Examples of Promising Approaches to Help Children Avoid and Escape the Pipeline*

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The Children's Defense Fund’s Cradle to Prison Pipeline® Campaign is a national call to action to stop the funneling of tens of thousands of youth, predominantly minorities, down life paths that often lead to arrest, conviction, incarceration and, in some cases, death. Nationally, 1 in 3 Black and 1 in 6 Latino boys born in 2001 are at risk of imprisonment during their lifetime. Unless our nation changes course, this pipeline to prison will reverse decades of hard-earned progress towards racial equality and social progress.

It’s time for America to become America. As parents, adults, citizens and leaders we must step forward and take action from every sector to reverse the impact of child poverty and racial disparities in all our child-serving systems, in particular in child health and mental health, early childhood development and education, and child welfare and juvenile justice.

We have promising approaches to draw upon, and working together we can institute them. The following are some examples of actions people are taking within their community, which we must bring to scale, to dismantle the Pipeline. By following these examples, our collaborative actions will help to reweave the fabric of family and community and to ensure a level playing field for all children. We must work together to improve the lives of children and thus improve the lives of all of us.

**The Abecedarian Project**

The Abecedarian Project was a carefully controlled scientific study of the potential benefits of early childhood education for poor children. It provided high quality, early educational full-day, full-year intervention programs to children from low-income families from infancy through age 5. Low teacher-student ratios enabled students to receive individualized attention. Emotional support and cognitive stimulation were at the core of the educational experience. Children’s progress was monitored over time with follow-up studies conducted at ages 12, 15 and 21. These studies consistently found that low-income children who participated in this project had higher scores on reading and math tests, and more advanced language skills than those children who did not participate in the project. Abecedarian children also were more likely to attend four-year colleges and delay parenthood. The program also benefited the mothers of children who participated in the project. They achieved higher educational and employment status than mothers whose children were not in the program. These results were especially pronounced for teen mothers.

For additional information, visit [http://www.fpg.unc.edu/~abc/](http://www.fpg.unc.edu/~abc/)

*Excerpted from Children's Defense Fund's America’s Cradle to Prison Pipeline™ Report, September 2007.*
Amachi Program

The Amachi Program provides school-based, community-based and church-based mentorship support to the children of incarcerated parents primarily through faith-based congregations in the children’s own neighborhoods. Amachi partners with over 75 secular and faith-based institutions to screen mentors, monitor relationships and provide stipends to participating churches and organizations. Faith institutions work with human service providers and public agencies (particularly justice institutions) to identify children of prisoners and match them with caring adults. The Amachi Training Institute provides hands-on training for local organizations mentoring children of incarcerated parents. Currently there are 273 programs in 48 states that use the Amachi model or were inspired by it. They have partnered with more than 6,000 churches and served more than 60,000 children.

For additional information, visit http://www.amachimentoring.org/index.html

The Arizona Families F.I.R.S.T. (AFF) Program

The Arizona Families F.I.R.S.T. (AFF) program is one of the successful examples of Comprehensive Family Treatment. It is administered by the Department of Economic Security in partnership with the Department of Health Services to promote permanency for children and stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for families. AFF provides an array of structured family-centered interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. AFF programs also include concrete support services such as child care, transportation and housing. Some residential programs also allow children to remain with their parents during treatment. Evaluations of the AFF programs have shown positive results. Among the 3,931 clients participating in AFF during fiscal year 2006, 98 percent had not experienced a subsequent substantiated report of abuse or neglect after enrollment in the AFF program.

Programs that adopt the Comprehensive Family Treatment approach provide services for parents and their children to help break the cycle of parental alcohol and drug dependence and help families stay together. They are a cost-saving alternative to foster care. Such programs typically provide the following services or referrals for these services: substance abuse treatment, children’s early intervention services, family counseling, legal services, medical care, mental health services, nursery and preschool, parenting skills training, pediatric care, prenatal care, sexual abuse therapy, relapse prevention, transportation, and job/vocational training or GED classes. These services are offered by a number of providers. Evaluations of such programs show positive outcomes for mothers and their children such as a decrease in alcohol abuse and decline of arrests.

For additional information, visit http://www.azdes.gov/dcyf/first/

Beech Acres Parenting Center

Beech Acres Parenting Center (Cincinnati, Ohio) offers a variety of services and information to strengthen families for children. These services include parenting education classes, a once-a-year conference on practical parenting called For the Love of Kids, mediation services for families facing the challenges of divorce or conflicts between parents and teens, and a wide range of programs designed for families of children with mental health issues, serious behavior problems, or drug and alcohol addiction.

