BALTIMORE CITY SAFE START INITIATIVE

REVISED IMPLEMENTATION PLAN JANUARY DECEMBER 2004

During Year 4, the Baltimore City Safe Start Initiative (BCSSI) will focus on continuing the implementation and enhancement of strategic planning of a comprehensive system of services that will prevent and reduce the detrimental effects suffered by young children, their families, and communities as a result of exposure to family and community violence. Another primary focus during Year 4 will be on identifying and reducing the cultural and systemic barriers that deter the most vulnerable families from seeking and using mental health services. Through persisting collaborative efforts with all of the supporting leaders and organizations, child serving providers, parents and public and private agencies that contributed to the Year 3 implementation. BCSSI plans to maintain and exceed the collaborative process that seeks to address the needs of children and families harmed by the impact of exposure to family and domestic violence. Sustainment of CEV training and ECMH training will be another focus during Year 4. Strategic planning for sustainability will be weaved into all aspects of collaboration.

BCSSI's strategy development is aiming to support the needs of Baltimore's most vulnerable communities by implementing strategies that will result in:

- Community awareness and education about the negative effects of domestic and community violence on children 0-6.
- Early identification of children and families who are negatively impacted by exposure to violence.
- Early childhood mental health training for mental health professionals who interact with young children.
- Appropriate mental health resources and services for young children.
- Accessible community –based services.
- Appropriate referrals to a coordinated, comprehensive network of services.
- Sustainable services that will remain in community.
- System change among the Key Agencies that respond to incidents of domestic violence.

COMMUNITIES AND TARGET POPULATION

The unrelenting escalation of community and domestic violence supports the continuity of efforts in the two pilot communities and the incremental expansion into the SW/HP and HEB communities during Year 4. As of September 25, 2003, 198 murders occurred in the City as compared to 191 murders at the same time in 2002.The gradual expansion also supports CDCP's movement into SW/HP. Urban Behavioral Associates, the SS contracted mental health provider that provides the intervention services, is expanding its services into HEB and has agreed to provide services in this area of the City as well as SW/HP. Limitations on funding necessitated the closing of the Success by 6® program in Park Heights The community will remain as a target demonstration area. The services of Safe Start are perhaps more solely needed due to the loss of the Success by Success By 6® services.

Demographics for Historic East Baltimore and Sandtown Winchester/Harlem Park Communities

The Historical East Baltimore Community is 2 square miles in size. With a population of 38, 906, HEB contains the largest adult population among the Success By 6® communities. The percentage of the children living in this area, between the ages of 0-4 is 7.3%. The average income is $29,763 compared to the City average of $40, 828. The unemployment rate of 10% exceeds the City's 6% rate and 34.6% of the families living in this community fall within the poverty level. The percentage of female-headed families in poverty with children less than 5 years of age is 56.7%. The substantiated child abuse/neglect rate per 1,000 (age 0-17) is 19.6% as compared to the city rate of 13.4%. The homicide rate (per 100,000) is 56.5% while the juvenile arrest rate (per 100,000) for ages 10-17 is 209.5, the highest in the City.

DEMOGRAPHICS FOR SANDTOWN WINCHESTER/HARLEM PARK

The Sandtown Winchester/Harlem Park community is .08 in square miles, the

smallest in area among the targeted communities. Sandtown- Winchester has a population of 8.9% for the entire city. The average number of children 0-4 is 2,165 and the number of female-headed households is 56.9%. The average family income for the area is 25,599, compared with $40,828 for Baltimore City. Child abuse/neglect percentages for Sandtown- Winchester are 17.6%(per 100,000 age 0-17). The homicide rate is 91.5% (per l00, 000).

Indicators for Exposure to Violence by Community 1997-2002

Safe Start Community	Count of children receiving mental health services	Count of domestic violence 911 calls	Rate of domestic violence 911 calls (per 1,000)	Count of drug related 911 calls for service	Rate of drug related 911 calls for service (per 1,000)	Count of violent crimes	Rate of violent crimes (per 1,000)
	1997-2000	2002	2002	2002	2002	2002	2002
Historic East Baltimore	672	2,859	70.4	20,488	504.8	1,190	29.3
Park Heights	330	1,800	61.3	11,840	403.2	599	20.4
Sandtown-Winchester/Harlem Park	217	1,314	75.1	8,983	513.5	483	27.6
Southwest Consortium	392	2,642	88.6	18,670	626.3	1,163	39.0
Baltimore City	5,210	35,381	54.3	123,161	189.1	14,362	22.1

Source: Baltimore City Health Department, Baltimore City Police Department, U.S. Census.

