

**DEPARTMENT OF JUSTICE****Office of Juvenile Justice and  
Delinquency Prevention****[OJP (OJJDP)-1217]****RIN 1121-ZB51****Safe Start Demonstration Project and  
Evaluation of the Safe Start Initiative****AGENCY:** Office of Juvenile Justice and  
Delinquency Prevention, Office of  
Justice Programs, Justice.**ACTION:** Notice of funding availability.

**SUMMARY:** Notice is hereby given that the Office of Juvenile Justice and Delinquency Prevention (OJJDP), pursuant to Pub. L. 105-277, October 19, 1998, Making Appropriations for the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies for the Fiscal Year Ending September 30, 1999, and for Other Purposes, is issuing a program announcement and solicitation for applications from all communities to create a comprehensive system that will improve the access, delivery, and quality of services for young children at high risk of exposure, or who have been exposed to violence. OJJDP is also issuing an evaluation announcement and solicitation for applications to conduct an evaluation of this initiative.

The FY 1999 appropriation will provide up to 12 sites with funding of up to \$250,000. These awards will be made through a competitive grant process, to be administered by OJJDP. The FY 1999 appropriation also will provide funding up to \$1 million for a national evaluator to conduct an evaluation of the sites.

**DATES:** Applications under this program must be received no later than 5 p.m. ET June 14, 1999.

**ADDRESSES:** Applications should be submitted to the Office of Juvenile Justice and Delinquency Prevention, c/o Juvenile Justice Resource Center, 2277 Research Boulevard, Mail Stop 2K, Rockville, MD 20850. Interested applicants need to obtain the Safe Start Initiative Application Package, which includes the two program announcements, application instructions, and forms. The package is available online at OJJDP's Web site: [www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org) (click on the Grants and Funding prompt). The package is also available by mail (call OJJDP's Clearinghouse at 800-638-8736 and request SL 334) or via e-mail (at [puborder@ncjrs.org](mailto:puborder@ncjrs.org)). For packages being mailed, please allow 3-5 days for delivery.

**FOR FURTHER INFORMATION REGARDING  
THE SAFE START INITIATIVE, CONTACT:**

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[Averym@ojp.usdoj.gov](mailto:Averym@ojp.usdoj.gov). For further  
information regarding the Evaluation of  
the Safe Start Initiative, contact Dean  
Hoffman, Program Manager, Office of  
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telephone numbers are not toll-free  
numbers.]

**SUPPLEMENTARY INFORMATION:****Purpose**

The purpose of the Safe Start demonstration project is to develop a demonstration initiative to prevent and reduce the impact of family and community violence on young children (primarily from birth to 6 years of age). The project seeks to create a comprehensive service delivery system by helping communities to expand existing partnerships among service providers in the fields of early childhood education/development, health, mental health, family support and strengthening, domestic violence, substance abuse prevention and treatment, crisis intervention, child welfare, law enforcement, courts, and legal services. This comprehensive service delivery system should improve access to, delivery of, and quality of services for young children at high risk of exposure to violence or who have been exposed to violence,<sup>1</sup> along with their families, and their caregivers, at any point of entry into the system.

**Background**

Throughout America, millions of children are exposed to violence at home, in their neighborhoods, and in their schools.

In 1996 nearly 3 million children were the subjects in 2 million reports of child abuse and neglect (Poe-Yamagata, 1997). A 1994 study found that 1 out of every 10 children treated in the Boston City Hospital primary care clinic had witnessed a shooting or stabbing before the age of 6. Almost all (94 percent) of the children had been exposed to multiple forms of violence, and half had been exposed to violence within the past month. Half of the children witnessed such violence in the home, and half witnessed it in the streets. The

<sup>1</sup> "Exposure to violence" means being a victim of abuse, neglect, or maltreatment or a witness to domestic violence, or other violent crime.

average age of these children was 2.7 years (Taylor et al., 1994).

It has been estimated that each year in the United States between 3.3 million (Carlson, 1984) and 10 million (Straus, 1991) children witness violence in the home, including a range of behaviors from intense verbal arguments to fatal assaults with guns and knives.

Family violence also encompasses violence between siblings. According to one study, 77 percent of children under the age of 9 had recently been violent toward a sibling (Steinmetz, 1977). Another study found that 80 percent of children committed violent acts toward their siblings every year (Straus, Gelles, and Steinmetz, 1980).

Young children are particularly at risk of and affected by violence and exposure to violence.

In a comparison study of census data from five cities, domestic violence was shown to have occurred disproportionately in homes with children under the age of 5. Children in this age group also were more likely than older children to witness multiple acts of domestic violence and substance abuse (Fantuzzo et al., 1997). Research indicates that because of their age and limited ability to understand violent episodes, younger children are more vulnerable to the impact of victimization. Children's exposure to violence and maltreatment is significantly associated with increased depression, anxiety, posttraumatic stress, anger, greater alcohol and drug abuse, and lower academic achievement (Zero to Three, 1994). Exposure to violence shapes how they remember, learn, and feel. Numerous studies cite the connection between abuse or neglect of a child and later development of violent and delinquent behavior (Thornberry, 1994; Wright and Wright, 1994; Widom, 1992). Children who experience violence either as victims or as witnesses are at increased risk of becoming violent themselves. This danger is greatest for the youngest children, who depend almost completely on their parents and other caregivers to protect them from trauma.

Children exposed to violence do not receive adequate intervention or treatment to address harmful aftereffects.

According to the U.S. Advisory Board on Child Abuse and Neglect (U.S. Department of Health and Human Services, 1995), more than 90 percent of children who were abused or neglected did not get the services they needed. Rarely are such children provided treatment or help in dealing with the traumatic effects of maltreatment. Also, too often, referrals to victim services

made during investigations of domestic violence and other violent crime are limited to the adult victim rather than focusing on both adult and child victims and witnesses, leaving these children without services.

There is broad consensus that current juvenile justice practice is often inadequate in preventing or intervening in exposure of children to violence. Services are crisis oriented and divide children and families into distinct, often arbitrary categories. Communication among service providers is often poor, resulting in an inability to treat families holistically, meet their needs, and develop comprehensive solutions (Melville and Blank, 1993).

There is a movement toward a coordinated system response.

As the juvenile justice field continues to recognize prevention as central to its mission and to focus its prevention efforts on those factors that place children at risk for both victimization and delinquent activity, practitioners are increasingly recognizing that the segmentation and fragmentation of community service delivery systems are serious obstacles to effective services for at-risk and victimized children (Gerry and Morrill, 1990). In addition, practitioners and policymakers are beginning to recognize the effectiveness of engaging communities in addressing problems related to delinquency and violence.

The Federal Government has a critical role, not only in reorganizing and restructuring its own activities to promote and facilitate such reorganization on the community level, but also in stimulating community-based systems improvement by providing financial and technical assistance to communities engaged in collaborative processes (Conly and McGillis, 1996). In recent years, Federal agencies have funded a variety of programs to promote collaboration among service providers for children and families. For example:

- In 1994, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the U.S. Department of Justice (DOJ) provided initial support to document the Child Development-Community Policing (CDCP) Program model, which was developed by the Yale University Child Study Center and the New Haven Department of Police Services in 1991. Since then, with continuing support from OJJDP and support from DOJ's Office for Victims of Crime and Violence Against Women Grants Office, CDCP has expanded its scope of work and replicated its model in other cities. The program provides assistance to children and adolescents

who have been exposed to or victimized by family or community violence and consequently placed at significant psychological and developmental risk. Through this partnership, police and mental health professionals participate in activities such as cross-disciplinary training, seminars on child and adolescent development, policing strategies, case conferences, and 24-hour consultation services.

- In 1997, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS), in conjunction with the Casey Family Program, established the Starting Early/Starting Smart initiative. This public/private collaboration integrates mental health and substance abuse prevention and treatment services with primary health care or early childhood care settings for children from birth to 7 years.

- In 1995, OJJDP began SafeFutures, a 5-year demonstration program in six communities. Under this program, communities are implementing comprehensive community programs designed to reduce youth violence, delinquency, and victimization through a continuum of care system for youth ages 0-18 and their families. This continuum assists communities in responding to the needs of youth at critical stages of their development through a range of prevention, intervention, treatment, and sanctions programs.

- In 1996, several components of the Office of Justice Programs within the Department of Justice joined to initiate the Safe Kids/Safe Streets program. This 5½-year demonstration program, designed to foster coordinated community responses to child abuse and neglect and break the cycle of early childhood victimization and later criminality, is currently being implemented in five sites in the United States.

- HHS's Comprehensive Community Mental Health Services for Children and their Families Program includes intensive community-based services for children with serious emotional disturbances and their families based on a multiagency, multidisciplinary approach involving both the public and private sectors. The key goal of the program is to develop comprehensive interagency systems of care, including collaboration between a variety of providers, e.g., juvenile justice, child welfare, schools, health, and mental health providers.

Through these programs, and others, communities have established formal collaboration between two or more

service providers in order to improve service delivery to children, their families, and caregivers. To help communities expand partnerships to include additional providers, in fiscal year 1999 Congress appropriated \$10 million to establish the Safe Start initiative. These funds will assist communities that are doing the type of work identified in the five examples above. (Eligibility is not limited to the communities mentioned above—see the "Eligibility Requirements" section below.) Safe Start will provide up to 12 communities with funds to develop and coordinate services to prevent and reduce the impact of family and community violence on young children. The program seeks to accomplish this goal by enhancing and expanding existing community partnerships focused on this problem through integrating public and private support.

## Goal

The goal of this project is to create a holistic approach to prevent and reduce the harmful effects of exposure to violence on young children by improving access to, delivery of, and quality of services to children and responding to the needs of children and their families at any point of entry into relevant (e.g., legal, social services, medical) systems.

