Spring Safe Start Cross Site Meeting
June 16-17, 2005 in Washington, DC
Conference Notes

Thursday, June 16, 2005

Opening Session

Speaker: Kristen Kracke

Welcome and overview/ framework of initiative

Welcome. This meeting is a passage of sorts, and we as a group are at a time of transition. This is a time of both inward and outward reflection. What is different about this meeting from other meetings is that we are taking our collective work and reflecting it outward. This is a culmination of our years of effort, and our goal is to give a national voice to this demonstration. We started with little knowledge in the field of children's exposure to violence (CEV), and there has been a field shift in the last 5 years.

June 9th, 2005, Sen. Joe Biden introduced a bill to reauthorize the Violence Against Women's Act. He talked about the detrimental effects of domestic violence (DV) on children on the senate floor, saying, "Every risk, every injury, and every disruption that a battered woman endures is one that her children experience as well..." This is something we would not have heard 5 years ago.

The Safe Start Initiative Framework outlines in a visual way the plan for long range initiative development. Our work over the next few days is going to be to create a sphere of influence and support.

The plan for action includes a national press kit, including possible PSAs, and a local press kit tool. There will be a training and technical assistance (TTA) component – including peer support, expert support, and consultation on and off site; a speaker's bureau; a publication series; and resources of tools, handbooks, and TTA materials, literature and knowledge development, research, practice and innovation.

Possible next steps in initiative development are a National Awareness Day, work around incidence and prevalence issues, a Public Awareness National Campaign, national flip books on CEV – including PDA downloads, development of core principles for CEV and standards of practice for logo, a national conference on CEV, a CEV focus and a possible track for the OJJDP national conference in January 2006, and new partnerships.

OJJDP has begun collaborative relationships with ACT Against Violence, with the National Association for the Education of Young Children (NAEYC), and the American Psychological Association (APA) in order to consider mechanisms to increase

professional awareness and training. The Center for Disease Control is working with OJJDP on developmental screening and early identification instruments.

The tentative working agenda includes 9 topics:

1. Publication Series – publications to be developed between sites and OJJDP; OJJDP has the resources/funds for these.
2. Identification, Screening and Assessment: Practice Applications for Young Children Exposed to Violence – Sites have used various methods and tools; this group will define what is salient from a cross site perspective.
3. Training Compendium – putting together training resources from the various sites.
4. Hot Topics: Focus Group on Incidence and Prevalence and Significant Learnings
5. Speaker's Bureau (Did not have a group)
6. Public Awareness Compendium
7. Engagement and Retention
8. TBD – As Needed – Cont. of Session 1 if needed (Leadership group)
9. Hot Topics: Criteria/Standards for CEV Initiative and Policies/Protocols

Comments about agenda:
A question was asked about where actual interventions come into these discussions. Intervention are embedded and interwoven into all groups.

A discussion about databases could be very helpful for folks. This could fit into the Incidence and Prevalence (4) and Identification, Screening, and Assessment (2) groups. It is important to remember the engagement and retention strategies as groups work on these topics.

How the groups will work:

We realize there is not enough time in a day and a half to do all of this action planning. Individuals' commitments are at this point just to discuss and plan, but OJJDP is committed to development of this initiative and has the resources to support it. The ultimate goal in each group is to establish a framework for the topic area. The process is self-directed. Local evaluators should divide equally among groups so that practice and evaluation is balanced. One of the core ground rules is to practice agility. There are action planning tools available on the tables – use is optional, but helpful. Groups will report out on Friday morning. Everyone can only participate in two groups. Please record a timeline and the resources needed for the action plan. Evaluation, research and practice need to be integrated in the action plan approach. Materials sites have sent in are compiled for your use in the groups. There is also an inventory list that shows all materials that have been received (some materials fall into more than one category but are only listed under one category). Individuals can sign up tomorrow for any groups they want to contribute to but could not sit with today. Hot Topics are discussion groups only without the need for an action plan.

The work we're doing in the next day and a half is critical in moving the initiative forward. We are ready to reflect this material out at this point and we need to do so in order to build strong partnerships.