Three of their programs that specifically focus on children at risk are Therapeutic Mentoring, Treatment Foster Care and the KONNECT project.

Beech Acres’ Therapeutic Mentoring Program is a community-based service specifically designed to meet the individual needs of children at risk. Mentors help youth identify and attain their mutually agreed upon treatment goals. Mentors also guide youth through their daily experiences. Through these relationships,
youth are also encouraged to identify their career goals, develop character and engage community resources. Therapeutic Mentoring is complemented by Family Mentoring, which provides assistance to the entire family.

Treatment Foster Care provides temporary or emergency substitute family care for emotionally, sexually or physically abused children. This program enables children to experience safe, loving and nurturing home environments. Foster parents are licensed and trained, and share in the goal of stabilizing children and reunifying families.

The KONNECT project (Konnecting Our Neighborhoods and Nurturing Each Child Together) offers one-to-one mentorship for children ages 4–15 with one or both parents in state or federal prison. Through quality weekly mentorship, KONNECT aims to improve the child’s academic success, self concept, and social interactions and values. It is a partnership between Beech Acres and S.O.A.R. Development Corporation of Word of Deliverance Ministries for the World. Beech Acres provides the mentorship recruiting and training for the program. In 2005, KONNECT had over 50 mentors and mentees.

For additional information, visit www.beechacres.org

**Big Brothers Big Sisters**

Big Brothers Big Sisters is the oldest and largest youth mentoring program in the United States. Through the program, at-risk youth, ages 6–18, are paired in one-on-one professionally supported mentoring relationships with adult volunteers in a community-based or school-based setting. In both cases, the volunteer and the young person meet for one hour a week to talk, or read together or just do something fun. These intentionally unstructured meetings are meant to cultivate relationships that will help the youth navigate through everyday challenges. Research shows that youth participating in the program are less likely to use illegal drugs, skip school or engage in violent acts. In 2005, more than 84 percent of teachers polled reported Little Brothers and Sisters in school-based mentoring programs improved in at least one academic subject. More than 80 percent of both Bigs and parents said Littles in community-based mentoring improved their self-confidence. In 2005, the organization served 234,000 youth across 50 states including 10,000 children with at least one incarcerated parent.

For additional information, visit http://www.bbbs.org/site/c.diJKKYPLJvH/b.1539751/k.BDB6/Home.htm

**Black Babies SMILE**

(Start More Infants Living Equally Healthy)

Black Babies SMILE (BBS) is a maternal and infant health program aimed at reducing the rate of infant mortality among African Americans in Montgomery County, Maryland. Any African American woman living in Montgomery County is eligible to receive the program's free services, including nurse visitation and case management. The program was created in 1999 in response to increasing concerns about the lack of health care in the African American community. The African American Health Program, which administers BBS, partners with churches, clinicians’ offices and early childhood programs to provide maternal and infant health services. BBS offers education and training to women before pregnancy, nurse management during pregnancy, and campaigns to keep infants safe after pregnancy. Nurse management focuses on providing services that are culturally competent, strength-based and comprehensive. Nurses, together with the mothers, create a care plan for the infants to ensure their safety and continued good health.

Currently, Black Babies SMILE serves more than 150 mothers and 90 infants. The average age of the mothers is 27. Over 70 percent of participating mothers are single parents and unemployed. Since the program's inception, no pre-term or low-birthweight babies have been born to mothers enrolled for prenatal care.

For additional information, visit www.onehealthylife.org
Boston Ten Point Coalition

The Coalition is an ecumenical group of Christian clergy and lay leaders working to mobilize the Christian community around issues affecting Black and Latino youth, especially those at risk for violence, drug abuse and other destructive behaviors.

The Coalition aims at making the local church more effective in rebuilding communities. It also seeks to build partnerships with community-based, governmental and private sector institutions, which are also committed to the revitalization of the families and communities. The Ten Point Plan calls upon churches and faith-based agencies in the Roxbury, Dorchester, Mattapan and Jamaica Plain communities of Boston to work collaboratively to develop a ten point action plan aimed at reducing violence and helping youth to develop more positive and productive life styles.

Among the services provided by the Ten Point Coalition is a community re-entry initiative that provides mentoring and basic services to ex-offenders who were labeled high-impact players and are considered least likely to succeed on their own as they prepare to re-enter community life. Preliminary results demonstrated a 10 percent recidivism rate with ex-offenders who normally exhibit an average 44 percent recidivism rate.

