SAFE START
FALL 2002 CROSS-SITE MEETING in SPOKANE, WASHINGTON
October 16th-18th, 2002

Meeting Notes

Wednesday, October 16th

Opening

Kristen Kracke (OJJDP) gave opening remarks regarding the Safe Start Initiative, about transition from global to local to personal perspectives, and achieving clarity. The following are some of the points she made:

- There has been a "transformation of the awareness of children's exposure to violence" in Montgomery County, Maryland, as well as in all of the Safe Start sites. Let us celebrate or take note of our successes as we make our transformation.
- We must also focus on what we can control as we seek clarity through change—take advantage of this new awareness to elevate the dialogue on children exposed to violence and systems change.
- Know that fear and violence is normal for the children we are serving in Safe Start, and this needs to be our perspective.
- We must take responsibility for the challenges we have identified, always asking the questions, "How are the children in this community better off because of Safe Start?" and "How will this decision affect children?"

The entirety of this prepared speech was sent to the Safe Start listserve, and will soon be accessible on the NCCEV Safe Start website.

Spokane Welcome and Site Presentation

Roy Harington and others from the Spokane site, which included law enforcement and clinicians, welcomed participants and gave a broad overview of the Safe Start project in Spokane. It was stated that law enforcement in the Northwest is thinly staffed when comparing to the Eastern states, so their commitment to the community is important and to be commended. The Spokane site is committed to sustaining this effort even after Safe Start funds are gone.

Intervention—Gary Woods, Clinical Response Team Leader
- This site looked at what families themselves identified as needs, as opposed to categorical services of the existing system.
- The development of clinical outreach has these two components: (1) accessibility to law enforcement, 24-7, and one number to call; and (2) the yardstick of response time is "faster than a tow truck."
- A decision after a call is made immediately or there is follow-up to the call. 75% of the work is crisis intervention or calls to specific incidents, and the remainder is follow-up or brief treatment. Follow-up occurs when trauma has dissipated and the family is re-stabilized, and is 14% of the time. Brief treatment involves facilitating linkages and negotiating different relationships than what brings them to follow-up. An example of crisis intervention (*Linda Winkler*), and one of follow-up (*Harry Rosencrantz*) were shared.
- Things to learn: challenging chemical dependency early on.

Case Study—Kate Behan
- This presentation included various factors and characteristics (days of service, general family characteristics, protective and risk factors, domestic violence and child adaptive behaviors, child symptoms, etc.) of Spokane Safe Start participants.

Database—Bob Short
- This presentation showed how clinical information, research interviews, community data, and other relevant information for cases are entered and stored into an Access database system.

--(**Spokane Site Presentation continued**)--

Systems Research Activities—Chris Blodgett, Principal Investigator
- This presentation included systems reform goals (sustainability, identification and engagement, professional development, clinical response), and some research findings (telephone survey with Spokane and community just north of Seattle, court-case reviews).

Discussion Issue #1: Various Aspects of Sustainability

Sitka, Spokane, Washington Co., Pinellas Co., and Rochester:
Why is sustainability important? Why are we asking this question?
- Being midway into project and wanting to see what everyone is thinking on sustainability
- Sustainability allows for the creation of capacity
- Wanting to see how we are addressing the agenda
- How to reach the broader community—not the funds for this now

Governance entities and aspects of sustainability—how do entities keep the issue on the agenda? Often it depends on who's on your governance, building understanding/knowledge of children exposed to violence—where are the systems? What are the discussions around agenda building? Are there differences in considering different governance entities?
- It's not just about structure, but also about relations.
- Who's at the table changes. The commitment is here, only if part of it episodically.
- Other collaboratives, mini-coalitions, partnerships—will other groups take this on when we are finished?
    - We can't assume it will be taken on as a primary issue
    - We need table centered on this issue, visibility for the issue
    - Is the goal to broaden an existing thing or to be a new thing? Capacity may increase even without a convener at the end.
    - The voice is there, and hopefully the voice remains after funding is gone.
- We are applying political pressure, doing parent-child interaction training, but the tribal perspective is different.
- Will it be sustainable? Some people are just here for the strategic plan.

