South Carolina

Safe Schools Task Force Report



October 1999

State of South Carolina

Safe Schools Task Force

October 1999

SOUTH CAROLINA SAFE SCHOOL TASK FORCE

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are entitled to expect that public schools are safe havens of learning for our children. In that sense, any school crime presence is unacceptable. The recommendations contained in this report can assist students, parents, professionals and policymakers in reducing the potential and actual threat of violence in our schools.

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State of South Carolina

Office of the Covernor

JIM HODGES

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My fellow South Carolinians:

Although many important issues face our citizens in these times, there may be none more crucial to our future together than that of the safety of our children. The report you hold in your hands contains critically important information, not only about effective intervention and treatment responses, but also about effective prevention of youth violence.

One thing we know is that youth and school violence cannot be reduced with a single approach, or only from within the walls of the school itself. Schools and our children are at the heart of our communities. Therefore, the strategies we implement will best be accomplished through school-community partnerships that call upon all of us to participate. An approach that involves our total communities is the proven path to ensuring safety in our schools. I am firmly committed to seeing that our state agencies provide the necessary coordination, training and technical support to local school districts as they use this report to develop their own local plans and strategies.

Finally, I wish to thank the Task Force members, state agencies and consultants who worked to produce the recommendations and information contained herein. Their hard work and cooperation can serve as a model to leaders throughout the state as we all work together to assure a safe future for our children.

1 fin Hodge

Sincerely.

Jim Hodges



STATE OF SOUTH CAROLINA DEPARTMENT OF EDUCATION

INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

October 1999

Dear Friends of Education:

The safety, health, and well-being of our school students in South Carolina are of integral importance and concern to all of us in the State. We want our schools to be safe, comfortable places where students can learn, interact with one another, and develop into responsible, caring adults. Because school safety is so important, Governor Jim Hodges, Attorney General Charles Condon, and I have joined forces to address this serious issue. We invited other state agency directors and representatives from law enforcement, education, mental health, social services, and various community organizations to be members of the South Carolina Safe Schools Task Force.

The prime directive and goal of the Task Force was to develop a plan for school safety that includes all areas of social and mental development as they relate to the well-being and lifelong success of our children. We met throughout the summer to share ideas and create a communitywide approach to promoting safe schools and communities. This document represents the collective wisdom and commitment of the Task Force members.

As State Superintendent of Education, I recognize that schools that are safe and free of violence, weapons, and drugs are necessary to guarantee the welfare of all children and to safeguard the quality of their education. Creating a climate that promotes pride and respect among school children, teachers, administrators, and citizens is essential in developing schools as safe havens.

The recommendations contained in this report reflect efforts that will be continuous. This is a process that must encompass the development of districtwide crime prevention policies, inservice training, crisis preparation, interagency cooperation, and both student and parent participation. These recommendations include prevention measures, intervention programs, and response initiatives that will ensure active participation from the various agency partnerships formed to address school safety. These agencies have agreed to take active roles to initiate positive programs to help create safe and successful schools. These are the steps we must take to counter the problems that challenge our schools today. Through the committed efforts of agencies and communities working together with our schools, we can make a lasting difference to ensure that our schools in South Carolina are safe places for students to learn and grow.

I applaud the hard work of every member of this Task Force. Their professionalism and dedication are reflected in this thorough report, and I am convinced that our efforts will positively impact the schools and children of South Carolina.

Very truly yours,

Inez M. Tenenbaum

State Superintendent of Education

Sung M. Tuestsom



The State of South Carolina OFFICE OF THE ATTORNEY GENERAL

CHARLIE CONDON ATTORNEY GENERAL

To the Citizens of South Carolina:

I appreciate the opportunity to work with Governor Hodges and Superintendent Tenenbaum on the Safe Schools Task Force.

I am pleased to endorse several key proposals in this report.

- o First, I believe strongly that we should increase the number of school resource officers in our middle and high schools.
- Second, I urge the continued use of our hotlines (1-877-NO-BULLY, 1-877-SEE-A-GUN) and website www.seeagun.com to alert law enforcement agencies so they can act quickly to curb violence. As you know, the Attorney General's Office instituted these early-warning measures; and, we've received thousands of contacts.
- o Third, I favor increasing mentor programs. The Attorney General's Office currently coordinates a statewide mentoring program that enlists the support of churches, synagogues, and mosques to give guidance to youthful offenders who have not yet turned violent. The Office is also promoting the "2001 by 2001" initiative to find mentors for existing S.C. programs.
- o Fourth, I encourage efforts to improve the collection and reporting of school crime.
- o Fifth, I believe we should improve the training of school resource officers, principals, teachers, and other school personnel in the prevention and management of campus violence.

Finally, the School Safety Task Force should resist the temptation to promote social programs not directly related to school safety and focus instead on initiatives that deal with school crime in terms of prosecution, punishment, and prison.

Sincerely,

Charlie Condon

Charlie Condon

ORGANIZATION OF REPORT

the Task Force. Abridged versions of the Youth Violence, Risk and Protective Factors and Implementation sections are provided. The Goals and Outcomes are presented in both the Executive Summary and Comprehensive Plan sections of this document. Recommendations are summarized in the Executive Summary; full narrative descriptions of the recommendations are provided in the Comprehensive Plan section of this report. Also included in the Comprehensive Plan section is a detailed discussion of the youth violence problem in South Carolina, a detailed discussion of the literature on risk and protective factors and pathways to violence, documented effective programs, and state and national resources which are in place to provide assistance in addressing this critical problem. This information formed the basis for many of the recommendations.

EXECUTIVE SUMMARY

INTRODUCTION AND OVERVIEW

School safety is of fundamental importance to the people of South Carolina. Never before in the history of our state have we been faced with the critical issues outlined in this report. The well being of our young people depends upon taking action on the recommendations discussed here. Every reasonable measure should be taken to ensure the safety and well being of our children.

Most schools in South Carolina are safe. Although less than one percent of all violent deaths of children nationally occur on school grounds, no school is immune. The violence that occurs in our neighborhoods and communities has found its way inside our schools. Every child should be safe in their home, their church and their school, but sadly enough incidents all over the country show that this is not the case.

Maintaining safe schools is a major concern facing all members of every community, including educators, government officials, law enforcement, service groups, parents, students and other community members. Keeping our young people safe will take a community-wide effort. Stronger collaboration is needed among all constituencies concerned with the safety of South Carolina's youth. There is ample documentation that prevention and early intervention efforts can reduce violence and other troubling behaviors in schools. Research-based practices can help schools and communities recognize the warning signs early, so children can get the help they need before it is too late.

Governor Jim Hodges, in partnership with State Superintendent of Education Inez Tenenbaum and State Attorney General Charlie Condon, took a leadership role in addressing the problem of school violence by establishing the South Carolina Safe Schools Task Force. A wide range of state agencies as well as local community members from throughout the state were represented on the Task Force (See Appendix A). The primary purpose of the South Carolina Safe Schools Task Force was to develop comprehensive youth violence prevention recommendations for the State of South Carolina, with emphasis on the school environment. The primary objectives of the planning process undertaken by the Task Force included 1) conducting a comprehensive analysis of youth violence in South Carolina; 2) identifying risk and protective factors for youth violence; 3) identifying effective prevention and intervention strategies; 4) identifying existing resources in the state; 5) developing recommendations for program strategies; 6) determining partner roles in recommended strategies, and 7) developing priorities for a multi-year implementation effort. To ensure coordination among state agencies, a Work Group served with the Task Force to accomplish the goals of the planning process.

Each identified state agency developed recommendations to address the issue of school violence. Technical assistance was provided to the Task Force as they reviewed information on risk and protective factors, as well as national and local model programs.

This information was utilized to develop recommendations. The Task Force then established priorities for recommendations. Finally, recommendations were modified based on the overall goals and outcomes created by the Task Force.

The Governor, together with the State Superintendent and the Attorney General, will continue to provide the necessary leadership to bring businesses, voluntary associations, non-profits and state agencies together to develop collaborative programs to provide the opportunity for our young people to thrive in a safe school environment. Each local community must be afforded the flexibility to design its own programs or initiatives. State and community initiatives will need to be broad-based and include the commitment necessary for ongoing impact. Safe school planning must be a systemic process encompassing interagency collaboration, ongoing and multilevel training and total community participation. Working together, we, as a state, can prevent violence in our schools and ensure a safer and healthier future for our children.

GOALS AND OUTCOMES

he South Carolina Safe Schools Task Force developed the following goals and final outcomes to provide direction to all recommendations, activities and strategies designed to prevent youth violence in our state:

Goal One: To implement school-based prevention strategies and programs that result in

an overall safe school environment.

Goal Two: To involve the community in preventing youth violence through the active

participation of parents, students, educators and community representatives

in prevention initiatives.

Goal Three: To identify students who are at higher risk for committing assaultive and

violent behavior and provide effective intervention and treatment strategies.

Goal Four: To improve the system's overall effectiveness in addressing youth violence

through increased coordination of policy development, training and

technical assistance.

Desired Final Outcomes:

- Increase the number of schools accurately reporting serious or violent offenses on school property, including physical attacks/assaultive behavior, weapons, arson, disturbing schools and alcohol and other drug abuse.
- Decrease the number of serious or violent offenses reported on school property, including physical attacks/assaultive behavior, weapons, arson, disturbing schools and alcohol and other drug abuse.
- Decrease disciplinary referrals for weapons violations, assaultive behavior and alcohol and other drug abuse.
- Increase the number of youth successfully graduating from alternative schools or youth returning to their home school to successfully graduate.
- Increase the graduation rate.
- Decrease the truancy and chronic absenteeism rate.
- Decrease both the in-school and out-of-school suspension rate.
- Decrease the expulsion rate.

- Decrease referrals to the Department of Juvenile Justice for serious and violent offenses.
- Increase the number of opportunities for adults to develop a positive relationship with youth.
- Increase public confidence in the capacity of public schools to maintain safety for South Carolina children.
- Increase access to appropriate professional assistance to help prevent, intervene and respond to violence against children and youth.

YOUTH VIOLENCE IN SOUTH CAROLINA

School Violence

The national Annual Report on School Safety, last published in October 1998, provides important documentation of the levels of violence in our nation's schools from a longitudinal perspective. Among the key findings were:

- 1. Most school crime involves theft, not violence;
- 2. Youth aged twelve to eighteen are more likely to be the victims of serious violent crime off school grounds than at school;
- 3. The percentage of high school seniors reporting intentional injuries with a weapon has not changed substantially for the past twenty years;
- 4. The overall school crime rate has declined from 164 per 1,000 students in 1993, to 128 per 1,000 in 1996;
- 5. Serious and violent crime represents a small proportion of all school crime, and homicide is "extremely rare";
- 6. The most common crimes reported to law enforcement in 1996-1997 were physical attacks and fights without weapons;
- 7. About 3% of 12th graders reported having taken a gun to school at least once in the previous four-week period, a figure that remained relatively stable from 1994 to 1996:
- 8. On the average, from 1992 to 1996, approximately four out of every 1,000 elementary, middle and high school teachers were victims of serious, violent crimes at school;
- Despite indications the school crime rate is decreasing, students feel less safe in school;
- 10. Between 1989 and 1995, the percentage of youth reporting a gang presence in their schools almost doubled (from 15% to 28%).

Where does South Carolina fit in this picture? According to the Survey, South Carolina experienced declines in some key school safety areas between 1995 and 1997, including the number of high school students reporting threat or injury by a weapon on school property, the number engaging in a physical fight on school property, the number reporting stolen property or vandalism at school, and the number reporting use of alcohol on school property.

Despite these encouraging numbers, the most recent S.C. Department of Education School Crime Incident Report For South Carolina Public Schools, 1997-98 School Year, shows a 21% increase in school crime incidents, including weapon possession (up 23%), drug violations (up 16%), larceny/theft (up 11%), and vandalism (up 23%). (Aggravated

assault and burglary/breaking and entering were both down slightly.) Liquor violations rose by 78%. Most of the 9,024 school crime incidents reported occurred during the day, and most occurred either in classrooms or on the school grounds.

The same problems that contribute to violent behaviors also lead to absenteeism and dropping out from school. In 1997-98, truancy was the number one reason children were referred to the family courts, and was also a major factor in contempt of court citations and probation violations among youth. As noted by the Office of Juvenile Justice and Delinquency Prevention, truancy can be the beginning of a lifetime of problems in which the next step is dropping out of school. Truancy is also a factor in high daytime crime rates in some jurisdictions, where free and unsupervised time provides the opportunity to learn and engage in criminal behavior.

Though some areas of school crime appear to be declining, both national and state-level reporting document that there remains a substantial amount of crime in schools, threatening the well being of students and the staff. Students are more fearful of crime than ever before, which has important implications for the ethos of our schools and the ability to provide and receive a quality education. Alienation from school and rejection of community norms, which are causal factors in school violence, also impact upon the problems of absenteeism from school and dropping out before graduation, to the long-term detriment of all of us in society.

There is some good news to be found here. It is often noted that most youth violence, perhaps 85%, is committed by a very small percentage of young people, probably less than 5%. In South Carolina, only a small percentage of school crimes in 1997-8 involved a serious violent crime. And even as shocking incidents around the country have heightened awareness and anxiety about our children's safety, homicide is still a rare circumstance in South Carolina schools (the last reported school homicide, a single occurrence, was in 1995-1996.)

Overall Youth Violence

Whatever the comparison to national averages, there is no doubt that many of our South Carolina youth are at serious risk, either as victims, witnesses or perpetrators of crime. The Kids Count 1998 South Carolina reports that:

- 39,105 children were victims of abuse and neglect in 1997-98.
- 31.6% of all reported assaults were domestic. Since most family violence is unreported, no one knows how many more took place. Of those assaulted, a shocking 38.4% were five years old or younger.
- 4,533 children lived in foster care as of June 1998. 190,873 children and youth under age 18 lived in families with incomes below poverty, or 21% of our children, the same rate as in 1979.

- An average of 17% of our children under age 18 had no health insurance in 1995 96. At least twice this number lack basic accessible primary care, and yet South Carolina has half the number of school nurses recommended nationally.
- In South Carolina, 28% entering 8th grade did not graduate five years later (in 1997-98).
- The Youth Risk Behavior Survey showed that binge drinking among high school students remained at 25% between 1993 and 1997.
- The Survey also showed that drug use among high school students continues to grow substantially. Marijuana use by high school students statewide has increased by 104%, from 12.5% in 1993 to 26.5% in 1997.
- 20,034 individual juvenile offenders were referred to the Solicitor in 1997-98.
 13.6% of these were age 12 or younger. 10.3% of the cases referred to family court in 1997-98 (preliminary Department of Juvenile Justice data) were for serious and violent crimes which include drug trafficking, acts against persons for murder, rape, robbery and aggravated assault, and serious property offenses for arson and burglary.

The citizens of South Carolina are entitled to expect that public schools be safe havens of learning for our children. In that sense, any school crime presence is unacceptable. The recommendations contained in this report can assist students, parents, professionals and policymakers in reducing the potential and actual threat of violence in our schools.

RISK AND PROTECTIVE FACTORS

Research clearly shows that youth do not simply one-day "turn bad." The most prevalent pathways to violence are predictable, identifiable, and in many cases, preventable. Young offenders will most often be found to have fit a known risk profile, perhaps as early as infancy. Therefore, youth violence and delinquency are best comprehended as a continuum of cause and effect, with many of the causes, or risks, manifesting prior to the onset of delinquent behaviors.

Studies of delinquents often reveal an over-representation of children who fell behind scholastically at an early age. Poverty, substance abuse, poor parenting skills and unstable family or home situations are also disproportionately found among young families of at-risk children. Children experiencing any one or more of these factors are not doomed to inevitable delinquency, however. Study results are convincing that the onset of these early childhood risks initiates a cumulative domino effect. The culmination of such a childhood, marked by poor parental supervision and multiple disadvantages, will usually be a cluster of interrelated dysfunctions. The delinquent child often experiences clinical depression, early and unsafe sexual activity, substance abuse, truancy, school dropout and gang membership.

The risk factors for violence are varied and complex. J. D. Hawkins and Associates specify 12 risk factors for delinquent behavior which are also correlated with youth violence. Hawkins' risk factor model can be grouped into three areas: individual; family, and environmental (Delinquents and Drugs: What The Evidence Suggests About Prevention & Treatment Programming, 1989). Youth at-risk demonstrate negative behaviors early in life. These youth have already had problems in school (academic failure, poor school adjustment) and as years pass are frequently absent, truant, suspended or expelled. Special education status, anti-social behavior, and low self-esteem all become part of a self-defeating pattern which escalates risk.

Family characteristics and circumstances have perhaps the most direct effect on the behavior of youths. Parental modeling of aggressive and violent behavior; poor supervision; parental criticism, hostility, and rejection have all been shown to increase risk of delinquency. A study sponsored by the National Institute of Justice found a link between being abused or neglected and later delinquent behavior. Victims of child abuse are 53% more likely to be arrested as a juvenile and 38% more likely to be arrested as an adult (The Cycle of Violence, 1992).

Neighborhood characteristics influence the likelihood of delinquent behaviors. Lack of neighborhood attachment, easy access to firearms and drugs, and community apathy towards delinquency inculcates in youth a culture of failure. Additionally, the quality of schools can be an environmental risk factor.

In the past three decades a growing body of research has turned to identification and study of the positive factors which build a healthy community and can prevent delinquency and violence from taking root. The Search Institute, Minneapolis, Minnesota, an independent nonprofit organization focusing on research which benefits children and youth, has identified 40 factors which it terms "developmental assets." Some traits appear to exert a more powerful positive effect than others; from a report by the Center for Youth Development and Policy Research (Pittman, 1991):

Out of the 13 strengths, six are particularly powerful in reducing at-risk behaviors in a community. These are:

- Youth who avoid peers with negative behavior;
- Youth who are motivated and committed in school;
- Youth who are involved in structured activities;
- Youth who attend religious services;
- Youth who experience a caring and supportive school environment;
- Youth who have caring and supportive families.

Hawkins and Catalano (Catalano, et al, 1999) have explored the concept of assets or protective factors further in a new report to the U.S. Department of Health and Human Services (June 1999), entitled "Positive Youth Development in the United States." Their study indicated that positive youth development programs will generally achieve one or more of these objectives:

- Promote bonding,
- Foster resilience
- Promote social, emotional cognitive, behavioral and moral competence
- Foster self-determination
- Foster spirituality
- Foster self-efficacy
- Foster clear and positive identity
- Foster belief in the future
- Provide recognition for positive behavior and opportunities for prosocial involvement
- Foster prosocial norms (healthy standards for behavior)

The report emphasizes the socializing influences of caregivers, school officials, classmates, and neighborhood residents.

A comprehensive review of the literature on effective programs was conducted for this report. A number of prevention, intervention and treatment programs have been documented as successful to support positive development of youth. It is recommended that school districts and communities utilize the section of this report which provides more detail on risk and protective factors, developmental assets and effective programs in developing local plans and strategies for the future.

RECOMMENDATIONS

Goal One: To implement school-based prevention strategies and programs that result in an overall safe school environment.

- 1. Develop statewide guidelines for crisis management which include consistent emergency response procedures to insure consistent, adequate and effective response to any crisis. Each local school, in conjunction with its school district office, should develop individual crisis response plans, utilizing the standard operating procedures developed at the state level as well as local district policy.
- 2. Reduce the student-guidance counselor ratio at all grade levels (elementary, middle, and high schools) to 350:1.
- 3. Continue to increase the number of school resource officers available to local schools.
- 4. Local school districts should adopt and implement the national standards of one nurse for every 750 students, one school psychologist for every 1,000 students and one school social worker for every 500 students.
- 5. Provide support to local school district efforts to develop and implement consistent disciplinary policies, which include a code of conduct, specific rules and consequences, and a zero tolerance statement for illegal possession of weapons, and alcohol or other drugs.
- 6. Review existing school facility safety standards and update statewide guidelines. Review and modify all school facilities to improve and enhance safety. Review all building plans for new facilities for compliance with state safety guidelines.
- 7. Local school districts should assist teachers and staff in developing student assistance/intervention teams to identify and assist students who are in need of academic, therapeutic and family support services.
- 8. Require a life skills training curriculum for all students from Pre-K to grade twelve focusing on assisting students with the basic attributes of learning kindness, respect, tolerance, decision-making skills, problem solving skills, as well as managing conflict and anger.

- Develop a hotline for reporting violence in the schools, including possession of a firearm.
- 10. Initiate efforts to increase the number of students involved in service learning programs. Comprehensive training for faculty and staff should link service learning to academics as part of an integrated curriculum. Efforts should be made to involve students in service learning programs to help in the violence prevention initiatives.
- 11. School districts should implement anti-bullying programs based on evidence-based programs.
- 12. Local schools should be encouraged to reward student bodies with incentives for positive behavior.
- GOAL TWO: To involve the community in preventing youth violence through the active participation and collaboration of parents, students, educators and community representatives in prevention initiatives.
- 1. Initiate a public awareness campaign about school safety that promotes a "safety first" focus, including a constant reminder to students, teachers and the community of the importance of "safety first."
- 2. Establish guidelines to ensure meaningful and significant student representation and participation wherever possible and appropriate.
- 3. Encourage local communities to support the Healthy Communities initiative to increase community involvement in addressing local health concerns.
- 4. Provide mentoring programs in all schools, especially for students who do not have strong adult role models in their homes.
- 5. Offer programs to teach parenting skills, family management practices and coping with early conduct problems in each county throughout the state.
- 6. Implement a Prenatal and Early Childhood Nurse Home Visitation program throughout the state.

GOAL THREE: To identify students who are at higher risk for committing assaultive and violent behavior and provide effective intervention and treatment strategies.

- 1. Increase home-based intensive services by providing Intensive Family Services programs (formerly referred to as Family Preservation) to children experiencing a crisis in which they are tempted to act out either against themselves or others.
- 2. Establish juvenile arbitration programs within all solicitors' offices to increase the number of nonviolent offenders effectively diverted from court action.
- 3. Expand proven truancy reduction programs statewide.
- 4. Increase school-based mental health services to all public schools in South Carolina to expand the state's availability of family strengthening programs that focus on reducing poor family management practices and early conduct problems among students and their families.
- 5. Expand the number of alternative schools in the state to serve more students who are in need of alternative learning opportunities.
- 6. Expand services offered through the School Intervention Program (ScIP) to meet the needs of more children.
- 7. Establish a mechanism to ensure screening for all children at risk for violence to determine what appropriate supportive intervention and/or treatment should be provided.
- 8. Implement peer mediation programs in schools and communities to assist young people in resolving problems and teaching tolerance.

GOAL FOUR: To improve the system's overall effectiveness in addressing youth violence through increased coordination of policy development, training and technical assistance.

- 1. Designate or implement within an existing agency a Center for the Prevention and Reduction of Youth Violence to coordinate interagency efforts to address youth violence, with emphasis on the school environment.
- 2. Redefine the role and job responsibilities of school guidance counselors, with an emphasis on allowing counselors to counsel and work directly with students and reduce administrative/clerical duties.

- 3. Establish a collaborative effort for future training of school resource officers.
- 4. Improve data collection and relevant reports about the extent of youth violence, data on high-risk communities, and data on high-risk populations.
- 5. Train faculty and staff in school districts across South Carolina in evidence-based life skills curricula.
- 6. Legislation should be enacted to prohibit status offenders from being incarcerated within Department of Juvenile Justice institutional facilities.
- 7. Build a comprehensive local strategy in support of a healthy, safe school environment by bringing together each school district and its local community, including representatives from private organizations, businesses, and the faith community, parents, students, and local representatives from all related state agencies.
- 8. Provide a child development/community policing training program for law enforcement, school districts and mental health counselors based on the nationally recognized evidence-based New Haven program.
- 9. Provide training for faculty and students on the issue of sexual harassment, sexual assault, intimate partner violence and domestic violence to prevent intimate violence among adolescents.
- 10. Provide training to all districts about how to assess the overall climate of the school and surrounding community to identify factors contributing to school violence, and how to develop a school climate improvement strategy.
- 11. Reassess pre-service training provided to future teachers to insure increased emphasis on experiential learning, cultural based styles of learning, student teaching experiences, and skill development in handling disciplinary problems.
- 12. Reassess existing training for child development and kindergarten teachers and review existing training for: 1) appropriate classroom management of children who exhibit unruly behavior or who need to learn anger management; and 2) identifying children at risk of future violent behavior.
- 13. Provide infant development and stimulation training protocols for foster parents and for biological parents within the foster care, child protective services and temporary assistance to needy families (TANF) program for the prevention and reduction of youth violence.

- 14. Implement a wide variety of prevention initiatives through the proposed Center for the Prevention and Reduction of Youth Violence (Goal 4, Recommendation 1) working with leaders in the interfaith community to implement a wide variety of prevention initiatives.
- 15. Provide training to DSS staff and foster parents about the availability of special education services under the Individual Disability Education Act (IDEA).
- 16. Provide information and assistance for school district personnel regarding research-based outcomes in the use of school uniforms.
- 17. Provide training opportunities for local school districts on research-based outcomes in year round schooling.

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IMPLEMENTATION

he Safe Schools Task Force report has been designed to outline how state government can work with local communities to prevent school violence. All local citizens are invited to join together to implement the proposed recommendations. Recognizing the need for thorough, systemic and multi-level planning, specific detail has been given to the timetable needed for implementation of proposed strategies. Steps are outlined below for a three-year implementation schedule.

Year One (November 1, 1999 - June 30, 2000)

Local planning

It is important that local school districts and their surrounding communities use the Safe Schools report as a guide to develop local action plans and strategies. The available resources and current efforts to address school safety vary from district to district. It is recommended that each local community, with leadership from the school district office, review community needs related to school violence, including risk and protective factors that may be prevalent. Existing programs should be surveyed to determine 1) documented effectiveness in addressing the problem; 2) analysis of potential duplication; 3) integration of key recommendations in school curriculum; and 4) cost analysis. Many communities may already be implementing programs that meet stated objectives; these programs should be described in local plans to demonstrate current initiatives and illustrate where gaps in services are. Plans should include strategies with a timeline for implementation that include multiple agency involvement.

Local plans to prevent youth violence will provide guidance to each community in addressing youth violence and will be the mechanism by which communities can pursue funding initiatives in subsequent years. Plans should be completed no later than May, 2000. These plans can be the basis for making many immediate administrative changes and executing memoranda of agreement with other organizations. They can also guide the reallocation of existing resources as appropriate. Finally, they can be the basis of applying for funding at the state level to help implement strategies that are documented effective strategies. Training should be provided for local school districts and key community representatives to provide assistance in this process.

School Crisis Response Guidelines

Effective and current crisis response plans should be developed at each school in South Carolina. The State Department of Education will develop standard operating procedures

for responding to a crisis no later than the end of the calendar year (December 31, 1999). Local schools should then either develop new crisis response plans, or revise existing plans to meet the state standards.

Training Initiatives

A number of training recommendations can be implemented during the first year. Many of these training strategies are instrumental to implementation of recommendations in subsequent years. These initiatives include School Resource Officer training, life skills training for all school faculty and staff, cross-training for law enforcement, mental health and educators, and sexual harassment and assault prevention training.

System Improvements

Methods utilized to collect data on school crime incidents and violence can be improved beginning in the first year. The data collected should be consistent among agencies serving youth. In addition, the State Department of Education should redefine the role and job responsibilities of guidance counselors in school to reduce administrative tasks.

Planning Efforts

A number of planning efforts must be initiated during the first year in addition to local community planning. State agencies should begin efforts to coordinate their respective responsibilities described in this report. A number of collaborative efforts outlined to begin in the second year will require planning during the first year (i.e. parent education recommendation, screening and treatment for at-risk children recommendation). This planning should include determination of a phase-in schedule for all new services. Joint funding requests to the General Assembly should be developed. A Work Group should continue to meet throughout the implementation stages of this report to ensure ongoing cooperation and collaboration.

Planning and Evaluation Efforts

A number of planning efforts must be initiated during the first year in addition to local community planning. State agencies should begin efforts to coordinate their respective responsibilities described in this report. A number of collaborative efforts outlined to begin in the second year will require planning during the first year (i.e. parent education recommendation, screening and treatment for at-risk children recommendation). This planning should include determination of a phase-in schedule for all new services. Joint funding requests to the General Assembly should be developed. An interagency workgroup should continue to meet throughout the implementation stages of this report to ensure ongoing cooperation and collaboration. Specific efforts to assess progress should be led by the Governor's Office.

Year Two (July 1, 2000 - June 30, 2001)

Local Plan funding

As part of joint planning, State agencies should work together to secure funding for initiatives designated as a priority by local communities in their school safety plans.

Center for the Prevention and Reduction of Youth Violence

A central clearinghouse should be established to insure coordination among key stakeholders as well as to facilitate many of the training initiatives. In addition, a Work Group should meet to provide oversight and direction to initiatives as they are proposed, developed and implemented. This group can insure that evaluation of successful initiatives are completed after the first year and each year thereafter for possible replication. The group will ensure follow through of all recommendations.

New Program Implementation

A significant number of new intervention program initiatives have been recommended to be implemented during the second year. These initiatives include family preservation, juvenile arbitration, mentoring, nurse home visitation, expanded school-based mental health services and screening and treatment for at-risk children. Prior planning is required before new programs are implemented.