Re-Group

This session was comprised of a short discussion after the first working session encompassing topics 1-4 concluded. The positives of the morning were the process, supplies, caffeine, a well-timed break, good topics, in-depth discussion, amount of time allotted, a good mix up of LE's/PD's, a good combination of structure and fluidity, and good note taking in groups. Things to work on or change are LE's spreading out, clearer/more defined direction, and an immediate report out.

Databases are being covered to some extent but should be covered more. Leadership is a topic to be addressed – Alan Fox will meet with a group and decide how leadership will be addressed. OJJDP does have resources to devote to these plans – group goals are to define action steps, state your interest, and OJJDP then will work with those who are interested in the work to develop next steps/tools. Products will be shared, but will be owned by the federal government. OJJDP is asking you to voluntarily commit to the overall initiative network to be supported by OJJDP.

OJJDP will take action plans, review, and distill them. OJJDP will plan the human capital side of planning, and will work with volunteers to plan strategies.

Significant Learning

Speaker: David Chavis

This session is a discussion of what we knew then, what we know now and what we will know next. What we have gleaned in the last five years is a significant accomplishment as we started with such a small information base.

At the evaluator's conference last month, folks were able to hear full evaluation presentations. These will be posted online. The process evaluation for this year is out. Over PDF, the Association for the Study and Development of Community (ASDC) will be sending out a compilation of all the case studies, and the case studies will also be available over the website.

Each site's evaluator presents ONE big thing they learned.

Baltimore looked at evaluation of training in terms of the number of referrals and the increase in referrals after CEV training. The lesson learned is that trainees may implement the trainings in various ways that don't always mean more referrals; i.e., parents may limit their children's viewing of violent media or not run toward a violent incident with child in tow. Therefore, evaluation of training outcomes needs to include other measures of community protective behaviors.

Bridgeport mapped all agencies who work with children in a social network analysis. Agencies responded to the question, "Who do you collaborate with?" at the beginning of the project and later on. The networks are now much tighter. Degrees of separation from agencies went from over 2 to 1 over the time span. Parents reported that their service providers collaborated more.

Chatham County used a single subject research design. 75% of families' files reviewed (50 of 180 families) have successful outcomes – meaning 50% of goals with any one family are being achieved.

Chicago assumed that if they built it, they (families) would come. One lesson learned is that they would have taken access to clients into more consideration when choosing service providers; i.e. DV shelters, maternity wards, in homes, et cetera. They would have allocated more resources to outreach and case management.

Pinellas looked at significant learnings in trainings. They used a training participant follow-up survey and a specific area on training in the key informant survey. In the key informant survey, they found that 30% of respondents indicated that they didn't know enough to answer the questions, with the exception of the training questions. Training received the highest marks in the key informant survey. The training is being integrated into the community agencies which will sustain Safe Start CEV efforts.

Rochester shared two important findings – one from their social marketing campaign and one from their early childhood teacher mentoring program. For those people who observed a child being exposed to violence, there was a statistically significant difference in their responses from before and after the social marketing campaign – they were more likely to take action on behalf of the child. In the teacher mentoring program, they found that children who had a mentor in the classroom had statistically significant growth in academic, social and motor skills as measured by the Child Observation Record.

Spokane has a database with about 1,300 kids. Substance abuse and chemical dependency are highly correlated to violence, as is poverty. People who live in poverty are 3x more likely to experience violence according to research in Spokane. These are very chaotic families – more chaotic than the deep end social services families.

Washington County conducted a community telephone survey first in 2003. They are re-implementing this survey currently. They have a sample of 450 families. Some key findings are that a great majority of respondents did not find that CEV was a serious problem. Women are more likely to view CEV as a problem. The survey in '03 helped to target the community awareness campaign and helped to improve batterers' intervention programs. In contrast, the general public has a great concern about media violence.

National Process Evaluation Accomplishments:

1. Brought attention to CEV.
2. Increased the capacity of organizations to respond to this population.

3. Institutionalized these changes.

Challenges:

1. Procedures for assessing, treating, and following up with young children and families were not as well-defined as procedures for identification and referral.
2. Building a supportive family and community environment.

