IQ scores, and child development. The studies differ widely, however, in their assessments of these programs, in part due to immense heterogeneity in the intensity, scope, and focus of the interventions. Understanding the differences in the effects of program specifics is necessary for guiding policy.

- Home visiting programs aimed at persuading pregnant women to stop smoking are found to decrease the risk of low birthweight babies.[49]

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[46]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Justification of Appropriation Estimates for Committee on Appropriations*, FY 1991 cited in "Opportunities for Success: Cost-Effective Programs for Children, Update, 1990": 57.

[47]U.S. General Accounting Office, *Home Visiting*, HRD-90-83, July 1990: 3.

[48]Ibid.

[49]David Olds, and Harriet Kitzman, "Review of Research on Home Visiting for Pregnant Women and Parents of Young Children", *The Future of Children*, Vol. 3, No. 3, Winter 1993: 86

- Studies of Philadelphia's and Baltimore's home visiting programs suggest that the programs reduced medical costs associated with low birthweights by more than the cost of the programs.[50]

- In a South Carolina study where "resource mothers" visited pregnant teens in rural areas, program participants showed significant improvements in prenatal care attendance, WIC enrollment, and well-child visits.[51]

- A study of home visiting programs for mothers of premature, low birthweight babies showed that the intervention improved IQ scores at age 3.[52]

- The Prenatal Early Intervention Program (PEIP) resulted in positive effects for children -- fewer emergency room visits and fewer reports of child abuse, for example -- as well as for mothers who were more likely to complete schooling, gain employment, have fewer subsequent children, and delay the birth of additional children.[53]

- A "randomized" experiment examining the effect of a home-visiting program in Elmira, New York revealed substantial reductions in government expenditures during the first four years of life for low-income families (see box 4).[54] The major sources of the cost-savings included reduced transfer payments (from AFDC, Food Stamps, and Medicaid), as well as reduced expenditures by Child Protective Services. Among low-income participants, the cost savings during the first four years of life alone, modestly exceeded program expenditures.

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[50] Mayer et al., "Health Promotion in Maternal and Child Health Care" in *Universal Maternity Care: A Description for Ensuring Access,* edited by J. B. Kotch et al., American Public Health Association, Washington, D.C. cited in "Opportunities for Success: Cost-Effective Programs for Children, Update, 1990": 145.

[51] Henry C. Heins, "Social Support in Improving Perinatal Outcome: The Resource Mothers Program", *Obstetrics and Gynecology*, Vol. 70, No. 2, August 1987.

[52] The Infant Health and Development Program, "Enhancing the Outcomes of Low Birth Weight, Premature Infants", *Journal of American Medical Association*, Vol. 263, No. 22, June 1990 cited in "Opportunities for Success: Cost-Effective Programs for Children, Update, 1990", pp. 143.

[53] Mayer et al., "Health Promotion in Maternal and Child Health Care": 145.

[54] David L. Olds, Charles Henderson, Charles Phelps, Harriet Kitzman, and Carole Hanks, "Effect of Prenatal and Infancy Nurse Home Visitation on Government Spending", *Medical Care*, Vol. 31, No. 2, 1993.

Box 4. The Elmira, NY, Home Visitation Program

Home visiting is thought to improve pregnancy and early childhood outcomes. In the late 1970s and early 1980s, a randomized experiment was conducted in Elmira, a semirural county located in upstate New York, to study the effect of home visiting on health and social outcomes. This study included 400 teenage, unmarried, or poor women who were pregnant for the first time. The women were randomly assigned into four different groups providing some combination of health screenings, free transportation to health providers, and home visits during pregnancy, or home visits from pregnancy through the child's second birthday. In the most intensive intervention, nurses visited once every two weeks during pregnancy and then once every two to six weeks thereafter (with decreasing frequency over time).

In the Elmira intervention, home visitation was found to decrease smoking and improve diets and, for some groups, to reduce the frequency of low birthweight or pre-term deliveries. Participants were also likely to make use of WIC and to attend childbirth education classes. The home visits also increased the partner's interest in the pregnancy and his attendance in the delivery room.

Program costs were compared with changes in government expenditures during the first four years of the child's life. For low income families (but not for their higher income counterparts) the measured benefits of frequent home visitation outweighed the costs -- costs averaged around $6000 (1996 dollars), while the savings were over $6,300. The savings resulted from decreased payments in AFDC, Food Stamps, Medicaid, and Child Protective Services, and increased maternal employment. Almost one-third of the savings (among low-income families) was due to the reductions in the number of subsequent pregnancies. This study may underestimate the gains from the program since neither savings after age 4 nor nonmonetary benefits in the earlier period are taken into account.[55]

Lead Abatement

Lead ingestion is hazardous to all people but is particularly dangerous for young children because they absorb lead more readily than do adults and because the developing nervous systems of children are more susceptible to the effects of lead. At high levels, lead can cause coma, convulsions, and death. At lower levels, it is associated with reduced intelligence, reading and learning disabilities, impaired hearing, and slowed growth. Many of the harmful effects of elevated levels of lead in the blood are irreversible and result in substantial financial and human costs.

[55] David L. Olds, et al., "Effect of Prenatal and Infancy Home Visitation on Government Spending".

Restrictions on the use of lead in gasoline, paint, and solder (used in making food cans and water pipes) reduced blood lead levels for children under 6 by more than 75 percent during the 1980s.[56]

But progress in decreasing blood lead levels has slowed and high levels are frequently found among low-income households, nonwhites, inner city residents, and persons living in older homes.[57] Current efforts focus on reducing exposures to lead-based paint and lead-contaminated dust, which are believed to be the main sources of excess blood lead levels in children. Although few studies have estimated the costs and benefits for such programs, the evidence suggests that the benefits of some abatement efforts may considerably exceed the costs.

- The Department of Housing and Urban Development recently estimated that the costs of proposed regulation requiring lead abatement in all federally-owned housing with lead hazards above a certain level would be around $450 million and that the benefits would be between $500 million and $1.5 billion.[58]

Improving the Emotional Well-Being of Children

Emotional well-being in early childhood plays a critical role in allowing individuals to develop their full potential. Emotionally healthy children enter school with the ability to communicate with their peers and their teachers; confidence in their ability to make friends; confidence in themselves; knowledge of socially acceptable behavior; motivation to learn; and interest in activities. Because these children are prepared to enter school, their early educational experience can be fruitful, enjoyable, and productive. Emotional health lays the foundation for children to realize their talents and capabilities.

To ensure emotional health, children need daily nurturing and guidance from trustworthy and caring adults. In the first years of life, children need love and care from adults who listen and respond to their needs. Infants are dependent upon adults for touching, rocking, feeding, and warming. In addition, stimulation through reading and talking is needed.[59] This nurturing care develops the basic trust that allows children to feel confident about entering the world. Without nurturing care, infants grow up feeling helpless and scared, leading to problems later in life.

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[56] U.S. Department of Housing and Urban Development, "Regulatory Impact Analysis of the Proposed Rule on Lead-Based Paint", July 7, 1996.

[57] Ibid.

[58] Ibid.

[59] Carnegie Corporation of New York, *Starting Points: Meeting the Needs of Our Youngest Children*: 9.

Parental Care During The First Months of Life

The experiences of the first months of life are critical for both emotional and physical development. Substantial interactive parental contact during the earliest months is believed to help babies form secure and loving attachments with adults, to ensure confidence and competence, and to aid in establishing the basic trust necessary for psychological development throughout life.[60] For this reason, as well as to allow ample time for mothers to recover from childbirth and to permit parents to adapt to the changes surrounding the birth or adoption of a child, many experts believe that several months of parental leave play an important role in promoting healthy infant development.[61]

The desire to spend time at home in the earliest months of an infant's life has become more difficult to fulfill, as a larger proportion of young children are raised by single parents and as more women work. Even when employed, most new mothers typically take some time off work to care for their babies.[62] However, this often creates tensions between the demands of the workplace and those of the home. To support families in their efforts to strike a workable balance between these competing demands, President Clinton signed the **Family and Medical Leave Act (FMLA)** into law in 1993. The FMLA grants 12 weeks of job-protected leave to new parents with qualifying employment histories working for covered employers.[63] By providing employed parents with the time to nurture their newborn and to develop their parenting skills, this legislation fosters good parenting skills and infant trust. The evidence suggests that the law has played a positive role in helping parents balance work and home needs.

- During the 18-month period ending in the summer of 1995, approximately 17 percent of workers took time off work for a reason covered by the legislation.[64]

- The FMLA provided these benefits without imposing large costs on employers. Over 90 percent of covered establishments reported that the FMLA had no noticeable effect on their business performance or growth and larger percentages of these employers indicated

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[60] Ibid.

[61] E.F. Zigler and M. Frank (eds.), *The Parental Leave Crisis: Toward A National Policy*. New Haven: Yale University Press, 1988.

[62] Jacob A. Klerman and Arleen Leibowitz, "The Work-Employment Decision Among New Mothers", *Journal of Human Resources*, Vol. 29, Spring 1994: 277-303, show that 73 percent of employed women with one month old infants and 41 percent of employed women with two month olds were on leave from their jobs, rather than working, during the 1986-1988 period.

[63] For further details on the FMLA, see Ruhm, Christopher J., "Policy Watch: The Family and Medical Leave Act", *Journal of Economic Perspectives*, forthcoming, Spring 1997.

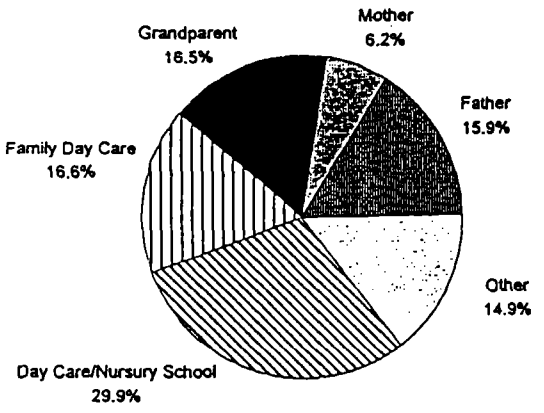
[64] U.S. Department of Labor, Commission on Family and Medical Leave, *A Workable Balance: Report to Congress on Family and Medical Leave Policies*, Washington, D.C. U.S. Department of Labor 1996.

positive rather than negative effects on employee productivity, turnover, and career advancement.[65]

Quality Child Care for Infants and Toddlers

The emotional well-being of infants and toddlers is promoted by their having close and stable relationships with a small number of adults in safe and intimate settings. Traditionally, these have been provided by parents, particularly mothers, who stayed at home with their children. However, as women increasingly work outside the home and more children grow up in single parent households, full-time parental care is becoming less and less typical. Accompanying this trend is the increased use of child-care outside the home. In 1993, about 30 percent of children under 5 in employed-mother families were cared for in organized facilities, only 13 percent in 1977. (See Figure 2.) Children in poor families with employed mothers were only two-thirds as likely to receive care in organized facilities as were children in non-poor families. Another option for care outside the home is family day care -- care by nonrelatives in another home -- which accounts for an additional 17 percent of the care received by children under 5 with working mothers.[66] Among these child care facilities, a bewildering array of options exist with respect to environment, cost, hours spent per week and per day, and services, along with considerable uncertainty regarding the quality of the services provided. Nonetheless, this care received outside the home can be rewarding for children.[67]

Figure 2. Child Care Arrangements for Children Under 5 in Families With Employed Mothers, 1993



Source: Table C1, U.S. Department of Commerce, Bureau of the Census.

[65] David Cantor, et al., "The Impact of the Family and Medical Leave Act: A Survey of Employers", mimeo, Westat Inc., Rockville, MD, October 1995.

[66] Tabulations from the Survey of Income and Program Participation, U.S. Bureau of Census, Department of Commerce.

[67] Early childhood programs can affect children positively or negatively, depending on the quality of the care. Quality care is best measured by the warmth and interaction between the provider and the child, but assessing these dimensions is necessarily a subjective, timely, and expensive exercise. As a result, researchers and regulators tend to focus on more easily observable specific structural measures, such as child-teacher ratios, group sizes, and staff training, which may also play a role. The available evidence suggests that changes in these structural factors have the potential to improve the quality of child care if they are accompanied by broader changes in the way child care is delivered, with smaller benefits if they occur in isolation.

- Children who receive care in quality centers tend to be less distracted, and more task-oriented, considerate, happy, and socially competent in elementary school. They are also more likely to be assigned to gifted programs and make better academic progress.[68]

- Children enrolled in high-quality programs are more self-confident, proficient in language, and advanced in cognitive development. Poor quality childcare programs risk the development of poor school skills and may lead to heightened aggression.[69]

- The Syracuse University Family Development Research Program provided extensive childcare, in addition to home visiting, health and nutrition resources. The program, which served 108 low-income families with children aged 0 to 5, decreased the number, severity, and chronicity of juvenile justice problems.[70]

- Participation in Project CARE, an intensive combination of center-based and home-based intervention and health care, which serves children beginning at birth, is associated with significant increases in measured intelligence.[71]

Quality child care has important payoffs in terms of increasing emotional well-being and school readiness but the care received by many children is inadequate. For example, more than one-third of classrooms surveyed in the National Child Care Staffing study were rated less than "minimally adequate" and only 12 percent received a score which met or exceeded the standard associated with "good" classroom practices.[72] Scattered evidence from several studies suggests that disadvantaged families, as well as those who are more psychologically or economically

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[68] See Love, John M., Peter Z. Schochet, Alicia Meckstroth, "Are They In Any Real Danger? What Research Does -- And Doesn't -- Tell Us About Child Care Quality and Children's Well-Being", mimeo, Mathematica Policy Research, May 1996.

[69] Suzanne W. Helburn and Carollee Howes, "Child Care Cost and Quality", *Future of Children*, Vol. 6 , No. 2, Summer/Fall 1996: 62-63. However, these studies frequently do not fully control for differences in family background characteristics, which could affect the outcomes analyzed.

[70] Hirokazu Yoshikawa, "Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency", *Future of Children*, Vol. 5, No.3, Winter 1995: 59.

[71] Donna Bryant, and Kelly Maxwell, "The Effectiveness of Early Intervention for Disadvantaged Children", *The Effectiveness of Early Intervention*, 1997.