Is it enough to be trained and to educate many individuals, or do we need some organization/structure?
- We can see training as ongoing thing, rather than as timed occurrences.
- If we train the trainers, then when we're gone, the tools remain to continue education.
- We can get large systems trained and perform trainings.
- Part of institutionalizing is having collected information. Once we have it, we then do something about it.
- It is important to make these issues and this population visible. This creates liability/accountability, making the system preventative—early intervention rather than emergency intervention.
- We should examine the role of Child Protective Services in this issue.

How have services changed before and after Safe Start?
- There is now interagency protocol, we have communicated about shared cases, and there is more involvement/engagement/training of multiple partners.
- We are changing the way agencies deliver services—this comes over time, as mindsets are changed and there is adding to the mix of services.
- Provider consortia (RFQ)
- There is a mechanism to deal with disputes, an inter-agency dispute resolution service.
- We see collaboration as an ongoing thing, a process of many meetings.
- We understand evaluation's role—a critical piece of Safe Start.
- We see that we may have to do something dramatic. . . community development, systems change is slow.
- Child focus in mental health—just understanding issues of trauma in children is different because the focus on mental health is traditionally on adults.
- More victim advocates—especially in law enforcement.

--(**Discussion Issue #1: Various Aspects of Sustainability continued**)--

- Experience in other national demonstration projects—how have they continued after funding ends (Safe Futures, etc.)—if evaluators don't look at this over individual outcomes, then our questions won't be answered.
- Neglecting systems change piece over other pieces—we must put energy into changes that will happen after money is gone.

Fiscal Sustainability:
- We must look at the willingness to take risks—related to law enforcement and local funding. Funding should also come from criminal justice, not just social services.
- We can look at possibilities with Title XIX—mental health, Medicaid. Safe Start can put kids on mental health map, though now it is an adult system.
- We need to find the access points, for example CHIP—an underspent issue; there's a notion that kids don't have voices.
- Part C, H, E1
- We can look at possibilities with Title XX—preventative services.
- Homeland security is eating up the budget more than before.
- We can relate our cases to "Children's Agenda" issues.
- We need to get a sense of what budgets are at local, and at national levels.
- We need to get out the idea that prevention works, so that we can move some deep-end funds to prevention/early on. Examples of this working:
  - Tobacco prevention
  - Candidates for governor looking at expanding Healthy Families
  - Intensive Family Preservation Services—this research is shaping policy at the federal level.
- We should place our issues in the context of creating funding rather than diverting it from others.

Zuni, Baltimore, Chatham Co., Chicago, Bridgeport, and San Francisco:
Questions:
- Does Safe Start continue?
- Should we have discreet identification as Safe Start or should it subsist within another program?
- How do we handle institutional memory loss with transition?
- How do we balance the administrative and the programmatic?
- How do we strategically promote types of work/tasks?
- How do local evaluators and others sustain the evaluation component?

Question #1: Governance—How do we change policies that affect our organization, the population served, and services delivered? What are the advocacy strategies that you are using for policy changes that require federal/state/local legislative and regulatory action?
- Depends on the site—their capacity/needs, perhaps in pieces
- Depends on what "it" looks like
- Are we sustaining the process/content concept/thinking/design?
- Are we allowing the Safe Start strategy inform the broader community and the broad system?
- We need a cheerleader to assist
- Use Safe Start to enhance other programs
- Depends on the culture of community in terms of level of commitment
- The planning and preparation around sustainability needs to occur NOW rather than later.
- Important for individual site partners to have the Safe Start philosophy (content and process) anchored in their spirits—in order for them to truly value—so. . . need more time
- Marketing can help/changing mindsets and education—raising awareness balanced with need
- Recognize the evaluation of the project
- Justifying the need to sustain may not be enough given the need for domestic violence shelters, etc.
- Buy-in the right players and educating them on how evaluation informs and can direct focus

--(**Discussion Issue #1: Various Aspects of Sustainability continued**)--

Unanswered Questions:
- Sustaining what? (regarding unknown outcomes)
    - Program goals
    - Specific attitudes
    - Strategies
- How do we bring more community presences without setting folk up for failure or doing this in a paternalistic manner?

Stars and Stones Discussion—Facilitated by Judith Simpson and Roy Harrington
Purpose: Sites with 'stars' in particular areas can assist those who have 'stones' in correlating areas.