GOALS, OBJECTIVES AND INTERVENTION STRATEGY

The goals and objectives for Year 4 implementation reflect the core components of BCSSI's strategies: **Community Awareness, Screening/Assessment, Mental Health Intervention Services/Treatment and Service Linkage, Early Childhood Mental Health Training, and System Enhancement in Response to Family Violence**. The goals and objectives remained the same with the exception of an added goal that relates to systems integration and enhancement (Goal 5). BCSSI plans to implement the following goals and objectives:

Goal 1: Broad Community Awareness of the impact of child exposure to violence.
Obj.1.1: Provide community education on the impact of exposure to violence on children 0-6

Obj. 1.2: Build community awareness of Safe Start Intervention Services available for children 0-6 impacted by exposure to violence

Goal 2: Early and consistent detection of young children exposed to violence.
Obj. 2.1: Develop validated screening protocol for early childcare agencies to use to screen for impact from exposure to violence in children 0-6.

Obj. 2.2: Provide training to child-serving agencies on the appropriate implementation of screening protocol.

Obj. 2.3: Expand training to first responders, such as, CDCP, domestic violence, police, family court and child protective services to provide trauma

Goal 3: Young children identified as impacted by exposure to violence receive mental health services in their communities from a provider who is trained in early childhood mental health and childhood exposure to violence.
Obj. 3.1: Train mental health clinicians in assessing and treating impact from exposure to violence in young children.

Obj. 3. 2: Work with BMHS to identify early childhood trained mental health clinicians to provide community-based diagnostic assessment and treatment of CEV.

Obj. 3.3: Ensure project sustainability by linking Safe Start services to existing funding sources (e.g., Medicaid).

Obj. 3.4: Identify policy or procedure changes needed within and across participating child-serving agencies and treatment providers to improve identification, assessment and referral of children 0-6 impacted by violence.

Obj. 3.5: Administer Life Domain Assessment to identify child/family strengths, resilience and areas of service needs.

Goal 4: Young children identified as impacted by exposure to violence have access to improved, appropriate community based services.
Obj. 4.1: Provide CEV training to service network providers.

Obj. 4.2: Provide service linkage to assist families of young children exposed to violence with obtaining other appropriate needed services.

Obj. 4.3: Provide an electronic resource directory for Safe Start providers to have access to referral resources.
Obj. 4.4: Develop procedures to follow-up with families of children 0-6 screened, assessed, and treated.

Goal 5: Enhance the coordination of services among Key Agencies that respond to incidents of family violence.

Obj. 1.: Develop strategies that will ensure that Key agencies become knowledgeable about the current process of identifying, responding to and providing services to victims of family violence.

Obj. 2: Develop strategies that will create a continuing forum for Key Agencies to collaborate around response to family violence.

Obj.3 Share and incorporate resources among Key Agencies.

Obj.4: Develop strategies to incorporate policy changes in Key Agencies.

Obj.5: Explore legislative changes that promote positive outcomes for young children and families.

Description of Safe Start Intervention Services (SSIS)

The Safe Start Intervention Services (SISS) is an intervention strategy designed by BCSSI and collaborative partners to respond to the needs of children 0-6 who have been identified through a validated screening process to have been negatively impacted by exposure to family and community violence. The screening validation study is continuing therefore, validated questions have not been developed. To move forward with the implementation of SSIS, a direct referral process was developed so that referrals could be made for intervention services within the original targeted communities. The direct referral process will remain as another entry point for SSIS. Presentations on the direct referral procedure were made to Key Agencies at which time referral forms were also distributed. The process was added to the SSIS Procedures Manual.

BCSSI proposes to build the SSIS services into the structure and programming of existing community-based agencies. An incrementally planned rollout throughout Year 5 will be developed. During Year 4, the Initiative will expand into two additional communities, Sandtown/Winchester/Harlem Park and the Historic North and South East Baltimore communities. The expansion is in tandem with the expansion of CDCP and Urban Behavioral Associates, (UBA) the contracted mental health agency that implements SSIS.

What does SSIS Provide?

There are four major components of SSIS:

- Screening
- Assessment
- Mental Health Services
- Service Linkage

Screening

An interim consensual screening tool is used by UBA during the initial appointment with the family. The purpose of the screening is to determine whether or not a child has been negatively impacted from exposure to violence and is in need of help.

Staff in child serving agencies that conduct intake will receive training on the validated screening questions and protocol. Train-the-trainer sessions will be conducted to ensure that all staff responsible for intake is knowledgeable about CEV and the screening questions. Technical assistance will be provided by BCSSI to assist agencies to incorporate questions into intake processes.

