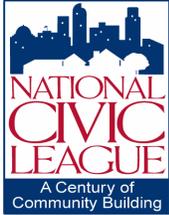




Department of Justice Programs
Office of Juvenile Justice and Delinquency Prevention
Safe Start National Demonstration Project



National Civic League
Federal-Community Partnerships
National Training & Technical Assistance Coordinators

Annual Training and Technical Assistance
SAFE START ASSESSMENT PLAN
March 5, 2003

SAFE START Training and Technical Assistance Assessments

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Executive Summary

Safe Start is a national demonstration initiative funded by the United States Department of Justice's, Juvenile Justice and Delinquency Prevention Office. The Safe Start project is a multi-site initiative that seeks to create a comprehensive system that will improve the access, delivery, and quality of services for young children who are at high risk of exposure, or who have been exposed to violence.

Safe Start is a five and half year project that began in 1999. Eleven communities were selected to participate: Baltimore, MD; Bridgeport, CT; Chatham County, NC; Chicago, IL; Pinellas County, FL; Rochester, NY; San Francisco, CA;; Spokane, WA; Washington County, ME; Sitka, AK, and Zuni, NM.

The Safe Start project is now in Phase III, and implementation activities are well under way for nine of the eleven and just beginning for the two tribal sites. Sitka and Zuni joined the initiative in 2000, but are vigorously moving forward from planning into implementation. As the project moves forward, questions of systems change and long-term sustainability will be addressed.

The National Civic League (NCL) began work on the Safe Start project in the summer of 2002, and serves as the national training and technical assistance coordinator for the initiative. NCL works in partnership with the program managers from OJJDP, the National Evaluation Team, which includes Caliber Associates and the Association for the Study and Development of Community and other training and technical assistance providers with various technical/content specific expertise.

The NCL Federal-Community Partnerships Safe Start staff has completed initial training and technical assistance site visits, review of site plans, and conducted extensive discussions with site project directors, community stakeholders, and OJJDP program managers to assess the T&TA needs of the eleven Safe Start sites. This established the groundwork for the Training and Technical Assistance Assessments that provide an overview and analysis of each site, along with recommendations for consideration by the national team.

The assessment for each of the eleven sites provides a project overview, description, and analysis across six areas – collaboration, management, strategic plan, systems change, service integration, programmatic expertise, and a review of the current T&TA plan. The individual site assessments are followed by a cross-site assessment that examines those issues that resonate across sites and relevant to the broader initiative.

Each assessment will be reviewed by the site team and utilized in the creation or revision of site training and technical assistance plans and budgets. These T&TA plans will need to clarify the distinctions between 'training' and 'technical assistance', identify local & national resources, and should be organized according to and in support of the strategic and implementation plans.

Baltimore, MD

Overview

Baltimore City Safe Start Initiative (BCSSI) is housed at the Family League of Baltimore City. Baltimore is experiencing a tragically high rate of violent crime, and young children are exposed to a large incidence of violence in their homes and communities.

BCSSI is currently targeting two neighborhoods: Southwestern and Park Heights.

Mission/Vision/Goals

Mission: "The Baltimore Safe Start Initiative, in collaboration with Community Leaders, Community Organizations, Parents, Public and Private Service Providers will design and implement strategies, resulting in systems changes that will reduce the harmful effects of exposure to violence in Baltimore's youngest children."

Vision: "Collaborative groups working together, reducing the impact of exposure to violence, and enabling children to reach their optimal potential and enter school ready to learn."

Goals: BCSSI has 14 objectives listed under 4 goals.

Goal 1: Broad community awareness of the impact of child exposure to violence.

Goal 2: Early and consistent detection of young children exposed to violence.

Goal 3: Young children identified as impacted by exposure to violence receive mental health services in their communities from a provider who is trained in early childhood mental health and childhood exposure to violence.

Goal 4: Young children identified as impacted by exposure to violence have access to improved, appropriate community based services.

Collaboration

BCSSI has formed a collaborative comprised of representatives from law enforcement, mental health agencies, school of public health, mayor's office, state's attorney's office, domestic violence agencies, CD-CP, etc. The BCSSI collaborative meets monthly, but consistent attendance and active participation have been and continue to be problems. With project director transitions and a revisiting of project strategies, the collaborative has suffered from a lack of continuity. Several BCSSI collaborative members, especially the mental health providers, have remained very engaged, and their commitment is important to note. However, many collaborative partners left the table during the transition from the planning to implementation phase, as well as the transition of project directors. BCSSI is now attempting to re-engage and energize their members, and the Project Director has spent a significant amount of time toward this effort.

At the January 2003 collaborative meeting, many members were present, including some new partners, and both the project director and the OJJDP program manager presented an overview of the Safe Start concept, and the status of BCSSI, including recent accomplishments. The goal was to highlight the strides the project has made and encourage active participation as it moves forward. A number of people signed up to

participate on a policy/sustainability committee to begin looking at longer term issues. Unfortunately only one member arrived at the first policy/sustainability committee meeting in late January.

BCSSI staff are in the process of identifying a member or members of their collaborative who can be nurtured into taking a greater leadership role, thus spreading the responsibility among the partners. They are hoping to have identified someone by the March meeting. The BCSSI steering committee has essentially been inactive since the summer of 2002, but they do have several working committees that continue to meet. These committees include Service Systems/Trauma Response, Community, Policy, Evaluation, and ad-hoc committees as necessary. The Family League leadership staff and Family League Board members have not been consistently engaged with and supportive of BCSSI, although they have tried to attend collaborative meetings.

After regrouping for a meeting with project staff to re-evaluate, lead staff at the Family League appear to be in agreement with the new direction of BCSSI, and are demonstrating support for the new Project Director. The Executive Director of FLBC has offered to make calls to agency leaders and help build connections within city departments on behalf of BCSSI. The continued support and participation of the Executive Director is crucial, particularly in her role with the Family League Board and the linkages that could occur with other city initiatives. Many Family League Board members are involved in a variety of citywide collaborative efforts, and the Board itself has a Family Support Strategies committee that focuses specifically on initiatives for children 0-6. The BCSSI Project Director attends these committee meetings, which provides a great opportunity for Safe Start to be linked to other efforts.

In addition to increasing Board support of BCSSI, Family League leadership also identified a number of potential partners – a new police commissioner, a new head of DJJ, and a new director of Head Start – all of whom should be contacted to try to build/strengthen relationships.

An additional challenge that should be mentioned is the current political environment in which BCSSI exists. A severe state budget crisis has meant funding cuts to most of their partners, and taken attention away from the work of the collaborative.

Recommendations

- Provide guidance around building, maintaining and sustaining a collaborative, consensus leadership and consensus organizing, and clarifying the roles and expectations of collaborative members. BCSSI would also benefit from TA around identifying and nurturing additional leadership, including the importance of leadership rotation.
- Continue follow-up with identifying systems partners, particularly the new police commissioner, DJJ director, and Head Start director.
- BCSSI could also benefit from examining other initiatives in Baltimore for overlap and linkage opportunities, and developing relationships with those initiatives that complement the work of BCSSI.

- Revisit the many MOU's/MOA's which were written during the initial application phase and build upon these to encourage continued commitment. In addition they should be updated and expanded to include additional partners.

Management/Staffing

The lead fiscal agent is the Maryland Department of Juvenile Justice, and Safe Start funds partially pay for a staff person at DJJ. BCSSI staff has not yet met with the new DJJ staff person, but a meeting is scheduled for mid-February 2003 to complete the intergovernmental agreement and review the project budget.

BCSSI is housed at the Family League of Baltimore – a local management board. The role of the LMB is to focus attention and resources on improving the well being of children and families by engaging communities and encouraging public and private partnerships. As an LMB, the Family League has traditionally served as a grant/contract manager, and does not provide any direct services. The current project director began in late summer, and is transitioning well. There currently are 2 full time staff – the project director and a training coordinator. BCSSI's local evaluator is an internal staff member at the Family League, and works with the League's Director of Research. BCSSI could benefit from having another staff person to ease the work of the project director and build project capacity, especially given the many challenges requiring attention.

There are some political issues in Maryland that influence the Safe Start project– one of which is the possible elimination of local management boards in an attempt to balance the state budget. As of now, they are still being funded, and it appears that they are not in any immediate danger. However, the state fiscal crisis also impacts the ability and willingness of collaborative members to remain engaged, since they are dealing with many of their own challenges.

Recommendations

- Support from the leadership of the FLBC, including the Executive Director and Board, should be substantially strengthened. BCSSI staff has discussed possibilities for building these relationships, and these discussions will continue to identify strategies and ways to either enhance the current structure, or make changes to the structure that will help support the initiative. Some initial conversations have already taken place, and time will tell if lasting changes in levels of support are made. It appears crucial that the project have the support of both the Family League Board and leadership as the need for active collaborative partners is essential to the sustainability and success of BCSSI.

Strategic Planning and Evaluation

Baltimore has recently submitted a revised strategic and implementation plan, including a T&TA plan, fiscal and policy analysis. In late December 2002, the OJJDP program manager provided feedback on BCSSI's revised strategic plan. The majority of collaborative members were not involved in writing these revised plans, but significant input was gathered from partners in the completion of the policy analysis. As BCSSI

continues to move forward, utilizing existing collaborative partners and increasing engagement of others is crucial for the next iteration of the plans. In terms of both short and long term sustainability, the collaborative members should actively participate to ensure their ownership of the process. The collaborative should demonstrate increased engagement and commitment, and understand and support the vision of BCSSI and see its relevance to work they do within their own organizations. The community assessment, fiscal and policy analysis identified numerous suggestions and strategies for addressing systems change, but these are not linked to specific goals in the strategic plan. The strategies identified are valuable and necessary to the work of BCSSI.

Evaluation Plan

Baltimore's plan consists of evaluating three components: Community education –for professionals/parents/caregivers; Training –systems level, expand and enhance services – service agencies, citywide agencies; Safe Start Intervention Strategy – screening, life domain, mental health treatment, service linkage. They are conducting both an impact assessment and an intervention study. The local evaluator is an internal staff person, and works with the FLBC Director of Evaluation and partners at the University of Maryland, Baltimore.

Recommendations

- Relate strategies identified as a result of fiscal/policy analysis to the plan with the input of the collaborative.
- Determine long-range goals and strategies within the strategic plan to reflect a five-year process.
- Clearly define what exposure to violence is, and what constitutes violence.

Systems Reform and Sustainability

BCSSI has focused more attention on developing their screening and assessment tools and starting the provision of services. With the completion of a revised strategic and implementation plan, they conducted a fiscal and policy analysis to look at systems change needs and strategies. The policy analysis identified a number of challenges and opportunities for increasing coordination between agencies, and developing protocols for how business related to CEV is conducted.

BCSSI has a strong relationship with CD-CP. They have worked with CD-CP to integrate child development and the impact of exposure to violence into CD-CP training. CD-CP police officers will also be trained in using the BCSSI screening tools. However, while this relationship is strong, within Baltimore City there is a negative view of law enforcement in general. BCSSI would need to help strengthen the perception of law enforcement in addition to the work of CD-CP, and to ensure that the work of CD-CP does not suffer as a result of this negative perception. The courts are not currently engaged, but initial efforts to engage BCSSI with NCJFCJ have begun. The mental health providers are a strong partner to BCSSI and a plan for identification and treatment is in place. However, BCSSI staff expressed that many parents in the two targeted communities experience a stigma with accessing mental health services, and may be apprehensive to utilize BCSSI

services. This could potentially be a major barrier to serving children. The strength of their mental health partner agencies can help them in this area.

Recommendations

- Develop specific activities based on strategies from policy and fiscal analysis.
- Build and enhance relationships with law enforcement, state's attorney's office.
- Use relationships developed from the project to assist in designing systems reform strategies.
- Develop protocols for referrals in information sharing between Courts, State's Attorney, DVU, and CPS.
- Work with NCJFCJ on engaging Courts, and addressing challenges/strategies in policy analysis.
- The relationship between CPS and DVU's is unclear – BCSSI could benefit from looking at work in "Greenbook" sites, and the Massachusetts DSS as a model.
- Connect with Spokane and possibly other sites for peer-to-peer sharing on law enforcement perception in the community.
- Provide lessons learned and effective strategies on reducing mental health stigmas.