Stars—things that have worked well at project sites
- Cops/K-12 engagement with the community
- Faith community—buy-in and involvement
- Buy-in and support from community leadership
- Kids getting help
- Good fiscal analysis
- Decent process data—good information on families and how they are being served
- Good training
- Racism awareness, training in community and service providers
- Partner with universities, screening pilot
- Safe Start awareness has increased, awareness of children exposed to violence has been raised as an issue
- Great collaboration, cost/work sharing
- Domestic violence and mental health partnerships
- Getting to work with cool people
- Sustained peer support among project directors

Stones—challenges to overcome at project sites
- Sustainability—issue can be brought up in future conference calls, sustaining the peer dialogue
- Change of actors/partners
- Ideological differences (barriers)
- Some parts of faith community
- Tough fiscal reality
- How to apply new information, translating results into action

Site Specific Services—Stars only
Rochester
- Police-Mental Health relationship; police and Safe Start appreciating each other
- Learning the local evaluator system
- On track with the number of referrals

Chicago
- After lengthy start-up people are hired, agents reached—moving toward and will fine tune screening and assessment tools later.

Chatham Co.
- Safe Start involved in judicial planning meetings w/team related to family involvement
- Specific kids
- In process

- Community piece: community-family allies and coordinator, brokering services, targeting neighborhoods with high-risk kids. People want to be asked to be helpers, neighborhood can solve their own problems, and they are the experts—there are exercises for doing this.

--(**Stars and Stones Discussion continued**, Site Specific Services—Stars only)--

San Francisco
- There are now multiple systems working and planning together (information sharing), rather than people doing things on behalf of mutual self-interest.
- We have families from multiple venues voluntarily engaged under full confidentiality protection.

Baltimore
- We revised our strategy mid-stream, keeping the principles of the former, and did so successfully; thus strengthening our overall initiative.
- Partnering with UMCP to work on screening tools
- Screening questions at Child Protective Services intake

Washington Co.
- Safe Start here has a strong relationship with Child Protective Services.
- Doing significant educating, related to mandated reporting
- Creating MDT's

Bridgeport
- We have a major agreement to train Child Protective Services and create screening tools for CPS related to domestic violence and children exposed to violence.
- Revisiting assessment tools
- There is a new curriculum for training learning objectives about domestic violence

Zuni
- We kept everyone at the table for five months—IHS, schools, tribal programs and domestic violence.
- Doing systemic policy review and creating domestic violence protocols
- Doing Model Courts—we are the only tribal site
- Revising tribal codes related to kid safety
- O-3 coming to the table
- Domestic violence out in the open—tribal leaders proclaiming DV awareness month
- All of this is happening within the framework of cultural/traditional child rearing practice. Those at table are "experts" at traditional tribal culture.
- Wholistic planning model.

Sitka
- We have a core of tribal members involved.
- Approached major actors in external systems related to racism/diversity awareness/training
- The key racism/diversity awareness training: having the right people involved; do not use a lecture approach, but rather let people talk and work out their own biases.
- We have significant allies in external systems.
- Looking for funds to anchor the approach more to the culture
- Strategic Plan done in July, Implementation Plan in September (both in 11 months)
- 3 contracts, $57K contribution, training commitments
- Exceeding expectation—paraprofessionals, friendly parent/child interaction training (PCIT)
- UC-Davis, training provided
- Creation of wholistic victim/family/CD treatment
- Already getting funding from other sources

--(**Stars and Stones Discussion continued**, Site Specific Stars only)--

Pinellas Co.
- Our collaborative is doing services with children.
- Two organizations have been replicated
- "CD-CP" without Safe Start money
- All ages
- CPT-Health Dept.-DV, "211" call center
- Doing brief intervention and 6-week Brief Treatment project—better screening by Health Dept.
- Neighborhood development piece—outreach with goal of creating networks, capacity building

Stars & Stones Q/A and general discussion
How to get police department buy-in on mental health piece?
- Get them at table initially.
- Find someone there, for instance a captain, who is into it.
- Have 1 day/week w/police & sheriff, and don't talk about client names, but just what worked and didn't.
- Have clinicians meet with themselves, and another meeting that includes police. Avoid the case management approach—keep the meeting moving and not bogged down in details.