[72] First name Whitebook, et al. *Who Cares? Child Care Teachers and the Quality of Care in America: A Final Report: National Child Care Staffing Study*, Berkeley, CA: Child Care Employee Project, 1989, as cited in John Love et. al. "Are They In Any Real Danger? What Research Does -- And Doesn't -- Tell Us About Child Care Quality and Children's Well-Being".

stressed, are more likely to enroll their children in child care arrangements that are of relatively low quality.[73]

For many families, cost represents a substantial barrier to obtaining quality child care.[74] The Federal government plays an important role in alleviating this financial burden. In 1994, the GAO identified over 90 child care and early childhood development programs administered by 11 federal agencies.[75] Since 1980, federal support has doubled, and for low-income families, support has almost tripled.[76]

- One of the largest Federal child care assistance programs is the **Child and Dependent Care Tax Credit.** This program, which began in 1954 and cost an estimated $2.7 billion in FY 1997, provides a tax credit to taxpayers who work or are seeking work and have a qualifying dependent (e.g. a child under the age of 13). Parents can receive a credit of up to $2,400 per year for one qualifying dependent and $4,800 for two or more qualifying dependents.[77]

- Under the newly established **Child Care and Development Fund**, the Federal government has made $2.8 billion available to States for FY 1997. This program, authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, will assist low-income families and those transitioning on and off welfare to obtain child care so that they can work or attend training/education. This program brings together 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. This program represents an increase in child care funding of nearly $600 million for States over FY 1996.[78]

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[73] Love, John M., Peter Z. Schochet, Alicia Meckstroth, "Are They In Any Real Danger? What Research Does -- And Doesn't -- Tell Us About Child Care Quality and Children's Well-Being".

[74] Average weekly child care costs were $74 in 1993 for families that purchased care, with substantially higher expenditures for wealthy than poor households.(L. Casper, "What Does It Cost To Mind Our Pre-schoolers?", Current Population Reports, Series 70-52, Washington, D.C., The U.S. Bureau of Census.

[75] U.S. General Accounting Office, *Early Childhood Programs: Multiple Programs and Overlapping Target Groups*, HEHS-95-4FS, Washington, D.C. October 1994.

[76] D.S. Phillips, ed. *Child Care for Low-Income Families: Summary of Two Workshops*, Washington, D.C.: National Academy Press, 1995.

[77] House Committee on Ways and Means, *The 1996 Green Book*, 104th Congress, 2nd session: 199; Office of Management and Budget, *Analytical Perspectives, Budget of the United States Government, Fiscal Year 1998*, 643.

[78] Department of Health and Human Services, Administration for Children and Families.

- One of the main purposes of the **Social Services Block Grant** is preventing neglect, abuse, or exploitation of children and adults. Some of this funding goes to child care services in almost all states.[79]

- Since 1981, employees have generally been allowed to receive an **Exclusion For Employer-Provided Dependent Care** from their gross income on their tax return. The exclusion is limited to $5,000 per year with an exception for a married taxpayer filing separately who is limited to $2,500. The cost of this provision is an estimated $830 million in FY 1997.[80]

- The 1994 expansions to the Head Start program (discussed below) included a set-aside for establishing **Early Head Start**, which is targeted at low-income families with children under 3 and pregnant women. Early Head Start employs a "two-generation" approach that is designed to serve parents and children simultaneously. The program provides intensive health and nutrition services during the prenatal period and for the first three years of the child's life. In fiscal year 1996, 4 percent of the Head Start Grant ($143 million) was set-aside for Early Head Start and, during the 1996 calendar year, Early Head Start grants were awarded to 74 localities across the nation. These programs will serve 7,100 infants and toddlers and their families, many of whom live in public housing developments.[81] Randomized experiments are being conducted to allow accurate evaluation of the success of Early Head Start.

Early Education

Children need stimulation and interaction to develop motivation, inquisitiveness, acceptable social behavior, and self-confidence. Early education programs for children aged 3 to 5 help children develop these positive traits, and preschool enrollment has risen substantially. (See Figure 3.) The programs vary dramatically on many dimensions -- hours per day and days per week, the type of curriculum, services included, and cost. Some programs incorporate health care by encouraging immunizations, hearing and vision screenings, and home visiting.

Much of the literature on the effects of compensatory preschool finds that the programs initially increase IQ scores but that the effect fades over time.[82] Consequently, it is frequently asserted that pre-school has no permanent effect on cognitive outcomes. However, research

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[79]House Committee on Ways and Means, *The 1996 Green Book*, pp. 651.

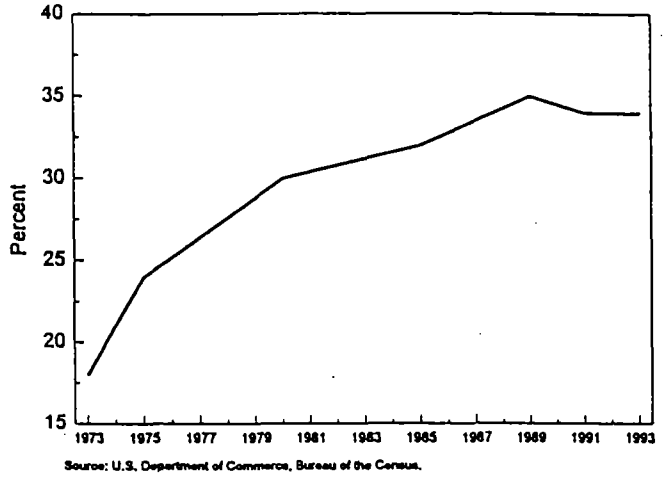
[80] House Committee on Ways and Means, *The 1996 Green Book*; Office of Management and Budget, *Analytical Perspectives, Budget of the United States Government, Fiscal Year 1998.*

[81]Department of Health and Human Services, Fact Sheet, "Improving Head Start: A Success Story", November 5, 1996.

[82]For a review of the literature see W. Stephen Barnett, "Benefits of Compensatory Preschool Education", *Journal of Human Resources*, Vol 27, No.2.

examining effects on other outcomes such as educational attainment, behavior, and health status continues to find benefits of preschool. These long-term benefits are believed to be the result of entering elementary school with more experiences and advantages. School learning is viewed by many as a "cumulative process" where these early advantages foster later performance.[83]

Figure 3. Preschool Enrollment of 3-4 Year-Olds



- A comprehensive review of compensatory preschool education found significant favorable effects on long-term school performance, as measured by grade retention, special education enrollment, and high school graduation.[84]

- Early education programs, in combination with family support programs, have been found to reduce antisocial behavior and delinquency.[85]

- Preschool participants also more likely to receive immunizations.[86]

Particularly noteworthy evidence has been obtained from the Perry Pre-School Study. (See Box 5.) This intervention, which was begun in 1962, randomly assigned 128 3- and 4-year-old children into a treatment or control group. The treatment group received an intensive pre-school program and home visits to the parents.[87] No services were provided to the control group. The study had follow-ups annually from age 3 to 11 and at ages 14, 15, 19, and 27. Favorable outcomes have been observed for the treatment group, relative to the controls, over a variety of dimensions including

[83]Ibid.

[84]Ibid. The author notes that some of these studies may not have sufficient control groups since they were self-selected or drawn from different populations.

[85]Hirokazu Yoshikawa, "Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency", *Future of Children*, Vol. 5, No. 3, Winter 1995.

[86] Janet Currie and Duncan Thomas, "Can Early Childhood Education Lead to Long Term Gains in Cognition?", *Policy Options*, forthcoming; R. L. McKey, H. Condelli, H. Ganson, et al., *The Impact of Head Start on Children, Families, and Communities: Final Report of the Head Start Evaluation, Synthesis and Utilization Project*, Washington, D.C.: CSR, Inc, June 1985.

[87] The results of the Perry Pre-School study may not be generalizable to other preschool programs, which generally do not provide the same level of services or monetary investment.

- a significantly higher level of IQ at age 7, school achievement at age 14, schooling, general literacy at age 19, monthly earnings and home ownership at age 27 and significantly lower levels of social service receipt from age 17 to 27 and arrests by age 27.[88]

- These estimated benefits translate into savings from $4.75 to $8.75 in future expenditure on special education, public assistance, and crime from every dollar spent on Perry Pre-school.[89]

As with child care for infants and toddler, financial constraints make it difficult for many families, especially those with low incomes, to send their children to pre-school programs. In 1990, only 35 percent of children from poor families attended pre-school versus the 60 percent of children in affluent families.[90] Through the **Head Start** program, the Federal government plays a key role in assuring that low-income children between the ages of 3 and 5 can receive pre-school education and access to social services which will improve their social competence, learning skills, health and nutrition.

[88] Lawrence Schweinhart et al., *Significant Benefits*, High/Scope Press, 1993.

[89] Isabel V. Sawhill, "Young Children and Families" in Henry J. Aaron and Charles L. Schultze, editors, *Setting Domestic Priorities*, Washington D.C.: Brookings, 1992, pp. 168; Lawrence Schweinhart et al., *Significant Benefits:* 167.

[90] Deanna Gombry, Mary Larner, Donna Terman, Nora Krantzler, Carol Stevenson, and Richard Berman, "Financing Child Care: Analysis and Recommendations", *Future of Children*, Vol. 6, No. 2, Summer/Fall 1990.

Box 5. The High/Scope Perry Preschool Project

In the 1960s, concern for the intellectual development of young children living in poverty spurred research on the ability of early education programs to break the link between poor school performance and family poverty. The hypothesis was that good preschool would help young children move from the home into the classroom, and thus raise these children's educational ability and attainment.

The High/Scope Perry Preschool Project, which began in 1962, is one of the most notable results of this research. It stands out from other studies because of its design and its longevity. Children living in the predominantly black neighborhood on the South Side of Ypsilanti, Michigan were randomly assigned to either the treatment group, who then attended preschool, or the control group, who then did not attend preschool. A total of 128 African-American children entered the project and 123 completed the preschool years.

The 58 children in the treatment group received a daily 2 ½ hour classroom session during the school year. This program employed roughly 4 teachers for every 5 children. In addition to the classroom session, the children and their mothers received a weekly 1 ½ hour visit in the home from the child's teacher. Over three-quarters of these children attended the classroom session for two years, with the rest attending one year. This intensive preschool program that cost roughly $7,350 per child per year (1996 dollars). For comparison, Head Start costs roughly $3,900 per child.[91]

The 123 children completing the program were interviewed annually from age 3 to 11, and at ages 14, 15, 19, and 27. The longevity of this study allows analysis of many long-term effects of the preschool intervention. Overall, the benefits from $1 spent on the program are dramatic, varying from $4 to $8, depending on the economic assumptions. These benefits take the form of decreased future costs of education, crime, and welfare dependence, as well as increased labor market earnings.

[91]Berrueta-Clement, J.R., Schweinhart, L.J., and Weikart, David, "Lasting School Effects of Preschool Education on Children from Low-Income Families in the United States", *Preventing School Failure: The Relationship Between Preschool and Primary Education*, International Development Research Centre, 1984 cited in Lawrence Schweinhart et al., *Significant Benefits.*

Since Head Start's formation, the program has served over 15 million children and their families. Of the 750,000 children enrolled in fiscal year 1995, two-thirds were 4 year olds and about 13 percent had disabilities.[92] Most programs are center-based but vary in number of days per week and hours per day. However, Head Start currently has slots for only about 40 percent of eligible children. The low participation rates represent a lost opportunity to invest in our children, given the favorable effects of Head Start on future outcomes, and the President has stated the goal of serving one million children by 2002.

- A survey of 72 studies of Head Start concluded that the program had sizable favorable effects on children's cognitive development at the end of the program year.[93]

- A randomized study in four counties revealed that Head Start raised access to health care, the receipt of basic health services, improved diets, and led to better health status.[94] The Head Start participants also had more fully developed and coordinated motor skills.

- An influential study that compared the results for siblings where some participated in Head Start and others did not found that program participation increased test scores significantly for some children and also reduced the probability of being retained in grade.[95]

- Parenting skills have also been found to be positively affected by Head Start in some studies.[96]

Conclusions

Scientists and educators have identified the first three years of life (and pregnancy) as a time when children have "fertile minds": efforts by parents, care-givers, educators, and government programs to help children during these years are especially fruitful, often for years to come. Because of the long-lasting effects of early investments -- such as the provision of health

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[92]Barbara Devaney, Marilyn Ellwood, and John Love, "Programs That Mitigate the Effects of Poverty on Children".

[93]Barbara Devaney, Marilyn Ellwood, and John Love, "Programs That Mitigate the Effects of Poverty on Children".

[94]Abt Associates Inc, *The Effects of Head Start Health Services: Report of the Head Start Health Evaluation*, Cambridge, MA, 1984.

[95] Janet Currie and Duncan Thomas, "Does Head Start Make A Difference?", *American Economic Review*, June 1995: 359; Currie, Janet and Duncan Thomas, "Can Early Childhood Education Lead to Long Term Gains in Cognition?": 4 and 7.

[96]R.L. McKey, H. Ganson Condelli, et al., *The Impact of Head Start on Children, Families, and Communities: Final Report of the Head Start Evaluation, Synthesis and Utilization Project.* Washington, D.C. CSR, Inc, June 1985.

care and quality child care -- they tend to have big payoffs. They avert the need for more-costly interventions -- such as special education or incarceration -- and contribute to generally happier, healthier, and more productive children, adolescents, and adults.

Parents, of course, play the largest role in meeting the needs of their children. Broad social trends -- such as dual-worker families, single-parent families, crime, and poverty -- make it difficult for many families to provide for these needs. The government can help by providing parents with the opportunity to spend more time with their children and supply information on how to raise physically healthy and emotionally secure children. Some families also require more assistance from the government, including various types of financial support, in order to have the resources necessary to give their children a good start in life.

Families, communities, and the government are making innumerable investments in young children. These investments are important because our youngest children are, in a very real sense, the future of America.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

cc: Ten Klein
Elizabeth Drye
+ return

April 3, 1997

OFFICE OF
THE ADMINISTRATOR

MEMORANDUM FOR ELENA KAGAN, DOMESTIC POLICY COUNCIL

Eliz- could you look into second-hand smoke projects on pp 2-3? Thanks. E.

FROM: **Gary S. Guzy**
Counselor to the Administrator

SUBJECT: **EPA POLICIES TARGETED TO CHILDREN IN THEIR EARLIEST YEARS**

In response to the President's February 24 Memorandum, attached please find a list of EPA's existing and planned efforts to enhance the development of children during their earliest years of life. Our compilation builds upon EPA's September 1996 report *Environmental Health Threats to Children* and will be expanded through the work of EPA's new Office of Children's Health Protection.

Because so many of our efforts are directly linked to communities across the country, we also have collected information about programs taking place at EPA's ten regional offices. We will forward this list to you shortly.

If you have questions or would like further information, please call me or Courtney Manning at (202) 260-7960.

cc: Pauline Abernathy
Nicole Rabner

EPA POLICIES TARGETED TO CHILDREN IN THEIR EARLIEST YEARS

Existing and Planned Projects and Programs

April 3, 1997

THE EPA OFFICE OF CHILDREN'S HEALTH PROTECTION AND CHILDREN'S ENVIRONMENTAL HEALTH INITIATIVE

In February, 1997 Administrator Browner established a new Office of Children's Health Protection to carry out the Agency's National Agenda announced in September 1996 to address the wide array of complex environmental threats to children's health, from asthma-exacerbating air pollution to toxic chemicals that can lead to serious health problems. This new office will be located within EPA's Office of the Administrator. It will:

- **Review EPA health standards to make sure they are protective of children,** beginning with selecting five of the most significant current EPA standards, and establishing procedures for reviewing new standards as they are developed.