The Second Chance/Adopt a School program is another successful example of the Ten Point Coalition’s work. In partnership with the Boston Police Department’s Youth Violence Strike Force and Boston School Police, clergy and volunteers from area churches make anti-violence presentations at local schools. Trained volunteers also provide counseling on topics such as peer conflict and gang mediation. Teams make weekly visits to the homes of youth at high risk for criminal behavior before they actually get into trouble.

For additional information, visit www.bostontenpoint.org

CASASTART

CASASTART (Striving Together to Achieve Rewarding Tomorrows) was developed by the National Center on Addiction and Substance Abuse at Columbia University. It is a community-based, school-centered program designed to keep high-risk 8- to 13-year-old youths free of substance abuse and criminal involvement. The program coordinates services by bringing together key stakeholders in community schools, law enforcement agencies, social services, and health agencies. CASASTART uses a positive youth development framework and intensive case managers, each of whom serves 15 children and their families. CASASTART is composed of eight components designed to reduce neighborhood, family, peer group and individual risk factors. Program sites are able to adapt the program to fit their specific needs and strengths. The style and level of implementation across the sites is not uniform. Initially the program was first implemented in six cities; CASASTART currently operates in nearly 40 schools around the country.

Assessment of CASASTART programs operating in Austin, Texas; Bridgeport, Connecticut; Memphis, Tennessee; Savannah, Georgia; and Seattle, Washington, demonstrated that one year after program completion, compared with youths in the control group, CASASTART youths were less likely to: use gateway and stronger drugs; be involved in drug trafficking; commit violent offenses; and be negatively influenced by peers or to associate with delinquent peers. Children in the program were more likely to be promoted to the next grade in school.

For additional information, visit http://www.casacolumbia.org

The Comer School Development Program

The Comer School Development Program (SDP) is the organization charged with implementing the Comer Process in school communities. The Comer Process, a school- and system-wide intervention formulated by Dr. James P. Comer, Maurice Falk Professor of Child Psychiatry at the Yale University School of Medicine’s Child Study Center, aims to bridge child psychiatry and education.
School Development Programs, also known as Comer Schools, merge child and adolescent development outcomes into the curriculum. Teachers shape classes around ways to advance overall development, not just achieve certain test scores. Another unique feature of Comer Schools is their emphasis on parent involvement in major school decisions. Each school forms management teams composed of administrators, teachers and parents to handle routine tasks and serious concerns. All major school decisions are made by this group. SDP also brings together school personnel, parents and students to take responsibility for children’s individual development and, consequently, their readiness to learn. These teams meet to address specific concerns with student behavior. They also discuss how to make the school environment more conducive to learning.

Relationships are key to the students’ success. SDP does not just focus on cognitive development, but on all developmental pathways. School districts fully adopting SDP have been able to significantly increase student academic performance in math, reading and writing. Over the past 25 years, SDP has been used in over 1,000 schools. The program is now in place in more than 50 school districts nationwide.

For additional information, visit [http://www.schooldevelopmentprogram.org/](http://www.schooldevelopmentprogram.org/)

**El Paso County Department of Human Services**

The El Paso County Department of Human Services in Colorado ensures that the County's residents are able to live and grow in an environment free of extreme poverty, abuse or neglect. It has a common philosophy that begins with a vision to eliminate poverty and family violence and builds on the community's capacity to serve families before calling upon government; it emphasizes prevention, early intervention, protection and family strengths. Department staff provide integrated services in a culturally respectful, competent manner based on specific principles of service delivery. Each division has its primary function but also links with other divisions for increased effectiveness, efficiency and child and family services. Primary service areas provided through public/private community partnerships include:

- **Prevention:** Supporting economic self-sufficiency and independence, and preventing the need for more intensive services.
- **Preservation:** Assisting families, youth and children in need, maintaining children in their own homes or with relatives and working to keep fathers involved with their children.
- **Protection:** Protecting at-risk or abused and/or neglected children, youth and adults and providing permanency in the form of family reunification, guardianship or adoption.
- **Administrative Services:** Providing services in support of the direct client services and benefit programs.

For additional information, visit [http://dhs.elpasoco.com/](http://dhs.elpasoco.com/)

**Every Child Succeeds**

Every Child Succeeds (Ohio) is designed to ensure an optimal start for children by providing education, support and counseling services to mothers. To date ECS has served more than 8,500 families with over 177,500 home visits. Based on scientific principles correlating appropriate brain stimulation during the first three years with the achievement of full social, mental and physical development, ECS maximizes the development of high-risk children. The program provides intensive home visitation for first-time, high-risk mothers and their infants for three years. ECS strives to decrease abuse and neglect, reduce unintentional injuries, strengthen the parent-child relationship, improve utilization of diagnostic services, encourage health promotion, link families with primary care services and promote an optimal environment for learning and emotional growth.