Service Integration and Delivery

BCSSI shifted the focus of their intervention strategies last year from working with FAC's to using existing service providers to screen children and families – their approach is now called the Safe Start Intervention Strategy (SSIS). The SSIS consists of screening, life domain assessment, the provision of mental health services, and service linkage. The strategies continually involve families in the process, and will link both parents and children to services. BCSSI has created a screening tool, but the screening tool needs to be validated. BCSSI is currently undergoing a process to validate their screening tool while simultaneously beginning implementation. This parallel process will ensure that children are still provided services. The goal of the validation study is to ensure that validated screening questions will be incorporated into existing tools used by service providers throughout the city – a strategy for sustainability.

Children will be screened at two-area Head Start centers, two Family Resource Centers and a few child care centers. CD-CP will use the screening tool in their initial process as well. After screening, Urban Behavioral Associates will complete a life domain assessment. The life domain assessment will entail combining the previous assessments that a child or family may have completed. The intent of the life domain is to gauge the risk and protective factors of a family to assist in developing a family support plan of services. BCSSI is developing a protocol for information sharing so that duplicate information is not gathered. Staff have been trained on completing the screening, and other providers will receive training soon. As implementation of services moves forward, provider monitoring should occur to determine if they are targeting the right service providers to locate CEV and whether parents are honest when completing the screening tool.

Recommendations

- BCSSI identified a lack of cultural competence as a barrier to accessing services – provide examples of cultural competence training and assessment for various audiences.
- BCSSI could benefit from expertise in creating a model for how to better integrate services and build relationships between systems and service providers.
- Identify strategies for moving screening and services to additional neighborhoods, and citywide.
- Provide information on Multi-Disciplinary Teams as a way to strengthen service integration – Chatham Co. is a good model.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

BCSSI has a Safe Start bulletin that provides information on the initiative's goals and recent activities, explanations of the impact of exposure to young children, and lists relevant upcoming events, like workshops and conferences. BCSSI has printed small brochures that describe Safe Start services, and can be distributed at community agencies, police departments, schools, health fairs and mental health providers. These are educational materials that both let the community know about BCSSI services, and the impact that exposure to violence has on children. BCSSI has created other promotional products, such as magnets, clips and putty, to remind the community about their initiative. BCSSI staff have conducted community outreach efforts, including presentations to parents.

Training and Outreach on CEV

BCSSI has focused significant attention on training to a variety of audiences. Training topics include early childhood development and exposure to violence, impact of witnessing violence, and using the BCSSI screening tool. They have provided training to the Mayor's child-care conference, child-care providers, faith groups, universities, law enforcement, and other coalitions in Baltimore. In addition, their partnership with Baltimore Mental Health Systems has resulted in a citywide training for early childhood development professionals with a focus on CEV, which was offered this fall, and will be repeated in the spring. BCSSI training and coordination efforts for the DVU, state's attorney's office, and CPS are not yet underway. The intention is to provide cross-training and develop protocols for responding to children exposed to violence. Coordination of these three partners will greatly increase early identification and intervention.

Early Intervention and Treatment of CEV

The BCSSI Safe Start Intervention Strategy (SSIS) begins with screening of children they suspect have been exposed to violence at several locations. After screening, children and families participate in a life domain assessment, which will result in a family service plan based on their specific needs. Children and families will either be treated or linked to other services, as necessary. Urban Behavioral Associates (UBA) is a strong partner of

BCSSI, and is piloting the life domain assessment. They plan to evaluate this assessment over the next year, and are thinking about ways to sustain its use through a variety of ways, including using V-codes, which would provide access to Medicaid funds. V-codes are DSM-IV (Diagnostic and Statistical Manual) diagnoses that are not related directly to a mental disorder, for example “parent-child relational problem,” “academic problem,” etc. UBA is looking forward to providing services in the two BCSSI targeted communities, have clinicians in place, and are planning to hire several community service linkage staff.

Preventing the Violence that Children are Exposed to

No efforts are currently underway for long-term violence prevention, although the community outreach, education and training strategies are an initial step at increasing knowledge among professionals and community members.

Recommendations

- Best practices for including parents in planning, such as Family Centered Practice (CWLA), OJP Family Strengthening Project, Parent Power, etc.
- Identifying consultants and developing a plan for a citywide conference on the impact of children’s exposure to violence.
- BCSSI has identified a lack of qualified mental health clinicians for children 0-6. In addition to training, BCSSI needs to provide strategies for engaging university partners as outlined in the policy analysis.

Review of T&TA Plan

BCSSI’s current TTA plan identifies some immediate areas for assistance, including developing strategies to reengage key partners, examining current governance structure, strategies for increasing parent involvement, looking at best practices, locating information on funding for mental health services for children, incorporating policy analysis into development of plans and strategies, identifying research and information on CEV, locating consultants, and helping to develop training. While these are good strategies, not all of them relate back to specifics in their SP and IP. As BCSSI builds upon their strategies, particularly as a result of the fiscal and policy analysis, additional, and/or more specific technical assistance needs may be identified.

Bridgeport, CT

Overview

Bridgeport Safe Start Initiative (BSSI) is located in Fairfield County, one of the wealthiest counties on the East Coast. Bridgeport is the largest city in the State, and also one of the most impoverished. The project was awarded to the City of Bridgeport Central Grants Office and the Bridgeport Child Advocacy Coalition (BCAC). BCAC contracted solely to the Center for Women and Families –the largest domestic violence agency in Bridgeport.

Mission/Vision/Goals

Vision: To create a community that respects the rights of Bridgeport’s children and families to be safe and nurtured.

Goals: BSSI has two main goals, and six main objectives.

Goal 1: Reduce the impact of exposure to violence in the home among Bridgeport children ages birth to six years

Goal 2: Reduce the rate of exposure to violence in the home among Bridgeport children ages birth to six years

Collaboration

Bridgeport’s collaborative is called a “Leadership Team”, composed of senior level leadership from DCF, DSS, law enforcement, public health, schools, service providers, domestic violence agency, other local collaboratives, and the members of BSSI’s Management Team. The Management Team consists of leadership from the three main agencies – Center for Women and Families, Bridgeport Child Advocacy Coalition, and the Central Grants Office. Both the Leadership and Management Teams meet monthly. The Leadership Team has two main committees, Service Delivery and Evaluation, and ad-hoc committees are formed as necessary.

BSSI had a substantial amount of individual and agency input during the initial strategic planning process, but according to the project director, the size of the collaborative group has gotten smaller as the project has moved into implementation. It was stated that a smaller, more manageable group was necessary for making decisions on moving to implementation and operationalizing initial strategies.

The roles of the project director, lead agency staff, and members of the collaborative are unclear primarily in terms of who participates in the development of strategies and plans, what is the level of participation by collaborative members, and whether a variety of members are being utilized.

Recommendations

- Identify strategies to better utilize collaborative partners, and assess the current collaborative structure.
- Identify other agency leadership, non-traditional partners to enhance leadership collaboration

Management/Staffing

Bridgeport Safe Start was awarded to the City of Bridgeport Central Grants Office and the Bridgeport Child Advocacy Coalition. BCAC contracted solely to the Center for Women and Families (CWF), the largest domestic violence agency in Bridgeport. A Management Group formed of BCAC, the Central Grants Office, and the CWF, oversees implementation and compliance of the project, participates on the Leadership Team, and supervises project staff. Safe Start staff consists of a project director, training coordinator, project assistant, and part-time court coordinator. The Leadership Team is the main collaborative body, comprised of systems partners, service providers, and the Management Team. They are charged with moving the project forward, developing policies, and creating systems change. The two main workgroups are Service Delivery and Evaluation. Other ad-hoc groups form as necessary and members of the Leadership Team participate in other groups, such as the "Greenbook" committee, and work with Court Advocates.

Recommendations

- Provide BSSI with information and strategic consultation on collaboration, capacity building and team building strategies.
- Clarify staff and collaborative roles and responsibilities.

Strategic Planning and Evaluation

BSSI submitted a revised strategic plan in August of last year, and received feedback on the plan in January. It is important that members of the collaborative participate in both the planning and writing of this years strategic and implementation plans, and that members remain engaged in the process. The current strategic plan links well with the implementation plan, but does not outline any long-range strategies. This long-term vision is crucial, not just to the writing of the plans, but to engaging and encouraging collaborative members to take on responsibility and sustain the project after federal funds end.

Evaluation Plan

Bridgeport has a strong evaluation plan that attempts to continuously feedback information to inform programs and planning. They are evaluating service providers, assessing service coordination on a systems level, conducting ongoing focus groups, and examining local policies. The local evaluators act as partners with project staff, and attempt to provide feedback to inform the planning process.

Recommendations

- Relate strategies identified as a result of policy analysis and community assessment back to the plans, with the input of the collaborative.
- Outline long-range goals and strategies within the strategic plan to reflect a five and a half year process.
- Provide consultation on strategic planning process, long-range strategy development and plan structure.

Systems Reform and Sustainability

Bridgeport is concentrating effort in several areas. They are offering training to service providers and community members, and attempting to address cross-disciplinary information sharing. The March 17th 2003 Symposium, which brings together experts from four areas (courts, DV, child welfare, mental health), is one attempt at building this information sharing. BSSI's goal is for the Symposium to spark ongoing discussions among service providers and systems partners for intra-agency changes. They are working with the police to implement a protocol for Safe Start that includes how to respond when a child is present at a domestic violence or other violent incident, and how to refer that child and family for services. CD-CP training has been provided to the police. However, there appears to exist a lack of buy-in and continued support from the police whose efforts and actions have stalled.

BSSI is working with the courts through both the Court Project, and the Court Coordinator. The Court Project is working with other court groups and personnel and has provided training to courts and law enforcement on domestic violence and to domestic violence agencies on the role of courts and law enforcement. BSSI has hired a Coordinator to focus on the courts, and is assessing the courts effectiveness, possible barriers, resources and processes. The courts are beginning to track children in domestic violence cases, and ensure that families receive referrals for appropriate services. While progress has been made with the courts, there is concern about long-term support and sustainability due to the annual rotation of judges, and the potential for BSSI advocates to be moved. Initial conversations between the BSSI project director and NCJFCJ have led to a scheduled site visit in late February 2003, and participation in the March 17th Symposium.

BSSI has worked with CPS to revise their DV assessment tool to ensure that children and families are properly assessed for exposure to violence. This appears to be the only work with CPS, and it is unclear whether CPS will refer unsubstantiated cases to BSSI, or refer young siblings in substantiated cases. BSSI staff are participating in the statewide "Greenbook" committee, which allows for best practices and information sharing on the intersection of the courts, CPS and DV, and how best to integrate systems to respond to young children who have been exposed to violence, abuse and neglect.

Recommendations

- Increase level of participation among partners to enable systems reform and inter-agency change.
- Examine challenges with CD-CP, perhaps bringing in another site for peer-to-peer sharing – Spokane and Rochester are good examples where peer-to-peer mentoring may be beneficial.
- Broker cross-site and peer-to-peer learning between Bridgeport, San Francisco and Chicago regarding their work with the Courts project.
- Provide information on sustainability strategies, particularly what has occurred with other demonstration project.

Service Integration and Delivery

BSSI provides funding for ECMHP (Early Childhood Mental Health Program) and CD-CP at Child Guidance, and to Child FIRST. Child FIRST conducts the initial screening and assessment of children, either in the home or community. Clinicians then develop a comprehensive family plan to meet both child and family needs, and if applicable, refer children and families to ECMHP. If necessary they will refer children and their families to additional services. ECMHP has two part-time positions and these clinicians provide mental health treatment to children who have been identified as being exposed to violence, and were referred from Child FIRST. To ensure that service needs are met, ECMHP and Child FIRST have adopted a protocol for referring and providing services, and are working closely together. Training has been provided to other agencies to increase their knowledge and capacity to work with CEV as well.

BSSI and the local evaluators have been working with both service providers and DV agencies to enhance their capacity to locate and track numbers of children exposed to violence. This allows for more children to be identified and referred to services.

Recommendations

- Conduct a mapping of service integration assets and a gap analysis as part of community assessment/policy analysis.
- Expand points of entry – what is role of CPS for unsubstantiated or non-DV related cases; what about children exposed to community violence; how are children in early child care or schools identified and/or treated?
- Ensure that information sharing and cross-training is a citywide process.
- Provide information on Multi-Disciplinary Teams as a way to strengthen service integration – Chatham Co. is a good model.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

BSSI has published a quarterly bulletin that provides information to service providers about BSSI activities, impact of exposure, and includes a parent page in both English and Spanish. BSSI is currently working to develop a public awareness/marketing plan.