- **Coordinate children's health issues across the Agency**, by chairing a new EPA Board on Children's Environmental Health that will assure integration of EPA activities affecting children; and by working with the Agency's Science Policy Council, Regulatory Policy Council and program and regional offices to coordinate regulatory and other actions that affect children's health.

- **Research and set new policies on children's susceptibility and exposure to pollutants**. To ensure that all EPA efforts use the best information in developing protections for children, the new Office will work with researchers at EPA, other federal agencies and academic institutions to identify and expand research on children's health. The new Office will also develop new, comprehensive policies that address children's cumulative and simultaneous exposures to environmental health threats, and will work with other offices within EPA to develop a research agenda on children's environmental health issues.

- **Expand community right-to-know and education on children's health**. The new Office will carry out a Family Right-to-Know Initiative to expand access to vital information about children's environmental health, so that families can make informed choices concerning environmental exposures to their children. The new Office also will lead Agency efforts to provide parents, teachers, and health professionals with education and information about protecting children from environmental health threats in their homes, schools, and communities.
  Funding: $7.5 million in FY97

New Policy on Evaluating Health Risks to Children **New Program**

In October 1995, EPA established a new Agency-wide policy that, for the first time, will ensure that we consistently and explicitly evaluate environmental health risks of infants and children in all of the risk assessments, risk characterizations, and environmental and public health standards that we set for the nation.

This is not a new idea to the many programs throughout the Agency that currently consider children's health issues in assessing overall risk. This is, however, a major step forward in establishing a consistent nationwide children's environmental health policy. We know that children have a greater potential for exposure to environmental hazards and our assessments of health risks do not always fully take into account the potential effects on this vulnerable population. The National Academy of Sciences has called for policy changes to reflect children's health factors in evaluating environmental risks.

EPA's new policy will allow the Agency to make better public health decisions that reflect not just data on adults, but on children, whenever possible. By making children a health priority, we expect that this policy will encourage new, much-needed research to provide the child-specific data we need to thoroughly evaluate the health risks children and infants face from pollution in our air, land and water. ***(A description of EPA's other science-related activities is listed in the last section.)***

SECOND-HAND SMOKE

Infants and young children whose parents smoke are among the most seriously affected by exposure to environmental tobacco smoke, or second hand smoke, which is a carcinogen and presents significant health risks to children. Children are at increased risk of lower respiratory tract infections such as pneumonia and bronchitis. ***A 1992 EPA risk assessment found that second hand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually and results in 7,500 to 15,000 hospitalizations each year.*** EPA is taking or planning to take the following actions to address the health risks of second-hand smoke:

Second-hand Smoke -- Public Service Campaign **Planned Project**

EPA will partner with the American Medical Association (AMA) to conduct a national TV, radio, print and transit public service advertising campaign to educate parents about how second-hand smoke contributes to early childhood ear infections and respiratory problems. Campaign materials will be produced in both English and Spanish. The promotion will be targeted to low income, urban populations where second-hand smoke exposure is believed to be highest. Materials distribution would take place through AMA, the Centers for Disease Control and Prevention and EPA.

Impact and Funding: ***In 1996, 29% of U.S. households still exposed young children to second-hand smoke.*** The funding level is $350,000 in FY97. A similar amount is planned in FY98 for another version of the campaign.

Daycare Outreach regarding Indoor Air Quality **Current Project**

Building on the success of a pilot project underway in the State of Pennsylvania, EPA is working with the National Resource Center for Health and Safety in Childcare to expand a project that is reducing childhood exposure to second-hand smoke.

This pilot, which will be expanded to 5-8 more states this year, provides a self-learning program for childcare center staff to assist them in educating parents about reducing childhood exposure to second-hand smoke. After successfully completing the program's test and committing to implement risk-reducing actions, childcare staff members are awarded continuing education credits in the state's licensing system.

Approximately 100 providers have implemented the program, ***reaching more than 1000 young children in Pennsylvania.*** Exportation to additional states will take place during FY 1997 and FY 1998, and, in the future, include other indoor air problems which children face.

Impact and Funding: It is anticipated that 50-200 facilities per state will be served. The funding level in FY97 is $30,000.

Second-hand Smoke -- Pediatrician Speaker Kits **Planned Project**

Working with EPA, the American Academy of Pediatrics (AAP) is promoting community-based action to reduce the risks, particularly to young children, from second-hand smoke and other indoor air pollutants. The AAP will use its existing child health care network and membership outreach systems to develop and market a kit for pediatricians to use when addressing public groups in their community on second-hand smoke and other indoor air quality issues. EPA estimates that ***exposure to second-hand smoke annually causes up to 300,000 cases of childhood respiratory infection and causes as many as 1 million asthmatic children to have additional episodes and increased severity of symptoms.***

Funding: $37,000 for FY1997.

INDOOR AIR QUALITY

Indoor Air Quality in Schools **Current Project**

It is estimated that between 550,000 and 1.8 million pre-school aged children can be found in school buildings every day. Healthy indoor air, among other factors, contributes to a healthy and favorable learning environment for children. To address this issue, EPA, in conjunction with the National PTA, National Education Association, Association of School Business Officials, Council for American Private Education, American Federation of Teachers, and the American Lung Association, has developed an easy-to-use kit called *IAQ Tools for Schools*. The kit empowers schools to carry out a practical plan of action to prevent and resolve indoor air quality problems at little or no cost using simple activities and in-house staff.

The *IAQ Tools for Schools* Kit has repeatedly been called the best guidance for schools to use in preventing and resolving indoor air problems. It is endorsed by many of the major national school organizations, and whole school districts and major urban school systems have adopted the Kit. Many national advocacy organizations are promoting the Kit as an easy and effective program for minimizing adverse health and learning impacts for children. Strong support for the Kit has been voiced by State departments of education and departments of health, and State legislatures are using the Kit as a guide to develop indoor air quality standards in schools.

Funding: Funding for *IAQ Tools for Schools* outreach and implementation is $1.3 million for FY1997 (this is for all elementary and secondary schools, regardless of whether preschool children are found in the school). An equivalent amount is targeted for FY98.

PROTECTION FROM UV RAYS

Children's Sun Protection Campaign **Current Project**

In order to address ***overexposure to the sun's harmful ultraviolet light, which can seriously damage a young child's skin,*** EPA will develop and launch a Children's Sun Protection Campaign during this year and next.

The Campaign, which includes targeting pre-school children, will educate parents and teachers about the risks of overexposure to the sun, especially the harmful UV radiation that is most intense between 11:00 am and 2:00 pm. It will encourage parents and teachers to take sun protective actions to reduce a child's lifetime risk of developing skin cancer. EPA will promote the program through partnerships with Broadcast Meteorologists and major educational associations such as the National Parent Teachers Association and the National Education Association.

Funding: The funding level in FY97 is $50,000 for planning; $250,000 in FY98 for implementation.

PROTECTING YOUNG CHILDREN FROM LEAD POISONING

Lead poisoning is a top environmental health hazard for young children, ***affecting nearly 1 million children age five and under,*** according to Centers for Disease Control and Prevention (CDC) data. Lead poisoning causes IQ deficiencies, reading and learning disabilities, impaired hearing, reduced attention spans, hyperactivity, antisocial behavior, and other problems in young children. Pregnant women poisoned by lead can transfer lead to a developing fetus, resulting in adverse developmental effects.

Although lead-based house paint has long since been taken off the market, children living in older homes are threatened by chipping or peeling lead paint, and excessive amounts of lead-contaminated dust. More than 80 percent of U.S. homes built before 1978 -- some 64 million -- contain lead paint.

To address this most pressing remaining need in lead poisoning prevention, EPA's lead initiatives will continue to be a central piece of EPA's strategy for protecting children. EPA has identified children ***under the age of six*** as the population of highest concern in the development of its lead risk reduction program and has placed significant emphasis on the specialized exposure concerns related to children. EPA has, and will continue to assure that all standards are especially protective of children and have a continued focus on the exposure situations which are most relevant to this sensitive sub-population.

Real Estate Disclosure Rule **Current Program**

As part of the Administration's community right-to-know efforts, EPA and HUD took action in March 1996 to require sellers and landlords to disclose any known lead-based paint to home buyers, allowing them the option of conducting a lead hazard assessment. Approximately 64 million dwellings -- all built before 1978 -- contain some lead-based paint, although much of it can be managed and maintained safely by using simple, low-cost common sense procedures. Particularly at risk are families renovating older structures and low-income families living in dilapidated housing. Parents can unknowingly poison their children when they disrupt lead-based painted surfaces during renovations, for example.
Funding: $32,000 for FY1997

Residential Lead Exposure **Current Project**

EPA is currently in the process of identifying what specific levels of lead contamination in residential dust and soil present hazards to children, as well as identifying what conditions of paint present hazards. As part of this project, EPA is developing a comprehensive assessment of residential lead risks to children. This project will result in clear, identifiable standards for what constitutes a lead hazard to children in paint, dust and soil.
Funding: $1 million for FY1997

Lead Hazards During Renovation and Remodeling **Planned Program**

Renovation and remodeling activities are often forgotten when thinking about lead hazards, but these activities can actually exacerbate existing situations by disturbing lead paint and creating lead dust, often where it is least expected. Parents can unknowingly poison their young children when they disrupt lead-based painted surfaces during renovations, for example.

EPA will develop a rule to ensure that high-risk renovation and remodeling activities are done safely, by requiring training and safe practices. EPA is currently developing a regulation to require that renovation and remodeling contractors educate their customers about lead by distributing a brochure previously developed by EPA.
Funding: $759,000 in FY1997

Rulemaking on Do-It-Yourself Debris From Removal of Lead Based Paint **Planned Project**

EPA is considering various options to facilitate accelerated removal of lead based paints from households. EPA plans to clarify the regulations for disposal of the debris generated from renovations and remodeling -- to encourage homeowners and contractors to accelerate the ***safe removal of lead from children's home environments.***

This activity is specifically aimed at protecting young children, because they are most at risk from lead based paint in households.
Funding: $50,000 for FY1997

Educating Parents About Childhood Risks from Lead Exposure **New Program**

EPA has launched a childhood lead poisoning outreach program directed at parents and other caregivers or service providers (e.g., pediatricians) of children under 6 years old in high risk target areas. This lead poisoning prevention and lead hazard awareness effort is one of the ways EPA is increasing lead-based paint hazard awareness and promoting lead poisoning prevention in high risk target populations such as young children.
Funding: $592,000 for FY1997

Clean up of Lead-contaminated Waste Sites **Current Project**

EPA is expanding its efforts to address exposure and cleanup of lead through such actions as conducting consistent, comprehensive assessments to evaluate the impact on children of lead-contaminated hazardous waste sites. EPA is working closely with the Agency for Toxic Substances and Disease Registry (ATSDR) and the Department of Housing and Urban Development to examine blood lead levels in children and to develop guidance on addressing the impacts of environmental lead on children in urban environments.
Funding: $4 million in FY 1997

PROTECTING YOUNG CHILDREN FROM PESTICIDES

Improving Scientific Knowledge About Children's Exposure to Pesticides **Planned Project**

A 1993 National Academy of Sciences (NAS) report, *Pesticides in the Diets of Infants and Children*, concluded that then-current scientific and regulatory approaches did not adequately protect infants and children from pesticide residues in food. The Academy called on EPA to make significant changes in assessing exposure to pesticides, analyzing the potential for harmful or toxic effects, and using these data to characterize actual risks. Thus, the Academy report provided a major challenge to EPA to improve the safety of our food supply and provide greater assurance that our children are protected.

Building on the recommendations from the NAS report, the 1996 Food Quality Protection Act (FQPA) requires a reassessment of all existing pesticide tolerances (i.e., the amount of pesticide residue allowed by law in or on a harvested crop) to ensure that they meet the new safety standard, including the additional protections for children. EPA will review

more than 9,000 tolerances within the next ten years under this program. In August of 1997, EPA will publish a schedule for review of existing tolerances. Pesticide tolerances that pose the greatest risks, particularly to children, will be given the highest priority. In order to meet the new FQPA standard, EPA will make an explicit determination whether pesticide tolerances are safe for children, including consideration of aggregate risks from all sources of exposure and common mechanisms of toxicity.
Funding: $9 million in FY1998

Science Issues Raised by the Food Quality Protection Act **New Project**

EPA is developing science policies and procedures for incorporating the new child protective standards required by the 1996 Food Quality Protection Act (FQPA) into all pesticide risk assessments. Among other provisions, FQPA requires (1) use of an additional safety factor to account for potential pre- and post-natal toxicity and the completeness of data with respect to exposure and toxicity to infants and children; (2) consideration of *in utero* exposure to pesticide chemicals; (3) consideration of aggregate exposure to pesticides (i.e., from all sources including dietary, drinking water and residential); and (4) consideration of the available information concerning the cumulative effects of pesticide residues and other substances with a common mechanism of toxicity.

As these policies are refined, through the EPA's Scientific Advisory Panel and other peer review processes, they will be incorporated into the Agency's pesticide risk assessments to ensure the adequate protection of infants and children.
Funding: $2.215 million in FY1997

Improvement in the Food Consumption Survey **Current Program**

Reliable and comprehensive food consumption data is essential for accurate risk assessments, particularly when assessing risks to children, who often have very different food consumption patterns than adults. ***Because children eat proportionately more food and drink more fluids than adults do, they are more exposed to environmental threats.*** Children eat far larger amounts of certain foods for their body weight than adults and thus may ingest more pollutants per pound of body weight.

These differing consumption patterns can be easily underestimated in an incomplete survey. EPA uses the United States Department of Agriculture's (USDA) Continuing Surveys of Food Intakes by Individuals and the Department of Health and Human Service's National Health and Nutrition Examination Survey to estimate food consumption for the U.S. population, including children.

EPA is working with USDA to identify weaknesses in the existing data and recommend improvements, including increases in the sampling size for the infant and children population subgroups to better assess children's food consumption patterns.
Funding: $75,000 for FY1997 (in addition to the base costs for running the program, which are found in USDA's budget). **Children Impacted:** 51 million

Improvements in the Dietary Risk Evaluation System **New Program**

In response to the 1993 National Academy of Sciences Report *Pesticides in the Diets of Infants and Children*, EPA initiated efforts to improve its Dietary Risk Evaluation System that will help to provide more realistic pesticide exposure and risk estimates for children. These efforts also respond directly to new requirements in the 1996 Food Quality Protection Act to improve protections for infants and children.

Funding: $200,000 FY1997

National Pesticide Residue Database **Planned Project**

Children in their earliest years consume much more of certain foods per pound of body weight than adults do, particularly fruits, vegetables and juices, making them especially vulnerable to pesticide residues. To address this and other issues raised in the *Pesticides in the Diets of Infants and Children* report, an interagency working group composed of staff from EPA, FDA and USDA has developed a National Pesticide Residue Database. When implemented, such a database will enhance the Agency's risk assessment capability by improving the availability and quality of data on actual pesticide residues in food, including those foods commonly consumed by children.