Expanded Professional Assistance

Funding should be requested over a multi-year period to expand the number of professional staff available to students in the school environment. Increased staff includes guidance counselors, school resource officers, social workers, psychologists, and nurses.

School-Based Programming

As part of their local community plans, school districts should determine what programming currently exists within their schools and/or community environment that meet the recommendations outlined in this report. Programs that are not offered should be implemented to meet stated desired goals and final outcomes. These programs include, but are not limited to, evidence-based life skills programs, service learning programs, bullying prevention programs and student assistance/intervention teams. All school facilities should be examined to determine safety levels. A violence hotline should be implemented for all students in all schools in the state.

Public Awareness and Community Involvement

In order for recommendations in this report to be implemented and adopted across the state, an increased understanding of the need to address school violence is necessary. A public awareness campaign should be implemented during the second year. Volunteers should be recruited to work with the schools in a variety of programming. Expanded parent education and support programs must be offered. The entire community should be invited to participate with the schools to address youth violence.

Monitoring and Evaluation

Efforts should continue to mointor and evaluate all initiatives developed during the second year.

Training Initiatives

Additional training strategies have been proposed for the second year. All school districts should have the opportunity to receive training on assessing school climate. The training and education offered to those individuals enrolled in higher education programs to become teachers should be reevaluated to insure appropriateness to students being served.

Year Three

(July 1, 2001 - June 20, 2002)

Monitoring and Evaluation

Comprehensive efforts should be well developed to evaluate all initiatives developed as a result of this report. Outcomes must be shared with all school districts and agencies invovled with the issue of youth violence. A review at the conclusion of the third year should be developed by the Center to outline successes to date.

Training Initiatives

A number of training initiatives are recommended for the third year. Some training may be dependent upon the school/community's progress toward meeting their local plan goals as well as local need. Training will be offered to child development and kindergarten teachers and to foster parents. The interfaith community will be targeted for a number of training opportunities focusing on youth violence prevention. Finally, training will be offered on the efficacy of school uniforms and year-round schools.

School Incentives During the third year, all schools should review the use of incentives in school for nonviolent behavior. The Department of Education should also review statewide incentive programs.

COMPREHENSIVE PLAN

INTRODUCTION

n overview of this report was provided in the Executive Summary section. What follows is a comprehensive description of youth violence, a repeat of goals and outcomes expected, a detailed description of recommendations, the implementation timetable, an identification of existing resources in the state, and a comprehensive review of the literature on pathways to delinquency and violence, and documented effective programs.

GOALS AND OUTCOMES

he following goals and final outcomes were developed by the S.C. Safe Schools Task Force to provide direction to all recommendations, activities and strategies designed to prevent youth violence in our state:

Goal One: To implement school-based prevention strategies and programs that result in an overall safe school environment.

an overall safe school environment.

Goal Two: To involve the community in preventing youth violence through the active

participation of parents, students, educators and community representatives

in prevention initiatives.

Goal Three: To identify students who are at higher risk for committing assaultive and

violent behavior and provide effective intervention and treatment strategies.

Goal Four: To improve the system's overall effectiveness in addressing youth violence

through increased coordination of policy development, training and

technical assistance.

Desired Final Outcomes:

 Increase the accuracy of schools reporting serious or violent offenses on school property, including physical attacks/assaultive behavior, weapons, arson, disturbing schools and alcohol and other drug abuse.

- Decrease the number of serious or violent offenses reported on school property, including physical attacks/assaultive behavior, weapons, arson, disturbing schools and alcohol and other drug abuse.
- Decrease disciplinary referrals for weapons violations, assaultive behavior and alcohol and other drug abuse.
- Increase the number of youth successfully graduating from alternative schools or youth returning to their home school to successfully graduate.
- Increase the graduation rate.
- Decrease the truancy and chronic absenteeism rate.
- Decrease both the in-school and out-of-school suspension rate.
- Decrease the expulsion rate.
- Decrease referrals to the Department of Juvenile Justice for serious and violent offenses.
- Increase the number of opportunities for adults to develop a positive relationship with youth.
- Increase public confidence in the capacity of public schools to maintain safety for South Carolina children.
- Increase access to appropriate professional assistance to help prevent, intervene and respond to violence against children and youth.

YOUTH VIOLENCE IN SOUTH CAROLINA

School Violence

The national Annual Report on School Safety, last published in October 1998, provides important documentation of the levels of violence in our nation's schools from a longitudinal perspective. Among the key findings were the following:

- Most school crime involves theft, not violence;
- Youth aged 12 to 18 are more likely to be the victims of serious and violent crime off school grounds than at school;
- The percentage of high school seniors reporting intentional injuries with a weapon has not changed substantially for the past twenty years;
- The overall school crime rate has declined from 164 per 1,000 students in 1993, to 128 per 1,000 in 1996;
- "Serious and violent crime" represents a small proportion of all school crime, and homicide is "extremely rare";
- The most common crimes reported to law enforcement in 1996-1997 were physical attacks and fights without weapons;
- About 3% of 12th graders reported having taken a gun to school at least once in the previous four-week period, a figure which remained relatively stable from 1994 to 1996;
- On the average, from 1992 to 1996, approximately four out of every 1,000 elementary, middle and high school teachers were victims of serious, violent crimes at school;
- Despite indications the school crime rate is decreasing, students feel less safe in school;
- Between 1989 and 1995, the percentage of youth reporting a gang presence in their schools almost doubled (from 15% to 28%).

Where does South Carolina fit in this picture? According to the Annual Report, South Carolina is one of eleven states that have participated in the Youth Risk Behavior Survey long enough to make longitudinal comparisons between 1993 and 1997. The state was identified as one of just three states praised in the publication for efforts of "particularly high quality" in the collection of information on criminal/prohibited incidents in schools and disciplinary actions.

According to the Survey, South Carolina experienced declines in some key school safety areas between 1995 and 1997, including the number of high school students reporting threat or injury by a weapon on school property, the number engaging in a physical fight on school property, the number reporting stolen property or vandalism at school, and the

number reporting use of alcohol on school property. There was an increase in the number of students reporting use of marijuana on school property.

Despite these encouraging numbers, the S.C. Department of Education report School Crime Incident Report For South Carolina Public Schools, 1997-98 School Year, shows a 21% increase in school crime incidents, including weapon possession (up 23%), drug violations (up 16%), larceny/theft (up 11%), and vandalism (up 23%). (Aggravated assault and burglary/breaking and entering were both down slightly.) Liquor violations rose by 78%. Most of the 9,024 school crime incidents reported occurred during the day, and most occurred either in classrooms or on the school grounds. Seventy-four percent of the perpetrators reported were male, and 66% of the perpetrators were between ages 13-16 (inclusive). Ninety-four percent of the perpetrators were students at the schools where the incidents occurred.

The same problems which contribute to violent behaviors also lead to absenteeism and dropping out from school. In 1997-98, truancy was the number one reason children were referred to the family courts, and was also a major factor in contempt of court citations and probation violations among youth. As noted by the Office of Juvenile Justice and Delinquency Prevention (Juvenile Justice Bulletin, *Truancy: First Step to a Lifetime of Problems*), truancy can be the beginning of a lifetime of problems in which the next step is dropping out of school. Truancy is also a factor in high daytime crime rates in some jurisdictions, where free and unsupervised time provides the opportunity to learn and engage in criminal behavior.

Though some areas of school crime appear to be declining, both national and state-level reporting document that there remains a substantial amount of crime in schools, threatening the well-being of students and the staff. Students are more fearful of crime than ever before, which has important implications for the ethos of our schools and the ability to provide and receive a quality education. Alienation from school and rejection of community norms, which are causal factors in school violence, also impact upon the problems of absenteeism from school and dropping out before graduation (to the long-term detriment of all of us in society.)

There is some good news to be found here. It is often noted that most youth violence, perhaps 85%, is committed by a very small percentage of young people, probably less than 5%. In South Carolina, only a small percentage of school crimes in 1997-8 involved a serious or violent crime. And even as shocking incidents around the country have heightened awareness and anxiety about our children's safety, homicide is still a rare circumstance in South Carolina schools (the last reported school homicide, a single occurrence, was in 1995-1996.)

Is South Carolina's school crime rate lower than the national average? Although comparisons are risky given differing definitions and reporting of school crime, it would appear so. Where the national average for overall school crime was 128 per 1,000, South Carolina's average was 13.9 per 1,000. While this may appear encouraging, it also

should be noted that school crime reporting in other states has improved substantially in each year since 1992, and trends vary from category to category of crime, making comparison difficult.

Overall Youth Violence

Whatever the comparison to national averages, there is no doubt that many of our South Carolina youth are at serious risk, either as victims, witnesses or perpetrators of crime. The Kids Count 1998 South Carolina reports that:

39,105 children were victims of abuse and neglect in 1997-98.

• 31.6% of all reported assaults were domestic. Since most family violence is unreported, no one knows how many more took place. Of those assaulted, a shocking 38.4% were five years old or younger.

4,533 children lived in foster care as of June 1998. 190,873 children and youth under age 18 lived in families with incomes below poverty, or 21% of our

children, the same rate as in 1979.

An average of 17% of our children under age 18 had no health insurance in 1995 96. At least twice this number lack basic accessible primary care, and yet South Carolina has half the number of school nurses recommended nationally

In South Carolina, 28% entering 8th grade did not graduate five years later (in 1997-

98).

 The Youth Risk Behavior Survey showed that binge drinking among high school students remained at 25% between 1993 and 1997.

The Survey also showed that drug use among high school students continues to grow substantially. Marijuana use by high school students statewide has increased

by 104%, from 12.5% in 1993 to 26.5% in 1997.

20,034 individual juvenile offenders were referred to the Solicitor in 1997-98.
 13.6% of these were age 12 or younger. 10.3% of the cases referred to family court in 1997-98 (preliminary Department of Juvenile Justice data) were for serious and violent crimes which include drug trafficking, acts against persons for murder, rape, robbery and aggravated assault, and serious property offenses for arson and burglary.

Violent or serious crimes committed among juveniles continue to be a critical problem facing leaders and policy makers in South Carolina. While there is no one definition that constitutes what is a violent or serious crime, many measures continue to point in the direction that no matter how you define it, it is a problem in South Carolina. Through an innovative project called Safe Futures that focused on four counties in the Midlands (Richland, Lexington, Fairfield, and Newberry), information from the SC Department of Juvenile Justice, the SC Department of Social Services, and local schools allowed policy makers to target neighborhoods using a combination of factors. Researchers have concluded that combining information from a variety of databases is necessary since no one measure captures the nuances of the problem. But by combining information from a number of sources, targeting becomes more effective. There is, of course, one additional

spin-off by combining a number of measures from multiple sources. The problem becomes not one agency's problem, but everybody's problem.

While the Safe Futures project was limited to a four county area, that same approach can be used throughout South Carolina. The following series of tables and maps show some information applied at the state level.

In the Safe Futures project, a number of agencies including the Attorney General's office, S.C. Law Enforcement Division (SLED), and the Department of Juvenile Justice (DJJ) combined their expertise in defining which offenses in the DJJ data base would constitute a violent or serious offense. Again, while there is no one definition, their best judgements produced a common set of offenses (see Appendix D for a list of the offenses used). Applying this same definition to DII referrals from Fiscal Year 94-95 through Fiscal Year 97-98 produced Table 1. (Referrals were unduplicated in order not to count a juvenile more that once.) This table shows by county the total number of referrals, those that were classified as violent or serious and the total number of violent or serious offenses committed by the juveniles. (Each referral may have up to three offenses. In many instances, a juvenile committed more than one violent or serious offense in a referral.). However the data can be seen better graphically. Map 1 shows that urban counties supplied more referrals that had a violent or serious offense (and typically also the largest number of overall referrals). This is no surprise since South Carolina's population centers include Charleston, Richland, Greenville and Spartanburg. South Carolina also has a number of small rural counties such as Calhoun, Lee, Clarendon, Williamsburg, Allendale, Bamberg, etc. These counties had some of the smallest number of violent or serous referrals. Horry County, which is a coastal county with extremely high growth also, fell in the upper echelon of referrals with a serious or violent offense.

There is a constant debate among researchers and policy makers on whether absolute numbers or rates should be used in determining need and the allocation of resources. In some ways, absolute numbers shows the need for allocation of resources by showing volume. Rates, on the other hand, show the penetration of the problem. If we were to distribute the population equally across the state, what percent of the children committed a violent or serious offense? Table 2 and Map 2 show that information both in a table format but also graphically. Interestingly enough, Charleston had not only the largest number of violent or serious referrals but also a high rate. Jasper County, a relatively small rural county, had the highest rate. The other counties showing the highest rates included Fairfield, Chester, and Greenwood.

In the Safe Futures project, committee members included other information beyond referrals from the Department of Juvenile Justice. In the Safe Futures project, data such as school violence that came from not only the Department of Education but also a special survey mailed to the schools was included. In addition, information from the 1990 Census such as poverty and demographic characteristics was also examined. Finally, because the literature suggests a high relationship between children who have been abused and neglected with juveniles who later have a referral, team members also

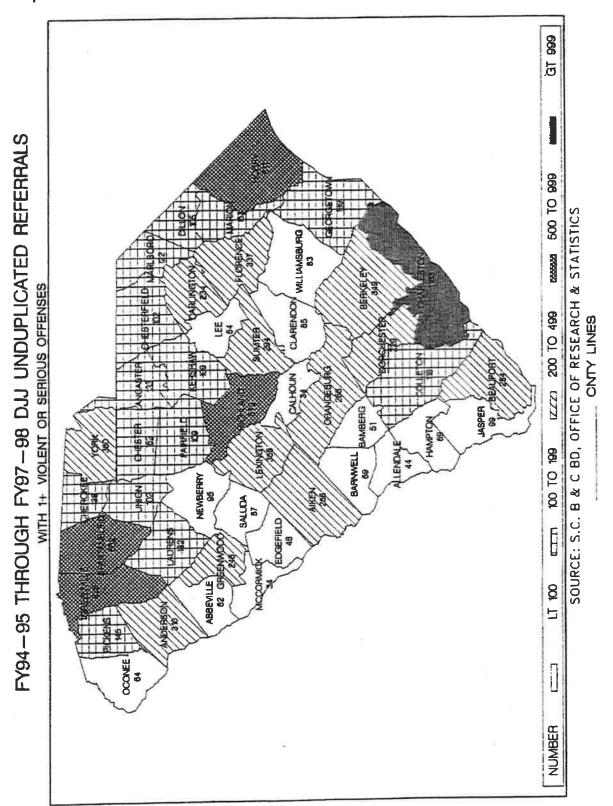
included information from the SC Department of Social Services on the number of "founded" cases of abuse and neglect. Applying that same information statewide produced Map 3. Again these are absolute numbers. However, we see similar problems in the urban counties though there are some exceptions.

Putting information together into one measure such as an index is more complicated. A number of guestions should be raised. What information should you ultimately include? When does the data become redundant? Do you weight some information heavier than other data? Oftentimes, answers to these and other questions should be done in a team setting involving professionals from a number of disciplines. Sometimes answers to these questions actually boil down to what the community values. However, Map? 4 uses an extremely simple index combining two measures: number of referrals with a serious or violent offense and the number of founded and abused cases. The index is calculated by 1) Taking the county's number of referrals who committed a violent or serious offense and dividing by the state average. This creates a ratio that shows whether the county is above (a measure of 1.00 or higher) or below (0.99 or lower) than the state's average. It allows the analyst to see if the problem is "more" or "less" that the state as a whole. (This can also be used with rates.) 2) The same methodology is applied to the "founded" cases of abuse and neglect. And 3) The index is the sum of the two ratios. Again, this is an example of a simple index - there are, of course, many ways to calculate an index. An index though (no matter how it is calculated) can help combine information and prioritize potential problems. When you combine these factors, the counties with the highest rates are Greenville and Charleston. The second grouping of counties with the next highest rates included Richland, Spartanburg, Lexington and Horry counties. This type of information is important for planners and policy makers when targeting specific initiatives to higher risk areas of the state.

FY 94-95 THROUGH FY 97-98 DJJ UNDUPLICATED REFERRALS

Table 1:

		REFERRALS			OFFENSES		
		W/ 1+	W# 1+	W/ 1+			
	TOTAL	VIOLENT	SERIOUS	VIOUSER	VIOLENT	SERIOUS	VIOUSER
COUNTY	REFERRALS	OFFENSES	OFFENSES	OFFENSES	OFFENSES	OFFENSES	OFFENSES
TOTAL	74,381	7,176	3,632	10,131	8,379	4,004	12,223
ABBEVILLE	432	45	22	62	58	24	81
AIKEN	2.374	164	113	256	182	135	315
ALLENDALE	456	30	17	44	39	19	58
ANDERSON	2,960	207	124	310	233	133	355
BAMBERG	405	27	27	51	31	29	58
BARNWELL	446	50	22	69	55	24	79
BEAUFORT	1,433	161	105	254	180	112	292
BERKELEY	2.981	251	120	349	277	127	398
CALHOUN	190	24	13	34	29	14	43
CHARLESTON	7,520	839	418	1,163	989	460	1,419
CHEROKEE	1,251	120	20	138	141	22	163
CHESTER	857	121	46	162	132	48	180
CHESTERFIELD	629	80	33	102	93	40	131
CLARENDON	540	69	19	85	77	22	99
COLLETON	737	69	56	118	84	56	139
DARLINGTON	1,495	162	85	234	191	90	277
	708	89	27	105	109	28	134
DILLON DORCHESTER	1,505	180	56	229	199	59	256
EDGEFIELD	271	39	12	48	44	14	57
FAIRFIELD	448	86	33	109	93	38	129
	3,062	272	98	337	349	112	455
FLORENCE	1,511	136	65	189	171	71	237
GEORGETOWN		634	242	826	763	275	1,025
GREENVILLE	5,130	178	94	248	204	114	314
GREENWOOD	1,610	49	25	69	52	29	81
HAMPTON	311 3,432	382	156	511	432	166	586
HORRY	579	362 64	42	99	69	43	109
JASPER	1,032	65	52	109	70	54	123
KERSHAW	1,032	97	44	133	112	51	162
LANCASTER	1,154	119	76	182	155	83	235
LAURENS	446	49	18	64	51	19	69
LEE LEXINGTON	3,519	209	168	356	246	181	422
MCCORMICK	178	209	15	34	20	16	36
	1,267	119	66	163	146	74	214
MARION	1,267	89	38	122	97	39	133
MARLBORO	639	67	39	95	76	44	116
NEWBERRY		40	27	64	44	28	71
CCONEE	735		122	266	182	136	317
ORANGEBURG	2,319	155	44	145	121	46	165
PICKENS	1,517	108	299	679	512	328	826
RICHLAND	3,509	422 46	259	57	50	25	74
SALUDA	326			602	502		741
SPARTANBURG	4,399	431	209	294		240	
SUMTER	2,197	210	35		263 87	120	378
UNION	817	78	35	102		38	125
WILLIAMSBURG	667	59	27	83	73	28	101
YORK	3,713	265	133	380	296	150	445

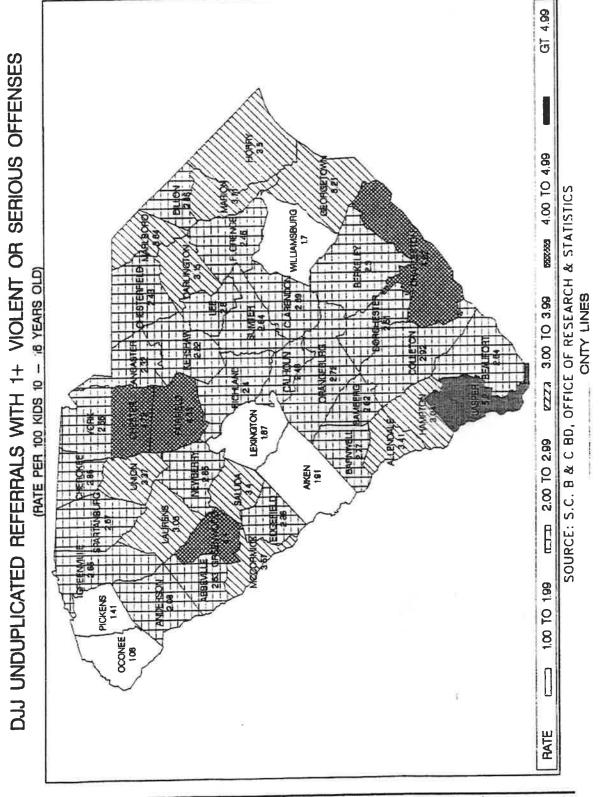


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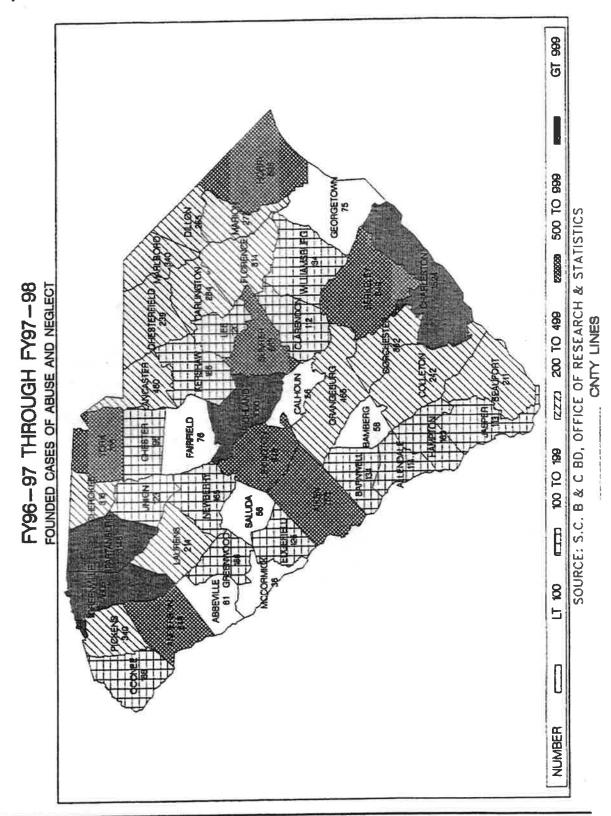
Table 2:

FY 94-95 THROUGH FY97-98 DJJ UNDUPLICATED REFERRALS
RATE PER 100 CHILDEN (AGES 10-16 YEARS)

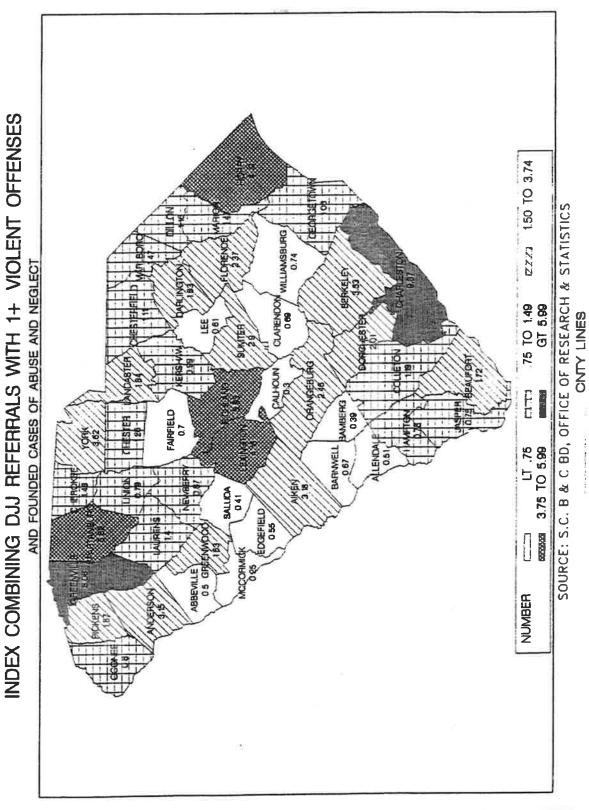
	REFERRALS	ESTIMATED	
	W/ 1+	CHILDREN	
	VIOUSER	10-16 YEARS	
COUNTY	OFFENSES	AVE (1994-1997)	RATE
SOUTH CAROLINA	10,131	369,168	2.74
ABBEVILLE	62	2,450	2.53
AIKEN	256	13,420	1.91
ALLENDALE	44	1,290	3.41
ANDERSON	310	14,933	2.08
BAMBERG	51	1,950	2.62
BARNWELL	69	2,493	2.77
BEAUFORT	254	8,935	2.84
BERKELEY	349	15,180	2.30
CALHOUN	34	1,370	2.48
CHARLESTON	1,163	25,175	4.62
CHEROKEE	138	4,838	2.85
CHESTER	162	3,433	4.72
CHESTERFIELD	102	4,193	. 2.43
CLARENDON	85	3,280	2.59
COLLETON	118	4,035	2.92
DARLINGTON	234	7,420	3.15
DILLON	105	3,668	2.86
DORCHESTER	229	9,140	2.51
EDGEFIELD	48	2,035	2.36
FAIRFIELD	109	2,508	4.35
FLORENCE	337	13,715	2.46
GEORGETOWN	189	5,890	3.21
GREENVILLE	826	31,215	2.65
GREENWOOD	248	6,050	4.10
HAMPTON	69	2,268	3.04
HORRY	511	14,580	3.50
JASPER	99	1,905	5.20
KERSHAW	109	4,918	2.22
LANCASTER	133	5,725	2.32
LAURENS	182	5,973	3.05
LEE	64	2,285	2.80
LEXINGTON	356	19,043	1.87
MCCORMICK	34	953	3.57
MARION	163	4,393	3.71
MARLBORO	122	3,355	3.64
NEWBERRY	95	3,335	2.85
OCONEE	64	5,910	1.08
ORANGEBURG	266	9,788	2.72
PICKENS	145	10,275	1.41
RICHLAND	679	28,330	2.40
SALUDA	57	1,678	3.40
SPARTANBURG	602	22,528	2.67
SUMTER	294	11,128	2.64
UNION	102	3,030	3.37
WILLIAMSBURG	83	4,885	1.70
YORK	380	14,275	2.66



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Map 4:



Juvenile and Young Adult Firearm Use in South Carolina

A report released by the Department of Public Safety in June, 1999 provides some interesting insight into the characteristics of juvenile delinquents committed to the South Carolina Department of Juvenile Justice regarding the use of weapons. The analysis of data was based on a sample of 140 youths incarcerated in a secure juvenile justice facility in South Carolina in calendar years 1996 and 1997.

The incident based analysis focused on firearm involvement among arrested juveniles (defined as 16 years old and younger, in conformance with state law) and arrested young adults (ages 17 through 20) arrested for the Index I violent offenses of murder, rape, robbery and aggravated assault.

Youths comprised three groups: (a) all youths who had current school weapons offenses (i.e., all youths who had a school weapons charge as one of their most recent offenses), (b) all youths who had current non-school-related weapons offenses, and (c) a random selection of youths who had no current weapons offenses. Of the group, 49.3% had been referred for a weapons offense on at least one occasion, and 50.7% had never had such a referral.

There were several key overall findings of the report, highlighted below:

- Young adults used firearms in violent offenses (32%) more often than juveniles (18%).
- Handguns were the guns most often used both by juveniles (67.9%) and young adults (76.4%).
- The majority of murders by juveniles (72.5%) and young adults (83.6%) involved firearms.
- Firearm use in violent crime increased with age, peaking at age 19.
- Firearm violence occurred most often in the home, both for juveniles (33.6%) and young adults (36.7%).
- Juvenile firearm violence occurred most often in the evenings (21.9%) and late at night (21.6%).
- Juvenile firearm violence was more likely to occur later at night and in the early morning hours during the summer than when school was in session.
- The victims of juvenile firearm violence were most often juveniles (27.1%) and young adults (20.6%).
- The victims of juvenile firearm violence were most often black males (43.6%).
- The victims of young adult firearm violence were most often young adults (36.4%).
- The victims of young adult firearm violence were most often black males (45.4%).
- The victims of juvenile firearm violence were most often known to the offender (39.8%), however victimization of family members was comparatively uncommon (4.7%).
- The victims of young adult firearm violence were most often strangers (44%), while victimization of family members by young adult was also uncommon (3.7%).

In addition to the above, a number of other findings were noted in the areas of school related violence, offense history, criminal status of family and friends, weapon use and possession by family members, victim/witness experience, anti-social behavior outside of school, youth attitudes toward weapons and violence, and findings in each of those areas is presented below.

Offense history

- 1. Youths with a history of weapons referrals had significantly more delinquency referrals
- and received their first referral at a younger age than other youths.
- 3. Youths with weapons referrals were no more likely than other youths to have been
- referred for various categories of offenses, except for property offenses.
- 5. 35% had spent time in a juvenile facility before.

Criminal status of family and friends

- 1. According to official records, half of the participants had a parent or a sibling with a known juvenile or criminal record.
- 2. 79% of the participants reported that people with whom they spent a lot of time (e.g., parents, other relatives, good friends) had been arrested for a crime.
- 72% said that such individuals had served time in a prison, jail, or juvenile correctional facility.

