



## SAFE START

Spring CROSS-SITE MEETING in Pinellas County, Florida  
May 14<sup>th</sup>-16<sup>th</sup>, 2003

### Meeting Notes



*“Embedding a Process Today for Sustainability Tomorrow”*

### **Wednesday, May 14th**

#### ***Welcome***

Opening remarks provided by Bill Schechter, Juanita Gallion, Melinda Chow and Susan Downing from the National Civic League; Kristen Kracke, OJJDP program manager, and Judith Simpson, project director for Pinellas County Safe Start.

#### ***Pinellas Site Presentation—Pinellas County Safe Start Collaborative Partners***

The Pinellas County presentation was led by project director, Judith Simpson, and included a variety of community and collaborative partners. The presentation began with a video describing the work of the Juvenile Welfare Board. Brief presentations were also completed by a variety of Safe Start partners and programs:

- A.S.S.E.T.—Agency Self-Study Efficacy Tool
- S.A.M.I.S.
- 2-1-1 Tampa Bay Cares  
2-1-1 is a non-emergency number which allows callers access to community agencies, resources, social services, etc.
- Clearwater Police Department, Community Policing  
Community policing has been a priority for many years, and there is a strong commitment from the Clearwater Police Department to work with the community and with young people. Demonstrable successes have occurred over the years, and Safe Start is a natural partner to the work they Police currently do.
- Unified Family Court
- Two DV Centers in Pinellas County: (1) The Haven, (2) CASA—Community Action Stops Abuse
- Healthy Start/Healthy Families
- Overcoming the Challenges of Collaboration Through the Partnership Center  
The panel discussed the benefits and challenges of working collaboratively, including the opportunity to expand knowledge and resources, the ability to reach a broader section of the community, and provide enhanced services to families.

For more information about the Pinellas presentation and to view power point presentations, visit [www.nceev.org/programs/safe-start](http://www.nceev.org/programs/safe-start) and log into the members only section.

***Collaboration Works: Assessments, Tools, Benchmarks—Institute for Community Peace (ICP): Linda Bowen and Marcy Mistrett***

The presentation began with a brief introduction and information about the Institute for Community Peace, formerly the National Funding Collaborative on Violence Prevention. The mission of the Institute for Community Peace is to "promote the development of a safe, healthy and peaceful nation by mobilizing community resources and leadership. We support strategies that emphasize resident engagement, community empowerment and expanded national attention to the range of factors that contribute to and prevent violence." The ICP works with several communities which have developed collaboratives focused on violence prevention.

The presentation covered discussions of why collaborating to prevent children's exposure to violence is important, the bases for connecting aspects of the community, and understanding that collaboration should be transformative. Sites were asked what their "Collaboration Legacies" would be, and ICP covered key collaborative skill areas for making the legacies a reality. ICP then had site teams complete a collaborative assessment tool in small groups. The groups then came together for cross-group sharing.

To see results of cross group sharing – please see the Flipchart Notes at the end of this document.

For more information on the Institute for Community Peace, please visit [www.peacebeyondviolence.org](http://www.peacebeyondviolence.org), or go to [www.ncccv.org/programs/safe-start](http://www.ncccv.org/programs/safe-start) and view their presentation materials in the members only section.

***Supporting Court Collaboration in Safe Start—National Council for Juvenile and Family Court Judges (NCJFCJ): Serena Hulbert***

This workshop provided an overview of court-related terms and definitions, and an explanation of what kind of assistance NCJFCJ can provide. For example, with Safe Start, courts include dependency, child abuse and neglect, and domestic violence. A "Model Court" is one which has decided to incorporate best practices and work proactively to better serve families. Courts are a major point of entry for children in the system, and courts need to understand the bigger picture, and the importance of stopping cycles of violence early.

NCJFCJ can serve as a mediator when talking to judges because they understand the language of the courts. TTA offered by NCJFCJ can vary from site to site, tailored to specific needs. For example, NCJFCJ can educate judges on a better setup of court rooms, stress the importance of starting on time, suggest having a picture of the child for each case, and assist in conducting case reviews.

The Pinellas site visit by NCJFCJ allowed Pinellas Safe Start to work on Model Court readiness, got courts and more people engaged.