Funding: $0.5-1 million for start up and $1 million annually

Outdoor Residential Exposure Task Force **New Program**

Young children are often disproportionately exposed to lawn chemicals because of their unique behavior, such as crawling in the grass. To assess those risks, EPA has organized an Outdoor Residential Exposure Task Force in order to develop data on exposure on pesticides that have been applied to lawns.

Funding: $75,000 in FY1997

NAFTA Research Program **New Program**

As part of the NAFTA research program, EPA will develop and implement an approach to examine the cumulative risks and adverse health effects in young children resulting from persistent exposures to pesticides. Research will be conducted in communities along the U.S.-Mexican border.

Funding: $2.2 million for FY1997

SETTING STRONG STANDARDS AND TAKING TOUGH ACTIONS TO PROTECT CHILDREN'S HEALTH

Protecting Young Children Living Near Toxic Waste Sites **Current Project**

EPA has been extensively involved in a project with the Agency For Toxic Substances and Disease Registry (ATSDR) called the "ATSDR Child Health Initiative." The Child Health Initiative is a program which places special emphasis on identifying and preventing the adverse effects of chemical hazards at toxic waste sites, on the health of the fetus, infants, children and youth.

This program was specifically launched to address the unique vulnerabilities of children who are often placed at greater risk of adverse health effects when exposed to toxic substances. These unique characteristics have been confirmed by more than ten years of public health assessments, toxicological investigations, and epidemiologic studies. As a result of this work, when two recent ATSDR health advisories led to relocation of hundreds of families and children from homes contaminated with mercury or with highly toxic pesticide, special attention was focused on the children's medical and psychological status. EPA participates on an ATSDR expert panel which makes recommendations to the ATSDR Board of Science Councilors on ATSDR efforts to protect children at Superfund toxic waste sites.
Funding: Approximately $60-80 million for FY1997

Combustion Rulemaking to Reduce Dioxin, Furan, Lead and Mercury Pollution **Current Project**

EPA's ongoing combustion rulemakings will help reduce the amount of lead, mercury, dioxin, and furan, and other heavy metals emitted into the air by hazardous waste combustion units in this country.

The goal of these regulations is to reduce, by 2005, emissions of dioxins and furans by 90%, particulate matter by 50%, and acid gases by 50% from levels emitted in 1994. Reductions in mercury are also expected to be significant. These pollutants are a particular danger to children, who may suffer from brain and central nervous system damage or adverse developmental effects such as delayed walking and talking, as a result of exposure. ***For example, exposure to high doses of mercury during pregnancy and the first few months of life may pose particular threats to a child's developing nervous system.***

EPA is also examining alternative technologies for the treatment and disposal of mercury-bearing wastes.
Funding: N/A

Protecting Young Children from toxic PCBs **Current Program**

PCBs, or polychlorinated biphenyls, were banned by EPA in 1976 because they cause cancer; some 20 years later, however, this toxic chemical continues to persist in the environment, often in contaminated fish. ***Children whose mothers have high levels of PCBs when pregnant may develop learning disabilities and experience delayed development.***

EPA continues the development and implementation of programs that will improve measures designed to ensure safe remediation and incineration of toxic PCBs. New rules to streamline procedures will speed the clean up of PCBs, providing a particular benefit to children, who are uniquely vulnerable.
Funding: $500,000 for FY1997

Existing Chemicals **Planned Program**

EPA will develop and incorporate a child-centered focus for the review of existing chemicals. Testing actions will be developed to prioritize evaluation of chemicals with high exposure potential to children and chemicals suspected of being health hazards to children.

Funding: $100,000 for FY1997

New Chemical Assessment **Planned Program**

EPA will develop an individual assessment component for new chemicals that may be used in products designed for use by or for children. By FY1998, EPA will have methodologies and criteria in place to assure that new chemicals entering the marketplace have been assessed for exposures related to children, and standards set through the new chemical process to assure that exposures are acceptable. Among uses of particular concern could include paints, fabrics, dyes and plastics.

COMMUNITY RIGHT TO KNOW AND EDUCATION

Consumer Pesticide Right-to-Know Brochure **Planned Project**

In response to a 1996 Food Quality and Protection Act requirement, EPA is developing a brochure to provide to large retail grocers that discusses the risks and benefits of pesticides and provides information to consumers on how they can reduce their exposure to pesticide residues on food. This brochure, which will be published annually, will allow parents to make more informed choices for their families.

Funding: $100,000 in FY1997

Consumer Labeling Initiative **Current Project**

In 1995, EPA began its Consumer Labeling Initiative to develop labeling for products that is clear, easy to understand, and that allows parents to make more informed choices for their families. EPA has initiated a pilot project focused on indoor insecticides, outdoor pesticides and household antimicrobial products, all products that may pose special risks for young children.

Funding: $370,000 in FY 1997

Design for the Environment for Kids **Planned Program**

Building on its successful Design for the Environment (DfE) voluntary program, EPA is developing a *DfE for Kids* program for products used in the home or in schools. DfE is a voluntary program with individual industries, professional organizations, state and local governments, other federal agencies and the public to promote safer substitutes, technologies and chemical processes. A DfE program targeted specifically at products used in children's environments will help give families new ways to reduce their exposure to hazardous chemicals at home and in schools.

Funding: $400,000 for FY1997

Poison Prevention **Current Project**

Accidental poisoning from pesticide chemicals around the household remains a serious threat to children. EPA is an active member of the Poison Prevention Council, and annually distributes thousands of fact sheets on pesticides and child safety to medical establishments and the general public. As a result of the Poison Prevention Week outreach in 1995, EPA was able to send a poison prevention message to 3.5 million television viewers.

Funding: $5,000 for FY1997

Providing Parents with Easy to Access and Easy To Read Environmental Health Information **Current Program**

The EPA Home Page on the Internet provides information directly targeted to parents and teachers about how to protect children's health, including particular risks to young children such as lead poisoning, second hand smoke, asbestos, insect repellents and sun exposure.

EPA estimates that the number of hits to the specific *Protecting Children's Health* page has been increasing at a rate of four times the previous month's number. This page went live at the end of October 1996.

Funding: We have not targeted specific funding to this page -- it is part of the whole effort to redesign the Home Page to make the information more accessible to the public.

PROTECTING MOTHERS AND INFANTS FROM CONTAMINATED FISH AND POLLUTED WATERS

Polluted waters not only affect children when they swim in our lakes and streams, but also when they eat certain freshwater fish. Hundreds of beaches are closed each summer due to raw sewage and other contamination. All over America, warning signs are posted near thousands of rivers, lakes and streams, raising special concerns that pregnant women, children, and others with sensitive or compromised immune systems should not eat fish caught in the water because of contamination. During 1995, over 1,700 fish advisories were posted -- with 73 percent of them related to mercury contamination. ***Exposure during pregnancy and the first few months of life to high doses of some chemicals commonly found in fish tissue, such as methyl mercury and PCBs, may pose particular threats to a child's developing nervous system.***

Providing Parents with more information about contaminated fish **Current Program**

EPA has developed a database of fish consumption advisories which is available to the public. The *National Listing of Fish and Wildlife Consumption Advisories* includes all available information describing state-issued fish consumption advisories in the United States. Included in the database is information on the geographic location of the advisory, species of fish concern, chemicals, and segments of the population that are affected.

EPA is working with state health and environmental departments to improve the effectiveness of fish consumption advisories. The Agency is incorporating new risk assessment methods into national guidance for states and tribes. EPA is also developing methods for assessing fish consumption rates in sensitive subpopulations, including children and women of childbearing age.
Funding: $475,000 in FY1997

Great Lakes Water Quality Initiative **Current Program**

EPA is also working to protect the nation's largest body of fresh water through the Great Lakes Water Quality Initiative. By addressing the long-term toxic pollution that persists in the Great Lakes, this initiative is protecting children and families by decreasing their exposure to toxic pollutants which can pose particular health effects on reproduction, and children's development and immune systems.

Beach Health Protection **New Program**

Children's health may be at an increased risk from contaminated beaches. Various illnesses can result from the disease-causing pathogens in sewage-contaminated waters; these illnesses range from hepatitis, dysentery, and gastrointestinal illnesses to fever, ear infections, and other health problems. ***Children tend to be at increased risk because of greater exposure due to longer periods of playing in the water and accidentally swallowing water, more extensive cuts and abrasions, and a still-developing immune system.***

EPA recently established a Beach Health Protection Program to improve the effectiveness of beach contamination advisories and monitoring. EPA will work with states, tribes, local agencies, environmental groups, and others to reduce microbiological contamination at the Nation's bathing beaches and other recreational water bodies. The 1997 program includes development of a prototype national database of beach health information, convening a national beach health conference to refine our strategic approach, and starting appropriate water quality models for microbiological contaminants.

The Program will also establish an information network to raise the awareness of local authorities, health professionals and the public of health risks and methods of prevention.
Funding and Impact: $420,000 for FY1997.

PROTECTING INFANTS FROM MICROBIAL CONTAMINANTS IN DRINKING WATER

Drinking water contaminants pose a risk to children, ***particularly to infants, who drink more fluids per pound of body weight -- and who may be more vulnerable to the effects of microbial contaminants such as Cryptosporidium, Eicoli, Giardia or the Norwalk virus.*** EPA estimates that last year, a total of 30 million Americans drank water from systems that violated one or more public health standards -- and roughly 13 million of them are served by systems that

do not filter their water and thus may not adequately protect against microbial contaminants.

In August 1996, Congress passed new drinking water legislation that provides strengthened protections to ensure that American families have clean, safe tap water -- improvements that the Clinton Administration has called for since 1993 -- including provisions to improve consumer information about local tap water. The new legislation gives Americans access to direct, simple information about local water quality, water sources, contaminants, and whether the water poses a risk to health.

To ensure that drinking water is safe for children, our immediate priority is control of microbial contaminants. EPA has taken a number of steps to reduce health risks from microbial contaminants in drinking water systems across the nation:

- EPA has targeted safety standard development and available resources to focus on contaminants in drinking water that pose the greatest threats to public health, such as microbial contaminants, including Cryptosporidium, and on special populations such as the elderly, children, people with HIV/AIDS, and others who are most at risk from unsafe drinking water.

- EPA requires that large water systems test source water -- and, in some cases, treated water -- for Cryptosporidium. Data from this 18-month test, along with information collected by EPA, will help develop new safety rules and standards to protect further against Cryptosporidium and other microbial agents.

- EPA launched the *Partnership for Safe Water* with the nation's water suppliers in March 1995, to achieve voluntary improvements in surface water filtration plants around the nation. Filtration substantially reduces -- but may not entirely eliminate -- Cryptosporidium contamination.

- While EPA has historically developed shorter- and longer-term drinking water Health Advisory criteria for children to protect them against potential exposure to drinking water contaminants, limited information is available to characterize the actual risks to infants and children. The 1997 program will assure that developmental studies are designed to evaluate lifetime effects on infants and children resulting from the short sporadic nature of exposures to contaminated drinking water supplies during their formative years.

Funding: $300,000 for FY1997

Safe Drinking Water for Children living in Rural Areas **Planned Program**

EPA is also working with the U.S. Department of Agriculture to bring clean running water to the children and families who live in the 1.4 million rural households across this country. With its *Water 2000* initiative, the Administration is working with states, companies, banks, and non-profit groups to bring safe, affordable drinking water to America's most remote and needy corners by the end of the century.

Funding: N/A

APPLYING THE BEST SCIENCE TO PROTECT OUR CHILDREN'S FUTURE

EPA has worked conscientiously to ensure the sound scientific underpinnings for its policy initiatives on protecting children. It is critical that the best science be applied to these problems; that the research be of the absolute highest integrity and caliber; that it be on the cutting-edge in sophistication, allowing for consideration of the special mechanisms that affect children as well as differences in susceptibility, and not just whether an effect to the general population occurs; and that it focus on the issues of greatest risk and concern.

Focusing Toxic Air Pollution Research **Current Program**

Asthma -- both individual episodes and asthma-related deaths -- is increasingly on the rise in children. Ongoing research is expected to provide new information critical to understanding how air pollution affects the development of asthma in children. A special effort funds research that focuses on the link between health effects and exposure to toxic urban air pollution. EPA is funding studies that identify whether special subpopulations -- such as infants and children -- are at increased health risks due to higher exposure to toxic urban air pollution, or due to their inherent biological sensitivities. These community-based efforts will examine the pattern, frequency, and magnitude of exposures in specific communities.

- **Proposed New Air Quality Standards:** EPA's research into the health effects of particulate matter (soot) and ozone (smog) led EPA to propose strengthening air quality standards for these air pollutants last year. These proposals are designed to protect children, including children with respiratory diseases such as asthma.

- **Improving Scientific Knowledge About Fine Particle Air Pollution**
  In FY97, EPA will significantly expand its research program on particulate matter air pollution. Research will be conducted to identify the way in which particles affect human health, the critical exposure concentrations, and the sizes, chemical compositions, and sources of particles responsible for health effects. Research also will begin to investigate technologies and control practices to reduce fine particles. In addition to research at our laboratories, EPA has awarded a grant to the Harvard University School of Public Health to examine fine particles in urban air and the respiratory health of children.

Funding: $43.9 million for FY1997

Researching Potential Effects on the Endocrine System from Pesticides and Industrial Chemicals **Current Program**

In recent years, increasing scientific and public attention has been focused on the potential effects of synthetic chemicals on the hormone system. These chemicals -- which have been labeled "endocrine disruptors" -- may pose a major health concern for children.

Although there is considerable scientific uncertainty, it is clear that a number of chemicals, including organochlorine pesticides such as DDT and chemicals such as PCBs, can cause endocrine disruption in wildlife and laboratory animals. Because very low levels of chemicals that block or mimic reproductive and thyroid hormones can determine the course of prenatal development, concern exists about the potential for birth defects and ***alterations of normal growth and development in children.*** Endocrine disruptors may also play an important role in reproductive cancers.

In recent years, increasing scientific and public attention has been focused on the potential effects of synthetic chemicals on the hormone system. EPA has acted to ban many of these chemicals -- including DDT and PCBs -- and has already taken many steps to regulate over 95% of known sources of dioxin in the U.S.

In addition, EPA is involved in important research to try to better understand increasing reports of reproductive, developmental and other problems linked to some chemicals, including processes that may uniquely affect children. EPA has developed a national research strategy -- with the involvement of stakeholders -- for areas like pesticide and chemical screening, testing and controls. EPA's research in FY97 is focusing on important questions to determine: classes of chemicals that may affect the endocrine system; how much exposure produces adverse effects; how humans and wildlife are exposed; effects actually occurring in humans and wildlife; and the combined effects of exposure to multiple endocrine disruptor chemicals.
Funding: $10.8 million for FY1997

Improved Risk Assessment Procedures For Pesticides **Planned Project**

EPA is developing a new application of an existing technique for probable risk assessments, known as the Monte-Carlo method, to better reflect actual exposure to pesticide chemical residues. Application of this technique will greatly enhance our ability ***to identify and mitigate pesticide risks to young children.*** The development of this new procedure will require improvements in food consumption data and upgrading of computer systems.
Funding: $500,000 in FY1997

Exposure Research

In addition to looking at health effects, EPA is studying how children are exposed to pesticides and other toxic chemicals. If we understood more about which pathways of exposure are of greatest concern, we could better focus preventive measures.

