

*Safe Start Initiative  
Cross-Site Process Evaluation  
Preliminary Findings  
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# Process Evaluation Questions

- ⌘ What were the milestones reached, goals attained, and other indirect impacts of the Safe Start Initiative in 2004?
- ⌘ How did the composition and process of the collaborative in each site influence the types of strategies implemented, and as a result, the system change outcomes?
- ⌘ What organizational, point-of-service, and collaborative capacities are required for successful implementation and sustainability of the system change at each site?



# Data Sources

- ⌘ Strategic and Implementation plans and Progress Reports (all sites)
- ⌘ Data collection for promising practices (all sites)
- ⌘ Site visits by the NET (all sites except for San Francisco SafeStart and Chatham County Safe Start Initiative)

# Data Analysis

- ☑ Applicable to two or more sites
- ☑ Coded responses into themes
- ☑ Examined the presence of an attribute as well as the absence of an attribute that sites wished they had



# Major Accomplishments and Milestones

- ⌘ Enhanced existing procedures or developed new procedures for identifying and assessing children exposed to violence (nine sites)
  - ☒ Rochester SafeStart developed a manual for its mentor/consultant program, which assigns mentors to teachers in early childhood education centers to provide the latter with skills in identifying and responding appropriately to children exposed to violence
  - ☒ Pinellas SS developed a systematic screening protocol for exposure to violence that was adopted by six agencies and has since resulted in the identification of 1,500 children exposed to violence



# Major Accomplishments and Milestones (cont'd)

- ⌘ Developed or strengthened point-of-service providers capacity to identify and assess CEV through training, clinical supervision, financial assistance, and mentoring (nine sites)
  - ☒ Pinellas SafeStart engaged two clinicians to supervise 14 mental health therapists through didactic presentations, peer supervision, long-distance consultation, and case consultation
  - ☒ San Francisco SafeStart conducts an annual academy and conference to train providers through peer and cross-discipline training



# Major Accomplishments and Milestones (cont'd)

- ⌘ Brought together two or more agencies that have not typically worked together to coordinate their response to children exposed to violence (nine sites)
  - ☒ Chatham County SafeStart Initiative convened representatives from domestic violence and child protective services (CPS) to exchange information, discuss their philosophical differences, and find ways to work together
  - ☒ KCSD in Washington County convened representatives from the judiciary system, CPS, law enforcement, and sexual abuse prevention to develop protocols for the forensic examination of children exposed to violence



# Major Accomplishments and Milestones (cont'd)

- ⌘ Raised awareness among service recipients, service providers, and first responder agencies about the impact of exposure to violence on children (all sites)
  - ☒ Baltimore County SSI conducted a symposium to inform more than 200 professionals about the impact of exposure to violence on children
  - ☒ Spokane SafeStart conducted a Fathering Conference, which focused on interventions and programs for batterers, a first time event in Spokane



# Major Accomplishments and Milestones (cont'd)

## ⌘ Other accomplishments and milestones

- ☑ The State of Illinois changed its policy to allow children under ages three years to be eligible for mental health services
- ☑ KCSD in Washington County implemented a program that improves forensic evidence collection by purchasing digital cameras, and training police officers, health officials, and emergency room personnel to gather quality evidence to assist the prosecution of perpetrators
- ☑ San Francisco SafeStart secured \$500,000 annually from the city government for the next three years, \$135,000 co-sponsorship of its public education campaign, and \$5,000 for its Parent Team



# Facilitating Conditions For Successful Collaboration

- ⌘ A history of working together helps (four sites)
  - ☑ Reduces the amount of time it takes to build trust
  - ☑ Expedites information exchange
  - ☑ Builds on existing relationships and collaborative structures and reduces the threat of competition
- ☑ Spokane SSI is led by the Breakthrough Coalition, which existed for more than a decade even before the Initiative



# Facilitating Conditions For Successful Collaboration (cont'd)

- ⌘ Start with tangible projects and celebrate small wins (five sites)
  - ☒ Breaks down the goals and work into smaller and doable pieces
  - ☒ Sharpens the focus and goals
  - ☒ Highlights the success of initiative to keep everyone interested and motivated
    - ☒ Sitka SSI's CID-COPS produced tangible and immediate benefits
    - ☒ Chicago SS has nine implementation teams with specific roles and responsibilities



# Facilitating Conditions For Successful Collaboration (cont'd)

## ⌘ Recruit institutions and/or individuals with influence and credibility (six sites)

- ☒ Increases possibility of working across systems

- ☒ Elevates the importance of the initiative

- ☒ Increases likelihood that goals and policies will be adopted by other agencies