Training and Outreach on CEV

One of BSSI's strengths is its set of comprehensive training strategies that are designed to meet the needs of providers and systems partners to build knowledge and capacity, as well as cross-train to enhance awareness of other agencies and systems to increase integration and understanding. For example, BSSI recently completed comprehensive training on mandated reporting for a variety of audiences. Most BSSI trainings are open to the community so a wide variety of partners may attend. In addition, they have provided ongoing training to service providers, CPS, and early child care providers on the issue of exposure to violence. Training on child witness to violence curricula is scheduled for May 2003.

A main concern of BSSI is the lack of qualified mental health workers who know and understand early childhood development and issues of children's exposure to violence.

This gap was discovered when attempting to locate and hire clinicians to provide BSSI services. Building the capacity of local universities and training programs to educate on early childhood development and CEV is currently a long-range strategy.

Early Intervention and Treatment of CEV

BSSI has developed strategies for assessing and treating children exposed to violence through two funded agencies, Child First and the EMHCP. The police have been trained through CD-CP to also refer children for services, but due to challenges within the police department, these efforts have been stalled, and no referrals are taking place.

It is unclear if or how cases are referred from CPS and whether services are available to children who have experienced child abuse or neglect. In addition, it is also unclear whether children identified as being exposed to violence in instances other than domestic violence have an outlet for referrals.

Preventing the Violence that Children are Exposed to

BSSI is not yet focusing on violence prevention issues although the education and training strategies are an initial step at increasing knowledge among professionals and community members.

Recommendations

- Provide BSSI with information on other sites public awareness campaigns.
- Develop long-term strategy focused on the need for qualified MH clinicians, coordinating effort with local universities to promote the academic study and selection of clinical and mental health professions.
- Provide strategies on how to involve local universities and integrate early childhood development and impact of exposure to violence in their curricula.
- Ensure that children are being identified from as many points of entry as possible.
- Provide information on cultural competency training – mentioned in their plan, but not outlined anywhere else.
- Provide strategic consulting, strategies and tools on strengthening violence prevention efforts.

Review of T&TA Plan

The goal of BSSI's TTA plan is to "ensure all Bridgeport service providers working with children ages 0-6 have appropriate training and knowledge to effectively support children and their families who are at high risk or are directly impacted by violence in the home." The TTA plan is focused on three main objectives – Information Sharing Across Systems, General Training, Ongoing Supervision and Consultation.

BSSI's TTA plan is comprised mainly of training strategies for each major component – including service providers, courts, mental health clinicians, law enforcement, teachers, etc. BSSI will need to re-examine their TTA plan to include more than just training, particularly in growing the systems and collaborative capacity to respond to CEV, and achieve their goals and objectives.

Chatham Co., NC

Overview

Chatham County is located in rural central North Carolina, and the two largest towns are Pittsboro and Siler City. Chatham County Safe Start (CCSS) has offices in both locations, but services are targeted in Siler City where it was determined the most need existed. Chatham County Safe Start was awarded to and is housed at the Chatham County Partnership for Children (CCPC), formed for management and governance of the earlier Smart Start initiative.

Mission/Vision/Goals

Vision: Whenever and wherever a Chatham County child is a victim or witness of a violent event, a coordinated community system responds to the needs of that child, so that every child has the opportunity to grow healthy and strong.

Goals:

Goal 1: Reduce the impact of witnessing violence on Chatham County zero-to-eight year olds by creating, enhancing, and expanding services

Goal 2: Reduce children's risk of exposure to violence by strengthening Chatham County neighborhoods

Goal 3: Reduce the impact of witnessing violence on Chatham County zero-to-eight year olds by facilitating system integration and collaboration

Goal 4: Develop a long-range marketing/fundraising plan that will result in supplementing and eventually replacing the OJJDP funds that support Chatham County Safe Start

Collaboration

The Chatham County Partnership for Children (CCPC) currently has a thirty-one member Board of Directors, with leadership from county agencies and departments. The Board was established under the by-laws for the CCPC, as a result of funding that was received for Smart Start, a state-wide initiative that focuses on childcare, child health care, and family support. Smart Start legislative requirements stipulate that Board members be *"made up of no more than 35 members from the community who are committed to assuring that children are healthy, safe, and developmentally prepared to succeed in school. Board members represent county government, human service agencies, religious groups, business communities, and parents receiving SS services."* With the addition of the Safe Start initiative, which outlines participation of law enforcement and the legal system, CCPC will supplement Board capacity by adding representatives from these entities to their Board. The Board meets monthly and all meetings are open to the public. CCPC's Board has three standing committees (Smart Start Planning and Evaluation Committee; Executive Personnel Committee; and Nominating Committee), one ad hoc Finance committee, and the Safe Start Planning and Evaluation Subcommittee. There are also five focus groups that support both Safe Start and Smart Start: Focus on Training, Focus on Policy & Systems Change, Focus on Child Care, Focus on Child Health, and

Focus on Family. It is important to note that Board members are not necessarily collaborative partners and collaborative partners are not necessarily Board members-so not everyone on the focus groups serve on the Board and vice versa.

While the Board oversees the Chatham County Safe Start (CCSS), and Smart Start, the Safe Start Planning and Evaluation subcommittee, a subcommittee of the Smart Start P&E committee for the CCPC Board of Directors serves as the collaborative body for CCSS. The P&E subcommittee makes recommendations that then go to the Smart Start P&E committee, and on to the Board. The CCSS collaborative (P&E subcommittee) includes representatives from public, mental health, schools, DV, police, faith groups, etc. The court, an important systems partner is not currently involved with the collaborative.

The Department of Social Service, Child Protective Services is involved with CCSS through the provision of services and participates in the Case Management meetings. However, it is unclear how some responsibilities are split between CPS and other agencies receiving CCSS funds.

Recommendations

- Ensure that all appropriate stakeholders are actively participating in the collaborative, including law enforcement, faith based organizations, and the courts.
- Look at impact of current decision-making structure on moving CCSS forward.
- Provide models for restructuring the CCSS collaborative.

Management/Staffing

CCSS is housed at the Chatham County Partnership for Children. With the addition of Safe Start, the CCPC added both staff and a second office location. Staff is housed in both the CCPC office in Pittsboro and in the Siler City SS office. CCPC has 12 staff and 2 local evaluators and one evaluation intern, six staff members are dedicated to Safe Start with an additional four staff who are shared with Smart Start. This division of labor has implications for project management and supervision as lines of authority between the executive director of CCPC and the CCSS project director are unclear. One of the strongest elements of the program is CSSI's staff and direct service providers (DSP's) cultural/bi-lingual capacity, as well as their knowledge and direct clinical, community and citizen engagement experience.

Recommendations

- Staff development around role clarification and division of responsibilities for the CCPC executive director and the CCSS project director. Determining clear role delineation will lead to less organizational and supervisory ambiguity among staff, contracted employees and among collaborative partners.
- Examine the oversight of the CCPC Board to CCSS – ensuring their level of commitment and support of CCSS.
- Increase membership and representatives from other systems in order to address specific goals and objectives that involve law enforcement and the courts as outlined in both the strategic and implementation plans.

- While Safe Start and Smart Start are distinct projects there exists a natural overlap between the two. Efforts should be taken to create a seamless connection between the two and yet ensure that Safe Start's vision, goals and objectives remain distinct, and a priority of the leadership, partners, DSP's, staff and community. Some cross-site assistance can be obtained from Rochester, Spokane and Chicago's SSI's, which are similarly situated. This can be done as way of supplementing existing TA.

Strategic Planning and Evaluation

Chatham has completed the revisions to their strategic and implementation plans and recently received comments from the OJJDP program manager. While there are some areas that need modification, CCSS staff had previously identified some areas for further research that they would like to undertake before writing the next strategic and implementation plans. The local evaluator and research associate are providing valuable research and data collection which should inform the writing of the next plan.

It does appear that CCSS could benefit from developing long-range sustainable strategies that involve and address all aspects of CEV – prevention, early intervention, treatment, service integration. In addition, the plan should utilize the work of the local evaluator and the updated community assessment to further focus their strategies.

Evaluation Plan

Chatham has developed a broad evaluation strategy. In addition to looking at child family level outcomes, a researcher will be assessing how well CCSS has increased inter-agency collaboration and integration to effect long-term systems change. They were relying on data from the Roper Starch survey to inform a major component of their plan; this will now have to be redesigned.

Recommendations

- Integrate long-range strategies for encouraging collaborative partners to embrace intra-agency change related to CEV.
- Better utilize local evaluation and research to inform strategy development.
- Involve a wide and representative body in the development of the plan, including consumers, the CCPC Board and those partners who have previously been detached.
- Align IP with SP, and clarify the target area for CCSS – is it county-wide or Siler City only.

Systems Reform and Sustainability

CCSS has primarily focused their attention on service delivery rather than systems. This focus is shifting however, as CCSS is now looking at moving towards embracing systems partners. For example, the Executive Director of CCPC has begun attending a workgroup designed to explore the "Greenbook" initiative and discuss its recommendations and its applicability to Chatham County. The hope is to update existing protocols as well as to "strengthen and further integrate CPS and DV systems."

CCSS does have the support of many systems partners, including the police, mental health providers, public health, and other agencies. DSS is involved in referring cases to service providers, but there appears to be some confusion over the role of DSS within CCSS. This is one area that needs to be resolved, both to ensure that services are being provided, and that CCSS is not receiving unnecessary referrals. DSS and CCSS need to integrate and operationalize CCSS's vision and protocols regarding CEV, DV and child protection issues and not solely rely on CCSS's ability to fill in gaps that may currently exist.

The courts are not involved with CCSS to date, but this is an area where staff has asked for assistance. An immediate priority will be linking CCSS with NCJFCJ to begin discussions around provision of TA for a variety of outcomes. This effort would be enhanced with the addition of a courts representative on the CCPC Board and the CCSS collaborative body – the P&E subcommittee.

Again, while collaboration appears strong, encouraging their collaborative partners to embrace the CCSS vision and make internal changes in how they operate is crucial to their systems reform goal. Although there is significant representation of systems on CCPC's Board, CCSS does not have a strategy for policy changes that are county or statewide. Given the other statewide initiatives that exist within North Carolina, there should be some opportunity for sustainability strategies.

A CCSS partner, Trish Kohl, is conducting a significant research project to assess the work of the CCSS collaborative, and determine how it has increased positive outcomes or made significant changes in the response to CEV. This entails interviews with collaborative and community members, and the collection of outcome data. The feedback and results of this project to CCSS staff and collaborative members has the potential to enhance their work and assist in developing strategies for strengthening the collaborative.

Recommendations

- Add a court representative to the CCSS collaborative and the CCPC Board.
- Connect CCSS to NCJFCJ for assistance on identifying a lead Judge, perhaps peer-to-peer mentoring would be beneficial. NCJFCJ can provide additional information on "Greenbook" as well.
- Consultation around DSS and status of their relationship.
- Development of long-term strategies for systems change and sustainability.

Service Integration & Delivery

CCSS has developed a CEV Identification and Referral process, which includes a Safe Start service referral handbook. Their belief is that "there are no wrong doors" through which a child exposed to violence may enter. Thus, CCSS provides training to service providers, CPS, community members, teachers, religious groups, etc. to identify children who may have been exposed to violence. Once a child or family is referred, they need to be screened by qualified professionals. Clients are screened by both CCSS staff and

other service providers. When clients are monolingual, translation services are available. Based on the screening and assessment, a determination is made by the Services Coordinator and Case Management team whether to provide services, and where to send the referral. CCSS has funded approximately five agencies that provide direct services to CCSS referrals. Direct Service Providers (DSP's) also serve on the Case Management Team and collaboratively review cases. There is some concern whether DSP's are receiving equal numbers of referrals, and it is necessary to determine the reason for such disparity in numbers.

There is some concern about the relationship of CPS with other CMT members, and there may exist a need for role clarification and perception of CPS. In addition, CCSS may benefit from defining further their notion of what constitutes not only violence, but also trauma, and the CPS protocol in response to various situations.

Currently CCSS is in the process of hiring a First Responder to be housed in the Sheriff's office. This person will work with law enforcement and served as an immediate resource if a child has been exposed to violence, and will screen and refer the child to CCSS. It is unclear whether there will be two First Responder positions or one, and it will be critical for the Sheriff's department and police to be on board for this to be successful.