For more information about NCJFCJ and available technical assistance, please contact Serena Hulbert, Safe Start Program Manager at [Hulbert@pppncjfcj.org](mailto:Hulbert@pppncjfcj.org) or (775) 784-7571.

## **Thursday, May 15th**

### ***Community Awareness Strategies—Baltimore, Chicago, and Rochester***

This workshop featured presentations by three sites, focusing on four major questions: 1) What kind of strategies are being used; 2) What is the audience; 3) What is the rationale for each approach; 4) How is the impact being measured.

Baltimore provided an overview of their strategies, including development of a quarterly newsletter, brochures, and products such as stress putty, clips, and magnets.

Chicago prepared a presentation on the work of their Public Awareness workteam, and shared their marketing materials developed with in-kind assistance from local ad agencies. These included two brochures, one designed for service providers, and one for parents/family members.

Rochester provided an overview of their campaign, the importance of assistance from the Ad Council, and shared their public service announcements and posters.

All three sites shared the importance of securing assistance from local resources, and recommended building on relationships of collaborative members to identify local ad councils, marketing/advertisement firms, and looking for in-kind assistance.

For more information and to view site materials, please visit [www.ncccev.org/programs/safe-start](http://www.ncccev.org/programs/safe-start) and log in to the members only section.

### ***First Evaluator Breakout Session—National and Local Evaluators***

Please see Appendix A for notes compiled by ASDC.

### ***Overcoming Privacy and Confidentiality Barriers—Waller, Lansden, Dortch & Davis: Sara Fowler***

Presentation focused on an overview of the HIPAA legislation, discussed what organizations are covered under the law and how information can be shared among agencies. HIPAA was intended to simplify the way healthcare payers provide information by using a standard format.

The presentation discussed the two main rules of the legislation – the Privacy Rule—enforced by civil rights; and the Security Rule—IT, technical requirements for computers. These rules apply to HIPAA-covered entities and their business associates. Safe Start sites are generally not covered entities, nor will they usually be or have business associates who are covered entities (may be a few exceptions). In regards to patient privacy rights under HIPAA, healthcare professional can deny records to parents if they deem it will cause harm to the child. A patient can request that info not be given to anyone, although healthcare providers do not have to agree, and the request needs to be stated in writing. Some communications are confidential, and a patient can request their information be sent to other providers or organizations.

To view the power point presentation, please visit [www.ncccev.org/programs/safe-start](http://www.ncccev.org/programs/safe-start) and log into the members only section. For more information on HIPAA legislation, please visit [www.apapractice.org](http://www.apapractice.org) or [www.apait.org/hipaa](http://www.apait.org/hipaa).

***Systems Change Workshops, Parts 1 and 2—Institute for Educational Leadership’s (IEL) Systems Improvement Training and Technical Assistance Project (SITTAP): Trish Donahue***

IEL is a non-profit organization, committed to building and supporting diverse leadership, strengthening the effectiveness of child/family serving systems, and informing and influencing changes in policy and practice.

SITTAP was created to develop and enhance the skills and capacities of juvenile justice/child welfare systems and communities to make systemic changes leading to a pro-family system of care for children, youth and their families.

The presentation covered an overview of systems change, applying policy/fiscal analysis and getting past tensions and sticking points to build systems. System “drivers” include relationships, resources, power and authority, information and policies. Safe Start can act as a driver by building services and systems within communities, and assisting in creating within agency policy change.

The presentation included a variety of worksheets, provided concrete examples of challenges and successes, and had sites break into small groups for discussing two scenarios.

To view the power point presentations and scenarios, visit [www.nceev.org/programs/safe-start](http://www.nceev.org/programs/safe-start) and log in to the members only section. For more information on SITTAP, please visit [www.sittap.org](http://www.sittap.org).

**Friday, May 16th**

***Collaboration and Sustainability: Beyond Federal Funding—The McCoy Company: William McCoy***

Presentation focused on financial strategies for sustainability, including thinking more strategically in fundraising, examining fundraising potential and building on current resources. Concepts covered included a development audit, feasibility study, and resource development plan. Suggested strategies were creating an endowment, better utilizing board members, adding a community foundation to the collaborative, and being strategic about what kind of new grants to seek.