How do you find community leaders?
- Use Natural Helping Networks (Sault St. Marie in Sake Kids used this through workshops about diversity)—how to identify in the community who becomes the glue, who people gravitate to, based on studies in the 60's.
- Have training available for getting people comfortable working with children. For trainings/meetings, people respect you for meeting them where they are [rather than having them come to you].

There are some reasons to not choose police (Chicago)—there are things to work on before getting police to work in African American and Latino neighborhoods. Role of police department, courts, etc.—How to bring people of color and low-income people into these areas?

Thursday, October 17th

Evaluation Plenary—Facilitated by Lisa Lunghofer

Discussion Points
- Impact/process evaluations
- Logic model for implementation
- Look at trends over time
    - children and services
    - comparative case studies—how planning and implementation process affects changes over time
- Child/Adolescent Needs Survey
- Looking at other research interventions for children to seek alternative types of funding

"Stars and Stones of Using Data"
- Chatham Co.—creating a management information database in Access that incorporates project input, creation of variables, analysis programs
- Washington Co.—similar process to Chatham, designed one that is web-based
- Bridgeport—similar to Chatham. . .
- Rochester—using a modified version of Duren's database
- Some instruments at some sites have been or are being translated into Spanish.

ASK Kristen and Julie—Safe Start Local Project Directors

Financial sustainability is critical, we need help, especially around Medicaid.. . . what resources do OJJDP offer or broker?
- We would like us to work on w/NCL on this. . . we are doing what we can at this level to encourage that this to happens.

Medicaid reimbursement—there differences in regions across country; there is broad based Medicaid, and also clustering from state to state. Can NCL do some analysis on this—what are some of the variations between each of our regions? How this might impact on our region, we need more specifics on this; the analysis can take this into account.

On the evaluation results, should we plan for the interim report or wait until end for both process and impact results?
- Do not wait until the end. . . a process report was submitted in draft, it is in the re-write stage, and we are unsure of what status of re-write is right now.

How is Safe Start shaping up now that it is halfway through?
- There has been progress for launching a training focus on sites, especially in law enforcement/community response.
- We should still be looking at courts. There is a grant to provide T/TA around courts—take this opportunity now because it won't be here next year.

What is the expected capacity of the NCJFCJ (budget)?
- There should be enough to do one training and plenty of consultation at each of the sites.
- They just hired a new tribal liaison, Danny Ukestein, from Zuni.

--(**Ask Kristen and Julie continued**)--

Comments about Safe Start from Kristen, overall as an initiative:
- Sites still have not fully realized. . .
  - o Comprehensive assessment is a key component, and this includes policy analysis, funding analysis
  - o Collaboratives, should be fully engaged in year 4-5
  - o Strategic plans are specific about current action, but very general about the future—they need to be more specific. Sites need to do the hard stuff first, because this leads to sustainability.
- 5 years—begins on point of implementation and intending to go on after
- Site need more strategic vision (long range).
- Details about strategies tasks—currently they are too general, since they do not define where/how/with whom in things to do. Some of this happens in implementation stage, which is fine, as long as this is reflected in strategic plan.
- Giving caution to the group for separating assessment from implementation. There is an over-reliance on evaluators for data, and collaborators must be involved in this as well.
- Note that there is a likelihood of service contraction rather than expansion.
- The engagement of collaboratives must go further—directors and such are taking on too much.
  - o Have your collaborative members do more, because this leads to sustainability.
  - o Collaboration takes time and money—what happens when "George" or anyone leaves Safe Start?
  - o There must be some willingness to give up some of the pieces, some delegation of responsibilities.
- With law enforcement—there are many other questions; for example, how are we addressing other points of entry?
- Overall, sites need to do a better job of capturing progress. As we get more into Safe Start plans, how do we package them. . . we need to be making it broad, yet specific, comprehensive/holistic.

How will ongoing training and cross trainings retain initiatives?
- There is local and national support for the growing of initiatives.
- There is money to *help* do the work, but not money to actually do the work.
- Assess across agencies the training processes, and long-term plans—have agencies adopted them?

What are some guidelines for the community comprehensive assessment?
- The assessment is not a separate part of the strategic plan, but the assessment should be a basis for the strategic plan. This should be reflected in a revision of strategic plan; remember that strategic planning is a long-term process.