The screening validation study is expected to be completed by mid-year of 2004 .UM has consented to continue the study at a no cost extension. Upon completion of the validation study, the screening protocol will be piloted in five agencies. CDCP will also incorporate the screening questions in their trauma response for the children who are younger than six. Through contact with children in child serving agencies, other trigger points for screening may occur as a result of either a report of an incident of exposure or observation of behaviors associated with impact from exposure to violence by staff or parents. Staff in child serving agencies will receive CEV training. Parents as first responders will also be offered CEV training.

The SSIS process for intervention services is applied as follows:

If a screener receives a "positive" response to the screening questions and upon the parent's consent, a referral is made to SSIS. If there is no positive response on the screening form, but the screener still believes there may be some family issues, the screener will make any appropriate community referrals.

Assessment

A child who screens in as negatively impacted and who is referred to SSIS will receive a Life Domain Assessment (LDA) that is administered by an ECMH trained clinician. The assessment is used to determine the extent to which the exposure to violence has impacted the child, the strengths and resilience of the child and family and the services needed to ameliorate the impact of violence. The first step for the clinician in completing the LDA is to first identify what information already exists in each of the child's domains. The Service Linkage staff begins collecting the pieces of the Life Domain Assessment, including Home and Family, Community and Supports, Education and Development and a complete Mental Health Assessment. The trained MH clinician will review the results of the assessments to determine whether there is any impact of exposure to violence. If it is determined that there is no impact at this stage, there is no further case activity, however, the Service Linkage Staff will offer community referrals to the family to address any needs identified in the Life Domain Assessment. (See attached Safe Start Intervention Services Procedures Manual, Assessments section)

Mental Health

If it is determined that the family does indeed suffer some impact from exposure to violence, then the Mental Health Assessment is reviewed a second time to determine whether a mental health diagnosis can be established. A mental health diagnosis will assist the mental health agency in securing funding for additional services for the family.

If the mental health agency determines that a family has a mental health issue that resolves into a diagnosis (from the DSM-IV Manual), the trained mental clinician and the Service Linkage staff would coordinate efforts to address the families' needs.

The LDA ad-hoc committee decided that the trained mental health clinician would determine the best mode of intervention based on assessment findings. For young children, play therapy may be a form of treatment while group therapy may serve as an intervention for five and six year olds. Therapy may be used in with the parent in situations where attachment and bonding may not have existed prior to the exposure impact. Clinicians may also work with the child's teachers in Head Start and childcare centers to enhance the classroom staff's capacity in relating to the child who has been negatively impacted in the classroom setting. The ECMH training series includes a segment on clinical interventions for young children.

A child who is assessed as being negatively impacted by exposure to violence and manifests PTSD symptoms will be administered the Preschool PTSD Treatment Protocol developed by Dr. Michael Scheeringa. Clinicians will use a decision tree developed by Dr. Scheeringa to determine if families meet the criteria for the treatment protocol. .

Service Linkage

If there is no need for mental health services, the local mental health agency will attempt to link the family to partner agencies to address the needs found in the Life Domain Assessment.

Upon completion of the service delivery plan, the service linkage staff person convenes a service-planning meeting. Membership at the service-planning meeting includes the mental health clinician, service linkage staff and the parent. The clinician reviews the recommendations made with the parent. Decisions regarding the service

plan are finalized and each individual present signs the service delivery plan.

Following the meeting, the service linkage staff member and the parent work together to establish contacts/make referrals to various services in order to achieve the goals identified in the service plan. The service linkage staff person will be responsible for assisting families in linking to other services identified in the plan. The service linkage staff person will follow-up with the parent to determine the success of the linkages and provide further assistance if needed. A customer satisfaction survey will be developed for use by the family to provide feedback about the service linkage system.

GOAL 1: Broad Community Awareness of the impact of child exposure to violence.
Outcome: Increased community awareness.
Objective 1.1: Provide community education on the impact of exposure to violence on children 0-6.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Develop a training calendar that delineates a rollout schedule of training for 2004	January-February, 2004	SSTC Community Sub-Committee	• BCCCRC • Head Start Programs • Public-Private Agencies • Child Care Provider Organizations • CDCP • Success By 6® • KKI
Conduct 25 CEV awareness presentations to audiences consisting of community organizations, child-serving agencies, parents, child care providers, residential substance abuse treatment centers, ECE college students, high school students/parents, home visitors, child welfare staff, police officers, etc.	January-December 2004	SSTC SSAC Community Sub-Committee	• Success by 6® • Head Start • CDCP • BCCCRC • Baltimore City Community College • Family Support Centers • DSS • BCPD
Identify and link with citywide campaigns to incorporate CEV awareness presentations	January-December 2004	SSTC SSAC Community Sub-Committee	COMMUNITY ORGANIZATIONS AND AGENCIES

