

Trends in Youth Violence Prevention Funding

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Executive Summary

The purpose of this report is to inform the City of Minneapolis Department of Health and Family Support about trends in funding of Youth Violence Prevention (YVP) efforts in other cities. It expands on the YVP literature by adding information on how specific municipalities fund YVP programming and how cities have adapted their approaches in order to continue funding these initiatives. The information was gathered from interviews conducted with staff in six cities, including Minneapolis.

Key Findings

Challenges in Current Funding Structures

Staff from all cities reported that funding for YVP programming is unstable and somewhat inconsistent. Governmental funding streams at all levels are subject to economic and political considerations which can change the availability of funding from year to year.

In four out of the five cities for which information was collected, funding for YVP programming is pulled together from different federal funding streams, but primarily the Center for Disease Control (CDC) and the Department of Justice (DoJ). State level allocations and private foundation grants were also relied upon to secure YVP funding. Generally, interviewees expressed a lack of

funding support at the local level. Funding that is available to these cities from local government are often in the form of general funds from the administering department's budget and/or funds for broader health initiatives that can be tied to YVP.

Cities stated that though there has been little change in terms of where funding for YVP program is derived, budgetary cutbacks at all levels of government have forced municipalities to find innovative ways to make use of funding that is already available for other purposes and to seek out new ways of marketing YVP as a strategy to address connected social ailments.

Interviewees stated that instability of funding for YVP programs has brought on challenges that most frequently include the restrictiveness of categorical grants, funding permanent YVP staff, departmental insulation and barriers to cross-departmental collaboration, and helping elected officials understand the value of funding YVP programs when there are limited resources.

Future Directions in Funding

Evidence/outcomes based approaches have become more attractive to grantors. As a result, cities are seeking to quantify the effectiveness of their programs and demonstrating returns on investment in YVP programs.

Proving the benefits of YVP interventions as part of a cost analysis of future crime is being used as a strategy to procure funding from private community groups.

Leveraging dependence on limited federal and state grants with more local community and business sector support.

Improving collaboration between city departments in order to limit competition for funds from the same source between different departments within the same city.

Ideally, interviewees would like to see more permanent forms of local funding potentially from increased taxes, special fees (i.e. from vehicle registrations), increased fines, etc. to provide a more stable funding base or matching funds system which could be leveraged with private sector funding.

Conclusions

For the cities that participated in this study, cross-departmental collaboration provided an opportunity to coordinate funding for YVP programs. The formalization of these relationships into collaboratives with established YVP plans could be useful in ensuring programs are funded consistently. Because much of the funding that is received by cities trickles down through state agencies, having a strategic YVP plan at the

state level can help states allocate funds more efficiently. Based on feedback from these interviews, involving local business interests into YVP planning process can help stimulate interest and generate additional revenue. Because the scope of this research is limited, further research should expand on these initial findings. More importantly, staff from the cities that were interviewed stated that they were also looking into changing their funding strategies in the near future. Revisiting this research at a later point in time and potentially expanding the scope to include additional cities will provide a deeper understanding of changing trends.

Introduction

Youth violence, while decreasing across the United States in general, is still at unacceptably high levels in large urban centers [1]. Youth violence results in considerable physical, emotional, social, and economic consequences. Although rates of youth homicide have declined substantially during recent years, much work remains in reducing this public health burden. Homicide is the second leading cause of death among youth aged 10–24 years in the United States. Violence is also a major cause of nonfatal injuries among youth. In 2009, a total of 650,843 young people aged 10–24 years were treated in emergency departments for nonfatal injuries sustained from assaults [2].

Within the past decade or so, there has been a wave of efforts by cities to take a public health approach to preventing youth violence before it occurs. As is widely acknowledged, stable funding streams for YVP programs are vital to the success of these initiatives, and the mitigation of youth violence incidences. While urban youth violence is a serious issue, little information has been collected on cities' overall strategies, resources, and activities dedicated to addressing this significant issue [3]. To inform the trends in the funding of Youth Violence Prevention (YVP) in U.S. cities, this report presents an overview of the scope of YVP efforts, major approaches and practices, and funding strategies that exist in U.S. cities. And through key informant interviews conducted with staff in six cities, including Minneapolis, the report further provides detailed information on the YVP funding efforts of specific municipalities, the funding strategies they have taken, and the challenges they have encountered. Based on the important findings from the interviews, the report further comes up with some recommendations on how to better fund YVP initiatives and ensure sustainability of YVP funding. The literature review part focuses on examining

Literature Review

the broader context of YVP efforts in the U.S., major approaches and strategies to addressing youth violence problems, and typical funding mechanisms for public health and prevention programs in general. The goal is to provide a broad overview of YVP efforts and funding sources for prevention programs that exist.

Criminal Justice Approach

Historically, the policy in the United States has been to punish and incarcerate offenders after violence has been committed. Any efforts towards preventing youth violence have been the responsibility of the Department of Justice. The first juvenile courts were created in Chicago in the early 1900s, bringing attention to the fact that offending youth have a distinct set of needs and problems. Although these courts have on occasion recognized the importance of intervention to prevent violence in the first place, these early prevention efforts were generally neither supported nor funded [4].

The success of the juvenile court system is further being brought into question as public dissatisfaction has led to limits on the jurisdiction of juvenile courts and the subsequent prosecution of youth offenders in adult courts. In short, "...prevention of youth violence through the justice system has been a failure" [5].

As Dodge writes, violence was once viewed as an indication of "moral failure." The justice system once functioned under the assumption that the capacity for nonviolent behavior is universal, and that those who commit violence have simply made the choice "to behave immorally." Therefore, imprisonment was viewed as the best solution to both punish an individual and protect society at large. In this context, Dodge claims, "...prevention policies will consist primarily of efforts to protect society from

'evil' through metal detectors in public schools, police officers on the streets, and the death penalty" [6].

A Public Health Approach to Youth Violence

The juvenile court system is still plays an important role in strategies to address youth violence and public safety. Recently, however, efforts have shifted to focus on a public health model of prevention [7], which signifies a change in the conceptualization of the problem of violence. "The focus shifts from retribution to rehabilitation, and from punishment to prevention" [8].

The lens of public health provides an interdisciplinary way in which to address the multifaceted nature of youth violence, including the fields of education, mental health, and community planning [9].

The public health approach to YVP views violence as it does any number of other poor health outcomes, for example diabetes, cancer, or heart disease. Like these diseases, "science can identify specific factors that increase the risk of youth engaging in delinquent behavior" [10]. Youth violence is a public health issue. It affects the physical, mental, social, and economic health of victims and perpetrators alike. Homicide is the second leading cause of death of the 15-24 age group overall, but this has disproportionate effects demographically. In this age group in 2005, homicide was the leading cause of death for African Americans, the second leading cause of death for Latinos and Asians, the third leading cause for American Indians, and the fourth leading cause of death for whites. Violence is a major cause of nonfatal injuries in youth as well. Additionally, youth who are witnesses or victims of violence may have long term mental health

problems such as post-traumatic stress disorder, substance abuse, anxiety, or depression as a result [11].

Research since the 1980s has shown that violent behavior, in both adults and adolescents, can be traced to events in an individual's early life. Indeed, some researchers have found indicators that predict adolescent violent behavior in children as young as five years [12]. "The emerging conceptualization is that chronic violent behavior results from life-course developmental experiences" [13]. Evidence of this connection between and individual and the surrounding environment or culture and its effect on violent behavior has contributed to the interest in early prevention initiatives.

Thus, from a public health approach to the issue of youth violence, a "science of prevention" has developed. This includes naming both risks and protective factors associated with youth violence that may appear in different areas of a young person's life, for example family, school, community, and peer groups. Protective aspects include positive adult relationships, good problem solving and decision making skills, and "having a resilient temperament." The goal is then to create programs that target those factors, and analyze the effectiveness of said programs in scientifically rigorous ways [14]. Current practice involves extensive research on risk factors and creating culturally relevant interventions at the community level. It is of key importance that programs fit differing levels of risk faced by different age and ethnic or racial groups. It is also important to expand research to examine factors that lessen risk, not merely what leads to a greater risk for youth violence [15]. This is a key difference between the public health and criminal justice approaches to YVP.

Strategies for Prevention

Very broadly, the literature on YVP identifies three types of strategies: primary, secondary and tertiary. Primary strategies address all children and youth broadly and attempt to instill non-violent problem solving, communication skills, and positive self-worth in children [16]. Because primary strategy programs are geared towards changing how youth model behaviors, most programs include some aspect of positive role modeling and media messages [17]. Primary strategy activities can also be tailored to target the attitudes and beliefs of youth in different age groups and are often delivered in group settings. Secondary strategies focus primarily on youth who have been identified to be at-risk for future violent behavior [18]. These types of programs focus on intercepting and preventing instances of violent behavior which are likely to occur. While many secondary strategies are also delivered in group settings, secondary activities have a much greater emphasis on individual interventions than primary prevention activities [19]. Tertiary strategies provide interventions at the point where a pattern of violent behavior has already been exhibited. Tertiary interventions are limited and often include incarceration and rehabilitation. The literature suggests that an ounce of prevention is worth a pound of cure; that is, investment in primary and secondary YVP strategies is more efficient and effective. Fields & McNamara (2001) and Felner (1999) argue that the effects of tertiary strategy activities are not likely to be highly positive or substantial. Research conducted by Durlak & Wells (1997) also suggests that primary intervention strategies to youth violence have greater positive impacts than secondary and tertiary strategies.

Within these three types of strategies are four commonly used approaches; social-cognitive approach, mentoring, family-based approaches,

and home-visiting. All of these can be adapted as primary and/or secondary strategies based on the risk-level and target population. Social-cognitive approaches focus on preparing young people emotionally and cognitively so that they are better able to express themselves and deal with problems in non-violent ways. This often involves primary strategy activities and thus many social-cognitive programs are administered in schools [20]. Mentoring is a strategy which seeks to build positive relationships between children and adults. Adults are crucial in presenting information to children on what types of behaviors are appropriate. Most mentoring programs target children from single-parent households which may be less likely to have constant supervision. They pair children with an adult who through planned activities can provide guidance and build up the child's self-esteem [21]. Family-based approaches are intended to strengthen relationships between parents and their children. These types of approaches revolve around evidence which suggests that the quality of relationships between parents and children in early childhood can have lasting effects on the child's future behavior [22]. This is particularly important in cases where parents suffer from mental health issues that can prevent them from forming positive relationships with their children. These approaches look at risk factors in terms of the characteristic of the parents and the children which could lead to future violent behaviors. Prevention activities in this category include improving parenting skills, family therapy, and child development training for parents [23]. These activities are also often conducted in group or classroom settings. Strategies that include home-visiting also seek to build up the family's ability to nurture non-violent attitudes and behaviors. These activities involve providing a variety of resources in their homes that an at-risk family might need to enable them to support healthy relationships and

overall health. These can include providing access to the same types of activities for family-based approaches but can also include in-home mental and physical health check-ups, case management, and other social services. Olds and Kitzman (1990) suggest that this type of strategy is most effective for families with very young infants, teen parents, and single parents.

The most appropriate timing for these interventions is debated in the literature. The literature covers debates on whether YVP should focus on primary activities at early ages or on secondary and tertiary approaches in pre-adolescent and adolescent stages of development. The “late-starter” proponents argue that because violent behaviors in youth often don’t manifest until puberty, youth prevention program should target youth in this stage of development. The “early-starter” proponents argue that providing interventions in early childhood will likely prevent manifestations of violence and anti-social behaviors in adolescence [24].

The YVP literature also centers around debate on social levels of influence and at which of these levels interventions are most effective. These approaches identify social groups and their impacts of youth. Interventions target individual youth, their peer groups and family groups of influence and attempt to create positive changes within each [25]. Other approaches also identify problems of the structure of environments in which youth are most frequently developing. For example, school-based YVP programs are not likely to be effective in schools where there are little financial and human resources [26] or little community support structures [27].

With so many variations in programming and approaches to YVP, it is difficult to measure outcomes consistently. There is more consensus

of what doesn’t work in terms of preventing youth violence in the literature than in terms of what does work. Program effectiveness is associated with risk factors and causes of youth violence. These can be very different from one community to the next so generally speaking, programs that offer a blanket approach at state or federal levels with little flexibility for local innovation have mixed outcomes. Additionally, Farrell and Camou argue that there are different types of violence (situational, relationship, predatory, and psychopathological violence) which require different types of interventions at different optimal times. Another issue to consider is comorbidity, Guerra, Boxer & Cook (2006) argue that children who suffer from mental health problems, including depression, in addition to behavior issues usually have better outcomes from interventions. If the goals of violence prevention programs are not solely to prevent violent behaviors but also to incubate responsible adults, then as Catalano, Berglund, Ryan, Lonczak & Hawkins (2002) state, “a successful transition to adulthood requires more than avoiding drugs, violence, or precocious sexual activity” (9). What is consistent in the literature is that there are certain things that are associated with children who don’t exhibit violent behaviors. These include children feeling that they have a parent or adult in their lives they can confide in, having strong family ties, high expectations for success from parents and higher levels of parental supervision [28]. Though general best practices literature for YVP is available, evaluations of best practice programs are mixed and evaluation mechanisms are often not built into programming making it difficult to measure effectiveness. As mentioned earlier, however, the variations in programming make it difficult to evaluate outcomes broadly and across communities. Guerra, Boxer & Cook (2006) suggest that future evaluations should “focus not only on outcomes, but also on moderators of outcomes....

evaluations that do not consider moderators may deem a program to be ineffective when , in fact, it was effective for particular children” (68).

Common Funding Mechanisms for Public Health and Violence Prevention Programs

Since YVP programs take a public health approach, it is helpful to examine the funding streams for public health programs in general. There are many different sources of funding available to support violence prevention programs in the United States. Amounts and availability can vary depending on budgets, priorities and time periods [29].

Federal Funds for Public Health and Prevention Programs

Trust for America’s Health has charted federal funding for the Centers for Disease Control and Prevention (CDC), which in turn provides a major portion of financing for state and local public health departments. Through its programs and initiatives, the CDC works with national organizations, state health agencies, and other key groups to develop, implement, and promote effective violence prevention and control practices. It established ten National Academic Centers of Excellence on YVP to partner with community agencies in developing and monitoring communitywide. Other CDC funded programs and initiatives include but are not limited to Dating Matters, Domestic Violence Prevention Enhancement and Leadership Through Alliances, National Intimate Partner and Sexual Violence Survey, National Violent Death Reporting System, Public Health Leadership Initiative, Rape Prevention and Education (RPE) Program.

Another major source of federal funds for most public health programs, including YVP programs, is from The Health Resources and Services Administration (HRSA) and other public health service agencies. HRSA grants typically go to

support states and local public health departments in building infrastructure, capacity, and systems to develop adequate data and surveillance systems. HRSA funding is also aimed at supporting the development of coordinated prevention planning, program implementation, and evaluation efforts in the most needed locales, including incentives and opportunities to participate in city-wide efforts [30].

All federal funds are categorical, which is subject to change in priorities and appropriations at the federal level. Categorical grants to public health programs are program focused, restricted to specific program use. The basis for the distribution of categorical funds varies from program to program. This leads to significant state variations in the amount of federal funding spent to prevent disease and improve health in communities. Because some funds are awarded on a population basis, some on a demonstration of need, and others on a competitive basis, the funding that each state receives is not necessarily determined by population or by disease burden [31]. This variation is very likely to be true for federal funds received by each state to support YVP programs.

State Funds for Public Health and Prevention Programs

State funds for public health programs are generally state general revenue funds--taxes. State general revenues typically include property tax, sales and gross receipts taxes, individual income taxes, and corporate income taxes. These funds are often granted to the state Division of Public Health. These state general purpose revenue funds support a wide range of prevention programs in local communities, including YVP programs at community levels. Some states have established a Violence Prevention Authority that serves a leadership role in linking together violence prevention efforts throughout the state. The Illinois Violence Prevention Authority

(IVPA) is the first state agency of its kind dedicated to violence prevention in the U.S. This authority is responsible for developing and implementing a statewide plan for violence prevention, funding local and statewide anti-violence programs, and coordinating existing violence prevention initiatives. Besides state general revenues, IVPA also generates prevention funding through the sale of specially designed "Prevent Violence" (PV) license plates, in cooperation with the Illinois Secretary of State's Office (Illinois Violence Prevention Authority).

Local Funds for Public Health and Prevention Programs

Local general revenues are sources of local funds for public health programs. Like state general revenues, local general revenues typically include property tax, sales and gross receipts taxes, individual income taxes, and corporate income taxes. Because of the variation in local tax revenue structure, the reliance on local taxes to support public health programs may vary across localities.

Other Funds for Public Health and Prevention Programs

Besides federal and state general revenue funds, state or local governments also collect program revenue funds for services such as licensing, fees, certifications, and registrations. Donations received as gifts and non-governmental source grants obtained through a competitive grant process from private foundations are additional sources of funding for public health programs [32].