Critical questions:

1. What different intervention and treatment strategies are appropriate for children exposed to violence?
2. What different ways should exposed children be treated, if any?
3. How do you improve mental health services?
4. What are appropriate outcomes that should be expected from intervention and treatment?
5. How can cultural and philosophical difference among service systems be most effectively addressed?
6. What are the advantages and disadvantages of immediate and delayed engagement of children/families?
7. How does one balance raising community awareness and preparing the system to respond to these children's needs?

This is thought provoking material. We will hold a discussion tomorrow about these questions. Please use the post-its on the table to answer:
What is your burning learning?
What burning questions still remain?
Plus's and Delta's for day one.
Any capping comments you just want to share please write down as well.

Please put post-it's on the large pieces of paper in the back of the room for use tomorrow.

Thanks all.

Friday, June 17, 2005

Significant Learnings Discussion: Where We Go Now
Facilitators: Kristen Kracke and David Chavis

The questions being addressed in this session come from the people in this room and from ASDC interviews.

Three main general topics for discussion:
Strengthening and treating families and children
Engaging and retaining
Assessment

Discussion questions for the topics:
What do we know about burning questions?
Are there other questions about this topic?
How do we go about finding the answers?

What can we do to strengthen families and more effectively address CEV?

- Use what already exists and use multiple levels of a family systems approach.
- San Francisco (SF) has offered direct services and helped to organize existing services. SF has a strong case management model if anyone would like to learn about it.
- A family systems approach is important in Spokane. 85% of families with a batterer have a batterer that returns home. Important to have batterer intervention. You have to address primary, basic needs first – food, transportation, shelter, et cetera.
- The case management model needs to be articulated and shared. The case management model has been an important part of Chatham County's work and it should be communicated to other communities.
- SF is a service rich but fairly disorganized service community. Perhaps the systems change is to get those providers more organized and train them on CEV.
- Folks talk a lot about adequate professional resources – what does that mean? There is a balancing act for services, and we must make wise decisions in how we use services.

How do you create a network and community awareness and get services to families? $100,000 for services may help some, but will not push services to a tipping point…**how do we get to the tipping point?**

- How do we find more universal answers? For example, in rural areas, there are not many specialized services – what do you do then? Let's look at Parent Child Interaction Therapy (PCIT) as an example. This is a specific and well-honed intervention. What do you do in an area that doesn't have this kind of specific intervention or the resources to implement it?
- You don't want to try and replicate the increased capacity in the same way you do in urban settings, i.e., you want to make service providers more mobile as

opposed to setting up a center. You have to have community-based planning for whatever you do – you bring leaders together to find out what will work.

- In SF, they provide services in family resource centers that are community based. They let families decide which center is best for them and their schedules. These centers have specific language and cultural skills.
- You do have to go to the community and ask the community members what they want/need/know about their community. They have the answers. This is not an easy process. Engagement is hard work.
- In rural communities, you can do a needs assessment, but you need to remember that everyone knows who the abusers are and may know them well. They know the specific people who are being targeted for interventions – but do they want their uncle, cousin, brother, et cetera arrested for violence? Important to remember.
- In Rochester, they had the evaluators at the table for all big discussions. This was really important b/c they kept the focus on CEV and they brought a real outcome orientation – asking what do you actually want to accomplish and will what you're designing accomplish exactly what you want?
- A good cop, bad cop approach can work here. The evaluator would pull back and say, what does this service have to do with this need?

What have we learned should be the outcomes of our interventions with children and families?