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Complete CEV training manual format for duplication and use in train-the-trainer sessions	March 2004	SSTC Manual Committee	• DSS • Child Care Provider Organizations • BCCCRC • Baltimore City Community College
Finalize Train-the-Trainer sessions (#'s, length, collateral materials, logistics, etc.)	January and February 2004	SSTC	• DSS • Child Care Provider Organizations • BCCCRC • Baltimore City Community College
Recruit at least 3 persons from The Train-the Trainer sessions to begin training	April 2004	SSTC SSPC Community Sub-Committee	• DSS • Child Care Provider Organizations • BCCCRC • Baltimore City Community College

SS training coordinator will continue to pursue opportunities to present CEV awareness sessions and trainings by attending community meetings/events and making follow-up contacts with entities that expressed interest. Increasing the number of parent presentations is a goal for year 4. Several childcare centers have agreed to recruit parents for training.

Increased community trainings are expected as a result of collaboration with the Kennedy Krieger Family Center, recipient of a 4 year SAMSHA grant under the National Child Traumatic Stress Initiative. SS agreed to provide CEV awareness presentations to parents and the community identified by KKF.

Elementary schools that incorporate pre-K programs will be approached as a resource to provide awareness sessions for parents and training for teachers. In addition, high schools with child development curricula will be recruited for student training.

The 2004 CEV training calendar is found in **Attachment #1.**

A critical training task will be the finalization of the CEV training manual format for use in-the trainer sessions. The SS training coordinator will convene a working committee to accomplish this task. Several recommendations for membership have been received.

A total of 8 persons have expressed interest or have been approached by SS to become the first CEV trainers. These persons represent disciplines such as child welfare, childcare, clergy, child development, nursing, and substance abuse. The first train-the-trainer session will be conducted in early March.

Objective 1.2: Build community awareness of Safe Start Intervention Services available for children 0-6 impacted by exposure to violence.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Enhance PR materials for placement in sites visited by parents i.e. medical offices, community centers, schools, etc.	January-December 2004	SSTC Community Sub-Committee	• MEE Productions • UBA
Complete general and parent brochure	January 2004	SSTC Community Sub-committee	
Continue publication of SS quarterly newsletter and increase the distribution volume through use of training rosters	January-December 2004 and continuous	SSTC Community Sub-Committee	GK Graphics
Continue to update SS on FLBC's website	January-December 2004	SSTC SS Data Specialist	

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Pursue media opportunities--PSA's, newspaper arricles, etc.	January-December 2004 and continuous	SSPC SS Council	MOCY
Develop a video production	September-December 2004	SSTC Community Sub-Committee	MEE Productions

Two brochures were under development at the end of 2003. One brochure is designed to provide information about SS to agency staff and the general public. The second brochure will be disseminated to parents. MEE Productions, a professional PR firm, provided consultation and will produce the material. The completion date was set for mid-January 2004.

During 2003,the newsletters were distributed by mail or disseminated at trainings, conferences, etc. to more than 1000 persons, agencies, organizations, etc. Publication of the quarterly newsletter will continue throughout 2004.

GOAL 2: Early and consistent detection of young children exposed to violence.

Objective 2.1: Develop validated screening protocol for early childcare agencies to use to screen for impact from exposure to violence in children 0-6.

Outcome: Improved identification

TASKS	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Complete and present results of validation study	January-April, 2004	Principle and co-investigators for validation study—Drs. Laurel Kiser and Elizabeth Thompson	• UMD • KKI • Screening Committee • Validation Study Participants
Present findings to SS Executive Committee and Council	April 2004	SSPC Study Investigators	• UMD • Screening Committee
Decide (based on the study's findings), which questions will be used for universal screening	April 2004	Screening Committee SS Executive Committee	• UMD • Screening Committee

The screening validation study was not completed during Year 3 as expected. The primary difficulties centered around:

- The inability to start study at a strategic time point. Due to the training that was necessary for the assessment tools, the study began around May. At this time, the Head Start centers were gearing down for summer closings or abbreviated summer programs.

- The recruitment of subjects by staff at the identified screening sites. The largely paraprofessional staff had some bias toward research studies, therefore they did not administer questionnaire during intake or approach parents.

- Reluctance on the part of parents to participate based on biases about research, stigma associated with mental health and fear of removal of their children by CPS

- Loss of staff in Head Start programs, loss of one Success By 6® site and another family support site due to budget cuts.