Funding Restrictions

Overall, states rely heavily on federal categorical funds to support public health practices and programs. State and local funding for public health is often relatively small, and even decreasing. With the current funding mechanism, programs are susceptible to significant budget changes from year to year. If significant decreases in federal funding

occur, which is likely given the national economic picture, state and local health departments will need to drastically reduce the services they provide [33]. Thus, an adjustment in the funding stream for public health programs is called for, which should reflect the true needs of public health and prevention in states and localities.

Notes

[1.] Weiss, Billie. An Assessment of Youth Violence Prevention Activities in USA cities. UNITY. June 2008

[2] Youth Violence National and State Statistics at a Glance. Centers for Disease Control and Prevention, accessed April 16, 2012.

[3] Weiss, 2008.

[4] Dodge, Kenneth A. "The Science of Youth Violence Prevention: Progressing from Developmental Epidemiology to Efficacy to Effectiveness to Public Policy." *American Journal of Preventative Medicine* 20 (2001): 63-70. EBSCO.

[5] Dodge, 2001. p 63.

[6] *ibid*

[7] Chilenski, Sarah Meyer, et al. "Reducing Youth Violence and Delinquency in Pennsylvania: PCCD's Research Based Programs Initiative." *Prevention Research Center The Pennsylvania State University* (2007).

[8] Dodge, 2001. p 64.

[9] Hammond, W. Rodney and Ileana Arias. "Broadening the Approach to Youth Violence.

[10] Chilenski, 2007, p 10.

[11] Hammond, 2011

[12] Dodge, 2001.

[13] Dodge, 2001, p 64.

[14] Chilenski, 2007.

[15] Hammond, 2011.

[16] Stith, D B. "The epidemic of youth violence in America: Using public health prevention strategies to prevent violence." *Journal of Health Care for the Poor and Underserved* 6:2 (1995): 95-101; Fields, Scott and John McNamara "The prevention of child and adolescent violence: A review" *Aggression and Violent Behavior*. 8:1 (2003): 61-91.

[17] Stith, 1995.

[18] Stith 1995; Fields & McNamara 2001.

[19] Fields & McNamara, 2001.

[20] Thornton, Tim, Carole Craft, Linda Dahlber, Barbara Lynch and Katie Baer. "Best Practices of Youth Violence Prevention: A Sourcebook for Community Action" *National Center for Injury Prevention and Control*. Center for Disease Control. 2000.

[21] *ibid*

[22] Hendrix & Molloy, 1990.

[23] Dahlberg, Linda. "Youth Violence in the United States: Major Trends, Risk Factors, and Prevention Approaches." *American Journal of*

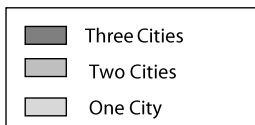
Case Studies - Overview

Preventive Medicine 14:4 (1998): 259-268.
 [24] Huesman, Eron, Lefkowitz & Walder 1984;
 Moffitt, T. E. Adolescent-limited and life-course-persistent antisocial behavior: A developmental taxonomy. Psychological Review. 100 (1993) 674-701.;
 Guerra, Nancy, Paul Boxer and Clayton Cook. "What Works (and What Does Not) in Youth Violence Prevention: Rethinking the Questions and Finding New Answers" New Directions for Evaluation 110 (2006):59-68.
 [25] Dhalberg 1998;
 Guerra, Nancy and Patrick Tolan. "What works in reducing adolescent violence: An Empirical Review of the Field" Center for the Study and Prevention of Violence. University of Colorado, Boulder. (1994)[26] Farrell & Camou, Guerra, Boxer & Cook 2006.
 [27] Thornton, Tim, Carole Craft, Linda Dahlber, Barbara Lynch and Katie Baer. "Best Practices of Youth Violence Prevention: A Sourcebook for Community Action" National Center for Injury Prevention and Control. Center for Disease Control. 2000.
 [28] Resnick, Michael, Marjorie Ireland, and Iris Borowsky. "Youth Violence Perpetration: What Protects? What Predicts? Findings from the National Longitudinal Study of Adolescent Health" Journal of Adolescent Health 35:5 (2004):1-10.
 [29] Linda Cunningham, Jane Grady and Susan Lineberry. Safe Communities Safe Schools (SCSS) Fact Sheets. Accessed March 6, 2012.
 [30] Youth Prevention National Agenda, 2009.
 [31] Levi, Juliano 2007.
 [32] Wisconsin Department of Health Services. Equitable, Adequate, and Stable Public Health Funding. July 2010
 [33] *ibid.*

The following case studies provide in-depth look at how six cities across the country—Minneapolis, St. Louis, Boston, Cleveland, Houston, and Kansas City— are currently funding their YVP efforts. Each case study includes a section with information on demographic and crime statistics for the city. Additionally, each case study details the results of the interviews with staff working in YVP. The results from the interviews are organized into four sections: interdepartmental collaboration within the city, a brief overview of programming, funding sources,

Table 1: Overview of Funding Sources

	Designated Funding	One-time Grant	As Available
Federal - CDC		Boston, St. Louis, Houston	
Federal - DOJ		Boston, Kansas City	
State Line Item	Boston		
State Grants	Boston, Cleveland	Minneapolis, Houston	
Private	Kansas City	Boston	Minneapolis, St. Louis, Cleveland
General Departmental Funds	Boston, Cleveland, Houston		Kansas City
City- Line Item	Minneapolis (CDBG)		
Special Initiatives	St. Louis (Proposition P)	Cleveland (Healthy Cleveland Initiative)	
Other	Minneapolis (Charitable gambling, downtown improvement district)		Kansas City (transfer from police department)



Source: Pre-interview Survey

and challenges faced in funding YVP efforts as well as their vision for future funding strategies. The pre-interview survey and interview questions used to collect this information.

Summary of Interview Results

Table 1 provides an overview of funding sources in each city. Of the cities that were interviewed, Boston is the only city that receives designated funding from the state. Minneapolis is the only city that receives designated funding from the city budget. Most funding throughout these cities is derived from private foundations, one-time CDC grants, and general departmental funds. The table below also demonstrates a lack of designated funding at the federal level. While four out of six cities receive some funding from the state, only Boston and Cleveland have a state designated funding source and only Boston relies on formal state YVP initiatives. Four out of six cities that were interviewed also indicated that general funds from the Public Health Department budget are used to fund YVP programs. State public health grants are often awarded for programs for chronic diseases or other health issues. Local public health departments are faced with the challenge of making a case for funding based on the connection between YVP and chronic issues such as asthma, diabetes, etc. For example, the Boston Public Health Commission's Division of Adolescent Health uses funding to combat childhood obesity for violence prevention, as violence in public parks may prevent children from getting sufficient outdoor exercise which contributes to obesity.

Collaboration between interested departments such as the department of public health, local police and school districts, was identified by interviewees as being both a challenge and a strategy to leverage or increase funding for YVP. Interviewees also expressed a need for more formal collaborative relationships in

order to reduce competition among departments for the same federal grants and even city allocations. In the case of Kansas City, this resulted in the transfer of funds from the police department's budget to the public health department for YVP.

Staff from the six cities that were interviewed described a need for local innovation in YVP funding due to the instability of funds from federal, state, and local levels. Over the last several years cities have seen reductions in funding at all levels, but especially reductions or eliminations in city YVP line item allocations. At a local level, cities are resorting to using funds from public propositions, taxes and fees, and engaging the private business sector. St. Louis, for example, receives YVP funds from "Proposition P" a local ordinance that provides additional tax revenue for public parks and recreation which includes operations of children's programs within community centers. As another example, Cleveland is approaching the business community to emphasize the importance of investment and the cost of youth violence to local businesses.

Methodology

In order to provide an overview of youth violence prevention efforts, a pre-interview survey and key informant interview questions were developed. The survey and interview questions were structured to obtain information pertaining to sources of youth violence prevention funding, the challenges in maintaining this funding, and future directions in funding. As part of this process, UCLA researcher Billie Weiss was consulted. The selection of cities for this study involved outreach to cities that are part of the UNITY (Urban Networks to Increase Thriving Youth) Network, a partnership of cities that strive to support youth violence prevention efforts. Staff at the UNITY Network facilitated outreach to cities by sending out a call for volunteers who

Case Studies - Minneapolis, MN [1]

would be willing to be interviewed about youth violence prevention funding in their cities. Those who responded were provided the questions in advance and completed a pre-interview survey (see **Appendix A** for the primary questions asked in each interview). An additional interview was conducted in Houston with a member of the mayor's anti-gang task force. Interviews were not recorded, but instead detailed notes were taken during each interview. Notes were sent back to the interviewee for their approval and for any clarification.

Limitations

This research has several limitations. First, it deals with a relatively small sample size. While the information collected does span a wide range of approaches and funding sources, it is not sufficiently large to make conclusive statements on the state of YVP funding on a national scale. Secondly, there may be a self-selection bias, as the cities in this study were included simply because they chose to participate by responding to the call for volunteers. Additionally, in some cases, contact with interviewees stopped the initial interview. Although the intention was to send interview notes back to each interviewee for their approval, it was often the case that the interviewee did not respond when she received them. This provided no opportunity for clarification beyond the interview, which may impact the results presented here. Finally, statistics on crime and other indicators are not uniformly reported across cities. For example, some data were available at the state level in some cases, and at the city level in others.

Demographic Profile and Risk Factors

Population [2]

According to the 2009 American Community Survey, the population of Minneapolis was 385,384. The total population increased 4% between 2006 and 2009. More relevant to youth violence prevention efforts is the proportion of the total population that is younger than 18. As the total population of Minneapolis increased, the population under 18 has remained about the same. In 2009, 21% of the population of Minneapolis was made up of children under 18. In 2009, 31.6% of children in Minneapolis lived in poverty, a four percentage point decrease since 2006.

Cohort Graduation Rates

Cohort graduation rates demonstrate the percent of high school freshmen who complete high school within four years. Timely high school completion is indicative of overall academic achievement. It can be assumed that high school students who do not graduate within four years of their start date have academic, health, or social problems that prevent them from doing so. These issues that affect graduation may also be contributing factors to youth violence. As such, cohort graduation rates were examined to better understand the education status of teens. 42.3% of the freshmen students in Minneapolis public schools that entered high school in 2005 graduated by 2009. That is a nine percentage point increase from 2006 (students who entered 2002) [3].

Alcohol and Drug Use:

Illicit use of alcohol and drugs among youth can be indicative of youth violence. Though use of alcohol or drugs may not directly cause youth to exhibit violent or anti-social behaviors, it may increase the likelihood that youth perpetrate acts of violence.

According to the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, between 2005 and 2009, emergency room visits involving underage drinking in Minneapolis were about one and a half times the US average [4]. Additionally, emergency room visits by youth age 12 to 17 involving illicit drug use in 2009 constituted 13% of all emergency room visits involving illicit drug use.

Hospitalization

The Minnesota Department of Public Health’s Injury Data System (MIDAS) is a collection of information regarding visits to emergency rooms throughout the state. This data is available for five metropolitan areas, including Minneapolis. Using this system, data were obtained on any hospital visits for any injury in which assault was the manner of intent of the injury. **Figure 1** below shows assault visits to emergency departments in hospitals in Minneapolis for

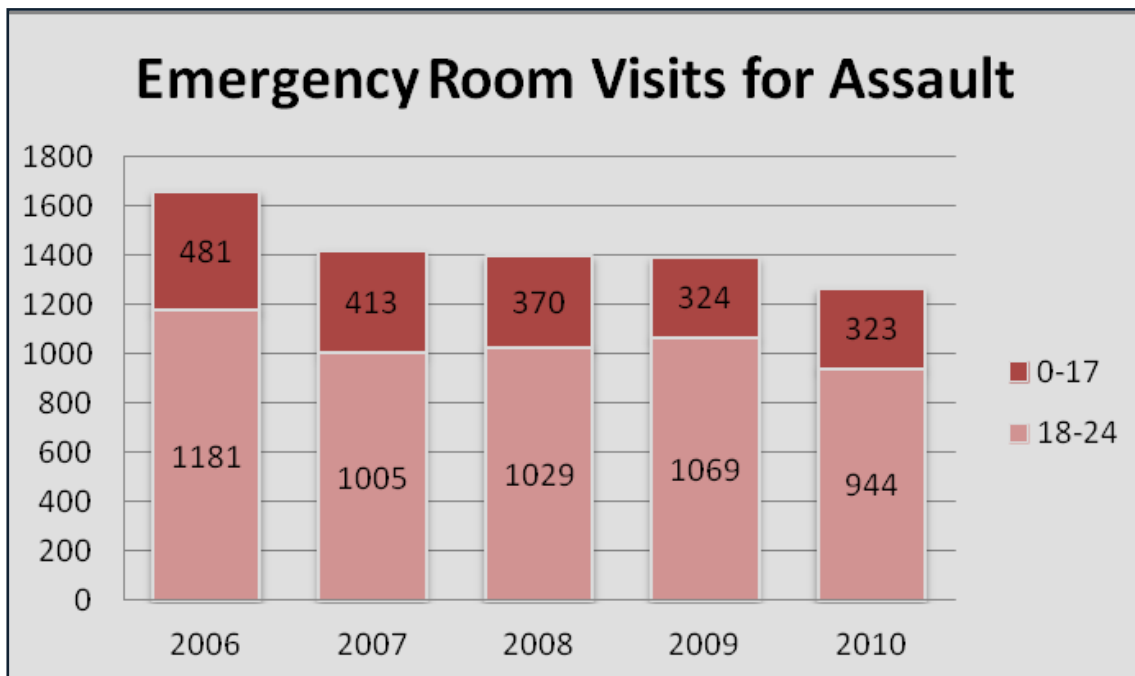
person under 24 years of age. It demonstrates that emergency hospital visits for assaults has decreased between 2006 and 2010 for persons younger than 25 years old.

Crime Profile

Juvenile Arrests:

In Minneapolis, the 45% of all persons arrested in 2009 were under the age of 24, a five percentage point decrease from 2006 [5]. Among all the cities that participated in this study, Minneapolis has the highest juvenile arrests as a proportion of total arrests. Between 2006 and 2009 the number of crimes reported to the Minneapolis Police Department also decreased, with violent and property crimes decreasing about 23% and 20% respectively [6]. **Figure 2** shows a breakdown of the arrests of juveniles by age category. Of the juveniles that were arrested between 2006 and 2009, the

Figure 1: Emergency Room Visits for Assault in Minneapolis



Source: Minnesota Department of Health

majority, 53%, were younger than 18 [7]. This trend is also unique to Minneapolis.

Of all arrests for crimes committed by juveniles during this time period, the majority of arrests were for minor curfew, loitering and other offenses. Drug and alcohol related arrests increased by nine percentage points. Juvenile arrests for violent crime and property crime increased by one and two percentage points respectively. **Figure 3** shows the proportion of arrests for each crime category from 2006 to 2009.

Additionally, **Figure 4** shows the percentage of arrests for all categories of persons in three age groups. In Minneapolis, arrests seem fairly distributed between the three age groups in all categories but one. The majority of arrests for curfew, loitering, disorderly conduct and other offenses involved persons under 18 years of age. In

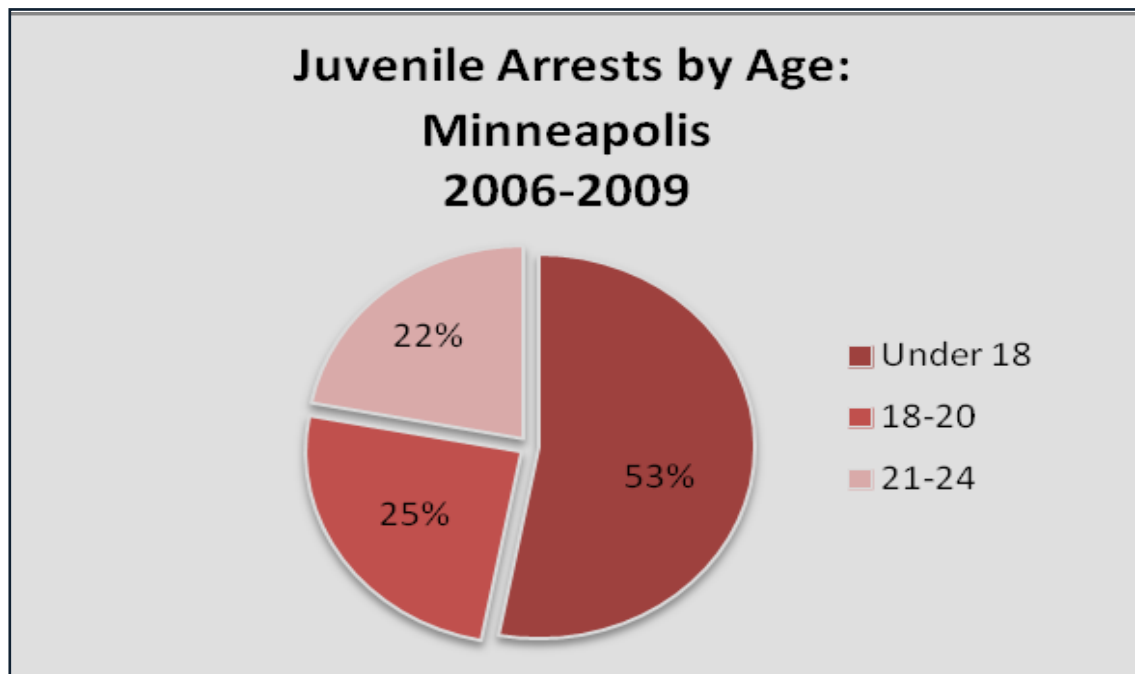
terms of violent crime, arrests of juveniles for murder and non-negligent homicides spiked in 2007 with 20 total arrests and have since decreased to seven arrests in 2009. The majority of these are arrests of youth older than 18. However, in 2008 7 out of 14 arrests for murder or non-negligent homicide were of persons younger than 18 [8].