Recommendations

- Determine reasons for disparity in referral numbers.
- Provide advice on staff development and relationship building for CPS and DSP's.
- Further define protocols for sharing of information during CMT meetings.
- Arrange peer-to-peer sharing with law enforcement on the importance of including First Responder – Spokane or Rochester could be beneficial.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

CCSS has created several strategies for increasing awareness, although most of these efforts involve training. They are currently seeking information on marketing and public awareness campaigns, and hope to develop a plan that will not only educate the community, but provide opportunities for sustained funding. A major component of CCSS is the Community Family Allies (CFA) program, which intends to proffer the community with resident resources (neighborhood leaders) able to provide assistance and information to families. This is a significant community building approach designed to grow and develop community capacity and make citizens aware of the impact of violence, and the ways to prevent violent activity.

Training and Outreach on CEV

A strength of CCSS is their emphasis on training and the variety of trainings they have conducted to date. CCSS has provided training to child-care providers, religious

institutions, education providers, and other groups, on an on-going basis. In addition, CCSS's participation on other collaborative groups allows for continual education and information sharing. The Community Outreach worker is planning to develop a training module for use with men who are potential batterers. While the education and training provided by CCSS is important, in the long-term it will be critical that this increase in information results in lasting changes within the agencies and organizations that receive it. Through the CFA's, CCSS plans to train the *Allies* so they can serve as a resource and conduct education and outreach activities to others in their neighborhoods. In addition, CCSS may want to consider educating parents and other consumers in the community who are not already in the system, as a form of prevention. One major concern regarding the selection of CFA's is the lack of a screening process before people are accepted as *Allies*. This could lead to potential problems, including recruiting child-molesters or abusers as CFA.

Another strong element of the CCSS is the cultural/bi-lingual capacity of the staff, as well as their knowledge and direct experience with community organizing and citizen engagement.

Early Intervention and Treatment of CEV

CCSS has developed a system to identify, assess, refer and treat children exposed to violence. Approximately five providers are funded by CCSS or have signed agreements to treat children and their families. It is unclear whether services also target the families of these children.

Preventing the Violence that Children are Exposed to

CCSS is focusing effort on decreasing violence. Through participation in community outreach activities, and spreading awareness, community members are becoming more familiar with the impact of violence or exposure on children. The Community Family Allies program, while intended to be a support for neighborhood residents, also has the potential to play a role in changing means used to decrease violent behavior. As the program develops, and more *Allies* are recruited, trained, and are visible within their neighborhoods, they will be seen as a resource. This can provide a mechanism for families hesitant to enter the "system" to seek out advice before things get out of hand.

Recommendations

- Provide CCSS with public awareness campaign models, particularly from Rochester and Chicago.
- Include prevention training for community members.
- Build capacity of CFA's to meet potential needs of neighbors.
- Identify or develop a screening mechanism for CFA's.
- Develop protocol/SOP for a safety/risk plan to protect CFA's.

Review of T&TA Plan

The plan outlines the training for a variety of audiences, including the CCPC P&E committee, CFA, faith leaders, and direct service providers. The plan also outlines needs

for continuing consultation on a variety of issues. It is unclear whether the majority of TTA activities outlined in this plan are to be undertaken by CCSS or by outside providers. Some activities appear to be directed towards building the capacity of the collaborative partners, while others appear to provide staff support.

Chicago, IL

Overview

Chicago is the largest city participating in the national Safe Start Initiative. This provides both opportunity and challenges, particularly in implementing a citywide systems-based approach to CEV. Chicago Safe Start (CSS) is housed at the Chicago Department of Public Health. CSS is beginning by implementing services at two mental health agencies in two police districts, which encompass two major community areas located in the South and West sides of Chicago: Englewood and Roseland/Pullman.

Mission/Vision/Goals

Vision: Children who are at risk of or who have been exposed to violence are supported by caregivers, families and communities to ameliorate the effects of such exposure.

Caregivers, families, system and community service providers are aware of the impact of exposure to violence on young children, know the signs and symptoms, and how to help or get help. A full continuum of coordinated services is available at the community level to address the range of needs that children and families may have. The government and private sector institutions and systems that interact with children recognize their role in serving children exposed to violence and collaborate with other organizations to provide a seamless system of care.

Goals:

Goal 1: Children who have been exposed to violence or are at risk of exposure will be identified by any organization (formal or informal) that interacts with or serves children.

Goal 2: Child-serving systems and service providers will implement a formalized and coordinated response for initial intervention and referral for children exposed to violence.

Goal 3: The intervention and treatment system will have sufficient capability and capacity to seamlessly serve children who have been exposed to violence and their families.

Goal 4: The issue of children's exposure to violence will be the subject of sustained attention and action by policy-makers.

Goal 5: Safe Start will partner with violence prevention and reduction initiatives to reduce overall exposure to violence for at-risk children.

Collaboration

Chicago Safe Start's collaborative, the Advisory Board, meets quarterly and is comprised of approximately thirty partners representing law enforcement, courts, community-based service providers, mayor's office, policy groups, consumers, PR/marketing, evaluation, schools, other city departments, etc. The Board Chair is a highly respected leader in local and state policy development and has been a champion for CSS since its inception. While the Advisory Board only meets quarterly, several workteams comprised of Advisory Board members, meet monthly. The workteams are Data & Evaluation, Public Awareness, Direct Service, Court Action, Training and Police Protocol and Technology.

Each workteam is chaired by either CSS staff or a member of the Advisory Board, which helps promote buy-in and maintains a level of engagement. In addition, CSS has partnered with the Illinois Violence Prevention Authority (IVPA), which funds the statewide initiative “Safe from the Start” in six Illinois areas. IVPA participates on the Advisory Board and the CSS marketing materials were adopted for use by Safe from the Start.

Advisory Board members appear to be very engaged and active. One concern has been maintaining this engagement, particularly among those partners who do not participate on the monthly workteams. However, given that most people have other responsibilities and competing priorities, attending more meetings could lead to burnout or decisions to step back in their roles. Both concerns are valid, and this should be monitored over time. The project director has expressed a desire to assess the current state of the collaborative, as well as how to maintain momentum, and increase intra-agency buy-in and continuation of support for CSS values.

The CSS Advisory Board does contain parent members, but representation from the communities (outside of those agencies receiving funding) and communities other than the two that CSS is currently focusing on would be beneficial.

Recommendations

- Identify strategies to better utilize collaborative partners and assess the current collaborative structure.
- Provide examples of MOU's/MOA's.
- Provide examples of governance/collaborative structures and provide strategic consultation focused on board development.
- Add representation to the Advisory Board from other communities, and non-CSS funded agencies within the two-targeted communities.

Management/Staffing

The Chicago Safe Start office is located at the Chicago Department of Public Health, and the project has the support of the Department. The CDPH funds other initiatives in the city and can be a solid resource for identifying funding and CSS can attempt to add CEV to public health goals.

There are currently three full time staff members, a Project Director, Implementation Coordinator, and Outreach Coordinator. All three are highly skilled. Additional staff support and contributions come from the Director of the Office of Violence Prevention, and an Administrative Assistant.

Many members of the collaborative have donated significant time and expertise to working with the Safe Start project.

Recommendations

- Examine relationship of CDPH staff to CSS – ensure their commitment and support.
- Provide adequate support and development opportunities for project staff.

- Provide strategic consultation around the feasibility of adding a support program support staff position.

Strategic Planning and Evaluation

CSS received comments from the OJJDP program manager on their revised strategic and implementation plans in December 2002. Members of the collaborative were an integral part of creating those plans, enhancing their buy-in to the project. CSS benefits from having many engaged members with expertise in policy development and long-range visioning. Many suggestions arose among collaborative members and CSS staff during the December 2002 site visit around potential linkages with other initiatives or funding streams, including VAWO, CDBG, and OMH. These should inform the implementation plan for the upcoming year. In anticipation of the next iteration of the strategic and implementation plans, CSS staff are surveying collaborative members about their satisfaction, and soliciting feedback on the progress of the project.

Evaluation Plan

Chicago intends to evaluate capacity building, process evaluation, identification and response, national evaluation, and the benefits of CSS outcome evaluation. Currently, CSSI is determining which assessment measure to use with regards to children and families.

Recommendations

- Better link and integrate the TA and implementation plans with the strategic plan.
- Better use the evaluation data to inform planning and influence policy and legislative change.

Systems Reform and Sustainability

CSS has support and participation from many systems partners. For example, the police in both of the CSS community areas have received “roll-call” trainings on CEV and carry referral cards on calls with them. They are currently making referrals to families with children who have been exposed to violence. The police have also received training on child development, impact of exposure and how to respond to children exposed to violence. However, while training has been received, CSS is currently not working with CD-CP.

Chicago is already a Model Court site, and the presiding judge’s representative has attended many of the recent collaborative meetings. NCL staff met with the court representative who is eager to work with NCJFCJ to garner more citywide support for Safe Start and issues of children’s exposure to violence. The court representative suggested using the “Table of Five” as a first step in building support within the court system, and the opportunity for judges in other locales to mentor Chicago judges. CSS staff expressed desire to train community agencies in addition to the funded providers, as well as educate community members. Increasing the base of qualified staff able to treat CEV and their families reinforces the need for community education and awareness so that the issue of CEV is integrated throughout the community.

Members of the Advisory Board and CSS staff are working to develop a legislative and policy agenda to influence both local and state policy. As several of the Board members either are employed by or otherwise engaged with city and state departments and organizations, their continued support is integral in garnering systems change regarding CEV issues. The Governor's office has appeared supportive of CSS goals and objectives, and has agreed to persuade state agency directors to adopt parts of the CSS legislative agenda. Potential linkages also exist with the Urban Systems of Care and OMH Children's Services office. CSS has linked with other initiatives, including "Safe from the Start." The recent receipt of CDBG award provides a significant amount of funding for family violence, but there is no explicit mandate for children's services, which would be beneficial to CSS. The same is true with VAWO funds, which do not mandate funds for children's services. CSS may work to expand the language to include CEV and mental health services for children exposed to violence.

CSS eventually plans to move from the initial targeted communities to a citywide approach. While their public awareness campaign should help to enhance knowledge, more strategies should be developed on how to promote CSS and the issue of CEV. Continuing to build relationships with systems partners that have a city rather than a community focus, and encouraging them to change their internal practices is a solid first step towards this effort.

Recommendations

- Use fiscal and policy analyses to develop strategies, goals and objectives in the plans.
- Develop MOU's with systems partners and encourage intra-agency change.
- Follow up and maintain momentum to further build relationships.
- Research additional links with other initiatives.
- Continue development and implementation of policy and legislative agenda.
- Provide information on police-mental health partnerships.

Service Integration and Delivery

Chicago is focusing on both incident and symptoms based responses for services. CSS is funding two mental health providers, one in Englewood and one in Pullman/Roseland - Family Focus and Metropolitan Family Services (MFS). Each of the service providers has increased staff as a result of CSS funding and is prepared to take referrals and begin providing services. Both anticipate providing individual and family counseling, as well as family support groups, and serving approximately 100 clients annually. It remains to be seen how many referrals are provided and whether these two agencies will have the capacity to meet the demand. It will be important for ongoing training to support staff is provided. MFS has the advantage of working with Betsy McAllister Groves, and the "Shelter from the Storm" curriculum. MFS has already committed to training their internal staff on CEV, most work in communities outside of CSS's two targeted areas.

One goal of CSS is to continue training and educating other providers in the two communities so that families will have additional resources for services, all understand the issue of CEV and are prepared to respond.

Recommendations

- Continue staff development training on variety of issues. Both MFS and Family Focus conduct trainings that can be a valuable resource in training other community agencies.
- Need to provide training and technical assistance to other community and citywide service providers to grow capacity.
- Obtain information from other sites that operate or are developing CD-CP/social worker crisis-intervention services.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

CSS, through their public awareness committee, have developed a strong public awareness campaign based on substantial research, designed to “bring the kids back in focus.” The campaign takes an “organic” approach, meaning the process is for and about the communities they are targeting. The campaign focuses on both law enforcement and service providers. So far they have created palm cards for police officers, materials for a similar statewide initiative – “Safe From The Start”, and future plans include general literature, videos, and non-traditional methods, such as a music CD, that can be distributed to a variety of audiences. CSS is also benefiting from exposure it received during a two-part evening news series on Child Witness to Violence that aired on Channel 7.