During November 2003, a revised concrete and deliberate method was developed to obtain participants for the study. It was determined with the cooperation of site directors, each site would provide screens based on 20% of the total families that are served. At the end of each calendar month a review of each site's numbers will be made. In order to solidify this process a referral submission procedure was established along with "refresher screening trainings" on an as-needed basis. Refresher training was necessary due to the lag time between the initial training and the actual screenings. Two additional sites were added as another mechanism to boost the number of study participants.

UM has agreed, as per contractural terms, to extend the study through May 2004 at no cost to BCSSI.

Objective 2.2: Provide training to early childcare agencies on the appropriate implementation of screening protocol.

TASKS	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Develop protocol, training manual and collateral materials	April-June 2004	Screening Committee SSTC SSAC SSPC	• UMD • KKI • BMHS • UBA • Head Start • Child Care

TASKS	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Collaborate with **10** child-serving agencies to engage **5** agencies to begin initial implementation of validated screening questions	May 2004	SSPC SSAC	• UMD • Kennedy Krieger • BMHS • UBA • Head Start • Child Care Provider Association
Develop a screening training roll-out schedule that will begin with train-the-trainers sessions	June 2004 and continuous through Year 5 (Train-the trainer sessions) July 2004 and continuous through Year 5 (Staff training)	SSAC SSTC Screening Committee	• UMD • Kennedy Krieger • BMHS • UBA • Head Start • Child Care Provider Association
Implement cross training sessions for 100 % of staff in initial implementation agencies	July 2004 through December 2004	SSAC SSTC	• BMHS • UBA • Child serving agencies

Objective 2.3: Expand training to first responders such as CDCP, domestic violence, police family court and CPS to provide trauma response with a focus on identifying children 0-6 affected by exposure to violence.

TASKS	TIMELINES	ASSIGNMENT	COLLABORATION PARTNERS
Develop train-the-trainer schedule with CDCP, CPS and DV staff	June 2004	SSAC CDCP Community Organizer	• DSS/CPS • HR • BCPD
Engage CDCP to provide train-the-trainer sessions	July 2004	SSPC CDCP Community Organizer	• DSS/CPS • HR • BCPD
Obtain written commitments from first responder agencies to conduct screening training to 100% of staff	June 2004	SSPC SSAC CDCP Community Organizer	• DSS/CPS • HR • BCPD

GOAL 3: Young children identified as impacted by exposure to violence receive mental health services in th

Outcome: Improved Assessment and Treatment/Reduced Impact from Exposure

Objective 3.1: Train mental health clinicians in assessing and treating impact from exposure to violence in young children.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Identify additional sessions to be included in the ECMH training series	January - February 2004	SS Liaison	• BMHS • HR • PACT • Center for Infant Study
Offer additional sessions of the ECMH training series to the Baltimore City mental health provider network	March-June 2004	SS Liaison	• BMHS • HR • PACT • Center for Infant Study
Identify and offer ECMH training sessions to be repeated	July-December 2004	SS Liaison SSPC	• BMHS • Baltimore City Mental Health Provider Network

During Year 3, a total of 59 participants representing 19 different mental health resources attended the training. Ten sessions have been planned for the 2004 ECMH training series. Two new sessions, **"Substance Abuse and Young Children" and "Domestic Violence"** have been added to the series. The training will occur as a continuous 10 session series instead of as two series. An average of 25 participants per session is expected. A projected training schedule is found in **Attachment #2.** .

Objective 3.2: Work with BMHS to identify Safe Start trained mental health clinicians to provide diagnostic assessment and treatment in target communities.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Identify **5** local trainers to provide ECMH training	January –June 2004	SS Liaison	UBA UMD-Center for Infant Study PACT KKI

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Provide training on the PPT Treatment protocol developed by Michael Scheeringa at Tulane University to **5** additional clinicians at UBA	January-June 2004	SS Liaison	• BMHS • UBA • Tulane University
Develop a training manual based on the ECMH training series	January-December 2004	SS Liaison	• BMHS • UBA • UMD, Center for Infant Study • PACT • KKI

UBA has planned to increase the number of clinicians on staff that will be able to administer Safe Start Intervention Services. Training will be provided in January 2004 to five additional clinicians on the LDA protocol, child assessments and the PTSD treatment protocol.

The SS Liaison has identified a team of early childhood, clinical, and domestic violence professionals to produce a training manual based on the topics and information presented during the ECMH training series. This manual is one of the sustainable aspects of the ECMH training. One of the sustainability goals is to request the current trainers to continue the presentations. Safe Start will negotiate with BMHS to continue to provide oversight of the training series.