Fiscal analysis—what are we doing to address other points of entry?
- There is some confusion about eligibility criteria.

Evaluation Funds:
- Minimum 10% with 12 month allocation phase at the full funding amount (not the reduced/tapered amount)
- This amount should stay constant each year of initiative.
- If the amount was exceeded previously, then you do not need to keep exceeding the amount as long as it doesn't go below 10%.
- Needs to be 1 full time evaluator minimum leading the project.

Progress reporting guidance:
- We need higher levels of specificity in reports expectations—if expectations met or not, and reasons if not met.
- 4 copies + original + electronic

Engagement and Money:
- It is harder to be engaged, and to engage those with less money. . . , but "honey" (incentive) can come in more forms than just dollars.

National & Local Evaluators Roundtable—Safe Start Local and National Evaluators
Facilitated by DJ Ervin and Michael Lahti (Washington Co.)

The group came up with this agenda:
- Interventions
- Updates
- Comparison groups
- Outcomes/Measures
- Screening/Assessment Tools
- Quasi-experimental design
- When/How to provide data to NET
- NET reports

<u>When/how to provide data to NET</u>
- Local evaluators provide quarterly reports on data to NET
- Want to have shorter review time by JJ so information sharing will be quicker
- Local evaluators can/should be on site visit/site team debriefing calls

<u>Site updates</u>
San Francisco
- Tool development, translation issues (have diverse population, need tools in multiple languages)
- Web-based data collection on referral process – attempting to track referral/linkage by race – i.e. are certain groups not receiving referrals, or are referrals being made to other providers
- Have a hotline now in place

Zuni
- Evaluation is part of strategic planning/implementation process, still participating in this.

Bridgeport
- Helping 4 programs develop logic models/forms/process, etc. so working with various programs/agencies
- Will implement specific outcome measures, tools, including satisfaction surveys
- Helped programs develop Access databases, family plans, documenting barriers, looking at system-level barriers
- Inter-agency collaboration survey given every 18 months
- 7 focus groups in communication issues
- Evaluating community level trainings

Chatham
- Evaluate outcomes at 3 levels: system, community, services
- Systems – look at outcomes like SS interagency collaboration of system of services built by SS –working with child services that already exist.
- Longitudinal network analysis study for baseline data – 2 collections
- Pre and post tests on affect of collaboration on child and family outcomes
- Community – community-families allies program – evaluating it, and it's ability to overcome people's fear for working together, empowering them for prevention/intervention efforts.
- Aggregate single subject study to reduce incidences of children exposed to violence at community level
- Services – 9 service programs – mental health interventions/efforts. Have providers evaluate themselves, provided curriculum to SS participants.

--(**National & Local Evaluators Roundtable continued**, Site updates)--

Rochester
- Evaluating 3 interventions: (1) police mental health; (2) early childhood – help teachers create better environment, measure children exposed to violence by a parent survey, have lots of measures from Children's Institute; and (3) Ad campaign – doing pre/post test for similar community – there is a high margin of error with this kind of study, but we think that it could have good effects in Rochester.

Sitka
- Beginning first implementation phase
- Community needs assessment
- Look at instruments already in sue to collect baseline (calls for DV hotline, police, etc)
- Selecting instruments for referrals
- Collaborative survey done last year to look at process – will do 1x a year
- Standard training evaluation form

Chicago
- Finalizing measures
- Screening form for clinicians – family support and mental health
- Family referrals chart – families may have multiple needs, parent-child services checklist
- Logic models – assessing outcomes for families: impact of trauma, role in recovery, care of selves, etc.
- Clinicians rate family improvement

Baltimore
- Deloris is the only person still involved since beginning SS
- Shift with intervention strategies – made previous plans moot
- Hard to get moving – programmatic issues in the way – interagency agreements are hard
- Have to finish some preliminary stuff still
- She is an internal evaluator – issues exist there – she needs consultation/suggestions from other evaluators

Other Items Discussed
- We will share measures for control groups
- Quasi-experimental design is the ideal for all sites
- NET – will make packet of tools being used/created by sites – central repository for instruments

Morning Wrap-up and Q&A Session

Evaluation Actions
- Evaluation methodologies/tools —opportunity to share via NET
- Compare different treatments and sites
- Opportunity for common (standardized) instrumentation across sites
  o Sites that volunteered their instruments for standardization: San Francisco, Sitka, Spokane, Chicago, Washington Co., Chatham Co., Pinellas Co.