Weapon ownership, possession, and use

- 1. Youths reported owning an average of 4.5 firearms prior to their referral to the juvenile facility. Those with a history of weapons referrals reported owning no more guns than other participants.
- 2. 80% of the participants indicated that they had owned or possessed a handgun
- Participants reported having used a gun to commit a crime once or twice in their lives.
- 4. Prior to their confinement in the juvenile facility, youths obtained their handguns, rifles, and shotguns most frequently from friends and through illegal means (often from drug dealers or "junkies"), but many also obtained firearms from family members.

- 5. Self-protection and protection of family members were the most common reasons youths carried handguns and shotguns.
- 6. Most youths either had been taught to use a gun by a relative, or were self-taught.
- 7. Youth with weapons charges were most likely to have taught themselves, while those without weapons referrals were most likely to have been taught by a relative.

Weapon use and possession by family members

 Prior to incarceration, over half the youths lived in homes in which at least one person, other than the youth, owned a gun. Adult household members usually kept firearms for protection. Fathers also commonly owned firearms for purposes of hunting or sport.

Victim/witness experience

- 1. 79% of youths reported having friends who had been shot at.
- 2. 71% had witnessed a wounding or killing by a weapon.
- 3. 68% had been threatened with a gun.
- 4. 68% had been shot at on at least one occasion.

School-related violence and antisocial behavior

- 1. 35% of all youths reported that they had been threatened with a gun while at school or at a school activity
- 34% had been threatened with a knife
- 3. 33% with another type of weapon
- 4. 13% of participants said that they had skipped school because they were worried about violence.
- 5. Nearly two thirds reported that in the year prior to their confinement, they had known at least one student who had carried a gun to school.
- 6. 27% of youths reported having carried a gun to school in the year prior to their confinement.

- Approximately 10% reported hiding a gun in their school locker, 10% said that they had hidden a gun elsewhere at school, and 7% had a gun taken away at school.
- 8. 25% of youths reported having threatened someone with a gun at school or at a school activity.
- 9. 17% of youths reported having threatened someone with a knife while at school or at a school activity.
- 10. 25% of youths reported having threatened someone with another type of weapon while at school or at a school activity.
- 11. Participants reported very high rates of suspension (96%) expulsion (76%), and truancy (nearly one third reported skipping more than ten days per month).
- 12. Youths with weapons referrals reported no more victimization, weapon-carrying, or antisocial behavior at school than did other youths.

Antisocial behavior outside of school

- 1. Nearly one quarter indicated that at least one family member had shot someone
- 2. 55% reported that at least one close friend had shot someone.
- 3. Youths whose family and/or friends had shot someone reported a significantly greater frequency of aggression.

Youths' attitudes toward weapons and violence

- Despite the prevalence of gun ownership and use among participants, most youths expressed a negative attitude toward using weapons and did not think that carrying weapons was important to being accepted and respected.
- Participants were optimistic about their ability to reach their mid-twenties without having been seriously injured or killed. However, participants who were victims (or whose family or friends had been victimized) were less optimistic about their ability to avoid future victimization.

Youths' involvement in gangs

 Nearly one third of the sample reported they had been a member of a gang at some point prior to incarceration. Most self-reported gang members indicated that their gangs had been involved in a wide range of aggressive and deviant behaviors. 2. Gang members were more likely to: carry guns, fire guns in both aggressive and social activities, have friends who were victims or perpetrators of gun violence, report aggression toward others, admit to property offenses, and believe that carrying a gun is important to being accepted and respected by friends. Notably, gang members were more likely than their peers to believe they would be seriously injured or killed by the time they reach their 25th birthday.

Youth Perception of the Problem

In March 1999, youth from around South Carolina gathered in Columbia to discuss possible solutions to the dilemma of youth and crime. During a National Issues Forum entitled "Kids Who Commit Crime," eighteen representatives from high schools across the state participated in an open dialogue on three national methods for solving youth crime. Those methods, or choices, and the resulting youth dialogue are presented below:

Choice One: Deterrence Effect — Getting Tougher With Young Criminals

Point of View: We've been too easy on youthful offenders. If we do not punish kids for brutal acts, we let them do harm without consequences. Discussion points:

- The crimes that kids commit are more violent, therefore, the punishment should be harsher.
- Reward youth for doing what is right. There needs to be more focus on the positive behavior of youth.
- Punishing juvenile offenders right away and the first time that they commit the crime makes them less likely to commit other crimes.
- Youth are not responsible alone for their actions. Other factors, such as parents, school, and socio-economic status contribute to juvenile delinquency.
- It is the duty of the community to provide recreation activities and safe places for youth (if engaged in positive activities, less time to commit crimes).
- Concentrate on fostering youth responsibility and accountability.
- Inform youth of their rights, and of how a responsible citizen behaves in society.
- Remove special privileges from prisons and rehabilitation centers; punishment should not include rewards for previous bad behavior.

Choice Two: Moral Messages — Cultural Confusion and Media Pollution

Point of View: Nobody is teaching right from wrong anymore. Family, schools, and the media have failed to uphold moral standards. Discussion points:

- Youth imitate what they see, whether it is their parents, peers, adults, television, and other forms of entertainment. Adults should practice what they preach; children will imitate what they see their parents and other adults do.
- We need to lessen violence in children's television and video games.

- Teach kids the difference between right and wrong, reality and fiction, and when they are exposed to violence on TV, it won't encourage them to engage in it themselves; parents need to take control of what their children watch.
- Greater cooperation is needed between the government, churches, and other social groups that promote positive values/role models.
- If the community has a problem with entertainment violence, it should not support those programs that show violent acts.
- Don't throw the blame on the media, for it is merely a reflection of society. The responsibility lies in the community and the home.

Choice Three: Risk Factors — Attacking Juvenile Crime At Its Roots

Point of View: Kids in poverty are in trouble. Sadly, unhealthy, uneducated, unemployed youth do not concern us until they are criminals. Discussion points:

- Lack of supervision allows children to get out of hand; provide safe and structured activities for youth.
- There is a need for education programs for new parents so that they know how to deal with their kids and issues that are youth-oriented (i.e., drugs, violence, crime, sex).
- Provide kids a good foundation on which to build.
- Parental involvement in the school will help to keep youth on a positive track.

TASK FORCE RECOMMENDATIONS

Goal One:

To implement school-based prevention strategies and programs that result in an overall safe school environment.

1. SCHOOL CRISIS RESPONSE PLANS

Develop statewide guidelines for crisis management that include consistent emergency response procedures to ensure consistent, adequate and effective response to any crisis. Each local school, in conjunction with its school district office, should develop individual crisis response plans, utilizing the standard operating procedures developed at the state level as well as local district policy.

State guidelines should include, at a minimum, communication requirements, assessment of school facilities safety, and counseling services available to students, faculty and staff, and the general community immediately following a crisis. Services should be provided by local mental health providers, local faith community and other appropriate providers. Once statewide emergency response standard operating procedures are developed, school/community teams should then be trained in proper emergency procedures to respond to a crisis. After-action reports should be developed at the conclusion of any crisis to assist with ongoing training efforts.

The South Carolina Department of Education should monitor requirements that all districts and schools implement comprehensive safety and crisis management plans for annual accreditation compliance, in accordance with State Board Regulation 43-166.

Current Status: State law currently requires individual crisis response plans, and many local schools already have these in place. However, existing plans are of varying effectiveness, and many need updating.

Starting in the fall of 1999, all districts will be required to submit their district-wide safety plan to the South Carolina Department of Education. A review of these plans will be conducted for compliance and/or improvement. An ad hoc committee has been established to look collaboratively at school safety plans and crisis management efforts throughout the districts. The South Carolina Department of Education has developed a model safe school checklist designed to assess schools' safety strengths and weaknesses. The South Carolina School Boards Association,

South Carolina Association of School Administrators and the South Carolina School Psychologists Association will work with state agencies to provide training for school board members and school staff about effective crisis management.

Implementation: The development of statewide standards or for the development of local crisis plans does not require funding. Any additional services mandated through the plans or standards, including additional communications equipment. counseling services and/or school safety assessment materials will require funding. The South Carolina Department of Mental Health has a disaster plan and a history of responding to both natural and social traumatic events. As an active partner, the South Carolina Department of Mental Health will work with school districts to include the community mental health centers in crisis planning. The South Carolina Department of Health and Environmental Control will work with identified partnering agencies to establish statewide crisis response guidelines while identifying appropriate South Carolina Department of Health and Environmental Control personnel roles in the event of crises. Partnering agencies include South Carolina Department of Education, local school districts. South Carolina Department of Mental Health, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Juvenile Justice, Department of Health and Environmental Control, South Carolina School Boards Association, South Carolina Association of School Administrators, South Carolina Association of School Psychologists and law enforcement agencies.

* Note - all agencies listed in bold are identified as lead agencies.

2. STUDENT - GUIDANCE COUNSELOR RATIO

Reduce the student-guidance counselor ratio at all grade levels (elementary, middle, and high schools) to 350:1.

See Appendix C for a definition of the proposed role for school guidance counselors.

Current Status: The current ratio of guidance counselors to students is 800:1 in elementary schools and 500:1 in middle and high schools.

Implementation: Funding to support this will have to come from the General Assembly and local school districts. An estimated cost of \$14 million is needed, with a three-year phase-in process. Additional counselors would need to be trained by approved counselor education programs in South Carolina. The State Department of Education should develop a specific proposal for a phase-in implementation schedule. Partnering agencies include the South Carolina Department of Education, local school districts, South Carolina School Boards Association, South Carolina Association of School Administrators, and South Carolina School Counselor Association.

3. INCREASED SCHOOL RESOURCE OFFICERS (SRO'S)

Continue to increase the number of school resource officers (SRO's) available to local schools.

The state budget line item for school safety officers should be directly related to the definition of a school resource officer as stated in Section 5-7-12 (see Appendix C).

Current Status: There are currently 151 school resource officers in 416 schools and an additional 195 SRO positions were made available in the FY 1999-2000 budget. See Appendix C for the definition of the role of school resource officers.

Implementation: Before a making a request for more SRO's in FY 2000-2001, the South Carolina Department of Public Safety and South Carolina Department of Education should develop a strategy that determines how many additional SRO's are still needed, and where they should be placed. Any local matching funds requirements should also be determined as part of this strategy. Partnering agencies include the South Carolina Department of Education, South Carolina Department of Public Safety, local law enforcement, and the South Carolina Association of School Resource Officers.

4. INCREASED SCHOOL SOCIAL WORKERS, PSYCHOLOGISTS AND NURSES

Local school districts should adopt and implement the national standards of one nurse for every 750 students, one school psychologist for every 1,000 students and one school social worker for every 500 students.

Increase the number of school social workers, school psychologists and nurses to ensure adequate professional assistance and guidance for all students in the state.

Current Status: Currently, there are less than ninety social workers in the more than 1200 schools across the state. Many of these social workers are not providing psycho-social services but are performing administrative duties. Presently there is no medicaid reimbursement for any school social work services. The Department of Health and Environmental Control has several partnerships with local school districts to provide nursing and social work services. Eighty-three districts in South Carolina have school nurses for a total of 508 statewide. There currently is no data on the exact number of school psychologists working in schools across the state. See Appendix C for a working definition of the role of school social workers, psychologists and nurses.

Implementation: To accomplish a goal of increased social workers, psychologists, and nurses statewide, clarification on the value and role of such professionals in the schools is needed. The South Carolina Department of Education should

provide this training jointly with the South Carolina Association of School Administrators, and the South Carolina School Boards Association. The Department of Social Services can participate in training for professionals stationed in schools to improve their understanding of child abuse and neglect and its effect on the child victim. The South Carolina Department of Education, Department of Health and Human Services and Department of Health and Environmental Control have entered into a collaboration to address the issue of school social workers and nurses, including the funding issue. The collaborative advisory group will be working over the next year to develop recommendations.

The South Carolina Department of Education should develop a proposal regarding expanding efforts to secure added funding for additional social workers, nurses and psychologists. The South Carolina Department of Education, Department of Health and Environmental Control and Department of Health and Human Services are in the process of discussing the possibilities for expanded Medicaid reimbursement. The Department of Education should develop a proposal regarding the level of state assistance, local school district requirements and priorities for a phased in implementation. Partnering agencies include the South Carolina Department of Education, local school districts, South Carolina Association of School Administrators, South Carolina School Boards Association, South Carolina Association of School Psychologists, South Carolina Chapter of National Association of Social Workers, South Carolina Association of School Social Workers, South Carolina Nurses Association, South Carolina Department of Health and Environmental Control, South Carolina Association of School Social Workers, and the National Association of Social Workers.

5. DEVELOPMENT AND ENFORCEMENT OF DISTRICT DISCIPLINARY POLICIES

Provide support to school district efforts to develop and implement consistent disciplinary policies, which include a code of conduct, specific rules and consequences, and a zero tolerance statement for illegal possession of weapons, and alcohol or other drugs.

All districts are encouraged to involve students in making decisions about school policies and programs.

Current Status: The South Carolina Department of Education will be conducting workshops around the state to assist principals as they examine school policies, codes of conduct and rules and consequences.

Implementation: Funding is included in both the administrative budget retained at the state level and in additional set-aside funds to provide prevention and intervention assistance for districts with high disciplinary incidents. The South Carolina Department of Alcohol and Other Drug Abuse Services and local alcohol and other drug abuse agencies will provide technical assistance and consultation to

the local school districts for the development and implementation of a zero tolerance policy regarding alcohol and other drug use. Partnering agencies include: the South Carolina Department of Education, local school districts, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina School Boards Association, South Carolina Department of Public Safety, South Carolina Association of School Administrators, and the South Carolina Department of Juvenile Justice. The Department of Social Services will consult as desired with school districts in the development of disciplinary policies.

6. SCHOOL FACILITIES REDESIGN

Review existing school facility safety standards and update statewide guidelines. Review and modify all school facilities to improve and enhance safety. Review all building plans for new facilities for compliance with state safety guidelines.

A working communications network in every school should link classrooms (fixed and portable) and school yard supervisors with the front office and security, as well as with local law enforcement and fire departments. Similar communications should be placed in school buses. Some type of "panic button" device may be considered for individual classrooms/teachers. Schools should consider using closed-circuit television for monitoring school safety, and metal detectors at the main entrance(s). All schools should implement effective visitor sign-in and identification, and monitor the various points of entrance into the school.

Current Status: The Department of Education reviews all building plans for new schools to ensure they address key safety issues, including safe environments conducive for learning. An assessment of the security level of schools statewide is not available and needs to be a priority of each district and school.

Implementation: Funding required will be determined based on local school district crisis response plans and levels of security required. A \$750 million bond was recently appropriated for new school buildings. Partnering agencies include the South Carolina Department of Education, local school districts, and the South Carolina Department of Public Safety.

7. STUDENT ASSISTANCE/INTERVENTION TEAMS

Local school districts should assist principals, teachers and staff in developing student assistance/intervention teams to identify and assist students who are in need of academic, therapeutic and family support services.

A support plan or strategy should be developed for each student that is assisted by such teams. Schools and community agencies should implement a team approach

to meet the needs of students and families. Other members of the team should include: school psychologists, school social workers, school nurses, school resource officers, mental health counselors, local juvenile justice representatives, health department staff and local substance abuse commissions.

Current Status: Many schools already have such teams but additional training would improve the effective utilization of those teams in coordination with community agencies.

Implementation: No additional funding would be required beyond training costs. Partnering agencies include local school districts, with local representatives of mental health, juvenile justice, health, social services, and alcohol and drug agencies and with training support by the South Carolina Department of Education.

8. LIFE SKILLS PROGRAMS IN CLASSROOMS

Require a life skills training curriculum for all students from Pre-K to grade twelve focusing on assisting students with the basic attributes of learning kindness, respect, tolerance, decision-making skills, problem solving skills, as well as managing conflict and anger.

School personnel, parents and community representatives should be trained in implementing a life skills curriculum.

Current Status: Many public schools in South Carolina are already teaching conflict and anger management skills, using a variety of instructional resources. The South Carolina Department of Health and Environmental Control partnered with the South Carolina Department of Education to sponsor the South Carolina Violence Prevention Institute. At the training, participants learned about the issue of youth violence and were trained to implement the Positive Adolescent Choices Training Violence Prevention curriculum. Discussions between the Department of Health and Environmental Control and Department of Education are ongoing to examine further training possibilities and collaborative opportunities.

Implementation: The South Carolina Department of Education, in close collaboration with the South Carolina Department of Mental Health, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Health and Environmental Control, and South Carolina Department of Juvenile Justice should implement life skills programs in classrooms statewide. Training on evidence-based life skills programs for all faculty and staff is recommended under Goal Four. Funding should be included in the state budget to match local dollars to teach and implement life skills programs and phase-in should be immediate. Safe and Drug Free Schools and/or local funding identified either at the local school or district levels is funding current efforts. Partnering agencies include: the South Carolina Department of Education, local school

districts, South Carolina Department of Mental Health, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Health and Environmental Control, and South Carolina Department of Juvenile Justice.

9. VIOLENCE HOTLINE

Develop a hotline for reporting violence in the schools, including possession of a firearm.

Current Status: Sixteen - eighteen Crime Stoppers programs are available in the state. The Attorney General's office has recently implemented a "See A Gun" hotline for students. It is unknown how many local school districts have such programs.

Implementation: Additional funds are needed for promotion of the use of such a hotline at the local level. Partnering agencies include the South Carolina Attorney General's office, local law enforcement, South Carolina Department of Public Safety, South Carolina Department of Education, and local school districts.

10. SERVICE LEARNING PROGRAMS

Initiate efforts to increase the number of students involved in service learning programs. Comprehensive training for faculty and staff should link service learning to academics as part of an integrated curriculum. Efforts should be made to involve students in service learning programs to help in the violence prevention initiatives.

Service learning is a method of teaching and learning that combines academic work with service to the community.

Current Status: Approximately 40% of school districts statewide received grants from the South Carolina Department of Education to implement service learning projects. In the past year, 150,712 students performed 1.2 million hours of service learning statewide. The Department of Education is sponsoring a service learning workshop on violence prevention for faculty and staff in November 1999 and is seeking funding to offer more workshops.

Implementation: Efforts to implement the recommendations are ongoing and funded by the Corporation for National Service. In addition, funds from the Safe and Drug Free Schools federal grant will support this initiative. The South Carolina Department of Education received \$400,000 from the Kellogg Foundation to expand existing service-learning programs across the state by increasing funding in six school districts already implementing service-learning. Partnering agencies

include the South Carolina Department of Education, local school districts, Americorps, and VISTA.

11. BULLYING PREVENTION PROGRAMS

School districts should implement anti-bullying programs based on evidence-based programs.

Research indicates that it is critical to address the behavior problems of bullies at an early age, before it seriously escalates. It is critical to create a school environment where all children feel safe and can learn to the best of their abilities. Training must be provided to school districts in implementing anti-bullying programs based on evidence based programs.

Current Status: Training and technical assistance to implement the documented-effective "Blueprints" Bullying Prevention Program can be obtained through the Center for the Study and Prevention of Violence of the University of Colorado at Boulder, CO.

Implementation: The South Carolina Department of Education should provide funding to provide proposed training. Partnering agencies include the South Carolina Department of Education, the Institute for Families in Society, and the South Carolina Department of Juvenile Justice.

12. SCHOOL INCENTIVES

Local schools should be encouraged to reward student bodies with incentives for positive behavior.

Incentives might be intangibles such as special privileges, or they could be meals or products donated by local business sponsors. Furthermore, all districts and schools should be encouraged to honor students who demonstrate exemplary achievement, attendance, and behavior. These students may serve as youth role models for their peers.

Current Status: Currently school incentive programs do not formally exist in school districts across the state. Local schools and districts have implemented individualized rewards and incentives through programs like Character Education.

Implementation: No additional funding would be needed to implement the recommendation. Partnering agencies include local schools and districts in partnership with the South Carolina School Boards Association and the South Carolina School Administrators Association.

Goal Two:

To involve the community in preventing youth violence through the active participation and collaboration of parents, students, educators and community representatives in prevention initiatives.

1. PUBLIC AWARENESS CAMPAIGN

Initiate a public awareness campaign about school safety that promotes a "safety first" focus, including a constant reminder to students, teachers and the community of the importance of "safety first."

A community score card should be publicized on the extent of youth violence and positive strategies to reduce violence in each community.

Current Status: Districts currently support efforts to increase safety awareness in their communities. However, there is no statewide campaign in place that promotes safety in schools and youth violence prevention as a priority of schools, businesses, industries and local communities.

Implementation: Funding should be appropriated for a statewide public awareness campaign. The support of business and industry should be solicited to match general revenue, and grant funds could possibly assist with this initiative. Partnering agencies would include the proposed Center for the Prevention and Reduction of Youth Violence (see Goal Four), South Carolina Department of Education, South Carolina Educational Television Network, University of South Carolina media department and/or the USC College of Journalism, South Carolina Department of Juvenile Justice, and the Office of the Governor.

2. STUDENT REPRESENTATION

Establish guidelines to ensure meaningful and significant student representation and participation wherever possible and appropriate.

Participation should include the following:

- 1. School and community task forces and councils;
- 2. Prevention and intervention programs such as Junior Crimestoppers, Students Against Violence, and Youth Drug Courts; and

3. Public youth forums at selected high schools and middle schools (these should be held in order to gain input for the report from this task force annually.

Current Status: It is unknown to what extent youth are involved in each community in the planning and implementation of programs. South Carolina schools are implementing and participating in a wide variety of programs designed to involve students in the development of strategies and policies relating to safe and drug-free schools. In addition, the Department of Education has increased collaborative efforts with the Governor's Community Youth Councils and other agency organizations with youth representation. Department of Alcohol and Other Drug Abuse Services has encouraged youth involvement across the state through Teen Institute Teams.

Implementation: No funding would be required for implementation. Partnering agencies include the South Carolina Department of Education, local school districts, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Center for Family Policy, and the South Carolina Department of Juvenile Justice.

3. Healthy Communities

Encourage local communities to support the Healthy Communities initiative to increase community involvement in addressing local health concerns, including youth violence.

Healthy Communities is an effort to increase community involvement in addressing local health concerns. The Initiative provides consultation and technical assistance in Healthy Communities principles and strategies, and fosters the development of community partnerships.

Current Status: Since its establishment by the South Carolina Department of Health and Environmental Control in 1994, over 35 cities, counties and/or coalitions have completed the Healthy Communities training. The training is held annually and is open to interested community groups. In 1997, the Department of Health and Environmental Control and the South Carolina Health Alliance established a formal partnership to work with local communities to provide training to communities and hospitals interested in organizing, planning and developing health and wellness initiatives for their citizens.

Implementation: The Department of Health and Environmental Control can provide training and technical assistance to any community interested in becoming a Healthy Community. Partnering agencies include the South Carolina Department of Health and Environmental Control, and local school districts and communities.

4. MENTORING PROGRAMS

Provide mentoring programs in all schools, especially for students who do not have strong adult role models in their homes.

Training and technical assistance on how to effectively structure and implement a mentoring program should be provided by partner agencies, with assistance from model programs in the state.

The South Carolina Department of Education also recommends the implementation of a Teacher-Advisor-Advisee Program in all schools. This program divides the student body among the entire faculty and staff to advise students and provides an adult in the school who the student can go to for assistance and advice.

Current Status: A diverse range of agencies and community organizations currently offer a number of mentoring programs. Mentoring programs have also been implemented in some schools in the state, but the number of programs, quality of services, training and funding levels is unknown. The Attorney General's office has developed a statewide mentoring program in conjunction with local churches to serve young offenders. Other programs exist in the state as well, such as Big Brothers Big Sisters. However, not all children in need of such services are being served. Ideally, every student should be connected with a caring adult who is concerned about his or her educational success.

Implementation: Funding needs are unknown until extensive information can be gathered about statewide current programming to determine the unmet need. The critical need for additional volunteer mentors could be improved by a targeted recruitment effort among state employees and retired individuals. This could be a part of the public awareness campaign discussed above. Rather than designating a lead agency, the Task Force recommends the concept and practice of mentoring should be championed and encouraged by all, with ongoing support and technical assistance where appropriate by the South Carolina Department of Education, South Carolina Center for Family Policy, Attorney General's office, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Juvenile Justice, United Way of South Carolina, South Carolina Department of Mental Health, South Carolina Department of Social Services, and private programs in the state.

5. PARENTING SKILLS TRAINING AND SUPPORT

Offer programs to teach parenting skills, family management practices and coping with early conduct problems in each county throughout the state.

Children who lack adequate supervision, guidance and positive role modeling from parents are more likely to become delinquent. Parenting program components may include:

- Modeling nonviolent behavior;
- Setting clear expectations for behavior;
- Monitoring children's behavior;
- Reinforcing positive behavior by children;
- Effective communication skills:
- How to set time aside for family activities;
- Anger management and conflict resolution;
- Parent-child bonding and attachment;
- Child development principles.

Current Status: School districts statewide have implemented programs to build parenting skills, family literacy, promote positive interaction between parents and children in the learning environment, and generally, provide parents with skills and support services to be more effective in their role as their child's first and most important teacher. These programs include the programs funded under Act 135, which is the Early Childhood Development and Academic Assistance Act of 1993. Act 135 focuses resources on early childhood education and prevention of academic difficulties in the early grades. It also provides prescriptive remedial and compensatory education programs and ensures no student advances past grade three without achieving at grade level. In addition, community programs throughout the state also offer parent education programs.

Implementation: An interagency workgroup should be established at the state level to coordinate the different parent education and support programs available in order to facilitate efficient delivery to target populations. Agencies to be included in the workgroup are the South Carolina Department of Education, South Carolina Department of Juvenile Justice, South Carolina Department of Social Services, South Carolina Department of Health and Environmental Control, South Carolina Department of Mental Health, community representatives, First Steps, South Carolina Department of Alcohol and Other Drug Abuse Services and the United Way of South Carolina. Level of funding required is unknown until unmet need can be determined.

6. Nurse Home Visitation Program

Implement a Prenatal and Early Childhood Nurse Home Visitation program throughout the state.

The program should be modeled on the Nurse Home Visitation program developed by David Olds at the University of Colorado Health Sciences Center. This "Blueprints" program has been proven to reduce the development of anti-social behavior, crime and delinquency. Effects have also been seen in the lives of the mothers by decreasing welfare dependence, substance abuse, and criminal behavior. Targeted clients should be referred through hospital and health department prenatal clinics.

Current Status: Some local health districts are currently providing similar programs.

Implementation: Medicaid pays for a first postpartum home visit by a nurse for eligible infants. Funding needs to be explored for infants who are not eligible for Medicaid and for subsequent visits for Medicaid eligible infants. Partnering agencies include the South Carolina Department of Health and Environmental Control, South Carolina Department Of Health and Human Services, South Carolina Department of Social Services, South Carolina Department of Alcohol and Other Drug Abuse Services, and First Steps.

Goal Three:

To identify students who are at higher risk for committing assaultive and violent behavior and provide effective intervention and treatment strategies.

1. INTENSIVE FAMILY SERVICES

Increase home-based intensive services by providing Intensive Family Services programs (formerly referred to as Family Preservation) to children experiencing a crisis in which they are tempted to act out either against themselves or others.

This intensive crisis intervention program often prevents acts of violence.

Current Status: There are currently 19 programs offered by the Department of Mental Health in 18 counties in the state. Medicaid is funding four sites through the South Carolina Department of Alcohol and Other Drug Abuse Services, and two additional private programs. Programming should be available in all 46 counties of the state. Family preservation had initially been defined as a therapeutic service preventing children from being placed out of their homes into long term care. The South Carolina Department of Mental Health is now viewing family preservation as both a crisis and longer-term therapeutic intervention strategy. Its efficacy as a crisis service has been proven in other states such as Missouri.

Implementation: Medicaid will reimburse for intensive in-home treatment services for eligible children. Additional matching funds are needed. A proposal needs to be developed to outline priorities and the cost for expanding the program to high-risk populations. Cost is estimated to be \$291,179 per project. Partnering agencies include the South Carolina Department of Mental Health, South Carolina Department of Social Services, South Carolina Department of Alcohol and Other Drug Abuse Services, and the South Carolina Department of Juvenile Justice.

2. **IUVENILE ARBITRATION**

Establish juvenile arbitration programs within all solicitors' offices to increase the number of nonviolent offenders effectively diverted from court action.

Current Status: Juvenile arbitration programs are available in 14 judicial circuits for first-time juvenile offenders charged with committing non-violent criminal offenses. The Fifth and Fifteenth Judicial Circuits do not have programs.

Implementation: Grant funding from the South Carolina Department of Public Safety for existing programs will end June 30, 2000. Anticipated cost for FY 2000-2001 is approximately \$750,000 to continue programs. Partnering agencies include the South Carolina Department of Juvenile Justice, Solicitors Offices, Prosecution Coordination Commission, the South Carolina Department of Public Safety, and the South Carolina Department of Alcohol and Other Drug Abuse Services.

3. TRUANCY REDUCTION PROGRAMS

Expand proven truancy reduction programs statewide.

A review of model truancy reduction programs in South Carolina and across the country should be conducted to provide guidance to districts in developing such programs.

Current Status: The Department of Juvenile justice has developed a Truancy Intervention Plan to reduce both the referral and commitment of truants. This plan is based on a review of national and South Carolina best practice programs as well as research highlighting components of effective truancy reduction programs. Also included is a proposed model program for South Carolina and a recommended plan of action for truancy reduction. This model program has been piloted as a partnership with the Department of Mental health in five counties as a crisis intervention program for truants and their families, as an alternative to court referrals.

