STRENGTHENING COMMUNITIES

A Review of the Youth Violence Prevention Grant Program

HITVILLO HISTORY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration , www.samhsa.gov

KEY LESSONS LEARNED

- Solutions must be tailored to and driven by the communities themselves
- Obtain genuine input and the active participation of young people and their families
- Hire staff who share both the target population's language and background
- Use existing community groups to form coalitions
- Regularly discuss evaluation results with community stakeholders
- MENTORING
- AFTER SCHOOL PROGRAMS
- PRO-SOCIAL SKILLS DEVELOPMENT
- **BULLYING PREVENTION**
- THERAPEUTIC SERVICES AND SUPPORTS
- ENGAGING FAMILIES
- CONFLICT RESOLUTION

- ACADEMIC TUTORING
- YOUTH LEADERSHIP OPPORTUNITIES
- COALITION BUILDING
- TEACHING PROBLEM SOLVING SKILLS
- CROSS-SYSTEM COLLABORATION
- INTERPERSONAL VIOLENCE PREVENTION
- **PROMOTING TOLERANCE**

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All photographs within this document were taken by the Youth Violence Prevention Grant Sites

SAMHSA'S Youth Violence Prevention Program Community Members Forged Strong Coalitions and Developed Innovative, Community-Driven Projects That Addressed Their Specific, Urgent Needs for Keeping Youth Safe

ommunities across the United States experienced success through the Youth Violence Prevention (YVP) program grants funded by the Department of Health and Humans Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. SAMHSA encouraged grantees to use a public health approach to violence prevention and to employ science-based interventions that showed promise. The public health approach encourages communities to look at violence through a broad lens that goes beyond a juvenile justice problem only to be handled by police, courts, and detention facilities. Through the YVP program, grantees analyzed their communities' risk factors for violence and protective factors that could bolster young people's resilience. The

identification of these factors in communities allowed grantees to choose appropriate interventions. Their experiences enriched the field of violence prevention by providing workable models that communities could identify and implement successfully. Violence can be prevented.

Begun in 1999, YVP sought out historically underserved populations and gave priority to violence prevention approaches designed to build upon and celebrate the strengths of young people, their families, and their communities. SAMHSA awarded grants to community-based organizations to support the prevention of youth violence and associated problems by addressing problems early and effectively before more serious and costly problems could emerge.





The public health approach uses data to identify malleable risk and protective factors and to strategically select interventions that can have a meaningful impact on these factors for an identified population. Interventions are then evaluated to ensure that they are having the desired effect, and adjustments are made as needed.



Sites were funded at levels of \$150,000–\$200,000 per year for two years, and during the YVP's six-year history, SAMHSA awarded 189 grants across 43 states. Recipients included youth-serving agencies, hospitals, school districts, and neighborhood health centers.

Through this initiative, community members forged strong coalitions and developed innovative, community-driven projects that addressed their specific needs for keeping youth safe in a culture that often promotes violence. They used the modest YVP funding and technical assistance to catalyze significant community actions, many of which have been sustained beyond the grant. Throughout the process, they learned valuable lessons that others can use to strengthen their own communities.

Much of the work of the YVP grantees has been guided by the knowledge that children may be influenced positively and/or negatively by many factors within themselves and in their environments.

YVP GUIDING PRINCIPLES

This includes their relationships with family and friends, their schools and communities, as well as the broader society and culture in which they live. Assessing the risk and protective factors that influence children is a fundamental principle in public health work. The key to dealing effectively with problems of youth violence is to reduce or eliminate those factors at each level of influence that contribute to risk for violence, while also strengthening those factors that protect a child or youth from becoming violent or involved with violence or other high-risk behaviors.



Although every program implemented by YVP grantees had unique aspects, all were required to employ a public health approach, (see box at right) to address risk and protective factors for youth, and to operate under the following set of guiding principles:

- Inclusiveness to ensure that diverse members of the community had opportunities to participate meaningfully in planning and decision-making to achieve positive outcomes for youth
- Collaboration among community members and organizations, to facilitate working relationships, develop a shared vision, and create networks of support
- ✓ Cultural competence in the implementation of evidence-based programs, policies, and practices to ensure sensitivity and responsiveness to cultural differences and to stimulate community participation
- Capacity-building to assist individuals and groups in realizing their potential in identifying and addressing needs, to broaden their ability to effect change, and to create a stronger sense of community solidarity
- Sustainability which requires strong management of both fiscal and non-fiscal resources, clear definitions of success, evaluation of progress over time, and communication of results to gain broadbased community support and key champions

YOUTH VIOLENCE RISK AND PROTECTIVE FACTORS

LEVEL OF INFLUENCE	RISK FACTORS	PROTECTIVE FACTORS
Child	 Being a victim of abuse Witnessing violence Abusing alcohol and/or other drugs Being alienated from school Lacking hope for the future 	 Having a healthy sense of self Using appropriate skills in solving social problems Having a positive perception of social supports Having a good connection to school Having high and positive expectations for the future
Family	 Providing poor supervision Using inconsistent or harsh discipline Undergoing many family transitions 	 Enjoying a warm, supportive caregiver-child relationship Having high caregiver expectations Having and communicating clear standards for behavior
Peer	• Having delinquent or violent friends or siblings	 Having pro-social peers and siblings
Community	 High levels of poverty and crime High unemployment Limited community supports and services Lack of community cohesiveness 	 Economic stability A safe environment Neighborhood resources Community cohesiveness
Societal	 Socioeconomic, racial, or ethnic inequities Firearm availability Exposure to violence in the media Cultural norms that support violence Cultural and ethnic intolerance 	 Economic safety nets Limited firearm availability Media support of nonviolence Cultural norms that oppose violence An appreciation for cultural and ethnic diversity

ADDRESSING ALL LEVELS OF INFLUENCE

he YVP approach encouraged communities to think broadly about addressing violence and related problems across the levels of influence by including in their solutions important community members such as parents, schools, public health agencies, mental health providers, youth-serving agencies, faith-based groups, law enforcement, and the media. Much of their work was strengthened by creating and working through community coalitions. Because coalitions have the ability to bring different members of a community together to address a common problem, they have the power to build consensus and trust among people and organizations, thus enhancing an effort's community support and success. In many cases, these coalitions continued beyond YVP funding.