Objective 3.2: Work with BMHS to identify Safe Start trained mental health clinicians to provide diagnostic assessment and treatment in targeted communities.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Implement a follow-up survey form and process to use with 50% of participants who attended the ECMH training series to determine use and application of knowledge presented	January – December 2004 and continuous through Year 5	SS Liaison SS Evaluator SS Research Assistant	• BMHS • Baltimore City Mental Health Provider Network
Develop competencies (i.e. needed training, skills, etc.) for agencies interested in being included on SS mental health roster	June-December 2004 and continuous through Year 5	SS Evaluator SS Research Assistant	• BMHS • Baltimore City Mental Health Provider Network

Starting in January 2004 a survey form **(Attachment #3)** will be mailed to participants who attended two or more ECMH training sessions during 2003. The second set of surveys will be mailed following the last ECMH training in December 2004. Reponses will be used to determine how attendees are using the information and knowledge presented. Additionally, the reponses will help SS to identify agencies who are incorporating and responding to early childhood mental health practices and needs. Following the review of the surveys, those agencies presenting the most promise for incorporating best practices will be contacted to determine interest in providing SSIS. Together, the interested agency and SS will develop needed competencies. SS will provide resources for training.

Objective 3.3: Ensure project sustainability by linking Safe Start services to existing funding sources (e.g. Medicaid).

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Gather information on the use of V-Codes and DCO-3 in other states.	January - Year 5	SS Liaison SSPC	• NCL • BMHS • NMHA
Utilize current Medicaid system for 100% of reimbursable mental health services	January 2004-Year 5	SS Mental Health clinicians	• BMHS • UBA

NCL will be used a resource to obtain this information. This information will be shared with the Baltimore Mental Health Systems for applicability and dissemination. Safe Start providers will be monitored for use of additional funding resources.

A review of UBA's utilization of Medicaid will be conducted during 2004.

Objective 3.4: Ensure project sustainability by linking Safe Start services to existing funding sources (e.g.Medicaid).

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Increase awareness of ECMH among child serving agencies by: 1.Continuing to provide training as part of BCCCRC's training calendar. 2.Meeting with Baltimore City Head Start Training Coordinator to discuss incorporating ECMH into training calendar	January 2004 – December 2004	Training Coordinator, Safe Start Liaison	• Head Start • BCCCRC • BMHS
Continue to assist child-serving agencies in incorporating ECMH training into professional development protocol.	January 2004 – December 2004 and continuous through Year 5	Training Coordinator, Safe Start Liaison	• Head Start • BCCCRC • BMHS
Link UBA Safe Start staff with BCCCRC's Early Intervention Project and KK Family Center clinicians to leverage resources	January-March 2004	SSPC SS Liaison	• UBA • BMHS • KKI • BCCCRC

Continue to present ECMH trainings as incorporated into BCCCRC's quarterly training calendar. The number of trainings are determined by BCCCRC and are based on the number of persons who register for the training.

During 2003, the initial linkage occurred by presenting information about SSIS and the direct referral process with the BCCCRC's Early Intervention Project. During 2004, a closer linkage will be made through the development of a protocol between UBA and BCCCRC. The protocol will include areas such as how SSIS is introduced to a caregiver, the involvement of the child care provider and sharing information among the varying entities.

Through membership on KKI's advisory committee for the Family Center funded through a SMASHA grant, SS will encourage the development of a protocol with UBA. The protocol will incorporate a mutual referral process to the KKI Family Center or UBA when appropriate.

GOAL 4: Young children identified as impacted by exposure to violence have access to improvwd, appropriate community based services.

Objective 4.1: Administer Life Domain Assessment to identify child/family strengths, resiliencies and areas of service needs.

Outcome: Improved referral system through coordinated service linkage.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Monitor the implementa-tion of the Life Domain Assessment protocol	January 2004 – December 2004	Safe Start Liaison	• BMHS • UBA • Dr. Edda Weisberg
Investigate providing additional LDA training to Baltimore City mental health provider network	June 2004 – December 2004	Safe Start Liaison	• BMHS • UBA

Monthly reports are submitted by UBA to the SS Liaison who monitors the UBA contract. Copies of the reports are forwarded to SS Project Director. Another review of

of LDA's are conducted through verbal case specific reports presented by UBA during bi-weekly SS team staff meetings.