Ask Kristen & Julie (Project Directors Meeting)
- Screening assessment and screening tools (initial checklist/triage)—NCL/NET
- Share flowcharts used across the sites —develop repositories for products, curriculums, etc.

NCL and NET (Deliverables due from the sites by 10/25/02, Friday):
- Send out by mail when compiled
- Put on website—make shortcuts/sort for functions for each piece (make easily navigable)

Project Directors Dialogue
Note: The agenda, which originally shows breakout discussions occurring at this time, was revised in regards to project directors expressing a need to spend more time in d ialogue with each other.

Questions and Issues:
1. Balancing the focus on community violence vs. domestic violence—how other sites are addressing this?
2. How are programs dealing with suicide and child fatalities?
3. Engaging partners who are ideologically opposed to Safe Start goals —how do we do this?
4. The impact of law enforcement violence on children, and the effects of their presence in the home.
5. Capacity building on mental health services for young children.
6. Substance abuse and new moms.
7. Evidence based practice related to children exposed to violence and child trauma—what are standards of care (protocols), research/practice?

Question 1. Balancing the focus on community violence vs. domestic violence—how other sites are addressing this?
- Rochester—At our trainings, we say kid first and violence second.
What are police doing when they are containing violence and kids?
- San Francisco—It is hard to pull kids, but parents do see community police.
- Rochester—Our community response team, mostly county people, are trained (part of PD), and they go out after violence happens to ask if people are ok.
    - o Just trained them on children exposed to violence
    - o A social worker goes out with the team
    - o Includes Guardian Angels
    - o For police, this can serve as intelligence gathering or even a witness can appear from it.
- Baltimore —We have community policing, and developed child development as part of the training. The team response looks at younger children.
- Spokane—We have formed relationships with cops, have back and forth discussions with them, and all cars have stickers that say Safe Start. Police have an order to send to us any kid 0-6 exposed to trauma.
    - o Training—begins with orientation to Safe Start, then what kids do after exposure to violence.
    - o Getting them to set aside the time —we had an amount of money for police and deputy overtime; afterwards they were committed even after the money was gone.
- Bridgeport—We have to do a sales job in police academies on these issues.
- Baltimore
    - o We have had CD-CP since '95 or '96.
    - o Several 3-hour trainings
    - o Fellows team/training, 3-day, accompanies mental health
    - o We have a curriculum developed—modules for train the trainers, which is not specific to law enforcement, and it include vignettes about impact to infants. We can summarize this and send it to NCL as a possibility for next cross-site.
- Pinellas—We have a trainers' guide (part of site display).

Question 2. How are programs dealing with suicide and child fatalities?
- At Columbia U., there is a survey on kids and suicide that includes self-awareness scores, and they also look at prevention.
- Rochester—the Air Force has a suicide prevention program that we've adapted for use in reducing suicide and domestic violence. There is information on this at U. Rochester.
- OJJDP—putting a publication out soon about t een suicide, which will be in the Juvenile Justice clearinghouse. This information will be put on the mailing list.
- San Francisco—the first suicide prevention team was founded here. The key to prevention is being able to ask the right questions.
- Pinellas—We have a domestic violence fatality review group. Fatalities often look like a suicide pact, and there are some power/control issues. This led to an education campaign in the school system.
- National Center on Child Fatality Review—They can provide technical assistance, mailings, etc.
- Rochester Child Protective Services contracts with others working on child fatalities.

--(**Project Directors Dialogue continued**, Questions and Issues)--

House fires are also violent occurrences. Does Safe Start go out on this?
- Spokane—We have had some discussion with Fire Dept, but most fires not arson, so there are few incidents that we go out on that have to do with fire.
- Rochester—Places that burn down tend to be where families are not in good shape.
- Violence, not trauma, some fine lines—can get fire chiefs, etc trained on CEV and trauma and how to address
- Certainly go if they do call, funding issues can be worked out (frequency should be low), assess situations