YVP grantees, such as Latino Health Access in Santa Ana, (see box at right) derived their approaches from community needs and addressed those needs with proven practices. They were also sure to engage the community in all aspects of the process to provide positive outcomes for youth. The strategies employed by YVP grantees ranged from evidence-based interventions-such as Multi-Systemic Therapy, the Olweus Bullying Prevention Program, Aggression Replacement Training, and Life Skills Training-to innovative approaches that helped young people and adults critically examine their beliefs about prejudice and violence, enhanced the knowledge and skills of youth workers, and provided youth with needed mental health services.



On a fall evening in Santa Ana, California, the Roosevelt Elementary School is an urban oasis. Children play organized sports supervised by parents and youth workers. Young people gather around tables at an outdoor classroom to work on a nutrition project with a community health educator. In the cafeteria, mothers discuss positive parenting approaches in Spanish with Doctora Cristina, an experienced psychologist originally from their native Mexico. Latino Health Access (LHA), a community agency with deep roots in this economically depressed, densely populated city, used its Youth Violence Prevention program grant to conduct culturally relevant, family-focused interventions with strong input from community members. By forging an alliance with public school administrators, LHA arranged for the campus to be used by community members during after school hours. The grant made it possible for LHA to offer an array of programs at the school, which has the only outdoor recreational space in the entire zip code. Roosevelt Elementary school became a site where programs were conducted to meet the needs and schedules of hardworking migrant workers and their children. It also offered attractive alternatives to violence and other risky behaviors for young people.

KEY ELEMENTS OF YVP

Key to the success of YVP was that it provided opportunities for community-driven approaches, empowered youth to participate in the solutions, adapted programs to specific community needs, and encouraged innovation. The following examples illustrate these four elements:

COMMUNITY-DRIVEN APPROACHES:

YVP provided the opportunities and tools for community partners to participate actively in identifying specific violence-related problems and needs and to capitalize on the strengths of their communities in selecting and applying effective solutions. Building successful partnerships to address problems was a key component of all of the programs. By strengthening partnerships, YVP grantees strengthened their communities.

- La Crosse County Youth Violence Prevention Program (La Crosse, Wisconsin): This program was developed to overcome a growing problem of cultural misunderstanding, discrimination, and victimization faced by the children of Hmong immigrants from Southeast Asia. Its Community Advisory Council (CAC) included members from youthserving agencies, law enforcement, courts, schools, local government, and Hmong family cultural organizations. Guided by community assessments and testimony from key adults and youth, the CAC developed several interventions, such as a community-wide Day of Diversity, a high school Teach-In that focused on practices of nonviolence, and peer education programs with Hmong youth taking on leadership roles.
- Native Images (Phoenix, Arizona): "Talking circles" provided a culturally relevant approach for American Indian populations to address issues such as domestic violence, addiction, stress and depression management, anger management, and healthy relationships. By implementing the Strengthening the Circle program, Native Images provided an opportunity for at-risk girls from various tribal groups, all living in urban Phoenix, to connect and solve problems together in a way that was relevant to their cultural context.

YOUTH EMPOWERMENT: Youth were actively involved in many YVP programs through board membership, program implementation, resource assessment activities, and sustainability planning efforts. They generated new ideas and approaches, accessed community resources and strengths, and built the capacity of their peers to become active agents of violence prevention. In doing so, the programs prepared youth to become leaders of violence prevention for their generation and generations to come.

• Illinois Center for Violence Prevention (Chicago, Illinois): This program built a statewide movement that engaged and empowered more than 650 youth in 15 communities to become effective leaders and agents of change. Teams of youth in each community were assisted by local adult mentors to learn about and apply violence prevention best practices to issues of concern in their community, such as teen dating violence, gang violence, or domestic violence. These youth-led initiatives included babysitting for children at battered women's shelters, mentoring younger children to help prevent bullying, creating community violence prevention campaigns, and producing arts-based performances to communicate messages on how to prevent violence.



• Bronx AIDS Services (Bronx, New York): The young women who participated in the Go Girl! program of Bronx AIDS Services in New York joined with a coalition of community agencies to form the It's All About Girls Youth Planning Committee and created Diva Day, an event that attracted more than 100 attendees who wanted to learn about alternatives to violence. The event included poetry readings, a fashion show, and cosmetic gift bags for participants. Go Girl! teens ran the event and taught many of the workshops, where they shared their knowledge about interpersonal violence prevention, women's health issues, safe sex, and nutrition.

ADAPTATION OF PROGRAMS: YVP

encouraged communities to adapt, extend, or combine effective interventions to address their own particular needs. After identifying the specific nature of the problems they faced, YVP grantees adapted evidence-based interventions that would address these problems while taking into account the cultural and linguistic needs of the populations they were serving. They were also encouraged to make use of the existing strengths and resources of their communities.

- Kalihi Valley (Honolulu, Hawaii): The Second Step curriculum was chosen because it is effective in preventing violence and easily adapted to Hawaii's diverse ethnic populations. The scenarios used to reinforce each lesson were rewritten in local terms using places and activities that were familiar to local children (e.g., surfing instead of soccer).
- Yakima Valley Farm Workers Clinic (Yakima, Washington): This local community health organization, which largely serves a Latino population, implemented Multi-Systemic Therapy. In addition to conducting follow-up surveys in Spanish as needed, they hired a male Spanish-speaking therapist who was instrumental in engaging the fathers of youth in the program.