Interview Results

Collaboration

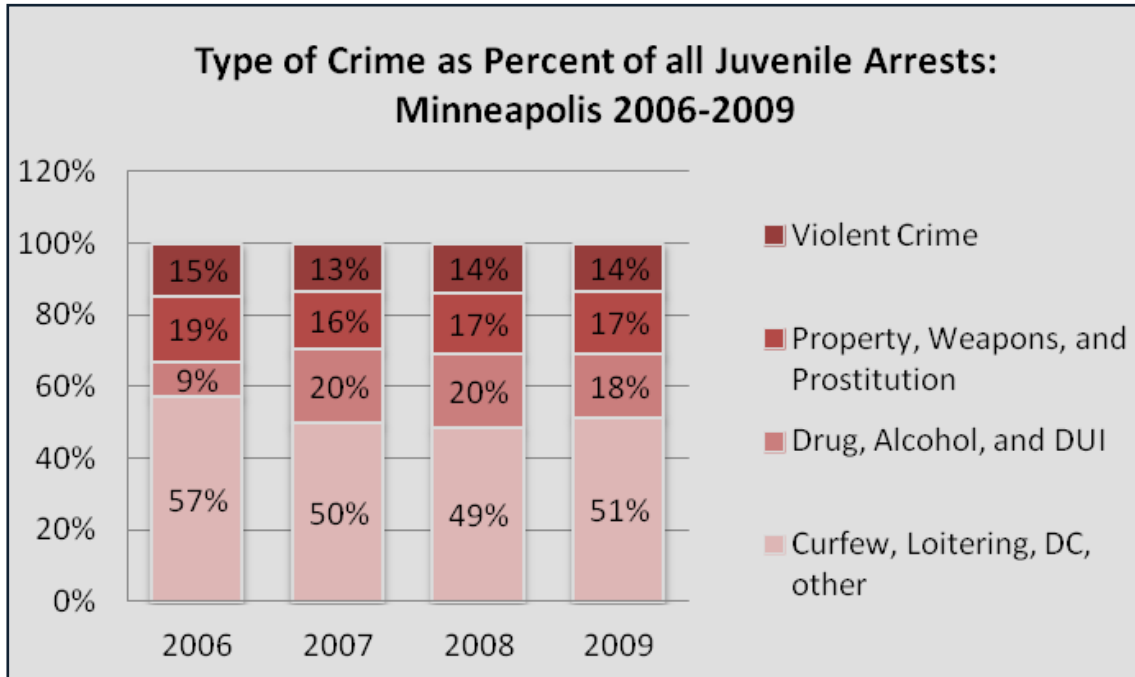
Local law enforcement, Minneapolis Public Schools, the Parks and Recreation Board, and the City's Employment and Training Program (METP) all collaborate with the Department of Health and Family Support (MDHFS) to implement youth violence prevention programming in Minneapolis. Although each department is funded separately, MDHFS often works with individual departments to secure funding from other sources. For example,

Figure 2:



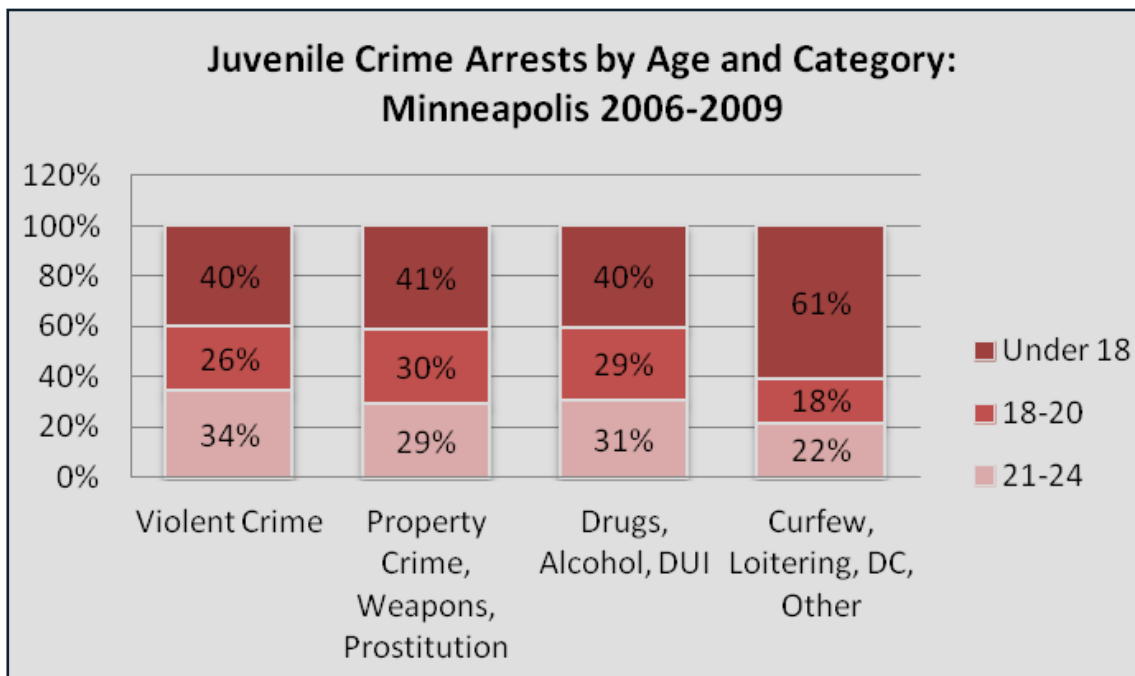
Source: Bureau of Justice Statistics

Figure 3



Source: Bureau of Justice Statistics

Figure 4



Source: Bureau of Justice Statistics

MDHFS spearheaded an earmark request from congress in collaboration with the METP. When the funding was awarded, it was used for both a health planning as well as youth employment program, which MDHFS played a role in planning. When MDHFS received a grant to promote healthy living and chronic disease prevention, it worked with the Parks and Recreation Board to address issues of violence in public parks and to contract more outreach workers. Additionally, MDHFS has provided some of the health funding it receives from the state to local schools in order to operate an anonymous tip line for students to call to report potentially violent activities.

MDHFS provides funding to other community organizations on an infrequent basis when funds are available. When it does distribute funds, it does so through the lens of the City Council's goals for Minneapolis. Funding goes to organizations whose programming is consistent with the MDHFS's Blueprint for Action, a comprehensive and strategic plan for preventing violence across the city. Organizations that receive funds will be data driven and will be able to provide some demonstration of their programs' success. In recent years, MDHFS has had to keep a larger percentage of its funds in order to pay employees to keep the department operational. Current funding opportunities from MDHFS include summer micro grants in the amount of up to \$2,000 per grant, with a total allotment of \$16,000 from the department [9].

Programming

MDHFS' youth violence prevention programming centers on goals identified in its Blueprint for Action. These goals include connecting youth with trusted adults, intervening at the earliest signs of violent behavior, restoring youth who have already committed acts of violence, and combating the

culture of violence in the community [10].

Funding

Although there are no line items for youth violence prevention in the state budget, the City does provide dollars from its federal Community Development Block Grant (CDBG) allocation to fund both the position of youth violence prevention coordinator as well as the Juvenile Supervision Center (JSC). The latter is operated by the joint powers of the City, Hennepin County, and schools. The JSC provides services such as case management, risk and needs assessments, and connection to community resources to youth who have been convicted of low level offences, such as truancy or curfew violations [11]. The youth violence prevention coordinator plays a key role in implementing the plans laid out in the Blueprint for Action.

Other funding sources include categorical grants from the state as well as competitive grants from the Department of Justice. MDHFS receives some money from the Downtown Improvement District, a local non-profit that is funded by special assessments on property taxes of businesses [12]. It also receives a small amount of charitable gambling dollars.

Challenges

The lack of a line item to support youth violence prevention activities in the community is a key challenge. MDHFS must rely on grants or any funds remaining at the end of a fiscal year. This also makes it more difficult to engage community partners as they are asked to do more with the same amount of funding. New programming must be implemented using grants or by moving around existing resources. This results in a great deal of unpredictability as well as the less than full implementation of programming.

Case Studies - Boston, MA [1]

Visions for Future Funding Strategies

Although funding for the youth violence prevention coordinator and JSC are provided by the City, it is done using CDBG dollars which may be vulnerable at the federal level. As such, other types of dollars, such as property taxes or funds associated with capital improvements, would provide a more stable source. Recently, the Obama administration designated six cities across the country as The Forum. Although not included in this initial group, Minneapolis was invited to attend their annual meeting. The goal of The Forum is to develop youth violence prevention strategy similar to Minneapolis' Blueprint for Action. It was announced at the national meeting that each city would receive \$100,000 for several years to support this effort. Should the program be expanded beyond these initial cities, Minneapolis may be included to receive these funds.

Notes

[1] Unless otherwise noted, all information from: Musicant, Gretchen. Department of Health and Family Support. Personal Interview. 26 April 2012.

[2] US Census American Community Survey 2009 1 year estimates

[3] "District Graduation Rate Maps." Education Week <http://www.edweek.org/apps/gmap/>

[4] Center for Disease Control. Youth Risk Behavior Surveillance System. <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

[5] Bureau of Justice Statistics

[6] FBI Uniform Crime Reports

[7] Bureau of Justice Statistics

[8] *ibid.*

[9] "Funding Opportunities." Department of Health and Family Support. 2012. <http://www.minneapolismn.gov/health/yvp/dhfs_opportunities>.

[10] "Blueprint for Action: Preventing Youth Violence in Minneapolis." Department of Health and Family Support. 2012. <http://www.minneapolismn.gov/health/yvp/dhfs_yv>.

[11] "Juvenile Supervision Center." The Link. 2011. <<http://thelinkmn.org/juvenile-supervision-center>>.

[12] "About." Minneapolis Downtown Improvement District. 2012. <<http://www.minneapolisdid.com/page/show/209216-about>>.

Demographic Profile and Risk Factors

Population [2]

According to the 2009 American Community Survey, the population of Boston was 617,594. The total population increased 7% between 2006 and 2009. More relevant to youth violence prevention efforts is the proportion of the total population that is younger than 18. As the total population of Boston increased, the population under 18 declined. In 2009, 16.8% of Boston's population was made up of children under 18, a 2.5 percentage point decrease since 2006. Of the cities that participated in this study, Boston has the lowest number of children as a proportion of its total population and the lowest proportion of children living in poverty. In 2009, 27.8% of children in Boston lived in poverty with little change since 2006.

Cohort Graduation Rates

Cohort graduation rates demonstrate the percent of high school freshmen who complete high school within four years. Timely high school completion is indicative of overall academic achievement. It can be assumed that high school students who do not graduate within four years of their start date have academic, health, or social problems that prevent them from doing so. These issues that affect graduation may also be contributing factors to youth violence. As such, cohort graduation rates were examined to better understand the education status of teens. Of the six cities that participated in this study, Boston had the highest cohort graduation rates. 61% of the freshmen students in Boston public schools that entered high school in 2005 graduated by 2009. That is a five percentage point increase from 2006 (students who entered 2002) [3].

Alcohol and Drug Use

Illicit use of alcohol and drugs among youth can be

indicative of youth violence. Though use of alcohol or drugs may not directly cause youth to exhibit violent or anti-social behaviors, it may increase the likelihood that youth perpetrate acts of violence. According to the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, between 2005 and 2009, emergency room visits involving underage drinking in Boston were about two times the US average. Additionally, emergency room visits by youth age 12 to 17 involving illicit drug use in 2009 constituted 5% of all emergency room visits involving illicit drug use. The Center for Disease Control's Youth Risk Behavior Surveillance System surveys high school students in selected cities to measure behaviors that put teenagers at risk for violence and negative health outcomes. The results of this survey for 2009 indicate that 25% of Boston high school seniors and 18% of all Boston high school students consumed alcohol excessively [4]. 23% of students responded that they

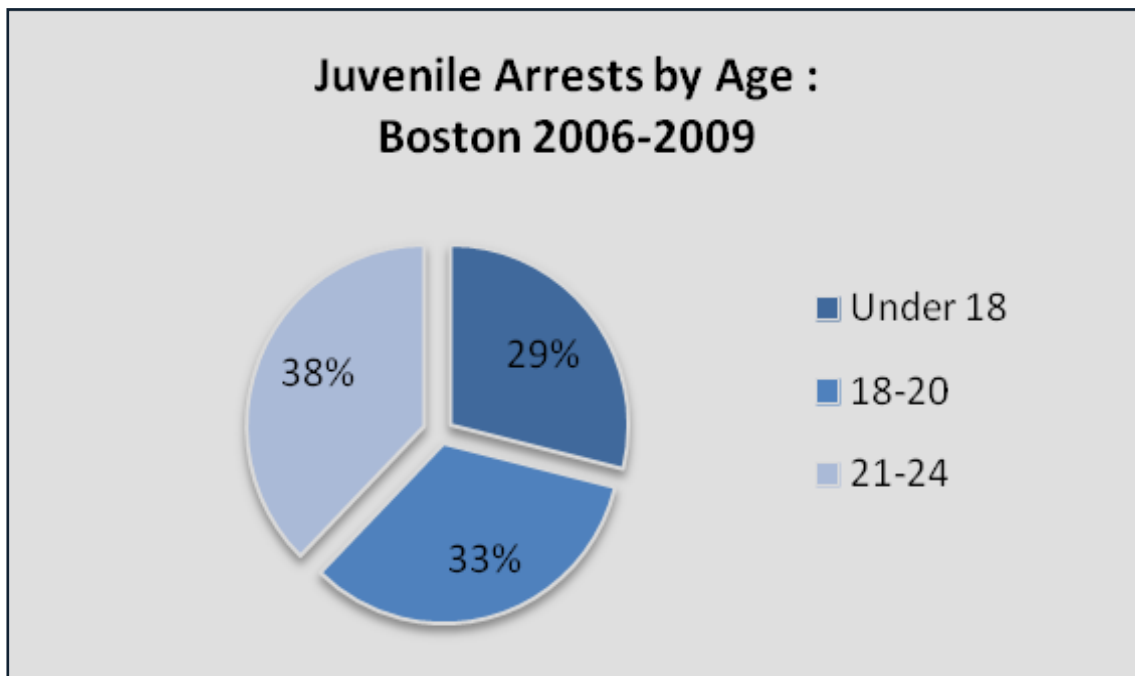
had been offered, sold, or given an illegal drug on campus in the previous year.

Crime Profile

Juvenile Arrests

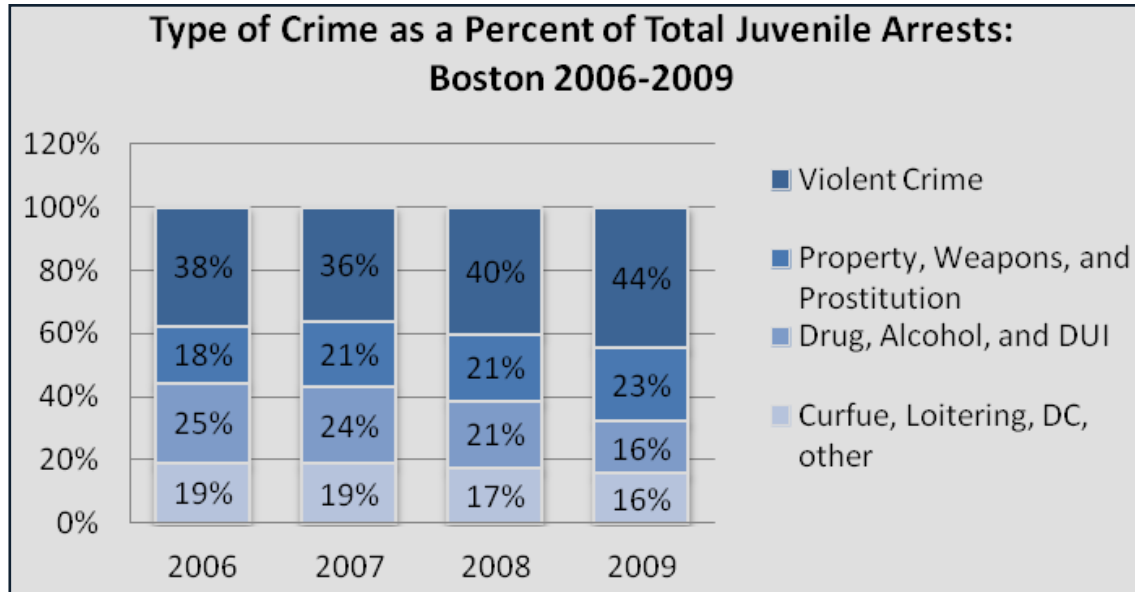
As is the case in most cities that were interviewed, the number of arrests of persons under 24 in Boston has decreased. Between 2006 and 2009, the number of arrests for this group decreased 21% [5]. In Boston, the 39% of all persons arrested in 2009 were under the age of 24, a four percentage point decrease from 2006 [6]. Between 2006 and 2009 the number of crimes reported to the Boston Police Department also decreased, with violent and property crimes both decreasing about 17% [7]. **Figure 5** below shows a breakdown of the arrests of juveniles by age category. Of the juveniles that were arrested between 2006 and 2009, 29% were younger than 18 [8].