While enrolled in this program, home visitors, who are recruited and trained, visit families two to three times per month for the first year. If needed, the program also offers mothers monthly visits during the second and third years. During the visits, home visitors provide information, training on infant health, development, environmental safety and parenting, and access to health and human services. Parents are also given a chance...
to meet other first-time parents. More than 20 community agencies provide home visitation services through the Every Child Succeeds program.

Preliminary findings include: ECS prenatal referrals have increased from 40 percent when the program began to almost 60 percent at the present time. Ninety-three percent of ECS infants function at developmentally normal levels. Ninety-eight percent of mothers in the ECS program have a medical home. Of mothers with smoking histories, 79 percent quit or drastically reduce tobacco use during pregnancy. Of the 29 percent of mothers who enter ECS with clinically significant levels of depression, half are no longer depressed after nine months in the program; and observational data suggest that the ECS injury prevention component significantly reduces hazards to the child.

For additional information, visit www.everychildsucceeds.org

Federation of Families for Children's Mental Health (FFCMH)

This national family-run organization provides leadership and technical assistance to family-run and other child services and focuses on building and sustaining family-professional partnerships. FFCMH helps to engage families of children with emotional, behavioral and mental challenges at all levels of program planning, implementation and evaluation. The Federation pays particular attention to the development of partnerships between family-run, youth-centered organizations and mental health services and juvenile and criminal justice systems. In addition, the Federation provides advocacy at the national level for the rights of children and youth with emotional, behavioral and mental health challenges and their families. Currently the Federation has chapters or state organizations in 48 states.

For additional information, visit http://www.ffcmh.org/

Functional Family Therapy, Multisystemic Therapy and Multidimensional Treatment Foster Care

While there was a general consensus among researchers in 1990 that “nothing worked” for serious juvenile offenders, research over the last 15 years has proven that three treatment models are particularly effective for at-risk youthful offenders and their families: Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Multidimensional Treatment Foster Care (MTFC).

All three programs are evaluated as “model programs” by the Blueprints for Violence Prevention Initiative at the University of Colorado. All three programs offer comprehensive, family-focused interventions aimed at the avoidance of incarceration or other institutionalization of youth.

The effectiveness of Functional Family Therapy was recognized by the Office of Juvenile Justice and Delinquency Prevention, the Center for Substance Abuse Prevention, the Centers for Disease Control and Prevention and the U.S. Surgeon General's Report on Youth Violence. The program targets youth, ages 10 to 18, and their families, whose problems range from acting out to conduct disorder to alcohol/substance abuse. FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole/aftercare, mental health, and as an alternative to incarceration or out-of-home placement. Intervention ranges from, on average, eight to 12 one-hour sessions up to 30 sessions of direct service for more difficult situations.

Multisystemic Therapy provides treatment on a highly individualized basis that addresses the factors in a youth’s environment contributing to behavior problems. MST services are delivered in the natural environment (e.g., home, school, community). The treatment plan is designed in collaboration with family members. The typical duration of home-based MST services is approximately four months, with multiple therapist-family contacts occurring each week. Studies show these programs produce long-term reductions in recidivism and decrease psychiatric symptoms and drug use.
Multidimensional Treatment Foster Care is an alternative to regular foster care, group or residential treatment, and incarceration for youth who have problems with chronic disruptive behavior. The MTFC treatment model can be implemented by any agency or organization providing services to children with serious behavior problems and their families. The intervention occurs in multiple settings and ranges from behavioral parent training and support, to foster parents, to school-based academic support and medication management. There are three versions of MTFC serving children 3 to 5, 6 to 11 and 12 to 17 years old.

All three programs are highly cost-effective. A cost-benefit analysis by the Washington State Institute for Public Policy found that, for every dollar spent, these three models ultimately save $6.85 (FFT), $8.38 (MST) and $14.07 (MTFC).

For additional information, visit:
FFT: http://www.fftinc.com/
MST: http://www.mstservices.com/
MTFC: http://www.mtfc.com/

The Incredible Years Series

The Incredible Years Series (IYS) are research-based, proven effective approaches for reducing children’s aggression and behavior problems and increasing social competence at home and at school. The Incredible Years Training Series offers comprehensive curricula designed to promote social competence and prevent, reduce and treat aggression and related conduct problems in young children (ages 4 to 8 years). The interventions that make up this series—parent training, teacher training and child training programs—are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family and school) in the development of conduct problems.