- It depends – a good outcome for one family is not the same as a good outcome for another. The family-centered approach can determine the best outcome.
- For sure, you want to stop violence.
- But, others think it's not that simple. You want to decrease violence, increase strengths, and therefore you begin to build in some protective factors.
- In SF, the first thing they do with a family is get them to talk and work on immediately ensuring safety. The second thing is trying to understand what family strengths and needs are. You have to address basic needs first. How do you use strengths to help fulfill needs? This makes up assessment and intake.
- In Chicago, about 30% of children exposed to violence do not show any significant signs of violence exposure. There are a lot of factors that build resiliency (like one stable adult in their lives). You want to build in these protective factors that help build resiliency.
- In Pinellas, another basic thing is just getting parents to RECOGNIZE that violence can be affecting their children.
- At the community level, you increase the knowledge levels about CEV in the schools, with the therapists, et cetera and therefore increase the protective factors for children.

How can we begin to learn more and share more about these questions in the future?

- There is room within this initiative to provide more training and cross learning; i.e., a conference call between PD's and TA coordinators to share learning and process.
- Identify people who have the answers, and communicate with them.

- A conference call is an effective way to communicate learning from site to site. Developing relationships is important for this.
- Cross learning takes place best when based upon actual real relationships. Geographic isolation makes this harder; seeing people in their home, actually visiting another site, and speaking face-to-face is important. This has happened to some extent this round, but would like to see this infrastructure built even further in the future.
- Also, PD's get to share work fairly often, but often times the service providers do not get to do this cross-site learning. This is important.
- Do people within the site who have more knowledge share with others in the community?
- In SF, the first two years of their meetings included presentations from service providers explaining what they do and how they do it. They received great feedback on this because service providers had not had an opportunity to share this before.
- In Rochester, the National Center for Children Exposed to Violence (NCCEV) TTA and other TTA was very helpful and brought important expertise, and also neutral people who could ask questions of groups, onto the scene.
- If there is a way to make TTA more efficient, that would be very helpful. Chatham Co. did a lot of train-the-trainer work, and that was very effective.
- Important to take the conference call to another level. Would be good to have a tele-conference that you could invite other people from your collaborative to participate in – not just PDs and LEs.
- Conference calls work to some degree, maybe a tele-prompter would be helpful, but this is still not the same as face-to-face.
- LEs had a couple calls with experts that they found helpful.
- The idea of having a speaker on the calls and also having access to PowerPoint slides after the call is a good one.

How could evaluation better serve the sites?

- Improved research design – and look at comparison groups.
- The lag between getting the results can be quite extended – the faster the turn around the better. It is important to improve the quality of data collection because people will realize their participation makes a difference and will take a more active role in providing information, and it will also help to keep research from falling through a black hole.
- In SF, they provide monthly and quarterly reports that have qualitative and quantitative data for the past two years. They provide data on what providers contribute for the population and what others do as well. Regular, timely feedback is important.
- The initiative could benefit from using web-based technology. In North Carolina they report on-line and receive results back from across the state in two weeks. Web-based chats are another idea.
- There is a needed balance between providing immediate feedback vs. waiting for outcomes. It's a developmental process, so you give providers what you can as

you wait for more scientific data to appear. How can this balance be coordinated across sites?

Have we learned how to properly assess children exposed to violence? What do we need to do to do this better?

- In Rochester, the assessment of foster care intervention was almost an intervention itself. The clinician could go in and see the child in different contexts (family, day care, et cetera). The assessment is then, why does this negative behavior happen in a certain context and what can we do about it? Sometimes, the child didn't need intensive therapy, but some basic intervention. This observation in multiple settings is very different from just bringing a kid into the office for assessment.
- What does assessment mean? Is it about assessing safety and fulfilling needs or about assessing behavioral health?
- In Washington County, they have done a good job of assessing 4-6 year olds, but not 0-3. 36% of assessed children are 3-4 years old. We need to figure out how to better assess 0-3 year olds. The instruments have to be good. Also, the mental health professionals have to use an appropriate amount of time to assess children and families – a lot of time spent assessing is not Medicaid reimbursable. You need to offer families an opportunity for free screening. An additional hindrance is that a lot of times, families won't follow through with a referral because of issues around accessibility (transportation, child care). This also needs to be addressed.
- Any tools for 0-3's? There was a presentation at the SF cross site meeting on the 0-3 assessment. They couldn't find the resources to implement this in Washington County. There was a sustainability issue around this – no local people available. National expertise is valuable but often not sustainable. Train the trainer model can be helpful here.
- ASDC did a full document about the assessment tools that are being used across the sites – this is a good resource to answer these questions.
- In Chicago, they looked into the 0-2 category of children. Their service providers feel they can assess these young children – they look at attachment most. At the very young ages, the mother's health and outcomes so greatly affect/match the child's health.
- Training to make these determinations about very young children can be done and understood. After assessing the child, then the treatment goes to the family. You have to look at how to match the assessment of the child with the family situation – you treat the whole family.
- Why assess? It is a part of treatment – it is ongoing. We need to be careful about simplifying assessment too far – it's not one moment in time; it's not an answer or the be all and end all; assessment happens over time.
- There is pressure to use the same tools and find the same assessment and outcome measurements across agencies. This is not always what is best for the child/family.