Figure 5



Source: Bureau of Justice Statistics

Figure 6



Source: Bureau of Justice Statistics

Of all arrests for crimes committed by juveniles during this time period, arrests for drug and alcohol related offences and minor curfew, loitering and other offenses decreased by nine and three percentage points respectively. Juvenile arrests for violent crime and property crime increased by six and five percentage points respectively. **Figure 6** shows the proportion of arrests for each crime category from 2006 to 2009.

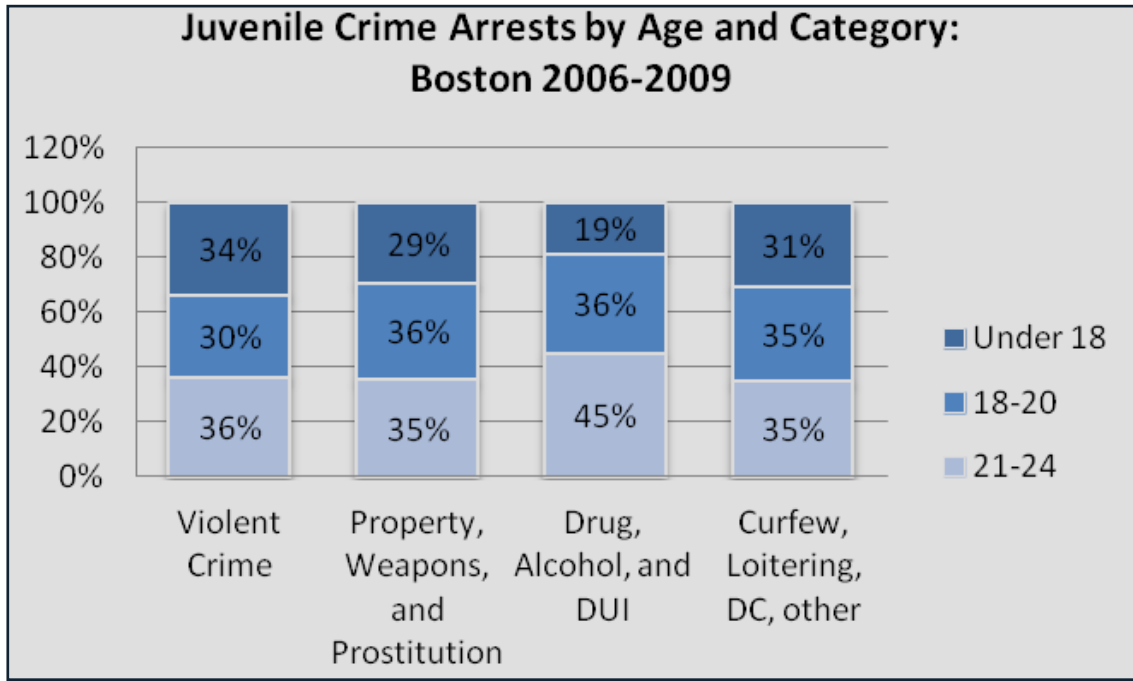
Additionally, **Figure 7** shows the percentage of arrests for all categories of persons in three age groups. In Boston, arrests seem fairly distributed between the three age groups in all categories but one. The majority of arrests for drug and alcohol offences are of persons between the ages of 18 and 24. In terms of violent crime, arrests of juveniles for murder and non-negligent homicides have decreased from 16 arrests in 2006 to 11 in 2009. The majority of these are arrests of youth older than 18. 2008 saw the largest number of arrests of persons under 18 for murder and non-negligent homicide with 3 total arrests [9].

Interview Results

Collaboration

In Boston, YVP is examined across several social ecological domains, including primary, secondary, and tertiary prevention and intervention strategies. The Boston Public Health Commission (BPHC) Division of Violence Prevention acts as a convener for multiple agencies and organizations. It focuses on developing citywide strategies to reduce children's exposure to violence; promoting the implementation of school-based social and emotional learning curriculums; supporting resident-led initiatives in high need neighborhoods; supporting sexual assault, intimate partner violence and child maltreatment prevention programs; and designing intervention strategies for youth most at risk of gun violence. In addition to the BPHC, violence prevention efforts are coordinated by the Boston Center for Youth and Families, Boston Public Schools, and local law enforcement. The BPHC tries to distribute as much of the funding it receives as possible, and seeks out other community partners

Figure 7



Source: Bureau of Justice Statistics

through a request for proposal (RFP) process and other community and resident engagement strategies.

Programming

There are a number of divisions within the BPHC involved in violence prevention efforts, many addressing the issue through the lens of disease prevention. Chief among them is the Division of Violence Prevention.

The Violence Intervention and Prevention Initiative (VIP) is a community organizing strategy of the Division of Violence Prevention aimed at preventing violence. The BPHC funds five community-based organizations which in turn lead coalitions in five small neighborhoods in the city. These coalitions receive grants to hire staff and implement a violence prevention plan. The BPHC commits three full time employees to this program who manage the

coalitions, provide technical assistance and training, and connect residents in VIP neighborhoods with health and social services. The BPHC also works to ensure that other city agencies join and support the coalitions [10].

Funding

Violence prevention dollars that come into the City of Boston are distributed across multiple departments [11]. The BPHC in particular receives funding from federal, state, city, and private sources, detailed below.

In the last five years, BPHC Division of Violence Prevention received four grants from the Department of Justice. Two of these came from federal earmark or stimulus money. A third grant, \$300,000 over eighteen months, was through the Office of Violence Against Women through their Engaging Men and Boys program. The BPHC also

received a Defending Childhood grant from the DOJ. These funds support the development and implementation of a citywide strategy to reduce children's exposure to violence. In addition to DOJ grant funding, BPHC received a grant in the amount of \$1.125 million from the Centers for Disease Control and Prevention (CDC) to support community organizing, planning, and program implementation in VIP neighborhoods.

A search of line items reveals 27 separate lines in the Massachusetts state budget that deal, in some way, with youth violence. These provide funding for a broad range of programs, from violence prevention grants to youth and community centers to summer jobs for at risk youth. In fiscal year 2010, these lines totaled to about \$47.3 million in inflation adjusted dollars. In 2011, the figure dropped to \$43.8 million. While these lines were funded at \$56.4 in 2012, the current 2013 budget allots \$50.1 million [12].

There are two initiatives at the state level specifically targeting YVP. The Charles E. Shannon Community Safety Initiative is administered by the Massachusetts Executive Office of Public Safety and Security. Named for a former state senator, this initiative provides funding to communities for multi-disciplinary strategies to battle gang and other youth violence. Communities that receive this funding are required to follow a specific best practices model around "social intervention, opportunity provision, suppression, community mobilization, and organizational change" for reducing gang violence [13]. Funding across the state totals approximately \$8 million. The City of Boston was awarded \$1,420,000 for fiscal year 2012 from these funds.

New in 2012 is the Safe and Successful Youth Initiative (SSYI). The City of Boston receives \$2.26

million of this \$10 million initiative for YVP. The SSYI takes a public health approach, focusing on deterring youth impacted by violence, creating peaceful communities and reducing the number of guns on the street, and supporting community reentry for offenders [14].

Some of the BPHC Division of Violence Prevention programs are funded through City budgets. For example, the Division of Violence Prevention has six full-time employees that are funded by the City. Additionally, the City dedicates approximately \$300,000 to community organizing violence prevention strategies.

The BPHC was awarded \$1 million by a local hospital system to implement a social and emotional learning curriculum in over 20 Boston Public Schools. Additionally, the BPHC has received two grants from the Robert Wood Johnson Foundation, whose mission is "to improve the health and health care of all Americans" [15]. Both are four year, \$1 million grants. The first is to design and implement a hospital based program for shooting and stabbing victims. The second is to design and implement a healthy relationship program around teen dating violence prevention.

Challenges

Boston benefits from coordinated YVP funding efforts at the city, state and federal level, and because of these multiple funding sources they are confronted with having to develop a comprehensive plan that addresses the granting agencies different sets of funding requirements. One of the biggest challenges of funding YVP efforts in Boston is inconsistent streams of funding. Although some positions are funded by the City in order to keep departments operational, there is a concern that an over-dependency will negatively affect program

infrastructure.

Visions for Future Funding Strategies

In addition to increased dedicated money for violence prevention, a more ideal funding approach would include personnel training, capacity building for organizations with an emphasis on primary prevention strategies, the development of trauma informed systems, and support for family-centered prevention and intervention strategies. It is also important to provide funding for cities to implement evidence-based practices in a way that meets the needs of specific populations.

Notes

[1] Unless otherwise noted, all information is from: Fine, Catherine. Boston Public Health Commission. Personal interview. 3 April 2012.

[2] US Census American Community Survey 2009 1 year estimates

[3] "District Graduation Rate Maps." Education Week <http://www.edweek.org/apps/gmap/>

[4] Center for Disease Control. Youth Risk Behavior Surveillance System. <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

[5] Bureau of Justice Statistics

[6] *ibid.*

[7] FBI Uniform Crime Reports

[8] Bureau of Justice Statistics

[9] *ibid.*

[10] "Program Details." National Association of County and City Health Officials, 2012. <<http://www.naccho.org/topics/modelpractices/database/practice.cfm?practiceID=857>>.

[11] Detail of funding provided in this briefing is specific to the Division of Violence Prevention of the BPHC.

[12] "Search Line Items and Categories." Massachusetts Budget and Policy Center, 2013. <<http://browser.massbudget.org/SelectCriteriaTime.aspx>>.

[13] "Charles E. Shannon, Jr. Community Safety Initiative." Northeastern University, 2010. <http://www.shannoncsi.neu.edu/about_us/>.

[14] "Governor Patrick Launches Massachusetts Safe and Successful Youth Initiative." Executive Office of Education. 9 May 2011. <<http://www.mass.gov/edu/governor-patrick-launches-youth-initiative.html>>.

[15] "About RWJF." 2012. <<http://www.rwjf.org/about/>>.

Case Studies - Cleveland, OH [1]

Demographic Profile and Risk Factors

Population [2]

According to the 2009 American Community Survey, the population of Cleveland was 431,369. The total population increased 6% between 2006 and 2009. More relevant to youth violence prevention efforts is the proportion of the total population that is younger than 18. As the total population of Cleveland increased, the population under 18 declined. In 2009, 23.3% of the population of Cleveland was made up of children under 18, a three percentage point decrease since 2006. In 2009, 51.3% of children in Cleveland, a 10 percentage point increase since 2006. Of the cities that participated in this study, Cleveland had the highest poverty rate for children under 18.

Cohort Graduation Rates

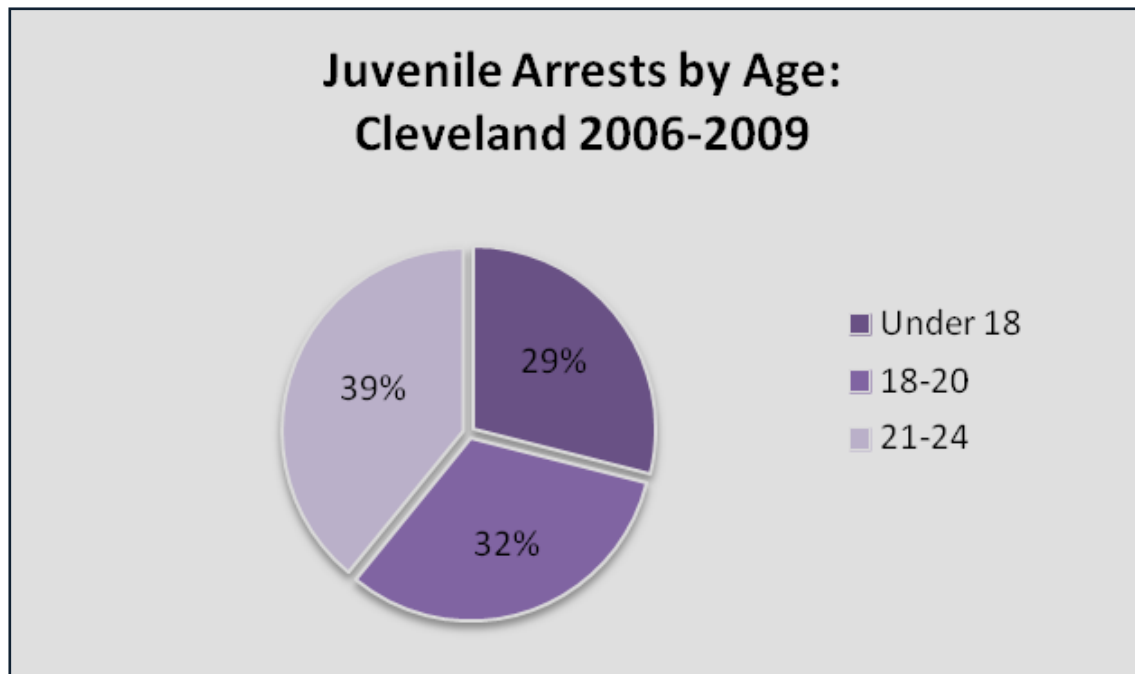
Cohort graduation rates demonstrate the percent

of high school freshmen who complete high school within four years. Timely high school completion is indicative of overall academic achievement. It can be assumed that high school students who do not graduate within four years of their start date have academic, health, or social problems that prevent them from doing so. These issues that affect graduation may also be contributing factors to youth violence. As such, cohort graduation rates were examined to better understand the education status of teens. 38% of the freshmen students in Cleveland public schools that entered high school in 2005 graduated by 2009, with little change between 2006 and 2009.

Alcohol and Drug Use

Illicit use of alcohol and drugs among youth can be indicative of youth violence. Though use of alcohol or drugs may not directly cause youth to exhibit violent or anti-social behaviors, it may increase the

Figure 8



Source: Bureau of Justice Statistics

likelihood that youth perpetrate acts of violence. According the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, in 2008 30% of persons admitted for inpatient substance abuse treatment were younger than 24. The Center for Disease Control’s Youth Risk Behavior Surveillance System surveys high school students in selected cities to measure behaviors that put teenagers at risk for violence and negative health outcomes. Though information from this source is not available for Cleveland, the results of this survey for 2007 indicate that 41% of high school seniors and 29% of all high school students in the state of Ohio consumed alcohol excessively [3]. 27% of students responded that they had been offered, sold, or given an illegal drug on campus in the previous year.

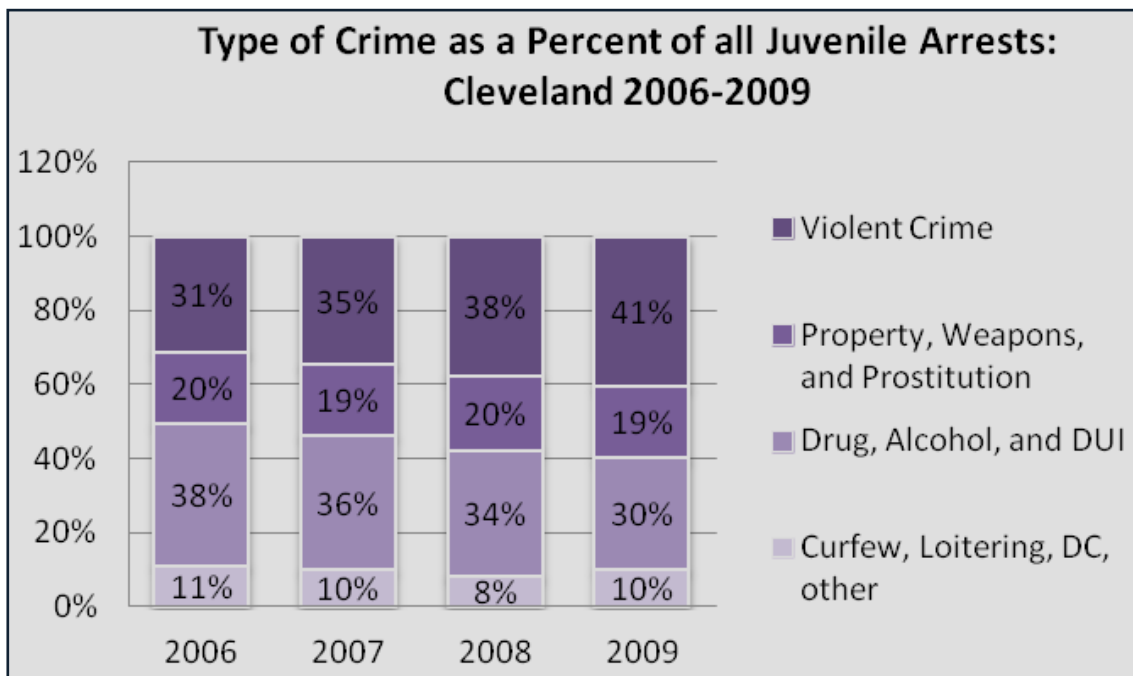
Crime Profile

Juvenile Arrests

In Cleveland, the 39% of all persons arrested in 2009 were under the age of 24, a three percentage point increase from 2006 [4]. Between 2006 and 2009 the number of crimes reported to the St. Louis Police Department decreased, with violent and property crimes both decreasing about 14% [5]. **Figure 8** shows a breakdown of the arrests of juveniles by age category. Of the juveniles that were arrested between 2006 and 2009, 29% were younger than 18 [6].