## Objectives

In order to achieve its goal, the Safe Start demonstration project seeks to develop a comprehensive and coordinated community system for preventing and responding to the harmful effects of exposure to violence on young children by:

- Assessing the extent and nature of children's exposure or risk of exposure to violence and the circumstances within the community under which this exposure occurs.

- Increasing awareness within communities and among professionals of the impact of exposure to violence on children and ways to prevent children's exposure to violence.

- Increasing children's access to quality prevention programs.

- Improving identification, referral, and interventions for children, along with their families.

- Facilitating collaboration and coordination of services to improve cross-agency prevention and response, increasing professional cross-training, and reducing barriers to accessing services.

- Providing specific training and support to direct service providers in preventing and dealing with the

psychological and developmental effects of children's experience with violence.

- Addressing the multiethnic, racial, and gender needs of young children who are at high risk of or who have been exposed to violence.

- Fostering and facilitating organizational change that promotes improvements in a variety of prevention, protection/intervention, and treatment services provided by relevant agencies and service providers.

- Developing and implementing specific protocols, procedures, and research-based programs for responding to the needs of children at high risk of, or exposed to, violence and strengthening violence prevention programs designed to reduce such exposure.

The approach through which grantees under the Safe Start initiative are to achieve these objectives will involve:

- Expanding a comprehensive planning and implementation effort that must substantially include representatives from relevant public and private agencies and programs who have a thorough understanding of child development, violence, and its impact on children.

- Assessing and addressing the current levels and seriousness of critical health, mental health, and educational consequences and needs of children at high risk of, or exposed to, violence in their communities.

- Assessing and addressing the policies, procedures, and services directed at the needs of children who are at high risk of, or exposed to, violence in the community.

- Identifying and reducing gaps, deficiencies, and barriers in prevention and intervention policies, procedures, and services.

- Identifying and accessing training and technical assistance that supports the coordinated prevention and intervention services, policies, and procedures.

### Program Strategy

OJJDP will competitively select up to 12 communities to receive cooperative agreements for up to 5½ years under the Safe Start initiative.

### Project Phases

The strategy for establishing this comprehensive service delivery system involves a multiyear development process (see chart below). The initiative will be conducted in three phases.

During Phase I, which will correspond to the first 12 months of the initiative, selected sites are to conduct assessment, planning, and initial development activities, which are discussed in detail below. Applicants are required to include a strategy for the Phase I assessment and planning as part of the initial application for selection as a Safe Start site. Selected sites will need to successfully complete their Safe Start 5-year strategic plan and an 18-month program implementation plan by month 9 of Phase I to be eligible for funding in Phase II. The 5-year strategic plan and 18-month program implementation plan will serve as major components of the application for continuation funding for Phase II.

Applicants will begin Phase II in month 12 upon OJJDP approval of the 5-year strategic plan and 18-month implementation plan. In Phase II, sites will begin implementation of their Safe Start activities and services. Specifically, Phase II consists of 18 months of initial implementation, training, capacity building, and evaluation of those activities and services planned during Phase I.

Phase III includes the remaining three annual budget periods of the 5½-year initiative. In budget periods 3 and 4, sites will focus on full implementation and maintenance of the program based on the plan developed during Phase I and initial implementation of Phase II. By budget period 4, sites will also actively identify and implement ways to

sustain improvements achieved under Safe Start by conducting long-range planning beyond the conclusion of the initiative and developing alternative funding. Finally, in budget period 5, sites will continue full implementation of services and activities, finalize long-range planning, and ensure sustainability.

### Project Funding

- Selected applicants will be awarded up to \$670,000 for the first budget period of 18 months. (Note that the budget periods and phases of this project overlap). Selected applicants will be able to use up to \$250,000 for Phase I assessment, planning, and initial development activities.<sup>2</sup>

- For applicants that successfully complete Phase I, the remaining funding available from the first budget period of up to \$420,000 will be available along with \$670,000 of funding from the second budget period of 12 months to support activities during Phase II (months 13–30) for a total of up to \$1,090,000 of funding support per site. Grantees will receive the highest level of funding for the demonstration program in Phase II. Funding will vary based on a variety of factors including size of the target area and population, site-specific needs identified and supported in the Phase I plan and to be implemented during Phase II, and successful completion of the products and activities identified for Phase I. These funds will cover any infrastructure building, startup costs, and training, evaluation, and program services needed to enhance existing resources.

- Funding in Phase III (budget periods 3, 4, and 5) will be up to \$670,000 per site in year 3 and will decrease each subsequent budget period. Selected sites will be expected to ensure that local resources are leveraged to sustain the project during years 4 and 5 of Phase III and beyond the 5½-year project period.

| Phase                     | Years   | Activities  | Funding                          |
|---------------------------|---|---|----------------------------------|
| Phase I (12 mos.) .....   | Year 1: .....<br>months 0–9 .....<br>months 10–12 .....<br>month 12 ..... | Assessment & planning .....<br>xInitial development.<br>xIOJJDP review of site plans completed. | \$250,000                        |
| Phase II (18 mos.) .....  | Year 2: months 13–30 .....  | Initial implementation .....  | 420,000<br>+670,000<br>1,090,000 |
| Phase III (36 mos.) ..... | Year 3: months 31–42 .....<br>Year 4: months 43–54 .....                  | Full Implementation .....<br>Sustainability .....   | 670,000<br>>670,000              |

<sup>2</sup> Applicants are requested to submit award requests for the amount of \$670,000; however, selected grantees will only have access to \$250,000 for planning through month 12. The remaining

\$420,000, plus additional funds under a supplemental award for initial implementation in Phase II will be made available in month 12 upon successful completion of Phase I and OJJDP

approval of plans. See "Award Amount" and "Award Period" sections below.

| Phase | Years                     | Activities | Funding  |
|-------|---------------------------|------------|----------|
|       | Year 5 months 55–66 ..... | .....      | >670,000 |

Funding in this demonstration initiative is intended to supplement existing services provided through Federal, State, local, and tribal sources and to be used for the purpose of coordinating and supplementing an existing system of care. In each community's system of care, the primary objective is to capitalize on and reshape existing staff time and services while also filling service gaps.

#### Target Population and Area

This demonstration initiative has been developed to target young children (primarily from birth to 6 years of age) who are at high risk of exposure or who have been exposed to violence, along with their families and other caregivers. The target age range is somewhat flexible based on the justified needs of a community. Applicants need to specify what particular age range is targeted, how and why this range was identified and is appropriate to the geographic area to be served, and how "high risk of exposure to violence" and "exposed to violence" are defined in the community.

Sites funded under this initiative must address the multiethnic, racial, and gender-specific needs of young children who are at high risk of or who have been exposed to violence. Sites may direct their efforts to the entire jurisdiction or to specific geographical areas of special need. However, the identified need must be clearly justified as described below. For instance, applicants may choose to direct program efforts toward children in one or more communities within a larger urban, rural, or tribal area.

Applicants must justify the target area and population in terms of both need and appropriateness to the accomplishment of program objectives. Applicants must show that targeted geographic areas represent identifiable communities or neighborhoods where the investment of Safe Start resources will result in appreciable improvements for children who live there. Appropriateness of the target area also must be justified in part by demonstrating particular community strengths or existing resources from which to build Safe Start.

#### Collaboration/Coordination

Collaboration and coordination are central components of the Safe Start program. At the national level, OJJDP has developed this initiative in

coordination with other Federal agencies and offices, including the Department of Health and Human Services and DOJ's Violence Against Women Grants Office and Office for Victims of Crime. At the local level, Safe Start sites are expected to demonstrate and continue coordination and collaboration with other Federal, State, and local agencies; national and community foundations; and private sector programs, including community-based organizations and faith communities. To ensure that a comprehensive service delivery system is provided, key partnerships must be established and expanded. A list of relevant partners and service providers follows to highlight the full range of disciplines and sectors to be involved. Primary partners represent key points of entry for prevention and intervention; secondary partners can provide support resources as needed.

Primary partners include the following:

- Battered women's shelters and domestic violence advocacy agencies.
- Child advocacy centers.
- Courts: Judges, attorneys, guardians *ad litem*, court appointed special advocates, administrative staff in the dependency/juvenile courts, family courts, domestic violence courts, and drug courts.
- Domestic violence, family violence prevention, and hotline services.
- Early childhood development and child care.
- Faith leaders and communities.
- Head Start and Early Head Start.
- Law enforcement.
- Mental health services.
- Primary health care providers, hospitals, and emergency medical services.
- Schools.
- Social services and child protective services.
- Substance abuse prevention and treatment services.

Secondary partners include the following:

- Business and private sector.
- Housing.
- Income maintenance personnel (Temporary Assistance for Needy Families; General Assistance; Supplemental Security Income; Women, Infants, and Children Program, *etc.*).
- Labor.
- Media.
- Transportation.

Under Safe Start, communities will be expected to develop a coordinated prevention and response system composed of core services identified below under the "Activities/Services" section. Additional primary and secondary partners will vary based on the particular needs and existing service delivery systems of individual communities. Grantees will be selected based in large part on their demonstration of active partnerships and their ability to expand and sustain the partnerships to broadly encompass partners needed in the community. Collaboratives should display the following elements:

- A shared, focused objective that is narrow enough to have an impact yet broad enough to engage the interests of multiple agencies (since children at high risk of, or exposed to, violence have critical health, mental health, education, safety, housing, and transportation needs).
- Leadership and ongoing support from the highest agency levels.
- Dedicated administrative budget and staff to support the initiative's goals and objectives.
- Systemwide implementation that is sufficiently broad in scope to gain sustained policy-level attention and impact key agency practices.
- Demonstrated ability to leverage public and private funding to ensure commitment during the project and sustainability of improved services and coordination after Safe Start funding has ended.
- A focus on outcomes, with measurable, tracked, and evaluated progress toward planned goals and objectives.
- Ongoing support and technical assistance to promote community coordination.
- Experience in problem solving to enhance individuals' and agencies' abilities to prevent violence and trauma before they occur.