• Waukesha UW Extension (Waukesha, Wisconsin): In conducting the Strengthening Families program in Spanish at a sports-focused community center, program staff used physical fitness as a vehicle for parents and children to strengthen their self-image and family communication skills. The program was also used to integrate important lessons in nutrition and health while families participated in sessions designed to reduce risk factors for substance abuse, violence and aggression, delinquency, and school failure in a high-risk population.

INNOVATIVE STRATEGIES: YVP

grantees often developed unique innovations that contributed to the prevention field. They did this by involving youth and other community members in identifying new strategies for overcoming obstacles and engaging these community members in violence prevention efforts.

• The Wholistic Stress Control Institute (Atlanta, Georgia): The WAHADA Community Coalition Project, which serves Muslim youth and their families, established a community coalition of Muslim and non-Muslim groups committed to increasing community awareness and addressing violence and harassment directed toward Muslim youth in the metro-Atlanta area. The project provided weekly cognitive behavioral intervention sessions for groups of Muslim youth, as well as educational groups that addressed tolerance and conflict resolution for non-Muslim youth and their parents.



- Children's Hospital Los Angeles (Los Angeles, California): After finding that traditional dating violence curricula were not relevant to the lives of homeless and runaway youth on the streets of Hollywood, a collaborative of providers developed a new curriculum to address the issue of intimate partner violence among homeless and runaway youth. They then trained staff at partner agencies to implement the program, thus sustaining the impact of the project beyond the grant period.
- Switchboard of Miami (Miami, Florida): Drawing from best practices in violence prevention, this grantee created a bullying prevention program to meet the needs of a "failing" Florida middle school whose teachers were required to focus on standardized test preparation. Program staff utilized the school's closed circuit television system to disseminate messages that discouraged bullying and other forms of violence. Through this system, they also made presentations to classes and provided individualized, culturally appropriate counseling and mediation to students from various ethnic and linguistic backgrounds.



YVP moved elements of sound communitybased programming into action across the country. Through these efforts, YVP grantees created positive outcomes for youth and served a range of needs, including those of highly vulnerable populations.



Youth ALIVE! Oakland, California

When a young person is injured as a result of street violence, the cycle of anger and retribution that follows can escalate to a level of tragedy far worse than the original incident. In Oakland, California, a program called Caught in the Crossfire, implemented by Youth ALIVE! through the Oakland Youth Violence Intervention Project, aimed to stop this cycle in its tracks by connecting with young people who had just been injured before they even left the hospital to return to their neighborhoods. Recognizing the importance of intervening with violently injured youth "at the right time with the right person," Youth ALIVE! hired young adults who grew up in these same communities and trained them to intervene with young people who have just been injured, as well as with their families and friends, with the goal of finding nonviolent and effective alternatives to retaliation. The program then linked youth with medical and mental health services, academic programs, substance abuse treatment, and other services that helped them stay on the road to a positive future.



Latin American Youth Center (LAYC) Washington, D.C.

In a neighborhood where teens can easily get caught up in gang activity, the young women who participated in the Latin American Youth Center's Girl Talk, Youth Leadership Program have found a way to stay anchored to the path of positive youth development. These girls, who came from a variety of ethnic and racial backgrounds, were given the opportunity to join the Girl Talk dance group once they had demonstrated their commitment by taking part in a program that taught valuable life skills, built self-esteem, and empowered young women to protect themselves and others against violent acts. Beyond simply providing girls with an outlet for self-expression and physical activity, this locally acclaimed group exposed these young women to environments that were not otherwise a part of their daily lives. They performed for the D.C. mayor at inaugural events for Violence Prevention Week and were invited to perform at the White House. Of course, it was not just the dancing that contributed to their healthy development; program participants also received homework assistance, tutoring, and intensive case management from their program coordinator who, as a former youth participant at the LAYC, served as a model for girls who could benefit from the example of her positive life choices.

THE BROAD IMPACT OF THE YOUTH VIOLENCE PREVENTION (YVP) PROGRAM

YVP supported prevention, intervention, and treatment services that reached youth in rural, urban, and suburban settings in racially and ethnically diverse communities across the nation.

YVP worked with children and adolescents, teens who were pregnant or young mothers, youth with justice system involvement, youth who were homeless or were runaways, young people with disabilities and developmental limitations, youth at risk of gang involvement, recent immigrant and refugee youth, and groups facing discrimination due to their sexual orientation or religion.

YVP involved a variety of community groups and agencies such as parents and other family members, teachers and other school staff, police, juvenile justice, business leaders, community health agencies, universities, hospitals, youth-serving agencies, and mental health organizations.

LESSONS LEARNED

ver the past six years, much has been learned through the experience of YVP grantees. The most important lesson is that with modest funding and adequate support, communities can identify problems and create solutions that result in positive outcomes for youth. Other lessons learned include the following:

- Solutions must be tailored to and driven by the communities themselves. Using one standard approach or program does not solve all youth violence problems for all communities.
- Obtaining genuine input and the active participation of young people and their families result in community events and activities that produce strong results and are relevant, credible, and meaningful. Inclusion of families as working partners will lead to successful and sustainable outcomes.
- By hiring staff who share both the target population's language and background and are rooted in the culture of the community, the program builds on a foundation of mutual respect and understanding. This contributes to high levels of participation and positive outcomes.
- Using existing community groups to form coalitions increases community ownership of the program and enhances opportunities for sustainability.
- **Regularly discussing evaluation results with community stakeholders** lets providers know how the program is being received by community members and shows promising results to potential funders.

The YVP program has made a significant contribution to the field of violence prevention by effectively applying a public health approach to the complex problem of youth violence. YVP grantees built on youth and community assets by utilizing a unique blend of innovative prevention strategies and practices, youth empowerment, community-based approaches, and a focus on serving diverse and vulnerable youth. The use of this blend resulted in sustainable positive outcomes. YVP programs can serve as exemplary models for others who want to strengthen their communities while effectively preventing youth violence.