- EPA's strategy for studying residential exposure to chemicals focuses on children as the most highly exposed subpopulation of concern. The residential exposure research program is an intensive study of how residues of pesticides and other chemicals are transported into and around homes, how residues are transferred/dislodged from surfaces in and around the home onto children, an assessment of the behaviors of children (such as crawling on the floor or putting their hands in their mouth) that bring them into contact with these residues, and what happens to the residues after they are transferred to the children's skin.

- The National Human Exposure Assessment Survey is an important research tool. It is an ambitious study to evaluate total human exposure to multiple chemicals on a community and regional scale. In collaboration with the Minnesota Department of Health, EPA is carrying out a special children's exposure module of the survey. Children will be screened for exposure to certain pesticides, with a goal of identifying "highly exposed" children and their sources of exposure. Researchers will measure the levels of pesticides in the air children breathe; in food and drinking water; and in the soil and dust around their homes. If successful, this screening phase will be used to supplement other Survey studies.

- EPA also will develop models of children's total exposure to several major chemical classes. The research will consider key physiological and behavioral differences between adults and children. This effort will take advantage of data from other efforts in which children's exposure is being measured.

Funding: $700,000 for FY1997

Cumulative Exposure Project **Current Project**

The Cumulative Exposure Project is EPA's most comprehensive effort to develop estimates of pollutant exposures to children in the near term. The project uses existing data and methods to estimate exposures to the general population through air, food, and drinking water, and focuses on identifying pollutants and sources with the greatest impacts on children. Data from the Cumulative Exposure Project will be used to:

- Identify air toxics that pose the greatest public health threat to children nationally. The analysis of air toxics will provide estimates of the levels of toxics in the outdoor air where children live and will compare these levels to health benchmarks to identify locations of greatest concern.

- Address the differential exposure of young children to food and drinking water contaminants, by incorporating children's intake rates and body weights into the analysis. Levels of toxic pollutants in food and air will be compared with health benchmarks to identify exposures of greatest concern.

Impact and Funding: The expected result of the program is the generation of a wealth of data on young children's cumulative exposures to environmental pollutants. General release of the project's results will support efforts by citizens to understand and improve the environmental health of the children in their communities. Over the past three years, EPA has spent approximately $1.5 million on the project. Funding in FY97 is $400,000, with another $400,000 anticipated in FY98.

U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and Delinquency Prevention

Office of the Administrator

Washington, D.C. 20531

April 1, 1997

MEMORANDUM

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

From: Shay Bilchik, Administrator SAB for S.B.

Re: Department of Justice Activities for Children Ages 0-3: **REVISED**

cc: The Attorney General

As the Attorney General's designee on the Interagency Working Group on Early Childhood Development, I am responding to the President's Executive Memorandum for an assessment of and information on Department of Justice existing and proposed activities targeted to children in their earliest years.

Attached is a comprehensive response to the first bullet in the President's Memorandum. Many of the projects described do not include specific information on number of clients served or impact of the program, either because the project is new, does not lend itself to that assessment, or has not yet gathered that type of information. However, where possible, I have included that information. In response to the second bullet of the President's Memorandum, planned projects and programs have been articulated where they exist under "Proposed Improvements" for each existing project.

In the limited time available, however, I have only been able to sketch out in general terms a response to the third bullet: proposals for additional projects and programs which could be implemented by various Department of Justice bureaus and offices in collaboration with other Federal agencies. Some of these proposals were presented to you on a conceptual level by the Attorney General as a possible challenge emanating from the White House Conference on Early Childhood Development and Learning. They have not been discussed with other agencies and so I do not know the level of interest or capacity for other agencies to participate. The exchange of information you have facilitated between agencies on existing and proposed activities will clearly assist in this matter. The Attorney General and I had an opportunity to discuss this memorandum and she asked me to emphasize that we are excited about the prospects of using this inventory of projects as an opportunity for planning FY 98 and FY 99 zero-to-three projects with other Departments and creating a sustained national focus on this important topic.

If there is interest from the Domestic Policy Council in pursuing these proposals, the Department of Justice and the Office of Juvenile Justice and Delinquency Prevention are willing to be active participants in their development and implementation. My preliminary thinking on the proposals and how they might be put into operation is attached and precedes a list of possible announcements at the White House Conference, a list of documents for inclusion in a resource list for conference participants, and the inventory of existing Department activities.

Proposed Initiatives

Respond to Child Victims of Violence
Through a partnership between the Departments of Education, Health and Human Services and Justice (including the Violence Against Women Grants Office, the Office for Victims of Crime, Community Oriented Policing Services and the Office of Juvenile Justice and Delinquency Prevention), and other appropriate federal agencies, the proposed Child Victims of Violence Initiative could support the development of a system in up to ten communities which assures that every child exposed to violence has a rapid and appropriate intervention initiated by teachers, cops, health care providers and others.

Specifically, the Child Victims of Violence Initiative could:

- identify up to ten sites that show readiness to engage a broad range of individuals in effectively intervening with children who are the victims of violence, including exposure to family and community violence as well as abuse and neglect;

- build upon the concept of Child Development - Community Policing and provide intensive training and technical assistance to the ten sites using existing federal contracts to train prosecutors, law enforcement, family judges (DOJ); teachers and school personnel (ED); child protective service providers and social workers (HHS); and other community-level individuals that may be reached by various federal agencies, in early child development and identification and response to child abuse, neglect and exposure to violence;

- provide limited seed money (grants less than $100,000 each) which would be pooled from each of the participating agencies' existing funds to assist in the development of unified family courts that comprehensively respond to child abuse, neglect, and violence;

- coordinate victims assistance and victims compensation for these children; and

- disseminate information on research, effective practices, and promising programs to these sites and others via bulletins, fact sheets and a national satellite teleconference.

Ensure an Adult Presence in Children's Lives
Through a similar effort of combining existing technical assistance contracts and pooling funds, the federal agencies could work with courts, non-profits, social service workers and other community members to assure that every child has a nurturing, stable, reliable adult presence throughout the 0-3 stage of life.

Establish Community-Wide Planning Around 0-3

Again, through a similar effort as described above, the federal agencies could work with state and locals to establish a sustainable comprehensive, community-based planning process involving public, private, and non-profit players in the community to focus explicit attention on the needs of those aged 0-3 in their community.

Support Research and Program Interventions on the Impact of Alcohol and Other Drug Abuse on Child Development

The Department of Justice could work with other Federal agencies to support research on the impact of alcohol and other drug abuse on child development; and interventions, such as drug courts that comprehensively focus on family issues and on pregnant women.

Increase Family Strengthening in Safe Havens

With the likelihood of increased funding for the Department of Justice's Community Prevention Grants and the increased public support for prevention for children ages 0-3, there are a number of opportunities for the Department to collaborate with other agencies to increase family strengthening programs in safe havens, multi-service after school programs or community centers.

Possible Announcements

- On March 10, 1997 the Department of Justice announced Safe Streets/Safe Kids: Community Approaches to Reducing Abuse and Neglect and Preventing Delinquency. This grant program will fund five communities at between $125,000 and $925,000, with a total investment of $2.7 million per fiscal year for five years beginning with FY96. This program is designed to improve community responses 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.

- Recognizing the linkage between child maltreatment and later delinquency, the Department of Justice's Office of Juvenile Justice and Delinquency Prevention and Executive Office for Weed and Seed has joined with the Department of Health and Human Services recently awarded grants of $25,000, training and technical assistance, and AFDC waivers to select Weed and Seed and SafeFutures communities to implement a nurse home visitation program for low-income first-time mothers. This model nurse home visitation program has improved outcomes for first time mothers and their infants, with outcomes that include:
  - 25% reduction in cigarette smoking during pregnancy among women who smoked cigarettes at registration (4.17 cigarettes/day difference)
  - 25% reduction in the rates of hypertensive disorders of pregnancy and less severe cases among those with the condition (215 versus 16%)
  - 80% reduction in rates of child maltreatment among at-risk families from birth through child's second year (19% versus 4%)
  - 56% reduction in the rates of children's health-care encounters for injuries and ingestions from birth through child's second birthday (.34 versus .15 visits)
  - 43% reduction in subsequent pregnancy among low-income, unmarried women by first child's fourth birthday (1.02 versus .58 pregnancies)
  - 83% increase in the rates of labor force participation by first child's fourth birthday (8.59 versus 15.66 months employed)
  - 45-month reduction in AFDC utilization among low-income, unmarried women by first child's 15th birthday (92 versus 47 months of AFDC -- preliminary finding from 15-year follow-up in Elmira).

- The Department of Justice's Office for Victims of Crime and Violence Against Women Grants Office are working together with the South Carolina U.S. Attorney's Office and the South Carolina Department of Public Safety to develop a national teleconference targeting law enforcement professionals and addressing the needs of and issues surrounding child witnesses of domestic violence. The teleconference will air on June 19th and is a follow up on the national teleconference on domestic violence held in

May 1996.

- In an effort to share the information generated from a review of state and local statutory rape initiatives and prosecutorial practices, the Department of Justice will sponsor a symposium for prosecutors and law enforcement officers on the benefits and limitations of current statutory rape prosecutorial practices in June 1997.

- The Department of Justice's office of Juvenile Justice and Delinquency Prevention will publish fact sheets and bulletins for community leaders, law enforcement, teachers, social workers, and others on "*Permanency Planning for Abused and Neglected Children*" (Fact Sheet to be completed mid May), "*The Epidemiology of Serious Violence*" and "*In the Wake of Child Maltreatment*" (Bulletins completed by end of May).

Documents to list in Conference Resource Packet

The following documents can be accessed on the internet at: http://www.ncjrs.org or by calling toll free 800-638-8736.

Family Strengthening for High-Risk Youth. FS-9408

Violent Families and Youth Violence. FS-9421

VOCA: Helping Victims of Child Abuse. FS-9526

National Center for Missing and Exploited Children. FS-9532

Parental Kidnaping. FS-9534

Adolescent Motherhood: Implications for the Juvenile Justice System. FS-9750

The Missing and Exploited Children's Program. FS-9761

Child Development—Community Policing: Partnership in a Climate of Violence. NCJ 164380

Court Appointed Special Advocates: A Voice for Abused and Neglected Children in Court. NCJ 1645

Family Life, Delinquency, and Crime: A Policymaker's Guide. NCJ 140517

Bridging the Child Welfare and Juvenile Justice Systems. NCJ 152155

National Center for Missing and Exploited Children. FS-9532

Project on Human Development in Chicago Neighborhoods: A Research Update. NIJ Research in Brief. NCJ 163603

Assessing the Exposure of Urban Youth to Violence. NIJ Research Preview. November 1996.

Department of Justice Activities for Children Ages 0-3

1) CHILD ABUSE AND NEGLECT

Research on children's exposure to abuse and neglect and its impact, both immediate and in the long term on delinquency, drug use, teen pregnancy, school failure and violent behavior.

Causes and Correlates of Delinquency Studies

Funding Level: $600,000 per year ($10 million for 11 years).

Number of Clients Served: The needs and concerns of 4,500 inner city youth are being analyzed.

Description: 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.

Evidence of Success: More than 400 journal articles, dozens of reports, and several bulletins have been published. Key findings include:

- children exposed to multiple forms of family violence report twice the rate of violence and delinquency than children not exposed to such environments (39% vs. 78%);
- the risk of using drugs is about one-third higher among youth who have a maltreatment history;
- the prevalence of violence among drug-using youth is more than double its prevalence in the nonusing group;
- maltreated boys do not report higher rates of impregnating girls than non-maltreated boys, but maltreated girls experience pregnancy more than non-maltreated girls (52% to 34%); and
- by the time maltreated children are in high school, their school achievement is significantly lower than that of youth who do not have a history of maltreatment.

Proposed Improvements: 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.*"

Childhood Victimization and Adult Violence: Using Multiple Measures To Better Estimate Offending
Funding Level: $199,420
Projected Clients Served: Children and their families who have come to the attention of the justice system.
Description: This award, which extends funding for research on childhood victimization and adult violence, focuses on the use of multiple measures to better estimate offending.
Evidence of Success: Report due Summer, 1997.
Proposed Improvements: Not applicable, project still ongoing.

Examples of child abuse interventions, judges and lawyers who understand child development issues and court-appointed special advocates (volunteers) who are improving the dependency court system (protective services, foster care and custody).

Safe Streets/Safe Kids: Community Approaches to Reducing Abuse and Neglect and Preventing Delinquency
Funding Level: $2.7 million per fiscal year for five years beginning with FY96.
Number of Clients Served: The Safe Kids/Safe Streets funds five communities of varying size populations.
Description: Five communities have been selected for funding under Safe Kids/Safe Streets. (In response to the solicitation, 178 applications were received, reflecting an encouraging number of communities that are composing coordinated, multi faceted responses to abuse and neglect, as well as strong competition for funding). 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.
Evidence of Success: Not applicable as awards have not yet been made.
Proposed Improvements: Not applicable; project work not yet begun.

Training and Technical Assistance to Improve Court Practice in Abuse and Neglect Cases

Program: 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.

Funding Level: In FY97, funding level is $941,100.

Number of Clients served: 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.

Description: This program provides training and technical assistance to dependency courts nationwide to help them cope with increased demands for expanded and increased hearings on increasingly complex child abuse and neglect matters. The Hamilton County demonstration court experience showed that dependency court practice can be improved to the benefit of the children in court care. This project continue to transfer the lessons and knowledge gained from the demonstration court to interested jurisdictions through training, dissemination of resource materials and technical support.

Evidence of Success: The number of jurisdictions implementing one or more improved court practices has increased since 1996 from four to 15.

Proposed Improvements: OJJDP has published seven Portable Guides to Investigating Child Abuse, and will be producing four more to assist law enforcement, medical practitioners, and child protective service providers in investigations of child abuse; in addition, OJJDP will be publishing a bulletin on *"Permanency Planning for Abused and Neglected Children"* and will expand its outreach efforts in order to train additional communities.

Action Partnerships with Professional Organizations

Funding Level: $15,000

Projected Clients Served: Attorneys representing child victims and child victims.

Description: The American Professional Society on the Abuse of Children (APSAC) will collaborate with the National Association of Counsel for Children (NACC) to offer a training track for civil attorneys representing children at APSAC's Fifth National Colloquium. The goals of the project are to assist attorneys representing children in civil court to acquire skills necessary to advocate effectively for their clients, and to build the ability of APSAC and NACC to collaborate to meet the needs of attorneys working with maltreated children in civil courts. Three seminars of at least three hours in length will provide skills-based training in critical practice issues, and at least two of the seminars will build skills in interdisciplinary collaboration. Products include audiotapes of the seminars, handout packets, and sections of the Colloquium program.

Evidence of Success: Training evaluations, better legal representation and services for child victims.

