

February 22, 2022

Nicole White
U.S. Department of Education
400 Maryland Avenue SW, Room 3E326
Washington, DC 20202

Submitted via Regulations.gov
Re: Docket Number ED-2021-OESE-0122

Dear Ms. White:

As a nonprofit organization dedicated to working to ensure that each child is able to be safe and thrive in a just and peaceful world, Committee for Children thanks the Department of Education for your work on the Project Prevent grant program and the opportunity to comment.

In the face of COVID-19, youth suicide rates are up,¹ gun violence has risen,² and young people are increasingly struggling with behavioral challenges at school.³ Schools and school systems, now more than ever urgently need funds to prevent community violence and mitigate the impacts of exposure to violence.

We are grateful to see that supporting students' development of interpersonal and emotional skills is interwoven into requirements of the Project Prevent grant program. Students' development of interpersonal and emotional skills is key to primary violence prevention – from preventing [child sexual abuse](#), [substance use](#), and [bullying](#) to [promoting a safe school climate](#). Not only is prevention, with particular attention to *primary prevention*, critical – so too is access to effective support to mitigate the negative impacts of violence. These regulations attend to such supports, which include school-based [trauma-informed practices](#), especially necessary for young people who have experienced violence.

Related to *Proposed Priority 1 – Addressing the Impacts of Community Violence*, we applaud the Department for recognizing the detrimental impact of community violence on student's well-being and ability to thrive at school and in life. As recognized, schools play an integral role in providing support and resources for student engagement and success, especially in preventing violence, as well as after violence is experienced. We also applaud the recognition and inclusion of the vital role the family and community play in the success of efforts to prevent violence.

¹ Centers for Disease Control and Prevention. 2021. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *Morbidity and Mortality Weekly Report (MMWR)*, 70(24);888–894. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

² Kaste, M. (2022, Jan 28). Gun violence is killing more children. The pandemic may be playing a role. *NPR*. <https://www.npr.org/2022/01/28/1076396871/gun-violence-rise-killing-children-pandemic>

³ Belsha, K. (2021, Sept 27). Stress and short tempers: Schools struggle with behavior as students return. *Chalkbeat*. <https://www.chalkbeat.org/2021/9/27/22691601/student-behavior-stress-trauma-return>

Under Proposed Priority 1, we urge the Department to explicitly prioritize students' access to developing social, self-regulation, and problem-solving skills as these are key to school violence prevention.⁴ School-based, universal programs with a research base that promote such life skills serve as protective factors that can mitigate problematic behaviors.⁵ The positive impact from such social and emotional support is correlated with long-term reductions of violent behavior.⁶ And staff and students alike experience a greater sense of safety in the school when such support exists in the classroom.⁷ Explicitly including support of students' interpersonal and emotional skills for positive behavior supports would also speak directly to the proposed requirement for applicants under section (d)(1)(i). It is essential for effective violence prevention.

Related to *Proposed Priority 2 – Established Partnership with a Local Community-Based Organization*, we support the Department in prioritizing cross-agency collaboration and partnerships, as close collaboration across entities is key to offering student support.

Under Proposed Priority 2, we recommend that “non-profit organizations” are included as an eligible option to which LEAs may partner with under this priority. This addition would ensure a full range of options and partnerships (such as working with children’s advocacy centers or CASA) are accessible for the LEA’s success in violence prevention and support that is responsive to local needs.

With respect to *Proposed Priority 3 – Supporting Children and Youth from Low-Income Backgrounds*, Committee for Children supports and applauds the Department for this Priority, which will help equalize access for students who are perennially at a disadvantage in our education systems. Priority should also be considered for other student groups who are systemically disadvantaged.

Committee for Children is grateful for the work on the program’s proposed requirements. We offer several suggestions to support strong applications:

- Under *Proposed Application Requirements*, we suggest including “non-profit organizations” as an option under section (b). Again, this is to ensure that LEAs have access to a full range of options in partnerships to meet the needs of their students.
- Under section (c), *Project activities*, consider including “implementation of research-based programs that prevent violence” to further ensure that access to a full continuum of support and prevention (especially, universal primary prevention) is possible. Making this addition is critical not only because primary prevention can mitigate the development of violence before it starts but also because of the mental health workforce shortages across the United States.⁸ Access to a full continuum of support in

⁴ David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). *A comprehensive technical package for the prevention of youth violence and associated risk behaviors*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁵ Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156–1171. <https://doi.org/10.1111/cdev.12864>

⁶ Sprott, J. B. (2004). The development of early delinquency: Can classroom and school climates make a difference? *Canadian Journal of Criminology and Criminal Justice*, 46, 553–572. <https://doi.org/10.3138/cjccj.46.5.553>

⁷ Heydenberk, R. A., Heydenberk, W. R., & Tzenova, V. (2006). Conflict resolution and bully prevention: Skills for school success. *Conflict Resolution Quarterly*, 24(1), 55–69. <https://doi.org/10.1002/crq.157>

⁸ USAFacts. (2021, June 9). Over one-third of Americans live in areas lacking mental health professionals. *USAFacts*. <https://usafacts.org/articles/over-one-third-of-americans-live-in-areas-lacking-mental-health-professionals/>

addition to hiring mental health professionals is vital. Including this provision under section (c) also complements the proposed requirements of section (d).

- Under section (c), we recommend inclusion of “research-based trauma-informed practices” to help cultivate a school culture that is universally responsive to and supportive of students who may have experienced violence. As most young people have experienced at least one form of a significant adverse experience,⁹ trauma-informed practices in schools reduce emotional distress and promote positive social behaviors and academic performance.

Again, we are grateful for the Department’s diligent effort on the Project Prevent grant program. American students must have access to effective violence prevention and meaningful support to mitigate impact when there is violence exposure.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jordan Posamentier', with a stylized, looped structure.

Jordan Posamentier
Vice President of Policy & Advocacy, Committee for Children

⁹ Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 behavioral risk factor surveillance system in 23 states. *Journal of the American Medical Association, Pediatrics*, 772(11), 1038-1044. <https://doi.org/10.1001/jamapediatrics.2018.2537>