HARLEM CHILDREN'S ZONE YOUTH VIOLENCE PREVENTION PROGRAM: BUILDING BRIDGES ACROSS CULTURES

Harlem Children's Zone New York, New York

Harlem Children's Zone, a nonprofit, community-based organization dedicated to enhancing the quality of life for children and families in disadvantaged neighborhoods, created a violence prevention and cultural understanding initiative designed to address cultural misconceptions, acknowledge differences and similarities among African Americans and African immigrants, and promote appreciation of the diversity that exists among Harlem residents. The target population was 13–18-year-old children of recent West African immigrants as well as African American youth living in Harlem. The project promoted the personal and leadership development of young people, encouraging them to improve their critical-thinking skills, engage in media activism, and use their talents to educate peers.

MAJOR ACTIVITIES

- Umoja [Unity] Media Project: Youth interviewed residents about stereotypes and tolerance and created a public service announcement and a documentary that explored relationships between the two groups.
- **Community-Strengthening Activities:** Youth conducted surveys to assess attitudes and experiences with cultures and violence in the community. Activities culminated in the March for Peace.
- Youth Summits: Youth in the program planned and conducted two summits that addressed cultural understanding.

PROGRAM HIGHLIGHTS

- More than 59 percent of the youth reported greater tolerance of others.
- Some participants became leaders in their communities, promoting violence prevention, creative conflict resolution, and social activism.
- Youth attending college continued to spread the Umoja message of unity, peace, and multicultural understanding and tolerance.
- Four hundred youth and adults came to the March for Peace and the youth summits drew 500 young people and adults.

African immigrant youth now come to Harlem Children's Zone on their own and no longer need to be recruited.

UNITING NETWORKS FOR YOUTH: EMPLOYING MULTIPLE STRATEGIES TO IMPROVE OUTCOMES FOR YOUTH IN THE JUVENILE JUSTICE SYSTEM

Ramsey County Community Corrections Department St. Paul, Minnesota

Studies have consistently found rates of substance abuse and mental health problems to be significantly higher among youth in detention than those in the general population. Among the most common problems, which often coexist, are conduct disorder, depression, and attention deficit/hyperactivity disorder.

In St. Paul, Minnesota, the Uniting Networks for Youth (UNY) project illustrated that it is possible to address the mental health needs of 12–18-year-old justice involved youth, lower recidivism, and improve family relationships in order to reduce out-of-home placements. Implemented by the Ramsey County Community Corrections Department, UNY increased the capacity of community-based agencies to conduct effective programs for youth and their families in a community that includes Caucasian, American Indian, African American, and Latino residents, as well as immigrants from Southeast Asia, Somalia, and Ethiopia.

MAJOR ACTIVITIES

- Functional Family Therapy (FFT): This therapeutic evidence-based intervention was designed to enhance protective behaviors and decrease risk through engagement and motivation, behavior change, and maintenance of change. With approval from the developers, FFT was adapted for system involved youth.
- Aggression Replacement Training (ART): This cognitive skills model was designed to teach adolescents to understand aggression and antisocial behavior and to replace them with positive alternatives.
- Mentoring: Caring and competent adult role models provided youth in the corrections system with educational and mental health services, recreation, and coaching and helped them connect with community networks.

- Of the youth participating in FFT and ART, 61 percent were less likely to be charged with an offense in the year after discharge than they were in the year prior to participation.
- In addition, three months after discharge:
 - Youth who had completed FFT and ART reported that the program helped their decisionmaking skills (82 percent and 91 percent), problem-solving (75 percent and 90 percent); and self-control (79 percent and 91 percent)
 - Eighty-eight percent of youth who had participated in FFT and 85 percent of those in ART were attending school
 - Thirty-six percent of youth engaged in FFT had reduced their mental illness risk level



PARK COUNTY YOUTH INITIATIVE: A COLLABORATIVE EFFORT TO PREVENT RURAL SUICIDE AND VIOLENCE



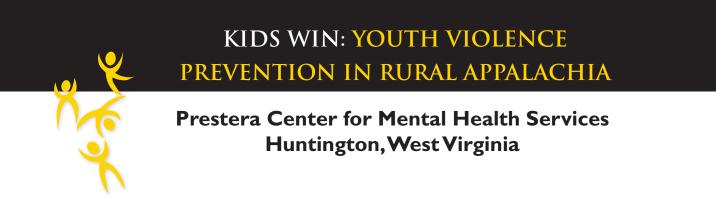
Park County Mental Health Cody, Wyoming

The Park County Youth Commission Initiative sought to protect youth; address issues of risks for youth suicide specific to rural areas; and enhance services to the community. With the goals of serving public school youth of all ages and their families, reducing school violence, and helping adults recognize and refer youth at risk for suicide, the commission focused on collaborations with school- and community-based organizations and agencies so they could better institutionalize their programs within the community. As a result of Park County's successful efforts, all of the grant programs were institutionalized or sustained.

MAJOR ACTIVITIES

- **Family Support Team:** This comprehensive, wraparound program brought families and schools together to better serve young people at high risk for violence.
- Youth Violence and Suicide Prevention Program: A collaboration among members of violence prevention organizations, the program trained 127 school staff and 77 adults in the community to recognize and refer youth at risk for suicide.
- **Second Step:** This violence prevention program, which began as a school violence awareness campaign, was taught to 839 elementary school children.

- Sixty-four percent of participants in the Family Support Team intervention showed a reduction in social problem assessment scores, a 79 percent reduction in attention problems, a 79 percent reduction in delinquent behavior, and an 86 percent reduction in aggressive behavior; another 66 percent maintained or increased their grade point averages.
- There was a 9.2 percent decrease in disciplinary infractions after the Second Step program was implemented.
- A new nonprofit organization was created to continue mentoring services.