For more information on this workshop, visit [www.nceev.org/programs/safe-start](http://www.nceev.org/programs/safe-start) and log in to the members only section. For more information on the presenter, please visit [www.themccoycompany.com](http://www.themccoycompany.com).

***Second Evaluator Breakout Session—National and Local Evaluators***

Please see Appendix A for notes compiled by ASDC.

***Information and Data Sharing—Alpha Consulting Group: Stephanie Rondenell***

This workshop focused on several models for information sharing and provided examples of current implementation of various models. The importance of sharing data, the challenges inherent in such a process, and the appropriate partners and resources necessary for making it successful were discussed.

To view the power point presentation of this workshop, visit [www.nceev.org/programs/safe-start](http://www.nceev.org/programs/safe-start) and log in to the members only section. For more information on this presenter, please visit [www.acgonline.net](http://www.acgonline.net).

### ***Moving Into Year 4—National & Local Implications***

Session opened with a panel including Kristen Kracke, Julie Herr and Elizabeth Lopez from OJJDP, Janet Griffith and David Chavis from the NET, and Juanita Gallion from NCL, facilitated by Bill Schechter from NCL. Topics discussed included:

- The Grants Management System (GMS). June 2<sup>nd</sup> is the deadline for the next stage of process, when a preliminary summary of the budget is needed. For assistance, contact Rich Cole-Gills, assigned OJP help person 202-616-4506, after hours until 9pm 1-888-549-9901. The technical award process is not to pre-empt the strategic plan review process.
- Strategy Revision Process—everyone should be working on this, 60 days prior to end of budget period
- National Evaluation—an independent interim review was completed, and results will be announced soon. The process evaluation will be sent in draft form to OJJDP in the next month. Joint meetings at cross-sites are useful and we should continue to set aside time for this. Need to think creatively since it can be difficult logistically to organize. The NET is looking at clarifying different outcome measures—resiliency, PTSD—and will distribute information to full Safe Start listserv within two weeks for feedback. If there are any questions related to the NET database, please contact Duren Banks at Caliber Associates. The Safe Start website section for evaluation materials is being put together. Please get agreement from the project director prior to sending materials to Larry Contratti at ASDC for posting to the website.
- Technical Assistance - TTA Coordination thru NCL—access to all dedicated and undedicated providers. Designated/dedicated providers are resources available free of charge. All presenters and TTA providers at the cross-site meeting are connected to OJJDP, and resources found on NTTAC are available for access through NCL.

### ***Safe Start Big Picture***

This session focused on the current phase of the Safe Start initiative and provided a vision for moving forward. The initiative has made great strides so far but there are still areas that need to be grown and enhanced.

Strategic plans need to continue to strategize for five years out, particularly as sites need to define the strategy for the years beyond JJ funding now.

Nationally there is a need to enhance our own efforts towards sustainability by marketing and packaging the work we have done. We need to catalog and capture the success of the initiative now and show the depth of our accomplishments with visuals.

Sustainability needs to be embedded as a commitment to the Safe Start concept, not focus solely on funding. Use the Federal and local partnerships to enhance relationship building and use the commitment to answer why and why not to do certain things.

There is a necessity to be more consistent in our terminology. For example, saying Safe Start is a “program” or only about “services” leaves out that the initiative is about systems change. The “fiscal analysis” should be used to inform implementation and strategic plans. “Fiscal sustainability” is about building financial independence in the initiative.

Where is the Safe Start demonstration in terms of progress? How was the Cross-Site Meeting helpful?

- From the perspective of project staff, the workshops on sustainability and systems change were helpful, as the focus has mostly been on services; meeting was well-toned, very relevant. There is a need to approach things differently—what is our strategic plan for the entire initiative as a whole, and how do we get this embedded on a national level. As a national initiative we need to move the issue of CEV forward and continue noting our accomplishments and successes.
- From the perspective of evaluators, both local and national, there may be a need to look at evaluator-site relations and site-evaluator relations. Need to find ways to increase the dialogue between program staff and evaluators to help each other in what they are each accomplishing.

