THE SAFE START EVALUATOR BREAKOUT SESSIONS,
MAY 15, 2003-MAY 16, 2003, ST. PETE BEACH, FL

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.

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.

The group discussion stared 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.

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 for their children and/or themselves, the police will attempt to immediately initiate at 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 nothing 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?

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[*] See also document: "Referral and Data Pathway"

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

- 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.