Question 3. Engaging partners who are ideologically opposed to Safe Start goals.
- Police seeing DV or trauma or violence as something different; those not seen as victims of DV; suspicions of males.
- Holding men accountable—move focus away from woman to child
- Many in courts don't believe that these men can't be a good dad, operating on this assumption
- Nature of batterer's program—must participate in program, people don't show up and are not pursued
- Much mistrust between DV and batterers (missing community) and probation—facilitate small conversations with each of them, informal brainstorming sessions about the kids
- (turf issues)
- San Francisco, don't have child advocate with DV
- Sitka—DV and women's shelter movement is a grassroots movement—people who have been fighting. . . maybe time to swing the pendulum the other way, some men can be good fathers. . . .
- Chatham—statewide child well-being and DV task force meeting where DV advocates and CPS yelling at each other; acknowledged fears—easier [politically] to focus on children than women, more marketable/palatable (context of delivery and message). Be aware of stages of women who are victims of DV.
- Chicago—work with DCFS, DV screening, want them to include issues of CEV, starting to kick up sparks
- Build relationships with someone in the movement who thinks outside the box
- Get them to see Safe Start as potential allies, but on the side of the courts
- Bridgeport—PD is a male, based out a DV office—diversity of our project sites
- DV advocates in law enforcement and courts, can serve as starting point.

Discussion Issue—Maneuvering Through Conflict and Transition
This issue is about managing a collaborative in a state of flux amidst uncertainty (process and content), cultivating natural leaders, best practices/methods for keeping high levels of energy among new/old partners, getting to yes, and governance implications.

How do we get to systems change?
- We acknowledge the crises, but stay above the fray. We must be prepared when the chaos happens, since it will be getting worse before it will be getting better.
- Keep in mind how to keep our eyes on the prize.
- Realize the importance of acknowledging the negatives, and mobilizing the anger.
- There is a question of strategy and response, but not of community commitment.
- Relating our cases to Children's Agenda issues is relevant.
- The desire and will for systems change is necessary.
- Keep in mind electoral politics and people's agendas.

Are we doing anything to engage progressives/champions?
- San Francisco—We have not tried to affect election outcomes, but we have made them aware of our issues.
- The people who need to advocate (carry the message) are not us, because then we are advocating for our own jobs.

--(**Project Directors Dialogue continued**, Discussion Issue—Maneuvering Through Conflict and Transition)--

How do we build stakeholders for advocating?
- Some of the best allies are in our courts/agencies' partners.
- We can look at advocating in terms of lobbying, or we can look at it in terms of an education process.

Comments from Zuni
- In our area Richardson may be elected soon. . . .
- Regarding the plans about our children, we do not have access to professionals that others have. There are small numbers of staff, and Indian Health Services doesn't cut it.
- Social Services—the hub of target population coming through here. We finally have an MSCW, director of social services.
- Tribal elections were not advertised, 1000/11000 voted, and recently progressives have lost focus.
- We did get a judge, and she was given a 90-day period where she turned everyone around.
    - Has a background in child abuse and neglect.
    - Was part of the grassroots movement for the Indian Child Welfare Act.
    - Began court-ordering perpetrators to read a book and do oral or written report on it.
    - But, the council is getting rid of her.
    - Made an impact on policy, but person who could be best ally will be gone soon.
- The tribal court now on a full court system.

Comments from Baltimore
- There are issues occurring at the organizational level, and there has been a change in lead agencies.
- There are problems with the organization—they are not true to the issues.
- Most work is done in house, and not in a collaborative way.
- The change occurred because of
    - Delays in getting interventions initiated, resulting in a loss of interest.
    - Ideological conflicts—money had to be spent that had to do with responding to children.
    - Conflicts internally and externally causing the collaborative to break down.
    - Not being sold on the idea in the beginning.
- Then, they realized the scope of the work, which the agency does not typically do due to their history. . .

Comments from Chicago
- We are also trying to rebuild the collaborative.

Friday, October 18th

National Civic League Training and Technical Assistance Protocols
This session began with Bill Schechter giving some historical background on the National Civic League (NCL, also "the League"), leading up to the League's role in Safe Start.