Evaluation—How is this moving along? The evaluation is moving along well, not seeing any sites behind. The evaluators should be in sync with programs. There is some question of how to implement an appropriate intervention research study. The exchange between local and national now much better, and there has been a maturation of evaluators as Safe Start evolves. Things are coming together though there are still a lot of challenges, and evaluation is by nature backloaded—concerned with the past when programs are concerned with present.

Conflict Management and Resolution—Is there a forum for airing concerns, and is it appropriate to do so at this cross-site meeting? What is the mechanism and what are the costs? If the issue is site specific, there are informal ways of doing this. If the issue is a cross-site one, the safe place should be here and not at sidebars of the initiative. Some issues can come out in planning process for the cross-site, this is why we enlarged the planning process, and this is the time to bring things onto the agenda. We can also framing conflicts in different ways, being conscious of time and what we want to accomplish.

Role of the Collaborative—Where is this going to take us in terms of changing systems? Within agency work, and having specific groups that do this needs to happen more as part of a process and structure. Collaboratives should commit to change the process. There are challenges for collaboratives which include balancing policies and services thru the haste of getting things in place; trauma and mental health referrals are not adequate; and an assessment does not always equal a solution.

There is concern that we are not talking about best/proven practices, how do we take this information back and have these trainings. What are some things to take clinicians – this kind of information would be helpful to know.

The location of the next cross-site meeting will be Sitka, Alaska. Dates will be determined in the next few weeks. A process for determining meeting locations will also be outlined in the next few weeks, as we plan for the fall and spring cross-site meetings.

## APPENDIX A

### THE SAFE START EVALUATOR BREAKOUT SESSION

#### *SERVICE COORDINATION/INTEGRATED SERVICES*

JOY KAUFMAN

SITE REPRESENTED: BRIDGEPORT, CT

The Bridgeport staff collects case data at the client and system levels.

#### CLIENT LEVEL

- *At the client level, the “Family Plan” maps the needs of families and the services currently received by those families.* There is a follow-up to see if the services were successful. On aggregate level, you can see (1) who is being referred to specific services and (2) if the services are working.

Microsoft Access databases are being used to collect data from all programs. They use utilization data if they don't have MIS data. They also collect demographic data, outcome measures, and create a family plan. Each family member has a unique number generated by formula so families can be tracked through care and links can be made. The data generated by these methods is reported quarterly. There is much room to grow regarding the individual level data.

#### SYSTEMS LEVEL

- *At the systems level, interagency collaboration measures are used.* They measure beliefs about collaboration and the quantity and quality of collaboration. These measures are administered at baseline and are replicated every 18 months (the next replication is due in August 2003). The goal is to examine how collaboration and networking changes over time.
- *Focus groups are another strategy used at the systems level.* Measures are taken at baseline and every 18 months. Focus groups are conducted with service providers, consumers, and policy makers. Longitudinal analyses are planned for the focus group data.

The focus groups led people to believe collaboration was difficult due to information sharing problems. Bridgeport sent out a survey to more than 600 child-serving agencies to ask if they had issues related to sharing data. The response rate to the survey was 20%. It revealed that the perception of the issues was greater than the reality. The people actually don't have problems sharing information. There are plans to use focus groups to follow up and investigate perception again.

Most people have yet to fully understand HIPAA and to set policies that allow for continued data sharing. This lack of full understanding has stopped people in Bridgeport, as it has in other locations, from sharing information.

#### FEEDBACK FROM OTHER SITES

- Some of the other evaluators find child outreach specialists are able to develop relationships with families and link them to services.
- John Shields (San Francisco) said he used data to track referrals and links and found “huge holes” in the data. He asked Joy, “In the Access database, what’s the quality of the data?” Joy replied that the quality is good, and a report is created monthly. There was a learning curve in how much technical assistance (TA) to provide. They provided 5-8 hours per week for some sites. John Shields says they are providing 2-3 hours of TA per week but it’s not enough.
- The Bridgeport staff have laptops in their cars and passwords to make their records HIPAA compliant. This helps three agencies interact without violating HIPAA. Many evaluators and their staff are confused about what HIPAA covers.
- At this point, the discussion turned to the rules of HIPAA compliance. Present at this meeting was a lawyer with HIPAA expertise, and she explained the details pertaining to the questions that arose. For more information, see the HIPAA presentation notes.