The IYS programs have been highly evaluated by a number of studies, including six randomized control group evaluations of the parenting series by the program developer and the University of Washington, as well as five independent replications by other investigators. These evaluations indicated significant changes, such as increases in parent use of effective limit-setting by replacing spanking and harsh discipline with non-violent discipline techniques and increased monitoring of children, reductions in parental depression and increases in parental self-confidence, increases in positive family communication and problem solving, reduced conduct problems in children’s interactions with parents, and increases in their positive effect and compliance to parental commands.

For additional information, visit  www.incredibleyears.com

King County System Integration Initiative

The King County System Integration Initiative was initiated in March 2004 to improve the coordination and integration of the child welfare and juvenile justice systems in King County, Washington. Child protection and well-being were seen as a shared responsibility of communities, agencies, individuals, institutions (formal and informal) and families. Similarly, responsibility for guidance and accountability for delinquent youth requires the engagement of many supportive entities. Achievement of desired outcomes for children and youth being served by child welfare and juvenile justice agencies requires concerted effort and communication among many organizations and individuals, and the active engagement and support of their families.

The King County System Integration Initiative aims to reform the culture, policies, practices, programs and protocols that currently make up a sometimes fragmented method of service delivery. With the consultative and facilitative support of the Child Welfare League of America (CWLA), it engaged in a comprehensive, strategic planning process to improve the coordination and integration of the juvenile justice, child welfare, and other relevant youth-serving systems. CWLA developed a five-phase strategic planning framework to help
guide states and local jurisdictions in efforts to establish a more coordinated, integrated child welfare and juvenile justice system that more effectively impacts outcomes for dual jurisdiction youth and families. In 2007, the King County Systems Integration Initiative continued to progress through the persistent efforts of a dedicated group of youth-serving professionals. The Executive Committee and several subcommittees and task force groups have finalized additional critical components that will reshape the way in which King County reacts to dual jurisdiction youth.

This effort brought together a comprehensive representation of county and state officials and personnel to conduct a thorough examination of data (both existing and that which must be developed to better inform effective services), information sharing processes, information management systems, program and fiscal resources, and applicable federal and state statutes. The initiative developed a set of protocols designed to support coordination and integration of case planning and service delivery for children and young people connected to multiple systems—with a primary focus on child welfare and juvenile justice systems.

For additional information, visit
http://www.cwla.org/programs/juvenilejustice/jjkingcounty.htm

Life Long Family Connections, Families for Teens and The California Permanency for Youth Project

Youth permanency programs across the country provide long-lasting support to youth leaving foster care. Such programs search for family members or other adults with whom youth feel safe and connected. Often youth get reconnected with extended families, sometimes staff they have known and liked in the past. At other times, new connections are made.

Life Long Family Connections for Adolescents in Massachusetts is a statewide initiative operated by Massachusetts Families for Kids with the state of Massachusetts. The program uses seven approaches to develop lifelong relationships for adolescents in the foster care system. All components are youth-driven, strengths-based and culturally competent. Staff members help youth make connections that will remain intact after they leave care. One key component is the Speak Out Team, comprised of teens and young adults who were once adopted or are currently in foster care who talk to policymakers and practitioners about their need for a permanent family, offer support to older youth still in care and help to train staff on permanency planning for older youth.

Families for Teens, operated by the New York City Administration for Children and Families, works to ensure that no child ages out of foster care without a life-long connection to a caring adult committed to functioning in a parental capacity. The city requires that youth be involved in efforts to identify committed adults with whom they would like to be connected with whether through reunification, adoption, guardianship or custody. Special attention has been focused on youth in residential treatment and other congregate care settings.

The California Permanency for Youth Project (CPYP) is a project of the Public Health Institute. Its Task Force—a statewide group with broad representation, including public and private organizations, youth and founders—provides technical assistance to 14 counties to develop a youth permanence plan that includes the following target areas: administrative practices, permanency practice, identification of the project target group, staff development, partnerships, involvement of youth in finding their own permanency, and integration with other initiatives.