In the rural counties served by the Prestera Center, located in the Appalachian region of West Virginia, youth violence is prevalent in both the schools and the community at large. Pre-implementation assessments indicated that:

- Sixty to sixty-four percent of sixth-graders and 46 percent of high school students were being bullied.
- Forty-nine percent of eighth grade boys, 33 percent of 11th grade boys, and 22 percent of girls had beaten someone up.
- Eleven to fourteen percent of students had threatened someone with a weapon.

Project staff focused their efforts on communication and conflict resolution skills, and they provided positive reinforcement for improved school behavior. Three middle schools were chosen as pilot sites.

MAJOR ACTIVITIES

- **Media Campaign:** This comprised (1) a print campaign to introduce the project and the concept of youth violence as a preventable problem, (2) a public awareness campaign that included a Violence Awareness Week and billboards displaying information on bullying, and (3) a Web site that contained an interactive quiz, a calendar of events, and other resources.
- **Second Step:** This evidence-based violence prevention program was led by a full-time school coordinator with a background in counseling who also met individually with students.
- **No-Bullying Program:** The program was designed to empower students to report bullying behaviors and to give school staff the tools to recognize, intervene in, and issue consequences for bullying behaviors that they might witness or hear.

- There was a 63 percent decrease in fighting and physical assaults among students at one middle school and a 23 percent decrease at the other two.
- Seventy percent of teachers reported that both fighting in general and occurrences of students hitting, kicking, or hurting others had been reduced.
- More than 50 percent of students self-reported engaging in fewer violent acts, including a 25 percent reduction in the number of students who threatened others with a weapon, and a 16 percent decrease in the number who carried a weapon to school.



WORCESTER YOUTH CENTER PREVENTION COOPERATIVE: NOT JUST A PLACE TO GO, A PLACE TO GO FURTHER



Worcester Youth Center | Worcester, Massachusetts

Located in a neighborhood challenged by the urban effects of gang activity and youth violence, the Worcester Youth Center (WYC) serves as a safe haven for neighborhood youth. The WYC, whose mission is to provide a place where young people can make positive, lasting changes in their lives, functions as a gathering spot for youth of color who live below the federal poverty level. It provides educational, recreational, and vocational opportunities while promoting positive youth development.

MAJOR ACTIVITIES

- Building Capacity of the Youth Board of Directors: Through board involvement, leadership and peer mediation training, and budgetary decision-making, youth were given opportunities to build their community leadership skills.
- Mental Health Model Designed for Teens by Teens: This nontraditional model consisted of peer-to-peer support and a licensed bilingual clinician providing ongoing counseling and support.
- City-Wide Youth Workers Training: With support from the Search Institute and an expert on urban adolescents, staff, parent volunteers, and community stakeholders received training on recruiting and working with a diverse group of youth.

- A youth-parent advocacy effort succeeded in closing a bar next to WYC that harbored illegal activities and violence.
- Fifty percent of youth reported a decrease in mental health stigmatization.
- A grant award expanded the youth-inspired Mental Health Model to two additional youth-serving agencies.
- The youth board of directors advocated for and won expanded WYC hours to give youth in the community a place to go on Sunday afternoons.
- Through Our Eyes, a documentary created by youth, gave politicians and community members an opportunity to discuss issues related to Worcester youth.

PRAIRIE BAND POTAWATOMI NATION YOUTH VIOLENCE PREVENTION PROGRAM: BUILDING CIRCLES OF HARMONY (E WI MNO-NETWAT)

Prairie Band Potawatomi Nation Mayetta, Kansas

The Prairie Band Potawatomi Nation Youth Violence Prevention Program was formed to raise community awareness about bullying, create a culturally competent way of reducing bullying in the schools, and improve relations between tribal and non-native members of the community. The project derived its name from the language of the Potawatomi nation—E Wi mno-newat, or Building Circles of Harmony. In the process of conducting this project, both adults and students learned that cultural understanding and communication are vital for resolving the issue of bullying.

MAJOR ACTIVITIES

- **Community-Strengthening Activities:** Community meetings and focus groups conducted on the reservation gave adults opportunities to express themselves.
- Olweus Bullying Prevention Program: This evidence-based school-wide bullying prevention program engaged administrators, teachers, and students.

PROGRAM HIGHLIGHTS

- Thirty-three percent fewer teachers reported having children who were afraid to come to school, and there was a 7 percent reduction in reports from children afraid to come to school.
- Teachers learned skills to help them talk to the parents of children who were engaged in bullying behavior.
- Thirty percent fewer teachers reported having been bullied by a student.
- Fifty-eight percent fewer elementary school students reported having been bullied, and 83 percent fewer American Indian children reported having been bullied.
- Many community leaders reported major improvements in tribal-school relations for both adults and students, particularly in the areas of communication and sharing needs.
- A zero tolerance philosophy for bullying behavior continues to be firmly rooted in the school institution.



STRENGTHENING COMMUNITIES | A Review of the Youth Violence Prevention Grant Program

EASTSIDE ASIAN PACIFIC ISLANDER YOUNG WOMEN'S PROJECT: YOUNG WOMEN EDUCATING AND EMPOWERING COMMUNITIES TO PREVENT TEEN DATING VIOLENCE



Asian Counseling and Referral Service Seattle, Washington

Many young women from immigrant and refugee families who are in abusive dating relationships endure the violence, shame, and humiliation in silence. The Eastside Asian Pacific Islander Young Women's Project addressed the needs of this underserved population through community mobilization services led by Asian Pacific Islander (API) young women, age 14 to 18. With these young women as leaders and allies, project staff have successfully mobilized youth in the community and have developed culturally relevant dating violence prevention and intervention services for young API women.

MAJOR ACTIVITIES

- Youth Advocates: API youth were recruited and trained to provide outreach, education, and advocacy in the schools and the larger community on the issues of teen dating violence and domestic violence and the resources available to address these issues.
- Training Program: The Eastside Teen Peer Advocate Program Model and Curriculum for Leadership and Advocacy was developed to increase the teens' knowledge of healthy and unhealthy relationships, teen dating violence, and sexual assault.
- **Coalition Development:** Innovative community-wide partnerships were formed with schools, social service agencies, parent groups, law enforcement, and juvenile justice to support and enhance the work of the coalition in addressing teen dating violence.