Training and Outreach on CEV

CSS has formed a Training Collaborative to review, modify, and present trainings to a variety of audiences. After a substantial review of training modules, CSS is creating a module that they can use and adapt for different training purposes. Since the trainings will be provided to various audiences, it would be useful to have a single tool for evaluating training. CSS plans to provide ongoing training opportunities for service providers, professionals, domestic violence agencies, schools, community partners, etc. CSS would like to create two levels of training – one more basic level for community members, and one more intense level for providers. The court has included CSS and CEV as a part of their new hire orientation training.

Early Intervention and Treatment of CEV

CSS has funded two agencies to provide services (MFS and Family Focus), and referrals can come from a variety of sources, including the police. Screening, assessments, and treatment are provided at these agencies. Services include individual and family counseling, family support groups, and in-home visitation. In addition, a Help Line has been created to serve as a single point of contact for referring families to services.

Preventing the violence that children are exposed to

CSS is working with other statewide initiatives that are similarly focused. CSS is not currently focusing the bulk of their efforts on violence prevention.

Recommendations

- Obtain training materials and resources – what are best practices, other site successes, etc.
- Identify a training evaluation tool.
- Build and strengthen relationships with local universities, like the Erikson Institute to increase number of qualified interns and clinicians.
- Encourage resource sharing among partner agencies to grow capacity.
- Identify local resident expert(s) who can be an ongoing resource and provide training.
- Identify cultural competence training materials.
- Share their public awareness campaign materials with other sites.

Review of T&TA Plan

CSS's training and technical assistance plan and budget was reviewed by NCL during the December 2002 site visit. The current plan identified need in the following areas: Children's exposure to violence curricula; Court initiatives; Child welfare initiatives; Clinical intervention models, including screening and assessment protocols; Police-mental health partnerships. The plan will need to be expanded to include collaborative capacity and efforts that help strengthen the initiative.

Pinellas Co., FL

Overview

Pinellas County is located on a peninsula on the mid-Gulf coast of Florida just west of Tampa. St. Petersburg and Clearwater are the largest cities and Pinellas Park is the county seat. Pinellas Safe Start (PSS), is operated by the (JWB) Juvenile Welfare Board of Pinellas County, Florida (a quasi-public body with independent taxing authority), that is the OJJDP grantee and fiscal agent. Thus, JWB is a unified grantee/lead agency/prime contractor and has a board with a majority of its members appointed by the Governor. JWB doesn't directly operate programs but contracts everything out (an estimated \$30 million annually) including (now) most PSS activities.

Major contracts include the five-agency consortium known as the Safe Start Partnership Center (SSPC) to provide training, outreach, and services; the local evaluator; and a number of smaller contracts to provide research, information and specialized services.

Mission/Vision/Goals

Mission: Pinellas Safe Start seeks to prevent and reduce the impact of violence on young children and their families by enhancing and integrating the supports and services offered by community providers, agencies, and institutions by creating a community culture of keeping children valued, cared for, and safe.

Goals: The PSS strategic and implementation plans outline 9 objectives arranged under 2 goals.

Goal 1: Enhance and integrate supports and services offered by community providers, agencies, and institutions in order to provide a timely and appropriate response to children exposed to violence (CEV) and their families.

Goal 2: Create a community culture of keeping children valued, cared for, and safe.

Collaboration

The Safe Start Leadership Council (SSLC) serves as the collaborative governing body for PSS. Composed mostly of public agencies, there were twenty agencies in the planning phase, but are now only nine to twelve. SSLC only meets quarterly but is organized into committees that meet more frequently (e.g. Community Education and Involvement, Interagency Training Council). At this time, it is basically an interagency, and intersystem, forum and their decision rule is consensus. It's not clear whether they are only advisory to JWB or whether, on Safe Start issues, they have the final word.

PSS has created a Safe Start Partnership Center: "a collaborative service partnership to implement a central point of access to services, information, and other resources for children and families impacted by violence". A contract for \$275k was signed with a five-agency consortium in mid-2002. They not only deliver services, but also provide training (\$20k) and are developing a public awareness campaign. PSS sees this as a "little laboratory for doing things differently". Given JWB's extensive network of funded agencies in Pinellas County (more than 100 contracts in more than 80 agencies and

organizations), PSS is well-positioned to take advantage of linkages with other community collaboratives and partnerships.

Recommendations

- Move the SSLC toward a broader membership and a more collaborative role.
- Increase frequency of collaborative meetings to monthly.
- Clarify what it means to have an inclusive, active and involved collaborative, with community citizens and consumers, not just agency members.

Management/Staffing

PSS has the advantage of being located in a well-staffed and supportive agency. The fact that JWB does not directly deliver services is a two-edged sword, but it does require them to undertake a more collaborative approach. But now that the SSPC is underway, the task becomes more than just overseeing the work of the PSS in-house staff.

PSS is well served by a small hard-working staff working in a well-resourced agency with a good reputation in the community and among key stakeholders. They have a full-time, three person staff to manage the program and its contracts and two other JWB staff play a significant, but part-time and in-kind role in the project. These in-house staff members are supplemented by PSS-supported staff in the SSPC, local evaluator (who is currently being replaced), and other contracts.

The sheer numbers of contracts, large and small, will be a critical challenge (even for an experienced and capable agency like JWB) as the PSS projects increase and deepen their operations. This puts the in-house PSS staff in much more of a contract manager role than they had been playing, but does allow them to focus more on the collaborative and systems change aspects of the initiative.

Recommendations

- Provide advice and guidance on clarifying the boundaries of the PSS oversight (JWB), governance (SSLC), and contract management (SSPC) mechanisms.

Strategic Planning and Evaluation

Building on the strong capacity and experience of JWB, PSS uses contractors and in-house staff members to generate the assessment and prepare the plans, with SSLC approval, and manage the local evaluation contract.

Their Phase III community assessment revision submitted in August of last year was very professional and indicated extensive effort. But it appeared to be staff-driven and consultant-prepared, with little involvement by collaborative partners. Because education, outreach, and other services will eventually be targeted in four neighborhoods, they have done and updated neighborhood analyses.

Their long-range revised Strategic plan represents a nice blend of activities and describes the initiative as an opportunity to pilot projects in targeted neighborhoods before they are implemented countywide in a large metro area. PSS may want to consider

rearranging the plan including a few more goals (more than the current two) and move some of the objectives, presently in goal one (now six) into the new goals.

This is a critical year for PSS as they move from a planning and training mode with much of the work done by project staff and consultants to an implementation, outreach, and service delivery mode with key work done by major contractors. This has serious ramifications for staff roles and responsibilities, not to mention those of the collaborative (SSLC). The plan could be more clear with regards to roles and responsibilities (which staff member or contractor and what SSLC committee or work group) is responsible for doing or overseeing each objective and action step.

Evaluation Plan

Even though JWB has a strong research and evaluation division, they contract out most project evaluations. During the November site visit, PSS was trying to resolve several issues between the local evaluator, PSS and JWB staff. That has since been resolved by changing local evaluators. As the SSPC has moved into implementation, there have been a number of challenges in reconciling program design with evaluation design.

Recommendations

- Provide strategic consulting to help PSS simplify and better articulate the community assessment with the strategic and implementation plans (and the T&TA plan and budget with the latter).
- Resolve the local evaluation design and contract issues.
- Provide assistance to help PSS better articulate the research resulting in revised community assessments with the planning process involved in producing the strategic, implementation, local evaluation, and T&TA plans.
- Provide advice on best practices/systems for data management (tracking, reporting, and follow-up).
- Advise and provide guidance on more effective engagement strategies involving the SSLC in developing and deciding on goals, strategies, and key activities in the two plans.

Systems Reform and Sustainability

Making the connection between the policy analysis in the Community Assessment and actual changes in policy resulting in systems change arises out of PSS's desire to "use evaluation results and community assessment information to develop advocacy positions that promote safety and well-being of young children." Coordination between the domestic violence and child protection systems has been an early priority. As PSS gets off the ground, the PSS staff and the SSLC partners will now need to shift their focus to systems change issues.

One of the strengths that JWB brings is being a major local grant maker with taxing authority. This means that a successful Safe Start initiative will have a leg up when it comes to long-term sustainability. The flip side is that its quasi-public nature requires rigorous evaluation and results-based accountability.

The SSLC has a 'Funding/RFP' committee that deals with the fiscal analysis, and they have been active both in locating new sources and distributing existing resources, but these efforts will have to accelerate now, especially since Safe Start funding to PSS will begin decreasing in Year 4. Evaluation results will be critical to this effort as the other PSS projects develop momentum

Recommendations

- Provide technical assistance to PSS as they convert the fiscal and policy analyses into strategies for change.
- Connect PSS with the Safe Start liaison staff member at NCJFCJ to discuss possible T&TA around court reform issues at the Unified Family Court, especially related to "Greenbook" issues.

Service Integration and Delivery

The programming of the SSPC will be the test bed for innovation around both program and service integration. There are five partner agencies, each deal with a different but related aspect of information and services:

- Help-a-Child : (lead agency) provide staff training and brief intervention services
- Center Against Spouse Abuse: provide outreach and follow-up services
- Haven of Religious Community Services: provide services
- 2-1-1 Tampa Bay Cares: operate a hotline and referral service; maintain PSS website
- Pinellas Co. Health Dept.: community assessments & involvement in four target neighborhoods and outreach to Healthy Start and Healthy Families participants.

PSS felt that the consortium approach was the best way to ensure that services were better integrated than if they administered five separate contracts. A key area for assessment should be the extent to which these partners change their own policies and practice, and how well they interconnect, coordinate and collaborate.

This approach is based on aggregating diverse services into a coordinated whole and compensates for JWB's mission to contract out service delivery, rather than being a direct provider. Starting with two neighborhoods, then adding two more is their approach to piloting that will lead to incorporating lessons learned before they move countywide. Due to the diversity in the targeted neighborhoods, they are beginning work on addressing issues around cultural competence and working with grassroots organizations.

Recommendations

- Provide information on models of integrated service delivery in different environments serving young children and their families.
- Provide advice and guidance on shaping the cultural competence of the SSPC partners and the other agencies with whom they work.
- Provide strategic consulting specifically addressing information sharing, tracking and coordination of services among service delivery contractors.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

PSS is beginning to transition the training, education, and outreach functions from the PSS staff at JWB to the staff of the five member agencies of the SSPC. To get at community impact of CEV, PCSS intends to implement a continuous quality improvement system supported by a shared information system for effective service coordination, tracking of results, and program development decisions. A just-completed "Social Marketing Study" will provide the basis of a public awareness campaign scheduled to begin in Year 3.

Training and Outreach on CEV

They have done outstanding work in this area in Years 2 and 3, primarily with first responders and other front-line workers. They eventually need to move beyond training service providers and also target all those dealing with young children, especially their families and other caregivers.

Early Intervention and Treatment of CEV

Because PSS had just funded the five-agency consortium called the SSPC, services were just getting underway during the Fall 2002. In Year 3 they will target services in 1-2 neighborhoods and then add other target neighborhoods in later years. They are still working out relationships with the CD/CP project in Clearwater.

Preventing the Violence that Children are Exposed to

The groundwork is now beginning with Goal 2 - changing the community culture. Its emphasis is on targeted neighborhoods will be crucial in the violence prevention work of later years. Even if great work and results flow from attention to the first three strategies above, if nothing is achieved on violence prevention, CEV will never be reduced over the long haul.

Recommendations

- Broker assistance in developing indicators and performance measures for short-term interventions.
- Ensure that the strategies and goals are balanced across the types of Safe Start projects and over the multi-year life of the demonstration-and where there is need provide strategic consultation to assist PSS in making the connection.
- Provide "information on evidence-based, best practices for working with CEV" including standards of care and procedure, developmentally appropriate practices, and treatment.

Review of T&TA Plan

As included in their Year 3 Implementation Plan, PSS arranged its needs and resources by local and national sources, and by whether the audience or target was a point-of-service provider, systems change, or community change (cf. Section O: five pages). By adding specifics relating these items to the PSS goals and objectives, tying in proposed budget amounts, and expanding on the potential providers, a good model would be created for

other sites to utilize. Pinellas will need to clarify when contracted services are simply ways of getting 'staff' work accomplished and when they constitute 'capacity building'

Rochester, NY

Overview

Located between Buffalo and Syracuse just south of Lake Ontario, Rochester is the county seat of Monroe County, New York. Rochester Safe Start (RSS) is operated by a non-profit agency, the Children's Institute (CI), under a prime contract from the Monroe County Health Department (MCHD), the OJJDP grantee.