#### Activities/Services

To accomplish the goal of Safe Start, communities will have to improve their service delivery systems (*e.g.*, by improving identification, assessment, and referral mechanisms; addressing confidentiality issues; implementing organizational change; enhancing information sharing and management information systems; creating protocols and multidisciplinary teams, *etc.*), and they will have to implement programs

that research has proven effective (e.g., Functional Family Therapy, Nurse Home Visitation).

Through the Safe Start planning (Phase I) and implementation (Phases II and III) process, communities should build on existing services to develop a coordinated prevention and response system that contains the following minimum core components: a protocol between police, mental health, medical, and child protective services; child advocacy centers; early childhood development and education; family strengthening services; a home visitation program; domestic violence services for battered mothers whose children are at high risk of exposure, or exposed to, intimate partner violence; substance abuse prevention and treatment services; and model dependency courts. The process of planning and implementation that selected sites will be required to perform is described below.

#### *Phase I—Planning and Initial Development*

During Phase I, selected sites will be required to prepare a 5-year strategic plan that outlines how the local community will create an integrated prevention and response system of care for preventing and reducing the impact of exposure to violence on children along with their families or caregivers. This plan should provide a framework for activities, policy changes, and resource adjustments for the remaining years of the award and beyond to continue the community assessment and planning as part of ongoing maintenance of the effort. The 5-year strategic plan should provide the overarching structure/framework for all efforts to improve the prevention of and a community response to children's exposure to violence. It is both a state-of-the-community report on children at high risk of, or exposed to, violence and a step-by-step guide for action.

Phase I planning also should include identifying and assessing existing community services, including gaps in services; identifying and assessing all resources currently used and available for use (human, technological, and fiscal); assessing financial strategies; and assessing existing policies and procedures within and across agencies and providers responding to children who are at high risk of, or exposed to, violence along with their families.

To accomplish these purposes, the strategic plan must provide a data-driven risk and resource assessment about the current community in quantifiable terms—numbers, percentages—that can inform

decisionmakers and serve as baseline measures against which to judge progress. It must also delineate a list of action steps—a blueprint—that, among other items, includes responsibilities (by individual and organization), and timelines for achieving an integrated service delivery system.

The strategic plan must substantially involve key leaders (e.g., policy, administrative, and community) necessary for a comprehensive prevention system and response to exposure to violence in terms of assessment information, outcomes, policies, financing and programming strategies, staffing, training, coordination, and services. Services that are administered at a city, county, tribal, or State level must be identified and involved. The strategic plan should include the basic elements of any planning document such as the vision, mission, goals, objectives, assessment findings (including a description of the current continuum), and a list of prioritized actions for the next 5 years. These prioritized actions should include the target date by which they will be implemented and the agency/persons that have lead responsibility for them. It is expected that prioritized actions will include a range of strategies such as policy and systems changes, service delivery changes (e.g., expanded service hours), service integration, program enhancements, and new programming (including but not limited to those strategies supported under the Safe Start grant funds). These strategies should occur at all of the following levels: Policy, legislative, management, and frontline service delivery.

In addition to the 5-year strategic plan, sites will also be required to submit an 18-month detailed initial implementation plan (application) for funding for Phase II.

#### *Phase I—Deliverables Required of Selected Grantees To Proceed to Phase II*

Assessment and planning activities conducted by sites during Phase I should position selected sites to begin implementation of improved service delivery to children and their families in Phases II and III. By month 9 of Phase I, participants are expected to have developed and submitted a comprehensive 5-year strategic plan that builds on previous activities in the community that includes, at a minimum, the following:

- Vision Statement (5 years).
- Description of Planning Process (participants and planning methods).
- Defined Target Area and Population.

- Community Assessment (based on data, where appropriate).
    - Map of current services in the delivery system for both prevention and reduction.
    - Identification of resources currently invested in the issue of exposure.
    - Identification of priority risk and protective factors.
    - Identification of gaps in the current service delivery system.
    - Analysis of community strengths, resources, and opportunities available to support the system.
    - Identification of service barriers among key service providers, including availability, accessibility, and appropriateness.
    - Identification of program and policy priorities for putting an integrated system in place.
    - Description of plan for maintaining and updating initial assessment findings.
  - Goals and Objectives for Prevention and Reduction of the Impact of Exposure.
  - Action Plan.
    - Policy and system changes to address priorities for prevention and reduction. Services and programming (including Safe Start-funded activities and other services).
    - Task and timeline plan.
  - Plan for Measuring Progress.
    - Plan for ongoing assessment.
    - Benchmarks for measuring progress.
    - Description of who will participate in measuring progress and how decisions about necessary changes and refinements will be made.
  - Training and Technical Assistance Plan (see below).
  - Local Evaluation Plan (see below).
  - Statement of Collaborative Phase I Plan Development.
    - Because the strategic plan is to be the product of a collaborative, communitywide planning process including all policymakers involved in the prevention and reduction of exposure to violence, selected sites will need to include a signed statement in which each supporting party attests to his or her substantial involvement in the development of the strategic plan. The statement must contain each person's original signature, typed/printed name, address, telephone number, and affiliation (agency head, parent, youth). In addition, signed statements of the staffing group members who participated and a description of the roles of the key leaders, in the preparation of the strategic plan are required.
- In addition, by month 9 of Phase I, sites will be required to submit a

detailed implementation plan (*i.e.*, full application) for Phase II of the Safe Start initiative. The implementation plan/application must detail the activities and strategies to be implemented, and provide a timeline and a budget for the 18 months of initial program startup and implementation. The Phase II application must include a training and technical assistance plan and a local evaluation plan. All applicants will be eligible for continuation in Phase II if performance in Phase I, the strategic plan, and the implementation plan/application merit support for implementation funding.

Applicants will also be required to provide memorandums of understanding (MOU's), cosigned by all participating agencies, that describe in detail agency commitments and activities each agency will perform to improve service coordination and delivery.

These deliverables will be due to OJJDP by month 9 of the program to ensure adequate time for review and approval by OJJDP for continuation of and funding for Phase II. The remaining 3 months of the first year should be used in preparation for Phase II in such activities as training, policy development, and other developmental activities.

Selected sites also will be required to provide interim planning reports and draft products throughout Phase I to allow for a formative feedback process intended to facilitate successful completion of Phase I.

#### *Phase II—Initial Implementation (Months 13–30)*

Once each selected site has successfully completed Phase I, OJJDP will provide additional funds for Phase II. During this phase, OJJDP expects communities to build upon existing services to begin developing a coordinated prevention and response system including the core components listed above under "Collaboration/Coordination" and "Activities/Services." If an applicant demonstrates that a particular component is not needed or has been adequately developed in its community, funding is flexible enough to allow for greater emphasis in another service or systems change area. Although the Safe Start initiative does not require selected sites to implement prescribed models for particular program components, sites must use programs and services that have been demonstrated through research to prevent and minimize the impact of exposure to violence. Applicants will be expected to justify and demonstrate the effectiveness of

programs or practices proposed for implementation or expansion. (Numerous information resources on research-based practices and programs are available from OJJDP through the Juvenile Justice Clearinghouse. The National Clearinghouse for Child Abuse and Neglect also can provide information. Contact information is listed on page 52.)

Deliverables for Phase II will be developed during Phase I in consultation with OJJDP, and written guidance from OJJDP will be provided annually throughout Phase II.

Activities will include the following:

- Implementation of professional training, cross-training, and development at the individual and staff/organizational level regarding prevention, identification, and intervention techniques to address the needs of children at risk of/exposed to violence.
- Implementation of strategies for improving identification, referral, and intervention.
- Development and implementation of cross-system coordination and protocols.
- Implementation of any new research-based service models to fill identified gaps.
- Increasing the quality of, and access to, services.
- Developing management information systems and improving case management.

#### **Training and Technical Assistance**

A comprehensive national training and technical assistance (national TTA) component will be identified by OJJDP and will support the communities selected to participate in Safe Start. These communities will receive a range of OJJDP-funded support including assessment, coordination, brokering, and provision of TTA in both content and systems improvement areas.

In addition, of the up to \$250,000 in funding that can be awarded for planning, sites are expected to set aside \$50,000 for local TTA to support community-specific needs and build on existing local TTA resources. Sites are encouraged in Phase I to use the TTA set-aside to access support for ongoing facilitation of and consultation on the strategic planning process.

In Phase II, local intensive training across disciplines for community teams on children's exposure to violence, treatment options, and interventions in various settings should be provided by a team of experts identified by the agencies, including professionals experienced in working with parents, childcare workers, child protective

service providers, battered women's advocates/workers, community policing officers, probation officers, parole officers, prosecutors, judges, pediatricians, emergency room doctors, nurses, school personnel, educators, clergy, public housing officials, and university professors. Again, this training should build on what is available under existing contracts. This training plan should be developed with the assistance of the National TTA Coordinator during planning under Phase I.

#### **Evaluation**

Safe Start evaluations will track each selected site's process and the impact of developing a coordinated service delivery system through (1) a cross-site process evaluation; (2) a cross-site impact evaluation; and (3) rigorous local impact evaluations. These evaluations will be conducted at both the national and the local level. The objectives of both the national and local evaluation will adjust to the shifting demands of each Safe Start phase and are intended to document Safe Start activities across the life of the initiative.

During Phase I, the evaluation will focus on process by documenting the process and results of planning meetings, progress of the risk and resource analysis, identification of gaps, problems encountered, *etc.* As the initiative moves into Phase II and III implementation, the evaluation also will be concerned with outcomes related to the impact of new and/or enhanced services and changes in policy and procedures on the lives of children and families exposed to violence. This process will be guided by the development of a Safe Start logic model for each community (described in more detail below).