For additional information, visit
http://www.csrox.org/programs/family-connections.php
http://www.cpyp.org
Missouri Department of Social Services, Division of Youth Services

The state of Missouri is widely considered to have the best juvenile correctional system in the nation. It closed its youth prisons in 1983 and divided the state into five regions so that confined juveniles would remain within driving distance of their homes. Each region has two facilities, housing no more than 40 youths each. One serves as a day treatment clinic to prevent the escalation of criminal behavior; the other is a lock-up for more serious offenders. Instead of punishment, the state focuses on intensive individual and family counseling, academic and vocational education, and behavior modification.

While many states are adding mental health treatment as an occasional service, Missouri infuses mental health into every aspect of its correctional programs. Comprehensive treatment services include case management, family therapy, residential care, juvenile court diversion, intensive case supervision, school-based day treatment and aftercare.

From the first day of entering a Missouri DYS (Department of Youth Services) facility, youth spend virtually every moment with a team of 10 other teens. They eat together, study together, live together—all under the supervision of two trained youth specialists. Any time a youth is troubled about anything, they can call a meeting of the team to discuss the problem and work out solutions.

DYS youth also show promising educational progress. In 2002, 75 percent of the youth made more progress than a typical public school student and 222 youth earned their GEDs. Moreover, Missouri’s success has not come at the expense of the budget. In 2002, DYS spent $103 per youth, while Louisiana spent $270 per youth, Maryland spent $192, and Florida spent $271. All three states have youth recidivism rates dramatically higher than Missouri’s.

The most recent DYS recidivism report, compiled in February 2003, shows that 70 percent of youth released in 1999 avoided recommitment to a correctional program within three years. The state has flatly disproved traditional concerns that public safety will be compromised if services and treatment are emphasized over incarceration.

For additional information, visit http://www.dss.mo.gov/dys/index.htm

Nurse-Family Partnership

The Nurse-Family Partnership provides home visits by licensed nurses to first-time mothers (primarily young and single) throughout their pregnancies and during the first two years of the babies’ lives. The program primarily targets low-income women and those facing other risk factors, whose children are extremely at risk. The nurses assist families in becoming economically self-sufficient by helping mothers plan future pregnancies, continue their education and find jobs. The client’s partners, extended family and friends, are encouraged to participate in the home visits. Nurse-Family Partnership Implementing Agencies provide services at the community, city, county or state level and are administered by a range of public and nonprofit entities including state and county departments of public health, community-based health centers, nursing associations and hospitals. Among the multiple positive program effects found in the first trial of children at age 15 were a 48 percent reduction in child abuse or neglect, and a 90 percent reduction in those identified as needing supervision for incorrigible behavior. A 2005 RAND study reported a net benefit to society of $34,148 per participant, with the bulk of the savings accruing to government, which equates to a $5.70 return per dollar invested in the Nurse-Family Partnership. The Nurse Family Partnership is currently established in more than 290 counties in 23 states. Funding for the program comes from a variety of sources, including Temporary Assistance for Needy Families, Medicaid and child abuse prevention dollars.

For additional information, visit http://www.nursefamilypartnership.org
Olweus Bullying Prevention Program

The violence and victimization that occur in schools today negatively affect both individual students and the overall school environment. They decrease student performance, attendance, safety and well-being. The Olweus Bullying Prevention Program (BPP) seeks to decrease school violence by focusing on school-wide, classroom and individual interventions and involvement of parents. It offers a comprehensive approach designed for use in elementary, middle or junior high schools.

School policies, rules against bullying behaviors, and predetermined consequences are part of the school-wide interventions. The anonymous bully/victim questionnaire provides schools with rich data that show where increased supervision of school violence “hot spots” is needed. School-wide interventions focus on assessment, staff training and the development of coordinated supervision systems. Classroom-level interventions consist of regular class meetings where students and teachers discuss bullying and peer relations.

The program provides guidance for individual interventions for children who bully others, for children who are bullied, and for those who watch the bullying of their peers. The sessions also involve parents of these children. The commitment of school teachers and administrators to implement BPP is a vital part of the success of the program.

The Olweus Bullying Prevention Program in the U.S. also includes a community component that encourages schools to work with community violence prevention programs to take their anti-bullying messages beyond the schoolyard boundaries.

BPP has resulted in substantial reductions in both boys’ and girls’ reports of bullying, victimization, and overall anti-social behavior (i.e., vandalism, fighting, truancy, etc.). It also has led to significant improvements in classroom order, social relationships and attitudes toward school and academics.