### ***IDENTIFICATION OF CHILDREN EXPOSED TO VIOLENCE***

JOHN SHIELDS

SITE REPRESENTED: SAN FRANCISCO, CA

The central question is this: How do we find the kids that have been exposed to get them in services?

San Francisco concentrates on domestic violence (DV). They just got a court order to get a research assistant into the police department to look at 2 years of domestic violence data. They are trying to open the door as widely as they can by identifying any kind of exposure and then conduct a severity assessment for each point of entry.

The discussion then focused on two questions: What are all the possible entry points to find children exposed to violence? What are the advantages and disadvantages of points of access? The following entry points were identified by the group.

#### **ENTRY POINTS:**

- Police: There was a struggle with police in San Francisco. It took a court order to get access to domestic violence records.
- Day Care Centers: They have not been effective in referring exposed children for some sites.
- Head Start programs
- 2-1-1 in Pinellas County
- Child Protective Services (CPS): There are questions about accuracy and incorrect data entry. But at Bridgeport, CPS is very big help. There is a new domestic violence assessment tool in Bridgeport, from initial call to investigation.
- Domestic violence shelters

- Emergency rooms and doctors: Some doctors are just beginning to become cognizant of diagnosing DV itself when victims come in with physical symptoms. That is, we don't yet know if exposure of children to DV is on doctor's mind when addressing these situations.
- Public Health Nurses
- Schools
- Fire department and 911 operators: Some 911 operators ask if children are present in a DV situation. San Francisco has two years of data, but now due to training DV reports went from 70 per month to 350 per month.
- Faith community
- DV Advocates in courts, and non-shelter DV providers: Courts refer a small number of children. They are not terribly useful and they usually do not refer kids (according to one of the sites).
- Walk-ins at service providers
- Welfare organizations
- Public mental health services
- Alcohol treatment programs
- Culture-specific informal access points

The participants then discussed "what is defined as 'exposure to violence.'" The information from this discussion is included in the section on this issue later in this report.

### ***EVALUATOR-SITE RELATIONS***

JOY KAUFMAN

SITE REPRESENTED: BRIDGEPORT, CT

The main goal is to learn how to incorporate principles of empowerment evaluation into their work. Another goal is to become part of the project management.

The evaluation staff sits in on all leadership meetings and planning meetings, and they always bring up evaluations. Empowerment evaluation is always about the relationships and mutual respect, and continuing to ask "how can we use the data to inform your work and make you better." There are continual data feedback loops, including some in the form of monthly, quarterly, and annual reports.

### **FEEDBACK FROM OTHER SITES**

- One participant suggested conducting a survey of the supervisory body in order to get them involved, and then show the results to them quarterly. This provides good feedback and improves relations.
- Another suggestion was conducting key informant interviews with the larger partnership. Create themes and patterns from data, and report back to larger group.
- The question was posed: What else do you do to facilitate the use of the info from the data? Joy replied that you have to give "Evaluation 101" whenever you present the data. It's necessary

for educating the stakeholders. The advisory council (who represent 63 different agencies) needs to know they are not being evaluated, and you must do this over and over.

Bridgeport teaches “Evaluation 101” to service providers. Their mission is to teach people how to conduct their own evaluations for when there is no longer funding.

- Carol Alfrey and John DeRuyter added that they are trying to be local evaluators from afar (Wheaton, IL). Because they work with the Sitka tribe, developing cross-culture relations is very important and takes time to develop trust on site with the staff and the tribe. It took a lot of energy up front to spend time on-site, talk, listen, and attend cultural events there, such as tribal events. They are making an effort to understand the notion of DV and how they view it within their culture. They try to understand institutional racism and its impact on DV, and had two training sessions on that issue. This process involved a separate intervention that was culturally based.
- Evaluating from afar has yielded many challenges. After relationship issues, you still have to teach “Evaluation 101.” DV is universally recognizable, or is seen essentially the same way in that community with some notable exceptions. For example, children end up being abused under the guise of punishment, but that’s used in other cultures as well. They may have to bring up the subject of anger levels and take wind out of the sails of abuse. Plus, the alcohol issue is very big tie-in for Native American DV.