#### *The National Evaluator*

The Safe Start national evaluator will be selected by OJJDP through a separate, competitive process. Program applicants must agree to comply with the national evaluation requirements. Because it is important that the experiences of all Safe Start communities be measured in a common fashion, allowing for generation of knowledge across all communities, the national evaluator is responsible for designing two cross-site evaluation efforts. The first, the cross-site process evaluation, is intended to document and analyze the process of effective implementation of the Safe Start initiative to provide information to strengthen and refine the initiative within and across sites. It is important to identify factors that contribute to or impede the successful implementation

of the initiative in each community. The second, the cross-site impact evaluation, is intended to assess the extent to which the initiative is meeting its goals and measure the amount of change that is taking place. Finally, the national evaluator is responsible for providing technical assistance to local evaluators in designing local evaluation plans. These plans must focus on conducting more rigorous evaluations that use experimental or quasi-experimental designs. These plans will be reviewed by the national evaluator and OJJDP. OJJDP will approve local evaluation plans.

#### *Local Evaluation Requirements*

Each Safe Start grantee must select and set aside ample funds (no less than 10 percent) of the project budget to fund a local evaluator to provide evaluation support throughout the life of the initiative. In subsequent years of the initiative, the percentage of the project budget allocated to the local evaluator may increase. Safe Start applicants must make a strong and demonstrated commitment to incorporating evaluation activities into their planning and implementation activities. The overall evaluation effort is intended to document and assess the initiative as it develops in each community and becomes an integral component of the initiative by measuring progress, suggesting adjustments, and keeping the initiative outcome focused.

The process of selecting a local evaluator will vary across jurisdictions according to each jurisdiction's policies. That is, some jurisdictions may be required to competitively select a local evaluator while others may have different mechanisms. Applicants should describe the requisite process in their jurisdictions and incorporate this selection process into their Phase I (planning and initial development) timeline. Applicants are encouraged to reach out to universities and other local organizations to fill this responsibility. The national evaluator will develop a common set of criteria to use in selecting a local evaluator. This guidance is intended to convey the same set of expectations to all potential local evaluators.

Local evaluators have six areas of responsibility: (1) Developing a Safe Start logic model for their community; (2) participating in cross-site process evaluation activities; (3) participating in cross-site impact evaluation activities; (4) designing and conducting local Safe Start impact evaluations; (5) providing technical assistance to the local Safe Start initiative; and (6) contributing to

report writing. These are described in more detail below.

*Develop a Logic Model for the Local Safe Start Initiative.* During the planning phase, Safe Start projects and their respective local evaluators will be required to work collaboratively with the national evaluator to develop a local Safe Start logic model. A logic model is a description of how project inputs, activities, and outputs are expected to accomplish the goals and objectives of a project. In other words, a logic model maps out the activities that will occur over the life of the initiative and ties these to the outcomes desired by the project staff.

*Participate in Cross-Site Process Evaluation Activities.* Local evaluators will work closely with the national evaluator to complete cross-site process evaluation activities. As discussed above, the national evaluator is responsible for designing this cross-site effort. Local evaluators will have input into this design but will ultimately be required to participate in accordance with the agreed-upon structure and methods. For example, the local evaluator must participate by using any instruments designed by the national evaluator for use by all Safe Start sites, following agreed-upon information-sharing procedures, and maintaining contact with the national evaluator and OJJDP.

*Participate in Cross-Site Impact Evaluation Activities.* The national evaluator is responsible for guiding the design of the cross-site impact evaluation, which is designed to assess the extent to which the initiative is meeting its goals and the amount of change that is taking place. The national and local evaluator are expected to develop a strong working relationship and a mutual commitment to measure Safe Start outcomes. The local evaluator will work with the national evaluator to identify impacts that can be measured as the initiative develops. For example, if the Safe Start community adopts new policies in police referrals to family counseling services, the national evaluator may require that the local evaluator and other local Safe Start project staff monitor the number of referrals made after the policy takes effect. In this same vein, the national evaluator may require that archival data be collected to provide a baseline. It should be noted that all of these requirements will be central to implementing a rigorous evaluation of Safe Start and will embed the process and impact evaluations in the program's development, implementation, and refinement. Local evaluators must participate in the design and

implementation of the cross-site impact evaluation in accordance with procedures developed by the national evaluator.

*Design and Conduct Local Impact Evaluations.* As Safe Start communities begin to implement specific programs (e.g., Nurse Home Visitation) and the need arises to assess the impact of Safe Start services on individuals (i.e., children and their families), the national evaluator will be able to provide technical assistance to local evaluators in designing evaluation plans that can accomplish this task.

The local evaluator and local Safe Start project staff will be expected to make a strong and demonstrated commitment to designing evaluations that can accomplish this level of assessment. Furthermore, these local plans must focus on conducting more rigorous evaluations that use experimental or quasi-experimental designs. The national evaluator will provide guidance in developing these plans and report on the progress of each community to OJJDP. The local evaluator will submit an evaluation plan to the national evaluator, who will then submit the plan to OJJDP. OJJDP will give final approval for all local impact evaluation plans.

To assist in accomplishing this task, the national evaluator will be required to develop a Safe Start Self-Evaluation Tool Kit, modeled after OJJDP's *Title V: Delinquency Prevention Program: Community Self-Evaluation Workbook*, for use by each site.

*Provide Technical Assistance to Local Safe Start Initiative.* The local evaluator must be able to assist the local Safe Start project staff to develop an implementation plan that is outcome based and data driven. The goal of this relationship is to develop a strong partnership in which program designers and evaluators work together to clarify goals and objectives and make a strong commitment to measuring progress in systematic, scientific ways. To foster this relationship, the local evaluator is expected to actively participate in all stages of the local Safe Start initiative.

*Contribute to Report Writing.* Local evaluators will be called upon by the national evaluator to help report on activities in their communities. The reports may be used, for example, to produce cross-site Safe Start newsletters that focus on the larger effort or specific areas of interest such as developing strategies to include schools in the effort, sharing information across agencies, and recruiting interest from private organizations in the community.

## Eligibility Requirements

OJJDP invites applications from all communities.<sup>3</sup> Public agencies, including State agencies, local units of government, and tribal governments, are invited to apply as lead applicants for a collaborative, community-based initiative. Private agencies and organizations may apply as coapplicants and collaborative partners but not as lead applicants and must agree to waive any profit or fee. Joint applications from two or more eligible applicants are welcomed; however, one applicant must be clearly indicated as lead and the others indicated as coapplicants. Applicants must be applying on behalf of a collaborative group of agencies working to prevent and address the impact of exposure to violence or interested in expanding the collaboration to the issue of exposure. Communities that are attempting to integrate more than one collaborative initiative are strongly encouraged to apply.

Up to 12 applicants will be selected from urban, rural, and tribal categories. Applicants will compete for award in each of these three distinct categories (e.g., all tribal applicants will compete only against applications eligible under the tribal category). Applicants must comply with one of the following definitions based on the most recent Census data,<sup>4</sup> and must identify the application as urban, rural, or tribal:

- **Urban:** Any area that lies inside a metropolitan area (MA), as designated by the Office of Management and Budget using the Census of Population and Housing data, and that has a population of not less than 100,000.
- **Rural:** Any area that lies outside the boundaries of an MA, as designated by the Office of Management and Budget using the Census of Population and Housing data, and that has a population of not less than 10,000 and not more than 100,000.
- **Tribal government:** Federally recognized tribes or Confederated Tribes on a reservation. Confederated Tribes are two or more tribes grouped under a single government by treaty or Executive Order. Eligible tribes must

have a tribal government serving a reservation population of not less than 5,000, and a tribal court.

Applicants must demonstrate an established collaborative group—or the ability and commitment to expand coordination between two or more entities to other parties—and an infrastructure for overseeing the initiative. The selected communities should build upon any existing projects relevant to this initiative, such as the following:

- Office of National Drug Control Policy and OJJDP's Community Anti-Drug Coalitions.
- Department of Justice's Title V Community Prevention Grants, Safe Kids/Safe Streets, Comprehensive Communities, Weed and Seed, Child Development/Community Policing, or Violence Against Women Grants Office sites.
- Empowerment Zones/Enterprise Communities.
- Department of Health and Human Services' Comprehensive Community Mental Health Services for Children and their Families; Starting Early/Starting Smart, Head Start, and Early Head Start; and Maternal Child Health Bureau's Leadership Education Projects.
- Department of Education's Safe and Drug-Free Schools.
- Department of Agriculture's Children, Youth and Families At Risk training.
- Department of Housing and Urban Development's Hope VI.

## Selection Criteria

Applicants must submit a project narrative describing the overall approach to the Safe Start program, including a description of the conceptual and organizational framework for the collaborative approach and a detailed strategy for planning in Phase I.

All applicants will be evaluated and rated by a peer review panel according to the selection criteria outlined below. Applicants must use the selection criteria headings that appear below as the headings for their program narrative and present information in that order. The selection criteria will be used to determine the extent of each applicant's responsiveness to program application requirements, compliance with eligibility requirements, indicators of need (including high rates of children exposed to violence), organizational capability, and thoroughness and innovation in responding to strategic issues related to project implementation. Staff and peer reviewer recommendations are advisory only, and the final award decision will be

made by the OJJDP Administrator, taking into consideration geographic diversity and other considerations. As part of this final selection, a select group of finalists may be visited by a team of Federal officials to make final determinations about the awards.