- Of the program attendees:
 - Eighty-four percent increased their knowledge of teen dating violence
 - Eighty-four percent increased their knowledge of community resources
 - Seventy-eight percent increased their knowledge regarding related cultural issues.
- More than 50 percent of the funding needed to sustain the project was successfully secured by the organization.



OUR VOICES ARE STRONGER THAN VIOLENCE: USING LITERATURE TO EXAMINE INTERPERSONAL VIOLENCE IN THE LIVES OF GIRLS



Literature for All of Us | Evanston, Illinois

Using the power of books, Literature for All of Us, a literary arts and literacy organization that reaches 700 young women annually, implemented Our Voices Are Stronger Than Violence with adolescent students attending the Theolene Simpson Academy for Young Women. The only Chicago public school for pregnant and parenting teens, the Academy serves a population that is primarily African American and as young as 13. Developed in response to high levels of violence in the lives of the girls, the project engaged students in weekly book groups that provided girls with a safe place to talk openly with one another and respond both personally and aesthetically to literature.

MAJOR ACTIVITIES

- Nurturing Literacy Model: A violence prevention intervention was integrated into the standard book club by introducing interpersonal violence themes and facilitating discussions on such issues as survival, coping with tragedy, healthy relationships, and friendship.
- Social Work Intervention: A project social worker conducted follow-up assessments, provided psychological support, and made referrals for counseling and related services when needed.
- **Coalition:** An alliance of collaborating partners and stakeholders was formed to oversee the program and select an appropriate violence prevention curriculum, ultimately choosing Unequal Partners: Teaching About Power and Consent in Adult-Teen and Other Relationships.
- **School Personnel Training:** Teachers and other school staff were provided with training and tools to help them understand and respond to students' needs more effectively.

- School personnel gained an increased awareness of the prevalence and impact of violence among students and the ability of literature and other forms of art to foster resiliency.
- Students' literacy skills improved.
- The program produced positive changes in students' help-seeking behavior.
- Support from local community foundations and a corporate foundation helped sustain the project after the Federal grant period ended.



CULTIVATING PEACE COALITION: PARTNERS FOR PEACE



Cultivating Peace Coalition | Salinas, California

With the goal of reducing the incidence of violence and behavioral problems among children, the Cultivating Peace Coalition (CPC) focused on decreasing risk factors and increasing protective factors among 6–12 year olds. Many of the parents interviewed indicated that they felt powerless and lacked the skills necessary to guide their children away from the lure of gangs, which recruit youth at an early age. Through targeted grassroots outreach to engage its key population—parents who are farm workers and other families—CPC implemented a family-strengthening program to promote and sustain healthy emotional and psychosocial development for young people and their parents.

MAJOR ACTIVITIES

- **Community Sessions:** A series of presentations were made to farm workers on how to access social services, housing assistance, medical and dental services, GED preparation, public safety resources, and mental health services.
- Parental Involvement: Activities ranged from parent safety patrols, participation in an annual poetry writing contest, early childhood development training, child obesity prevention, literacy training, domestic violence prevention, anger management classes, and a series of workshops on preventing gang involvement.
- Mental Health Crisis Response Plan: CPC developed a three-year mental health plan for community services and support, as part of a continuum of integrated multifaceted services.

- Parents became involved in school safety activities, PTA, community clean-ups, and parent patrols.
- Partnership with the Monterey County Probation Department resulted in CPC being relocated to share space with other youth-serving organizations, thus creating a one-stop approach for youth services.
- Collaboration with the Monterey County District Attorney's Office produced a formal agreement to refer families to the program's Strengthening Families intervention.
- Strong partnerships were forged that have been maintained past the grant funding period, and the trained staff have been able to maintain the intervention.

KALIHI VALLEY COLLABORATIVE PROJECT TO REDUCE AND PREVENT VIOLENCE IMPACTING PACIFIC ISLAND AND ASIAN YOUTH

Honolulu Hawaii Coalition for a Drug-Free Hawaii Honolulu, Hawaii

The Kalihi Valley Collaborative Project served low-income youth from the Ka'ewai Elementary School by adapting and implementing a violence prevention program as an after-school intervention and adding a complementary evening component for parents. The Kalihi Valley Collaborative coordinated culturally competent community activities and events that provided many urban youth and their families with opportunities to spend time together in positive and healthy pursuits.

MAJOR ACTIVITIES

- Public Outreach: Activities were designed to increase community awareness about youth violence, underage drinking, and substance abuse, such as movie nights, with each movie's theme representing a different protective factor.
- Adaptation of an Evidenced-Based Intervention: The Second Step violence prevention program was modified to reflect scenarios, social environments, and vocabulary relevant to the children. In addition, a series of parent support trainings in Second Step attitudes and skills were offered to reinforce the program at home.

- Eighty-six percent of the 35 students who received Second Step perceived the program to be most effective in helping them get along with their classmates and deal with peer pressure.
- Ninety-one percent of parents said the program helped them reach their goal of understanding how to use the skills at home.
- Second Step is being sustained by both the Ka'ewai Elementary School and the Dole Middle School, and training on the Second Step curriculum was also provided to Dole Middle School counselors, teachers, and administrative staff.
- A \$100,000 grant was awarded from the State Department of Health, Alcohol and Drug Abuse Division, to continue Kalihi initiatives, including the substance abuse prevention activities and Second Step.

LATINO CHILDREN'S VIOLENCE PREVENTION INITIATIVE: VEMPOWERING IMMIGRANT FAMILIES TO SUCCEED



Latino Health Access | Santa Ana, California

Latino Health Access (LHA) provided culturally relevant, family-focused interventions. Project staff utilized an inclusive approach, based on their philosophy of empowerment, respect, and family strengthening, to design activities and services that truly made a difference in the lives of children and their parents in the community. In addition to being bilingual, most of the health promoters were from the same neighborhood and shared the concerns of the target population. The high rates of participation and retention are evidence of the success of the LHA initiative.