The State Department of Education is planning regular regional meetings for attendance supervisors, social workers and others who work most closely with truant children and their families. In all instances, the emphasis will be on prevention and intervention rather than on initiating court involvement. Districts will be reminded of the regulations of the State Board of Education which require schools to intervene and to work closely with parents to develop a plan and find a solution to unlawful absences from school.

Implementation: Prior to 1990, the South Carolina Department of Education had a full-time staff person assigned to provide school districts technical assistance with attendance services. In recent years, this has been reduced to a single legislative appropriation of \$16,000 through the Education Improvement Act. Funding should be restored to prior levels to increase support to local school districts in the areas of truancy and dropout prevention. In addition, funding to expand the pilot programs statewide over a two-year period is needed. The South Carolina Department of

Mental Health and South Carolina Department of Juvenile Justice have provided major funding for initial pilot programs through state-appropriated funds and Federal Challenge grant funds provided through the South Carolina Department of Public Safety. State appropriated or other funds are required for additional sites. A proposal is needed to identify priorities for program expansion. Estimated total annual cost per project is \$193,193.

Partnering agencies include the South Carolina Department of Mental Health, South Carolina Department of Juvenile Justice, South Carolina Department of Education, South Carolina Department of Alcohol and Other Drug Abuse Services, Clemson University Dropout Prevention Program, South Carolina Center for Family Policy, and the United Way of South Carolina.

4. EXPANDED SCHOOL-BASED MENTAL HEALTH SERVICES

Increase school-based mental health services to all public schools in South Carolina to expand the availability of family-strengthening programs that focus on reducing poor family management practices and early conduct problems to all students and their families within the state.

Current Status: The South Carolina Department of Mental Health has established school-based mental health programs in 149 elementary schools, eighty-nine middle schools, fifty-one high schools, thirteen alternative programs and nine day treatment programs in forty-six school districts in the state. A significant portion of these programs are located in rural areas (over 60% of all programs). The Department of Mental Health has placed a priority on expansion to middle schools.

Implementation: Funding to support existing efforts has been secured through Safe and Drug Free Schools, Title I, Medicaid, and/or through identified local funding. The South Carolina Department of Mental Health should develop a specific multi-year proposal to provide coverage to middle schools, elementary schools and high schools (in priority order) and present it to the General Assembly and all school districts. Partnering agencies include the South Carolina Department of Mental Health, local school districts, South Carolina Department of Education, South Carolina School Boards Association, and the South Carolina Association of School Administrators.

5. MORE ALTERNATIVE SCHOOLS

Expand the number of alternative schools in the state to serve more students who are in need of alternative learning opportunities.

Consistent guidelines should be established for effective practices in alternative education programs statewide.

The feasibility of developing suspension and expulsion centers as short-term alternatives for youth should be explored by local school districts, in conjunction with alternative schools.

Current Status: The South Carolina Department of Education funded ten alternative schools in 1998. Many other districts operate alternative schools and alternative educational programs through other funding sources.

Implementation: Additional budget appropriations would be required. Approximately six million new dollars were recently appropriated for all eighty-six school districts to assist with planning and startup of district alternative schools. Additional funding is needed to ensure that an alternative school exists in every school district by the year 2002. Partnering agencies include the South Carolina Department of Education, local school districts, South Carolina Department of Alcohol and Other Drug Abuse Services, and Communities in Schools.

6. SCHOOL INTERVENTION PROGRAM (SCIP)

Expand services offered through the School Intervention Program (ScIP) to meet the needs of more children.

School Intervention Program (ScIP) is a statewide program providing education and intervention services for students who experience a broad range of personal or behavior problems.

Current Status: Most students who exhibit high-risk behaviors and/or alcohol and drug use can benefit from the intensive services of this South Carolina Department of Alcohol and Other Drug Abuse Services program, designed to increase students' chances of becoming healthy, productive adults by reducing their recurrent use of alcohol and other drugs, high-risk sexual activity, and violent behavior, and by improving their life skills. ScIP programs are set up so that all counties in the state have access to one.

Implementation: Funding is available for current programming. State appropriations are needed for increased outpatient services. Partnering agencies include the South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Education, and local school districts. An assessment of high need locations is needed to indicate priorities for future expansion.

7. SCREENING AND TREATMENT FOR AT-RISK CHILDREN

Establish a mechanism to ensure screening for all children at risk for violence to determine what appropriate supportive intervention and/or treatment should be provided.

Enhance services to high-risk populations identified through the screening process to ensure appropriate treatment. High-risk populations include, but are not limited to:

- Children of individuals in treatment for alcohol or other drug abuse;
- Children of individuals who are incarcerated or under correctional supervision;
- Children of individuals receiving treatment for mental illness;
- Children who are victims of abuse or neglect, and their families;
- Children in foster care;
- Children who are victims of and witnesses to violence;
- Children who have siblings in the juvenile justice or corrections system; and
- Children of Child Protective Services and Temporary Aid to Needy Families clients (directed at prevention and treatment of family dysfunction).

Current Status: Several intervention programs are available in the state (e.g., Department of Alcohol and Other Drug Abuse Services ScIP), but no coordinated screening process is in place. Approximately two years ago, legislation was introduced in Proviso 7261 (Common Intake and Assessment Task Force) that referred to the development of a common intake and assessment procedure for organizations that provide services for children and adolescents. The overall intent of the proviso was to allow children and adolescents to access services from all providers more easily. The proviso was not acted upon by the legislature. The USC Department of Neuropsychiatry and Behavioral Science can provide training and support to those conducting assessments. For the past year, the South Carolina Department of Mental Health has provided a new service entitled FUTURES designed to meet the needs of children whose parents suffered from a significant psychiatric disorder; services are currently provided in two counties only. The Department of Social Services, Department of Mental Health, and Department of Alcohol and Other Drug Abuse Services are currently collaborating to provide some treatment services. However, there is no concentrated effort to target these high-risk populations as part of a comprehensive youth violence prevention target population.

Implementation: Medicaid will reimburse psychological services including testing and evaluation for Medicaid eligible children. Medicaid's appropriateness to fund this initiative must be determined based on services, target population, and availability of state matching funds. The South Carolina Department of Mental Health, South Carolina Department of Social Services and South Carolina

Department of Alcohol and Other Drug Abuse Services will work in collaboration to explore the development of a single assessment tool and treatment programs for high-risk populations. A proposal should be developed by the Department of Mental Health to provide treatment services to high risk populations in selected pilot areas. Partnering agencies include the South Carolina Department of Mental Health, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Social Services, South Carolina Department of Juvenile Justice, South Carolina Department of Health and Environmental Control, South Carolina Department of Probation, Parole & Pardon Services, and the South Carolina Department of Corrections.

8. PEER MEDIATION PROGRAMS

Implement peer mediation programs in schools and communities to assist young people in resolving problems and teaching tolerance.

Agencies should utilize the "Principles of Effectiveness" in establishing such programs.

Current Status: Several schools in the state have implemented peer mediation programs.

Implementation: Funding should be requested from local county councils and school boards. Funding should be included in the state budget to teach, train, and help implement peer mediation programs. Future initiatives should focus on providing adequate funding to increase the number of schools in our state offering and implementing peer mediation programs. Partnering agencies include the South Carolina Department of Education, local school districts, South Carolina Department of Juvenile Justice, and the South Carolina School Boards Association.

Goal Four:

To improve the system's overall effectiveness in addressing youth violence through increased coordination of policy development, training and technical assistance.

1. CENTER FOR THE PREVENTION AND REDUCTION OF YOUTH VIOLENCE

Designate or implement within an existing agency a Center for the Prevention and Reduction of Youth Violence to coordinate interagency efforts to address youth violence, with emphasis on the school environment.

The Center will serve at least two main functions, one being policy advisement, the other being a clearinghouse and resource center for programs throughout the state. Policy development efforts should be coordinated through the Office of the Governor, which could be separate from the clearinghouse and resource center functions. Specific duties of the center would be to:

- Serve as a clearinghouse of information and materials related to violence prevention;
- Provide and/or coordinate training, technical assistance and program development to schools, law enforcement and communities;
- Evaluate school safety and violence prevention programs;
- Promote and assist interagency and collaborative efforts to reduce and prevent school violence;
- Advise policymakers on youth violence issues;
- Provide an annual report to the Governor on the status of youth violence in South Carolina; and
- Establish guidelines for assessing the implementation and effectiveness of the recommendations of the South Carolina Safe Schools Task Force, in collaboration with the agencies which provide funding.

A youth advisory board should be established in conjunction with the Center to ensure ongoing youth input into prevention strategies. Two models for such a center are the North Carolina Center for the Prevention of School Violence, and the Kentucky Center for School Safety.

Current Status: There are at least four such entities in South Carolina that could be examined for some of the roles outlined. These include the South Carolina Center For Family Policy, the Juvenile Justice Resource Center (Children's Law Project), the South Carolina Department of Education and the Attorney General's Office.

Community Youth Councils are currently operational in all sixteen judicial circuits within the state to identify best practices, replicate programs, make recommendations regarding youth policy to the Juvenile Justice Task Force, and heighten public awareness.

Implementation: Designation or implementation would require budget appropriations or reallocation of existing resources, possibly across agency lines. Partnering agencies include the Governor's Office, South Carolina Department of Education, South Carolina Attorney General's Office, South Carolina Department of Juvenile Justice, Center for Family Policy, USC Children's Law Project (Juvenile Justice Resource Center), and the USC Department of Neuropsychiatry & Behavioral Science.

2. REDEFINE GUIDANCE COUNSELOR JOB DESCRIPTIONS

Redefine the role and job responsibilities of school guidance counselors, with an emphasis on allowing counselors to counsel and work directly with students and reduce administrative/clerical duties.

The roles of other professionals in schools (i.e. school psychiatrists, school social workers) should also be reviewed. Once roles have been redefined, training in these roles and responsibilities should be required for all school staff.

Implementation: No funding would be required to establish new definitions. Once new job descriptions are adopted, the manner in which responsibilities are disbursed could have funding implications. Training costs must also be considered. Partnering agencies include the South Carolina Department of Education, South Carolina Association of School Psychologists, South Carolina Association of School Administrators, and the South Carolina School Counselors Association.

3. SCHOOL RESOURCE OFFICER (SRO) TRAINING, AND SRO-TEACHER CROSS-TRAINING

Establish a collaborative effort for future training of school resource officers.

Certification, continuing education, CLE, law enforcement credits, etc. would be offered as part of the training.

Current Status: The South Carolina Criminal Justice Academy currently uses a 40-hour training model taught in similar form by most states across the country. The model teaches a "triad approach" to policing in the schools, training SRO's to perform three roles: a law enforcement officer, law-related counselor/advisor, and law-related education teacher.

Additionally, the Academy is proposing a new initiative titled, "Partnership Training for Education and Law Enforcement." It will bring SRO's, DARE officers, and teachers together for SCETV teleconference training taught by both law enforcement officers and teachers. It is generally recognized that many law enforcement officers are not always open to training outside their field of reference. Similarly, teachers often feel uncomfortable within the technical areas of law enforcement. Together, in brief, accredited thirty-minute blocks, both groups will simultaneously receive information on subjects of mutual concern, including substance abuse, date rape, the role and functions of SRO's and community police officers, school bus issues, search and seizure on school property, and more.

Still another resource to be considered is the "Law and Citizenship" training offered by the South Carolina Bar Association.

Implementation: Existing resources are being utilized at a cost of \$125,000 per year. Partnering agencies include the South Carolina Department of Public Safety, South Carolina Department of Education, South Carolina Association of School Resource Officers, South Carolina Attorney General's Office, South Carolina Educational Television Network, South Carolina Department of Alcohol and Other Drug Abuse Services, and the South Carolina Department of Juvenile Justice.

4. IMPROVED DATA COLLECTION AND REPORTING

Improve data collection and relevant reports about the extent of youth violence, data on high-risk communities, and data on high-risk populations.

The South Carolina Budget and Control Board should work with state agencies to accomplish this initiative.

Current Status: Many reports are produced but often lack coordination across agency lines. School crime incident reports are often not computerized and/or standardized at the school level. Beginning with the 1999-2000 school year, the South Carolina Department of Education will begin to use the NIBRS (National Incident-Based Reporting System) categories to classify school crimes. This new crime report will help compare data with other states, and be consistent with data compiled at the Office of the Attorney General, the South Carolina Department of Juvenile Justice, and the South Carolina State Law Enforcement Division. The Safe Schools Office of the Department of Education also provides a new service called the Youth Risk Behavior Survey Service Unit to collect data on risk taking behaviors of students.

The South Carolina Budget and Control Board's Office of Research and Statistics is developing a statistical warehouse (including GIS mapping capability) that involves a wide range of agencies (i.e., social, health, mental, alcohol and other drug, and

some correctional information). The warehouse will allow the tracking of individuals across all systems where services have been obtained. It will be used in coordination, planning, and policy. Major gaps in this statistical warehouse include crime incidents and school violence.

Implementation: Approximately \$75,000 is needed for one staff position and other support costs at the Budget & Control Board. Partnering agencies include the South Carolina Budget and Control Board's Office of Research and Statistics, South Carolina Department of Education, and all other agencies participating in a statistical warehouse.

5. LIFE SKILLS TRAINING FOR FACULTY AND STAFF

Train faculty and staff in school districts across South Carolina in evidence-based life skills curricula.

Continuing education and certification should be offered.

The following topics should be included:

conflict and anger management;

2. the basic attributes of learning kindness, respect, tolerance, decision-making skills; problem solving skills as well as managing conflict and anger;

- 3. utilization of school "teams", encouraging schools to develop teams of school guidance counselors, school psychologists, social workers, school nurses faculty and staff, and local mental health, alcohol and drug, and health department staff in addressing school violence, identifying warning signs, and intervening in cases where students seem to have the potential for violence;
- personality differences and various learning styles;
- 5. resisting the impact of widespread media exposure to violence; and
- 6. evaluation results of various life skills programs.

The Department of Education recommends the statewide promotion of teacher character education academies in collaboration with the Center for the Advancement of Ethics and Character at Boston University or other appropriate entities. Teacher character education academies are annual training events offering opportunities to encourage and support the academic achievement and moral development of all students in South Carolina. Schools can network, design and plan programming that can identify character traits and then subsequently align curriculum with their developed and/or adopted character education program. Teacher training is critical to the long-term success of character education as a true support element for improved student learning and safe schools. A life skills curriculum team could be established to review programs to be offered in the schools.

Current Status: Many schools in South Carolina teach a variety of different conflict and anger management skills. It is unknown how many districts are using evidence-based programs. A pilot character education teacher's academy was held in June 1999.

Implementation: Many school programs are funded by federal grants, the Safe and Drug Free Schools grant, and through local funding. Additional funding could increase the number of programs and activities available for conflict resolution and similar programs. Implementation can begin with an immediate phase-in schedule.

A teacher character education academy is currently funded by a federal grant through December 2000. An annual appropriation of \$250,000 is needed for continued funding. Additional support from foundations, the business community and state agencies should be explored this fiscal year.

Partnering agencies include the South Carolina Department of Education, local school districts, South Carolina Department of Alcohol and Other Drug Abuse Services, South Carolina Department of Mental Health, South Carolina Department of Juvenile Justice, South Carolina Department of Public Safety, South Carolina School Boards Association, and local law enforcement, mental health and health agencies.

6. TRUANCY

Legislation should be enacted to prohibit status offenders from being incarcerated within Department of Juvenile Justice institutional facilities.

Current Status: The issue of effectively addressing status offenders (i.e. being truant from school, running away from home, or being incorrigible or beyond the control of parents) poses a continuing challenge to public education and juvenile justice officials within the state. The question of how best to address the needs of this growing juvenile population has been a source of debate in South Carolina for the past three decades. The controversy surrounding this issue was demonstrated by legislation in 1997 that reversed previous laws to deinstitutionalize status offenders and status offense contempt of court offenders. This reversal was based on the grounds that a system of viable community-based alternatives did not exist in South Carolina for young people who display chronic status offense behavior. One dire consequence of this lack of community alternatives is status offenders are being committed to the Department of Juvenile Justice for determinant sentences not to Four-hundred and seventy-seven youth were committed in exceed 90 days. fiscal year 1998-1999. Another consequence has been the loss of 25% of \$980,000 of federal funds from the US Office of Juvenile Justice and Delinquency Prevention due to non-compliance with its deinstitutionalization policy.

Implementation: An interagency work group should be established to review current community-based alternatives for status offenders, including truancy reduction programs created by the Department of Mental Health. A plan should then be developed to address unmet needs in the state for community-based programs, including development of potential legislation to address the problem of incarceration of status offenders. Partnering agencies include the Department of Juvenile Justice, Department of Education, Department of Mental Health, Department of Alcohol and Drug Abuse Services and the Department of Public Safety.

7. SCHOOL-COMMUNITY PARTNERSHIPS

Build a comprehensive local strategy in support of a healthy, safe school environment by bringing together each school district and its local community, including representatives from private organizations, businesses, and the faith community, parents, students, and local representatives from all related state agencies.

It is impossible to separate a school building from the community in which it rests. The school is no more than a reflection of the surrounding community. Therefore, any initiative that is intended to reduce violence within the school must also address violence within the family and violence within the community that the school rests.

Goals for school-community linkages could include:

- Involving parents and guardians in the total school program;
- Actively recruiting parent and community volunteers, with special emphasis on intergenerational and male volunteers;
- Encouraging regular interaction between school staff, students and families, and members of the community;
- Recruiting volunteer mentors for individual students;
- Supporting the infusion of culture/history into curriculum through interaction with members of the community;
- Promoting a wide range of school-based community services;
- Collaborating with area businesses to offer service learning opportunities;
 and
- Working to improve school image, and promote high expectations of students and teachers.

Current Status: Several existing initiatives can serve to support the objectives of a district-community collaboration:

The Healthy Schools Initiative is a partnership between the South Carolina Department of Education and Department of Health and Environmental Control,

funded by the Center for Disease Control. This initiative establishes partnerships between the school and community, creating a collaboration of parents, local businesses and community organizations. Healthy Schools addresses health education, school environment, nutrition, social and emotional health, physical education and health, and staff wellness. Utilizing the principles of this program throughout the state can help to achieve the goals of linking schools and the community to prevent school violence.

Through the South Carolina Department of Education Schools of Promise program, a school becomes the center and leader of the community where all community members work together to provide resources on the school site or elsewhere in the community. Schools of Promise may become Flagship Schools by signing a pledge, establishing their school-community collaborative process, putting a diverse community team in place, setting specific measurable goals, and showing evidence of their commitment by providing at least three fundamental resources, and a brief written plan for developing those resources that remain unmet.

Local strategies should seek to change school and community norms toward nonviolence, including the expansion of the Communities of Character program.

Community Youth Councils have existed since 1996 in each of the state's sixteen judicial court circuits and include representatives of the juvenile justice system, school districts and other human service organizations, businesses, and other concerned individuals. Councils identify best practices in programs for diversion, intervention, and probation; make policy recommendations to the Juvenile Justice Task Force; heighten public awareness on prevention and intervention of youth crime; and develop community-based alternative programs.

Implementation: Districts currently participating in Schools of Promise have assumed funding for the project. The South Carolina Association of School Administrators is dedicated to a long-term plan to draw together the resources of schools and communities in an effective way to provide all children with fundamental resources and will work with local boards to support this initiative as well.

Funding for the Healthy Schools Initiative is provided through a grant from the Center for Disease Control. Staff currently provide technical assistance and training to local school districts on the Healthy Schools principles and planning process.

Communities of Character have begun in two South Carolina cities, and funding is in place through a federal grant until December 2000; funding beyond the year 2000 needs to be secured.

State-appropriated, grant or other funds will be necessary to assist with planning activities of the sixteen Community Youth Councils. The Center for Family Policy does provide limited assistance to these Councils.

Partnering agencies include local school districts, local law enforcement and community agencies, the Center for the Prevention and Reduction of Youth Violence, South Carolina Department of Education, South Carolina Department of Juvenile Justice, South Carolina Association of School Administrators, and the South Carolina Department of Health & Environmental Control.

8. CROSS-TRAINING FOR LAW ENFORCEMENT, MENTAL HEALTH AND EDUCATORS

Provide a child development/community policing training program for law enforcement, school districts and mental health counselors based on the nationally recognized evidence-based New Haven program.

This cross training program increases the level of coordination across agency lines in addressing youth violence and establishing a quick referral system for youth that are victims or witnesses of violence.

Current Status: There is currently no program in South Carolina based on the New Haven model. The South Carolina Department of Public Safety provides training in community-oriented policing through the Criminal Justice Academy.

Implementation: Funding may be needed for training. Partnering agencies include the South Carolina Department of Public Safety, South Carolina Department of Juvenile Justice, South Carolina Department of Mental Health, South Carolina Department of Education, and the USC Department of Neuropsychiatry & Behavioral Science.

9. SEXUAL HARASSMENT/ASSAULT PREVENTION TRAINING

Provide training for faculty and students on the issue of sexual harassment, sexual assault, intimate partner violence and domestic violence to prevent intimate violence among adolescents.

Current Status: The South Carolina School Boards Association is currently providing training and written information on sexual harassment for all school boards. The South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) provides training on the issues of domestic violence and sexual assault for the Department of Social Services and South Carolina Department of Health and Environmental Control staff. In addition, the 15 domestic violence shelters and 17 rape crisis programs that are affiliated with

SCCADVASA provide a variety of in-school programs in their local communities. Additional training should be identified.

Implementation: Funding is needed to support expanded training costs. Partnering agencies include local school districts, South Carolina Association of Domestic Violence and Sexual Assault, South Carolina Association of School Administrators, South Carolina School Counselors Association, and the South Carolina School Boards Association.

10. TRAINING TO ASSESS SCHOOL CLIMATE

Provide training to all districts about how to assess the overall climate of the school and surrounding community to identify factors contributing to school violence, and how to develop a school climate improvement strategy.

Current Status: The South Carolina School Boards Association is currently providing information on assessment of the overall climate of schools to all school districts. Additional training efforts should be identified.

Implementation: Funding would be needed to support training workshops. Partners include the South Carolina Department of Education, South Carolina Health Alliance, South Carolina School Boards Association, and the South Carolina Department of Juvenile Justice.

11. REASSESS PRE-SERVICE TEACHER TRAINING

Reassess pre-service training provided to future teachers to ensure increased emphasis on experiential learning, cultural based styles of learning, student teaching experiences, and skill development in handling disciplinary problems.

Current Status: It is unknown whether efforts have been initiated to redesign curriculum offered to future teachers. The South Carolina Department of Education is currently involved in teacher improvement strategies.

Implementation: Funding needs are unknown until the South Carolina Commission on Higher Education initiates efforts to determine what modifications are needed for the curriculum. Partnering agencies include the South Carolina Commission on Higher Education, South Carolina Department of Education, other state level associations, and state universities and colleges.

12. CHILD DEVELOPMENT AND KINDERGARTEN TEACHERS TRAINING REVIEW

Reassess existing training for child development and kindergarten teachers for 1) appropriate classroom management of children who exhibit unruly behavior or who need to learn anger management and 2) identifying children at risk of future violent behavior.

Procedures should be established for teacher follow-up and referral of children.

Current Status: The South Carolina Department of Health and Human Services currently provides training through the Technical Educational System to the ABC Voucher System child care workforce in the identification/learning of appropriate developmental activities for children. However, all child care workers, regardless of whether they participate in the ABC Voucher System, can participate in this training for a nominal fee. The ABC Child Care Voucher System staff currently conducts on-site visits to all voucher program facilities which are regulated by state law. This program can distribute safety materials published by the South Carolina Department of Health and Human Services and other agencies to these providers. They can include information on safety in their training and technical assistance efforts, and can encourage providers to develop policies for handling disruptive behavior. The South Carolina Department of Health and Human Services plans to continue this practice and distribute whatever safety materials are made available for this project.

The South Carolina Department of Education has provided and continues to provide professional development training opportunities for Child Development and Five-Year Old Kindergarten teachers throughout the state. Local school districts have been encouraged to include non-public childcare providers and workers to participate in professional development training for teachers both in their local school districts and at the state level.

Implementation: The existing training and technical assistance, as well as distribution of materials, would involve no additional cost. Currently, funding for the Voucher System program comes from the Child Care and Development Block Grant and Social Services Block Grant. Partnering agencies include the South Carolina Health and Human Services, Department of Social Services, and the South Carolina Department of Education.

13. INFANT DEVELOPMENT TRAINING FOR FOSTER PARENTS

Provide infant development and stimulation training protocols for foster parents and for biological parents within the foster care, child protective services and TANF.

Current Status: The South Carolina Department of Social Services has begun initial planning for this ongoing project. In addition, early discussions have been held between the USC Department of Neuropsychiatry and Behavioral Science, the South Carolina Department of Mental Health, and the South Carolina Educational Television Network about the potential for using television as a teaching vehicle for the children of at-risk parents.

Implementation: TANF funds, grant funds and other redirection of available funding is needed.

14. TRAINING COLLABORATION WITH INTERFAITH COMMUNITY

Implement a wide variety of prevention initiatives through the proposed Center for the Prevention and Reduction of Youth Violence working with leaders in the interfaith community.

The Center would provide a training program to address the following:

- Providing training programs for clergy in the prevention of youth violence;
- Develop an informational exchange and ecumenical support network for community clergy, religious workers, and active laity to prevent and cope with violence;
- Implement conflict resolution curricula in programs for youth;
- Hold seminars in churches on youth violence and the costs of intentional and unintentional injury;
- Develop and distribute inserts for church bulletins and bulletin boards on violence prevention efforts;
- Distribute a resource directory listing local support services for at-risk youth and child victims of violence;
- Provide in-service training to area clergy and religious workers on how to use community resources for preventing and coping with violence and sexual abuse to facilitate more effective referrals to local agencies;
- Provide gang resistance training to youth; and
- Establish intergenerational support programs such as Rites of Passage that link children and adolescents from diverse ethnic and cultural backgrounds with their elders.

Current Status: Violence prevention programs are currently being facilitated by some local faith programs; however, the extent of programming is unknown. An inventory is needed of existing programs. The South Carolina Department of Health and Environmental Control sponsors "Hold Out the Lifeline...A Mission to Families." Hold Out the Lifeline is a coalition of faith groups, public/private organizations, and interested citizens seeking to provide families with the tools needed to improve their physical, mental, social, and spiritual health of families.

Implementation: Funding would be needed to support such an initiative. Partnering agencies include the Center for the Prevention and Reduction of Youth Violence, the South Carolina Ministerial Alliance, South Carolina Department of Health and Environmental Control, local churches and religious organizations and the South Carolina Christian Action Council.

15. TRAINING TO INCREASE AWARENESS OF SPECIAL EDUCATION SERVICES

Provide training to DSS staff and foster parents about the availability of special education services under the Individual Disability Education Act (I.D.E.A.).

Current Status: The South Carolina Department of Education provides annual training and updates to Coordinators of Students with Disabilities in local school districts on IDEA and any laws relating to students with disabilities. Local school districts provide training on legal updates to local school staff who work with students with disabilities. In addition, school districts meet with parents/guardians of students with disabilities to provide information about services and accessing services for these students.

The Department of Social Services is currently planning training for DSS staff and foster parents.

Implementation: The South Carolina Department of Social Services will provide funding through available funding streams. The partnering agency is the South Carolina Department of Education.

16. SCHOOL UNIFORMS

Provide information and assistance for school district personnel regarding research-based outcomes on the use of school uniforms.

Current Status: While some schools in the state are currently using school uniforms, the exact number of schools using uniforms is unknown. The South Carolina School Boards Association provides training and sample policies to any school board that requests such information.

Implementation: No additional funding is required. The U.S. Department of Education provides a manual for schools or districts who wish to begin using uniforms; guidelines are included on reaching consensus among teachers, parents, etc., costs, and how to help needy students, etc. Partner agencies include the South Carolina Department of Education, South Carolina School Boards Association, South Carolina School Administrators Association, and the Center for the Prevention and Reduction of Youth Violence.

17. YEAR-ROUND SCHOOLS

Provide training opportunities for local school districts on researchbased outcomes on year round schooling.

Current Status: Several schools in the state utilize the year round school calendar.

Implementation: Funding may be needed to support training events. Partnering agencies include the South Carolina Department of Education, South Carolina School Boards Association, and the South Carolina School Administrators Association.

IMPLEMENTATION TIMETABLE

he Safe Schools Task Force Recommendation report is designed to outline how state government can work with local communities to prevent school violence. All local citizens are invited to join together to implement proposed recommendations. Recognizing the need for thorough, systemic, and multi-level planning, specific detail has been given to the timetable needed for implementation of proposed strategies. Primary to this timetable is the need for each local community to address the problem of school violence in a manner unique to their own community. Steps are outlined below for a three-year implementation schedule. A chart outlining recommendations to be addressed in each of the three years follows the narrative.