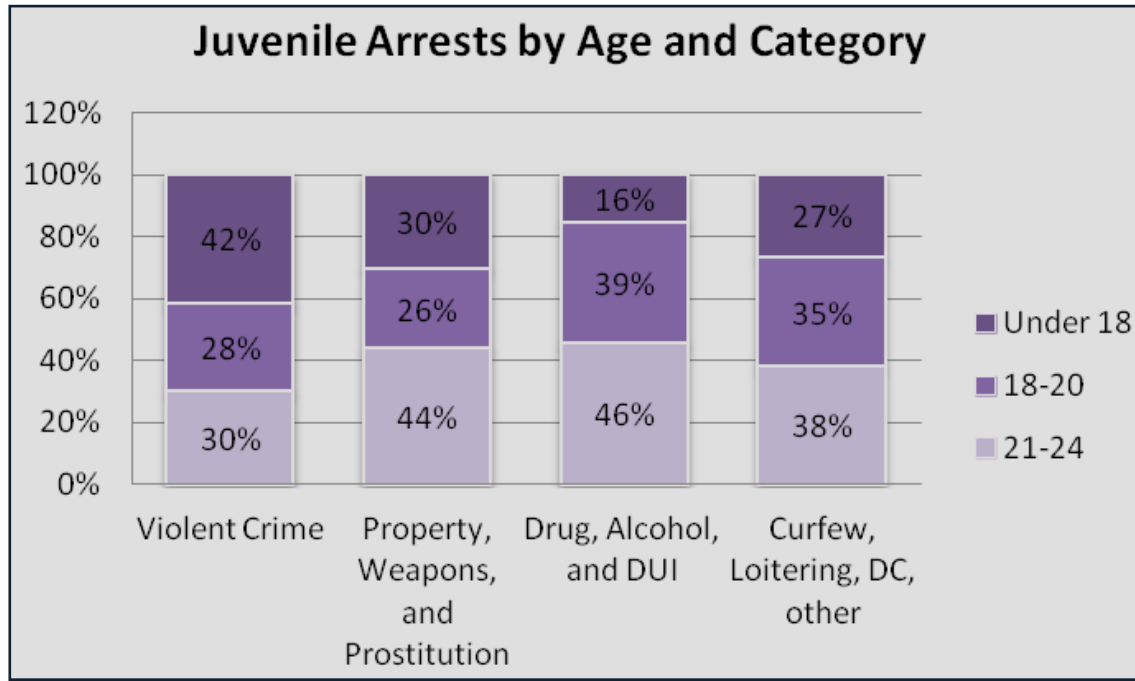
Of all arrests for crimes committed by juveniles during this time period, arrests for violent crime increased by 10 percentage points between 2006 and 2009. Juvenile arrests for all other types of crimes decreased during this time period, particularly drug and alcohol related arrests which

Figure 9



Source: Bureau of Justice Statistics

Figure 10



Source: Bureau of Justice Statistics

decreased by 8 percentage points. **Figure 9** shows the proportion of arrests for each crime category from 2006 to 2009.

Additionally, **Figure 10** shows the percentage of arrests for all categories of persons in three age groups. In Cleveland, while the majority of violent crime arrests involve persons age 18-24, youth under age 18 still account for 42% of all juvenile arrests for violent crimes. The majority of arrests for drug and alcohol offences are of persons between the ages of 21 and 24. In terms of violent crime, arrests of juveniles for murder and non-negligent homicides have increased from 21 arrests in 2006 to 39 in 2009. The majority of these are arrests of youth older than 18 [7].

Interview Results

Collaboration

Cleveland has many successful practices in funding youth violence initiatives. Key to their success in funding YVP programs is a widespread and effective collaboration across city departments, as well as the collaboration between government and community organizations. The community-oriented efforts ensure that many successful initiatives targeting at youth violence have a very strong community component. There are a number of ways that multiple city departments get involved in funding these programs.

First, as the leading player in YVP, the Cleveland Department of Public Health has made a number of efforts that have been put into place to provide alternatives to YVP. The Cleveland Recreation Department is also actively involved, and provides

programs to help youth become more informed about resources that would be provided to them. The Public Safety Department also has YVP programs that have had a major impact in reducing youth violence in Cleveland. The mayor's office also plays an important role in YVP efforts in the city. The mayor has established "The Mayor's Advisory Council," composed of students who bring the intentions and thoughts of the mayor on youth violence issues to other young people.

The Department of Public Health gets a great deal of support from Cleveland City Council. For example, "The Healthy Cleveland initiative" is a comprehensive initiative established by the mayor along with the Health Committee Chairperson and other council members. It is designed to serve as a comprehensive strategy to address and improve the health of Cleveland. The unique feature of this initiative includes a component specifically addressing youth violence. In addition, the Community Relations Board also has some general funding support devoted to YVP activities.

Recently, Cleveland has established a number of formations to further strengthen YVP efforts. A committee that includes several council members and partners with the Boys and Girls Club and hospitals has been formed. The efforts of these forms are specifically targeted at YVP, and focus on exploring the real impacts that youth violence issues have on different aspects of the society. Additionally, the active involvement of local universities and academic centers has also contributed to youth violence efforts in Cleveland. For example, Dr. Dan Flannery from Case Western Reserve University is a tremendous resource from an academic standpoint to help city departments better understand what the contributing factors are to youth violence, and help them identify solutions

to the issue.

Funding Sources

As the leading player of YVP efforts in Cleveland, the Cleveland Department of Public Health gets a majority of their funding from private foundations, and some state general funds as well. Within the city, some city general funds are allocated to the larger aspects of programming. Although there is variation between grants, typically they have a 12-month funding cycles.

The Department of Public Health at one time had a specific line item allocated to YVP. The influential actors in getting this line added to the budget include the staff and leadership in the Department of Public Health, as well as strong advocates from the mayor's office, The Alcohol and Mental Health Services Board, and community agencies. However, the City experienced drastic state budget cuts, and no longer able to provide this funding. Therefore, external sources to YVP at the local level have become even more important.

Evaluation techniques to procure funding
In general, an evaluation of existing needs and past performance is what helps determine whether Cleveland can procure funding for their youth violence programs.

First, Cleveland's public health data provide important information about a city or an area's needs for YVP. This information includes, for example, a dramatic number of increases in homicides among the teens, or the trauma cases treated within hospitals' emergency rooms. Also, evidence of past performance in reducing youth violence incidences demonstrated by the public health statistics is critical too. Funders are eager to ensure that their funding get results.

Challenges

Funding youth violence programs is always challenging, due to the lack of resources available. Also, the limited resources that are available have to get stretched. At the same time, many of the funds are categorical grants, which are often restrictive in terms of funding requirements and services. In addition, it is difficult when a city obtains funding for a short period of time to start an initiative and then unable to complete it because the funding runs out. This illustrates the importance of re-evaluating the funding process.

Due to these challenges and restrictions, Cleveland has been very creative in seeking out other opportunities through which youth violence programs could be funded. Many of the innovative practices start from identifying other stakeholders who have not yet been involved in the discussion of supporting YVP. An example of their innovative practices is the involvement of the business community in the efforts. By demonstrating why youth violence is an important issue to the business community, and the economic impacts of youth violence on local businesses, the Department of Public Health was able to get their funding support for YVP.

Visions for Future Funding Strategies

The Cleveland Department of Public Health appeals for a more targeted approach to primary intervention in YVP. In other words, it is important to allocate funding to prevent youth violence before it occurs. A comprehensive model that looks at the contributing factors would be really helpful in reducing youth violence. For example, many youth violence incidences resulted from poor economic conditions. They turned into illegal activities committed by youth to make money and the violence associated with that. If more funds can be

allocated to provide job training for young people, through which they can find a job and earn money, and become more involved in the society, they would be less likely to commit youth violence in the first place.

Notes

- [1] Unless otherwise noted, all information is from an interview with Karen Butler, Director of Public Health, City of Cleveland, OH. 2012.
- [2] US Census American Community Survey 2009 1 year estimates
- [3] Center for Disease Control. Youth Risk Behavior Surveillance System. <http://www.cdc.gov/healthyyouth/yrbs/index.htm>.
- [4] Bureau of Justice Statistics
- [5] FBI Uniform Crime Reports
- [6] Bureau of Justice Statistics
- [7] *ibid.*

Case Studies - Houston, TX [1]

Demographic Profile and Risk Factors

Population [2]

According to the 2009 American Community Survey, the population of Houston was 2,260,918. The total population increased 9% between 2006 and 2009. More relevant to youth violence prevention efforts is the proportion of the total population that is younger than 18. As the total population of Houston increased, the population under 18 has remained about the same. In 2009, 26.8% of Houston's population was made up of children under 18. In 2009, 31.6% of children in Houston lived in poverty, with little change since 2006.

Cohort Graduation Rates

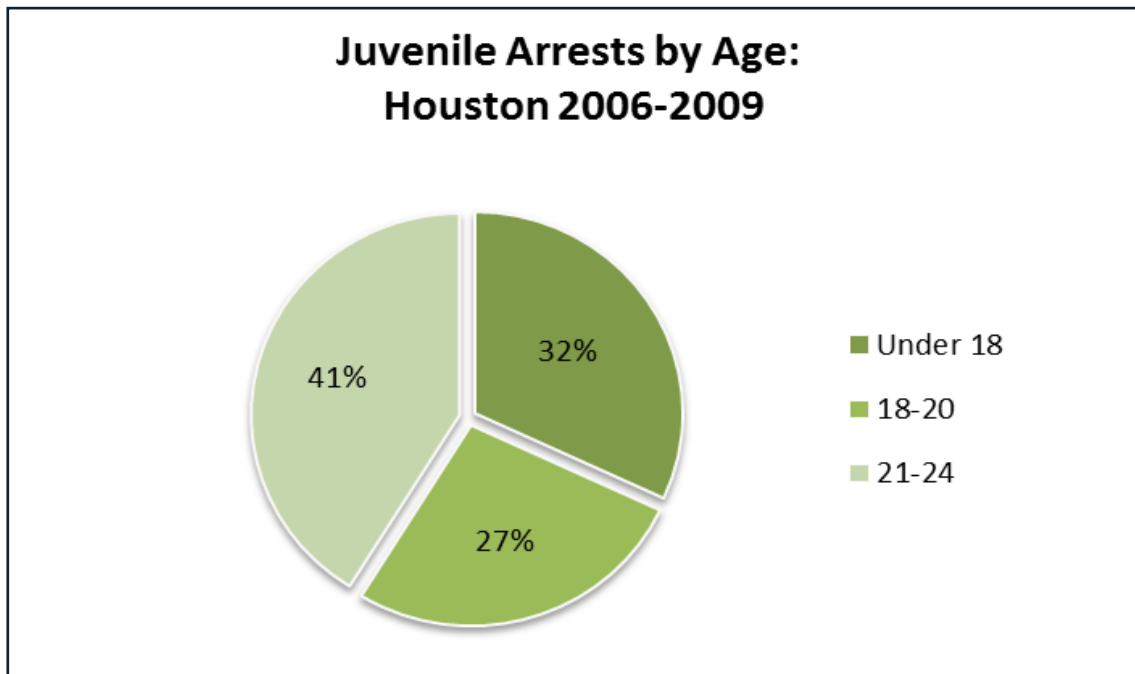
Cohort graduation rates demonstrate the percent of high school freshmen who complete high school within four years. Timely high school completion is indicative of overall academic achievement. It

can be assumed that high school students who do not graduate within four years of their start date have academic, health, or social problems that prevent them from doing so. These issues that affect graduation may also be contributing factors to youth violence. As such, cohort graduation rates were examined to better understand the education status of teens. In 2009, 58.5% of the freshmen students in Houston public schools that entered high school in 2005 graduated by 2009. That is a 15.7 percentage point increase from 2006 (students who entered 2002) [3].

Alcohol and Drug Use

Illicit use of alcohol and drugs among youth can be indicative of youth violence. Though use of alcohol or drugs may not directly cause youth to exhibit violent or anti-social behaviors, it may increase the likelihood that youth perpetrate acts of violence. The Center for Disease Control's Youth Risk Behavior

Figure 11



Source: Bureau of Justice Statistics

Surveillance System surveys high school students in selected cities to measure behaviors that put teenagers at risk for violence and negative health outcomes. The results of this survey for 2007 indicate that 32% of Houston high school seniors and 20% of all Boston high school students consumed alcohol excessively [4]. 33% of students responded that they had been offered, sold, or given an illegal drug on campus in the previous year.

Crime Profile

Juvenile Arrests

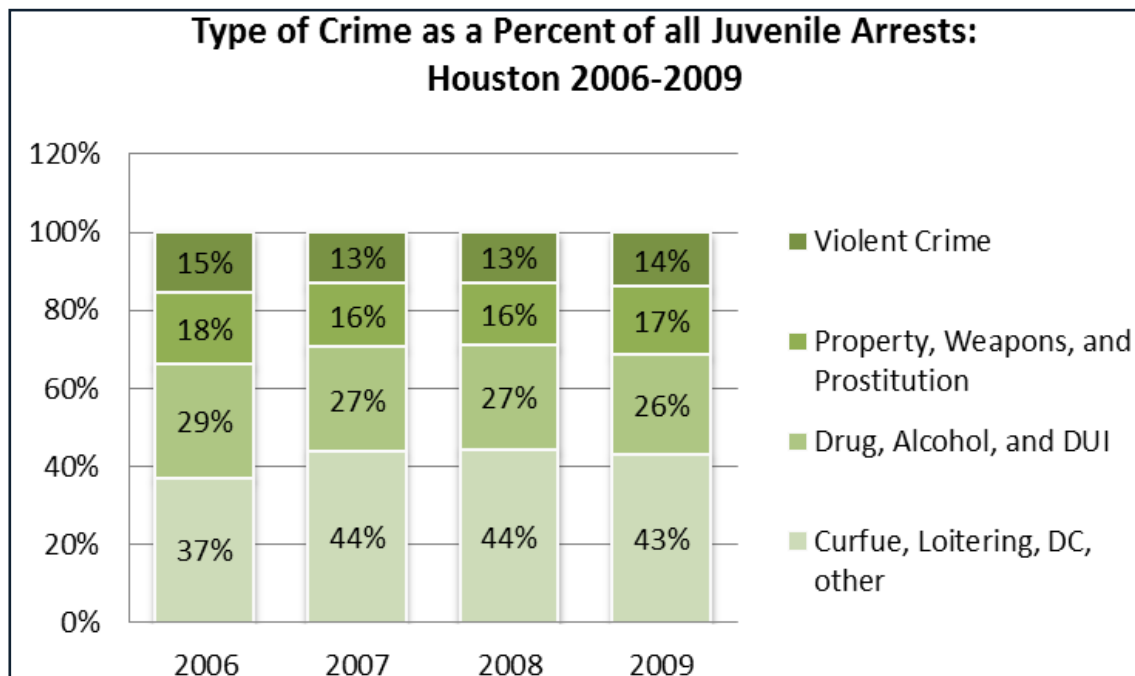
In Houston, there was no change in the percent of arrests that involved persons under age 24 between 2006 and 2009. 38% of all persons arrested in 2009 were under the age of 24 [5]. Between 2006 and 2009 the number of crimes reported to the Houston Police Department decreased only slightly, with violent and property crimes decreasing by less than

1% [6]. **Figure 11** shows a breakdown of the arrests of juveniles by age category. Of the juveniles that were arrested between 2006 and 2009, 32% were younger than 18 [7].