These learnings will transfer to the Promising Approaches sites.

Report out from Breakout Groups
Facilitator: Kristen Kracke

Every group has 10 minutes to report.

Publication Series – please see grids that go out over the listserv for more detailed notes in this category.

- NET, PDs, LEs were part of the group.
- Part of this group's discussion was a carry-forward discussion from the evaluator meeting in New Orleans.
- Two major tasks of this group are:
  1. To develop a protocol w/ regard to authorship on pooled data
  2. To decide issues on which to publish

1. Protocol w/ regard to authorship on pooled data:
   - The first step is the establishment of a publications committee which will include one person from each site with one vote per site, and a representative from OJJDP and ASDC.
   - Group should have a conference call every two weeks to work on a core list of publications. These calls will keep momentum going. Committee can accept or reject any proposal.
   - Two levels of authorship – the people who actually write the piece are one level and there will also be a corporate authorship.
   - Tight timeframe for the completion of products.
   - Committee will vote on any disputes.

2. Issues on which to Publish:
   - The group has generated a list of seminal pieces that will work to move issues forward. The group highlighted these pieces. Some pieces will go into peer review journals; some will not.
   - High priority publications include:
     - A one page piece on characteristics of children exposed to violence
     - Articles in trade publications; i.e., Young Child, in order to make practitioners more aware
     - Where is SS? article
     - Evaluator/PD relationship
     - Social network analysis
     - Service pathways
     - Public Administration journal articles
     - Training
     - Levels of response – first responders
     - Court piece
     - Social marketing
     - Assessment
     - Early childhood education.
   - Another grid to decipher which type of pieces will be published.

Identification, Screening and Assessment: Practice Applications for Young Children Exposed to Violence

- Issue is potent and riffed with conflict. Important to state that this issue resonates with many of us deeply. The brief points and challenges were explored. People attach policy and funding streams to these issues.
- Link between identification and screening – identification and screening come at the beginning of the process. Hope has been to find a simple screening tool that works in many places, areas – we've had some success in this search.
- Assessment – the dividing line falls upon an evaluator's standpoint of a checklist approach and a paradigm concept – this concept tends to be trauma. Trauma Events Screening instrument has been used among many other tools.
- There is no conclusion in this group. These tools need to reflect the community with which you are working. This makes evaluation more difficult.
- There was an attempt to find a service model. Such a service model could be a vertical model showing the timeline. The top would include "Screening and Identification," the middle would include "Assessment," the last section would include "Referral." A more complicated model is needed that shows places for exit.

Discussion:

- San Francisco's identification process is to ask the parent, "Has your child been exposed to violence?" If they say yes, they move forward. This is different from Washington County where they did a pilot program with 5 agencies to identify children with a common screening tool. A lot of parents would have said no when asked point blank if their child has been exposed to violence in places like Chatham Co. This discussion ties into engagement and retention. More often than not, a parent may answer no when asked if their child has been exposed to violence because they are either uncomfortable or don't understand the definitions. There is a huge educational piece in simply asking about exposure to violence. Perception of violence varies widely.
- We need to figure out a way to capture at least the challenges involved in these issues.

Training Compendium

- There are 6 steps.