For additional information, visit www.clemson.edu/olweus

Operation Ceasefire

Operation Ceasefire is considered a national model for effective and dramatic youth and gang violence reduction. In one year, after record high levels of youth homicides, the youth homicide rate (ages 15–24) in Boston, Massachusetts, dropped by two-thirds, a phenomenon called “the Boston Miracle.” Similar success has been achieved in other cities (Indianapolis; Minneapolis; Stockton, California; High Point and Winston-Salem, North Carolina; Portland, Oregon; and Rochester, New York).

This happened when a broad coalition of federal, state, and local governmental agencies, nonprofit community service organizations, businesses, religious leaders, parents and resident stakeholders came together and agreed on “Operation Ceasefire,” a coordinated city-wide strategy to deter youth and gang firearm violence. The strategy included regular meetings of law enforcement officers with groups responsible for the violence to reiterate that violence would not be tolerated. This element of the program reversed the street pressure in which groups egged on their members to commit violence. Community and faith leaders sent a loud, clear and consistent moral message to gangs, as fellow community members, that the killing was wrong and must stop. Participants and evaluators reported that the message was effective even with the most hardened offenders. This confirmation made the position of the community clear, validated any subsequent steps by law enforcement, and made it impossible for violent offenders to believe that they had community support. Finally, working with community partners, cities built a network of extensive services, targeted first at the core group of members of violent groups and gangs. These youths and young adults, in effect, “moved to the front of the line” for services. This measure focuses help on any violent offenders who will take it.

For additional information, visit http://ojjdp.ncjrs.org/pubs/gun_violence/profile21.html
PACE Center for Girls

PACE Center for Girls (Florida) provides a non-residential delinquency prevention program in 21 locations statewide, targeting the unique needs of females 12–18 who are identified as dependent, truant, runaway, ungovernable, delinquent or in need of academic skills. PACE accepts referrals from the juvenile justice system, the Department of Children and Families, school personnel, community services agencies, parents, family members and friends as well as self-referrals. Its purpose is to intervene and prevent school withdrawal, juvenile delinquency, teen pregnancy, substance abuse and welfare dependency.

The success of the PACE program is based on two key factors: a focus on understanding the relationship between victimization and female juvenile crime, and a strength-based approach that focuses on the unique potential of each girl, not on mistakes or poor choices she has made. Components of the PACE program include: academic education, individualized attention, gender-specific life management skills, mental health treatment, parental involvement, community volunteer opportunities and a three-year, comprehensive follow-up program.

In fiscal year 2005–2006, PACE provided quality social and educational services for 2,312 Florida girls and their families. Currently there are 19 PACE centers, three outreach programs and a pre-teen center operating in Florida.

For additional information, visit http://www.pacecenter.org

Parent Institute for Quality Education

The Parent Institute for Quality Education (California) offers a free nine-week parent involvement education course to help parents understand how they can become an integral part of their children’s education. PIQE is a culturally sensitive parent training program taught by credentialed teachers trained by PIQE. Classes are offered in the parent’s primary language so that they can feel comfortable and confident in their interactions with other parents and the instructor. The program’s intent is to provide parents with information, knowledge, skills and a personal commitment to improve the conditions surrounding the educational and personal development of their children.

Since the program started in Sherman Elementary School in San Diego, California, in October 1987, more than 375,000 parents from 1,500 elementary, middle and high schools, in districts within San Diego, Los Angeles, Fresno, San Jose, Orange, Riverside, San Bernardino, Monterey, Sacramento, Stanislaus, Alameda, San Francisco and Shasta counties, have graduated from PIQE’s parent involvement training classes. In addition, approximately 20,000 parents have participated in PIQE’s follow-up “coaches” program, which provides one-on-one information to parents during a four-month period about how to access school services and promote the aims of PIQE for parent involvement.

For additional information, visit http://www.piqe.org/

Perry Preschool Project

The Perry Preschool Project (PPP) provides disadvantaged children with the opportunity to receive high-quality early childhood education. Children ages three and four who come from low-income families are eligible for the program. The program lasts for two years and operates for 2.5 hours each day, Monday through Friday. In addition to providing quality education, teachers also make periodic home visits. The project offers a developmentally centered curriculum that engages children as active, self-initiated learners; small classroom settings with 20 children and at least two staff who are trained in early childhood development and education and actively communicate with parents; sensitivity to the specific needs of disadvantaged children and their families, which includes providing meals and recommending other social service agencies; and ongoing monitoring and evaluation of both teachers’ activities and children’s behaviors and development.
The longitudinal study conducted in 2005 found that adults at age 40 who had participated in the preschool program had higher earnings, were more likely to hold a job, had committed fewer crimes, and were more likely to have graduated from high school than adults who did not have preschool. Overall, the study documented a return to society of more than $16 for every tax dollar invested in the early care and education program.