CI has major subcontracts with Rochester Police Department and the Society for Protection and Care of Children (SPCC) for a police/mental health project and with Mt. Hope Family Center for a CEV 'intensive therapeutic intervention' project. Other projects are operated in-house using staff (local evaluation), consultants (Early Childhood Mentor project) and small contracts (public awareness campaign, training, and CEV court case review).

Mission/Vision/Goals

Vision: Rochester Safe Start will be a national model of collaboration among the public and private sectors that identify and provide services to children through age six and their families who are at risk of, or have been exposed to violence. Our multifaceted approach will include systems and policy change, direct service, changing community norms, and increasing safety in neighborhoods, childcare settings, schools and homes. Our child-focused approach will be based in family strengths and will be outcome driven.

Goals: They have developed 23 strategies and outcomes arranged under five goals:

Goal 1: Increase system efficiency and humane response to children exposed to violence.

Goal 2: Directly impact the impact of violence on young children and their families (actual services, not referrals).

Goal 3: Change community norms about exposure of children to violence.

Goal 4: Building on existing partnerships, develop the Safe Start Collaborative to carry out strategic planning, evaluation, technical assistance, and service delivery.

Goal 5: Strengthen community capacity through evaluation and technical assistance.

Collaboration

The Rochester Safe Start Collaborative Council is the principal vehicle for project oversight and consultation. Chaired by the Director of the grantee agency, MCHD, and the Council meet every one to two months. It has representation from most of the key agencies that need to be involved, but is more an interagency forum than a community collaborative involving more than key agencies and institutions. Ad hoc 'design teams' appear to be the principal means of involving key partners in Safe Start work.

The three current major projects of RSS all involve inter-agency collaboration, including subcontracting with partnerships or consortia of agencies bringing different skills and constituencies to the table. This funding-based incentive for collaboration will be tested over time to determine its effectiveness in bringing about systems change.

Objective 1.5 calls for coordinating with and influencing related initiatives in order to ensure that children's needs are taken into account and objective 1.6 calls for coordinating with and influencing related coalitions in order to build change. These two strategies are key to building on the assets of a collaborative-rich, reform-minded community like Rochester.

Recommendations

- Provide advice on how to transition the Collaborative Council beyond an interagency forum to a broader-based community collaborative, including adding representatives like parents and community members.

Management/Staffing

Oversight by their grantee agency (MCHD) seems to be working smoothly. MCHD's Director also chairs the Collaborative Council. They have made the Children's Institute the lead agency. RSS is a key effort within CI and gets top-level attention and support. The part-time RSS director is a senior staff member at CI. The RSS project coordinator is an MCHD employee outplaced at CI.

The Children's Institute is a great home for the project given its other projects, its reputation in the community, and its in-house capacity for planning, evaluation, fiscal management, and program operations. Project staff members are co-located, helping greatly with coordination and communication.

Given their history and capacity, contract management does not appear to be a problem. RSS' tasks are well apportioned among staff internally and other CI staff members seem to provide lots of undocumented in-kind services. Their reports and meeting minutes are models of clarity, conciseness, and usefulness.

Strategic Planning

The articulation between their Community Assessment, Year 3 Revised Strategic Plan, and Year 3 Implementation Plan and Budget is quite good. The RSS community assessment provides a thorough basis for making the decisions around priority needs and concerns that become the basis for the strategies and issues addressed in their two plans. It also reflects the richness of information available in a university community like Rochester, but filtered through a knowledgeable staff at the lead agency.

The five RSS goals and 23 subsidiary strategies and outcomes in their Strategic Plan for Phase III are clearly summarized in chart form and expanded in narrative form, making them easier to explain, track, and evaluate. Their chart format also allows for assignments of strategies and tasks to staff, contractors and key collaborative bodies. The plan is more usable by everyone concerned because it is concise, well-organized, and logical.

Evaluation Plan

The relationship between the local evaluator with the program staff is quite close, given that they work for the same organization in the same building. This portends well for

give-and-take on program and evaluation design as evaluation shapes program, and vice versa, on a continuing basis. The Local Evaluation Plan envisions producing publishable results, especially as they measure the impact of the public awareness campaign and the ECM project.

Recommendations

- Advice and guidance on how to involve families served, those serving young children, and front-line project staff in the planning and revision process in future years.

Systems Reform and Sustainability

The first of the RSS strategic plan goals and several of its outcomes/strategies are focused on systems change. Implementing the University of Buffalo case review recommendations will be a good pilot for how to move from analysis to action resulting in systems change. A court design team is now getting started on increasing the ability of courts to respond to CEV. A focus on the two family courts dealing with domestic violence cases appears to be more of a priority than developing a 'model court' for dependency cases. While they had planned to work on increasing the ability of the substance abuse system to respond to CEV, they have postponed efforts there until they get these other efforts underway.

The first strategy in Objective 4.5 calls for updating the fiscal analysis, but the systems change objectives are not clear on what will be done with this information to generate new sources of funding for education and services, or how existing funding streams might be reallocated. Since the beginning of the initiative, the fiscal situation has gotten much worse as the economy has weakened and public sector budgets have drastically tightened.

Other key strategies in objective 4.5 deal with sustainability, but move action into years 4 and 5 except for identifying "at least five grant opportunities" in mid-Year 3. More attention now needs to be paid to these concerns.

Recommendations

- Court reform T&TA tailored to the needs of the Family Court and the Integrated Domestic Violence Court (rather than dependency court reform).
- Fiscal advice on using Medicaid funding for services reimbursement and long-term sustainability.

Service Integration and Delivery

The second of RSS's strategic goals deals with services to CEV and focuses on where, when, and how they are delivered. Three of these are now operational. One adapts an existing program and two are new with Safe Start.

- An intensive mental health services program operated by a consortium headed by Mt. Hope Family Center, targeting 100 young children in foster care or referred by early childhood centers, is based on enhancing an existing effort.

- SAFE Kids is a police/mental health model of crisis intervention operated by RPD's FACIT and SPCC social workers and initially targets the Maple Section of Rochester. Weekly case conferences maintain their momentum.
- Under the Early Childhood Mentors (ECM) project, five mentors and a supervisor are beginning work with teachers in Rochester's highly regarded early child development system to sensitize, train, and equip them to deal with CEV and make referrals.

Two other planned projects are still in the development stage: one focused on domestic violence agencies and the other developing court-related services for CEV. RSS has decided to target certain segments of young children - those in crisis situations, in early childhood centers, in foster care, and in families involved in court proceedings. Given the large area to be served, they have decided to focus on Rochester in general and the Maple Section specifically.

Recommendations

- Provide strategic consultation and guidance on integrating services for young CEV and their families.
- Broker multi-disciplinary team building TA to support case conference review sessions.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

Goal five on changing community norms is the focal point of their activities in this arena. Awareness of CEV incidence and its impact is a real strength, as their community assessment revisions on local CEV incidence and outstanding public awareness campaign (*The Shadow of Violence*) would evidence.

Training and Outreach on CEV

The Training Design Team organized under objective 1.1 has become the focal point for guiding their 'train the trainer' approach. Although they have been doing a good job in staff training (including a two day train-the-trainers workshop based on *Shelter from the Storm* in 11/02), their efforts dealing with prevention and shielding children from exposure to violence need to be enhanced, especially those directed at parents and informal caregivers. The Early Childhood Mentors project just getting underway will provide a good transition to this audience.

Early Intervention and Treatment of CEV

The five objectives under goal two focus on actual services to CEV. Providing CEV with services and treatment is a principal focus of the SAFE Kids consortium project for CEV crisis intervention, as is their relationship with the Mt. Hope Family Center consortium for intensive child mental health services. Still to be developed are their court-related services for CEV. The SAFE Kids consortium has developed another variation on the CD/CP model that other sites planning a similar project should examine.

Preventing the Violence that Children are Exposed to

Community efforts to decrease the violence to which children might be exposed remains an area to be developed. Relationships that are being developed in the Maple Section and other target neighborhoods will lay the foundation for this work in later years.

Recommendations

- Locate consultants with expertise in infant mental health to help develop court-related services.
- Share with other sites their outstanding CEV public awareness media campaign they developed in conjunction with local Ad Council (both process & content)
- Enabling cross-site sharing among those sites that operate or are developing CD/CP type police/social worker crisis intervention services. Spokane would provide beneficial peer-to-peer TA.
- Identify and broker TA around community violence intervention and prevention strategies.

Review of T&TA Plan

Although not as well developed as they will be, RSS's Phase III Plans included a T&TA Plan and budget, arranged by goal and outcome/strategy, and showing both local and national sources. RSS has made good use of outside T&TA in the past.

Their T&TA budget seems to strike a good balance between training and technical assistance and appears to be appropriate for capacity building.

San Francisco, CA

Overview

San Francisco is located on the West Coast of California and has a relatively diverse population. San Francisco Safe Start is housed at the Department of Children, Youth and Families. SFSS has chosen to focus services in five community areas, and are currently providing services in three, with the three service providers each working with a different population- African-American, Asian Pacific Islander, and Latino/a.

Mission/Vision/Goals

Mission: To reduce the incidence and impact of exposure to violence on young children ages 0-6.

Vision: All San Francisco children ages 0-6 will live and thrive in safe, supportive environments with their caregivers. The people who care for them and touch their lives will understand the impact of violence on young children. Systems (including the courts, social services, police, legal, medical, mental health, spiritual, and educational systems) will respond in a culturally appropriate and compassionate way to children and their caregivers. Children will live, play, and learn in environments where violence is not tolerated.

Goals:

Goal 1 – Parent Leadership: The parents of children ages 0-6, consumers, childcare providers and targeted neighborhoods will be engaged in all phases of SafeStart implementation and evaluation activities.

Goal 2 – Service Enhancement: Increase service providers' capacity to serve and work with children and families exposed to violence.

Goal 3 – Service Integration: Increase the system's capacity to work as an integrated system of care for children and families exposed to violence.

Goal 4 – Service Expansion: Expand the availability of services for children and families exposed to violence.

Goal 5 – Linkage: Link Safe Start strategies with other initiatives in San Francisco that seek to address and respond to the needs of children and families exposed to violence.

Collaboration

The SF Safe Start collaborative body is the Advisory Council, (SFAC) with a core team of decision-making members that serve as the Steering Committee. The SFAC is chaired by the presiding judge of the Unified Family Court. Most system sectors participate in the council, including the Department of Human Services, Superior Court, Department of Public Health, Police Department, City Attorney's office, Department on Status of Women, School District, etc. In addition, SFSS funded and non-funded service providers, members of the DV community, batterers programs, other service providers, university partners, and consumers sit on the Council. The SFAC has been meeting monthly, but will begin meeting bi-monthly after January. There are two committees comprised of

Council members in addition to the Steering Committee, the Service Delivery Team and Evaluation Committee, both of which meet monthly.

The Steering Committee, also meets monthly, is comprised of nine members, one of which receives funding from SFSS. Their role has been to work with the project director to write and review policies and to ensure project sustainability. The SFAC members vote on items that have passed through the Steering Committee. When work is done in this small body and presented to the larger Council several things are evident – that most members don't have input and they are not able, or do not choose to debate an issue. This can lead to the project director appearing to be the one moving things forward. As a result of this dynamic, SFSS intends to have a retreat with collaborative members in May 2003 to address levels of engagement, shared decision-making, collaboration concerns and to outline strategies for the strategic plan revision process.

Since SFSS is housed at DCYF, a state agency, SFSS meetings fall under the Sunshine Laws, which guarantee public access to meetings when "a quorum of a multimember group meets to discuss public business." Agendas and meeting minutes must be publicly posted. Comments were made concerning the Sunshine Laws' limiting the involvement, level of participation and input of SFAC members because their comments would become public record.

There is some concern on the part of the project director regarding the relationship with the DV community. A meeting was held with members of the DV community to discuss challenges and agendas and another meeting is planned with the batterer's intervention groups. Despite both San Francisco's history of feminism and a strong DV community, and the dissent among members of the DV community, it appears there is room to move within this environment. SFSS has allies that support the project and who can be nurtured to become stronger partners as the project moves forward.

SFSS project staff are located at the Department of Children Youth and Families (DCYF). The Deputy Director participates on the Advisory Council and serves as a resource to the SFSS staff.