Year One (November 1, 1999 through June 30, 2000)

Local planning

It is important that local school districts and their surrounding communities use the Safe Schools report as a guide to develop local action plans and strategies. The available resources and current efforts to address school safety vary from district to district. It is recommended that each local community, with leadership from the school district office, review community needs related to school violence, including risk and protective factors that may be prevalent. Existing programs should be surveyed to determine 1) documented effectiveness in addressing the problem; 2) analysis of potential duplication; 3) integration of key recommendations in school curriculum; and 4) cost analysis. Many communities may already be implementing programs that meet stated objectives. These programs should be described in local plans to demonstrate current initiatives and illustrate where gaps in services are. Plans should include strategies with a timeline for implementation that include multiple agency involvement.

Local plans to prevent youth violence will provide guidance to each community in addressing youth violence and will be the mechanism by which communities can pursue funding initiatives in subsequent years. Plans should be completed no later by May, 2000. Workshops should be scheduled to provide guidance to districts in preparing such plans. These plans can be the basis for making many immediate administrative changes and executing memoranda of agreement with other organizations. They can also guide the reallocation of existing resources as appropriate. Finally, they can be the basis of applying for funding at the state level to help implement documented effective strategies. There should be a workshop provided for local school districts and key community representatives to provide assistance in this process.

School Crisis Response Guidelines

Effective and current crisis response plans should be developed at each school in South Carolina. The State Department of Education will develop standard operating procedures for responding to a crisis no later than the end of the calendar year (December 31, 1999). Local schools should then either develop new crisis response plans, or revise existing plans to meet the state standards.

Training Initiatives

A number of training recommendations can be implemented during the first year. Many of these training strategies are instrumental to implementation of recommendations in subsequent years. These initiatives include School Resource Officer training, life skills training for all school faculty and staff, cross-training for law enforcement, mental health staff, and educators, and sexual harassment and assault prevention training.

System improvements

Methods utilized to collect data on school crime incidents and violence can be improved beginning in the first year. The data collected should be consistent among agencies serving youth. In addition, the State Department of Education should redefine the role of guidance counselors in schools.

Planning and Evaluation Efforts

A number of planning efforts must be initiated during the first year in addition to local community planning. State agencies should begin efforts to coordinate their respective responsibilities described in this report. A number of collaborative efforts outlined to begin in the second year will require planning during the first year (i.e. parent education recommendation, screening and treatment for at-risk children recommendation). This planning should include determination of a phase-in schedule for all new services. Joint funding requests to the General Assembly should be developed. An interagency workgroup should continue to meet throughout the implementation stages of this report to ensure ongoing cooperation and collaboration. Specific efforts to assess progress should be led by the Governor's Office.

Year Two (July 1, 2000 through June 20, 2001)

Local Plan funding

As part of joint planning, State agencies should work together to secure funding for initiatives designated as a priority by local communities in their school safety plans.

Center for the Prevention and Reduction of Youth Violence

A central clearinghouse must be established to ensure coordination among key stakeholders as well as to facilitate many of the training initiatives. In addition, A Work Group should continue to meet to provide oversight and direction to initiatives as they are proposed, developed and implemented. This group can ensure that evaluation of successful initiatives are completed after the first year and each year thereafter for possible replication. The group will ensure follow through of all recommendations.

New Program Implementation

A significant number of new intervention program initiatives are recommended to be implemented during the second year. These initiatives include family preservation, juvenile arbitration, mentoring, nurse home visitation, expanded school-based mental health services and screening and treatment for at-risk children. Prior planning is required before new programs are implemented and funding shifts or requests pursued.

Expanded Professional Assistance

Funding must be requested to expand the number of professional staff available to students in the school environment. Increased staff include guidance counselors, school resource officers, social workers, psychologists, and nurses.

School-Based Programming

As part of their local community plans, school districts must determine what programming currently exists within their school and/or community environment that meet the recommendations outlined in this report. Programs that are not offered should be implemented to meet stated desired goals and final outcomes. These programs include, mbut are not limited to, evidence-based life skills programs, service learning programs, bullying prevention programs and student assistance/intervention teams. All school facilities should be examined to determine safety levels. A violence hotline should be implemented for all students in all schools in the state.

Public Awareness and Community Involvement

In order for recommendations in this report to be implemented and adopted across the state, an increased understanding of the need to address school violence is necessary. A public awareness campaign should be implemented during the second year. Volunteers should be recruited to work with the schools in a variety of programming. Expanded parent education and support programs must be offered. The entire community should be invited to participate with the schools to address youth violence.

Training Initiatives

Additional training strategies are proposed for the second year. All school districts should have the opportunity to receive training on assessing school climate. The training and education offered to those individuals enrolled in higher education to become teachers should be reevaluated to ensure appropriateness to students being served.

Monitoring and Evaluation

All initiatives implemented during the first two years should be monitored on an ongoing basis and evaluated for effectiveness and possible replication in other parts of the state.

Year Three (July 1, 2001 through June 30, 2002)

Monitoring and Evaluation

Comprehensive efforts should be well developed to evaluate all initiatives developed as a result of this report. Outcomes must be shared with all school districts and agencies invovled with the issue of youth violence. A review at the conclusion of the third year should be developed by the Center of other relevant agency to outline successes to date.

Training Initiatives

A number of training initiatives are recommended for the third year. Some training may be dependent upon the school/community's progress toward meeting their local plan goals as well as local need. Training will be offered to child development and kindergarten teachers and to foster parents. The interfaith community will be targeted for a number of training opportunities focusing on youth violence prevention. Finally, training will be offered on the efficacy of school uniforms and year-round schools.

School Incentives

During the third year, all schools should review the use of incentives in school for nonviolent behavior. The Department of Education should also review statewide incentive programs.

RECOMMENDATION IMPLEMENTATION TIMETABLE

MANUAL DESIGNATION OF THE PARTY	YEAR ONE RECOMMENDATIONS: October 1,1999 June 30, 1999
	YEAR ONE RECOMMENDATIONS, OCCURE 1/1575 June 1/1575 Ju
DAL C	NE: To implement school-based prevention strategies
	School Crisis Response Plans
	District Disciplinary Policies
	Increase School Resource Officers
OAL T	WO: To involve the community in preventing youth violence
OAL T	HREE: To identify high risk students and provide effective intervention and treatment
	11 Ab Alice Calende
OAL	OUR: To improve the system's overall effectiveness in addressing yourn violence
	Padafine Cuirlance Counselor Koles
	School Resource Officer Training, and SRO-Teacher Cross-Training
	Improve Data Collection and Reporting
	Prohibit status offenders from DJJ incarceration
	Life Skills Training for Faculty and Staff
	Coloral Community Partnerships
	Cross-Training for Law Enforcement, Mental Health, and Educators
CANADA MARINA	Sexual Harassment/Assault Prevention Training YEAR:TWO RECOMMENDATIONS: July 1, 2000 - June 30, 2001
	ONE: To implement school-based prevention strategies
	Improve Student Counselor Ratio
	Increased School Resource Officers
2	Increased School Social Workers, Psychologists and Nurses
3.	Increased School Social Workers, Fsychologisa and Technologisa and Technol
4.	School Facilities Redesign
5	Sturient Assistance/Intervention Teams
6.	Life Skills Programs in Classrooms
7.	Violence Hotline
8.	Service Learning Programs
9.	Bullying Prevention Programs
GOAL	TWO: To involve the community in preventing youth violence
1.	Public Awareness Campaign
2.	Menturing Programs
3.	Parenting Skills Training and Support
COAL	Nurse Home Visitation Program THREE: To identify high risk students and provide effective intervention and treatment
1.	Family Preservation Programs
COLUMN TWO IS NOT THE OWNER.	Juvenile Arbitration
2.	Terrory Perfection Programs
3.	Expanded School-Based Mental Health Services
4.	School Intervention Programs
5.	Screening and Treatment for At-Risk Children
6.	
7.	Peer Mediation Programs FOUR: To improve the system's overall effectiveness in addressing youth violence
GOA	FOUR: To emprove the system a version of Youth Violence
1.	Center for the Prevention and Reduction of Tourit Protected
2.	Training to Assess School Climate
3.	Reassess Preservice Teacher Training YEAR THREE RECOMMENDATIONS: (July 1, 2001 - June 30, 2002)
-	YEAR THREE RECOMMENDATIONS: (un) 1, 2001 - paine 37,
GOA	L ONE: To implement school-based prevention strategies
-	Cabaol Incontings
COA	TWO: To involve the community in preventing youth violence
COA	commendations under this goal I THREE: To identify high risk students and provide effective intervention and treatment
LUA	commendations under this goal
Non	
_	Child Development and Kindergarten Teachers Training Review
1.	Infant Development Training for Foster Parents
2.	2 It Leasting With Intertail Community
3.	Training Collaboration With Internation Communication Services Training to Increase Awareness of Special Education Services
4.	Training to increase Awareness of Special Constitution
5.	School Uniforms
6.	Year-Round Schools

STATE RESOURCES

STATE RESOURCES

South Carolina is enriched with numerous programs offered at both the state and local levels that target prevention and early intervention of youth violence. A listing of national, state and local resources is provided as Appendix F. A listing of state agencies and a summary of their programming is provided below.

South Carolina Department of Education (803)734-8496

The State Department of Education plays a primary role in educating the state's youth. In addition to basic core curriculum programming, South Carolina's children gain a significant portion of their instruction in life skills at school. In order to reduce disruption, violence, and crime, South Carolina schools are implementing a wide variety of strategies and approaches, such as character education, alternative education, mentoring, and peer mediation. A significant responsibility charged to the Department of Education is to aid school districts statewide in improving services and programming provided to children. Some of these include:

- In compliance with provisions of the Education Accountability Act of 1998, the South Carolina Department of Education currently provides funding to ten alternative schools.
- A character education initiative was developed and implemented to encourage and support the academic achievement and moral development of all students in South Carolina. Presently, over 35,600 students receive character education instruction in thirty-two school districts statewide.
- Many schools in South Carolina teach conflict and anger management skills. Middle schools have implemented both conflict resolution training and training programs for peer mediators.
- The Safe and Drug Free Schools and Communities Act supports programs that work to prevent violence in and around schools by strengthening programs that prevent the illegal use of alcohol, tobacco and drugs, involve parents, and are coordinated with related Federal, State and community efforts and resources.
- The South Carolina General Assembly recently approved a \$750 million School Facilities Bond Act that will be used to help fund school building construction over the next three years. A major focus of the construction will be on safe and comfortable school buildings.

The programs outlined above are only a few of the resources available to children through the State Department of Education.

South Carolina Attorney General's Office (AG) (803)734-7135

The State AG's Office has developed an Office of School Violence Awareness. This office is staffed by a coordinator and an attorney who are available to assist school districts or law enforcement agencies in addressing school violence incidents or issues. The role of this office is to provide a statewide primary point of contact for school crime/violence information, violence prevention program information and support and training/technical assistance opportunities. The Office works to improve the collection of school crime data, raise public awareness of school violence issues, improve access to school-based prevention programs, develop a multi-disciplinary approach to include representatives from education, law enforcement, and prosecutorial agencies, and gather information related to gang activity affecting the school environment.

- The Office has established a hotline for reporting firearms and other weapons in the school.
- The Office has instituted the Youth Mentor Program, a voluntary program that links
 offending juveniles with a church or community organization where an individual
 mentor is assigned to him/her.
- The Office is the primary point of contact for information on Students Against Violence Everywhere (S.A.V.E.). SAVE is a student initiated effort to prevent violence in the school and community. SAVE chapters have been initiated across the state.

South Carolina Department of Mental Health (DMH) (803)898-8350

Through a partnership with the State Department of Education, school based mental health counseling services offer intensive and comprehensive services to children, adolescents and their families. School based mental health services include individual counseling, family counseling, crisis intervention, education groups, violence prevention programs, parent workshops, staff development, in-school suspension counseling, mentor programs, and multi-system community teams. Mental Health counselors are employed by a school and work with guidance counselors, teachers and the administration to assist with Medicaid eligible youth as needed in each particular school environment.

South Carolina Department of Juvenile Justice (DJJ) (803)896-9356

The Office of Delinquency Prevention at DJJ is responsible for prevention and victim services. The main thrust of the Office is addressing the issue of truancy.

- The Office works in partnership with the Department of Mental Health to work with communities to develop truancy programs.
- The Department is playing an instrumental role in expanding or implementing juvenile arbitration programs in the state. Community juvenile arbitration programs provide a model for diverting non-violent juvenile offenders from the juvenile justice system while promoting offender accountability, victim reparation, and protection of the public. The program is built around citizen volunteers who act as the arbitrators to conduct hearings and follow-up to monitor the juvenile's progress in meeting requirements.
- Based on recommendations from the Governor's Juvenile Justice Task Force, Community Youth Councils were established in each of the state's sixteen judicial court circuits in 1996. The role of the Youth Councils is to identify best practices in programs for diversion, intervention and probation; replicate these programs throughout the judicial circuit; make recommendations regarding youth policy to the Juvenile Justice Task Force, and heighten public awareness on prevention and intervention of youth crime. The Department of Juvenile Justice has partnered with the South Carolina Center for Family Policy to implement a process of capacity building with the Community Youth Councils.

South Carolina Department of Health and Human Services (DHHS) (803)898-2883

The Department of Health and Human Services strives to improve the health and social status of South Carolina families by contracting with public and non-profit organizations, credentialed medical professionals, and private businesses to provide Medicaid, child care, and aging services. Programs administered by DHHS include:

- Medicaid, which purchases health services for more than 330,000 children;
- the Child Care and Development Block Grant that provides child care to more than 41,000 children so their parents can pursue educational, training, or occupational opportunities; and
- the Social Services Block Grant that provides such "safety net" services as adoption, foster care, and child protective services.

The Department is committed to working collaboratively with other agencies and the local school districts to explore funding mechanisms for services such as psychologist, nurse home visitation, social worker, school based mental health and intensive family services.

South Carolina Department of Social Services (DSS) (803)898-7337

The mission of the South Carolina Department of Social Services is to ensure the health and safety of children and adults who cannot protect themselves, to help parents provide nurturing homes, and to help people in need of financial assistance reach their highest level of social and economic self-sufficiency. The agency's goal is to help people live better lives. Current initiatives related to the Task Force's activities include:

 Enhancement of mental health services to DSS client populations directed at prevention and treatment of family dysfunction.

Currently in the planning stage of home visitation and after-school programs for TANF,

CPS and foster care populations.

 Infant development and stimulation training protocols and attendant equipment for foster parents and biological parents within foster care, CPS and TANF populations are also planned.

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) (803)734-9718

The SC Department of Alcohol and Other Drug Abuse Services and its statewide system of 34 county alcohol and other drug abuse authorities work together to provide a systemic approach to preventing alcohol, tobacco and other drug problems among students whenever possible and intervening at the earliest point when youth appear to be developing problems. The Department of Alcohol and Other Drug Abuse Services and its statewide system operates a variety of primary prevention, intervention and crisis response programming for children and families, including:

Primary Prevention:

- The Safe and Drug-Free Schools and Communities Program which is designed to serve children who are under-served by schools
- The Youth Prevention Initiatives Program which allows youth groups to design and operate small primary prevention programs in schools and communities
- Teen Institute (TI) which is a week long school for teams of youth from schools and communities who develop a year of programming for their schools and communities

- The Parent Adult Child Transitions Program which is designed to assist children
 of divorce and their families
- Project ADAM (Anti-Drug Abuse Movement) supports alcohol, tobacco and other drug education and prevention efforts in African-American churches throughout the state, with a focus on youth and families
- SC PREVENTS is a public education campaign that targets families with children ages 10-17 to encourage parents to stay actively involved in the lives of their children as a way to prevent problems in this area

Intervention:

School Intervention Program (ScIP) is a statewide program that provides education and intervention services for students who often are experiencing a broader range of personal or behavioral problems. Most students who exhibit high-risk behaviors and/or alcohol and drug use could benefit from intensive services. ScIP offers an array of services designed to increase students' chances of becoming healthy, productive adults by reducing their current use of alcohol and other drugs.

Crisis Response:

- Therapeutic Child Care (TCC) is a psychosocial and developmental system of services for young children (ages zero through 6) whose goal is to cultivate the psychological and emotional well-being of children who show significant problem indicators in one or more developmental areas.
- Intensive In-Home Services provide a range of clinical services predominately
 delivered within the home environment of an identified child who is generally
 in imminent danger of being removed from his/her home because of suspected
 child abuse or neglect as a result of a parent's alcohol and/or other drug
 involvement.
- Treatment services are offered through four adolescent intensive outpatient programs and the William J. McCord Adolescent Treatment Facility.
- The Bridge is an individual yet comprehensive family-centered program that provides adolescents and their families with a full year of step down services back into the community following institutionalization in a Department of Juvenile Justice facility or an inpatient setting through a three-phase intensive program.

South Carolina Department of Public Safety (DPS) (803)896-8702

The South Carolina Department of Public Safety is committed to working to ensure that schools in the state are safe havens, not risks. The DPS has several resources which can be brought to bear in the effort to enhance school safety including expertise in training through the criminal Justice Academy, knowledge of physical security through the Bureau of Protective Services, and experience in grant funding through the Office of Safety and Grants, as overseen and directed by the Public Safety Coordinating Council. The department offers numerous programs, including:

- The DPS has been instrumental, through grant funding approved by the Public Safety Coordinating Council, in introducing school resource officers (SRO's) into schools throughout the state.
- The DPS Criminal Justice Academy provides training for these and other SRO's as well as providing training in Community Oriented Policing.
- Juvenile Justice grant programs administered by DPS, and approved by the Public Safety Coordinating Council, also provide SRO's and support delinquency prevention programs. Through these grant programs, youth throughout the state are receiving mentoring services, conflict resolution training and leadership education.

The South Carolina Department of Health and Environmental Control (DHEC) (803)898-0302

The mission of the Department of Health and Environmental Control is to promote and protect the health of the public and the environment. SC DHEC collaborates and cooperates with local communities to find local solutions to local problems. Promoting and protecting the environment and the public's health encompasses a wide range of services, many of which relate to safe schools. Services include advocacy for health services for the needy, injury prevention education, school violence prevention programming, health promotion, and nurse home visitation. Key initiatives relating to youth violence include:

- Training to implement the Positive Adolescent Choices Training (PACT) violence prevention curriculum. This training was recently offered through the SC Violence Prevention Institute, a collaboration with the South Carolina Department of Education.
- Healthy Communities, which is an effort to increase community involvement in addressing local health concerns.
- Hold Out the Lifeline is a coalition of faith groups, public/private organizations, and interested citizens to provide families with tools to improve family life.

Clemson University Safe Schools Program (803)

Established in 1998, this researched based program is a multi-agency collaborative focused on making schools and communities safer and more peaceful. This initiative was organized by Clemson University and the Clemson University Cooperative Extension Service. The focus of CUSSP is on reducing violence in K-12 schools, through comprehensive developmentally sensitive programs identified throughout the United States. CUSSP is designed to create an integrated approach to early risk identification, prevention, intervention, crisis response and long-term follow-up.

South Carolina Center for Family Policy (803)896-8486

The purpose of the Center for Family Policy is to work to reform the legal and social services systems for families and children in South Carolina. The Center serves as a clearinghouse for best practices and other resources in the field of juvenile delinquency, juvenile justice reform, community development, and other needs identified by local council membership. Key initiatives include:

- The Governor's Community Youth Councils. The Center provides training and technical assistance for the sixteen Governor's Community Youth councils and their 400 volunteers located throughout the State. Each of the Community Youth Councils is a separate community partnership made up of representatives from diverse groups to work to reduce the rate of incarceration for South Carolina's youth. The Council's mission is to address community problems through broad-based, local collaborative programs designed to protect public safety, recognize the needs of victims, rehabilitate in the community, juveniles who are not a risk to public safety, and prevent juvenile crime.
- The Center provides staff support for the Governor's Juvenile Justice Task Force, its working groups, and related subcommittees.
- The Center serves as one of three lead agencies for the Nexus Key Leaders Forum.
 The Forum was held to increase the awareness among state decision-makers about the connection, or nexus, of child abuse and neglect to educational failure and juvenile delinquency. Following the forum, plans are for regional meetings to obtain additional feedback from communities and the formation of a diverse, interdisciplinary study group to review issues and make recommendations for needed change.

United Way of South Carolina (803)252-9101

The United Way of South Carolina works through local United Ways and other entities that have shared missions to support community building efforts and monitor public policy issues that impact community building work. Specific initiatives related to youth violence include:

- Success By 6® South Carolina is an initiative to support communities in the development of quality programs and services for children from prenatal stages through age six. Bank of America/United Way of America awarded UWSC a grant in January 1999 to plan the process to make Success By 6® a statewide initiative.
- 5 Goals 4 Kids South Carolina is based on both a risk and protective focused approach to delinquency prevention through five specific goals: truancy reduction, increased after-school opportunities, reducing gun injuries, substance abuse prevention, and health insurance enrollment. The project seeks to establish a community-building approach that recognizes and embraces the interrelated challenges facing youth, and interrelated solutions to meet those challenges. As a statewide initiative, 5 Goals 4 Kids will work in collaboration with communities to combat youth delinquency through prevention, early intervention and community-building strategies that address local needs.
- UWSC is currently developing an inventory of all asset-based activities currently underway in South Carolina.

State Office of Victim Assistance (803)734-1900, (800)220-5370 Victim Hotline

The mission of the State Office of Victim Assistance is to collaborate with relevant disciplines across the state to restore justice to crime victims by providing advocacy, financial assistance, support, information, training and referrals through a statewide coordinated victim-centered approach. Programs and services related to youth violence include, but are not limited to:

- Proposed training initiatives for first responders and community representatives to address important issues concerning the roles of each discipline during the crisis and aftermath
- Collaborative efforts to assist victims (on-site) with compensation applications, related services and support
- Coverage of routine sexual assault exams and mental health counseling for victims who meet eligibility requirements

- Lost wages, rehabilitative services, and burial expenses for eligible claimants
- **Emergency awards**

South Carolina Victim Assistance Network (803)750-1200

SCVAN is a non-profit organization which provides advocacy and direct services for victims of crime. The organization coordinates the Annual Victim Rights Week activities and is the point of contact for information on legislation which has an impact on victims of crime. Services and programs are highlighted below:

The SCVAN Website contains:

- current listing of upcoming events, seminars and training;
- list of SCVAN's legislative initiatives for the current session;
- searchable database where you may find the names, numbers and addresses of all victim service providers in SC, including judges, solicitors, law enforcement, senators and representatives;
- links to other victim services agencies;
- book and video reviews from resources in our library;
- information on our AmeriCorps program;
- South Carolina Victim Assistance Forum-SCVAN's statewide Listserv, used for propagating info between service providers;
- listing of Assessments and Surcharges collected by county;
- easy-to-read Q&As on Domestic Violence, Stalking and Restitution;
- Victim Services 101 page—the basics of victim services;
- full-text of important recently passed legislation regarding victim services;
- information on victim assistance certification;
- other featured articles—This Month:
 - Forgiving the Dead Man Walking: What would it take for crime survivor Debbie Morris to finally find peace?
 - What is wrong with Mutual Orders of Protection?

The SCVAN Clearinghouse contains:

- a reading room open to the public from 9-5, Monday-Friday where resources may be used for browsing, study or for monthly check-out;
- 1,200 books covering most aspects of abuse and victimization, written on many different reading levels for victims and for service providers;
- videos for children and adults covering most areas of victimization;
- children's books for victims and children of victims;
- violence prevention curriculum which may be used in the classroom or in other mentoring facilities;

 a "Help Yourself Shelf" where patrons may select pamphlets and other surplus items to take home to keep;

a TV/VCR for previewing videos;

professional journals covering subjects relevant to victim services.

SCVAN's Emergency Assistance Program:

attends to the emergency health and safety needs of crime victims;

assists domestic violence victims in finding emergency shelter and food;

repairs door locks and broken windows for burglary and domestic violence victims;

provides mileage for DUI victims to get to and from court;

- provides "Survival Guides for Victims of Crime" to all victim advocates so they may be distributed to victims they come in contact with;
- supplies free copies of "A Victim's View" video to victim advocates so that they may help victims better understand the criminal justice system in South Carolina;

Facts about SCVAN's AmeriCorps program:

- SCVAN's AmeriCorps program places volunteers in victim service agencies such as child abuse centers, domestic violence shelters, and sexual assault centers around the state:
- AmeriCorps volunteers help off-set the costs that would normally be incurred by those agencies by hiring a full-time staff member;
- AmeriCorps members provide counseling, advocacy and assistance to crime victims, helping them cope with the aftermath of victimization;
- Members are required to complete at least two community service projects in addition to their regular duties, helping to increase awareness of crime in their community.

A SURVEY OF THE LITERATURE

RESEARCH BASED RISK FACTORS, PATHWAYS, PROTECTIVE FACTORS AND PROGRAMS

RISK FACTORS

Regular news reports of school and youth violence reinforce what we already know: youth violence is a distinct public health issue, harming or affecting not only the victim, but also the perpetrator, those who witness violence, family, friends and members of the larger community. It may be impossible to calculate the cost to society of disrupted classrooms and programs, teacher turnover, damaged and stolen property, and heightened security measures.

In order to examine the issue of safety in our schools it is necessary to see children as part of our society as a whole. Children's lives are not compartmentalized, distinguishing between the hours they spend in school, and the time outside of school when they return to being simply members of their families, neighborhoods and towns. They bring with them to school the examples which they have seen at home, whether those examples are positive or damaging. The implications of dysfunction in one child cannot be viewed in isolation from the larger group of children who will be part of that child's classroom or school. This means that school violence is not just a "school problem." Efforts to make our schools safe for all children will require an examination of resources serving children and families as they exist in communities, not just the times that they are on school property.

Research clearly shows that youth do not simply one day "turn bad." The most prevalent pathways to violence are predictable, identifiable, and in many cases, preventable. Young offenders will most often be found to have fit a known risk profile, perhaps as early as infancy. Therefore, youth violence and delinquency are best comprehended as a continuum of cause and effect, many of the causes, or risks, manifesting prior to the onset of delinquent behaviors.

The following review of risk factors for future delinquency and violence may provide a basis for consideration of strategies to prevent school violence and promote a safe learning environment.

Some of the earliest predictors may be pregnancy and birth complications. Mothers who are teens have a higher incidence of perinatal complications, as do mothers with a history of smoking, poor nutrition and poor prenatal care (factors also common for teen mothers). These babies frequently experience developmental setbacks which prevent them from entering school with needed readiness skills, and academic progress is compromised. Studies of delinquents often reveal an over-representation of children who fell behind scholastically at an early age. Poverty, substance abuse, poor parenting skills and unstable family or home situations are also disproportionately found among young mothers. Children experiencing any one or more of these factors are not doomed to inevitable delinquency; however, study results are convincing that the onset of these early childhood risks initiates a cumulative domino effect.

Toddlers and young children who lack parental models for positive behavior and communication, are abused and neglected, are harshly and erratically punished, and learn lying and disruptive behavior as appropriate social norms, will arrive at school completely unprepared for the cooperative community environment required for group learning. These children quickly acquire a reputation as difficult, fall behind in academic achievement, victimize their peers, and frequently require costly remedial and alternative programs.

The culmination of such a childhood, marked by poor parental supervision and multiple disadvantages, will usually be a cluster of interrelated dysfunctions. The delinquent child often experiences clinical depression, early and unsafe sexual activity, substance abuse, truancy, school dropout and gang membership. When these children become teen parents, they too often renew the unfortunate cycle from which they themselves have not been able to escape.

Based on a 1998 report of the Office of Juvenile Justice and Delinquency Prevention (Altshuler), the risk factors have been grouped by life stage: Prenatal/Infancy, Toddler Years Onward, Mid-Childhood Onward, and Mid-Adolescence Onward. Brief notes on research findings for each factor are provided below

The risk factors for violence are varied and complex. J. D. Hawkins and Associates specify 12 risk factors for delinquent behavior which are also correlated with youth violence. Hawkins' risk factor model can be grouped into three areas: individual; family, and environmental (Delinquents and Drugs: What The Evidence Suggests About Prevention & Treatment Programming, 1989).

Youth at-risk demonstrate negative behaviors early in life. These youth have already had problems in school (academic failure, poor school adjustment) and as years pass are frequently absent, truant, suspended or expelled. Special education status, anti-social behavior, and low self-esteem all become part of a self-defeating pattern which escalates risk.

Family characteristics and circumstances have perhaps the most direct effect on the behavior of youths. Parental modeling of aggressive and violent behavior; poor supervision; parental criticism, hostility, and rejection have all been shown to increase risk of delinquency. A study sponsored by the National Institute of Justice found a link between being abused or neglected and later delinquent behavior. Victims of child abuse are 53% more likely to be arrested as a juvenile and 38% more likely to be arrested as an adult (The Cycle of Violence, 1992).

Neighborhood characteristics influence the likelihood of delinquent behaviors. Lack of neighborhood attachment, easy access to firearms and drugs, and community apathy towards delinquency inculcates in youth a culture of failure. Additionally, the quality of schools can be an environmental risk factor.

An awareness of risks known to be pathways to future violence can inform policy makers and future programming, providing the basis for effectively addressing the problem of school violence.