For additional information, visit http://www.highscope.org/Research/PerryProject/perrymain.htm

State Reentry Services for Youth

Reintegration back into school and the community is a critical transition for youth who have been adjudicated. Studies have established that lower recidivism rates are directly related to youths’ positive level of engagement with their community. Youth returning from incarceration have many needs that must be addressed, including educational, mental health, vocational and recreational. Because there are multiple state agencies involved, the likelihood of information being delayed or even lost is great. Parents and family members must also be integral partners in this process. Many states have developed effective strategies for assisting adjudicated youth.

The West Virginia Division of Corrections designed a reentry program to include academic and vocational education assessment and opportunities, substance abuse treatment, sex offender treatment, crime victim awareness training, cognitive restructuring and life skills planning. The program targets high-risk convicted felons and parolees ages 18–24.

The West Virginia Division of Juvenile Services has a Reentry Court Program currently being implemented in several counties throughout the state. Collaborative partnerships with various local government agencies, community service organizations and faith-based organizations are used to provide institutional and community-based transition services to offenders ages 14–21 who are returning to the northeastern region of the state.

The New York City school system places students who are in residential/detention placement on a parallel list to facilitate tracking and to ensure that students are not removed from school enrollment during the residential/detention period.

Kentucky requires that each school district have a “bridge coordinator” who facilitates and manages cross-agency and parental involvement in transitioning adjudicated children back into school. The Kentucky Department of Juvenile Justice’s reentry initiative provides institutional and community-based services to male offenders ages 14–16 returning to counties throughout the state. The transitional services include employment training and job placement, educational services, vocational training, substance abuse treatment, mental health treatment, healthcare services, counseling, family support services, community support services, housing assistance, mentoring, aftercare planning and services, monitoring and supervision, and intensive case management.


Wings of America

Wings of America (WOA) aims to increase the self-esteem, health, wellness and leadership skills of American Indian and Alaskan Native youth. Through youth development programs incorporating running, Wings has found a unique way to help Indian youth overcome their life challenges, and to nurture and maintain their proud heritage. Running has an integral place in the spiritual and ceremonial traditions of American Indian people.

WOA coordinates several programs throughout the year. In addition to sponsoring cross-country teams in events around the country, WOA also coordinates mini-running and fitness camps for youth ages 6–14. The
week-long camps incorporate traditional Native American games, fitness and running exercises, substance abuse prevention and nutrition education to teach youth about positive and healthy life choices.

Overall, WOA participants have lower rates of arrests and substance abuse. They also attain higher levels of education and maintain healthier lifestyles. Ninety-nine percent of Wings’ participants graduate from high school. Ninety-four percent of participants enter a 2- or 4-year college.

For additional information, visit www.wingsofamerica.org

Wraparound Milwaukee

Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division. It is designed to provide comprehensive, individualized and cost-effective care to children with complex mental health and emotional needs. Wraparound Milwaukee is one of over 10 “wraparound” programs across the country.

Wraparound Milwaukee serves families living in Milwaukee County who have a child with serious emotional or mental health needs, is referred through the Child Welfare or Juvenile Justice System and is at immediate risk of placement in a residential treatment center, juvenile correctional facility or psychiatric hospital.

The program serves more than 800 youth, the majority of whom are adjudicated delinquent. Seventy percent of Wraparound Milwaukee’s population is male. Sixty-five percent are African American, 28 percent are Caucasian, and 7 percent are Hispanic. Most of the youth live below the poverty line and come from female-led, single parent homes. In 2002, the average age at intake was 13.2.

Wraparound Milwaukee emphasizes the importance of parental choice and family independence. In addition to partnering with families, the program also closely works with several other government agencies including juvenile justice, child welfare and education, allowing families to receive various services and resources at one central location.

Another essential element of the Wraparound program is the Care Coordination program. Each child and family is assigned a care coordinator who meets with the family, completes a strength-based evaluation and develops a care plan. The coordinator also serves as a liaison between the family and the Wraparound Milwaukee Provider Network, completing all formal authorization requests. Care plans are revised every 90 days and include such activities as peer groups, recreation activities, parenting classes and mentoring relationships.

For additional information, visit http://www.milwaukeecounty.org/display/router.asp?docid=7851

For more information on the Cradle to Prison Pipeline Campaign, please visit www.childrensdefense.org or contact Natacha Blain, Lead Strategic Advisor, at nblain@childrensdefense.org or (202) 622-3544.