Children's Advocacy Center Program. (Includes efforts of four Regional Children's Advocacy Centers and the National Network of Children's Advocacy Centers)
Funding Level: In FY96, funding was $3,250,000 of which $3 million was provided by OJJDP and $250,000 by OVC.
Number of Clients Served: 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.
Description: This program provides training, technical assistance and funding to local communties 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. The Western RCAC is administering those funds will provide training and technical assistance to that community.
Evidence of Success: A measure of success is the growth in communities having established children's advocacy center since inception of this program in 1995. During that time, communities with established or developing children's advocacy centers have increased from under 200 to more than 360.
Proposed Improvements: OJJDP will be considering the proposed development of additional publications produced by this project which will assist communities with replication of model children's advocacy centers.

Mentoring Program for Children's Advocacy Centers
Funding Level: $50,000
Projected Clients Served: Communities wishing to establish Children's Advocacy Centers or improve their current Children's Advocacy Center.
Description: Teams of those who work with children in a community will be able to receive on-site training regarding how to utilize a multidisciplinary approach in identifying, investigating, and handling child abuse. The teams will attend a well functioning, established center that serves a similar population and receive first-hand information as well as guidance and program materials that will help them set up centers in their own communities. Experienced staff of established centers are available for telephone or other consultation.
Evidence of Success: Customer satisfaction, the availability of more children's advocacy centers for children across the country.
Proposed Improvements: Projects are being individually evaluated.

Child Advocate Demonstration Program
Funding Level: $56,533
Projected Clients Served: Children and their families within the District of Columbia
Description: A Child Interview Specialist for the District of Columbia United States Attorneys' Office, Victim-Witness Assistance Program has been funded to work with the Children's Advocacy Center in D.C. and improve the treatment of child victims in the criminal justice process. She has also conducted training for law enforcement officers, prosecutors, judges, and D.C. school nurses on recognizing and responding to abused children.
Evidence of Success: Customer satisfaction, better trained staff
Proposed Improvements: Services are increasing and expanding for victims of child abuse in the District of Columbia because of this program which will be funded through the District of Columbia's budget in future years.

Examples of Child Sexual Abuse Prevention and Intervention

Forensic Medical Exam Video
Funding Level: $45,000
Projected Clients Served: The film will be distributed through the National Network for Children's Advocacy Centers and OJP agencies to hospitals, child protective services units, possibly medical and nursing associations, children's advocacy centers, and law enforcement agencies wanting to learn the best, most supportive techniques for conducting a forensic medical exam on a child who has been sexually abused.
Description: A video will be produced that illustrates how to complete a forensic medical examination so that the child has a safe, supportive environment that promotes healing. The latest scientific technology, as well as distance learning that makes it possible for remote facilities that may not have trained and experienced staff to conduct a sensitive and effective pediatric forensic medical examination will be part of this project.
Evidence of Success: The first draft of film will be available by the end of May. The demand for the film as well as improved practice will be evidence of success.
Proposed Improvements: Comments and requests for more information and training will be considered.

Use of Close-Circuit Television and Videotaped Testimony in Child Sexual Abuse Trials: An Evaluation of the Bureau of Justice Assistance's Funding Program
Funding Level: $74,796
Projected Clients Served: This research has relevance to all jurisdictions.
Description: This project documents how 28 jurisdictions are using Bureau of Justice Assistance funding to implement close-circuit televised and videotaped testimony in child sexual abuse cases, including how often the technologies are successfully introduced into the prosecution and adjudication process.
Evidence of Success: Produced a report assessing the usefulness of close circuit television and video taping technology as applied to child sexual abuse trials. This resource is now

available to the field.
Proposed Improvements: The report provides a series of recommendations for the use of this technology with child sexual abuse cases.

Safe Kids/Safe Streets Training and Technical Assistance
Funding Level: $100,000
Projected Clients Served: Medical professionals and victims of child sexual abuse.
Description: The office for Victims of Crime is funding training and technical assistance to the sites selected in the Safe Kids/Safe Streets program to develop and enhance the medical component of the system's response in child sexual abuse cases.
Evidence of Success: Improved services.
Proposed Improvements: None at this time.

Child Abuse and Neglect Field Test
Funding Level: TBD
Projected Clients Served: Children and their families who have come to the attention of the justice system.
Description: This research demonstration will test the effectiveness of an intervention with abused and/or neglected children in reducing negative consequences of child abuse and neglect, including antisocial behavior, mental illness, drug use, and delinquency, in one or more sites. This project is in development; field implementation is expected FY 1999.
Evidence of Success: Not applicable as awards have not yet been made.
Proposed Improvements: Not applicable; project work not yet begun.

Justice System Processing of Child Abuse Cases American Bar Association
Funding Level: $499,988
Projected Clients Served: This research has relevance to all jurisdictions.
Description: This project combines the resources of the American Bar Association's Center on Children and the Law; Westat, Inc; and James Bell Associates to track cases, victims, and perpetrators through the justice system.
Evidence of Success: Report due Spring, 1997.
Proposed Improvements: Not applicable, project still ongoing.

Interventions with Drug Abusing Parents

Drug Courts
Funding Level: In FY 95, the entire Drug Courts Program Office appropriation was $11.9 million, in FY 96, $15 million and in FY 97, $30 million. The budget request for FY 98 is $75 million.
Number of Clients Served: Since 1995, the Drug Courts Program Office has funded 131 Planning Grants, approximately 50 Implementation Grants, and over 20 Enhancement Grants.

Description: 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.
Evidence of Success: 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. The Clearinghouse 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. It is important to note that several of the grants listed were awarded on 2/25/97 and therefore their totals are not a reflection of their federal funding. These jurisdictions will, however, be able to continue to report this information under their new federal funding. The following is a breakdown of this information:

City, State	Number of Babies Born Drug-Free	Type of Grant/ Year Awarded
Bakersfield, CA	124	Enhancement Grant - 1997
Butte County, CA	6	Planning Grant - 1995
San Bernardino, CA	30	Enhancement Grant - 1997
San Jose, CA	6	Enhancement Grant - 1997
Santa Barbara, CA	2	Implementation Grant - 1995
Wilmington, DE	5	Enhancement Grant - 1995
Kalamazoo, MI	18	Enhancement Grant - 1996
Rochester, NY	1	Enhancement Grant - 1997
Portland, OR	61	Enhancement Grant - 1995
Total	254	

Proposed Improvements: The DCPO will continue to support in FY 1998 drug court programs that produce healthier families. The DCPO will continue to support the Drug Court Clearinghouse that collects data on family involvement in drug courts.

Parental Drug Testing in Child Abuse and Neglect Cases
Funding Level: $89,996
Projected Clients Served: This research has relevance to all jurisdictions.
Description: This study examines the use of parental drug testing to aid judicial and social service system collaboration in preventing further maltreatment in child abuse and neglect cases.

Evidence of Success: Produced a case study on Washington, D.C. court handling of parental drug testing in child abuse and neglect cases. This report provides a model for other jurisdictions. Currently, this resource is available at NCJRS.
Proposed Improvements: Not applicable, this is an evaluation of an existing program.

* * *

The area of child abuse and neglect is one that would be particularly amenable to a Department of Justice initiative with other agencies. One area we would be particularly interested in pursuing is research and programming on the impact of alcohol and other drug abuse on child development and interventions, such as drug courts that focus on family issues. Another area to explore is conflict resolution training for teen parents, to engage them in teaching their new borns empathy, the concept of reward and punishment and how to resolve issues peacefully. Additionally, we are interested in how Department of Justice's training of prosecutors on child abuse issues can become part of a larger effort that engages law enforcement and protective service investigators. This training could include issues related to child development, domestic violence, and appropriate system responses.

2) FAMILY STRENGTHENING AND SAFE HAVENS

Examples of home visitation and family strengthening programs designed to support the functioning of high risk families.

The Prenatal and Early Childhood Nurse Home Visitation Program
Funding Level: $820,000 over three years.
Number of Clients Served: 1600 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.
Key highlights of the major findings on maternal and child outcomes come from two randomized clinical trials during the past 20 years in Elmira, NY and Memphis, TN funded in large part by the Department of Health and Human Services. They include:

- 25% reduction in cigarette smoking during pregnancy among women who smoked cigarettes at registration (4.17 cigarettes/day difference)
- 25% reduction in the rates of hypertensive disorders of pregnancy and less severe cases among those with the condition (215 versus 16%)
- 80% reduction in rates of child maltreatment among at-risk families from birth through child's second year (19% versus 4%)
- 56% reduction in the rates of children's health-care encounters for injuries and ingestions from birth through child's second birthday (.34 versus .15 visits)
- 43% reduction in subsequent pregnancy among low-income, unmarried women by first child's fourth birthday (1.02 versus .58 pregnancies)
- 83% increase in the rates of labor force participation by first child's fourth birthday (8.59 versus 15.66 months employed)
- 45-month reduction in AFDC utilization among low-income, unmarried women by first child's 15th birthday (92 versus 47 months of AFDC -- preliminary finding from 15-year follow-up in Elmira).

Proposed Improvements: 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.

Strengthening America's Families Project

Funding Level: In FY97, funding level is a $250,000 award to the University of Utah's Department of Health and Education.

Number of Clients Served: The project serves communities nationwide. Through its national conferences, it has directly trained practitioners and program administrators from 200 communities, including Weed and Seed and SafeFutures sites. As the information dissemination effort continues, agencies in numerous other communities will receive information, training and support.

Program Description: This 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.

Evidence of Success: The program is just concluding the national conferences, which are the core of its outreach and support efforts. It is too early to judge success. 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.

Proposed Improvements: 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.

Parents Anonymous (PA), Inc.

Funding Level:

Number of Clients Served:

Description: 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 worksite, and personal friendships. They are practiced in weekly group sessions as concerns are aired on various parenting, family, personal, and employment issues.

Evidence of Success:

Safe Havens

Funding Level: Approximately $4 million in FY 1997.

Number of Clients Served: Over 10,000

Description: 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.

Evidence of Success: 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.

Proposed Improvements: Improving connections between Safe Havens and the Home Visitation program in six Weed and Seed sites: Oklahoma City, OK; Los Angeles, CA; Fresno, CA; Clearwater, FL; San Diego, CA; and St. Louis, MO.

Community Prevention Grants--Title V

Funding Level: The Community Prevention Grants Program was initially funded at $13 million in FY 94, and in FY 95 - FY 97 the funding increased to $20 million.

Number of Clients Served: In FY 96 over 100,000 youth were served in over 300 communities through this delinquency prevention program.

Description: In the 1992 reauthorization of the JJDP Act of 1974, Congress established Title V -- Incentive Grants for Local Delinquency Prevention Program (Community Prevention Grants). Congress found that (1) it is more effective in human and fiscal terms to prevent delinquency than to attempt to control or change it; (2) half or more of all States were unable to spend any juvenile justice formula grant funds on delinquency prevention because of other priorities; and (3) Federal incentives were needed to assist States and local communities in mobilizing delinquency prevention policies and programs. The scope of the programs being implemented by each community varies greatly because each community develops a three year delinquency prevention plan targeting risk factors determined by their own community. They include:

- *Counseling and intervention services* involving parents, families, and juveniles in managing stress, conflict resolution, and reducing violent behavior.
- *Programs for parents* that improve their parenting skills, provide support groups, increase parent-child interactions, and reduce child abuse and neglect.
- *Health services* such as prenatal care and education, health education classes for new parents, co-located health and community centers, etc.
- *School-based programs* which target truancy, school failure, violence, teen pregnancy, anti-social behavior, and drug and alcohol abuse.
- *Economic development and training programs* such as job readiness and skill development, neighborhood/family business, and neighborhood rehabilitation.
- *Law-enforcement sponsored programs* such as community policing, police

liaisons to community schools, arbitration/mediation programs supervised by law enforcement representatives, and gang and gun prevention and intervention.

- *Comprehensive community mobilization* that meet the needs of youth through streamlining available services so that efficient unduplicated services are provided by local youth/family service systems, community forums, and educational activities for the entire community.

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.

Evidence of Success: The level of community ownership and investment in these programs has been impressive, as evidenced by the match exceeding 90 percent when only 50 percent of the Federal share is required by the program. Communities have leveraged resources and obtained other grants based upon their promising results from the program. Evaluation efforts are underway at a local, State and national level. While it is too soon to declare success, the increased level of coordination, the comprehensive service delivery systems being established, and the targeted efforts to reduce risk factors by increasing protective factors, based on data, have forced communities to respond to what the data reveals. The communities themselves have developed delinquency prevention plans and have tailored their prevention programming to respond to their specific needs and report that this strategic approach is beginning to show promising results.

Proposed Improvements: 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. OJJDP has proposed program refinements in response to input from the States and based on its experience managing the program. Program improvements include allowing units of local government to receive the funding so that the funds would be available to the communities faster, to drop the need for the local jurisdictions to meet the core requirements of the JJDP Act, and to assist rural communities in accessing funds by dropping the in-kind or cash match requirement for non-metropolitan statistical areas. An additional improvement is to increase the funding for the program so that other communities will be able to participate in delinquency prevention programming.

* * *

With the likelihood of increased funding for OJJDP's Community Prevention Grants and the increased public support for prevention for children ages 0-3, there would be a number of opportunities for a new initiative on the issue of family strengthening and safe havens.

3) DOMESTIC VIOLENCE

Illustrations of teachers, law enforcement, criminal justice professionals, and advocates engaged in identifying and addressing child victimization in family conflict.

Rural Domestic Violence and Child Victimization Enforcement Grant Program
Funding Level: FY 1996 - $7 million; FY 1997 - $8 million; FY 1999 (authorized) - $15 million. In September 1996, 20 grants totaling $5.6 million were awarded to 7 States, 4 local governments in rural States, 5 private entities in rural States, and 4 Indian tribal governments. In March 1997, 26 additional grants totaling $5.6 million to 10 States, 6 local governments, 3 Indian tribal governments, and 7 private entities in rural States were announced.
Number of Clients Served:
Description: This grant program encourages law enforcement, criminal justice professionals, and advocates to address child victimization especially in rural areas. The Rural Domestic Violence and Child Victimization Enforcement Grant Program (42 U.S.C. § 13971 implements certain provisions of the Violence Against Women Act, which was enacted in September 1994 as Title IV of the Violent Crime Control and Law Enforcement Act of 1994. The program provides a unique opportunity for law enforcement and prosecution agencies, the courts, non-governmental victim services agencies, community organizations, and businesses in rural communities and Indian Nations to collaborate in creating protocols and strategies tailored specifically to meet the needs of rural populations. The goals of the program are to:

- Develop and implement policies, protocols, and services designed to promote the early identification, intervention, and prevention of domestic violence and child victimization;
- Increase victims' safety and access to treatment and counseling;
- Enhance the investigation and prosecution of domestic violence and child abuse cases; and
- Develop and implement innovative, comprehensive strategies that draw on a rural jurisdiction's unique characteristics and resources to enhance community members' understanding of the phenomenon of domestic violence and child victimization and work together to prevent such violence.