#### ***WASHINGTON COUNTY COMMUNITY TELEPHONE SURVEY\****

COURTNEY JACKSON

SITE REPRESENTED: WASHINGTON COUNTY, MAINE

Keeping Children Safe Downeast sponsored a community telephone survey conducted by the Survey Research Center at the Muskie School of Public Service. The initiative was interested in limiting the target population to families with children. Using random digit dialing, 447 families with at least one child under age 18 were interviewed by telephone. Respondents were asked questions about community problems, exposure to violence, community resources, and demographic information.

Preliminary analyses of the data show a relationship between gender and perceptions of family violence. Women estimate a higher percentage of households experience violence. In addition, women are more likely to rate exposure to violence as "a big problem." The group discussed gender differences in the perception of family violence. Other sites reported observing similar patterns in their community surveys.

Other findings from the KCSD survey included an association between history of violence exposure and perception of prevalence. Those who were exposed to violence as a child estimate a higher percentage of households experience violence compared to those who were not exposed.

A discussion ensued regarding the use of Likert-type scales in these kinds of community surveys. The discussion focused on the use of use of four- or five-point scales. Five point scales have an

advantage in that they allow the responder to choose a "middle ground" response. However, some evaluators considered this a disadvantage since they want the responder to be more decisive in their responses.

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\*For more information, see the document, "Washington County Community Telephone Survey," available via the speaker.

## ***DEFINITIONS OF EXPOSURE TO VIOLENCE***

GROUP DISCUSSION

SITE REPRESENTED: ALL

The group discussion started with the question, "What is our group definition of 'exposure to violence?'" The following represents the input given by various representatives of the Safe Start sites.

### DEFINITIONS AND COMMENTS BY SITE:

- **Spokane:** There is no one consensus in Spokane about a definition. Exposure to substance abuse production is defined as exposure to violence (Spokane has a very broad definition). DV is defined at the community level and includes anything from verbal up to physical assault, including homicide. Community violence in Spokane is not about homicides and gangs, it's about methamphetamine production in the home and methamphetamine selling out of the home. They define that as being violent. It's not unheard of for methamphetamine labs to be under a child's crib, or for children to encounter exposed needles when crawling. This is a huge problem in Spokane. They respond to homicides, but they are few and far between. Spokane said they would respond to children seeing any kind of violence, like car accidents or natural disasters.
- **Sitka:** Referrals come from various sources, such as families going through a PCIT model. There's an initial screening to see if they fit in the program. The parameters to be met are: (1) exposure to DV, and (2) they meet the definition of "early childhood," meaning the years birth-to-5. They are not looking at big numbers. Their definition does not include community violence. Their survey asks, "Were there children in the home at the time of the DV," so it's not necessarily "witnessing." (At this point, the group generally agreed to include in the definition being exposed to, or *at risk* of being exposed to DV.

The participants talked about normative definitions of violence and acceptable violence. In Sitka, watching violent activity in home is normative, yet is not defined as violence. All around that is support of parents in that it wasn't alienation that comes out of a culture of family violence.

- **Zuni:** Their village has about five to seven thousand people. Their desire is to define "exposure to violence" as broadly as they can. They will have a rich but small data set. Violence is not a part of the Zuni cultural tradition. Violence is a recent phenomenon, occurring in the last 30-40 years. The distinction between types of violence is not made by the Zuni. They say violence

was brought into community when HUD brought in single family homes. Their definition is, “Kids 0-6 who have been victims of or have been exposed to DV or community violence.” They want to include neglect in the definition.

- **Pinellas:** No real differences from other definitions except for the debate over media violence. For Pinellas, it’s not so much exposure to media violence rather than the trauma that may stem from it. The system defines “exposure to violence” within general guidelines.
- **Chatham:** Animal abuse and witnessing it is also included in their definition.
- **Chicago:** Chicago is also treating the effects of media violence rather than the exposure. They include kids simply “knowing” about DV (that is, knowing it happened without necessarily witnessing the event).
- **Rochester:** Their definition varies by intervention. For example, social workers or police say what happened instead of going by definition of violence. There was a case where the boyfriend threatened to burn down the house with the mother and child in it. The cat was in the house and he killed it and burned down house. For teachers, Rochester gave them the Department of Justice definition: Witness to DV or other crime, commit any type of violence act against other individuals; victim, abuse physical or sexual, neglect, or maltreatment, or violence in the community.