1. Distinction b/t trauma and CEV – need a white paper to define these differences. NCCEV should take the lead on and complete by this October 2005.
2. Establish a national training CEV team – have an initial planning meeting. The lead contact would be OJJDP and NCCEV and a conference call would happen in September 2005.
3. There is a list of training curricula that was made for this meeting – but need more information. Want a print and online catalogue of recommended curricula – NCCEV would take the lead and this would take place by October 2005.
4. There are curriculums being used in the communities. Need to identify key concepts about CEV that could be incorporated into these curriculums. NCCEV would take lead and have completed by October 2005.

5. A training institute/repository – would have been nice for us all to have a place to share materials. Would have: a print catalogue (#3); a way to share materials (domain issues); and a website (NY state model) which would have list of approved curricula and trainers, organizations who have used training across the country, an ability to provide for CEUs online and a message board. NCCEV taking lead on – have up by December 2005.
6. Training conference – a train the trainer conference would take place in April 2006. Current sites would train new sites – would need funds for travel, hotel, and time.

- These steps accommodate all kinds of learning styles.

Hot Topics: Focus Group on Incidence and Prevalence and Significant Learnings

- Not hot topic, the topic. Need some common definitions instead of proxy measures. DV and CPS reports are under-estimates. CDC/World Health definition is best applied to this group. On a national and local level, we need to know the prevalence data.
- Community violence is different than domestic violence. 10 million incidents of violence reported in country is under-represented, probably more like 17 million.
- These DV and CPS legal definitions of violence do not capture all. Countings are still important, but you need an accurate prevalence rate in your community – look at what police, CPS, and service providers really see. Need to understand this in order to take it to policy makers.
- Systematic collection of this data does drive policy. This can be local – Spokane focuses on the local, not the state or national.
- Women's movement and DV movement has put us in a position to discuss the effects of violence on children. When you look at families there is often battery going back and forth.
- Role of substance abuse and poverty – correlate highly with violence exposure.
- Mental health role – the DV advocates have said this is not an issue of mental illness or mental health, but there is a pathology around victimization. The substance abuse community needs to look at victimization and sobriety.
- Issue of kids being invisible. Grateful to initiative for looking at a population that is not shelter based. The literature 5 years ago was about the 5% of folks in shelters, but we are looking at the other 95% as well now.
- What is the difference in experiencing violence in the community vs. experiencing constant violence at home? Work needs to be done around these issues.
- Focus on families as units. Can't see children as victims. Must get at issue of cultural competence or we might as well fold the tent.
- Promising Approaches sites should immediately conduct an assessment of the prevalence of domestic violence – must look broadly – not just CPS and DV data.
- Important to disseminate prevalence data nationally as well. Police have to turn over domestic violence data to state's attorneys, but there's nothing mandating the quality of this data.

Methodology is very important.

Public Awareness Compendium

- Group focused on coming up with national message for CEV. Then, looked at materials collected for the meeting. Focused on the question, "How can we catalogue these materials and share them?"
- Sites cannot pick up materials and just put their names on it without having a plan. Want to give sites assistance on creating a public awareness plan.
- Plan: Develop a matrix to catalogue all the sites' materials. The matrix would include: A picture of materials, target audience, information on how materials were disseminated, outcomes, lessons learned, and releases in order to use materials. Would need all sites to share the information, and ask that OJJDP take the need or for NCL to have more time and money to complete.
- Plan: Creating a national CEV message – a unifying tag line. Want some money to hire a PR firm to work on this. Have wording together by October.
- Plan: Talked about campaigns that have worked, i.e., designated driver – always think of at prom and at New Year's – can we develop something similar?