Objective 4.2: Fund a Safe Start Service Linkage position to assist families of young children exposed to violence with obtaining other appropriate needed services.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Explore avenues for integration of service linkage tasks i.e. PRP and other case management services	January 2004 – December 2004	Safe Start Liaison UBA	BMHS

UBA offers PRP services and has already integrated services. During Year 4, SS will request written reports that specify the integration. UBA's report will be incorporated into 2004 Semi-Annual Reports.

Objective 4.3: Provide an electronic resource directory for Safe Start providers to have access to referral resources.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Continue to provide training to UBA staff and perspective mental health providers on use of ERD	January 2004 – December 2004	SS MIS Specialist MIS Director	UBA
Maintain up-to-date information in ERD	January 2004 and continuous	MIS Director	Service providers

Objective 4.4: Develop procedures to follow up with families of children 0-6 screened, assessed, and treated.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Review 100% of *Client Satisfaction* Surveys to evaluate the effectiveness of the 3 and 6 month follow-up procedures as developed in Year 3 and included in the SSIS Procedures Manual	January – December 2004 and continuous	SS Liaison UBA Staff	• UBA • BMHS

GOAL 5: Enhance the coordination of services among key agencies that respond to incidents of family violence.

Objective 5.1: Develop strategies that will ensure that key agencies become knowledgeable about current processes for identifying, responding to and providing services to victims of family violence.

Outcome: Systems are more coordinated, and providers are collaborating more to to provide services for young children exposed to violence.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Engage senior staff from each key agency in an initial dialogue together to share operational procedures for responding to family violence	May 2004	SSPC Policy Analysis Workgroup	• BCPD • DSS • OSA • HR

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Key agencies define a strategy to enhance systems response to the revised G-11 order	May 2004	SSPC Policy Analysis Workgroup	• BCPD • DSS • OSA • HR
Key agencies develop a MOU for commitment to enhancing response to DV	September 2004	SSPC Policy Analysis Workgroup	• BCPD • DSS • OSA • HR
Increase awareness of issues needing to be addressed to enhance coordinated responses to family violence (Share BCSSI's Policy Analysis Report)	January-December 2004 and continuous through Year 5	Policy Analysis Workgroup	BCPD DSS OSA HR
Increase the awareness of SS Initiative	January-December 2004 and continuous through Year 5	SSPC SSAC Policy Analysis Workgroup SS Council	BCPD DSS OSA HR

In October 2003, dialogue was initiated between representatives of BCPD and OAS, Felony Family Violence Unit in response to change in G-11 order. CPS has developed a proposal for system change within the BCDSS in response to DV. Technical assistance has been requested from SITTAP to develop action plans toward system integration.

Objective 5.2: Develop strategies that will create a continuing forum for key agencies to collaborate around response to family violence.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Finalize plans for symposium	January-April 2004	SS Council Policy Analysis Workgroup SSAC	• Key agencies
Key agencies present response at SS symposium	April 2004	SSPC Policy Analysis Workgroup	• BCPD • DSS • OSA

The Symposium idea came out of the Policy Analysis workgroup as a way to augment the attempts to bring key agencies together to implement system change in reference to agency response to DV. The workgroup members represented each of the key agencies. Plans for the symposium started with the workgroup and was then presented to the SS council during the September 2003 meeting. Council representatives along with the workgroup have assumed the major responsibilities for putting the symposium together. Next steps or action plans are being formulized and will be presented to NCL for technical assistance.

Objective 5.3: Share and incorporate resources among key agencies.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Develop strategies for cross training	September 2004	Policy Analysis Workgroup	• BCPD • DSS • OSA • HR
Develop abbreviated referral material that will combine key agency service referral information .	June 2004	Policy Analysis Workgroup	• BCPD • DSS • OSA • HR

Strategies will be included in action plans developed through TA with SITTAP.

Objective 5.4: Develop strategies to incorporate changes in key agencies.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Develop written procedural protocols	September 2004 and continuous	Policy Analysis Workgroup	• BCPD • DSS • OSA • HR

Strategies will be included in action plans developed through TA with SITTAP.

Objective 5.5: Review and support legislative proposals that promote positive outcomes for young children and families.