## Problem(s) To Be Addressed (10 points)

Applicants must provide a discussion of children's exposure to violence in the target community. This discussion must address the nature and extent of exposure to violence, including the factors in the community that put children at high risk of exposure to violence. Applicants should provide indicators or measures of the extent of the problem based on current local data such as crime, justice, health, and economic statistics. This information, in addition to data obtained during the assessment of Phase I, will be used as a baseline against which the progress and effectiveness of the applicant's efforts to prevent and reduce the effects of children's exposure to violence will be measured. As part of this section, applicants also should identify current community efforts and resources to reduce the effects of exposure to violence on children, including gaps in community response/service delivery. Applicants should indicate their knowledge of how and why coordination among their specific community entities can be effective in addressing children at high risk of exposure to violence and the effects on children of exposure to violence.

Applicants should organize and provide this information in the following manner:

## Section One—Description of the Community and Target Population

a. Describe the geographic area, size of population, age range to be served, general population characteristics, and ethnic composition of the community participating in the Safe Start program. Explain how and why the targeted community was identified and defined.

b. Describe the governmental structure and major agencies servicing young children, including but not limited to law enforcement, the courts (e.g., domestic relations and dependency courts), social services, and health and mental health services. Provide a brief overview of responsibilities and relationships that currently exist, including availability of services and case management processes.

<sup>3</sup> A community is any set of contiguous neighborhoods within an urban area or one or more adjacent counties, towns, townships, parishes, or villages; tribal lands or reservations; or other general purpose subdivisions of a State that shares a preponderance of interests, needs, services, and governance structures as related to the prevention and reduction of the negative impacts of children's exposure to violence. See also definitions for urban, rural, and tribal categories.

<sup>4</sup> To determine if a jurisdiction is within a metropolitan area, visit the Census Bureau's Web site at [www.census.gov/population/www/estimates/aboutmetro.html](http://www.census.gov/population/www/estimates/aboutmetro.html).



## Section Two—Assessment of Community Strengths and Weaknesses

a. Provide data on specific risk factors for children's exposure to violence, such as high rates of crime, drug abuse, poverty, child abuse and neglect, prevalence of intimate partner violence/ domestic violence, and other factors identified in the community. Describe all local baseline data being collected and analyzed. Indicate any information gaps regarding risk factors or difficulties in assessing them.

b. Describe the areas of greatest need. What are the gaps in existing services?

c. Describe what resources are available to the community to address the identified risk factors.

d. Discuss/describe current operations and response to children at high risk of, or exposed to, violence.

e. Discuss community strengths and weaknesses.

### Goals and Objectives (10 points)

Outline the collaborative's vision for preventing and ameliorating the impact of exposure to violence, describing how the involved systems and agencies will operate upon conclusion of the planning and implementation phases. Applicants will be judged on a clear, far-reaching, yet realistic, vision statement.

Applicants must provide a clear discussion of the proposed project goals and objectives as they logically relate to the needs, resources, and capabilities of their communities (which applicants should list in response to the section above, "Problems To Be Addressed") in relation to the long-range 5-year vision. In addition, applicants should outline specific goals and objectives for Phase I planning that result in the attainment of the Phase I deliverables set forth in the "Project Strategy" section of the solicitation. Objectives must be quantified, measurable, and attainable within the timeframes of the initiative phases. Applicants are reminded that Phase I is 12 months, but deliverables are due to OJJDP at month 9.

### Project Design (20 points)

Applicants must describe their strategy for planning. The planning process and the major activities to be undertaken in the development of the implementation plan should be described stating the specific steps to be used during the first 12 months of the project. The steps should illustrate how the process will incorporate activities underway; coordinate and leverage services; identify and review services, existing gaps, policies and procedures, and barriers to services; identify human, fiscal, and technological resources;

assess system function through case-level analysis; identify existing data sources and conduct a thorough data-driven assessment; and use this information to develop a strategy that minimizes duplication and inefficiencies and maximizes cooperation, coordination, and collaboration. The plan also should address local evaluation activities such as data collection, assessment, and planning for Phase I; development of a logic model; and local evaluation design. The plan must include a timeline or milestone chart that details not only the major activities and events but also the action steps and tasks associated with implementing the strategy to plan. The timeline should identify specific staff responsible or job functions required for completing each task.

Specifically, for Phase I, applicants should:

- List the collaborative partners including service providers who will participate in the planning and implementation process. Applicants will be judged on clear evidence of broad, high-level community involvement in the planning and implementation process.
- Identify the lead agency.
- Describe the process by which agencies plan to work together to design a coordinated service delivery system. Applicants will be judged on (1) the extent to which they have initiated planning and implementation of a comprehensive service system for children exposed to violence and/or are in a position to build on current efforts including expansion of collaborative partnerships in other related areas, and (2) the ability and willingness on the part of key leaders to leverage existing resources, create new sources of support, make policy and procedural changes, and sustain activities. Please describe in detail the vision for ensuring linkages and integration at the direct service level by all involved agencies to provide a coordinated system of care for children exposed to violence. Include a description of the coordination mechanisms, both human and technological, such as interagency staffing groups, integrated case management systems, management information systems, joint intake and assessment procedures, referrals, etc.

• Describe how information is to be collected, used, coordinated, maintained, and managed. Also, please explain how children first will be identified as in need of services and through which contacts children will first receive services.

• Describe existing services and programs currently operating in the target community.

• Describe the plan for training and technical assistance in Phase I.

• Describe the local evaluation plan and incorporate it into the Phase I timeline/workplan (this should include a description of the process for selecting and contracting a local evaluator; data collection, assessment, and planning for Phase I; development of a logic model; and local evaluation design).

• Describe the developmental activities to be conducted in months 9–12.

### Management and Organizational Capability (40 points)

Applicants should use this section to describe a sound governance and operating structure capable of carrying out the proposed initiative and to demonstrate the following: community readiness, an effective team management structure for the initiative involving the lead agency and the collaborative partners, and a strong organizational capability by the lead agency commensurate with the scope of work outlined in this solicitation. These elements and their share of the 40 points available under this criterion are discussed below.

### Section One—Community Readiness (10 points)

Describe how the proposed vision and project design will build on and/or fit within current and past communitywide planning processes to achieve the initiative's objectives. Discuss the community's history of collaboration and planning as it addressed or addresses children's exposure to violence (or related issues, such as child abuse and neglect and domestic violence). Include a description of the participants, major milestones, and the nature and process of the collaboration. Clarify what has been done, what is in process, and what remains to be done. Describe the infrastructure upon which Safe Start will be developed. Applicants should demonstrate the existence, viability, and accomplishments to date of multidisciplinary arrangements whereby various agencies in a jurisdiction are working cooperatively or collaboratively to improve the community's response to children and families, especially if in the area of exposure to violence. Applicants must also document that the collaborative or cooperative groups represent all the relevant stakeholders needed to reduce the impact of exposure in the target community. This involvement should include atypical resources and

stakeholders such as grassroots organizations, parents, and community leaders. Applicants will be judged on the presence of structures and agreements (such as a range of local human resources and financial commitments) to ensure collaboration and coordination in planning, implementing, and evaluating an integrated system of care and the participation of all sectors of the community in the initiative.

Applicants also should demonstrate evidence of favorable policies and/or legislation that characterizes the political and administrative environments and gives evidence of political or administrative support for the proposed collaborative effort. Give examples of actual favorable policies or legislation in appendix D (discussed below).

Applicants must include documentation and letters of agreement, such as copies of MOU's and/or letters of collaboration/coordination, from key agencies that specifically describe the commitments made by each participating agency in appendix F (discussed below).

#### Section Two—Management (15 points)

Outline the proposed project staffing structure and management plan for the collaborative effort including at least one full-time, high-level, experienced lead coordinator for the initiative and support staff for the Phase I planning and initial development process. Applicants are to identify roles and responsibilities of each involved agency, committee, board, or other entity and explain its relationship to the overall effort. In addition, applicants must name and describe the core management team and the capabilities and experience of all staff and consultants who will participate in the management team or play lead roles in the planning effort. Include résumés of key personnel in appendix E (discussed below). Indicate the percentage of time for each named staff or consultant and the supervision or management plan. Describe the management practices that will be used to evaluate staff and program progress and to ensure corrective action.

#### Section Three—Organizational Capability (15 points)

Applicants should provide a brief overview of the lead agency's knowledge and experience in children, youth, and family issues, particularly as they relate to the prevention and reduction of the impact of exposure to violence. In addition, the applicant should demonstrate specific and detailed experience in leading

collaborative, communitywide planning efforts involving systems change. The applicant must demonstrate a history that is consistent with the size and scope of this initiative. The applicant should also provide evidence of experience in strategic planning and management of staff in a collaborative environment. Experience leveraging State, local, tribal, or other resources is required. Applicants should demonstrate the ability and willingness to participate and cooperate in a comprehensive evaluation of this demonstration initiative at both the national and local level for purposes of formative learning and advancement of strategies to assist children and families.

#### Budget (10 points)

Applicants must provide a proposed budget that is complete, detailed, reasonable, allowable, and cost effective in relation to the activities to be performed and that indicates the extent to which resources have been committed for the first 12 months of the initiative. Although Safe Start is intended to improve service delivery through enhanced coordination of available services, the program allows applicants to determine the ratio of funds for coordination and for services, based on local needs. However, applicants must provide at least one full-time experienced, high-level project coordinator to oversee the planning effort and additional staff resources and support as needed. In addition, of the up to \$250,000 to be awarded for planning, applicants must set aside \$50,000 for local training and technical assistance to support community-specific needs and build on existing local TTA resources (to be defined in the budget). Sites are encouraged in Phase I to use the TTA set-aside to provide support for ongoing outside facilitation and consultation of the strategic planning process. Applicants should also use these funds to budget for travel to two cross-site grantee meetings. Additionally, ample funds should be budgeted for the local evaluation according to the specifications of this solicitation.