MAJOR ACTIVITIES

- Development of an Outdoor Recreational Space: Project staff worked with school administrators to negotiate access to the grounds of an elementary school and to establish it as a recreational park, the only one in the entire area.
- **Children's Initiative:** LHA offered an array of academic enrichment, cultural, and recreational activities during after-school and early-evening hours.
- **Evening Groups for Parents:** LHA provided activities for children while offering parents workshops in such areas as positive discipline strategies, family literacy, and nutrition.
- **Families and Schools Together (FAST):** This program was designed to cultivate respect for parents, improve family relationships, increase parental involvement, and create an interdependent support network among parents, the school, and the community.
- Individualized Case Management and Home Visits: Health promoters made frequent door-to-door visits to connect newcomers with services and/or encourage families with difficulties to take advantage of resources. The project director, a psychologist, was also available for one-on-one counseling as needed.

- A 38 percent increase in family cohesion and a 52 percent increase in the measures for positive family relationships were reported by families involved in FAST.
- There was a 57 percent decline in emotional symptoms linked with negative behaviors among students who participated in the program, as reported by teachers.
- 50 percent of mothers involved with the FAST program joined a domestic violence education and support program, and 50 percent became significantly more involved in the Children's Initiative.
- \$1 million was awarded to LHA and the Southern California Academic Center of Excellence for Youth Violence Prevention to expand the implementation of FAST and evaluate its effectiveness with immigrant families.

STRENGTHENING COMMUNITIES

A Review of the Youth Violence Prevention Grant Program

ALASKA

1999

Matanuska Susitna Borough School District, Wasilla 2000

Manilaq Association, Kotzebue

2001

Cook Inlet Tribal Council, Inc., Anchorage

ARIZONA

1999 Metropolitan Education Commission, Tucson 2001 Luz Social Services, Tucson Pima Youth Partnership, Tucson 2003 Pima Prevention Partnership, Tucson 2004 Native Images, Tucson Osborn School District, Phoenix Jewish Family and Children's Services of S. Arizona, Tucson

ARKANSAS

2004 Kiwanis Activities, Inc., Little Rock

CALIFORNIA

1999

ARC Associates, Oakland LA Gay & Lesbian Center, Los Angeles Shasta County Chemical People, Inc., Redding West Contra Costa, Unified School District, Richmond 2000 Asian American Recovery Services, San Francisco Asian Community Mental Health Services, Oakland Asian Pacific Family Center, Rosemead Coalition for a Non-Violent City, Pasadena Tarzana Treatment Center, Tarzana Youth Alive, Oakland 2001 ARC Associates, Oakland Edgewood Center for Children & Families, San Francisco Urban Indian Health Board, Inc., Oakland 2002 Asian Pacific Family Center, Rosemead Department of Children & Families, San Francisco Berendo Middle School, Los Angeles Oakland Unified School District, Oakland 2003 Children's Hospital of Los Angeles, Los Angeles Children's Institute International, Los Angeles Latino Center for Prevention & Action in Health & Welfare, Santa Ana Youth Alive, Oakland 2004 Asian Community Mental Health Services, Oakland California School-Age Consortium, San Francisco King City Joint High School District, King City

Partners for Peace, Salinas Special Services for Groups, Los Angeles Vista Community Clinic, San Diego YMCA of San Diego County, San Diego

COLORADO

1999

San Luis Valley Comprehensive Community Mental Health Center, Alamosa

2000

Asian Pacific Development Center, Aurora Mental Health Association of Colorado, Denver

2001

Earth Walk, Denver

2003

Mental Health Center of Boulder County, Inc., Boulder 2004

Aurora Comprehensive Community M. H. Center, Aurora Jefferson Center for Mental Health, Arvada United Health, LLC/Connect Care, LLC, Colorado Springs

CONNECTICUT

1999

City of Bridgeport Health Department, Bridgeport 2001

Connecticut Children's Medical Center, Hartford 2002

City of Bridgeport Board of Education, Bridgeport GPPCW, Inc., Hartford

2003

Clifford W. Beers Guidance Clinic, Inc., New Haven Connecticut Department of Mental Health & Addiction Services, Hartford

DISTRICT OF COLUMBIA

1999

AppleTree Institute for Education Innovation Center City Community Corporation Washington Very Special Arts

2001

Center for Child Protection & Family Support

2003

Latin American Youth Center Community Connections, Inc. 2004

Washington Very Special Arts

FLORIDA

Mental Health Association of Central Florida, Orlando 2000

Mental Health Association, Daytona Beach The Center for Drug-Free Living, Orlando

he Centei

2001 University of Miami, Coral Gables

2002

Children's Psychiatric Center, Miami

2003

Switchboard of Miami, Inc., Miami

GEORGIA

2002

Wholistic Stress Control Institute, Atlanta

HAWAII

1999 Koolauloa Youth Organization, Hauula 2002

Coalition for a Drug-Free Hawaii, Honolulu

ILLINOIS

1999

Breaking Free, Inc., Naperville Chicago Commons, Chicago Northern Illinois Council on Alcohol & Substance Abuse, Round Lake

2001

Counseling Center of Lakeview, Chicago Northern Illinois Council for Alcohol & Substance Abuse, Round Lake Sinai Community Institute, Chicago

Southern Illinois University, Edwardsville

2002

Mental Health Association in Illinois, Chicago Scholarship and Guidance Association, Chicago

2003

Central Baptist Children's Home, Centralia Illinois Center for Violence Prevention, Chicago Literature for All of Us, Evanston