Evidence of Success: Enhanced access to services for battered women and abused children in rural communities and States, availability of a wider range of services, and increases in the investigation and prosecution of domestic violence and child abuse cases.
Proposed Improvements: Proposed improvements will be based on program results.

Dependency Court Intervention Program for Family Violence
Metropolitan Dade County Circuit Court
Funding Level: $615,000
Projected Clients Served:
Description: The overall goals of the project are to: 1) centralize and coordinate judicial

and social service responsibility for domestic violence in dependency court; 2) coordinate tracking of cases between dependency and domestic violence divisions of the court; 3) educate the Court and child protective staff on the complex dynamics of domestic violence, the co-occurrence of domestic violence and child abuse and the impact of domestic violence on children who witness; 4) strengthen advocacy and other services for women and children who are victims of domestic violence; and 5) refer perpetrators of domestic violence to batterer intervention programs.

In addition, the project will document the co-occurrence of domestic violence and child abuse; cross-reference all dependency filings to determine whether there is a previous or concurrent case in the domestic violence or criminal division of the court; place full-time advocates for victims of domestic violence in dependency court; conduct lethality assessments for child abuse *and* domestic violence and provide the court with information regarding risk factors for the mother and her children; work with the mother to plan for her safety and the safety of her children; facilitate the filing of protection orders when it is appropriate and when it would not further jeopardize the safety of women and children; coordinate services and treatment for women and children; monitor perpetrators' compliance with court orders; and develop the framework for a curriculum for judges on how to handle dependency cases when domestic violence is a factor.

Evidence of Success: The project was initiated March 1, 1997.

Proposed Improvements: The project directors will consult on a regular basis with members of a national advisory group composed of experts in domestic violence, the co-occurrence of domestic violence and child abuse and in the treatment of children who witness violence. Project activities may be adjusted and enhanced in response to the advise of advisory group members.

National Teleconference on the Impact of Domestic Violence on Children

Funding Level: $50,000

Number of Clients Served: (Law enforcement professionals)

Description: OVC and VAWGO are working together with the South Carolina U.S. Attorney's Office and the South Carolina Department of Public Safety to develop a national teleconference targeting law enforcement professionals and addressing the needs of and issues surrounding child witnesses of domestic violence. The teleconference will air on June 19th and is a follow up on the national teleconference on domestic violence held in May 1996.

Evidence of Success: Participants will complete evaluations on-site. Within six to 12 months, the South Carolina Department of Public Safety will conduct a follow-up evaluation with participants to determine the effectiveness of the teleconference and the actual implementation of concepts learned during the teleconference.

Proposed Improvements: Plans are in development to fund a program that will use focus groups of adult survivors to explore the longer term effects of domestic violence.

Hospital-based Emergency Shelter for Women and Children Victimized by Domestic Violence, University of Southern California School of Medicine
Funding Level: $100,000
Projected Clients Served: Women who are abused and their children in the Southern California area as well as communities wishing to replicate this program.
Description: This project will develop a hospital-based emergency shelter for victims of spouse abuse and their children. It will serve as a laboratory and training site for other communities. This project will develop protocols and procedures for replication, and a detailed report documenting program effectiveness. It breaks new ground by showing how a secure shelter in a hospital environment can be set up, tied into community services, and funded--using insurance company or other third party payer resources.
Evidence of Success: Customer satisfaction, quality of printed materials and training provided, more resources for children and battered spouses through insurance and Medicaid programs.
Proposed Improvements: Will be based on project success.

Domestic Violence and its Impact on Children (with VAWGO)
Funding Level: $50,000
Projected Clients Served: Adults who witnessed domestic violence in their homes as children, practitioners in the fields of domestic violence and child abuse, child victims of abuse, law enforcement professionals.
Description: This is a focus group that will identify the unique needs of child witnesses and victims of domestic violence, and will explore ways to meet these needs in a collaborative manner.
Evidence of Success: The focus group will develop a victim-centered approach to meeting the needs of child witnesses of domestic violence.
Proposed Improvements: None planned at this time.

State Victims of Crime Act (VOCA) Assistance Programs
Funding Level: Formula Grant Programs, varies by state
Projected Clients Served: State subgrantees that provide services to victims of child physical and sexual abuse and families affected by domestic violence.
Description: OVC awards formula grants to each of the states for victim assistance programs. Under OVC Guidelines, each state is required to give priority to programs that serve victims of sexual assault, spousal abuse, and child abuse, by allocating a minimum of 10% of federal VOCA funds to subgrants to such programs.
Evidence of Success: OVC and NIJ are conducting an evaluation of state level VOCA programs to determine their effectiveness.
Proposed Improvements: Will be developed from the evaluation.

When Domestic Violence and Custody Disputes Coincide
Funding Level: $70,556
Projected Clients Served: This research has relevance to all jurisdictions.

Description: This project, funded by NIJ and the State Justice Institute, examines effective court responses to domestic violence cases involving custody disputes.
Evidence of Success: Report due Summer, 1997.
Proposed Improvements: Not applicable, project still ongoing.

Children of Battered Women
Funding Level: $249,982.
Projected Clients Served: This research has relevance to all jurisdictions.
Description: This study seeks to clarify understanding of the needs of the children of battered women. Investigators gather data on mothers who apply for temporary restraining orders over a 6-month period and, through telephone contacts with the mothers, follow a sample of cases that proceed to criminal prosecution.
Evidence of Success: Report due Summer, 1997.
Proposed Improvements: Not applicable, project still ongoing.

Assessing the Feasibility of Creating Centralized State Data Bases on the Incidence of Sexual and Domestic Violence
Funding Level: $62,268
Projected Clients Served: This research has relevance to all jurisdictions.
Description: A group of experts will study and report on how to create centralized State data bases on the incidence of sexual and domestic violence.
Evidence of Success: This study produced a previously nonexistent document of use to the field.
Proposed Improvements: The report suggests improvements by comparing states. A follow up study will identify several possible models.

Children's Out-of-Court Statements Regents of the University of California
Funding Level: $253,914
Projected Clients Served: This research has relevance to all jurisdictions.
Description: Researchers conducting three interrelated studies are investigating effective ways to introduce children's testimony in domestic violence cases and juror decision making regarding the reliability of hearsay versus live trial testimony
Evidence of Success: Report due Summer, 1997.
Proposed Improvements: Not applicable, project still ongoing.

Assessment of Family Violence Interventions
Funding Level: $299,665
Projected Clients Served: This research has relevance to all jurisdictions.
Description: A committee of experts is developing a synthesis of the relevant research and expert opinions regarding the strengths and limitations of existing program interventions in the area of family violence.
Evidence of Success: Report due Fall, 1997.
Proposed Improvements: Not applicable, project still ongoing.

Domestic violence and family court models.

Kentucky Full Faith and Credit Domestic Violence Initiative

Funding Level: The project is funded through a cooperative agreement between the Justice Cabinet of the Commonwealth of Kentucky and the DOJ's Office of Community Oriented policing (COPS), and the Office for Victims of Crime (OVC). Total project cost is $220,000. Originally funded for one year in February 1996, the program has been granted a one year no-cost extension.

Number of Clients Served: This project involves police officers, victim advocates, judges, court personnel, prosecutors and private attorneys.

Description: Section 2265 of the Violence Against Women Act (Title IV of the Violence Control Enforcement Act of 1994) P.L. 103-322 requires that civil and criminal protection orders (CPO's) issued by any court or Indian Tribe be given full faith and credit by other states and tribes. The act further requires that so long as the original court had personal and subject matter jurisdiction and the respondent reasonable notice and an opportunity to be heard, that the CPO be enforced as if issued by a court in the second state or tribe. The new law means that a victim need not wait until a new violent incident occurs before seeking the protection of a court in the new state.

Through the Kentucky Domestic Violence Project, the Kentucky Cabinet is to develop and test methods and instruments for intra and interstate civil and criminal protection orders relating to domestic violence. Kentucky was chosen for this project because it boarders seven other states and already has established a state-wide, centralized restraining order file. Through this grant Kentucky has already provided training to judges, clerks, advocates and police officers throughout the state on the Kentucky's' new full faith and credit legislation (passed in early 1996) as well as the provisions of the Federal law.

Evidence of Success: This project will result in better methods of enforcing inter- as well as intra-state protection orders through a four-pronged approach: integration of the courts, state police, local law enforcement and the advocacy community in the enforcement of protection orders; construction of model interim procedures for exchanging information with surrounding jurisdictions; the production and dissemination of training and technical assistance materials; and the development of training modules. The pervasive goal of the project is the increased safety of victims, pregnant mothers and children through the thorough and timely enforcement of CPO's by all sectors of the criminal justice system.

Proposed Improvements: OJP is discussing with the American Bar Association the possibility of providing partial support to develop and implement unified family courts in three jurisdictions to respond to families experiencing domestic violence, child abuse and neglect, substance abuse, divorce, and juvenile delinquency.

On a related note, the Kentucky project has revealed a situation which may well impact children ages 0-3 years: that is, child custody provisions of CPO's may not be enforceable under the Federal full faith and credit provisions.

Prosecutions Under the Violence Against Women Act

Funding Level: Not applicable

Number of Clients Served: Not applicable

Description: Every United States Attorney's office has established a Point of Contact (POC) for Violence Against Women Act (VAWA) cases. The Executive Office for U.S. Attorneys (EOUSA), in conjunction with other components of the Department of Justice, held a conference on January 10, 1997, for all of the VAWA POCs. The conference was an opportunity to train the POCs, educate them on the new federal provisions, and encourage them to pursue prosecutions of these crimes.

The Office of Legal Education in EOUSA, recently sponsored a Violence Against Women and Children Seminar which was held in Albuquerque, New Mexico, March 12-14, 1997. The course was attended by approximately 60 Assistant United States Attorneys and Department of Justice Trial Attorneys. The seminar included segments on current statutory issues (including the Violence Against Women Act and the recent revisions to the child exploitation statutes), the investigation, pretrial and trial of cases involving women and children victims, victim-witness issues (including legal issues, the rights of victim-witnesses, and special interview techniques), profiling and presenting forensic evidence, using expert witnesses, and penalty issues. The seminar also devoted a segment to computer/Internet issues which covered child pornography and cases in which children are lured to travel across state lines for illegal purposes.

Support to children involved in cases handled by United States Attorneys' offices is offered through the Victim-Witness Program. Each United States Attorney has a Victim-Witness Coordinator, whose purpose is to assist victims and witnesses through the criminal justice process. Services include referrals to appropriate organizations for medical and financial losses. In cases involving children, many innovative approaches have been utilized to support children. Some examples include: child victim impact statements in which children, particularly younger ones, draw pictures for the court to understand the impact of the crime on the child; courtroom orientation programs with court activity books and videos describing the trial process; and the use of child attendants for those children too frightened to testify alone.

Evidence of Success: There are currently 34 VAWA cases pending in the United States Attorneys' offices. In addition to those cases, the United States Attorneys have obtained guilty pleas from six defendants. In at least 8 of these cases, children were involved either as victims themselves or as witnesses to the violence.

4) COMMUNITY VIOLENCE

Recent research on the impact of community violence on child development (temperament, cognition, and language development).

The Project on Human Development in Chicago Neighborhoods
Funding Level: $2 million per fiscal year from 1993 to 1999.
Number of Clients Served: 7000 children and youth.
Program Description: This unprecedented longitudinal study of 7000 children and youth aims to study the development of criminal behavior from birth to young adulthood with a particular focus on the effects of community and neighborhood contexts on individual behavior. In 1995-96, 350 infants aged approximately 6 months were enrolled in the Project to study the earliest manifestations of social and cognitive development. Findings from this aspect of the study will inform early interventions designed to reduce antisocial behavior, criminality, and violence. The Project is studying infant temperament (e.g., activity level, negativity, frustration, fear, impulsivity, soothability), cognition (memory, information processing speed), and language development. These constructs have been shown to predict conduct disorder, delinquency, criminal behavior, and even school performance, in older children and young adults. The Project is also studying child and parent exposure to violence in urban neighborhoods.
Evidence of Success: Preliminary analyses from information provided by the child's primary care giver indicated that:

- Fifty percent of pregnancies were unwanted.
- Forty percent of the infants are in some kind of day care, over half of which takes place outside the home and for more than 20 hours per week.
- About 1 in 4 caregivers report clinical levels of depression or other mental health/ behavioral difficulties.

Proposed Improvements: The Department of Education has recently provided funds for the Project to reassess the infants at age 2 with the explicit objective being to systematically and directly assess both home and child care environments. These data will be examined for their impact on cognitive, emotional, and behavioral outcomes in the children.

Practices in child development/community policing.

The Child Development-Community Policing (CD-CP) Program
Funding Level: In fiscal year 1997, $300,000 was awarded to document and replicate the child-centered, community oriented policing model.
Number of Clients Served: During the first three years of the CD-CP program's operation, more than 450 children were referred to the consultation service by officers in the field.
Description: Many of our children live in communities where violence, fear, and despair are commonplace. OJJDP's Child Development-Community Policing Program (CD-CP),

is a project in which the New Haven, Connecticut Police Department and the Yale University Child Study Center developed a collaborative effort between law enforcement and mental health professionals in order to help these children and their families. CD-CP, initiated in 1991, is an innovative partnership between police and mental health professionals in New Haven, Connecticut which aims to address the psychological burdens on children, families and the broader community of increasing levels of community violence. In the CD-CP program's four years of operation in New Haven, it has developed an approach in which child developmental principles are applied to the day-to-day practice of community policing and clinical practice is informed by an understanding of crime, violence and the community derived from contact with the police. The project includes a 10-week training course in child development for all new police officers and child development fellowships for community-based district commanders who direct neighborhood police teams. The fellowships provide 4 to 6 hours of training each week over a 3-month period at Yale's Child Study Center. A 3-pronged system of support services is also provided to help maintain communication among community members, police and related services personnel, and Child Study Center staff. Fiscal Year 1995 OJJDP funds supported program replication efforts in Buffalo, NY; Charlotte, NC; Nashville, TN; and Portland, OR. Fiscal Year 1996 funds supported the implementation of the 5-phase replication protocol in the 4 selected sites.
Evidence of Success: The CD-CP program has provided a wide range of coordinated police and clinical responses, including: round-the-clock availability of consultation with a clinical professional and a police supervisor to patrol officers who assist children exposed to violence; weekly case conferences with police officers, educators, and child study center staff; open police stations located in neighborhoods and accessible to residents for police and related services; community liaison and coordination of community response; crisis response; clinical referral; interagency collaboration; home-based follow-up; and officer support and neighborhood foot patrols. Police officers in the field are referring hundreds of children to the consultation service. The first calls, involving children exposed to some form of violence, were made by officers who had participated in the child development seminar, or worked in neighborhoods supervised by the clinical fellows, or by the police supervisors themselves. As a result of the program's work, significant institutional changes have taken place in both the police department and the Child Study Center, such as established protocols for training officers in principles of child development and training clinicians in principles of policing and criminal justice, protocols for referral and consultation, regular collaborative meetings, and changes in approach to traditional policing and clinical problems. In fiscal year 1996, 40 trainers participated in 4-day replication training. Additional presentations were made to over 1,000 practitioners in law enforcement, mental health, education and social service.
Proposed Improvements: Fiscal Year 1997 will support replication site data collection and analysis activities, and development of a detailed casebook about the model and program. In addition, it will begin a partnership between the VAWA office, the Office for Victims of Crime and OJJDP to expand the project to additional sites, introduce a more intensive domestic violence component, and add a school component.