#### Appendixes (10 points)

To help reviewers gauge the likelihood of grantee success, applicants must submit the following appendixes as evidence of their readiness and potential:

- Appendix A: Resources list. This is a listing of the existing local services to children and families in the areas of prevention and reduction of the impact of exposure to violence. At a minimum, the list should include provider names,

addresses, phone numbers, and a brief description of the services offered.

- Appendix B: Cross-system protocols. These are interagency agreements and protocols outlining a multidisciplinary approach to responding to children exposed to violence and preventing exposure, case management and tracking, and provision of services and treatment to these children and their families. Such agreements should, at a minimum, be among the police department, the child welfare system, the courts, the appropriate health and mental health agencies, and domestic violence service providers or advocates. Where agreements are not developed, please provide policies and protocols that exist between these agencies for services to children and families in general that may be expanded in Phase I. Agreements and protocols that include the school system and victims' services and advocates will further enhance the application. (To meet page limitations, applicants may provide a bibliography of protocols and interagency agreements that includes date(s) of agreement/effective date(s) and selected, relevant pages as evidence of applicability of the documents to this effort.)

- Appendix C: Statement of collaborative application. It is imperative that the plan be a mutual submission by all stakeholders. As evidence, applicants must submit a statement asserting that each party signing was substantially involved in the development of the plan. The statement must contain each person's original signature, typed/printed name, address, telephone number, and affiliation (title and agency or role—e.g., parent, block leader).

- Appendix D: Evidence of favorable policies and/or legislation. Applicants are to document the existence of a favorable climate by listing current agency policies or local, State, or tribal legislation that aids interagency, communitywide collaboration in regard to children exposed to violence or other family support issues. As with appendix B, applicants may choose to do this by providing a bibliography of policies and legislation that includes effective date(s) along with selected, relevant pages.

- Appendix E: Key staff and consultant résumés. Include résumés or brief descriptions of the relevant experience of key staff named in the "Management and Organizational Capability" section.

- Appendix F: Letters of agreement and MOU's. Include documentation of letters of agreement and MOU's that specifically describe commitments made by each partner agency.

## Format

The narrative portion of this application must not exceed 25 pages (excluding forms, assurances, and appendixes) and must be submitted on 8½- by 11-inch paper, double spaced on one side of the paper in a standard 12-point font. The appendixes cannot exceed 20 pages. This is necessary to maintain fair and uniform standards among all applicants. If the narrative and appendixes do not conform to these standards, OJJDP will deem the application ineligible for consideration.

## Award Period

The Safe Start demonstration project will be funded in the form of a cooperative agreement for a 5½ year project period.

Applicants are requested to apply for up to \$670,000; however, only \$250,000 will be available for Phase I (the first 12 months of the project). Applicants should provide a detailed budget and supporting narrative *only* for Phase I (12 months).

The remainder of the award funds (\$420,000) should be designated for development and implementation activities. Applicants should provide only a summary budget for the \$420,000 for Phase II initial implementation. A summary budget to be used by all applicants has been provided as attachment A, since in the first 9 months of the planning phase selected jurisdictions will be expected to develop a detailed 18-month implementation budget (based on the 5-year strategic plan). The \$420,000 will be special conditioned under the grant and will not be available for use by the grantee until the detailed 5-year strategic plan and 18-month implementation plan are reviewed and approved by OJJDP.

In the 18-month implementation plan, grantees will be required to provide a detailed budget and supporting narrative for the remaining \$420,000 of funds plus up to \$670,000 made available through a supplemental award in Phase II.

## Award Amount

Selected applicants will receive up to \$250,000 for Phase I planning and development. Once the planning phase has been completed and the 5-year strategic plan and 18-month implementation plan are approved, up to \$1,090,000 will be made available, including the balance of the \$420,000 from the initial budget period. In that way, the funding level for the project will increase in Phase II for startup and initial implementation activities.

Funding will then decrease in Phase III, as sites seek and obtain alternative forms of funding to continue this project. Funding in Phase II and the subsequent years of Phase III will depend on grantee performance, availability of funds, and other criteria established at the time of the award.

## Catalog of Federal Domestic Assistance (CFDA) Number

For this program, the CFDA number, which is required on Standard Form 424, Application for Federal Assistance, is 16.730. This form is included in the *FY 1999 Application Package*, which can be obtained by calling the Juvenile Justice Clearinghouse at 800-638-8736 or sending an e-mail request to [puborder@ncjrs.org](mailto:puborder@ncjrs.org). The *Application Package* is also available online at [www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org).

## Coordination of Federal Efforts

To encourage better coordination among Federal agencies in addressing State and local needs, DOJ is requesting applicants to provide information on the following: (1) Active Federal grant award(s) supporting this or related efforts, including awards from DOJ; (2) any pending application(s) for Federal funds for this or related efforts; and (3) plans for coordinating any funds described in items (1) or (2) with the funding sought by this application. For each Federal award, applicants must include the program or project title, the Federal grantor agency, the amount of the award, and a brief description of its purpose.

"Related efforts" is defined for these purposes as one of the following:

- Efforts for the same purpose (*i.e.*, the proposed award would supplement, expand, complement, or continue activities funded with other Federal grants).
- Another phase or component of the same program or project (*e.g.*, to implement a planning effort funded by other Federal funds or to provide a substance abuse treatment or education component within a criminal justice project).
- Services of some kind (*e.g.*, technical assistance, research, or evaluation) to the program or project described in the application.

## Delivery Instructions

All applications should be mailed or delivered to the Office of Juvenile Justice and Delinquency Prevention, c/o Juvenile Justice Resource Center, 2277 Research Boulevard, Mail Stop 2K, Rockville, MD 20850; 301-519-5535.

**Note:** In the lower left-hand corner of the envelope, you must clearly write "Safe Start

Demonstration Project" and indicate the type of jurisdiction for which you are applying (urban, rural, or tribal).

## Due Date

Applicants are responsible for ensuring that the original and five copies of the application package are received by 5 p.m. EDT on June 14, 1999.

## Contacts

For further information, call Michelle Avery, Program Manager, Special Emphasis Division, at 202-307-5914, or send an e-mail inquiry to [averym@ojp.usdoj.gov](mailto:averym@ojp.usdoj.gov). Juvenile Justice Clearinghouse: 800-638-8736 (phone) or [www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org) (Web site). National Clearinghouse on Child Abuse and Neglect: 800-394-3366 (phone) or [www.calib.com/nccanch](http://www.calib.com/nccanch) (Web site).

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#### ATTACHMENT A—SUMMARY BUDGET FOR \$420,000

|   |           |
|---|-----------|
| Personnel and fringe benefits ..        | \$150,000 |
| Program services .....                  | 200,000   |
| Training and technical assistance ..... | 25,000    |
| Local evaluation .....                  | 25,000    |
| Equipment .....                         | 10,000    |
| Travel .....                            | 5,000     |
| Supplies .....                          | 5,000     |
| Total .....                             | 420,000   |

#### Evaluation of the Safe Start Initiative Purpose

The purpose of this evaluation is to document and evaluate communities' efforts to prevent and reduce the impact of family and community violence on young children (primarily from birth to 6 years of age). Toward that end, the Safe Start initiative seeks to create a comprehensive service delivery system by helping communities to expand existing partnerships among service providers in the fields of early childhood education/development, health, mental health, family support and strengthening, domestic violence, substance abuse prevention and treatment, crisis intervention, child welfare, law enforcement, courts, and legal services.

#### Background

The goal of the Safe Start initiative is to create a holistic approach to reduce and prevent the harmful effects of exposure to violence on young children by improving access to, delivery of, and quality of services to children and responding to the needs of children and their families at any point of entry into relevant systems (e.g., legal, social services, medical). Safe Start communities will undertake the following activities to achieve this goal:

- Expand a comprehensive planning effort that includes representatives from a variety of public and private agencies and programs with expertise in child development, violence, and the impact of violence on children.
- Assess the extent and nature of children's exposure or risk of exposure to violence and the circumstances within the community under which this exposure occurs.
- Assess and address the current levels and seriousness of critical health, mental health, and educational consequences and needs of children exposed to violence.
- Increase awareness within communities and among professionals of the impact of exposure to violence on children.
- Identify and reduce gaps, deficiencies, and barriers in community policies, procedures, and services designed to prevent exposure to violence or lessen its impact on children who have been exposed.
- Improve identification, referral, and interventions for children who are at risk of being exposed to violence or have been exposed to violence.
- Identify and access training and technical assistance that supports coordinated services, policies, and procedures designed to prevent exposure to violence or lessen its impact on children who have been exposed.
- Facilitate collaboration and coordination of services to improve cross-agency response, increase professional cross-training, and reduce barriers to accessing services.
- Foster and facilitate organizational and systems change that promotes improvements in the availability, delivery, and quality of prevention, protection/intervention, and treatment services provided by law enforcement, mental health, health, domestic violence advocacy, courts and legal services, and educational services.
- Develop and implement specific protocols, procedures, and research-based programs for responding to the needs of children exposed to violence and strengthening violence prevention

programs designed to reduce such exposure.

- Provide specific training and support to service providers in dealing with the psychological and developmental effects of children's experience with violence.
- Address the multiethnic, racial, and gender needs of young children who are at high risk of or who have been exposed to violence.
- This community-based initiative will progress in a series of stages across 5½ years of Federal funding. Applicants should become familiar with the program announcement for OJJDP's Safe Start demonstration project and research literature on the prevention and effects of exposure to violence. Applicants should pay special attention to the core elements of the Safe Start initiative as identified in the program solicitation. These highlight the programmatic areas, such as courts, police, child protective services, and mental health services, that must be addressed by each community. Also, in the program solicitation, the "Program Strategy" section delineates the activities and goals of the initiative's phases.