TASK	TIMELINE	ASSIGNMENT	COLLABORATION PARTNERS
Identify legislative liaisons or the procedure for distribution of bills, laws, etc.	September 2004	Policy Analysis Workgroup	• BCPD • DSS • OSA • HR • FLBC
Include legislative updates in SS newsletter.	January-December 2004 and continuous through Year 5	SSTC	FLBC

ATTACHMENT #1

BALTIMORE CITY SAFE START INITIATIVE
2004 CEV TRAINING CALENDAR

Date	Agency/Organization	Types of Participants	# Of Participants	Session Length
January	BCCC	Parents	25	2 hrs
	CDCP Cross Fellows Training	Police officers, Community residents and Clinicians	20	1 hr.
February	Paquin High School	ECE students	20	2 hrs.
	Dayspring Transitional Housing	Parents	10	2 hrs.
	East Baltimore Youth and Family Services	Staff	6	2 hrs.
March	Annual Emotional Wellness Conference	Child Care Providers	40	2 hrs.
	BCCCRC	Child Care /Foster Care Providers	12	3 hrs.
	DSS	Child Welfare Staff	40	2 hrs.
	DRU Judy Center	Child Care Staff and Parents	10-15	3 hrs.
	Gaudenzia Substance Abuse Treatment Center	Parents/Residents	25-35	2 hrs.
April	DSS	Child Welfare Staff	40	2 hrs.
	Moravia Judy Center	Staff and Parents	10-15	2 hrs.
	ECE Class at BCCC	ECE Students	15-20	2.5 hrs.
May	DSS	Child Welfare Staff	40	2 hrs.
	Bon Secours Family Support Center	Staff and Parents	10-15	2 hrs.
	Park Heights Family Support Center	Staff and Parents	10-15	2 hrs.
June	DSS	Child Welfare Staff	40	2 hrs
	Carver High School	ECE Students	20	2 hrs.
July	Young Fathers, Responsible Fathers	Parents	20-25	2 hrs.
August	Annual Head Start Conference	Head Start Staff	75-100	2 hrs.
September	Annual Mayor's Child Care Conference	Child Care Providers/ECE Professionals	50-75	2 hrs.
October	Success by 6 Home Visitors	Home Visitors	20	1.5 hrs.
	Northwestern High School	ECE Students	20	2 hrs.
November	DSS	Child Welfare Staff	40	2 hrs.
	SS Annual Parent Retreat	Parents	50	6 hrs.
December	ECE Class at BCCC	ECE Students	15-20	2 hours

ATTACHMENT #2

EARLY CHILDHOOD MENTAL HEALTH TRAINING SESSIONS for 2004

DATE	TOPIC	LENGTH OF SESSION	# OF PARTICIPANTS
March	Understanding Early Childhood Mental Health	6 hrs.	25
April	Cultural Competency and Mental Health	6 hrs.	25
May	Early Childhood Development	6 hrs.	25
June	Violence and Young Children	6 hrs.	25
July	Diagnosing Young Children	6 hrs.	25
August	Domestic Violence	6 hrs.	25
September	Substance Abuse and Young Children	6 hrs.	25
October	Clinical Interventions and Young Children	6 hrs.	25
November	Sand Therapy	6 hrs.	25
December	Art Therapy for Young Children	6 hrs.	25

ATTACHMENT #3

TRAINING DATES	*QUESTIONS* Directions: Please put a check mark in the box next to the response you choose.
Series I September 2002: **Understanding Mental Health Issues in Early Childhood: A Developmental Perspective for Assessment and Treatment** October 2002: **Providing Mental Health Services in Family, Organizational, and Community Settings** November 2002: **The Assessment and Treatment of Young Children Impacted by the Exposure to Violence** January 2003: **Clinical Interventions for Young Children** *Series II* June 4, 2003: **Let's Plant a Seed: How to Enhance Parent/Child Relationships** June11, 2003: **Developing Relationships: Making Early Childhood Mental Health Work** June 26, 2003: **Violence and Young Children** July 22-23, 2003: **Understanding Early Childhood Development** August 20-21, 2003 **Clinical Interventions for Young Children: Understanding Play and Art Therapy**	***1. Did participation in the training series increase your skills for working with children 0-6 with mental health issues?*** ☐ ***Much*** ☐ ***Some*** ☐ ***Not sure*** ☐ ***Little*** ☐ ***Not at all*** 2. How would you rate your comfort level with working with children 0-6 before attending the training series? ☐5 **high** ☐4 ☐3 ☐2 ☐1 **low** 3. How would you rate your comfort level with working with children 0-6 after attending the training series? ☐5 **high** ☐4 ☐3 ☐2 ☐1 **low** 4. On average, how many children 0-6 would you say you worked with before you attended the training series? ☐50+ ☐49-30 ☐29-10 ☐ under 10 ☐None ***5. On average how many children 0-6 would you say you have worked with after attending the training series?*** ☐50+ ☐49-30 ☐29-10 ☐ under 10 ☐None 6. What areas of your practice have you changed as a result of participating in the training series? **Check all that apply:** ☐Assessments used ☐Interventions used ☐Treating children impacted by exposure to violence ☐Other_____ ☐None