RISK FACTORS FOR FUTURE DELINQUENCY AND VIOLENCE

Prenatal/Infancy		Mid-Childhood Onward	
	Child: Difficult temperament Hyperactivity/impulsivity/attention problems Low intelligence Male gender Physiological-based emotional disorders Pregnancy and delivery complications Family: Young mother Maternal depression Parental substance abuse/antisocial or criminal behavior Poor parent-child communication Poverty/low socioeconomic status Serious marital discord	 Child: Stealing and general delinquency Depression Early sexual activity/ substance abuse Victimization and exposure to violence Family: Poor parental supervision School: Poor academic achievement Truancy Peers: Delinquent peers/siblings Community: Residence in a poor neighborhood 	
Tod	Child: Aggressive/disruptive behavior Lying Lack of guilt, lack of empathy Family: Harsh and erratic discipline practices Maltreatment or neglect Community: Television violence	Child: Gun ownership Drug dealing Family: School dropout Peers: Gang membership	

BRIEF RESEARCH FINDINGS ABOUT RISK FACTORS

Prenatal/Infancy

- <u>Difficult temperament</u>: In a study of 205 boys, those characterized 5 years before by their mothers as being "difficult" children had a delinquency rate twice that of the children whose mothers reported them "easy." (Loeber, Stouthamer-Loeber, and Green, 1991)
- Hyperactivity/impulsivity/attention problems: Almost 60% of those with a childhood diagnosis of ADD (attention deficit disorder) had become delinquent by the early age of 13. ADD-delinquents scored significantly worse on verbal and visual integration measures. (Loeber, 1990)
- Low intelligence and physiologically-based disorders: The most serious offenders, those who murder, are found to include a high percentage of individuals with IQ's between about 70 and 90. A large percentage have abnormal brain function. Moffitt (1990) associated aggression with "disruptions in fetal brain development, childhood exposure to neurotoxins, Loeber found that by second grade, 45% of a group of delinquents had already experienced reading delays and 36% experienced delays in writing. Hunt (1993) found that many children have "language deficits that impede their ability to express themselves . . . negotiating conflict and solving interpersonal problems (p 14-15)."
- Male gender: Males accounted for 94% of all known juvenile homicide offenders in 1995. (Poe-Yamagata,1997) Court records for the National Center for Juvenile Justice show that males consistently account for 75% to 80% or more of juvenile offenses overall (1994 figures).
- Pregnancy and delivery complications: A longitudinal study of Danish children and their families found that children who experienced the combination of birth complications and parental rejection in the first year of life were at substantially increased risk for violent criminality at age 18 in comparison to children who experienced only birth complications or only parental rejection. (Raine, Brennan and Mednick, 1994)
- Young mothers: Adolescents are mothers characterized by maternal deficits that are risk factors for the healthy development of their babies. They are poor at nurturing their babies, create an inadequate, often hostile, emotional and cognitive environment during early childhood development. (Osofsky, et al, 1992) Children raised in such an impoverished psychosocial environment tend to have poor language and cognitive development and behavior problems. (East and Felice, 1990)

- Maternal depression: Parental depression has been reported to lead to children exhibiting developmental abnormalities, such as depression, interpersonal problems, acting out behavior, and school difficulties. (Orvaschel, Weissman & Kidd, 1980, cited in Factor & Wolfe, 1990)
- Parental substance abuse/antisocial or criminal behavior: Children whose parents abuse drugs and alcohol are almost 3 times likelier to be abused and more than 4 times likelier to be neglected than children of parents who do not abuse substances. (Kelleher, et al, 1994)
- Poor parent-child communication: Simons, et al (1991), describe how inept parenting practices lead to a child's developing a coercive interpersonal style and lack of prosocial value commitments, thus putting the child at risk of school problems, including academic difficulties, interpersonal difficulties with teachers and peers, and then leading to child antisocial behavior.
- Poverty/low socioeconomic status: Poverty, in association with other variables, is the family demographic most apt to be associated with violence. (Farrington, et al, 1991; Loeber, 1990) But family poverty is probably less devastating than a community of poverty. "Poverty is related less to the onset of violence than to the continuity of violence, once initiated." (Elliott, 1994)
- Serious marital discord: Children who witness marital discord are at greater risk to become delinquents, according to a great many researchers, some maintaining that aggressive behavior is learned by children who imitate their parents, then repeat the behavior as an acceptable means of achieving goals. (Wright and Wright, OJJDP) One-third of delinquent boys in one sample (Glueck and Glueck, 1950) were raised in homes where spouse abuse occurred. Jaffe, et al (1986), found that boys exposed to violence between parents had a pattern of adjustment problems similar to abused boys.

Toddler Years Onward

Aggressive/disruptive behavior: "Early aggressivity is also predictive of concurrent and later adjustment problems such as peer rejection (Coie, Dodge, & Kupersmidt, 1989) and delinquency (Loeber, 1986; Loeber & Dishion, 1983; Parker & Asher, 1987; Tremblay, LeBlanc, & Schwartzman, 1988). It has been suggested that the link between aggressive behaviors and delinquency is mediated by the association of aggressive children with other behaviorally disordered peers (Coie, 1989; Dishion, 1989; Patterson, Capaldi, & Bank, 1991; Patterson, De Baryshe, & Ramsey, 1989)." (Vitaro and Tremblay)

- Lying: Part of the "covert pathway" leading to disruptive and delinquent behavior (Kelley, et al, 1997, OJJDP)
- Lack of guilt, lack of empathy: Violent children lack empathy for others and they do not expect others to cooperate with them. Consequently, they lack the trust necessary for basic human relationships. Arbuthnot and colleagues (1987) write that delinquency should be anticipated when children are unable to see the perspective of others and lack empathy for other people's circumstances. Eisenberg and Miller (1987) found that children with strong empathetic ability less often become aggressive.
- Harsh and erratic discipline practices: Adolescents who experience poor parenting discipline practices develop a coercive interpersonal style, fail to identify with parents, and fail to develop prosocial values, putting them at risk for a variety of school and behavioral problems. (Simons, et al, 1991) Newsome (1993) found that physical punishment predicts later delinquency.
- Maltreatment or neglect: Physical harm is predictive of later child aggressive behavior by leading a child to see the world in deviant ways and misreading social cues (e.g., attributing hostile intent). (Dodge, et al, 1990) The Rochester study data confirm the general finding that there is a relationship between childhood maltreatment and later delinquency. Furthermore, this analysis offers some support for the strength of the relationship between childhood maltreatment and later serious or violent delinquency, which increases as the seriousness of the maltreatment increases. The prevalence of pregnancy among maltreated girls is 52% compared with 34% among nonmaltreated girls. The risk of becoming pregnant is therefore approximately 50% higher among high school girls who experience maltreatment during their childhood. (Kelley, Thornberry and Smith, 1997)
- <u>Television violence</u>: The OJJDP Study Group on Serious and Violent Juvenile Offenders (1998) found this to be a predictive factor.

Mid-Childhood Onward

- <u>Stealing and general delinquency</u>: Part of the "covert pathway" leading to disruptive and delinquent behavior (Kelley, et al, 1997, OJJDP)
- Depression: Juveniles offenders have a higher incidence of psychopathology than non-offenders, including depression, anxiety, social withdrawal and psychotic behavior. (Armistead, et al, 1992)
- <u>Early sexual activity/ substance abuse</u>: The OJJDP Study Group on Serious and Violent Juvenile Offenders (1998) found that persistent sexual behavior and

experimentation with illegal substances, during the elementary school years was a predictor of serious and violent offending.

- Victimization and exposure to violence: Children in a Rochester, NY study, who were exposed to multiple family violence, reported twice the rate of youth violence as those from nonviolent families. A survey of incarcerated delinquent adolescents in Connecticut found 83% had previously witnessed a shooting, 67% a stabbing, 53% having been shot at, and 50% having been stabbed themselves. A survey of New York City's juvenile detention facility revealed similar findings. Sexual and other physical abuse is reported by 60% or more of the females in the juvenile justice system (Acoca & Austin, 1996; Miller, et al, 1995; Calhoun, Jurgens & Chen, 1993), a rate twice that of females in the general population.
- Poor parental supervision: "Children who are inadequately supervised by parents who fail to teach them right and wrong; who do not monitor their whereabouts, friends, or activities; and who discipline them erratically and harshly are more likely to become delinquent." (Wright & Wright, "Family Life and Delinquency and Crime," OJJDP) Supervision is one of the most powerful predictors of juvenile delinquent behavior (Loeber and Stouthamer-Loeber, 1986; Laub & Sampson, 1988; Fischer, 1984) Parental support is "... one of the most powerful predictors of reduced delinquency and drug use in minority youth ..." (King et al, 1992) "Increased parental supervision is a major mediator of peer influence." (Dishion, French, and Patterson, 1995; Hansen et al, 1987)
- <u>Poor academic achievement</u>: Was found to be an antecedent to juvenile delinquency. (Bernard, 1990; Huizinga, et al, 1991; Towberman, 1993; Hengeller, 1994)
- Truancy: Truancy is a stepping stone to delinquent and criminal activity. A report compiled by the Los Angeles County Office of Education on factors contributing to juvenile delinquency concluded that chronic absenteeism is the most powerful predictor of delinquent behavior. Another study by the U.S. Department of Justice's Drug Use Forecasting (DUF) program reported that more than half (53%) of a group of 403 male juvenile arrestees in San Diego, California, tested positive for drug use when taken to juvenile hall. Those who did not attend school were more likely (67% vs 49%) to test positive for drug use than those who did attend. ("Drug Use Among San Diego Arrestees," SANDAG Info, Special Issue 1996, San Diego Association of Governments)
- Residence in a poor neighborhood: See Early Childhood

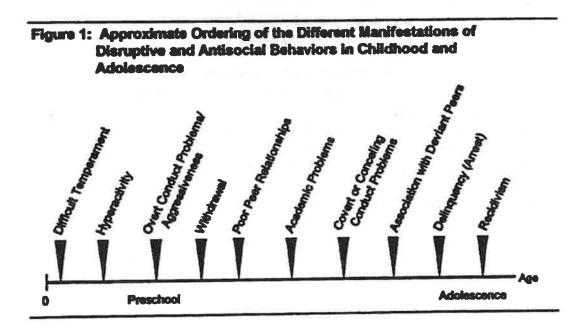
Mid-Adolescence Onward

- Gun ownership: Illegal gun carrying is associated with peers who own illegal guns, gang membership, and drug selling. The Rochester Youth Development Study (OJJDP, 1998) notes that boys who own guns for sporting purposes tend to own rifles and long guns, and are no more delinquent than boys who do not own guns. Boys who own guns for "protection" own pistols, sawed-off rifles and shotguns, and are much more likely to engage in a wide array of criminal behaviors. Handguns accounted for the greatest proportion of homicides by juveniles from 1976 to 1991. In 1976, 59% of juvenile homicide offenders killed with a gun; by 1991 the figure was 78%. (Snyder and Sickmund, NCJ) National Report)
- Drug dealing: Alcohol and drug use increases as adolescents become increasingly involved in a subculture of skipping school, stealing, association with deviant peers, and illegal activity. (Huizinga, et al, 1994; OJJDP, 1995) Substance abuse lowers inhibitions and creates increased need for money, escalating offenses committed to maintain increasing consumption. (Dembo, et al, 1991, 1996)
- School dropout: 84% of the Sommers & Baskin (1994) study group had dropped out of school. A multi-state study of incarcerated women found that 28% had repeated a grade, 26% had been placed in special education classes, and 46% had been expelled from school. (Acoca & Austin, 1996)
- Gang membership: The OJJDP Study Group on Serious and Violent Juvenile Offenders (1998) found that rates of serious and juvenile offending increase after adolescents join a gang, and decrease after leaving the gang. Gang membership has a strong impact on violent behavior, even when other factors are held constant, indicating that gang violence is not just the result of accumulated risk in the backgrounds of gang members. (Rochester Youth Development Study) Gang membership leads to early drug use and trafficking, weapons possession, and violent crime. (Lauderback, Hansen, and Waldorf, 1992; Taylor, 1993)

PATHWAYS TO VIOLENCE AND DELINQUENCY

onsiderable attention has been given in recent years to results of the Pittsburgh Youth Study (Kelley, et al, 1997), a longitudinal study of boys and the developmental pathways which, when taken, progress to more serious problem behaviors. Disruptive and delinquent behaviors may at first seem random and unpredictable, making it difficult for parents, teachers, and other youth workers, to detect a problematic pattern early on. By missing opportunities for early intervention, disruptive and delinquent behaviors become entrenched and lead to more serious offenses.

The chart in Figure 1 illustrates the continuity which may be seen in a child's disruptive and antisocial behaviors, even when those behaviors are manifested differently with increasing age. Researchers believe that the development of a child in the direction of more deviant behavior follows a path which in time diversifies, rather than simply replacing one problem behavior with another. Though few children will penetrate the deviancy continuum to the point of serious or violent behaviors, knowledge of the developmental course can enable parents, teachers and others to predict a probable outcome to the pathway being pursued by a child.



The Pittsburgh Study identified three main pathways to boys' disruptive behavior and delinquency: Authority Conflict Pathway, Covert Pathway and Overt Pathway (Figure 2). Authority conflict includes stubbornness, defiance, disobedience, staying out late, truancy and running away. Covert behaviors include lying, shoplifting, property damage, fencing stolen goods, joyriding or writing illegal checks, and more serious covert behaviors include

stealing a car, selling drugs, and breaking and entering. Overt pathway behaviors include aggression, bullying, fighting, attacking, and forcing sex.

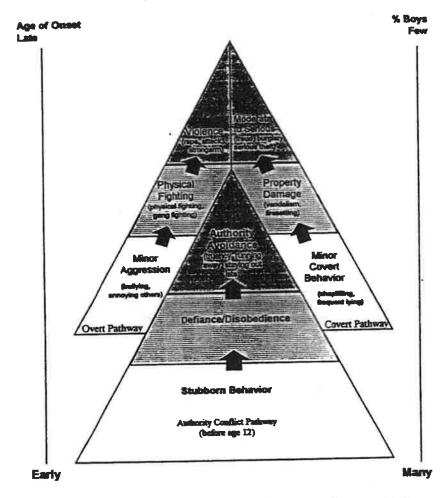


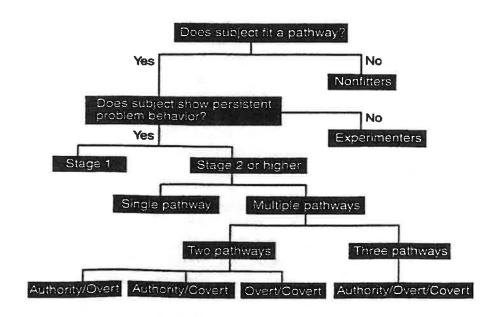
Figure 2: Three Pathways to Boys' Disruptive Behavior and Delinquency

Childhood and adolescence are life stages in which trying new things will frequently include behaviors which are not acceptable or prosocial. Experimentation is to be expected from young people, and some will use their negative behavior to test limits. This early experimentation, however, will lead to more serious transgressions for some youth. The Pittsburgh Study noted the distinction between those who experimented temporarily, and those who persisted in pathways behaviors.

Boys who entered the pathways model at the beginning were found to be most likely to persist in their negative behaviors than those who entered at a later stage, the latter being the experimenters. The chart in Figure 3 shows a decision tree for distinguishing children

according to their fit in a pathway, persistence, and advancement in single or multiple pathways.

Figure 3: Decision Tree



Most of the boys who advanced to at least stage two of one pathway also displayed the onset of behaviors in another pathway. Boys who reached serious stages in the overt pathway tended also to advance in the covert pathway, 80% of those escalating to overt violence also showing serious covert delinquency. Conversely, many boys engaging in covert behaviors did not enter the overt pathway at all; among those who escalated to moderate and serious covert delinquency, only about 20% also demonstrated violence in the overt pathway. Boys in a single pathway of covert behavior had a higher delinquency rate that those in a single pathway of overt behavior, as did boys in two pathways. Those in all three pathways showed the highest rate of delinquency.

How can this information help us with an understanding of delinquency, and more importantly, to prevent delinquency from occurring or progressing? Each pathway represents a stage which is keyed to age-appropriate manifestations of problem behavior and increases in severity, and each stage of the pathway serves as a stepping stone toward more serious behaviors.

Furthermore, each of the pathways represents a different set of developmental tasks: the overt pathway represents aggression, rather than positive social problem solving; the covert pathway represents lying, vandalism and theft, rather than honesty and respect for property;

the authority conflict pathway represents conflict with and avoidance of authority figures, as opposed to respect for authority. Youth who learn one developmental task, such as honesty, will not necessarily master another. For this reason, the pathways can be seen as different tracks of development, with some children progressing on several pathways at once.

Age-appropriate strategies must be devised to assist children in mastering these important developmental tasks, for example, teaching children anger and conflict management in place of fighting. Perhaps most importantly, the early warning signs of disruptive behaviors should not be dismissed or ignored. The most successful interventions are those initiated before a child has persisted in negative behavior, and/or penetrated to a more serious stage of a pathway. The screening of difficult children should be approached from a developmental perspective in order to effectively identify potential risks for pathway onset. Instruments used in the Pittsburgh Youth Study examine how often a child is disruptive, with what intensity and provocation he or she exhibits disruptive behavior, and whether it occurs in multiple settings(Loeber, Dishion and Patterson, 1984).

Since teachers have such a wide range of contact with children, from the classroom to the playground to the cafeteria, they are often the first to note behavior problems and request screening and assessments for conduct disorders and learning disabilities. Without question, behavior problems are often accompanied by a lack of academic success. The child who progresses along disruptive pathways is very likely to damage his or her educational advancement, and will also negatively affect the learning climate for all others in the classroom. Teachers and staff who are knowledgeable about the pathways model can play a critical role in discussing problems with the child and parents, with classroom interventions, and with referrals to the appropriate support resources.

DEVELOPMENTAL ASSETS - PROTECTIVE FACTORS

n the past three decades a growing body of research has turned to identification and study of the positive factors which build a healthy community and can prevent delinquency and violence from taking root. A March 1999 article in the Archives of Pediatrics & Adolescent Medicine is blunt about the challenge to society presented by crime:

As the costs of crime, teen pregnancies, an undereducated underclass in poverty, and substance abuse have increased, policy-makers and researchers have looked more seriously at prevention as a potentially cost-effective approach to reduce the prevalence of these behaviors. Efforts to improve schools, reduce crime and violence, combat substance abuse, and prevent unwanted pregnancies have progressed on separate tracks... Previous studies on prevention have not sought to address the shared risk and protective factors for diverse health-risk behaviors that are the main threats to adolescent health. (Hawkins, et al, 1999)

The Search Institute, Minneapolis, Minnesota, and independent nonprofit focusing on research which benefits children and youth, has identified 40 factors which it terms "developmental assets," which follow this section. Strategies which create and foster these assets in communities, schools and individual students, will help to assure young South Carolinians grow into healthy and responsible adults. Some traits appear to exert a more powerful positive effect than others; from a report by the Center for Youth Development and Policy Research (Pittman, 1991):

"We explored this question by examining the percentage of youth in a given community that experience 13 different strengths in their families, schools, peers and community. Out of the 13 strengths, six are particularly powerful in reducing at-risk behaviors in a community. These are:

- Youth who avoid peers with negative behavior
- Youth who are motivated and committed in school
- Youth who are involved in structured activities
- Youth who attend religious services
- Youth who experience a caring and supportive school environment
- Youth who have caring and supportive families."

This report stresses the importance of sharing responsibility for building community strengths for youth, encouraging strategies which achieve the objectives of getting to know youth in one's own community, creating a positive vision for youth, focusing more on primary services for all youth (not just prevention and intervention for at-risk youth), recognizing every person's responsibility for the welfare of all youth, supporting youth involvement in structured activities, coordinating activities for all types of youth, and supporting various organizations dedicated to youth.

Hawkins and Catalano (Catalano, et al, 1999) have explored the concept of assets or protective furthers in a new report to the U.S. Department of Health and Human Services (June 1999), entitled "Positive Youth Development in the United States." One of their goals was to better define what is meant by positive youth development. The recognizable feature identified by their study was that positive youth development programs will generally achieve one or more of these objectives:

- Promote bonding
- Foster resilience
- Promote social, emotional cognitive, behavioral and moral competence
- Foster self-determination
- Foster spirituality
- Foster self-efficacy
- Foster clear and positive identity
- Foster belief in the future
- Provide recognition for positive behavior and opportunities for prosocial involvement
- Foster prosocial norms (healthy standards for behavior)

The report emphasizes the socializing influences of caregivers, school officials, classmates, and neighborhood residents, and the understanding that "problem-free is not fully prepared."

For years, Americans have accepted the notion that — with the exception of education — services for youth, particularly publicly funded services, exist to address youth problems. We have assumed that positive youth development occurs naturally in the absence of youth problems. Such thinking has created an assortment of youth services focused on "fixing" adolescents engaged in risky behaviors or preventing other youth from "getting into trouble." Preventing high risk behaviors, however, is not the same as preparation for the future. Indeed, an adolescent who attends school, obeys laws, and avoids drugs, is not necessarily equipped to meet the difficult demands of adulthood ... There must be an equal commitment to helping young people understand life's challenges and responsibilities and to developing the necessary skills to succeed as adults. What is needed is a massive conceptual shift — from thinking that youth problems are merely the principal barrier to youth development to thinking that youth development serves as the most effective strategy for the prevention of youth problems (Pittman and Fleming, 1991:3)

Twenty-five of the programs studied were found to proactively foster positive outcomes for youth. Many of them, in separate studies, had already been shown effective in preventing violence and are therefore reviewed in the programs section of the Task Force report. Conclusions of the study are that a wide range of positive youth development approaches can achieve positive youth behavior and prevent youth problem behaviors.



40 Developmental Assets
Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, carring and responsible.

Support	 Family support - Family life provides high levels of love and support. Positive family communication - Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s). Other adult relationships - Young person receives support from three or more nonparent adults. Caring neighborhood - Young person experiences caring neighbors. Caring school climate - School provides a caring, encouraging environment. Parent involvement in schooling - Parent(s) are actively involved in helping young person succeed
Empowerment	7. Community values youth - Young person perceives that adults in the community value youth. 8. Youth as resources - Young people are given useful roles in the community. 9. Service to others - Young person serves in the community one hour or more per week. 10. Safety - Young person feels safe at home, at school, and in the neighborhood.
Boundaries & Expectations	 Family boundaries - Family has clear rules and consequences and monitors the young person's whereabouts. School boundaries - School provides clear rules and consequences. Neighborhood boundaries - Neighbors take responsibility for monitoring young people's behavior. Adult role models - Parent(s) and other adults model positive, responsible behavior. Positive peer influence - Young person's best friends model responsible behavior. High expectations - Both parent(s) and teachers encourage the young person to do well.
Constructive Use of Time	 Creative activities - Young person spends three or more hours per week in lessons or practice in music, theater or other arts. Youth programs - Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. Religious community - Young person spends one or more hours per week in activities in a religious institution. Time at home - Young person is out with friends "with nothing special to do" two or fewer nights peeck.

Commitment to Learning	 Achievement motivation - Young person is motivated to do well in school. School engagement - Young person is actively engaged in learning. Homework - Young person reports doing at least one hour of homework every school day. Bonding to school - Young person cares about her or his school. Reading for pleasure - Young person reads for pleasure three or more hours per week.
Positive Values	 Caring - Young person places high value on helping other people Equality and social justice - Young person places high value on promoting equality and reducing hunger and poverty. Integrity - Young person acts on convictions and stands up for her or his beliefs. Honesty - Young person "tells the truth even when it is not easy." Responsibility - Young person accepts and takes personal responsibility. Restraint - Young person believes it is important not to be sexually active or use alcohol or other drugs.
Social Competencies	 Planning and decision making - Young person knows how to plan ahead and make choices. Interpersonal competence - Young person has empathy, sensitivity, and friendship skills. Cultural competence - Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. Resistance skills - Young person can resis negative peer pressure and dangerous situations. Peaceful conflict resolution - Young person seeks to resolve conflict nonviolently.
Positive Identity	 37. Persanal power - Young person feels he or she has control over "things that happen to me." 38. Self-esteem - Young person reports having a high self-esteem. 39. Sense of purpose - Young person reports that "my life has a purpose." 40. Positive view of personal future - Young person is optimistic about her or his personal future.

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PROGRAMS SHOWN TO BE EFFECTIVE

he programs reviewed in this section have all been shown by research to have significant positive results in preventing or addressing the problem of youth violence. Consistent with the picture created in the previous sections illustrating how problems in infancy and early childhood lead to later delinquency, the programs presented here begin with prenatal health, nurse home visits, parenting skills, preschool, and family strengthening programs.

Widespread implementation of these programs around South Carolina has the potential to dramatically improve the health and safety of infants and children, greatly reduce child abuse and neglect, increase the intervals between subsequent births, reduce alcohol, tobacco and other drug abuse among mothers, as well as address other family and individual problems. For example, studies of the Olds *Zero To Three Years Old* program showed, after two years, an 80% reduction in child maltreatment, and a 56% reduction in emergency room visits for the control group. A 15-year follow-up on child outcomes showed reductions in adolescent cigarette and alcohol use, runaways, arrests, and conviction-probation violations.

Similarly, the Perry Preschool Project for children ages 3 and 4 from low-income families followed participants to age 19. At that time they showed increased cognitive gains, improved scholastic achievement during their school years, decreased crime and delinquency, decreased teen pregnancy, increased post-secondary enrollment, increased high school graduation rates, and increased employment rates. Even at age 27, individuals from this group, compared to others from similar backgrounds, had committed far fewer crimes, had higher earnings, and showed greater commitment to marriage. Barnett and Escobar (1990), in a separate study of 15-year-old former participants, showed fully half as many acts of personal violence, serious offenses and drug abuse, one-fifth as many acts of property violence, and more involvement with sports and other after-school activities.

One researcher (Curtis) has said that abused and neglected children "become tomorrow's murderers and perpetrators of other crimes of violence." Histories of abuse distinguish both violent and nonviolent youth offenders. Children who witness marital discord and/or violence learn aggressive behavior as an acceptable means of achieving their goals. When successful, early childhood and family programs can interrupt the matriculation into more restrictive, higher cost services, prevent younger children in the family from following the same delinquent path, and avoid adolescents' entering the adult criminal system.

Early childhood and family programs will also serve to enhance the cognitive development of children. In a study of a group of delinquents, Loeber found that 45% of them had already experienced reading delays by second grade. Harootunian points to a negative correlation between school achievement and aggression. The U.S. Office of Juvenile Justice and Delinquency Prevention studies note that programs which combine parent training with

family relationships skills are the most effective, building self-efficacy and self-esteem, problem-solving skills, and positive behavior.

Crimes reported in schools for 1997-1998 show marked increases in nearly every reporting category, including aggravated assault, drugs, larceny and theft, vandalism and weapons. These numbers are disturbing enough, but many more individuals are represented in reality, since one reported incident may involve more than one, or even several students. 60% of the victims reported were students at the schools where the incidents occurred, and 36% of the victims were teachers, administrators or support employees.

During the school years, student curricula such as Second Step, RIPP (Responding in Peaceful and Positive Ways), PACT (Positive Adolescent Choices Training) and PATHS (Promoting Alternative Thinking Strategies), applied consistently for all schools, can mitigate these alarming facts by teaching social and life skills, interpersonal skills, appropriate behaviors, and problem-solving. Life skills training for all students reinforces training which may have been received through early childhood programs, establishes norms for expected behavior for the entire student body, and reaches children who come into the school system having experienced no previous support, whose risk is acute or ongoing, or whose risk is not yet apparent.

Drug violations in South Carolina schools were up by 16% in 1997-98. Since it is wellestablished that drug use and selling are nearly always accompanied by dramatic increases in the rates of other crimes, one may guess that the number of incidents in other reporting categories may have increased as a peripheral result of alcohol and other drug use.

Substance abuse resistance curricula for students can also reinforce life skills and provide information which aid the child in avoiding the use of alcohol, tobacco or other drugs, or reducing or ending use which may have already begun. The Midwestern Prevention Project, for example, has shown a 40% decrease in substance abuse, effects on daily smoking, increased parent-child communications about drug use, and important community policy changes.

The risk literature makes clear the need to provide children and youth with adequate assessment of individual needs, and access to appropriate mental health and counseling services. Abramczyk and Anderson, in their 1995 report to Richland County Council, said boldly, "Support early identification and treatment of all health, mental health, social or cognitive difficulties that are the precursors of the severe stacking that is associated with later violence."

Many of the recommended programs offer such services to students and their families, particularly those who were already identified as violent, substance-abusing, or chronic offenders. Evaluations of the Multisystemic Therapy program for serious teen offenders has

shown a 25-70% reduction in long-term rates of re-arrest, extensive improvements in family functioning, and decreased mental health problems.

The New Haven model of child development-community policing targets children and families who have been exposed to violence, and who are most often first reached by law enforcement in response to an incident. Cross-training, consultation and support between police officers and mental health professionals have been highly effective in impacting truancy rates. The program increases clinicians' knowledge of policing strategies and practices and the potential therapeutic value of police authority, and builds police officers' knowledge of children and the benefits of collaborative intervention, training them to respond quickly with effective referrals.

Several individual intervention programs have achieved notable success through close attention to at-risk youth, by mentoring, tutoring, community service, and intense supervision. After two years, only 1% of the students in the Coca-Cola Valued Youth Program had dropped out of school. Teens in the Quantum Opportunities Program were more likely to graduate, less likely to become teen parents, scored higher academically, more went on to college, and less were in trouble later with police. Perhaps the best known mentoring program, Big Brothers and Big Sisters of America, has also shown very positive outcomes.