#### Evaluation Strategy

OJJDP will competitively award one cooperative agreement under this solicitation. Given the purpose of the evaluation, the overall evaluation design is intended to carefully document the formative aspects of the initiative and measure its effects in terms of level of implementation of the strategic planning process, extent of systems reform and service integration and improvement, and impact of the initiative on the lives of children and families.

Indicators of the level of implementation of the strategic planning process include, but are not limited to, determining:

- The comprehensiveness and rigor in assessing the incidence and prevalence of children's exposure to violence and the nature and severity of harm caused to children in the community who have been exposed to violence; The closeness of the connection between the implementation plan and the risks, needs, and resources of the community.
  - The extent to which proposed solutions reflect both theoretical and strategic relevance to the problems identified in the assessment.
- Systems reform and service integration and improvement might include measures of the following:
- Greater use of existing data sources or the creation of new data systems to

identify trends in the incidence of child victimization and exposure to violence.

- Number of referrals made to mental health services by law enforcement, social services, early childhood workers, domestic violence shelters, and other relevant agencies.

- Number of court cases that result in referrals of children for screening, assessment, or intervention and treatment because of a recognition of exposure to violence issues.

- Changes in resource allocation (e.g., funding streams).

- Improved or new methods for sharing information across agencies.

Impacts on the lives of children and families can include a variety of outcomes that will vary according to the strategies implemented by each community. Some examples include:

- As a result of providing more timely and appropriate mental health services to children exposed to violence via police referral mechanisms and partnerships, these children may exhibit lower levels of Post Traumatic Stress Disorder (PTSD) and/or depression.

- A Prenatal Nurse Home Visitation Program may result in healthier mothers and babies, increased attachment and bonding, and reduced incidence of child abuse and neglect.

The evaluation of Safe Start will be conducted using a national evaluator and local evaluators funded by and located in each Safe Start community. The relationship between the national evaluator and the local evaluators should be collaborative and supportive with guidance and leadership coming from the national evaluator. In key areas of the evaluation effort, the national evaluator and OJJDP have authority over local evaluators. Specifically, local evaluators must participate in the cross-site process and impact evaluations in accordance with the procedures established by the national evaluator (e.g., the collection and transmittal of data) and design a local evaluation plan that is approved by the national evaluator and OJJDP. Applicants should pay special attention to the portion of the program solicitation that outlines the community's responsibility for selecting and funding a local evaluator and the role of local evaluators in the overall evaluation effort.

The national evaluator will be expected to (1) carefully document all stages of the planning and implementation processes and collect relevant process data; (2) design a cross-site impact evaluation and collect and analyze relevant data; (3) assist local evaluators to develop local logic models and impact evaluation plans; (4) compile and provide timely

comparative cross-site results, as appropriate, back to the local sites and their evaluators from the impact evaluation; (5) assist local evaluators in determining which programmatic components are amenable to producing reliable measures of program impact on children; and (6) prepare reports suitable for publication by OJJDP. The evaluation effort will be guided by a logic model of the Safe Start initiative that can be tailored to the activities of each individual site and follow the theory of change proposed by each community. The evaluation must be planned to include up to 12 Safe Start communities.

#### **Cross-Site Process Evaluation**

The national evaluator is responsible for designing a cross-site process evaluation, which will be adopted by all Safe Start local evaluators. Local evaluators will have input into this design but ultimately will be required to participate in the cross-site process evaluation in accordance with the agreed-upon structure and methods. Local evaluators will be required to submit process data to the national evaluator on an agreed-upon schedule to be developed by the national evaluator.

The process evaluation should be designed to document and analyze the process of effective implementation of the Safe Start initiative to provide information to strengthen and refine the initiative within and across sites throughout the 5½ years of planning and implementation. It is important to identify factors that contribute to or impede the successful implementation of the initiative in each community. It is essential to know not only whether the initiative is successful or unsuccessful and the degree to which it succeeds or fails, but also why or how it was successful or unsuccessful. The process evaluation also should document the breadth of the community assessment process, analyze the connectedness between the results of the community assessment and implementation plan, and analyze the extent to which each community's implementation plan draws from programs and practices that are theory driven and research based.

#### **Cross-Site Impact Evaluation**

The national evaluator is responsible for designing the cross-site impact evaluation. Local evaluators must participate in the design and implementation of the cross-site impact evaluation in accordance with procedures developed by the national evaluator. This component of the evaluation will assess the extent to

which the initiative is meeting its quantitative goals and the amount of change that is taking place on the community and individual level. For example, if the Safe Start community adopts new policies for police referrals to family counseling services, the national evaluator may require that the local evaluator and other local Safe Start project staff monitor the number of referrals made after the policy takes effect. In this same vein, the national evaluator may require that archival data be collected to provide a baseline. Also, the national evaluator will report on the effects specific programs and strategies are having on children and families. This level of data collection and analysis will be possible primarily through the design and implementation of the local impact evaluation, described in more detail below.

The national and local evaluator must develop a strong working relationship and a mutual commitment to measure Safe Start outcomes. The local evaluator will work with the national evaluator to identify outcomes that can be measured as the initiative develops. It should be noted that all of these requirements will be central to implementing a rigorous evaluation of Safe Start and embed the process and impact evaluation process in the program development, implementation, and refinement process.

#### **Local Impact Evaluations**

As Safe Start communities begin to implement specific programs (e.g., Nurse Home Visitation) and the need arises to assess the impact of Safe Start services on individuals (i.e., children and their families/caregivers), the national evaluator will provide technical assistance to local evaluators in designing evaluation plans that can accomplish this task. The local evaluator and local Safe Start project staff will be expected to make a strong and demonstrated commitment to designing evaluations that can accomplish this level of assessment. Furthermore, these local plans must focus on conducting rigorous evaluations that use experimental or quasi-experimental designs. The national evaluator will provide guidance in developing these plans and report on the progress of each community to OJJDP. The local evaluator will submit an evaluation plan to the national evaluator, who will then submit the plan to OJJDP, which will give final approval for all local impact evaluation plans.

Local impact evaluation plans will be developed in a cooperative effort between the Safe Start project staff, its

local evaluator, and the national evaluator. This collaboration is important to the evaluation effort for a number of reasons. For example, when local impact evaluations are designed, the Safe Start project staff must have input into how to identify or create comparison groups, how to design referral procedures for a specific program, and how to develop agreements regarding random assignment to experimental and control groups. In sum, the local Safe Start project staff are crucial to the implementation of any rigorous evaluation design. The national evaluator is responsible for guiding the development of these plans through training and technical assistance on evaluation methods. (The level of expertise and technical assistance needed at the local level is expected to vary across communities.) Finally, the national evaluator will be required to develop a Safe Start Self-Evaluation Tool Kit for use by each site. The Tool Kit should be modeled after OJJDP's *Title V: Community Prevention Grants Program: Community Self-Evaluation Workbook* (available from the Juvenile Justice Clearinghouse, 800-638-8736).

The national evaluation of Safe Start will be conducted in two phases over 6 years. Phase I (12 months) will entail designing and implementing a cross-site process evaluation; building capacity at the local level to conduct more intensive impact evaluations of specific programs and strategies (e.g., developing tools for communities to use in selecting a local evaluator and providing technical assistance around evaluation issues); assisting in the development of Safe Start logic models and local evaluation plans; developing the Safe Start Evaluation Tool Kit; developing a preliminary workplan for measuring the impact of Safe Start across sites; and producing reports and publications.

During Phase II (60 months), the national evaluator will continue and complete the cross-site process evaluation, conduct the cross-site impact evaluation, produce and provide ongoing assistance to local evaluators in designing and conducting more rigorous impact evaluations of specific programs and strategies, and produce reports and publications.

## Goals and Objectives

### Phase I

**Goal:** Document and analyze the process of effective implementation of the Safe Start initiative to provide information to strengthen and refine the initiative within and across sites. The analysis will identify factors that

contribute to or impede the successful implementation of the initiative in each community.

### Objectives:

- Develop a conceptual framework for conducting the cross-site process evaluation to include all Safe Start sites. This framework should be formed around a general logic model of the Safe Start initiative that can be tailored to the activities of each site. The national evaluator must develop materials communicating the evaluation strategy, including instruments, mechanisms, and procedures to collect process data, to the local evaluators and Safe Start project staff.
- Compile and analyze results and provide routine feedback to the sites on the planning, program development, and implementation process.
- Produce reports and publications that document the progress of the initiative in each community and across sites.

**Goal:** Develop the capacity of local evaluators to evaluate the impact of specific programs and strategies implemented in their communities.

### Objectives:

- Formulate a set of critical elements related to the tasks and requirements of the local evaluator to be used by Safe Start communities in selecting/recruiting a local evaluator 3 months after the grant award. This product should explain the role and responsibilities of the national evaluator as they relate to (1) the goals of the national evaluation effort (e.g., data collection requirements) and (2) the goals of the local evaluation effort (e.g., experimental or quasi-experimental evaluations of specific programs). Also at this time, the grantee will submit a preliminary plan for assisting Safe Start communities in the selection process.

- Provide training and technical assistance (the degree of which should be flexible to address the needs of different communities) to local evaluators in refining logic models; identifying long-, intermediate-, and short-range outcomes; identifying necessary data sources and variables; and designing local impact evaluation plans for evaluating the impact of specific programs and strategies implemented by the community. The national evaluator will produce a Safe Start Self-Evaluation Tool Kit modeled after OJJDP's *Title V: Community Prevention Grants Program: Community Self-Evaluation Workbook*.

**Goal:** Design an impact evaluation that can measure the effect of the initiative within and across sites. It is

expected that communities will differ significantly in their approaches to the initiative as they will be guided by their specific risk and resource assessments. However, the national evaluator should draw from its experience with evaluating similar efforts and associated literature on evaluating community initiatives to propose an approach to designing a cross-site impact evaluation.