Recommendations

- Provide information on collaborative assessment tools and techniques for building collaboration.
- Provide guidance and strategic consultation on identifying additional leadership among collaborative members.
- Grow and develop the governance structure in order to foster ownership and consensus among SFAC members.
- Provide information on developing a family focused practice and cultural competence trainings and strategies.
- Provide recommendations for a consultant to facilitate their May 2003 retreat.

Management/Staffing

Safe Start is based at the San Francisco Department of Children, Youth and Families. In addition to the PD, Safe Start staff includes an Outreach and Training Coordinator, and a Project Assistant. The Director and Deputy Director of DCYF appear supportive of Safe Start, and the Deputy Director attends the collaborative and steering committee meetings. Currently the project director appears to shoulder most of the ownership and responsibility, but he seems to be looking to increase the role the collaborative plays.

Recommendations

- Provide staff development and consultation around management and collaboration issues.
- Provide information and strategic consultation on leadership development, managing conflict, developing leadership among partners, sustaining a governance structure.

Strategic Planning and Evaluation

SFSS received comments on their strategic and implementation plan in December, and recently submitted their fiscal and policy analysis. The project director wants to engage the collaborative in review of the current plans, and with identifying new and enhanced strategies for the upcoming year's iteration of the plans. In particular, now that implementation is under way, the Council will have an opportunity to voice their concerns and suggestions for strengthening the initiative for the years ahead. A one day retreat will be held in May 2003 for the Council, and the intent is that the day will not only re-energize members, but that concrete strategies for the plan will be produced.

Evaluation Plan

San Francisco intends to conduct both an outcome and process evaluation.

They have made significant progress in training service providers to collect data, and have hired a part-time retired police officer to review case files to collect data on children exposed to violence. They are examining outcomes that range from changing parent behavior, community tolerance of violence to administrative and legislative policy change.

Recommendations

- Integrate strategies from fiscal/policy analysis and community assessment into strategic and implementation plan.
- Ensure that the TA plan relates back to the implementation and strategic plans

Systems Reform and Sustainability

The focus of the past year has been on implementing services outlined in the plan, and less on broader systems change efforts. They have been attempting to build partnerships in most areas, including strengthening the SFAC by integrating presentations by members during Council meeting. At the January 2003 meeting, a presentation by a law enforcement Lieutenant, outlining their procedures provided the Council with a comprehensive picture of their work.

San Francisco has attempted to integrate service coordination with the three community areas they work in, and have had good involvement from the police. However, police community relations, continues to be an area needing further development. Many SFSS partner agencies have signed MOU's/MOA's and are in the process of developing inter-agency protocols. In addition, SFSS has developed many policies which are being submitted to the collaborative for approval.

San Francisco just won another federal grant for a collaborative on Children's Systems of Care, and the SFSS project director is involved with this initiative. In addition, SFSS staff participate on a variety of other collaboratives and initiatives within San Francisco. One benefit and challenge within San Francisco is its relatively small size, and many of the same individuals serve on these multiple collaboratives. This has the potential for many good things, but it also leaves out a large number of voices, (particularly community or grassroots voices) and has implications for the resulting success of any initiative.

SFSS is currently planning to focus solely on the five communities identified in their Strategic Plan. While these areas were determined to be those most in need based on the community assessment, the City and County of San Francisco are relatively small. All of the systems partners at the table represent the whole city and not the targeted communities. With these partners, SFSS has the potential to develop a strategy for providing services and training citywide so that they are able to truly fulfill their project vision statement.

Recommendations

- Ensure that collaborative members are involved in the writing of policies.
- SFSS could benefit from continued work with other major initiatives in San Francisco.
- Provide strategic consultation relating the policy analysis to broader legislative and policy issues where SFAC might include within the SFSS strategic plan/agenda.
- Include additional, often marginalized voices in the process, including grass-roots groups, and consumer members from areas outside targeted neighborhoods.
- Develop a plan for integrating services outside of the five target communities.
- SFSS would benefit from embracing the *Theory of Change* as it relates to San Francisco's current "business as usual" mentality towards service integration, systems reform, law enforcement participation, and the public trust.

Service Integration and Delivery

SFSS is currently providing funding to three Family Resource Centers (FRC's), one in each of three distinct neighborhoods – Bayview/Hunters Point (primarily African-Americans), Chinatown (primarily Asians and Pacific Islanders, and serves families citywide), and Mission (primarily Latino/as). Two additional neighborhoods – Western Addition and Visitacion Valley are targeted to begin providing services later this year. The three FRC's are using SFSS funds to enhance services and all have hired Family Advocates to work with women and families that have been identified as Safe Start clients. Each FRC will now have the capacity to serve approximately twenty families annually. Referrals for

services can come through a variety of sources. The SFSS support line takes calls and screens for Safe Start eligibility. Police can call or refer to the support line, clients can come to one of the three FRC's on their own, and the court can refer families to the FRC's. The Court has, with the financial support of SFSS, funded a part-time Family Resources Coordinator who works within the court system to track cases, make referrals for services, and determine if a family is in more than one court simultaneously.

Each month, the Service Delivery Team meets twice – once in an open meeting and once in a closed meeting in which they discuss specific cases. This provides an opportunity to address specific issues and promotes a sharing of information.

Recommendations

- Ensure that agencies, both service providers and city departments, fully understand the entire mission and vision of the SFSS, which includes more than providing services to children who witness domestic and family violence.
- Need to identify ways to build capacity of non-funded agencies to deal with CEV.
- Build capacity of funded agencies to sustain work after funds end.
- Provide TA around MDT, developing protocols that might strengthen the Service Delivery Team.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

SFSS has developed brochures that provide information on the impact of violence on children along with an explanation of SFSS services. Brochures are available in English, Spanish, and Chinese, and are distributed at service providers and collaborative members offices. SFSS has asked for assistance in developing a marketing/public awareness campaign.

Training and Outreach on CEV

Training is an important part of San Francisco's project, and they have and intend to continue training internal Safe Start collaborative staff and funded agencies, as well as the broader community, including parents and other consumers, systems, etc., on the issues of early childhood development and children's exposure to violence. The SFSS training and outreach coordinator has compiled a binder of training resources and materials, and has conducted a number of training and outreach activities.

Early Intervention and Treatment of CEV

SFSS services are provided in three communities through Family Resource Centers. These centers receive referrals through the SFSS support line, and police and the court family advocate refer families to services as well. The families that are referred do not always choose to access services, however. SFSS intends to begin providing services in two additional communities in the next few months. While the service providers appear to have the capacity to meet current referrals, this may change as the number of referrals increases with the improved support of the courts, law enforcement, and the potential

impact of the public awareness campaign. SFSS could benefit by providing training to other non-SFSS funded community agencies to build their capacity to serve CEV.

Preventing the Violence that Children are Exposed to

SFSS is not currently participating in citywide violence prevention activities other than their participation on other local initiatives.

Recommendations

- Provide information on cultural competence trainings and assessments.
- Identify additional service providers to receive training.
- Work with schools, Faith Based community and other child care providers to provide training opportunities.
- Need to move beyond training to provide technical assistance as well.
- Provide SFSS with examples of public awareness campaigns, Rochester and Chicago are good examples.
- Provide strategic consultation and support to SFSS in the development of appropriate marketing strategy and plan.

Review of TTA Plan

SFSS did not submit a T&TA plan in their last iteration of the strategic plan.

Recommendation is to assist SFSS develop a T&TA plan in line with strategic and implementation plan.

Sitka, AK

Overview

Sitka, Alaska is located in the Southeastern ‘panhandle’ set of islands in the state, on Baranof Island in particular, and the City and Borough of Sitka has population of around 8,700 persons. The indigenous population, the Sitka Tribe of Alaska (STA) is represented by 19% of the total population. White persons make up the majority of the population at about 68%. African Americans, Asians/Pacific Islanders, Hispanic/Latinos, and persons of other ethnicities are included in the remaining 13%. The lead agency is the Domestic Violence Prevention Department.

Mission/Vision/Goals

Mission: Sitka Safe Start is a systems change initiative. The initiative will not only increase services, but will also fundamentally alter the way service delivery systems interact, the way services are delivered, the way prevention activities and children exposed to violence education is brought both to the community and to agencies as a whole, and change the expectations of how that information will be institutionalized.

Vision: Create a community in Sitka where every child is safe, loved, nurtured and valued as an individual.

Goals:

Goal 1: Organizations and individuals within the Sitka community that serve or interact with children will identify and refer children (0-6) exposed or at risk of being exposed to domestic violence.

Goal 2: Community service providers will implement a seamless service system for children exposed to domestic violence.

Goal 3: Children (ages 0-6) exposed to domestic violence and their families will receive age-appropriate, culturally sensitive prevention and intervention services based on current best practice models.

Goal 4: Native Alaskans who are both victims and perpetrators of domestic violence will have available specific intervention programs that are grounded in traditional native norms and practices.

Collaboration

The collaborative is called the “Safe Start Collaborative Team” meets once monthly and is composed of stakeholders from tribal and non-tribal agencies in the following areas: domestic violence prevention, public health, social services, mental health, law enforcement, public schools, the local university branch, and the state’s Division of Family and Youth Services (DFYS, equivalent to a Child Protective Services or CPS). Sitka Safe Start (SSS) is working on bringing more key players into the collaborative, particularly a Sitka city council member. The collaborative has formed the following committees: Training & Technical Assistance; Policies and Procedures; Media; Information Management; Diversity; Strategic Planning/Implementation Plan (SP/IP); Evaluation; Early Response/CD-CP; Community Needs Assessment; Parent-Child Interactive Therapy

(PCIT). These committees address the actions under each goal and objective respectively as they are outlined in the project timeline. The Project Coordinator participates in all committee meetings and assists with meeting facilitation.

The Sitka Safe Start Collaborative works closely with an existing Sitka collaborative, Advancing Our Youth (AOY), which serves as a forum, and a coordinating and accountability group for child and family services. AOY serves as a steering committee for the state-funded Communities that Care (CTC) project, which focuses on preventing youth substance abuse, and the Fetal Alcohol Syndrome grant. Because of similar membership and focus, some Safe Start meetings have been combined with AOY and CTC meetings. CTC determined that children exposed to violence are at risk for substance abuse, thus CTC and Safe Start strategic planning processes were coordinated together this past year. CTC and Safe Start funds have been combined to implement the PCIT program. Networking relationships have been built with the Domestic Violence Task Force, Communities that Care, the Early Intervention Program, and the Center for Community-Early Learning Program.

Recommendations

- The project would benefit from more ownership of committee tasks and facilitation of committee meetings by committee members. Broader ownership can help pave the way to sustainability for the initiative's efforts. Project staff and committee members can strategize on how broader ownership might best be achieved.
- Focus on developing and utilizing existing and potential relationships between Sitka Safe Start and other local collaboratives.

Management/Staffing

The Sitka Tribe of Alaska was the original lead applicant for Sitka Safe Start, and the grant was awarded due to recommendations from VAWO based on the strong project resulting from their STOP (Service, Training, Officers, Prosecutors) grant to prevent domestic violence; thus, the project is located within the tribal domestic violence department. Tribal council provides oversight to the Safe Start Collaborative Team, of which the Safe Start Project Coordinator is a part. Tribal council also provides oversight to an Internal Management Team, of which the Safe Start Project Director is a part. The project director provides guidance to the project coordinator. Sitka Safe Start has three staff members, a part-time Project Director, who also serves as the Shaawat Gunei Domestic Violence Department Director; a full-time Project Coordinator, and a full-time Project Assistant.

Strategic Planning and Evaluation

The community needs assessment that informed the SP and IP was conducted by the project director, local evaluation team, management team, and collaborative. The collaborative team identified a continuum of services that need to be in place in order to effectively serve children exposed to violence: (1) *prevention* of the violence or its impact

on children; (2) *identification* of victims and witnesses showing symptoms of exposure; (3) *assessment* of their needs; (4) *intervention* to stop the violence and stabilize the family's situation and the child's home environment; and (5) *treatment* over time to address the negative impacts of exposure to violence, promote healing, and provide for family stabilization and parent-child attachment. Family Focus, the regular interagency multidisciplinary task force that coordinates case management and integrates services, was found to be functioning ineffectively due to several factors: the lack of participating staff empowered to make key decisions at meetings, perceived turf issues, the lack of communication protocols, and the absence of information sharing through common databases. The information base created out of the community needs assessment process has been made accessible to other agencies via the City of Sitka web page.