The Olweus Anti-Bullying program, proven effective in numerous locations, can be implemented in all grades, kindergarten through 12th, and has shown improvement in the school climate and student attitude, decreases in anti-social behaviors such as theft and vandalism, and as much as a 50% decrease in the frequency of bully/victim problems. Those investigating recent school shootings in such places such as Paducah, Jonesboro, and Littleton have noted initially that a common characteristic of each perpetrator is a feeling of having been bullied in school. A finding like this compels us to give closer attention to the school bullying problem.

Closely linked to family problems and parental neglect, truancy has become a major problem with our youth nationwide. Truancy incurs considerable costs to society because of increased daytime crime, reduced earning capacity of students who receive an inadequate education, costs to businesses to train undereducated workers, and lost Federal and State funds which are awarded to school districts based on attendance figures. Taxpayers carry the tax burden for increased law enforcement, and for the welfare costs for dropouts who end up on welfare rolls or underemployed. Chronic truancy has been linked to higher rates of crime in the school/student neighborhood, and further escalates the cycle of decline for an already at-risk student.

Several programs have achieved success in reducing truancy by intervening through school counselors and the courts, through counseling, parent support groups, school resource officers, and early identification and intervention. Finally, the review includes community

programs which achieved significant decreases in violent crime through concerted efforts to eliminate the sources of illegal weapons in the community, and information about the advantages of school uniforms.

The charts on the following pages illustrate documented successful programs based on the literture.

While youth violence is a public health issue to which we are forced to give increasing priority, there is no lack of effective tools with which to achieve our ultimate goal: a safe and healthy environment in which our most valuable asset - our children - can learn and grow to be the next generation of productive and happy adult South Carolinians.

EARLY CHILDHOOD INTERVENTIONS

We Know	Programs Which Implement These Strategies	Target Population, Method	Notes on Outcomes
Many of the most pervasive and costly problems faced by young children and parents are the consequence of poor maternal health during pregnancy (including smoking, drinking and drug use), dysfunctional infant caregiving, teen pregnancies, and stressful environmental conditious such as low income and impoverished neighborhoods.	d Develo	med their ow- nd nd ss y care	Several studies have shown the positive impact of IHDP on children's health and development (Brooks-Quun, et al 1993, Ramey, et al 1992). At age three, 39% of IHDP children were functioning in the normal range for cognitive, social/adaptive, health, and growth parameters, compared to only 11% of the control group.
\$22% of mothers on AFDC in 1992 had their first birth as teens, costing the government approximately \$1.2.8 billion. More than 80% of adolescent mothers and their offspring end up in poverty and on welfare. Women bearing their first child in their teens face a higher risk of low birthweight and birth complications. Low birthweight bables who survive are 50 percent more likely to	High/Scope Perry Preschool Project (PPP)	Children ages 3 and 4 from low- income families: Program focusing on cognitive, language, social and behavioral development, weekly home visits by teachers; parents as clasaroom volunteers	Children participating in 1984 showed the following outcomes at age 19 compared to control group: Increased cognitive gains, improved scholastic aschievement during achool years, decreases in crime/delinquency, decreases in teen pregnancy, increases in post-secondary enrollment, increases in high school graduation rate, increases in employment rate. Follow-up study at age 27 showed this group, compared to others from similar backgrounds, have committed far fewer crimes, have higher earnings, and possess a greater commitment to marriage.
use special education services once they enter school. Economic conditions inherent in single-parent families may place children at greater risk. The bad neighborhoods where single-parent families often reside, may contribute to delinquency. Children rejected by parents are among the most likely to become delinquent.			Another follow-up study of 15-year-old former participants showed: 1/2 as many acts of personal violence, 1/3 as many acts of property violence, 1/2 as many serious offerese, 1/2 as many acts of drug abuse, more sports and after-school activities. PPP has been credited with reducing the cost of delinquency and crime by approximately \$2400 per child (Barnett and Escobar, 1990).
	Prenatal and Infancy Home Visitation by Nursea Program	Women bearing their first child who are at-risk and low-income: Intensive, comprehensive home visitation by nurses during pregnancy and the first two years of the child	19% fewer verified reports of child abuse or neglect; 31% fewer subsequent births; a average of over two years' greater interval between the birth of first and second child; 30 months less receipt of AFDC; 44% fewer maternal behavioral problems due to alcohol and other drug abuse; 69% fewer maternal arrests; 60% fewer instances of running away on the part of the 15-year-old children; 56% fewer arrests on the part of the 15-year-old children; and 56% fewer days of alcohol consumption on the part of the 15-year-old children; cost of the program was recovered by the child's fourth birthday.
	Zero to Three Years Old (Olds Model)	Comprehensive program of in-home visits by nurses to high-risk young women from their first pregrancy to the second year of that child's life.	At the end of the first two years the treatment group showed an 80% reduction in child maltreatment and a 56% reduction in emergency room visits. At the end of four years, a 43% reduction of subsequent pregnancies and an 84% increase in employment. A 15-year follow-up on child outcomes showed reductions in adolescent cigarette and alcohol use, runaway, arrests and convictions/probation violations.

FAMILY INTERVENTION

What We Know	Programs Which Implement These	Target Population, Method	Notes on Outcomes	
The family factor most often and strongly associated with violence is child rearing practices, particularly discipline, rejection, failure to monitor, and lack of time spent with children.	that C	Ages 11-18 at-risk or presenting with a range of acting out behaviors: Family-based intervention, motivates families to deal with communication and problem-	3 2	
Children who witness martial discord are at greater risk of becoming delinquents. Aggressive behavior is learned, when parents display aggressive behavior, children learn to imitate it as an acceptable means of achieving goals.		solving, parenting and use of community resources. Effectively treating adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder,	Generating positive outcomes with the entire spectrum of intervention personnel; Preventing further incidence of the presenting problem; Preventing younger children in the family from penetrating the	
One researcher (Curtis) has stated that abused and neglected children "become tomorray's murderers and perpetrators of other crimes of violence." Histories of tomorray's murderers and encodered determinents with considerably higher		alcohol and other drug abuse disorders, and who are delinquent and/or violent.	system of care; Preventing adolescents from penetrating the adult criminal system.	
shuse distinguish violent and nonviolent desiriquent, must be shuse among violent offenders.	Strengthening	Ages 6-10 with drug-abusing parents in	Evaluations have found significant improvements in parenting	
Gang members usually grow up in dangerous family environments, leaving home to escape violence and/or neglect by parents, developing a defensive world view which includes the belief no one can be trusted, need to maintain a social distance, willingness to use violence and indimidation to repel others.	Families Program	outpatient treatment: Parents and catouren attend 14 weekly sessions for family management, social skills, family skills training.		
30)				

LIFE SKILLS CURRICULA

What We Keow	Programs Which Implement These Strategies	Target Population, Goals	Notes on Outcomes
If help reduce the likelihood that a child will develop high- Strategies which reinforce protective factors will: to bonding to family, school, non-drug using peers and	Second Step	Pre K-grade 8: To make schools safe and more disciplined, improve the school climate, make instructional strategies more effective, foster resillency in children.	Study showed that physical aggression decreased from autumn to spring among students in program, but increased among students in comparison group.
community of definition of a clear set of norms teach skills needed to create healthy relationships and take an active part in the community provide recognition, rowards and reinforcement for newly-learned	RIPP - Responding in Peaceful and Positive Ways	Grade 6 with boosters: Create a caring community, support prosocial norms/expectations, target influences of behavioral and environmental factors	CDC evaluation shows RIPP significantly reduces fights and incidents of being threatened with a weapon.
skills and behaviors The protective factors a school can offer include: Expressing high expectations Encouraging goal-setting and mastery	DHEC-PACT Positive Adolescent Choices Training	Ages 10-18: trains youth to solve problems using skills such as communication, negotiation. Focus on "expressive violence" in groups of 8-10 for peer-to-peer model/mediation.	Has demonstrated a 50% reduction in physical aggression at school.
A staff which views itself as nurturing caretakers Encouragement of pre-social development Leadership and decision-making opportunities Fostering active involvement of students Trainine teachers in social development and cooperative learning	Promoting Alternative Thinking Strategies (PATHS)	grades K-5: School-based intervention to promote emotional competence.	Studies two years post-treatment show improved child self-report ratings of behavior change, (e.g., hyperactivity, peer aggression and peer problems).
Parent involvement Alcohol/drug-free atternative activities Early pathways to diaruptive and delinquent behavior include anti-social	Safe Dates Project	Grades 8-9: Prevention of dating violence among adolescents, education, crisis lines, support groups, parent education.	Has shown improved conflict management skills, decreased gender stereotyping, change in norms associated with partner violence.
Teachers come into direct contact with most at-risk children, often observe problem behaviors, and frequently are the first to refer children for problem behaviors, and frequently are the first to refer children for	Self-Enhancement, Inc.	Grades 7, 8 and 9: School and community based activities (eaching anger management, conflict resolution, problem-solving.	Outcome measures include reduction of health-risk behaviors and enhancement of protective factors.
assessments for ADFLD, rearning assessments are consider assessments assessments as strategies for reducing risk in youth include addressing coping competence, conflict management, and peer social skills training.	Resolving Conflict Creatively Program (RCCP)	Grades K-12: Cultivates emotional, social, and ethical development of children, includes professional development for teachers, classroom instruction, peer mediation, conflict resolution and bias awareness training for administrators and parents.	CDC rigorous evaluation initial results show significant positive impact on children who receive substantial amount of instruction.

SUBSTANCE ABUSE RESISTANCE CURRICULA

What We Know The House of the Land	Programs Which Implement These Strategies	Target Population, Method	Notes on Outcomes
Early adolescence is the first risk period for gateway drug use, that is alcohol, cigarettes and marijuana. Loeber has noted that progressions in delinquency appear to be intertwined with progressions in substance abuse.	Midwestern Prevention Project	At-risk children ages 10-12 with booster sessions: Social learning and poer leaders, parent involvement, mass modia, community organization, health policy change.	Evaluations have demonstrated: 40% decrease in ATOD use similar reductions in marijuans use, smaller reductions in alcohol use, through grade 12 effects on daily smoking, heavy marijuans use, some hard drug use have been shown through early adulthood increased parent-child communications about drug use policy changes include establishment of treatment beds for youth.
	Life Skille Training (L.ST)	Middle school students: Decision making skills, resisting media influences, self-directed behavior change, anxiety management, communications and social skills.	LST has been found to cut tobacco, alcohol, and marijuana use by 50-75%. Long-term follow-up results observed 6 years following show that LST: Cut polydrug use up to 60%, Reduced pack-a-day smoking by 25%, and Decreased use of inhalants, parcotice, and hallucinogens.
	Project ALERT	Grades 6-8: Social resistance skill curriculum, counteracing beliefs that most people use drugs, developing resease not to use drugs, identifying sources of pressure to use, building skills to resist pro-drug pressures, encourages parent involvement.	Ellickson & Bell 1990, multiefte longitudinal teat. Project has shown decreased marijuana and alcohol use among 7th graders, and decreased marijuana and cigarette use among 8th graders.
	Project Northeand	Grades 6-8: Alcohol use prevention intervention, community activities, parent participation, extracurpicular activities.	At end of student's 8th grade year, significantly fewer students reported using alcohol in the part month (24%).

INDIVIDUAL INTERVENTIONS

Programs Which Implement These Strategies	Target Population, Method	Notes on Outcomes
Coca-Cola Valued Youth Program	Middle and high school endems: Students who are behind in grade level or have been retained for one year or more are paid to tutor elementary school children. Tutors receive extra academic help in preparation to tutor the young children.	After two years, only 1% of students in the program had dropped out of school.
Multidimensional Treatment Foster Care	Teens with history of chronic and severe criminal behavior who are at risk of incarceration: Community foster families plus treatment, intensive supervision, and separation from definiteent poers.	At one year after treatment: • S3% higher rate of desistance from arrest • S3% higher rate of desistance from arrest • Iess than a third as many runaways or expulsions from program • about twice as many days living with parents or relatives in follow-up • significantly fewer criminal acts self-reported
Phat Chance: Gateway Offenders Program	Adolescents with a modest history of juvenile offenses: Community-based program of weekly seasions, community service, psychotherapoutic group counseling, academic support, structured recreational activities.	Preliminary data (at 6 months) suggest substantial reductions in rates of felony and misdemeanor offenses.
Quantum Opportunities Program	9th graders on public assistance and at risk for low academic schlevement. Comprehensive long-term youth development model for high school freshman from welfare families. 4-year, year-round program combines 230 hours of education, 250 hours of personal and social development, and 250 hours of community service activities, and financial incentives.	QOP group were more likely to graduate, leas likely to become teen parents, scored higher for 11 academic and functional skills (more than three grade lovels for 27% of the experimental group, compared to 14% of control group), more likely to attend post-secondary school and college, and leas likely to report trouble with police, be arrested or convicted.
Mentoring: Big Brothers and Big Sisters of America	Ages 6-18 from single-parent impoverished homes, receiving food stamps and/or public assistance, history of substance abuse, domestic violence and/or emotional, physical or sexual abuse: Supervised volunteer mentors interact regularly with youth in one-to-one relationships, case management.	Emmy Werner and others have found that the number of caring adults outside the family with whom a child likes to associate is a significant protective factor for both high risk boys and girls who have made a successful transition into adulthood. Evaluations by Public/Private Ventures and by OJIDP (JUMP Program) suggest that strengthening the role of menioring as a component of youth programming may result in improved school performance and reduced antisocial behavior, including alcohol and other drug abuse.
	al c	Isolation from positive adult role models, such as that experienced by "latchkey" children, is associated with an increased risk for substance abuse. (Richardson and colleagues, 1989)
		46% less likely to initiate drug use; 27% less likely to initiate alcohol use; Almost one-third less likely to hit someone; Better in scaderule behavior, stitudes, and performance; Higher quality relationships with parents or guardians; Higher quality relationships with their peers.

MENTAL HEALTH SERVICES FOR STUDENTS

What We Know	Programs Which limplement These	Target Population, Method	Notes on Outcomes
Loober (1990) found that almost 60% of those with a childhood diagnosis of ADD (antantion deficit disorder) had become delinquent by the early age of	Anger Coping Program	Selected aggressive male mudents: Weekly small group seasions led by school counselor and mental health counselor.	Agressive boys who have been through the program have been found to have lower rates of drug and alcohol lavolvement and higher levels of self-exteem and problem-solving skills than those who have not.
 ADD-delinquents compared to non-ADD delinquents scored alguificantly worse on verbal and visual integration measures. 	Anti-Bullying Project (Olweus)	Grades K-12: School-wide policies, classroom level groups, individual interventions, involving student, teacher, purent and community.	Results include improvement in the school climate and student attitude, decrease in anti-social behaviors such as theft and vandalism, 50% decrease in frequency of bully/victim problems.
Partington, et al (1990) found a range of problems - hyperactivity, attention deficit problems, and conduct disorders (including stealing, lying, destructiveness, defiant behavior, disobodience) to be related to criminality, and suggested that early identification of hyperactivity-immulativity-attention deficit (IUA)	Multisystemic Therapy	Ages 12-17 who are chronic, violent or substance- abusing juvenile offenders at risk of out-of-home placement, and their families: Empowers parents and provides appropriate therapy.	Evaluations have demonstrated for serious juvenile offenders: 25-70% reduction in long-term rates of rearrest 47-64% reduction in out-of-home placement extensive improvements in family functioning decreased mental health problems
could significantly reduce crime.	Other Evidence-Bu	Other Evidence-Based Programs Noted by the Center For Mental Beath Services as Reemplary for Enhancing Resillence	th Services as Kremplary for Enhancing Resilience
	Mental health services	High school students: Provision of mental health servions.	Contact: Deloris Garrett, IPS-Broad Ripple High School, 1115 Broad Ripple Avenue, Indianapolis, IN 46220, 317-226-2099.
	Parent/Child Counseling Program	Children preschool through high school and their parents.	Contact: Richard Lloyd, Warwick Public Schools, 34 Warwick Lake Avenue, Warwick, RI 02889, 401-737-3300.
	Primary Mental Houlth Project	Children pre-K through grade 3.	Contact: A. Dirk Hightower, Ph.D. & Deborah Johnson, Primary Mental Health Project, 575 Mount Hope Avenue, Rochester, NY 14620, 716-273-5957.
	School-Based Depression Prevention/Intervention Project	Students in grade 5 at risk for depression: Psychoeducational group approach.	Contact: Robbic N. Sharp, Ph.D., Baylor College of Medicine, 1355 W. Alabuma, #585, Houston, TX 77098, 713-961-0651.
	School-Based Mental Health Initiative: Kids in Community Schools	Preschool and elementary school students: Multifaceted onsite mental health program.	Contact: Megan S. Flynn, Ph.D., School-Based Mental Health Initiative, 135 Locust Hill, Yonkers, NY 10701, 914-376-5124.
	Success Beyond Six (Vermont State Agency of Human Services Department of Developmental and Mental Health Services)	Variety of mental health services offered in schools, particularly case management.	Contact: Brenda Bean, Success Beyond Str., 103 South Main Street, Waterbury, VT 05671, 802-241-2630.

COMMUNITY POLICING/MENTAL HEALTH COOPERATION/TRUANCY STRATEGIES

What We Know	Programs Which Implement These Strategies	Target Population; Method	Notes on Outcomes
Children's exposure to violence and maltreatment is significantly associated with increased depression, assisty, post-traumatic stress, anger, greater alcohol use, and lower school stisdament. Youth who are streament. Youth who are factors require the most intensive integrated, sustained, coordinated,	Child Development-Community Policing (CDCP) - New Haven model	Children and families who have been exposed to violence: Cross-training, consultation and support between police officers and mental health professionals, to provide direct interdisciplinary intervention to children who are victims, witnesses or perpetrators of violent crime.	Development of protocols and procedures for responding to youth exposed to or involved in violent and other st-risk, criminal activities; increase in cases in which consultation and coordinated interventions occur, is collaborations with achools, child welfare, probation, etc.; police officers' greater knowledge of the experience of children and greater appreciation for the potential benefits of collaborative intervention; cliniclass' increased knowledge of policing strategies and practices and greater appreciation of the potential therapeutic value of police authority, implementation of a protocol for regular tracking and monitoring of children referred to the consultation service across a variety of domains, including exposure to additional violent incidents, involvement in delinquent activities, and experience of post-traumatic symptoms; impact on treasey rates.
and comprehensive intervention. In one study, children in Rochester, New York, exposed to multiple forms of family violence reported twice the rate of youth violence as those from	Ramsey County Truency and Curfew Violation Conter Program	Middle school students with history of truancy: Interventions through school countelors, county attorney's office, and school attendance center.	Positive impact on court system, nodecable impact on crime rate in community (in first year of program, crimes such as purse snatching were reduced nearly 30%).
nonviolent families. A narvey of incarcerated delinquent adolescents in Consections found 83% reported previously witnessing a shooting, 67% reported witnessing a stabbing, and 33% reported bevina been shot	Save Kids Partnership	Children ages 6-16: Monitors school attendance, offers families deferred prosecution diversion program, teen counseling, parenting skills support group.	Improved school attendance. 92% of Peoria juverales who completed the program with their parents did not secidivate.
at, and 30% reported having been stabbed. A survey of New York City's juvenile detention facility revealed similar findings.	Truancy Habits Reduced Increasing Valuable Education (THRLVE)	Truant juventies: Consortium of law enforcement, social service and community agencies.	During time of program, Oklahoma City Police report a 33% decrease in daytime burgiaries. O.C. schools report a 1.3% reduction in dropout rates and 1.7% increase in daily sttendance. More than 75% of truants are released to parents, who generally react positively.
violence onitions as interponents to violence and tragedy, have frequent contact with the children and families most at risk, but do not normally have the uniting, practical support or time to deal effectively	School Resource Officers (SRO) Program	Sworn law enforcement officers trained to counsel students on law-related problems and support services, teach classes on the law, serve as role models for students.	Note: cited as "promising" in Annual Report on School Safety - October 1998, not evidence-based. Anecdotal evidence suggests that the rising numbers of SROs in North Carolina has contributed to the falling numbers of fineams reported at school.
with the paychonogous strength of children's experiences with violesco. Children often do not see mental health professionals until months later when their symptoms have become entrenched.	Project Helping Hand	Elementary students at risk of developing chronic truancy problems, and their parents: Early identification and intervention, counseling for parents and students.	83% of children participating in program in 1994-5 school year experienced no recidivism. (Those numbers are consistent with years provious and since.)
	At School, On Time, Ready to Work	Truant children at risk of placement in custody of social service agencies: Intensive supervision of child, support and group therapy for child, support and education for parents.	In Neosho study, fewer children became subject of a court petition, remaining children have stayed out of social services custody, and none were reported to have committed offenses during the summer. Families reported improved family communication and better understanding and response to child's behavior.

WEAPONS REDUCTION

What We Know	Examples of Strategies B	What We Know	
"The available evidence is remarkably consistent in suggesting that affecting the level of media violence to which children are exposed and decreasing their access to and the lethality of firearms are important components in reducing adolescent violence Thus, bans of handguns and assault weapons, national registration of ownership, public education about storage, design changes to improve safety and decrease lethality, and other efforts seem likely to be valuable societal-level interventions to reduce adolescent violence." (Tolan and Guerra, 1994)	Partnership to Raduce Gun Violence (Baton Rouge model)	Community and law enforcement program involving a wide array of agencies, services, city officials, the faith community and grassroots volunteers, targeting multiple-offender youth up to age 21 from high-crime zip code areas. Strategies include intensive monitoring of chronic young offenders through probation and law-enforcement surveillance, home visits to paracles, gun tracing, review of gun permit applications, a judicial advisory committee, case management to facilitate the reintegration of incancerated chronic offenders into the community, mentoring, job training and placement, family education, identification of the younger siblings of chronic offenders and referral for services.	Outcomes in Baton Rouge included a 17% drop in the number of hornicides, a 43% drop is the number of aggravated assaults, a 30% decrease in the number of finearm-related aggravated assaults. Preliminary data for 1998 suggest significant reduction in Thearm-related crimes. (These reductions cannot be directly stributed to any one of the strategies listed above, but are probably related to the cumulative impact of a comprehensive, multi-strategy approach.)
A periodic survey by the Centers for Disease Control reported that nearly 12% of polled students in grades 9-12 carried a weapon on school property during the 30 days preceding, and 7.3 were threatened or injured with a weapon on school property during the 12 months preceding the survey.	Youth Firestras Violence Initiative, Birmingham, AL	School-based community policing, crime prevention education, training for police officers, students, teachers, and computer data collection to monitor and analyze crime statistics regarding youth firearm violence.	In 1997-8 showed a 28% decline in juvenile offencer, 69% decide in juvenile firearm charges, and 39% decrease in firearm-related incidents involving juveniles.

SCHOOL UNIFORMS

Notes on Oricemes	In Long Beach, California, district officials found that in the year following implementation of the school uniform policy, overall school crime decreased 36%, fights decreased 51%, sex offenses decreased 74%, weapons offenses decreased 50%, assault and battery offenses decreased 34%, and vandalism decreased 18%. Norfolk, Virginia schools have used the U.S. Department of Education software to track discipline data, finding that leaving class without permission is down 47%, throwing objects is down 68% and fighting has decreased by 38%. Staff attribute these changes in part to the uniform code.	
What We Know designation is a second of the	firsy, improve dig g prevent gang; cor ocr preseure; bot arents who are is the policy in the which includes s i of students' reli	

APPENDICES

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Appendix C:

POSITION DESCRIPTION AND ROLES

School Guidance Counselor - These individuals are fully certified professionals who have earned a master's degree in guidance and counseling, and work in a school environment. The School Guidance Counselor implements a comprehensive developmental guidance and counseling program that is composed of 1) a guidance curriculum which addresses the personal/social, academic and career development of students in grades PreK - 12; 2) assisting students with individual education and career plans; 3) consulting and collaborating with teachers, staff, parents, administrators and community agencies in understanding and meeting the needs of students; planning, implementing and evaluating the guidance and counseling program; and 4) providing small group and individual counseling for students. These individuals may become aware of student needs, which require the intervention of other professionals and can affect referrals.

School Psychologist - These are individuals with degrees in psychology who specialize in the evaluation of the academic needs of children Detecting learning disabilities and development delays are a specialty area. They are especially important in developing programming which will allow a special needs child to have as normal an academic progress as is possible. These individuals also have some general counseling skills which can facilitate the leading of esteem groups and other psycho educational groups about topics such as conflict resolution, life skills, peer mediation, and bullying prevention.

School Social Worker - These staff members are the link between home, school and the community. School social workers provide specialized services, including individual and group therapy, home visits, collaboration with community agencies and organizations, social-developmental assessments, case management, and crisis prevention and intervention. They hold masters level degrees in social work.

School Nurse - This individual is the primary source for screening and dealing with health problems of which teachers may become aware of. In addition to distributing medications and evaluating children who become ill, they can also serve a screening function for referral to other specialized professionals as well as teaching educational courses in health maintenance and wellness.

School Based Mental Health Professional - These individuals have received specialized training in the evaluation, diagnosis, and treatment of mental illnesses in children and adolescents. These individuals may be social workers, various types of psychologists, and individuals with other counseling training, who have received specialized training in dealing with psychiatric illness. It should be noted that many school counselors, school psychologists, school social workers, or school nurses do not have the training to perform this activity.

School Based Substance Abuse Counselor - These individuals have received specialized training in the diagnosis and treatment of substance abuse and substance abuse prevention. They hold a Master's degree from a variety of fields and have specialty training in the diagnosis and treatment of substance abuse and substance abuse prevention.

School Resource Officer - A school resource officer is defined as a person who is a sworn law enforcement officer pursuant to the requirements of any jurisdiction of this state, who has completed the basic course of instruction for School Resource Officers or the South Carolina Criminal Justice Academy, and who is assigned to one or more school districts within this State to have as a primary duty the responsibility to act as a law enforcement officer, advisor, and teacher for that school district.

Appendix D:

DJJ VIOLENT OFFENSES

VIOLENT	r	01902	Accessory After the Facto to a Category I
01009	Assault (High & Aggrv Nature)	02006	Arson — 1st Degree
01009	Assault w/ Intent to Kill	02007	Arson — 2nd Degree
01013	Assault & Batt (High & Aggrv Nature)	02079	Burglary - 1st degree
01013	Assault & Batt w/ Intent to kill	02079	Burglary - 1st Degree
01017	Carjacking	02086	Burglary - 2nd Degree (viol)
01017	Carjacking, Resulting in Bodily Injury		
01020	Kidnapping	SERIOU!	S
01103	Lewd Act on a Child Under 14		
01116	Murder	01162	Criminal Sex Conduct, 3rd degree
01117	Homicide by Child Abuse, 1	01255	Assault w/ Intent Criminal Sex Conduct,
01118	Homicide by Child Abuse, 2		3rd degree
01135	Reckless Homicide	01256	Assault on Police Officer while resist
01137	Robbery (Strong Arm)		arrest
01139	Armed Robbery	01263	Attempt Criminal Sex Conduct, 3rd
01157	Criminal Sex Conduct w/ Minor (lt. 11		degree
01137	yr.)	03019	Felony DUI (loss of life)
01159	Criminal Sex Conduct w/ Minor (11-16	03020	Felony DUI (great bodily harm)
01100	yr.)	03040	Carrying Weapons on School Grounds
01160	Criminal Sex Conduct, 1st degree	03043	Carrying Concealed Weapon
01161	Criminal Sex Conduct, 2nd degree	03044	Carrying Pistol Unlawfully
01220	Manslaughter, Voluntay	03052	Discharging Firearm into Dwelling
01221	Manslaughter, Involuntary	03090	Incest
01253	Assault w/ intent Criminal Sex Conduct,	03122	Pointing Firearm
	1st degree	03198	Possession With Intent to Distribute
01254	Assault w/ Intent Criminal Sex Conduct,		Crack/Cocaine Within 1/2 Mile Proximity
	2nd degree		of School
01256	Assault on Police Officer while resist	03205	Other Firearm Violation
	arrest	03218	Making a bomb Threat - 1st
01261	Attempt Criminal Sex Conduct, 1st	03278	Drug Trafficking
	degree	03300	Carrying or Displaying Firearm in Public
01262	Attempt Criminal Sex Conduct, 2nd		Bidg/Adjacent Areas
	degree	05006	Riot: Directing or Encouraging Others to
01312	Lynching, 1st Degree		Acts of Force or Violence
01313	Lynching, 2nd Degree	05012	Damaging Property by Means of Explosive or Incendiary Devices
01315	Stalking	00445	Threaten Public Official/School Teacher
01898	Accessory Before the Fact or Attempt to	05665	Infeaten Public Official/School Teacher
	a Category I Offense		
01899	Accessory Before the Fact or Attempt to		
	a Category X Offense		
01900	Accessory After the Fact to a Category X		
01901	Other Acts Against Persons		

Appendix E: Literature Review

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Appendix F: Resources

RESOURCES

U.S. Department of Education 400 Maryland Avenue SW Washington, DC 20202 www.ed.gov

Office of Correctional Education (OCE) www.ed.gov/offices/OVAE/OCE/index.html

A new office created in April 1991 by the U.S. Department of Education to provide national leadership on issues in correctional education. OCE provides technical assistance to states, local schools, and correctional institutions, and shares information on correctional education.