KANSAS

1999

Keys for Networking, Inc., Topeka

2000

Mental Health Association of the Heartland, Kansas City 2001

Prairie Band Potawatomi Nation, Mayetta

2004

Mental Health Association of South Central Kansas, Wichita

KENTUCKY

1999

Seven County Services, Inc., Louisville

LOUISIANA

1999

Mental Health Association In Louisiana, Baton Rouge 2001

Mental Health Association in Louisiana, Baton Rouge

MASSACHUSETTS

1999

Boston Public Health Commission, Boston Guidance Center, Inc., Cambridge

2000

Family Services of Greater Boston, Jamaica Plain Lawrence Public Schools, Lawrence Springfield Public Schools, Springfield 2001 Child & Family Services of Pioneer Valley, Springfield Healthy Malden 2000, Malden Worcester Youth Center, Worcester 2002

Cambridge Guidance Center, Cambridge City Hall of Chelsea, Chelsea City of Lowell, Lowell Gay, Lesbian, Straight Education Network, Boston L.U.K. Crisis Center, Inc., Fitchburg Massachusetts Alliance of Portuguese Speakers, Cambridge

2004

Boston Public Health Commission, Boston Melrose Alliance Against Violence, Inc., Melrose

MARYLAND 2000

Mental Health Association of Montgomery County, Rockville

MICHIGAN

2002

Losco Regional Educational Services Agency, Tawas City 2003 Detroit Hispanic Development Corporation, Detroit

MINNESOTA

2000

Amherst H.Wilder Foundation, Saint Paul

- People, Inc., Saint Paul
- 2001

Northland, Duluth

2003

Ramsey County Community Corrections Department, Saint Paul

MISSOURI

2002

National Conference for Community & Justice, Kansas City 2003

National Council on Alcoholism & Drug Abuse – St. Louis Area, Inc., St Louis

NEW JERSEY

1999

Community Health Care, Inc., Bridgeton Passaic Public Schools, Passaic Substance Abuse Resources, Inc., Oakhurst

2002

Care Plus NJ, Inc., Paramus **NEW MEXICO**

2000

The Santa Fe Community College, Santa Fe

2001

Southern New Mexico Human Development, Inc., Las Cruces 2002

Santa Fe Public Schools, Santa Fe

2004

Albuquerque Public Schools, Albuquerque

NEW YORK

1999

Catholic Charities of Buffalo, Buffalo Community Action Partnership, Cheektowaga Inwood Community Services, Inc., New York Mental Health Association, Dutchess County, Poughkeepsie Primary Mental Health Project, Inc., Rochester Stanley M. Isaacs Neighborhood Center, New York William Floyd Union Free School District, Mastic Beach 2001 Biashelp of Long Island, Huntington Catholic Charities of Buffalo, Buffalo Long Island University, Brookville 2002 Education and Assistance Corporation, Hempstead Harlem Children's Zone, Inc., Harlem

International Organization for Adolescents, Brooklyn

Community School District 13, Brooklyn Spencerport Central School, Spencerport

2003

Bronx AIDS Services, Inc., Bronx

2004

City of Syracuse, Syracuse Westchester Jewish Community Services, White Plains

NORTH CAROLINA

2002

University of NC, Greensboro, Greensboro

NORTH DAKOTA

1999

Jamestown Asset Builders, Jamestown

OHIO

2002

Educational Service Center of Cuyahoga, Valley View West Clermont Local School District, Cincinnati 2003

The Toledo Children's Hospital, Toledo

OKLAHOMA

1999

Central Oklahoma Community Mental Health Center, Norman

OKLAHOMA

Central Oklahoma Community Mental Health Center, Norman

Family & Children's Services, Inc., Tulsa Mental Health Association in Tulsa, Tulsa

Mental Health Association

2001 Eagle Ridge Institute, Oklahoma City

2002

Association of Central Okalahoma Governments, Oklahoma City

University of Oklahoma at Norman, Norman

OREGON

1999 Lane County, Eugene 2000 Portland School District, Portland 2002 Lewis & Clark College, Portland 2004 Center for Family Development, Eugene

PENNSYLVANIA

1999

Hamot Health Foundation, Erie 2000 Lehigh Valley Hospital, Allentown Pittsburgh Leadership Foundation, Pittsburgh 2002 Woodrock, Inc., Philadelphia 2004 YWCA of York, York

RHODE ISLAND

2000

Capital City Community Centers, Providence 2001

Nickerson Community Center, Providence

SOUTH CAROLINA

2000

Marion School District Two, Mullins

- 2004
- South Carolina Department of Mental Health, Columbia 2001

Aiken County Mental Health Partnership, Aiken 2003

Clemson University, Clemson

TENNESSEE

2000
Clinch Powel Educational Cooperative, Sneedville
Family Guidance Training Institute, Clarksville
Tennessee Department of Health, Nashville
2003
Women on Maintaining Education and Nutrition, Nashville

TEXAS

Delpelchin Children's Center, Houston Houston Independent School District, Houston 2000 The Children's Center, Inc., Galveston 2001 City Wide Club of Clubs, Inc., Houston 2003 Big Brothers Big Sisters of El Paso, El Paso 2004

DePelchin Children's Center, Houston

UTAH

State of Utah Department of Human Services, Salt Lake City

VERMONT

2003 The Women's Rape Crisis Center, Burlington

VIRGINIA

1999

Fairfax County Public Schools, Fairfax

WASHINGTON

2001
Educational Service District 101, Spokane
2002
Ruth Dykeman Children's Center, Seattle
2003
Asian Counseling & Referral Services, Seattle
SafeFutures Youth Center, Seattle
Skagit County Youth & Family Services, Mt. Vernon
Yakima Valley Farm Workers Clinic, Toppenish

WEST VIRGINIA 2001

Prestera Center for Mental Health Service, Huntington

WISCONSIN

2002

Waukesha County U.W. Extension, Waukesha Wisconsin Coulee Regional Community Action, Westby 2003 Madical College of Wisconsin Milwaukoo

Medical College of Wisconsin, Milwaukee

2000

Park County Mental Health Center, Cody