Of all arrests for crimes committed by juveniles during this time period, arrests for drug and alcohol related offences decreased by three percentage points and minor curfew, loitering and other offenses increased by six percentage points respectively. Juvenile arrests for violent crime and property crime both decreased by one percentage point. **Figure 12** shows the proportion of arrests for each crime category from 2006 to 2009.

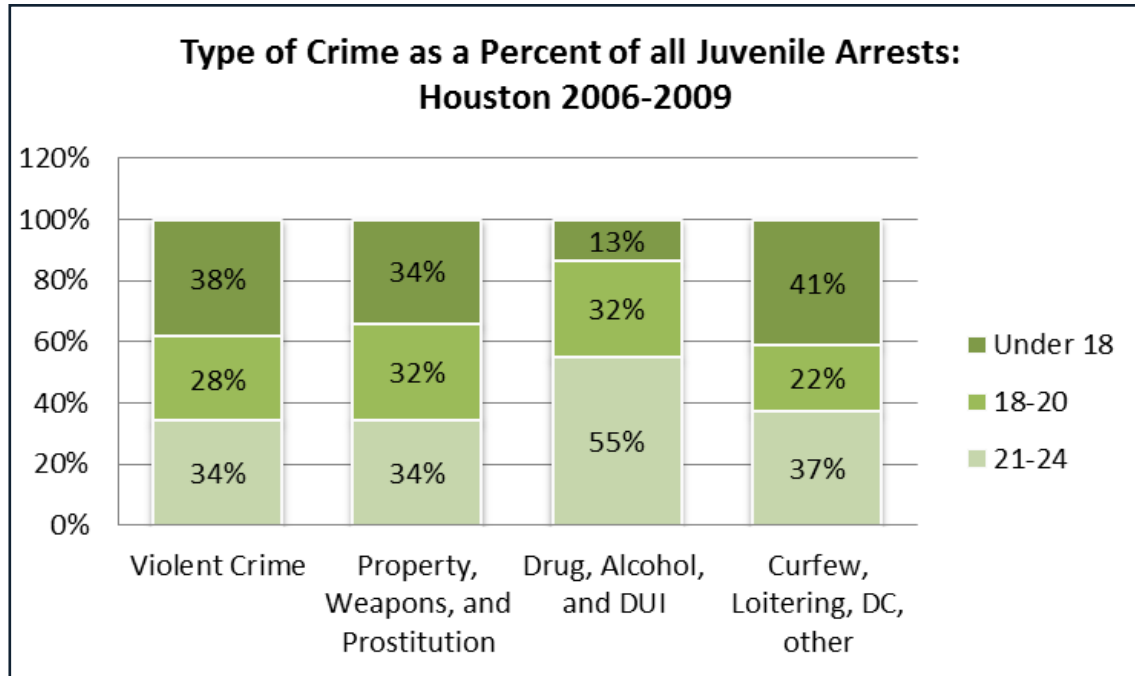
Additionally, **Figure 13** shows the percentage of arrests for all categories of persons in three age groups. In Houston, arrests seem fairly distributed between the three age groups in all categories but one. The majority of arrests for drug and alcohol

Figure 12



Source: Bureau of Justice Statistics

Figure 13



Source: Bureau of Justice Statistics

offences are of persons between the ages of 21 and 24. In terms of violent crime, arrests of juveniles for murder and non-negligent homicides spiked in 2007 with 90 arrests and decreased to 57 in 2009. The majority of these are arrests were of youth older than 18 [8].

Interview Results

Collaboration

Historically, Houston's YVP work has come out of the Mayor's Office, spearheaded by the Anti-Gang Office and the Police Department. More recently, the City's Public Health Department has gotten involved.

Typically, money for specific YVP programs is not spread across departments. Rather, the departments share non-monetary resources as through ad hoc requests for assistance. For example, intervention counselors funded through a non-YVP grant might

spend some time working on YVP programs. Occasionally, however, multiple departments are written into one grant proposal. In such an instance, a lead department writes line items into the proposal for specific work to be done by staff from each department involved.

Currently, all collaboration is fairly informal. The interviewees suggest that Houston could do a better job coordinating work between the departments. In addition to this limited amount of interdepartmental collaboration, the City works with outside organizations (e.g., The United Way) on its YVP efforts. While it does not directly provide funds to these organizations, the City does help purchase training materials for their staffs. Overall, the City's collaboration with these organizations mainly involves teaching them about how their work complements the work of the City.

Funding

Houston relies primarily on intergovernmental grants to fund its YVP efforts. The City's Department of Health and Human Services (Dept. of Health) receives a Striving to Reduce Youth Violence Everywhere (STRYVE) grant from the CDC. This grant is primarily a planning grant to help the City develop new ways to provide more stable YVP funding and improve interdepartmental collaboration. Houston also receives grants from the Texas Department of State Health Services (for adolescent health and youth development) and the State of Texas Governor's Criminal Justice Division.

The City of Houston does not have YVP programs as a line item in its overall budget. However, some of the City's general fund money pays for YVP through more general departmental funding. For example, the Dept. of Health has a line item in the City's budget, and YVP has a line item in the budget of a division within the Department. This general fund money mainly pays for part of the payroll of division heads working on YVP. The lower level staff is funded through grants.

The city government does not receive any grants from foundations, but it does try partner with non-governmental organizations who do receive such funding. Sometimes these community partners have to creatively apply these grants to YVP programs. An example of this occurs with an organization receiving funds to fight obesity. That organization uses some of this anti-obesity money to address youth violence under the premise that kids are unable to get exercise when they are too afraid to go outside due to violence in their neighborhoods.

Houston builds its YVP program budgets by estimating the costs of the labor, supplies, or any

other resources needed for the specific program. Costs-per-child are not a focus.

Challenges

The interviewees note that a main barrier to securing funding for YVP programs is convincing elected officials and other administrators understand the how big of an impact violence prevention can have on improving public safety. Many elected officials focus more on adjudication and criminal justice than on prevention strategies because they want to be seen by their constituents as "tough on crime." A high rate of turnover among elected officials due to local term limits compounds this problem in Houston. Just as officials begin to understand the positive impacts and efficiency of prevention, they are forced to leave their positions. To counter this challenge, department heads working towards YVP meet with new officials after each election cycle to immediately start educating them.

The overall instability of YVP funding is also a concern in Houston. As mentioned above, a large proportion of the funding comes from grants. The City must apply for each grant every year, so it can be difficult to maintain consistent funding year after year. Even the federal grants that are awarded in five-year cycles are subject to the whims of the congressional budget each year. However, as one interviewee noted, grants are not supposed to be stable. Rather, they are intended to help new creative programs get off the ground. Stability can only come when the local government decides to provide a funding stream that does not require year-to-year reauthorization.

Houston's reliance on grants has also forced it to change YVP programming to fit the changing desires of granting bodies. However, Houston has found some creative ways around changing language in

Requests for Proposals. For example, the city used to receive a grant from the State of Texas under a component meant to fund “anti-gang” programs. Recently, the grant shifted its language to focus on diversion rather than gangs. Rather than changing its programs to reflect this changing state goal, Houston simply changed some of the language in its grant proposal. “Gang” counselors became “diversion” counselors.

Evaluation

In evaluating its YVP programs, Houston primarily focuses on outcomes, or multi-system indicators of success. The choice of outcomes utilized varies by project, but in general can include the following changes in the number of disciplinary actions at school, progression in grades at school, the level of adjudication of youth as adults, juvenile arrest rates, proportions of youth on probation/parole, hospital and clinic data indicating young violence victims, or improvement in family relationships.

In addition to these measures of outcome, the City and its funders also look at the level of collaboration within a project, the inclusion of youth voice, a realistic timeframe for expected results, and a program’s sustainability beyond the grant cycle.

The City would like to start including more cost-to-benefit information in its program analysis, but it is only in the early stages of research. This approach would involve comparisons between the costs to the city resulting from youth violence and the costs of YVP programs.

Overall, Houston sees and appreciates the current shift toward more evidence-based evaluation practices, but some in its departments are concerned that the focus on “gold standard” programs (as

recognized through quantitative analysis) can force local governments into only the most expensive types of programs. Often the programs with the most collected data suggesting success are incredibly expensive. The Dept. of Health worries that no good cost-to-value analysis has been done on some of the programs. High costs can diminish the chances for a program’s long-term fidelity.

Visions for Future Funding Strategies

The interviewees have three main changes they would like to see Houston implement. First, the city needs to do a better job of coordinating the efforts of its various departments to address YVP in a more concerted manner. Many departments share similar goals, though they do not work well together in achieving those goals. For example, the Parks and Recreation Department currently offers after school programs. It would not take much to slightly tweak those programs to better target youth most at risk to violence. The Houston Public Library is starting to take such measures.

Second, the City should form more partnerships with organizations outside of the government. In particular, one interviewee would like to find a strong faith-based mentoring model.

Third, YVP could benefit from a restructuring of local governmental funding streams. Obviously, the programs could benefit from simply having more money, but one interviewee is concerned that simply adding additional funds to the government’s pot is not a good long-term solution. She posits, “Deeper system change occurs when using existing system dollars – working to change the overall system rather than just layering on grant dollars.” By addressing funding strategies in an environment of limited resources, the underlying structure of city

Case Studies - Kansas City, MO [1]

government can evolve into a more efficient and effective state. In this way, changes can be more permanent and new funding streams can be more stable. A change that exemplifies this approach would be to have the Police Department apply some of its Justice Assistance Grant (JAG) to YVP. Such a move could free up some public funds, as addressing violence before the fact is often cheaper than addressing it after. Houston is particularly excited about its STRYVE grant from the CDC, as this planning grant aims to help redesign its funding structure.

Notes

[1] Unless otherwise noted, all information is from interviews with Patricia Harrington, Mayor's Anti-Gang Office, Houston, TX and Sheila Savannah, Division Manager, Health Planning, Evaluation, and Program Development, Houston, TX. 2012.

[2] US Census American Community Survey 2009 1 year estimates

[3] "District Graduation Rate Maps." Education Week <http://www.edweek.org/apps/gmap/>

[4] Center for Disease Control. Youth Risk Behavior Surveillance System. <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

[5] Bureau of Justice Statistics

[6] FBI Uniform Crime Reports

[7] Bureau of Justice Statistics

[8] *ibid.*

Demographic Profile and Risk Factors

Population [2]

According to the 2009 American Community Survey, the population of Kansas City was 482,228. The total population increased 10% between 2006 and 2009. More relevant to youth violence prevention efforts is the proportion of the total population that is younger than 18. As the total population of Kansas City increased, the population under 18 remained about the same. In 2009, 23.6% of Kansas City's population was made up of children under 18. In 2009, 25.4% of children in Kansas City lived in poverty, a six percentage point decline since 2006.

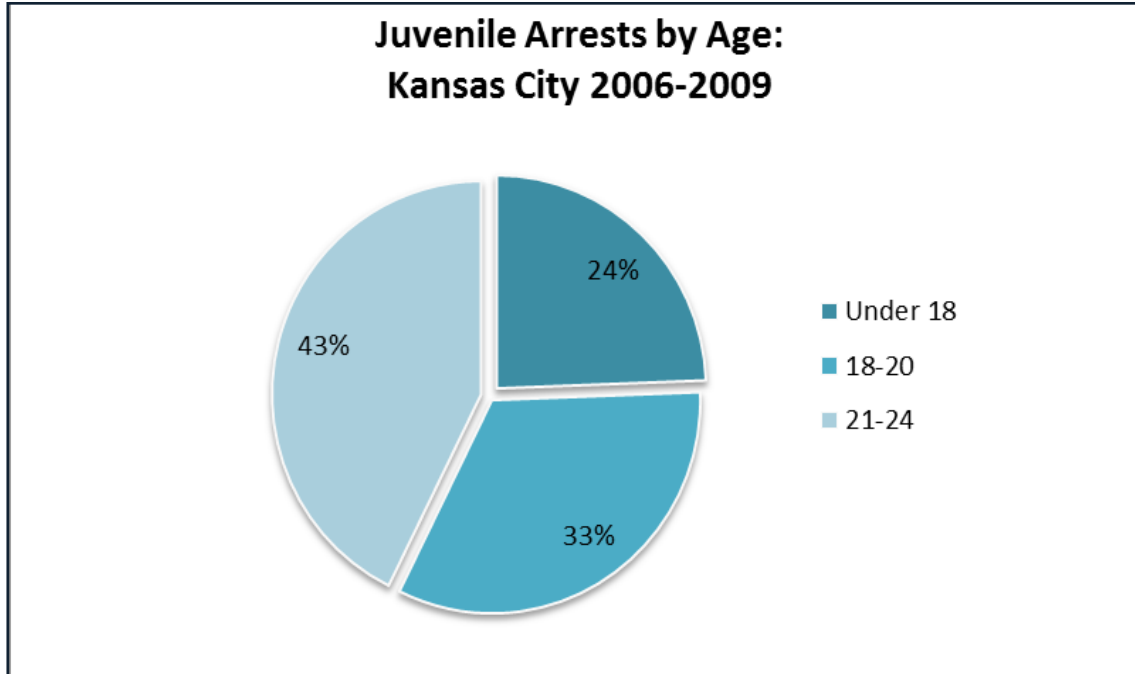
Cohort Graduation Rates

Cohort graduation rates demonstrate the percent of high school freshmen who complete high school within four years. Timely high school completion is indicative of overall academic achievement. It can be assumed that high school students who do not graduate within four years of their start date have academic, health, or social problems that prevent them from doing so. These issues that affect graduation may also be contributing factors to youth violence. As such, cohort graduation rates were examined to better understand the education status of teens. Of the six cities that participated in this study, Kansas City had the lowest cohort graduation rates. 27.4% of the freshmen students in Kansas City public schools that entered high school in 2005 graduated by 2009 [3].

Alcohol and Drug Use

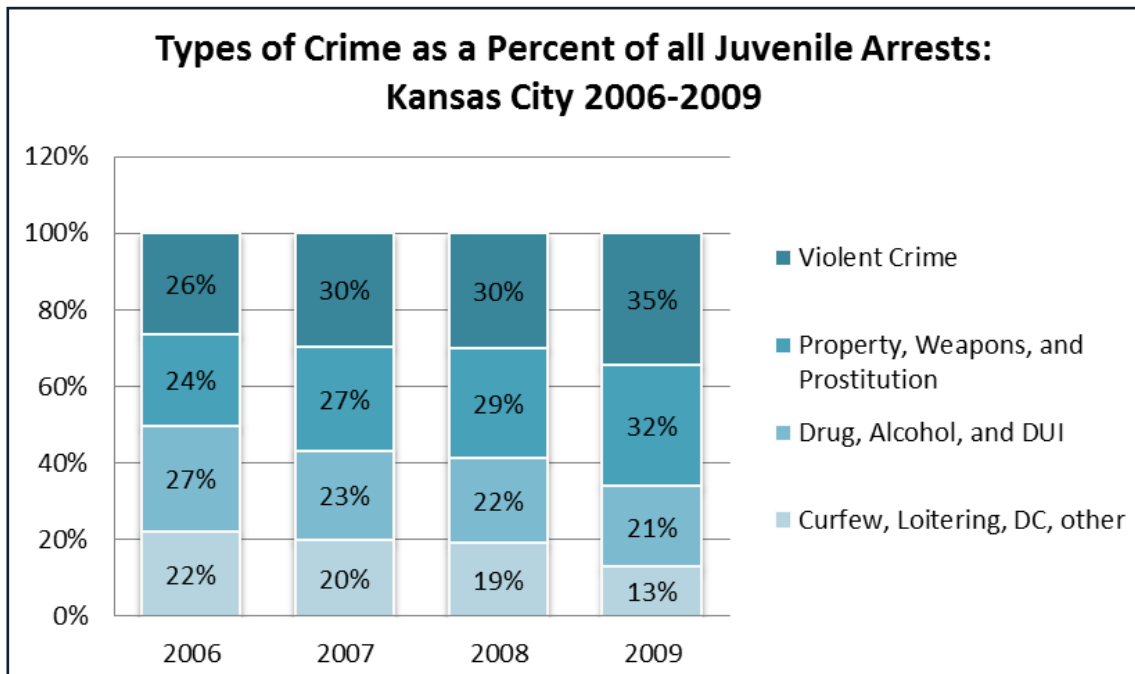
Illicit use of alcohol and drugs among youth can be indicative of youth violence. Though use of alcohol or drugs may not directly cause youth to exhibit violent or anti-social behaviors, it may increase the likelihood that youth perpetrate acts of

Figure 14



Source: Bureau of Justice Statistics

Figure 15



Source: Bureau of Justice Statistics

violence. According to the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, in 2008 19% of persons admitted for inpatient substance abuse treatment were younger than 24. The Center for Disease Control's Youth Risk Behavior Surveillance System surveys high school students in selected cities to measure behaviors that put teenagers at risk for violence and negative health outcomes. Though information from this source is not available for Kansas City, the results of this survey for 2009 indicate that 33% of high school seniors and 25% of all high school students in the state of Missouri consumed alcohol excessively [4]. 17% of students responded that they had been offered, sold, or given an illegal drug on campus in the previous year.