Office of Special Education Programs (OSEP) www.ed.gov/offices/OSERS/OSEP/index.html

Provides leadership and fiscal resources to assist state and local efforts to educate children with disabilities in order to improve results for those children and to ensure equal protection of the law.

Safe and Drug-Free Schools Program www.ed.cov/offices/OESE/SDFS

The Federal government's primary vehicle for reducing drug, alcohol, and tobacco use, and violence, through education and prevention activities in schools.

U.S. Department of Justice 950 Pennsylvania Avenue NW Washington, DC 20530-0001 www.usdoi.sov

National Criminal Justice Reference Service (NCJRS) www.ncirs.org

One of the most extensive sources of information on criminal and juvenile justice in the workd, providing services to an international community of policymakers and professionals. NCJRS is a collection of clearinghouses supporting all bureaus of the U.S. Department of Justice, Office of Justice Programs (OJP): the National Institute of Justice, OJJDP, the Bureau of Justice Statistics, the Bureau of Justice Assistance, the Office for Victims of Crime, and the OJP Program Offices.

Office of Community Oriented Policing Services www.usdoj.gov/cops Established under the Public Safety Partnership and Community Policing Act of 1994, COPS has four primary goals: increase the number of community policing officers on the beat by 100,000; promote the implementation of department wide community policing in law enforcement agencies across the country; help develop an infrastructure that will institutionalize and sustain community policing after Federal funding has ended; and demonstrate and evaluate the ability of agencies practicing community policing to significantly improve the quality of life by reducing the levels of violence, crime, and disorder in their communities.

Office of Juvenile Justice and Delinquency Prevention (OJJDP) www.oiidp.ncirs.org

OJJDP's mission is to provide national leadership, coordination, and resources to develop, implement, and support effective methods of preventing juvenile victimization and responding appropriately to juvenile delinquency. This is accomplished through prevention programs and a juvenile justice system that protects the public safety, holds juvenile offenders accountable, and provides treatment and rehabilitative services based on the needs of each juvenile.

U.S. Department of Health and Human Services 200 Independence Avenue SW Washington, DC 20201 www.hhs.gov

Center for Mental Health Services (CMHS) www.samhsa.gov/cmhs/htm

Provides national leadership to prevent and treat mental disorders; improve access and promote high-quality services for people with, or at risk for, these disorders; and promote improvement of mental health for all Americans and rehabilitation services for individuals with mental illness.

Center for Substance Abuse Prevention (CSAP) www.samhsa.gov/csap/index.htm

Provides national leadership in the Federal effort to prevent alcohol, tobacco, and illicit drug problems.

Centers for Disease Control & Prevention, Division of Adolescent & School Health (DASH) www.cdc.gov/nccdphp/dash

Mission is to identify the highest priority health risks among youth, monitor the incidence and prevalence of those risks, implement national programs to prevent risks and evaluate and improve those programs.

Centers for Disease Control and Prevention, Division of Violence Prevention www.cdc.gov/ncipc/dvp/dvp.htm

CDC's National Center for Injury Prevention and Control has four priority areas for violence prevention: youth violence, family and intimate violence, suicide, and firearm injuries.

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) www.bphc.hrsa.dhhs.gov

Promotes and establishes school-based health centers as an effective way to improve the health of vulnerable children and adolescents.

Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCBH) www.hhs.gov/hrsa/mchb

Charged with the primary responsibility for promoting and improving the health of mothers and children, including families with low income levels, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without access to care.

National Institute of Mental Health (NIMH) www.nimh.nih.gov

Conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services. NIMH is the foremost mental health research organization in the world, with a mission dedicated to improving the mental health of the American people; fostering better understanding of effective diagnosis, treatment, and rehabilitation of mental and brain disorders; and supporting research on interventions to prevent mental illness or to reduce the frequency of recurrent episodes of mental illnesses and their disabling consequences.

Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov

Mission is to improve the quality and availability of prevention, treatment, and rehabilitation services to reduce illness, death, disability, and cost to society from substance abuse and mental illnesses.

Online Federal Documents:

Annual Report on School Safety, 1998 www.ed.gov/pubs/AnnSchoolRept98

Details the nature and scope of school violence and provides information on model programs, resources, and steps that schools and communities can take to create and maintain safe learning environments.

Child Development—Community Policing: Partnership in a Climate of Violence www.ncjrs.org/jidp.htm

Describes the unique collaborative program between the New Haven, CT, Department of Police Services, and the Child Study Center at the Yale University School of Medicine that addresses the psychological impact of chronic exposure to community violence on children and families. The program has been a national model for police-mental health partnerships across the country.

Combating Fear and Restoring Safety in Schools www.ncjrs.org/livict.htm

Focuses on the national effort to reach youth who are absent or truant from school because of school-associated fear and intimidation.

Conflict Resolution Education: A Guide to Implementing Programs in Schools, Youth-Serving Organizations, and Community and Juvenile Justice Settings www.ncirs.org/licb.htm

Provides a reference tool that offers both basic information and experts' experience to assist educators and other youth-serving professionals in building effective conflict resolution education programs. The guide is based on a shared vision that youth of all ages can learn to deal constructively with conflict and live in civil association with one another.

Creating Safe and Drug-Free Schools: An Action Guide www.ed.gov/offices/OESE/SDFS/actguid/index.html

Outlines action steps for schools, parents, students, and community and business groups, and provides information briefs on specific issues affecting school safety. It also contains research and evaluation findings and a list of resources and additional readings.

Early Warning, Timely Response: A Guide to Safe Schools www.ed.gov/offices/OSERS/OSEP/earlywm.html

Offers research-based practices designed to assist school communities identify warning signs early and develop prevention, intervention, and crisis response plans.

Keeping Young People in School: Community Programs that Work www.ncjrs.org/jidp.htm

Highlights dropout prevention initiatives, with a particular focus on the Communities in Schools (CIS) initiative and its evaluation conducted by the Urban Institute.

Manual to Combat Truancy www.ed.gov.pubs/Truancy

Offers parents, school officials, law enforcement agencies, and communities a set of principles to design their own strategies to combat truancy and describes successful models of how anti-truancy initiatives are working in communities across the Nation.

Manual on School Uniforms

The U.S. Department of Education recommendations and guidelines for implementation. http://www.ed.gov/updates/uniforms.html

Mentoring—A Proven Delinquency Prevention Strategy www.ncirs.org/lidp.htm

Presents the results of an independent evaluation of the nation's oldest and largest mentoring program, Big Brothers/Big Sisters of America. The study found that mentored youth were less likely to start using drugs or alcohol, were less assaultive, skipped fewer days of school, and had better relationships with their parents and peers than similar youth without mentors.

Preventing Crime: What Works, What Doesn't, What's Promising www.ncirs.org

A review of more than 500 program impact evaluations.

Reaching Out to Youth Out of the Education Mainstream www.ncjrs.org/jjdp.htm

Describes a new effort to reduce the number of juveniles who leave school prematurely and who are at risk of delinquency because they are truants or dropouts, afraaid to attend school, suspended or expelled, or in need of help to be reintegrated into their mainstream school from the juvenile justice system. Introduces a series of OJJDP Bulletins focusing on effective programs and innovative strategies to reach these children.

Safe, Drug-Free, and Effective Schools for All Students: What Works www.air-dc.org/cecp/resources/safe&drug_free.main.htm

Evaluates programs formulated under the Safe and Drug-Free Schools Act. The goal of the project was to learn about schools that managed to reduce discipline problems and improve the learning and behavior of all students, including those with disabilities. This report reflects three site visits conducted by a research team accompanied by expert panels.

Safe and Smart: Making the After-School Hours Work for Kids www.ed.gov/pubs/SafeandSmart

Presents positive research and examples illustrating the potential of quality afterschool activities to keep children safe, out of trouble, and learning. Specifically, it presents evidence of success—both empirical and anecdotal—for afterschool activities; identifies key components of high-quality programs and effective program practices; showcases examplary afterschool and extended learning models from across the country with promising results in efforts to keep children in school and on track.

Sharing Information: A Guide to the Family Educational Rights and Privacy Act and Participation in Juvenile Justice Programs
www.ncirs.org/ligen.htm

Provides basic information on the Family Educational Rights and Privacy Act (FERPA) for elementary and secondary education professionals and those involved in the delivery of services to juveniles, including students involved in the juvenile justice system.

Truancy: First Step to a Lifetime of Problems www.ncirs.org/jidp.htm

Discusses truancy as a major problem in this country, both for youth and society. Highlights seven communities whose truancy reduction programs are achieving good results through innovative approaches that involve schools, law enforcement, families, businesses, judicial and social service agencies, and community and youth service organizations.

Organizations:

American Federation of Teachers
555 New Jersey Avenue NW
Washington, DC 20001 202-879-4400
www.aft.org

Black Psychiatrists of America (BPA) 866 Carlton Avenue Oakland, CA 94610 415-834-7103

Boys & Girls Clubs of America 1230 West Peachtree Street NW Atlanta, GA 30309 404-815-5765 www.bgca.org

Center for Effective Collaboration and Practice Improving Services for Children and Youth with Emotional and Behavioral Problems
1000 Thomas Jefferson Street NW Suite 400 Washington, DC 20007
202-944-5389
www.air-dc.org/cecp/cecp.htn-d

Center for Positive Behavior Intervention and Support

5262 University of Oregon Eugene, OR 97403-5262 541-346-5311 www.stpreof.uoregon.edu

Center for the Study and Prevention of Violence University of Colorado at Boulder, Campus Box 442 Boulder, CO 80309-0442 303-492-1032 www.colorado.edu/IICB/Research/cspv Children's Defense Fund 25 E Street NW Washington, DC 20001 202-628-8787 57

Community Mental Health Council
Attn: Dr. Carl Bell
8704 South Constance Street
Chicago, IL 60617
773-734-4033 ext. 204

Community Policing Consortium
1726 M Street NW
Washington, DC 20036
Publications: 800-421-6770
www.communitypolicing.org

Federation of Families for Children's Mental Health 1021 Prince Street Alexandria, VA 22314-2971 703-684-7710

Hamilton Fish National Institute on School and Community Violence 1925 North Lynn Street, Suite 305 Rosslyn, VA 22209 703-527-4217 www.hfmi.usehd.gwu.edu

Hispano/Latino Community Prevention Network 601 East Montecito Street P.O. Box 42506 Santa Barbara, CA 93140 508-7856 National Association of Black Social Workers (NABSW) 8436 West McNichols Detroit, MI 48221

National Association of Elementary School Principals
1615 Duke Street
Alexandria, VA 22314-3483
703-684-3345
www.naesp.org

National Association of State Mental Health Program Directors/Commissioners 66 Canal Center Plaza, Suite 302 Alexandria, VA 22314 703-739-9333

National Association of School Psychologists 4340 East West Highway, Suite 402 Bethesda, MD 20814 301-657-0270 www.naspweb/org/center.html

National Association of Secondary School Principals
1904 Association Drive
Reston, VA 22091
703-860-0200
www.nassp.org

National Black Child Development Institute 1023 15th Street NW, Suite 251 Washington, DC 20005 301-434-5688

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) 1501 16th Street NW Washington, DC 20036 202-797-4321

National Education Association 1201 16th Street NW Washington, DC 20036 202-833-4000 <u>www.nea.org</u> National Hispanic/Latino Community Prevention Network Route 1, Box 204 Espanola, NM 87532 505-747-1889

National Information Center for Children and Youth With Disabilities (NICHCY) Academy for Educational Development P.O. Box 1492 Washington, DC 20013-1492 202-884-8200 www.nichcy.org

National Mental Health Association 1021 Prince Street Alexandria, VA 22314-2971 703-684-7722

National PTA 330 North Wabash Avenue, Suite 2100 Chicago, IL 60611-3690 800-307-4PTA www.pta.org

National Technical Assistance Center for Children's Mental Health
Georgetown University Child Development Center
3307 M Street NW
Washington, DC 20007
202-687-5000

Organization of Latino Social Workers (OLASW) 2319 South Damen Avenue Chicago, IL 60608 773-579-0832

Zero To Three, national Center for Infants, Toddlers, and Families 734 15th Street NW, 10th Floor Washington, DC 20005-1013 202-638-0840

Web Sites:

Blueprints for Violence Prevention www.Colorado.EDU/cspv/blueprints

The Center for the Study and Prevention of Violence (CSPV), with funding from the Colorado Division of Criminal Justice and the Centers for Disease Control and Prevention (and later from the Pennsylvania Commission on Crime and Delinquency), initiated a project to identify ten violence prevention programs that met a very high scientific standard of program effectiveness—programs that could provide an initial nucleus for a national violence prevention initiative. Blueprints were designed to be very practical descriptions of effective programs to all states, communities, and individual agencies to: 1) determine the appropriateness of this intervention for their state or community, 2) provide a realistic cost estimate for this intervention, 3) provide an assessment of the organizational capacity needed to ensure its successful startup and operation over time, and 4) give some indication of the potential barriers and obstacles that might be encountered when attempting to implement this type of intervention.

Institute on Violence and Destructive Behavior www.interact.uoregon.edu/ivdb/ivdb.html

Mission is to empower schools and social service agencies to address violence and destructive behavior at the point of school entry and beyond, to ensure safety and facilitate the academic achievement and healthy social development of children and youth. This is a combination of community, campus, and state efforts to research violence and destructive behavior among children and youth.

The National Longitudinal Study of Adolescent Health (Add Health) www.cpc.unc.edu/projects/addhealth/addhealth_home.html

Add Health is a school-based study of the health-related behaviors of adolescents in grades 7-12. It has been designed to explore the causes of these behaviors, with an emphasis on the influence of social context. Add Health postulates that families, friends, schools, and communities play roles in the lives of adolescents that may encourage healthy choices of activities or may lead to unhealthy, self-destructive behaviors.

Law-Related Education www.abanet.org/publiced/youth/youth.html

Law-related education (LRE) teaches elementary and secondary students about the foundations of our constitutional republic and their responsibilities and rightss as citizens. Through law-related education, students develop unique insights that promote social responsibility, reaffirm the fundamental values of right and wrong, and inspire aq commitment to good citizenship. LRE programs which have been demonstrated to be effective can be integrated into existing courses (e.g., government, civics, and history), offered as electives (e.g., mock trial competition, mock congressional hearings, mock mediations, etc.), and/or used as components of an afterschool program. Specialized LRE programs have been developed and tested with the highest at-risk groups of youth, including gang members, teen parents, and youth already in the juvenile justice system. LRE programs exist at the local (school), statewide, and national level. These programs recognize the need for partnerships with law enforcement, the bar, the bench, and others.

National School Safety Center www.nsscl.org

Created by presidential directive in 1984 to meet the growing need for additional training and preparation in school crime and violence prevention. Affiliated with Pepperdine University, NSSC is a nonprofit organization whose charge is to promote safe schools—free of crime an violence—and to help ensure quality education for all of America's children.

National Youth Gang Center www.lir.com/nyec

Purpose is to expand and maintain the body of critical knowledge about youth gangs and effective responses to them. The NYGC assists state and local jurisdictions in the collection, analysis, and exchange of information on gang-related demographics, legislation, literature, research, and promising program strategies. It also coordinates activities of the OJIDP Youth Gang Consortium, a group of Federal agencies, gang program representatives, and service providers.

Partnerships Against Violence Network (PAVNET) www.pavnet.org

PAVNET Online is a virtual library of information about violence and youth-at-risk, representing data from seven different Federal agencies. It is a one-stop, searchable, information resource to help reduce redundancy in information management and provide clear and comprehensive access to information for states and local communities.

School Mental Health Project/Center for Mental Health in Schools (UCLA) www.smho.psych.ucla.edu

Mission is to improve outcomes for youth by enhancing policies, programs, and practices relevant to mental health in schools, with specific attention to strategies that can counter fragmentation and enhance collaboration school and community programs.

Crisis Planning Resources:

Community Crisis Response Team Training Manual
Produced by the U.S. Department of Justice, Office for Victims of Crime
www.ojp.usdoj.gov/ovc/infores/crt/pdfwelc.htm

Crisis Management and Response
California Department of Education
www.cde.ca.gov/spbranch/safety/crisis.html

Crisis Management Plan developed by the Jonesboro, Arkansas, School District http://nettleton.crsc.k12.ar.us/crisis.htm

The Jefferson County County, Colorado, Schools Crisis Response Plan http://204.98.1.2/eap/index.html

Keep Schools Safe: Crisis Management
National Association of Attorneys General and the National School Boards Association
www.keenschoolssafe.org/cris.htm

Los Angeles Unified School District—Quick Reference Guide for School Crisis Management http://naspweb.org/services/advocacy/neat-reference.htm

Oregon School Boards Association Crisis Management www.osba.org/hotopics/crismgmt/index.htm

What To Do . . . Responding to Crisis
National Resource Center for Safe Schools, Northwest Regional Educational Laboratory
http://mwrel.org/safe/crisisrespond.html

In South Carolina:

Governor's Office, Crime Victims' Ombudsman 1205 Pendleton Street Columbia, SC 29201 803-734-0357

Governor's Office, Division of Victim Assistance (DOVA) 1205 Pendleton Street, Room 401

Columbia, SC 29201 803-734-1900, 1-800-220-5370

Law Enforcement Victim Advocate Association (LEVA) P.O. Box 771 Spartanburg, SC 29304 864-596-2148

National Center for Missing and Exploited Children 2008 Marion Street, Suite C Columbia, SC 29201-2151

803-254-2326

Office of the Attorney General, Victim Assistance Program P.O. Box 11549 Columbia, SC 29211 803-734-3740, 803-734-2863

South Carolina Board of Juvenile Parole, Victim Services

110 Executive Center, Santee Building, Suite 103 Columbia, SC 29210 803-896-5617, 803-896-5624, 803-896-5614

South Carolina Department of Juvenile Justice, Victim Services

P.O. Box 21069 Columbia, SC 29221-1069

803-896-9792, 803-690-6750, 803-896-9766. Richland County: 803-253-4078, 803-954-2205

Greenville County: 864-241-1252, 1-800-712-7457

Charleston County: 843-740-1649 Horry County: 843-248-1895

South Carolina Coalition Against Domestic Violence and Sexual Assault

P.O. Box 7776 Columbia, SC 29202 803-750-1222, 1-800-260-9293

South Carolina Department of Corrections

Division of Victim Services 4444 Broad River Road Columbia, Sc 29210 803-896-1733, 1-800-835-0304

South Carolina Department of Probation, Parole, & Pardon Services (DPPPS)

Office for Victim Services

P.O. Box 50666 Columbia, SC 29250 803-734-9367, 1-888-551-4118

Charleston County: 843-740-1553 Florence County: 843-665-3063 Greenville County: 864-467-8585 Lexington County: 803-359-2551 Richland County: 803-734-6320 Spartanburg County: 864-596-2582

South Carolina Mothers Against Drunk Drivers (MADD)

2711 Middleburg Drive, Suite 116 Columbia, SC 29204 803-478-7333, 1-800-543-8692

South Carolina State Law Enforcement Division

Victim Advocate P.O. Box 21398 Columbia, SC 29221-1398 803-896-7071

South Carolina Victim Assistance Network (SCVAN)

P.O. Box 21611 Columbia, SC 29211 803-750-1200, 1-888-852-1900 www.scvan.org

United States Attorney's Office Victim/Witness Program 1441 Main Street, Suite 500 Columbia, SC 29201 803-929-3012, 1-800-837-2655

Rape Crisis Network

serving Lexington, Newberry, Richland Counties 2611 Forest Drive, Suite 201 Columbia, SC 29204 803-252-8394, 803-771-RAPE, 1-800-492-RAPE, 1-800-491-RAPE

South Carolina Department of Mental Health Office of Communications

P.O. Box 485 Columbia, SC 29202 803-734-7766

Education Resources

Learning Disabilities of America, S.C. Chapter 239 Blackhawk Terrace, West Columbia, SC 29169, 803-926-8302

Low Country Educators, Berkeley County Schools

P.O. Box 608, Moncks Corner, SC 29461, 843-723-4627

National Educational Telecommunications Association

P.O. Box 50008, Columbia, SC 2925, 803-779-5517, (Fax) 803-771-4831

Palmetto State Teachers

2010 Gadsden Street, Columbia 29201-2033, 803-256-2065, (Fax) 803-779-2839

Pee Dee Education Center

142 S Dargan St., Florence 29506-2532, 843-669-3391, (Fax) 843-669-3393

Pee Dee Education Foundation

2231 W Palmetto St, Box 8, Florence 29501, 843-665-711 1, (Fax) 843-665-8007

Protection & Advocacy for People with Disabilities, Inc.

Suite 208, 3710 Landmark Dr., Columbia 29204 803-782-0639, 1-800-922-5225, Fax 803-790-1946

Salkehatchie Connortium, USC-Salkehatchie, P.O. Box 617, Allendale 29810, 584-3446, 1-800-922-5500, Fax 584-4632

Santee-Wateree Education Consortium, USC-Sumter

200 Miller Road, Sumter 29150, 803-775-634 1, (Fax) 803-775-2180

Satellite Educational Resources Consortium (Sere)

P.O. Box 50,008, Columbia 29250, 803-252-2782, (Fax) 803-252-5320

School Improvement Council Assistance USC-College of Education, Suite 001, Columbia 29208

803-777-7658, 1-800-868-2232, (Fax) 803-777-0023

South Carolina Alliance of Black School Educators (SCABSE)

Post Office Box 11 737, Columbia 29211, 803-786-6478

S.C. Alliance for Health, Physical Education, Recreation & Dance

P 0 Box 2598, Cayce-West Columbia 29171, 803-772-4513 (Fax) 803-772-1142

Anderson District 1&2, Career & Technology Center

702 Belton Hwy, Williamston 29697, 864-847-4121, Fax 864-847-3539

South Carolina Association of Agriculture Educators

Loris High School, 301 Heritage Rd, Loris 29569, 843-756-1504

South Carolina Association for the Education of Young Children

P 0 Box 711 1, Columbia 29202,803-782-8385

South Carolina Association of Elementary School Principals

Oakbrook Elementary, 4700 Old Fort Rd, Ladson 29456, 843-821-1165

South Carolina Association of Middle Level Principals

Blythewood Middle School, 2351 Longtown Rd, East Blythewood 29016 803-691-6850, Fax 803-691-6860

South Carolina Association for Rural Educators II2 Calhoun Ave., Goose Creek 29445, 843-569-7285, Fax 843-569-6861

South Carolina Association of School Administrators

121 Westpark Blvd., Columbia 29210, 803-798-8380

South Carolina Association of School Psychologists

P. O. Box 11711, Capitol Station, Columbia 29211, 1-800-303-2309, 803-790-6895

South Carolina Association of School Social Workers

Richland District 2, 6831 Brookfield Rd., Columbia 29206, 803-787-19 1 0

South Carolina Association of School Superintendents

Anderson School District One, Box 439, Anderson 29622 864-264-5000, Fax 864-260-5896

South Carolina Association of Secondary School Principals

Calhoun County High School, P 0 Drawer 10072, Rock Hill 29731 803-874-307 1, Fax 803-655-5948

S.C. Association for Supervision and Curriculum Development

York District One, PO Box 770, York 29745, 803-684-9916, Fax 803-684-1903

South Carolina Career Guidance and Placement Association

Berkeley High School, 406 W Main Street, Moncks Corner 29461 843-899-8800, Fax 843-899-8810

South Carolina Commission On Higher Education

1333 Main Street, Suite 200, Columbia 29201, 803-737-2260 (Fax) 803-737-2297

South Carolina Congress of Parents and Teachers 1826 Henderson Street, Columbia 29201, 803-765-0806

South Carolina Council for the Social Studies
College Of Education, U. of S. Florida, Tampa, Fl
33620

E-Mail Berson@Tempest.Coedu.Usf.Edu

South Carolina Early Childhood Association 3339SilverPondCourt, Charlotte, NC 28210, 704-542-8410(H), 704-366-3023 (W)

The South Carolina Education Association 421 Zimalerest Drive, Columbia 29210, 803-772-6553, (Fax) 803-772-0922

South Carolina Educational Television Network 1101George Rogers Blvd., Columbia 29201, 803-737-3240, (Fax) 803-737-3526

South Carolina High School League P.O. Box 211575, Columbia 29221-6575, 803-798-0120, (Fax) 803-731-9679

South Carolina Independent School Association 1636 Horseshoe Drive, Columbia 29223, 803-736-0346, (Fax) 803-736-0352 South Carolina Middle School Association PO Box 558, Swansea 29160,803-568-4810,Fax 803-568-4810

South Carolina Network For Women
Administrators in Education
Ridge View High School, 408 Hardscrabble Rd,
Columbia 29201
803-699-2999, Fax 803-699-3678

South Carolina Public Health Association 2600 Bull Street, Columbia 29201, 803-737-7370, Fax 803-737-7212

South Carolina School Boards Association 1027 Barnwell Street, Columbia 29201 803-799-6607, (Fax) 803-779-0445

South Carolina School Counselor Association 500 Trinity Way, Greenville 29617, 864-246-3787

South Carolina School Plant Management Association

Lexington District Two, 715 Ninth St., West Columbia 29169 803-822-5667, (Fax) 803-822-5696

South Carolina Staff Development Council Richland District One, 1507 Wyndham Rd., Columbia 29205, 803-256-1197

South Carolina Trade and Industrial Education Association

Garrett Academy of Technology, 31 Gordon St, Charleston 29405 843-529-4935, Fax 843-529-3914

South Carolina Vocational Agriculture Teachers Pelion High School, P. O. Box 68, Pelion 29123, 803-894-2127

South Carolina Vocational Association
Airport High School, 1315 Boston Avenue, W.
Columbia 29170 803-822-5624, (Fax)
803-822-5620 E-Mail Mixsonls@Lex2.ld2.sc.us

South Carolina Vocational Directors Association Fairfield County Vocational Center, Rt. 2, Box 5-T, Winnsboro 29180, 803-635-5506

Southern Association of Colleges and Schools Elementary Rm. 1011, Carolina Plaza, 937 Assembly St., Columbia 29208, 777-1153 Secondary, Rm. 1015, Carolina Plaza, 937 Assembly St., Columbia 29208 777-1139

Upstate Schools Consortium Furman University, Greenville 29611, 864-294-3086 Western Piedmont Education Consortium 600 East Florida St., Clinton 29325 864-833-0800, 864-833-0802 Ext. 120, Fax 864-294-3341

World Class Partnership
P 0 Box 5593, Columbia 29250, 803-252-2197,
Fax 803-252-2945
E-Mail Wcp@Columbiawac.org

Other resources

5 Goals 4 Kids

United Way of South Carolina, Inc. 2711 Middleburg Drive, Suite 307, Columbia, SC 29204 803-252-9101, Fax 803-256-8347

A statewide initiative by several agencies to work in collaboration with communities, citizens, schools, families, and youth to combat juvenile delinquency through prevention, early intervention, and community-building strategies which address local needs.

Bullying Program

South Carolina ETV, Marketing Department, P.O. Box 11000, Columbia, SC 29211 1-800-553-7752, Fax, 1-803-737-3343, www.scetv.org/etvstore/index.html Video and teacher's guide for use school-wide, in the classroom, or with individuals.

Center For School Safety, Kentucky
Kentucky School Boards Association
260 Democrat Drive, Frankfort, KY 40601, 502-695-4630, 1-877-805-4277
www.lovsafeschools.org

The central point for data analysis, dissemination of information about successful school safety programs, research results, and new programs, and, in collaboration with the Kentucky Department of Education and others, provides technical assistance for safe schools.

Crime Stoppers

c/o The Bank of South Carolina, P.O. Box 845, Mt. Pleasant, SC 29465 803-554-1111, 1-800-452-1111 Non-profit organization for volunteer-run hotline.

Kids Count

http://www.aecf.org/kidscount/kc1999/

The Annie E. Casey Foundation full national report, and links to South Carolina. Demographic data and discussion of a wide range of factors affecting children.

R.A.I.D. Corps incorporated

P.O. Box 4156, Spartanburg, SC 29305, 864-583-4747, Fax 864-583-0650

Email: mail@druzdoes.com; www.druzdoes.com

Canine drug detection company which works with both schools and industry.

The Regional Educational Laboratory at SERVE

School of Education, University of North Carolina at Greensboro

WWW.SETVE.OFE

Programs, products and publications to promote and support the continual improvement of educational opportunities for all learners in the Southeast.

South Carolina Association of Counties (SCAC)

1901 Gadsden Street, Columbia, SC 29201, 803-252-7255 Fax 803-252-0379

http://www.sccounties.org/counties/counties.html

South Carolina General Assembly Web Site

http://www.lpitr.state.sc.us/

Details on legislation being considered, lists of legislators and staff, indexed text of legal code, and live carnera coverage of the floor. Also includes a Kids Page.

South Carolina Online

http://www.state.sc.us/

smccand@oir.state.sc.us. 803-737-9540, Fax 803-737-9507

Information and services from South Carolina State Government, links to the governor's office and most state agencies, state telephone directories.

S.C. WebSeek

http://seek.cmcog.state.sc.us/search.html

A special site where you can search all publicly available South Carolina State Government web pages.

Total Cost: \$13,750 2,500 Books Copied Cost Per Book: \$5.50