- ☒ The two universities involved in the Rochester SSI and Spokane SSI bring credibility to the initiatives, particularly with data compilation and information dissemination

- ☒ Sitka SSI has the support of agency leaders in the School District, Police Department, domestic violence service providers, and mental health services



# Facilitating Conditions For Successful Collaboration (cont'd)

- ⌘ Engage grassroots community leaders and families to work on the issue right from the beginning (five sites)
  - ☑ Helps with engagement and retention of families in services
  - ☑ Improves understanding of the kinds of support families need
  - ☑ Makes domestic violence a less taboo subject
- ☒ San Francisco SafeStart established a Parent Team that assists with peer mentoring and ensures that the voices of families are heard by other collaborative members



# Critical Partners – First Responders

- ⌘ Provide first responders and other backup personnel with the tools to help them respond appropriately to an incident (eight sites)
- ⌘ Critical first responders include the police, domestic violence services, fire department, and emergency medical services
  - ☒ Sitka SSI's CID-COPS gave the police, domestic violence services, school, and Tribal Social Services a strategy for coordinating their responses to a domestic violence call
  - ☒ Pinellas SS created a laminated card, the size of a business card, for police officers to use for quick reference at crime scenes



# Critical Partners – Entry Points

- ⌘ Provide entry points to families with the knowledge, skills, and resources to assist families of children exposed to violence in services (six sites)
- ⌘ Work with entry points right from the beginning to help engage and retain families in services
- ⌘ Critical entry points include early childcare providers and educators, teachers, school counselors, spiritual/faith leaders
  - ☒ In the Pueblo of Zuni, the Family Preservation caseworker mandates the families she works with to attend trainings conducted by the SSI
  - ☒ Bridgeport SSI contracted a social worker through ChildFIRST to provide on-site support to teachers to build their capacity of identifying children exposed to violence



# Critical Partners – Judiciary System

- ⌘ Involve judiciary system personnel to help identify children exposed to violence, expedite prosecution of perpetrators, ensure that families are referred appropriately, and mandate services for families and children (seven sites)
- ⌘ Critical personnel include judges, court advocates, District Attorney
  - ☒ Chicago SS convened and trained court personnel about issues related to children exposed to violence
  - ☒ Judges in Pinellas County may refer inmates to the Batterer Intervention Program developed by Pinellas SS



# Critical Partners – Child Protective Services

- ⌘ Necessary to involve the CPS because of its role in protecting the child (five sites)
- ⌘ Must have a plan for bridging the philosophical and organizational differences between CPS and domestic violence services
- ⌘ Provide CPS workers with resources to respond to the families' needs
- ☑ Bridgeport SSI worked with CPS to train its workers to identify children exposed to violence and to plan for safe homes



# Critical Partners – Other agencies with similar or different goals who serve the same population

- ⌘ Reduces duplication of services
  - ⌘ Builds on existing resources and not start something new
  - ⌘ Fills the gaps in the system
- ☑ KCSD in Washington County awarded minigrants to groups such as Catholic Charities Rapid Response and Community Health and Counseling Services to enhance their existing capacity to address issues related to children exposed to violence



## Capacities Required for Point-of-Service Providers

- ⌘ Willing to participate in the SSI and change agency policies and procedures related to identifying, assessing, and treating children exposed to violence
- ⌘ Have clinicians who can be on call 24 hours and/or be on-site to assist first responders and entry points
- ⌘ Have resources for transportation, childcare, and interpretation



## Capacities Required for Point-of-Service Providers (cont'd)

- ⌘ Have knowledge and skills for working specifically with children
- ⌘ Have knowledge and skills for identifying, assessing, and treating children six years old and younger exposed to violence
- ⌘ Be sensitive and responsive to different cultures and needs



# Capacities Required for Point-of-Service Providers (cont'd)

- ⌘ Use family-centered approach and services
- ⌘ Able to bridge medical model for mental health treatment with holistic approach to family support
- ⌘ Have credibility in the community and not viewed as a threat or reason for stigmatization



# Capacity building of point-of-service providers

- ⌘ It's a long-term process that involves organizational change, not just knowledge and skill development
- ⌘ In smaller and rural communities, the human resources are limited
- ⌘ There needs to be capacity building of both professionals and paraprofessionals to bridge the gap between the medical treatment approach and the family support approach