#### OTHER ISSUES:

*As a minimum, does “exposure” mean that a young child witnesses domestic violence?*

- “Witnessing” is a problematic term, most agreed. What about a child who is outside the age range (of 0-6) but witnessed DV at age 5? Would that child be served? All agreed that services would not be denied to anyone, but might be excluded in analysis.

*Is anybody using a definition of DV from laws in their state?*

- **Spokane** replied that they are, since most of their referrals come from law enforcement.

#### ***MENTAL HEALTH SERVICES\****

PAUL SCHEWE

CHICAGO, IL

The two systems to identify children exposed to violence are the Incident-based ID system and the System-based ID system.

When police are on a domestic violence call or a community violence call where children are present, they distribute Chicago Safe Start materials and distribute the Mayor’s Office of Domestic Violence Helpline number. When caregivers express an interest in receiving services

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\* See also document: “Referral and Data Pathway”

for their children and/or themselves, the police will attempt to immediately initiate a call to the Helpline.

Data is divided into process data, outcome data, systems change, and reporting\*\* .  
Columns are Direct Service team, Police Protocol team, Training team, Public awareness team, Systems and Policy team.

The Direct Services Logic Model is broken up into four categories: (1) Interventions, (2) Intended Outcomes, (3) Measures, and (4) Impact.

The Chicago Safe Start ID Form creates a unique ID for every individual based on caregiver answers to personal questions.

The Screening Form assesses emotional, physical, social, and other potential effects of the DV. This is completed when a family shows up for services, after they have been identified (but could be a walk-in as well).

The Chicago Safe Start Questionnaire is used to measure caregiver's knowledge about violence impact and ability to take care of children.

#### *FEEDBACK FROM OTHER SITES:*

QUESTION: Is there anything on substance abuse?

- Because it is focused on children, they left out substance abuse. They chose not to look at development changes/impact.

QUESTION: How long will mental health services last?

- It is open-ended, and family support will be more curriculum-driven.

QUESTION: What is the process by which you develop forms with mental health agencies?

- We treat them like experts. We had no resistance to the process. Two of three were already into evidence-based evaluations anyway.

QUESTION: What is the process for symptom-based responders?

- We are going out into the community and training anybody that has significant levels of contact with kids. These include day care facilities and schools. They are trained for early identification and appropriate referral.

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\*\* See also document: "Data Sources, Elements, and Reporting"

## FLIPCHART NOTES

### ***Collaboration Works: Assessments, Tools, Benchmarks* – Linda Bowen, Marcy Mistrett – Institute for Community Peace**

#### Strengths (4's & 5's)

- Structure & governance – written roles for project committees
- Community readiness – momentum of interest, assessment results, community forums
- Leadership – is shared, votes happen democratically
- Membership – grown in size, incentive for attending, talking directly with other programs
- Conflict resolution
  - level enough to move collaborative but not destructive to it
  - capacity and strategies to deal w/this is vital
  - conflict/tension w/community (political issues)
  - challenging them at points of the initiative
  - pick which conflicts & when to engage (choosing battles)
  - do smaller “winnable” ones first - build up to larger ones later
  - where –sometimes behind the scenes
  - framing & re-framing
  - cannot avoid dealing with what community brings up
  - making it culturally relevant

#### Weaknesses/Priorities

- Conflict Resolution (3)
  - defining – formalizing process – communities point of view, bringing other partners
  - sticking to mission – repetition – start every meeting the same way
  - principles of collaboration that everyone signs
  - develop a workplan that everyone buys into
  - model it
- Community Readiness
  - top – bottom/ bottom – top approach
  - include front-line workers
  - uniqueness of those served
- Structure/Governance (1)
  - structure < -> function
  - yes!
- Membership/Leadership
  - clarify roles/expectations
  - identify right person/opportunity
- Managing Transition (1)
  - looking where we want to be
  - changes in policy/knowledge
  - mid-course check – modify, adapt