### Phase II

**Goal:** Continue the cross-site process evaluation and finalize and implement the cross-site impact evaluation design. During Phase II, particular attention will be paid to identifying, collecting, and reporting on community-, system-, and individual-level outcomes.

### Objectives:

- Compile and analyze results and provide routine feedback to the sites on the planning, program development, and implementation process.
- Produce annual, interim reports that document the progress of the initiative in each community and across sites.

**Goal:** Further assist local evaluators in designing and implementing local evaluation plans and monitor the progress and results of these evaluations.

### Objectives:

- Provide technical assistance to local evaluators as necessary.
- Collect and analyze Safe Start local impact evaluation plans and results and produce a report for OJJDP.

## Products

### For Delivery During Phase I

The grantee will submit a draft cross-site process evaluation design including a common set of data collection instruments, mechanisms, and procedures to be pilot tested at Safe Start sites. This product will be submitted 3 months after the grant award.

The grantee will submit the set of critical elements related to the tasks and requirements of the local evaluator to be used by Safe Start communities in selecting/recruiting a local evaluator 3 months after the grant award. Also at this time, the grantee will submit a preliminary plan for assisting Safe Start communities in the selection process.

Six months after the grant award, the grantee will deliver a draft Safe Start Self-Evaluation Tool Kit modeled after OJJDP's *Title V: Community Prevention Grants Program: Community Self-Evaluation Workbook*. Also at this time, the grantee will deliver a technical assistance workplan for assisting Safe

Start communities in the development of local evaluation plans.

An interim report describing the results of the process evaluation through the end of Phase I will be submitted 30 days prior to the end of Phase I. This report should include analysis and results of the planning process, a summary of logic model development in each Safe Start community, and a summary of each local evaluator's progress toward designing a local evaluation plan. This report should lend itself to publication as one or more OJJDP Bulletins.

A preliminary workplan for developing and conducting the cross-site impact evaluation will be submitted 30 days prior to the end of Phase I (a separate document from the cross-site interim report). This should include potential data sources and data collection strategies and an estimated timetable.

#### *For Delivery During Phase II*

A finalized cross-site impact evaluation design and strategy will be submitted 3 months after Phase II begins. The grantee must address issues relating to pilot testing instruments and Office of Management and Budget approval.

During Phase II, interim reports that describe the ongoing efforts of the Safe Start communities (e.g., local development and evaluation of the initiative) and present findings from the cross-site process and impact evaluations will be submitted every 6 months (the first being due 6 months after Phase II begins). These reports should lend themselves to being published as one or more OJJDP publications.

A draft final report will be due 30 days prior to the end of Year 6. This report should incorporate results of both the process and cross-site impact evaluations and update and summarize local evaluators' progress toward completing local impact evaluations. The final report will be due at the end of Year 6 and should lend itself to being published as one or more OJJDP publications.

#### **Eligibility Requirements**

OJJDP invites applications from public and private agencies, organizations, institutions, or individuals. Applicants must demonstrate that they have experience in evaluating broad-based community initiatives. Private, for-profit organizations must agree to waive any profit or fee. Joint applications from two or more eligible applicants are welcome,

as long as one is designated the primary applicant and any others coapplicants.

#### **Selection Criteria**

Applicants will be evaluated and rated by a peer review panel according to the selection criteria outlined below.

##### *Problem(s) To Be Addressed (20 points)*

The applicant must include a clear and concise discussion of its understanding of the effects, treatment, and prevention of young children's exposure to violence. Applicants should discuss how to apply state-of-the-art evaluation methods, including qualitative methods, to achieve evaluation objectives. Also, applicants should discuss any anticipated methodological issues and problems associated with this type of evaluation and describe proposed solutions for these potential problems. A thorough understanding of theory-driven evaluation, interagency collaboration to effectuate systems change and service delivery improvement, community-based prevention and intervention programs, and multisite research on a national level is vital.

##### *Goals and Objectives (10 points)*

Applicants must define specific and measurable goals and objectives for coordinating and implementing this project. These should be guided by the requirements in this solicitation, but the applicant should expand and augment them to fit with its approach to the project while describing how the approach will accomplish the larger goals and objectives.

##### *Project Design (35 points)*

In response to this solicitation, applicants must present a detailed and clear design for accomplishing the goals and objectives of Phase I. Applicants must discuss how their proposed approach to Phase I would lay the foundation for meeting the goals and objectives of Phase II. The applicant must include a timetable for accomplishing Phase I goals and objectives and delivering the required products. It is important to discuss how the cross-site process evaluation will be carried out and how the applicant will lay the foundation for the cross-site impact evaluation to include, but not be limited to, instrument development, methods, information dissemination, and cross-site communication and monitoring. Applicants must ensure the confidentiality of all subjects. It is important to discuss how the applicant will effectively deliver technical assistance at the local level aimed at evaluation capacity building.

Furthermore, the applicant must propose a design that will foster a collaborative and supportive relationship between local evaluators and the national evaluator.

##### *Management and Organizational Capability (25 points)*

The application must include a discussion of how the applicant will coordinate and manage this evaluation to achieve evaluation goals and objectives. The applicant's management structure and staffing must be adequate and appropriate for the successful implementation of the project. The applicant must identify responsible individuals and key consultants, their time commitment, and major tasks. Key staff and consultants should have significant experience with evaluation research on multisite, community initiatives. They must demonstrate the ability to work effectively with a range of agencies and service providers including, but not limited to, courts, police departments, child protective services, and mental health service providers to collect data and manage other requirements of the project. Staff and key consultant résumés must be attached as part of the appendixes.

##### *Budget (10 points)*

The applicant must provide a proposed budget that is complete, detailed, reasonable, allowable, and cost effective in relation to the activities to be undertaken during Phase I. (Annual Phase II budgets will vary depending on certain factors; see below.) Applicants must budget for travel to two cross-site grantee meetings in Phase I in addition to any other travel.

#### **Format**

The narrative portion of this application must be submitted on 8½-by 11-inch paper, double spaced on one side of the paper in a standard 12-point font. This is necessary to maintain fair and uniform standards among all applicants. If the narrative does not conform to these standards, OJJDP will deem the application ineligible for consideration. The narrative must not exceed 35 pages exclusive of appendixes, forms, assurances, and budget.

#### **Award Period**

This evaluation will be funded in the form of a cooperative agreement for an initial 12-month budget period for Phase I of a 6½-year project period. Funding in the second and subsequent budget periods will depend upon grantee performance, availability of funds, and

other criteria established at the time of award.

#### Award Amount

Up to \$1 million is available for the initial 12-month budget period. Funding in subsequent years will be available at levels that are at least comparable.

#### Catalog of Federal Domestic Assistance (CFDA) Number

For this program, the CFDA number, which is required on Standard Form 424, Application for Federal Assistance, is 16.730. This form is included in the *FY 1999 Application Package*, which can be obtained by calling the Juvenile Justice Clearinghouse at 800-638-8736 or sending an e-mail request to [puborder@ncjrs.org](mailto:puborder@ncjrs.org). The *Application Package* is also available online at [www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org).

#### Coordination of Federal Efforts

To encourage better coordination among Federal agencies in addressing State and local needs, the U.S. Department of Justice (DOJ) is requesting applicants to provide information on the following: (1) Active Federal grant award(s) supporting this or related efforts, including awards from DOJ; (2) any pending application(s) for Federal funds for this or related efforts; and (3) plans for coordinating any funds described in items (1) or (2) with the funding sought by this application. For each Federal award, applicants must include the program or project title, the Federal grantor agency, the amount of

the award, and a brief description of its purpose.

"Related efforts" is defined for these purposes as one of the following:

- Efforts for the same purpose (*i.e.*, the proposed award would supplement, expand, complement, or continue activities funded with other Federal grants).
- Another phase or component of the same program or project (*e.g.*, to implement a planning effort funded by other Federal funds or to provide a substance abuse treatment or education component within a criminal justice project).
- Services of some kind (*e.g.*, technical assistance, research, or evaluation) to the program or project described in the application.

#### Delivery Instructions

All application packages should be mailed or delivered to the Office of Juvenile Justice and Delinquency Prevention, c/o Juvenile Justice Resource Center, 2277 Research Boulevard, Mail Stop 2K, Rockville, MD 20850; 301-519-5535.

**Note:** In the lower left-hand corner of the envelope, you must clearly write "Evaluation of the Safe Start Initiative."

#### Due Date

Applicants are responsible for ensuring that the original and five copies of the application package are received by 5 p.m. EDT on June 14, 1999.

#### Contact

For further information, call Dean Hoffman, Program Manager, Research and Program Development Division, 202-353-9256, or send an e-mail inquiry to [hoffmand@ojp.usdoj.gov](mailto:hoffmand@ojp.usdoj.gov).

#### Suggested References

- The Annie E. Casey Foundation. 1997. *Evaluating Comprehensive Community Change*. Report of The Annie E. Casey Foundation's March 1997 Research and Evaluation Conference.
- Connell, J.P., Kubisch, A.C., Schorr, L.B., and Weiss, C.H., eds. 1995. *New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts*. Washington, DC: The Aspen Institute.
- Fulbright-Anderson, K., Kubisch, A.C., and Connell, J.P., eds. 1998. *New Approaches to Evaluating Community Initiatives (Volume 2): Theory, Measurement, and Analysis*. Washington, DC: The Aspen Institute.
- Harrell, Adele. 1996. *Evaluation Strategies for Human Services Programs: A Guide for Policymakers and Providers*. Washington, DC: The Urban Institute Press.
- Office of Juvenile Justice and Delinquency Prevention. 1995. *Title V Delinquency Prevention Program: Community Self-Evaluation Workbook*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Dated: March 26, 1999.

#### Shay Bilchik,

Administrator, Office of Juvenile Justice and Delinquency Prevention.

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