Strategies for providing services to Native American and rural communities.

Children's Justice Act Discretionary Grant Program for Native Americans
Funding Level: $1,330,000
Projected Clients Served: Victims of child physical and sexual abuse in Indian country, professionals that work within the justice system on child abuse issues, child advocates.
Description: OVC is funding 17 Native American tribes or tribal organizations to continue projects designed to improve investigation and prosecution of child physical abuse and sexual abuse cases in a manner that lessens trauma to child victims. This includes establishment and training of multidisciplinary teams, and specialized training for prosecutors, investigators and other professionals who handle child sexual abuse cases.
Evidence of Success: Client satisfaction and establishment and maintenance of comprehensive programs.
Proposed Improvements: Ongoing evaluation of programs identify site-specific improvements.

Children's Advocacy Centers in Indian Country
Funding Level: $50,000
Projected Clients Served: Child victims of crime in Indian country.
Description: OVC is funding two tribes to establish or strengthen Children's Advocacy Centers in Indian country. These Centers are child-focused, multidisciplinary settings that provide a coordinated strategy to meet the needs of child victims in the criminal justice system.
Evidence of Success: Client satisfaction and the establishment and maintenance of Centers.
Proposed Improvements: Proposals to improve this program will be based on project results.

Tribal Court Appointed Special Advocate Programs (CASA) (with OJJDP)
Funding Level: $60,000
Projected Clients Served: Children in Indian country in the tribal justice system.
Description: OVC is supporting the continuation of two CASA programs in Indian country, which enable trial court systems to assign advocates to represent the best interests of Native American children.
Evidence of Success: Client satisfaction and utilization of advocates.
Proposed Improvements: None

Interagency Agreement with Indian Health Service
Funding Level: $25,000
Projected Clients Served: Child protection and/or multidisciplinary teams in the Phoenix, Arizona area, and their child clients.
Description: OVC is providing funding to the Indian Health Service (IHS) to develop and

conduct two training seminars for child protection and/or multidisciplinary teams in the IHS Phoenix, Arizona area. The seminars will focus on child sexual abuse issues and the development of strategies to resolve these issues.
Evidence of Success: Seminar evaluations
Proposed Improvements: Will be developed from evaluations.

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In the areas of domestic violence and community violence, an appropriate and impactful Department of Justice initiative would focus on expanding the Child Development Community Policing program and Unified Family Courts, building on community building efforts and the current energy in the field around community justice.

5) MISSING AND EXPLOITED CHILDREN AND CHILD SUPPORT ENFORCEMENT

Research on the impact of parental abduction on child development.

Second National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children (NISMART II)

Funding level: In FY 95, OJJDP funded Temple University's Institute for Survey Research to conduct NISMART II. The initial $1.5 million cooperative agreement included survey design and development, pilot testing new instruments and partial data collection.

Number of Clients served: The research consists of multiple study components. The Household Survey will select and interview an estimated 23,000 eligible households concerning 40,000 children via random digit dialing survey methods. Studies of police records in approximately 3,600 law enforcement agencies will be conducted to study stereotypical kidnapings and stranger abductions. An estimated 90 such cases are expected to be identified for study.

Program Description: The goals of NISMART II are to update the 1988 NISMART I study, providing the public and policy makers with valid estimates of the numbers and characteristics of children who were missing, abducted runaway or thrownaway during a one year period compared to results ten years ago, the number of missing children incidents reported to the police and/or known to be missing and the number who were recovered. The purpose of this research is to better understand the extent and nature of these problems for America's children, the risks associated with these episodes, and the law enforcement's response. Ultimately, the aims of the study are providing study results for the prevention of child victimization and effective intervention by law enforcement.

Evidence of Success: The 1988 NISMART study was the first commissioned research to carefully define and count the number of children missing for a wide variety of reasons. It was the first to provide scientific evidence of the extent of parental abductions of children, the circumstances of the abduction, the duration, harm to the child, etc. The research helped to better focus policies on target populations at risk.

Proposed Improvements: A number of methodological improvements are planned. NISMART II will be conducting interviews with a much larger sample of children in order to capture sufficient numbers of rare abduction cases. In addition, all children ages 10 years and older will be interviewed directly about their "missing" experiences as well as other types of victimization, primarily sexual assault. Parents and guardians will continue to be interviewed regarding the experiences of their children under the age of 10. In addition, OJJDP will release a report on "*Child Abduction and Juvenile Sex Offending*."

Examples of local, state and international support in reducing parental kidnaping and reuniting families.

Reducing Parental Kidnaping and Reuniting Families: National Center for Missing and Exploited Children (NCMEC)

Funding Level: $3,444,968

Number of Clients Served: NCMEC has played a role in the recovery of 34,000 missing children since 1984.

Description: As authorized by Congress in the Missing Children's Assistance Act, NCMEC serves as a national resource center and clearinghouse dedicated to missing and exploited children's issues, including a 24-hour toll free hotline.

Evidence of Success: NCMEC has distributed thousands of publications with practical advice for law enforcement, parents, prosecutors, and other professionals working on missing children's issues. Through an on-line network linking 49 States' missing children clearinghouses, the center is able to transmit case information and photographs of missing children instantaneously.

Proposed Improvements: Through the Jimmy Ryce Law Enforcement Training Center, OJJDP, NCMEC and the FBI are working to improve the national response to missing children's cases through a training and technical assistance program for law enforcement. In addition, the FBI and Criminal Division participate in the Hardiman Task Force, along with five other federal agencies. The Task Force was created to make available the combined resources and expertise of these federal law enforcement agencies to assist state and local governments in the most difficult cases of missing and exploited children nationwide, as identified by the chief of the Task Force, in consultation with the National Center for Missing and Exploited Children. The Task Force recently sent two members to Belgium to assist that country's effort to combat its problem of child exploitation.

Police Training in Identification and Response

Funding Level: Approximately $750,000 per year.

Number of Clients Served: Approximately 4,000 law enforcement officers, prosecutors, child protective services personnel and medical personnel are trained every year.

Description: Title IV Training and Technical Assistance focuses on providing information that highlights the most recent research and trends in investigative techniques for all types of missing and exploited children cases. These courses contain modules pertaining to interview and interrogation techniques, investigative strategies, lead and case management, media relations, liability concerns, and comprehensive response plan development.

Evidence of Success: Success of the training can be gauged by the increased usage of the FBI's National Crime Information Center to document missing children and the fact that 99% of America's missing children are recovered.

Proposed Improvements: The Department will continue to monitor and research emerging criminal trends in the victimization of children and disseminate proactive investigative techniques and methodologies to reduce threats to America's children.

Office of Crimes Against Children

Funding Level:

Number of Clients:

Description: The Department of Justice has established a new office of Crimes Against Children in its Violent Crimes and Major Offenders Section, Criminal Investigation Division, FBI Headquarters. The creation of OCAC was in response to governmental and public awareness of the significant crime problems that exist with respect to the victimization of children of tender years. In addition to addressing sexual assaults and sexual exploitation of children, which includes Sex Tourism violations, the OCAC will be responsible for international parental kidnaping matters as well as Unlawful Flight to Avoid Prosecution-Parental Kidnaping and child Support recovery Act investigations.

Evidence of Success:

Proposed Improvements:

Strategies for ensuring child support.

Criminal Child Support Enforcement

Funding Level:

Number of Clients Served:

Description: While states bear primary responsibility for criminal prosecutions, DOJ has a much narrower but equally significant responsibility in bringing federal criminal prosecutions under the Child Support Recovery Act ("CSRA") in the appropriate interstate cases. While criminal prosecution is not a practical or appropriate primary mechanism for collecting child support, in appropriate cases, criminal prosecution will punish egregious offenders, obtain support and deter wrongdoing. DOJ has taken numerous steps to strengthen criminal child support enforcement, including compliance with President Clinton's July 21, 1996 Directive to the Attorney General: 1) convened a task force on criminal child support enforcement, comprised of federal, state and local prosecutors, FBI, HHS, Internal Revenue Service, and state IV-D agencies; 2) drafted legislation to amend the CSRA to create two new felony offenses for egregious failures to meet child support obligations; 3) sent written guidance on best practices on referrals, investigations and prosecutions to every U.S. Attorney's Office and FBI office; 4) increased federal child support investigators by granting HHS Office of Inspector General Special Agents authority as Special Deputy United States Marshals to conduct investigations and initiate arrests for these offenses; 5) launched a comprehensive employee education and awareness program in full compliance with Executive Order 12953, which targets employees entitled to child support and those who owe child support; and 6) revised Attorney General Guidelines for Enforcement of CSRA.

Evidence of Success: These recent efforts have resulted in a substantial increase in the number of federal child support prosecutions. From October 1994 to October 1996, the Department prosecuted over 230 CSRA cases.

Proposed Improvements: 1) Expansion of the DOJ employee program.

Child Support Training of State Judges on Full Faith and Credit Issues

Funding Level: NA

Number of Clients Served: NA

Description: In an effort to ensure that children receive from their noncustodial parents the court-ordered financial support to which they are entitled, the Department has embarked on a "campaign" to educate state court judges about the existence of the Federal Full Faith and Credit for Child Support Orders Act of 1994. We have also sought to encourage states to adopt the Uniform Interstate Family Support Act (UIFSA). Both statutes are designed to foster the concept of full faith and credit as it relates to enforcement of child support orders. The Department has sought to raise awareness of the need for reforming outdated child support legislation with state legislatures, with state court chief justices and at conferences.

To foster the goal of increasing the number of children receiving the child support to which they are legally entitled, last fall the Department, along with the Department of Health and Human Services and the State Justice Institute, funded the creation of several types of educational materials for state judges on UIFSA and the federal statute, including computer-based training and a benchbook (cost of approximately $32 thousand to the Department).

Evidence of Success: NA

Proposed Improvements: NA

Child Support Training of Federal Prosecutors

Funding Level:

Number of Clients Served: 81

Description: On February 25 and 26, 1997, eighty-one federal prosecutors attended a seminar, sponsored by the Office of Legal Education, on prosecution of child support cases. Instructors from the Criminal Division and other Department of Justice components lectured on ethical and legal issues and Department policies regarding CSRA prosecutions.

Evidence of Success:

Proposed Improvements: The Department proposes conduction such training every two or three years, as funding is made available.

6) TEEN PREGNANCY AND STATUTORY RAPE

Strategies for police and prosecutorial enforcement of statutory rape laws as a means for reducing both statutory rape and teen pregnancy.

Statutory Rape and Teen Pregnancy Study
Funding level:
Number of Clients Served:
Description: Laws pertaining to statutory rape vary from state to state. To date there is no Administration policy on this issue. However, the recently enacted Welfare Reform legislation stipulates that by no later than January 1, 1997, the Attorney General will establish a program that studies the linkage between statutory rape and teen pregnancy, and that educates law enforcement officials on the prevention and prosecution of statutory rape. Research being conducted by the American Bar Association and Progressive Foundation will be very helpful in fulfilling this obligation.
Pursuant to a directive in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the Department is establishing a program to study the link between statutory rape and teenage pregnancy, with particular focus on repeat offenses committed by predatory older men.
Evidence of Success:
Proposed Improvements: In an effort to share the information generated from a review of state and local statutory rape initiatives and prosecutorial practices, the Department will sponsor a symposium for prosecutors and law enforcement officers on the benefits and limitations of current statutory rape prosecutorial practices in June 1997.

Programs for Young Women

Practical and Cultural Education Center for Girls, Inc., (P.A.C.E.)
Funding Level: $300,000 for August 1994 to July 1996
Number of Clients Served:
Description: PACE seeks to improve the quality of life for at-risk girls between the ages of twelve and eighteen in Pensacola, Tallahassee, Jacksonville, Orlando, Bradenton, Ft. Lauderdale and Miami, Florida. PACE focuses on 1) providing accredited high school completion and basic skills education; 2) developing and implementing a career placement plan; 3) preventing substance abuse through education and counseling; 4) preventing teenage pregnancies; 5) teaching cultural awareness; 6) enabling young women to choose a safe environment free from violence and abuse; 7) teaching responsible health choices; and 8) encouraging involvement and volunteerism in the community.
Evidence of Success:
Proposed Improvements:

Challenge Activity E Gender-Specific Programming for Youth

Funding Level: The Challenge Grants Program was initially funded at $10 million in FY 95 and this amount has remained constant through FY 97. Challenge Activity E is one of 10 Challenge Activities that can be selected and 23 States have chosen Activity E in FY 95 and FY 96. States are able to spend the equivalent up to 10% of their Formula Grant allocation on each Challenge Activity. The amount of Challenge funds budgeted for Activity E by States is approximately $1.6 million.

Number of Clients Served:

Description: The Challenge Grant Program was designed to provide States with seed funding to promote juvenile justice systems change and improvement efforts. Funds can be used for ten specific program areas. Through Challenge Activity E, Gender-Specific Programming for Youth, States are developing and adopting policies to prohibit gender bias in placement and treatment. Programs are being established to ensure that female youth have access to the full range of health and mental health services, treatment for physical or sexual assault and abuse, self-defense instruction, education in general, and other training and vocational services. By providing appropriate services and skills training to girls, their very young children, and future children, will benefit too because health, sexuality, and psycho-social development education and assistance is provided through this Activity.

Evidence of Success: Challenge Activity E has been the program activity that has been selected more than any other Challenge Activity which indicates the great amount of interest and need. Twenty-four states selected Challenge Activity E and have found that these seed grant funds have assisted them in their efforts to develop appropriate interventions to address chronic status offender-type behaviors, develop vehicles to work towards developing the full potential of female youth, and to provide training to juvenile justice professionals so that they are able to respond to the needs of female youth more effectively.

Proposed Improvements: One improvement for consideration would be to require that the interventions pursued be evaluated for effectiveness and impact.

Trafficked Women and Children in Transition: A Protocol for Community Service and Support

Funding Level: $70,000

Projected Clients Served: Women and children, generally immigrants, who have been enslaved in the garment or sex slave industry.

Description: OVC is funding the Filipino American Service Group (FASG), a private, nonprofit service organization in Los Angeles, California, to provide victim serves to women and children who have been enslaved in the garment or sex slave industry. FASG will also develop a protocol for the INS and Administrative Office of the U.S. Courts to use when releasing these victims into community care.

Evidence of Success: Funding is beginning. Success will be measured by client satisfaction, quality of materials produced.

Proposed Improvements: None at this time.

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Obviously, with the Administration's emphasis on making Welfare Reform work, program development and collaboration with other agencies in this area would be of interest to the Department of Justice.