- NCL, first known as the National Municipal League, was founded in 1894 by Theodore Roosevelt, Louis Brandeis and other turn of the century progressives as an advocacy organization vigorously promoting the principles of collaborative problem-solving and consensus-based decision making in local community building.
- The League accomplishes its mission through technical assistance, training, publishing, research, and the All-America Cities Award program, which some Safe Start sites may be familiar with.
- NCL's involvement in Safe Start grew out of previous involvement on similar OJJDP initiatives through the Systems Improvement Training and Technical Assistance Project (SITTAP), in partnership with the Institute for Educational Leadership.
- SITTAP is designed to develop, expand, and enhance the skills and capacities of juvenile justice/child welfare systems and communities to make systemic changes leading to an integrated system of care.
- SITTAP served 11 grantees under two initiatives, Safe Kids/Safe Streets and SafeFutures, and through this project the League was instrumental in developing the Toolbox for Community Collaboratives on the Together We Can initiative.
- For the Safe Kids/Safe Streets initiative, NCL has served as lead consultants to four of the five sites through SITTAP, and have been providing training and technical assistance coordination, as they are now with Safe Start.

The National Civic League's T/TA Coordination
1. Assess/update site T/TA plans
2. Broker T/TA; administer pool
3. Quarterly site team debriefings
4. Twice-yearly cross-site meetings
5. Liaison with similar projects, T/TA

Dedicated T/TA Providers
1. National Center for Children Exposed to Violence (NCCEV)
2. National Council of Juvenile and Family Court Judges (NCJFCJ)
3. Multi-Systems Structured Decision Making ("MSDM")
4. Systems Improvement Training and Technical Assistance Project (SITTAP)
        through the Institute for Educational Leadership

T/TA Pool
1. Assistance is available thru NCL on topics of collaboration, strategic planning, visioning, systems change, citizen engagement, fiscal policy, and cultural competency.
2. $15,000 per site
3. Work through your site T/TA coordinator

Actions and Next Steps

National Civic League's TO-DO list
This list was compiled by participants during the Stars/Stones discussion, and other discussions throughout the Cross-Site Meeting.
- Looking at all projects/programs with the words "safe", "start", "street", "healthy," "kids", etc. and putting them together in a brief glossary for the sites.
- Catalogue ("archive") and share marketing strategies from the sites ("peer-to-peer").
- Create a Do's and Don'ts list related to goal achievement in the Safe Start Initiative.
- Collect educational information related to federal "health" plans, Title XIX, V-Codes, CHIP, etc.
- Help answer questions related to use of local money as matches to federal resources when states refuse to play.
- Find out status and evidence related to "Brief Treatment".
- Catalogue screening tools.
- Have sites' public education pieces, etc.(Ex: Spokane database), shared thru a website or other means. The NET can take the lead on data pieces.
- TA for Pinellas on Brief Treatment
- Can NCL do an analysis on some of the variations between each of our regions in Medicaid reimbursement, how this might impact on our region?

The NET
- Measures, examples of tools (across sites) and meeting
- Sharing formal/informal evaluation tools, NET follow-up w/repository (include local evaluators)

Safe Start Sites
- T/TA around courts—NCJFCJ, take this opportunity now because it won't be here next year.
- Meeting with site folk to schedule a retreat to revisit plans/actions, refine/reevaluate (site project directors)
- Meet with partner agencies—share info learned, clarify focus
- Baltimore—curriculum developed, modules for train the trainers, which is not specific to law enforcement, and includes vignettes about impact to infants—summarize and send to NCL as a possibility for the next cross-site meeting.
- Sustainability strategy in our plan needs to be fleshed out, TA resources explained/clarified (sites with T/TA coordinators)
- Please send screenings to NCL; NCL to compile and send these back out to everyone.

Multiple Players
- NCL and OJJDP to work on a transition packet (NCL and OJJDP)
- Get site team to reevaluate our implementation plan, TA plan, sustainability, etc.(national team and sites)
- Lessons learned—meet with site PD's, sharing (national team, NET, sites)
- Site specific follow-up (All)
- Dealing with contractual issues (depends on level—national, etc.)
- Overall coordination (All)
- Develop 3-party site visit schedule for the year, have site visits mapped out (NET, T/TA coordinators, OJJDP)
- Clarity on evaluation T/TA and other T/TA (NET and NCL)

Scheduling of Pinellas Cross-Site Meeting: It was determined by the participants that the next Cross-Site Meeting, to be held in Pinellas County, Florida, will be scheduled for May 14-16, 2003.