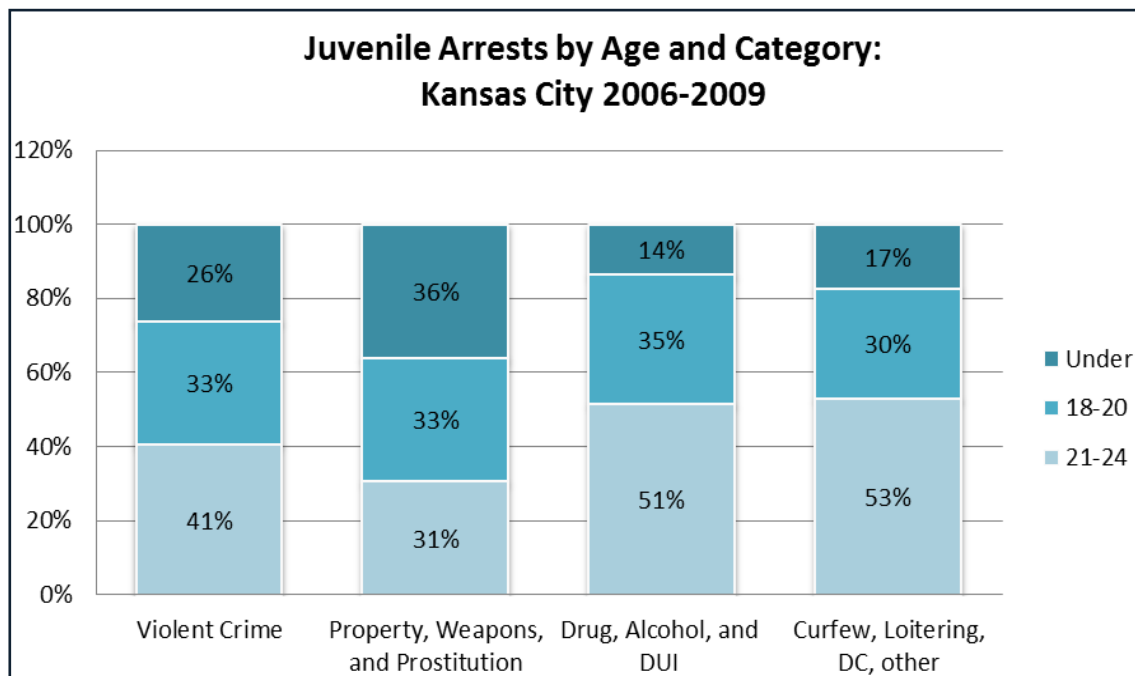
Crime Profile

Juvenile Arrests

In Kansas City, the 26% of all persons arrested in 2009 were under the age of 24, a four percentage point decrease from 2006 [5]. Between 2006 and 2009 the number of crimes reported to the Kansas City Police Department also decreased, with violent crimes decreasing only slightly and property crimes decreasing about 14% [6]. The **figure 14** shows a breakdown of the arrests of juveniles by age category. Of the juveniles that were arrested between 2006 and 2009, 24% were younger than 18 [7].

Of all arrests for crimes committed by juveniles during this time period, arrests for violent crimes and property crimes increased by nine and eight percentage points respectively. Juvenile arrests for violent drug and alcohol offenses and minor

Figure 16



Source: Bureau of Justice Statistics

curfew, loitering etc offenses decreased by six and five percentage points, respectively. **Figure 15** below shows the proportion of arrests for each crime category from 2006 to 2009.

Additionally, **Figure 16** shows the percentage of arrests for all categories of persons in three age groups. In Kansas City, persons under 18 years of age constituted the majority of arrests for property crime arrests. The majority of arrests for drug and alcohol offences and curfew, loitering and other offences are of persons between the ages of 21 and 24. In terms of violent crime, arrests of juveniles for murder and non-negligent homicides have increased from 44 arrests in 2006 to 71 in 2009. The majority of these are arrests of youth older than 18 [8].

Interview Results

Collaboration

Kansas City has a city manager form of government, and the manager can (and sometimes does) direct different city departments to work together on different programs. However, there is no overarching YVP plan for the city. Most departments do have some sort of programs that are directed at reducing youth violence. Examples include the Mayor's Office, the Health Department, Parks and Recreation, and even the Public Works Department.

The Police Department provides support and data for evaluation in addition to the monetary resources mentioned above. Also, the University of Kansas works with the city to analyze the effectiveness of YVP programs.

Funding

Kansas City gets a significant portion of its funding for YVP from a local health levy. The levy is a property tax providing a dedicated stream of

about \$45 million to a wide variety of public health programs. Aim4Peace, Kansas City's public health perspective YVP program, receives about \$300,000 per year from the levy. While roughly two thirds of the total levy is permanent and the other third is on a five-year cycle, the City Council must approve allocation of funds to YVP annually. There is not currently a line item in the state's budget for YVP, but some preliminary discussions with the Attorney General seem promising.

The City also receives a grant from the Health Care Foundation of Greater Kansas City for \$300,000 each year. This grant is meant to encourage the City to continue its funding of Aim4Peace. Several years ago, the City Council zeroed out the budget of the program. Understanding the devastating impact this action could have on public safety, the Kansas City Police Department gave the Aim4Peace \$300,000 of its own funds to keep it going for another year. After that, the foundation said it would match the City's \$300,000 each year if the program continued to receive those public funds. This action resulted in a more stable funding stream and a larger overall budget for the program.

Aim4Peace received an additional \$90,000 in 2012 from the Police Department as a show of support for prevention strategies. Aim4Peace does not consistently operate with the help of federal grants, but it did somewhat recently receive a three-year Justice Assistance Grant (JAG) from the Bureau of Justice Assistance (BJA) under the Department of Justice.

Evaluation

Aim4Peace is an evidence-based program that relies heavily on data analysis to guide its path. In fact, the Health Care Foundation of Greater Kansas City grant stipulates that the program

have an independent party evaluate the program each year. The University of Kansas fills this role. The Kansas City Health Department primarily uses a return-on-investment (ROI) measure in its evaluation. This partially stems from the business law background of the program's director, and the language surrounding the ROI has aided in gaining support among business-minded individuals in the community. It also helps the department justify its existence to some spending-wary elected officials.

Basically, ROI tries to compare the amount of money the city would spend responding to violence after it occurs to the amount spent on prevention. Healthcare, law enforcement, and pre-trial costs are all considered. By this measure, Kansas City has been doing very well. A 2012 report calculates that Kansas City had an ROI of \$4 for every \$1 spent on prevention [9].

In addition to ROI, the city looks at outcomes. The specific outcomes examined vary by program.

Challenges

The primary challenge to Kansas City's YVP efforts is changing the lens through which people in the city view violence perception. It is often viewed as a criminal justice issue rather than an issue of public health. According to the interviewee, "the criminal justice approach was used for a long time, and it simply did not work. So, the City should look at it differently – look at changing behavior."

Some people in the community still feel as though YVP should not be a governmental priority. These people successfully pressured the city council into cutting all YVP funding several years ago. Luckily, however, people closer to the situation fought to bring the funding back, including the Police Department as noted above.

Another hurdle for sustainable YVP programming is the difficulty in convincing funders to pay for people's salaries. They often just want to focus on trendy new programs, but programs that are working cannot continue without a commitment to paying people for their work.

Visions for Future Funding Strategies

The interviewee mentioned two main new strategies to better the funding of Kansas City's YVP efforts. First, a more stable funding source that does not rely on yearly approval by the City Council would help institutionalize the YVP. In particular, increased fees or fines could be directed to Aim4Peace. These could be fees or fines directly or indirectly related to indicators of youth violence. For example, a portion of the fines collected from noise violation tickets could go toward YVP programs. In addition, the interviewee expressed interest in the UNITY Network's work in other states helping to secure special taxes for YVP. She further commented on the federal government's role in providing a secure funding stream to criminal law enforcement programs. Congress could set up a similar stream dedicated to YVP.

Second, increased contributions from untapped stakeholders could greatly benefit the city's YVP work. Specifically, the business community could pitch in to help. Recently, the Health Care Foundation of Greater Kansas City began offering \$100,000 in matching funds to encourage the business community to contribute to the cause.

Notes

[1] Unless otherwise noted, all information is from an interview with Tracie McClendon, Aim4Peace Director, Health Department, City of Kansas City, MO. 2012.

[2] US Census American Community Survey 2009 1 year estimates

[3] "District Graduation Rate Maps." Education Week <http://www.edweek.org/apps/gmap/>

[4] Center for Disease Control. Youth Risk Behavior Surveillance

Case Studies - St. Louis, MO^[1]

System. <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

[5] Bureau of Justice Statistics

[6] FBI Uniform Crime Reports

[7] Bureau of Justice Statistics

[8] *ibid.*

[9] Kansas City, MO Health Department. (2012). Aim4Peace: Violence Prevention Project Business Case Summary.

Demographic Profile and Risk Factors

Population^[2]

According to the 2009 American Community Survey, the population of St. Louis was 356,587. The total population increased 3% between 2006 and 2009. More relevant to youth violence prevention efforts is the proportion of the total population that is younger than 18. As the total population of St. Louis increased, the population under 18 declined. In 2009, 22.3% of the population of St. Louis was made up of children under 18, a four percentage point decrease since 2006. In 2009, 41.6% of children in St. Louis, a 10 percentage point increase since 2007.

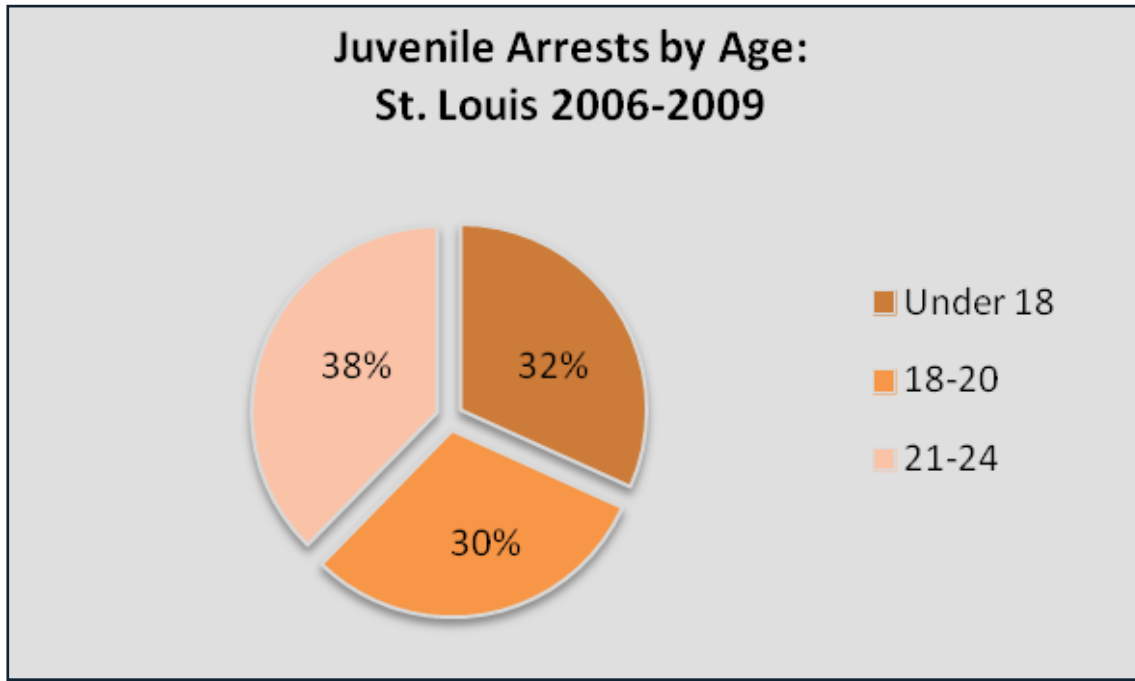
Cohort Graduation Rates

Cohort graduation rates demonstrate the percent of high school freshmen who complete high school within four years. Timely high school completion is indicative of overall academic achievement. It can be assumed that high school students who do not graduate within four years of their start date have academic, health, or social problems that prevent them from doing so. These issues that affect graduation may also be contributing factors to youth violence. As such, cohort graduation rates were examined to better understand the education status of teens. St. Louis tied Boston for the highest cohort graduation rate of the six cities that participated in this study. 61% of the freshmen students in St. Louis public schools that entered high school in 2005 graduated by 2009. This is quite remarkable considering that is a 42 percentage point increase from 2006 (students who entered 2002) [3].

Alcohol and Drug Use

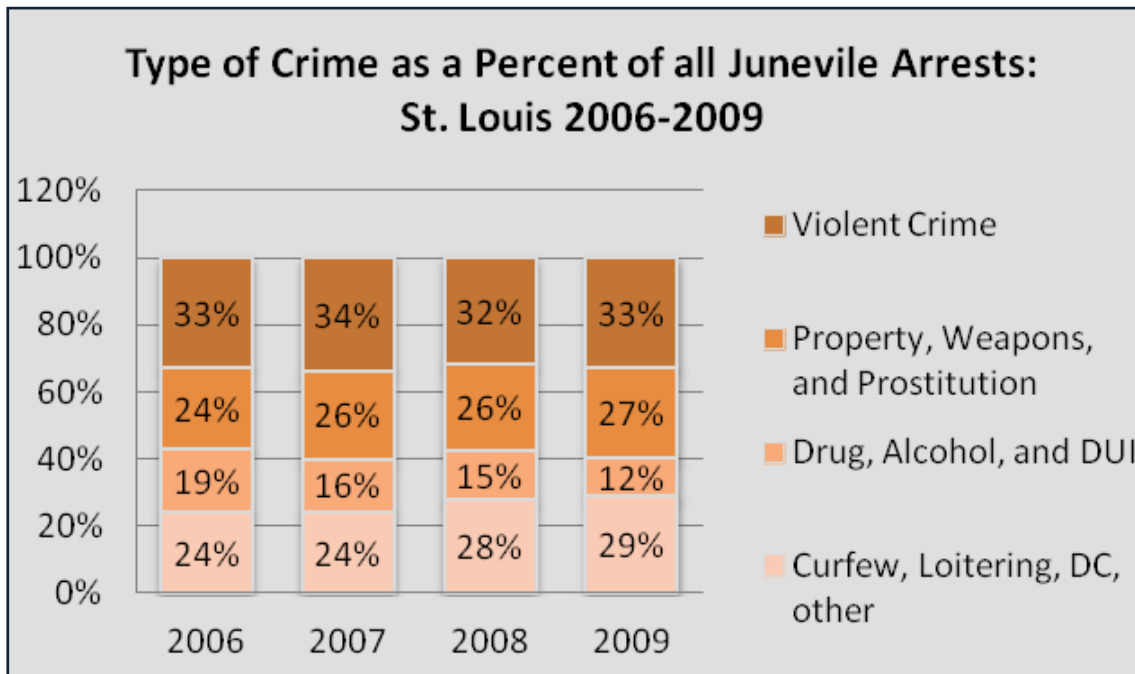
Illicit use of alcohol and drugs among youth can be indicative of youth violence. Though use of alcohol or drugs may not directly cause youth to exhibit

Figure 17



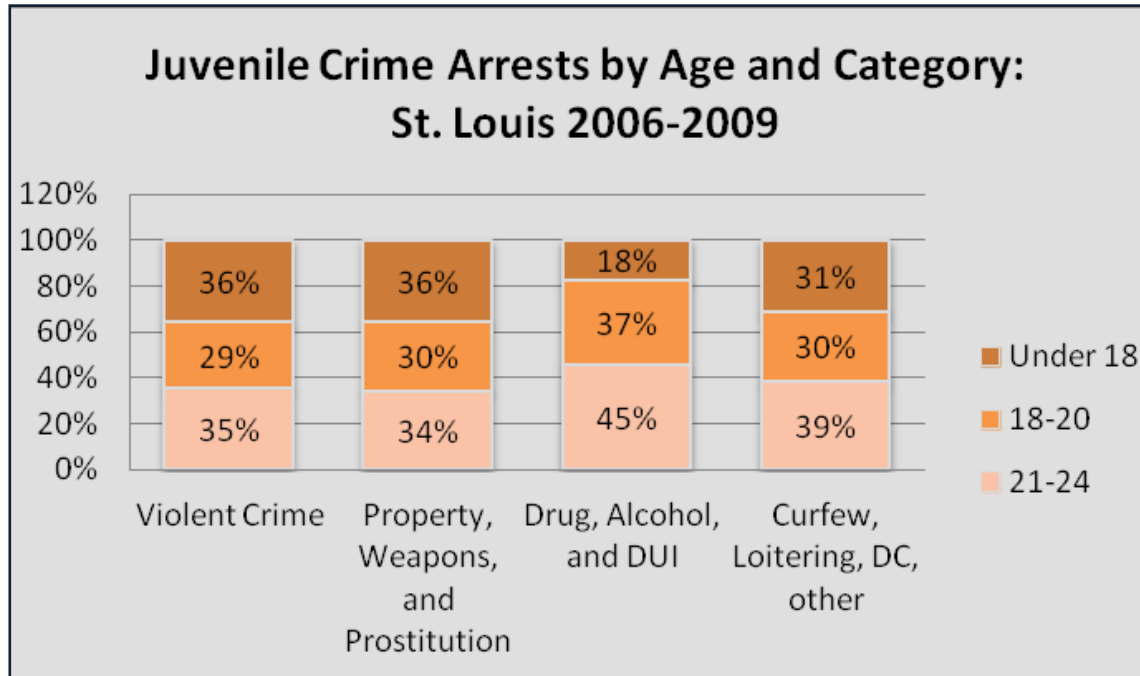
Source: Bureau of Justice Statistics

Figure 18



Source: Bureau of Justice Statistics

Figure 19



Source: Bureau of Justice Statistics

violent or anti-social behaviors, it may increase the likelihood that youth perpetrate acts of violence. According the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, in 2008 24% of persons admitted for inpatient substance abuse treatment were younger than 24. The Center for Disease Control's Youth Risk Behavior Surveillance System surveys high school students in selected cities to measure behaviors that put teenagers at risk for violence and negative health outcomes. Though information from this source is not available for St. Louis, the results of this survey for 2009 indicate that 33% of high school seniors and 25% of all high school students in the state of Missouri consumed alcohol excessively [4]. 17% of students responded that they had been offered, sold, or given an illegal drug on campus in the previous year.