Engagement and Retention

- Engagement moves to retention. Engagement is connecting with families to gain their commitment to follow through with services. Retention is the elongated partnership that emerges as a result of mutual engagement persisting overtime with purpose.
- It is vital to appreciate and understand the benefits of the partnership between service provider and client. Be prepared to have a skill set as a service provider that allows provider to speak to folks in their own language. Provider has to protect trust. Engagement should target families and not individuals – this is aided by the gathering of resources to meet families' needs. SS must be interested and assertive in learning about why engagement fails – need a feedback loop – and would like to hear about models for getting feedback. Services must be tailored to client needs. Mindful about imposing a schedule of assessment that may be out of concert with the way a family's concerns emerge. A family may not open up until further into relationship, and that needs to be accommodated.
- The group talked about incentives for engagement/retention, and had varying points of view on the topic. Group was comfortable with positive incentives that helped to facilitate relationship building and families' participation in meetings – such as babysitting, transportation, feeding at meetings. Not as comfortable with things like vouchers (not directly needed for person to attend meetings, sessions). We don't want to build false relationships, but accessibility is a real concern. Treatment staff need to see connecting w/ clients as part of job. Is service array pathological? Does the service pathway celebrate the things they do well and then work on weaknesses?
- Services should be integrated. Had a conversation about worship centers and how to address needs in congregations. If a center knows that a child is getting help, that child care center may be less likely to expel child.
- Should have exit loops for bad service providers.
- Important to address staff safety and hire staff that really wants to do outreach.

- Work done to engage and retain families in care may be similar to work you do to engage and retain the collaborative partners.

Levels and definitions

- Leadership behind the scenes, collaborative leadership, lead agency, community/judicial – ownership, selling an idea, getting buy-in, power – fiscal, electoral, popular and can be leveraged, a champion or an angel – takes on mission personally and applies in life

Hot Topics: Leadership

Strategies

- Relationships are central, and cannot be person dependent. Relationships have to be broad, intentional, and personal. Succession and change affect leadership. Luck is important but has to be cultivated. Cultivation depends on information and data, which are needed to get buy-in. A logic model would help in describing this process to leaders. Leadership is opportunistic. Leadership and collaboration on paper is different from in reality. Money draws people in, lack of money pushes people out. Disclose missions to other agencies and identify commonalities. For different levels of leadership you need different strategies.

Collaboration

- This is management and leadership – collaboration is a process of becoming; it is not fixed. You have to attend to process, information, personalities, plans, one on one relationships. How meetings are run matters.

Lead agency

- Required to have a more direct connection to program. Should have policy making power, influence. Group decided that their conversation should have been filmed in order to share the process and learning.

Discussion:

- Did you talk more about how to run meetings? Not really, but in San Francisco, must take roll call, minutes, and agenda, and the meeting must be public – all of this is mandated by law. TA on how to run meetings is important – can be taught quickly.

Hot Topics: Core Principles or Criteria/Standards for CEV Initiative and Policies/Protocols

Safe Start principles all sites should adopt:

- Exposure to violence can harm children
- Community involvement from beginning
- Change at direct service and system levels
- Policy change/development involves focusing on relationships and collaboration and partnership
- Must develop and maintain relationships
- Key community stakeholders involved
- Accessible services available to CEV once identified
- Address cultural competency at several levels – in planning, leadership, providers, board make up, community decision making

- Increasing public awareness and education – multi-faceted and ongoing – with parents, individual education for partners and leadership
- Ecological and family-focused – not only the child
- Sustainability efforts should start at the inception
- Development of information systems to track CEV
- Efforts should focus on a continuum – intervention, prevention, treatment, systems change
- High quality support and supervision for staff in the field
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Discussion:

A lot of common themes between groups – i.e., importance of relationships. Demonstration and cross site process is in itself an engagement and retention process.

Heard adage that this whole is greater than the sum of the parts – excited and impressed and overwhelmed by the breadth and depth of ideas that were communicated. Want to make these ideas happen! People did a good job of owning the job. OJJDP, NCCEV, and ASDC will be calling on you.

Closing Session

Presenter: Kristen Kracke
Katherine Darke Schmitt
Cecilia Duquela Fuentes

The closing session included the presentation of certificates from OJJDP to the SS PDs and SS sites, the presentation of informal awards to the PDs and LEs, and a slideshow of photos from the overall initiative. Thanks went especially to Kristen Kracke for leading this initiative at the national level with vision and commitment. Thanks went to all folks involved in the SS initiative for their commitment to the work. Thanks for a great meeting and here's to the future!