Crime Profile

Juvenile Arrests

In St. Louis, the 39% of all persons arrested in 2009 were under the age of 24, a three percentage point increase from 2006 [5]. Between 2006 and 2009 the number of crimes reported to the St. Louis Police Department decreased, with violent and property crimes decreasing 14% and 27%, respectively [6].

Figure 17 shows a breakdown of the arrests of juveniles by age category. Of the juveniles that were arrested between 2006 and 2009, 32% were younger than 18 [7].

Of all arrests for crimes committed by juveniles during this time period, arrests for drug and alcohol related offenses decreased by seven percentage points. Juvenile arrests for property crime decreased by three percentage points while there was no change in violence crime. **Figure 18** below shows

the proportion of arrests for each crime category from 2006 to 2009.

Additionally, **Figure 19** shows the percentage of arrests for all categories of persons in three age groups. In St. Louis, arrests seem fairly distributed between the three age groups in all categories but one. The majority of arrests for drug and alcohol offences are of persons between the ages of 21 and 24. In terms of violent crime, arrests of juveniles for murder and non-negligent homicides have increased from 57 arrests in 2006 to 74 in 2009. The majority of these are arrests of youth older than 18 [8].

Interview Results

Collaboration

The implementation of YVP programming is “fragmented” across the city of St. Louis. The Department of Health sees opportunities for synergy between itself and the court and police systems. Community based organizations work at the grassroots level. At this time, the Department of Health does not have funding available to distribute to other organizations. Since 2001, the size of the department has been reduced from 300 to 136 employees.

Programming

The Department of Health views most programming aimed at youth—recreation and sports programs, camps, after school activities—as violence prevention as it reduces the amount of unstructured time in a young person’s day. Additionally, the department views all of its programming around communicable disease prevention and environmental health as also addressing violence issues, examining how the “environment and impoverished conditions can and do” impact youth.

The department’s Weed and Seed program, based on Chicago’s CeaseFire model, dissolved in 2001 due to lack of funding.

Funding Sources

The Department of Health’s budget has been severely affected by the recent economic downturn. As such, the Department attempts to find correlations between chronic disease and violence as a way to use those funds for violence prevention. The Department of Health received a mini-grant for \$10,000 from the Centers for Disease Control and Prevention (CDC) under their Striving To Reduce Youth Violence Everywhere (STRYVE) program. This program seeks to expand the public health model of violence prevention, promote evidence based programming, and provide guidance to cities on how to reduce youth violence [9]. The Department of Health used this funding to develop a YVP plan, specifically examining protective factors. Primarily, this revolved around two focus groups conducted in the community. The first group was comprised of young people, who were asked what leads them to commit crimes, what might prevent them from committing crimes, and what other thoughts they had on violence in their community. The overwhelming response from this initial group led the department to seek a partnership with the CEO of a Federally Qualified Health Center to develop a mentoring program through which participants would have 24 hour access to counseling services. The second focus group was comprised of the Department of Health’s community partners. This group revealed a lack of understanding of evidence based programming as well as how to measure and replicate success.

Additionally, the Department of Public Safety provides an annual grant to community based organizations for violence prevention using

Proposition P funds. Proposition P is a sales tax of one eighth of one percent to provide funding for the maintenance and construction of recreation centers as well as programming in local parks [10].

Challenges

Aside from a general lack of stable funding, the absence of a political will to promote violence prevention is a key challenge. Fighting between the two political parties at the federal level is viewed as a major barrier to YVP, as it is a distraction from accomplishing other work. This includes passing a serious budget that includes funding for evidence based programs whose success can be replicated. Additionally, a lack of funding for staff has also been a challenge. Between 2001 and 2012, the number of employees of the Department of Health has been cut by over half. The department's attempt to demonstrate a correlation between violence and chronic disease is still in early stages, leaving "more work for fewer hands."

Visions for Future Funding Strategies

The most pressing need for the future of YVP in St. Louis is a stable source that funds programming attached to evaluation and outcomes. The Department of Health would like to see less research and studying of the issue and more implementation of programs that have demonstrated success.

Vision for Future Funding Strategies

Funding for YVP for St. Louis in the future will depend on getting "out of a social service mindset and into a business model," including engaging private benefactors and partnerships with community members. The Mayor has convened a commission on families, children, and youth which brings stakeholders from around the community to the table to create strategic plans, share success stories, and examine how these successes could build off each other. Continued stakeholder

involvement will depend on demonstrating the community wide costs associated with youth violence.

There is also a need for strategic planning around YVP at the state level. Funding and contracts from the CDC comes through state agencies, who distribute it throughout the state as they see fit. If this is to continue to be the case, the state ought to have its own plan around YVP. If not, this funding should come straight to local agencies.

Notes

[1] Unless otherwise noted, all information from: Moore, Melba. St. Louis Department of Health. Personal Interview. 18 April 2012.

[2] US Census American Community Survey 2009 1 year estimates

[3] "District Graduation Rate Maps." Education Week <http://www.edweek.org/apps/gmap/>

[4] Center for Disease Control. Youth Risk Behavior Surveillance System. <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

[5] Bureau of Justice Statistics

[6] FBI Uniform Crime Reports

[7] Bureau of Justice Statistics

[8] *ibid.*

[9] "Injury Center: Violence Prevention." Centers for Disease Control and Prevention. 6 Sept 2011. <<http://www.cdc.gov/violenceprevention/STRYVE/>>.

[10] "St. Louis City Ordinance 67195." Saint Louis Public Library. <<http://www.slpl.lib.mo.us/cco/ords/data/ord7195.htm>>.

Other Notable Funding Strategies

Ceasefire [1]

CeaseFire is a project of the Chicago Project for Violence Prevention (CPVP), located at the University of Illinois Chicago's School of Public Health. This successful model has been emulated throughout the country, and is based on the role of violence interrupters, "culturally appropriate messengers" who aim to insert themselves in potentially violence situations and mediate disputes.

CeaseFire operates on 27 sites in Illinois. Each is administered and housed by an organization based in that community through a formal contract



process. Site operation is funded at the state level with money channeled through the State Department of Corrections. Each site receives about \$240,000 per year to pay a violence prevention coordinator, other supervisors, and outreach staff at the host organization. However, this reliance on state funding for field operations has led to program instability. The amount of funding received tends to fluctuate, as it must be re-appropriated annually. Comparatively, multi-year grants used in CPVP headquarters from federal, foundation, and

corporate sources provide a consistent amount of money over several years. Violence interrupters are paid directly by CPVP with federal grants as well as state funds. In 2007, this budget was \$189,000. These one year funding cycles contribute to high staff turnover, due to the difficulty of recruiting, hiring, training, and assisting staff with only a one year commitment. This turnover may result in a loss of important relationships within target communities. Additionally, staff time was drawn away from programming in order to pursue funding sources. Each member initiative was capped – each site, regardless of size or need, received the same funding. This model negatively influenced the program to change into a large number of underfunded sites as opposed to fewer, larger, well-funded sites.

This reliance on state funding also introduces a political factor to the site selection process. Some places of highest need in the state lacked legislative support, while other sites were created due to more vocal political representative or stronger community based organizations. This new site may have had less violence, but more political influence. Some political leaders felt they had a role in hiring CeaseFire employees, or that they could use the program in campaign materials.

Much of the program's funding was cut at the state level in the summer of 2007, and all but two sites in Illinois shut down by September. CPVP focused on developing its CeaseFire model and expanding the program in other cities. Meanwhile, shootings in Chicago spiked, and in the following 15 months, shootings had increased by 400 compared to where they had been the previous year, and killings were up by 50. These initial cuts had been made by then Governor Blagojevich. Funding was restored when Blagojevich was arrested by the FBI in December

of 2008, and the number of shootings decreased. Despite these results, \$6.25 million was again cut by Governor Quinn in 2009 [2].

Currently, CeaseFire operates under a \$1.8 million grant from the Robert Wood Johnson Foundation until June 30, 2013. This will provide funding to four sites as well as two to three full time outreach workers. This grant also supports dissemination of the CVPV model [3].

Measure Y

Measure Y (aka the Violence Prevention and Public Safety Act) is a program in Oakland, California aiming to provide funding for public safety through increased parking fees and parcel taxes. Oakland voters passed the initiative in 2004, and since then it has provided over \$19 million per year for violence prevention, the Oakland Police Department's Community Policing Neighborhood Services program, and the Fire Department [4]. The Fire



Department is guaranteed \$4 million annually, and the violence prevention programs and the Police Department get 40% and 60% of the remaining funds, respectively [5]. This provides a little over \$5 million for violence prevention each year.

Oakland's Department of Human Services manages the distribution of funds to various programs through an RFP process. In 2011, Measure Y funded thirty violence prevention programs divided into the following seven categories [6]:

1. Family Violence Prevention
2. Oakland Street Outreach and Community Organizing
3. School-based Prevention Projects
4. Violent Incident and Crisis Response
5. Young Adult Reentry and Employment
6. Youth Comprehensive Services
7. Individually Funded Positions

Grantees include both community-based organizations and government agencies. Some programs are operated by one grantee, and others are operated by multiple groups [7].

Measure Y mandates a program evaluation at least every two years by an independent party[8]. These evaluations focus on examining outcomes associated with each strategy, including school suspension, truancy, and recidivism, among others.

The Measure Y initiative is a very successful funding model for YVP efforts. It provides a stable and large supply of funds each year, without the need for annual reauthorization. In addition, its thorough evaluations help organizations refine their methods and concentrate their collective focus on areas where they can have the greatest impact. The evaluations also provide those engaged in YVP work with evidence of the effectiveness of prevention to

help justify their funding to the public and elected officials.

Illinois Violence Prevention Authority [9]

As noted in the Literature Review section of this report, the Illinois Violence Prevention Authority works to coordinate the YVP efforts taking place within Illinois. The Authority was established through the Illinois Violence Prevention Act of 1995. Initially, the agency was funded entirely through sales of specialty “Prevent Violence” license plates, though since 1999, it has also received money from the state’s general fund. Since the program’s founding, license plate sales have provided over \$8 million for the Authority.



The Authority distributes its funds through an RFP process. In its first ten years, it provided over \$64 million to over 1,500 public and private grantees.

The Illinois Violence Prevention Authority’s most notable funding strategy is its use of license plates. While the plates provide a relatively small share of the agency’s total funds, they do offer a stable funding stream that cannot easily be diverted to other types of programs.

Notes

- [1] Unless otherwise noted, all information from: Skogan, Wesley G. et al. “Executive Summary Evaluation of CeaseFire-Chicago,” Northwestern University Institute for Policy Research 7 May 2008.
- [2] Marin, Carol. “CeaseFire Lacks Funding While Gangs Keep Shooting.” Chicago Sun Times 8 July 2009: <http://blogs.suntimes.com/marin/2009/07/ceasefire_lacks_funding_while.html>.
- [3] “CeaseFire: Chicago Violence Prevention Program.” Robert Wood Johnson Foundation. 2012. <<http://www.rwjf.org/pr/product.jsp?id=45830#grants>>.
- [4] Resource Development Associates. (2011). City of Oakland: Measure Y Evaluation 2010-2011. Oakland.
- [5] Measure Y of Oakland. (2011). Overview of The Violence Prevention and Public Safety Act of 2004. Retrieved from <http://measurey.org/index.php?page=who-we-are>
- [6] Resource Development Associates. (2011). City of Oakland: Measure Y Evaluation 2010-2011. Oakland.
- [7] Tommy Smith, H. B. (2008). Measure Y Evaluation: Year 2 Outcomes Report on Violence Prevention Programs. Berkeley: Berkeley Policy Associates.
- [8] *ibid.*
- [9] Illinois violence Prevention Authority. (2012). Authority History. Retrieved from ivpa.org/about/

Conclusion and Recommendations

An analysis of the literature and interviews with experts in the field reveal that many cities are confronting similar challenges when trying to fund YVP efforts. In particular, much funding is grant-based, requiring reapplication year after year. This instability makes hiring staff difficult and threatens the sustainability of YVP programs.

Also, cities find it challenging to secure adequate amounts of funding each year. This is partially due to difficulties in effectively communicating the value of violence prevention and a narrow view of possible sources of funds.

Another problem lies in barriers to interdepartmental collaboration. Often, multiple city departments have similar goals related to improving the quality of people's lives, yet those often do not regularly coordinate their efforts to achieving their goals with optimal efficiency.

With these issues in mind, this report recommends the following strategies to improving YVP funding in Minneapolis.

1. Secure a stable and dedicated funding stream. This stream could come through increases in certain fines, fees, or taxes. Fines or fees related to indicators of youth violence seem like the mostly probable new sources.
2. Continue and expand upon the interdepartmental collaboration overseen by the Department of Health and Family Support. Effective coordination requires a directing body, and the Department seems to be in a good position to act in this role.
3. Create more formal interdepartmental collaboratives to collectively pursue funds from various sources. This cooperation negates some competition between departments and builds a stronger political base from which to act.
4. Expand the network of nonprofits and other community-based nonprofits with which Minneapolis works. Foundations can be valuable sources of funding and could provide matching grants to encourage additional funding, as in Kansas City, MO.
5. Increase its engagement with businesses in the private sector. Currently, the City's YVP efforts get funding from the Downtown Improvement District. Other businesses, when shown how YVP benefits them, might also contribute.
6. Consider expanding its focus on evidence-based analysis to include measures like return on investment. This measure helps people understand the positive economic impacts of the outcomes of YVP efforts and can serve to justify involvement from new sources of funds.
7. Given the limited nature of this report, the City should continue its research into innovative public funding strategies and evaluation methods. Conversations with professionals in other cities would likely prove incredibly useful.

Appendix A - Telephone Interview Questions

1. Do different city departments collaborate in the implementation of YVP programs in your city? If so, how is funding distributed across departments?
2. Is there a line item in the city's/state's budget for YVP? If so, how long has that line been included in the budget? Which actor(s) were influential in getting this line added to the budget?
3. If there is not a line item in the city's/state's budget for YVP, what sources of funding do you draw on to support your YVP efforts?

How often do you have to apply or reapply for these funds?
4. What criteria do you use to distribute funds OR what criteria is used to determine if you get funding?
5. Is there a model you use to determine costs of YVP initiatives? example: developing a children's budget, cost per child
6. What portion of your funding is going to programs operated by your city and how much goes to community based organizations operating YVP programs?
7. What are the challenges of funding YVP work? How is your city dealing with these challenges?

Does the type of funding you receive restrict the types of YVP programs you are able to fund/operate? If so, how?
8. What would you change about your current funding structure if you could?

[If needed, prompt with: Is it stable? Do you feel funds are allocated in a way to provide services where they are most needed?]
9. What kinds of local funding strategies would be helpful or would you like to see for future programs? Are there promising national funding strategies under development now OR do you have a vision of what a national YVP funding strategy might look like?

Appendix B - Pre-Interview Survey Questions

- 1) What types of funds are used to fund youth violence prevention in your city?
 - a. Private foundation grants
 - b. Designated funding stream from county, state or federal govt.
 - c. Capital Improvement Projects
 - d. General city funds
 - e. Inter-governmental transfers
 - f. Other _____

- 2) In your city, how are youth violence prevention funds allocated?
 - a. To specific departments
 - b. To specific youth violence prevention programs
 - c. Both
 - d. Other _____

- 3) In your city, youth violence prevention efforts are administered by:
 - a. Mayor's office
 - b. Public health department
 - c. Law enforcement
 - d. Other _____

- 4) In your city, who provides youth violence prevention services directly?
 - a. City departments
 - b. Community based organizations
 - c. Both
 - d. Other _____