Tasks and activities are specifically outlined in the IP Project Timeline, and several items listed on the timeline include references back to identified gaps resulting from the community needs assessment and goals listed in the SP. The collaborative is involved in updating the community needs assessment which leads to SP and IP revisions, but the SP/IP committee should be more involved in writing revisions to SP/IP. Project staff should provide guidance and leadership on this committee, but collaborative members need to take more ownership of the planning process. More collaborative ownership as the initiative progresses and goals are achieved will ease the road to sustainability of the project's efforts.

The SP/IP committee, which includes project staff, begins review/revisions of both plans in Month Six (April 2003) of the Project Timeline. Revisions will be based on newly assessed community and project progress, as well as progress barriers, service gaps, and needs/issues in CEV.

Evaluation Plan

The local evaluation team is involved with the yearly data collection process for the community needs assessment, and it will be included as part of the local evaluation plan. The local evaluation plan correlates with the goals and strategies in general in the SP, in that the implementation of each strategy will be documented. Pre- and post- conditions of each strategy will be analyzed. A collaborative process evaluation report was completed on June 30, 2002. This report documents and addresses the effectiveness of the initial stages of the project; i.e., building the collaborative and committees in the strategic planning phase. It also offers suggestions for a better collaborative process based on survey response.

Recommendations

- Build relationship with Family Focus as this is an existing resource that SSS can work with to revise existing policies and procedures related to DV service and provision. Improving the interagency coordinating process.
- Better integrate the work of the local evaluation to help inform program development and/or strategy implementation.

Systems Reform and Sustainability

Domestic violence policies and procedures of agencies are being analyzed to create common screening, intake, and referral protocols. Policies and procedures will be revised based on the results of these analyses to make systems more effective in addressing DV. Fiscal analyses are not specifically mentioned as part of the activities of these strategies.

An initial conversation with NCJFCJ's Safe Start Program Manager and Sitka Safe Start Project Director was held to brainstorm how courts fit into this project (i.e., stakeholders and opportunities for collaboration, bringing in the state courts, systems/court reform, possibilities for a Model Court, etc.) NCJFCJ will perform a site visit in mid-April to assess community strengths on these issues and TA needs.

One area both the Training and Diversity Subcommittees are investigating is the role of oppression in the perpetuation of family violence. Much of SSS's current efforts in systems change seem centered around the themes of cultural competency and cultural awareness, which should lead to revisions of policies and practices based on newly gained competencies and awareness. These efforts are also related to an identified factor for effective CEV service, treatment over time to address the negative impacts of exposure to violence, especially in reference to *promoting healing*. Local service providers to children and families exposed to violence who attended the recent TODOS workshop have been re-evaluating their perspectives in terms of service to native persons, and have been among the most vocal for the spread of this type of training locally. TODOS means "all" in Spanish, reflective of the holistic nature and broad systemic effects of cultural competence and diversity awareness. The workshop was provided by diversity/cultural competence trainers from the University of California at Riverside. TODOS returns in March for a training the trainers workshop. A cultural competency curriculum for service providers on Native Alaskans is being developed. Also a part of this tide is Sitka's Native Education Program, providing classes to native youth on native history, traditions, and language. This community education approach is based on the idea that first the perspectives (both internal and external) of individuals operating the systems must be changed; before sustained, productive, and broad reform in systems can take place. The approach can be viewed as part of a holistic program on violence prevention.

Recommendations

- The Policies and Procedures Committee should include fiscal analyses as part of their analyses of system-wide programs and services.
- Through NCL TTA Coordination, cross-fertilization on the subjects of community healing, diversity, and cultural competence can be brokered and facilitated with a an OJJDP tribal site, Sault St. Marie, Michigan. This is a tribal project site participating in a similar OJJDP led demonstration initiative who had also identified the need for community healing as it related to the history and ethnic diversity of the community, and its service providers. The Sault St. Marie site

implemented a highly successful community healing process called "The People Will Survive."

Service Integration and Delivery

Service integration strategies and activities addressed include implementing a seamless service system. As a result, the Information Management Committee will be reviewing possibilities for integrated screening tools, and the Policies and Procedures Committee is analyzing common screening protocols. The creation of memorandums of understanding (MOU's) would be the next step once protocols have been developed through consensus. Commonly shared databases and shared information systems have been identified as a problem. The project coordinator, a representative from Islands Counseling mental health, and an STA technology representative attended a Juvenile Integrated Information Sharing (JIS) workshop, "Sharing on Collaboration, Confidentiality and Technology", in November. There is no evidence of follow-up on JIS training.

PCIT (Parent-Child Interactive Therapy) was introduced into Sitka by Sitka Safe Start, and it is currently the main service being implemented. PCIT training for nine paraprofessional and professional participants was performed in October 2002. The site is currently finalizing policies and procedures for the implementation of a PCIT program in Sitka, specifically modifications in elements that have to do with cultural competence. There are currently two families participating in the program, wherein a trained therapist coaches parents' interactions with their children. The Project Coordinator and the Project Assistant are the paraprofessionals providing the therapy in PCIT, and DFYS office space has been made for sessions that occur for each family once a week. Referrals for PCIT are made through DFYS and Head Start. PCIT has enjoyed success in the form of changed, improved parent-child interactions in participating families, and word-of-mouth has led to growing interest in the community to participate in the program. There is concern for the community misperception of PCIT as something only available to STA members since Safe Start is housed within STA, despite efforts to erase it through existing media outlets. New strategies are needed.

Recommendations

- Identify what has been learned through the JIS workshop and JIS tools by those attending the training, project staff, and the Information Management Committee for its potential for implementing a seamless service system. JIS tools and better information sharing systems can be implemented through existing collaborative relationships in the community.
- In talking about PCIT and misconceptions in the community, the site has expressed a need for new strategies for a public awareness campaign that Sitka Safe Start services are available to all in Sitka, not just STA members. These strategies can be used to make the public aware of and prevent misconceptions about future services as well.

- In the interest of the amount of time required by project staff to coordinate and manage tasks for the overall initiative, it will be useful for the PCIT Committee to bring in more trained paraprofessionals to provide therapy for the PCIT program, especially as the number of families in the program increase. Others besides the Safe Start project coordinator and project assistant received PCIT training, and they should be the first candidates for expanding the program.

Programmatic Strategies and Expertise

Awareness of CEV incidence and its impact

This area is addressed under the general community awareness strategies. A Safe Start kick-off event was held in the previous progress reporting period where the impact of CEV was addressed. Planned activities include producing and distributing culturally appropriate PSA's on CEV and available resources, posters, television and radio spots; holding public seminars on effects of CEV; and developing a declaration of healthy parenting to be signed by participating agency employees and concerned community members that will be posted publicly. The Media Committee has begun outlining culturally appropriate information to be contained in all general media campaigns. Along with the project coordinator, the Media Committee is currently taking the lead in the poster contest, which involves all schools and agencies.

Training and Outreach on CEV

A list of twenty-six local trainers was compiled by the training committee, and they are strategizing on training topics, and how to best reach all service providers. They plan to assess training needs among local service providers on issues of DV and CEV, and make use of existing venues, such as scheduled staff meetings, to provide the trainings. Sitka Safe Start has sponsored and attended workshops and trainings that have spread awareness of children exposed to violence and Sitka Safe Start issues, and most of these have had an audience of professionals, paraprofessionals, and service providers.

Early Intervention and Treatment of CEV

Safe Start project coordinator and assistant are currently the paraprofessionals providing therapy for the PCIT program. Sitka Safe Start is currently working on bringing Child Development-Community Policing (CD-CP) training from NCCEV to the community of Sitka. The Sitka team feels strongly that the community is ready for this form of violence intervention and their biggest concern is that the CD-CP training occurs in a timely manner, so that stakeholder excitement and readiness can be sustained. It has been planned that CD-CP training will occur this March and April. Implementation of CD-CP will build upon the existing DVERT program, which is very similar to CD-CP except that it focuses on incidences of domestic violence. There are also plans for CD-CP to play a role in identifying children and families for the PCIT program.

Preventing the Violence that Children are Exposed to

The Sitka Police Department is actively partnering with Safe Start, and a Domestic Violence Officer as well as an Investigator serve as members of the collaborative team.

The Native Education Program (NEP) may be the key thing with a violence prevention focus right now, albeit indirectly, and along these same lines there are plans for community-wide diversity training. The NEP allows native youth that are growing into adulthood to have a better sense of native heritage and affirmation of cultural identity than would be offered in the school system. The lack of this positive sense of identity in individuals can often lead to behavioral problems in societal interaction, substance abuse, and the subsequent conflicts and potential violence that follow such problems. Likewise, community-wide diversity training can allow for better professional and personal relationships between persons of different ethnic backgrounds and cultural perspectives, preventing potential violence and conflict.

Recommendations

- The Media Committee can use findings from the Community Needs Assessment to serve as a basis for information that will be used in the public awareness campaigns.
- The Safe Start collaborative team should identify any existing community efforts to prevent violence, directly or indirectly, in the Sitka community, such as neighborhood watch programs, or other programs and policies that lead to reduced incidences of violence.

Review of T&TA Plan

Anticipated TTA needs are components in the IP and Project Timeline, which have been informed by the community needs assessment and the SP. Likewise, the budget for TTA is included in the overall yearly budget for IP. The information gained in the JIIS workshop on “Sharing on Collaboration, Confidentiality and Technology” addresses Goal 2, the implementation of a seamless service system. Goal 1 on identifying and referring children exposed or at risk of being exposed to DV, Goal 3 on age-appropriate culturally sensitive prevention and intervention services based on current best practice models, and Goal 4 on Native Alaskans who are both victims and perpetrators of DV having available specific intervention programs grounded in traditional native norms and practices have been addressed by the following: a PCIT training session for professionals and paraprofessionals providing therapy; sessions at the International Conference on Family Violence; a TODOS workshop on diversity/cultural competence issues for members of the collaborative and service providers in the Sitka community; and a training for the community at large was conducted in the past Spring on traditional healing with children who have witnessed or suffered abuse. There are plans for a second TODOS workshop for training the trainers, and a CD-CP training to occur this spring. A TTA Plan for this first year of implementation can be easily created by the TTA Committee by pulling out TTA components in the IP, the project timeline, and IP budget into a separate document. The TTA Coordinator will use TTA Plans to more effectively assist project staff and the TTA Committee brokering and planning TTA.

Spokane, WA

Overview

Spokane is a mid-size city located near the eastern border of Washington State. The Spokane Safe Start (SSS) project is operated by the Child and Family Research Institute (CAFRI) of Washington State University at Spokane (WSU-S) and is the only Safe Start site to be operated directly by a college or university. Their major subcontract goes to a three agency consortium (Casey Family partners, Spokane Mental Health, and N.A.T.I.V.E Project) to support CD/CP (mental health/law enforcement) crisis intervention services, with smaller contracts for a graduate social worker field unit, four neighborhood development efforts, and police overtime. They are doing the local evaluation in-house.

Mission/Vision/Goals

Vision: "Spokane's vision is to create a capacity to support every family in their effort to provide a safe environment for their children. The vision is multi-faceted"

Mission: "Spokane Safe Start Initiative will create

- 1) a crisis response system for children and families who are traumatized by violence,
- 2) an integrated structure for engaging these families voluntarily in primary and secondary prevention services at the neighborhood level, and
- 3) a neighborhood-based capacity for early intervention and support for children and their families when they are at risk for exposure to trauma as a result of violence..."

Goals: Their plan outlines 21 objectives arranged under 4 goals.

Goal 1: Create the long-term development of resources that supplement and eventually supplant Safe Start funds.

Goal 2: Develop strategies that support the identification and engagement of families with services when risks do not meet existing thresholds for mandated intervention.

Goal 3: Create professional development efforts through training and technical assistance that assure broad mastery of basic skills and adoption of best practice related to violence reduction.

Goal 4: Develop integrated services for high-risk families

Collaboration

It is unclear if their 'collaborative' (the Spokane Community Breakthrough Coalition) actively serves as governance entity for SSS. Committees do not appear to be assigned responsibility for SSS goals, objectives, and action steps, leading to a concern that this is a staff-driven program. They do not now have any goal or objective specifically dealing with governance, the collaborative, or its roles. On the other hand, they are quite accomplished at more informal approaches to collaboration, especially in working with one or a few agencies or organizations at a time.

Almost half their award (\$322k) goes to a consortium of three agencies (who also participate in the SCBC) providing clinical services in their CD/CP crisis response project. They in turn have developed close working relationships with the police and sheriff's

departments, and are working to develop further partnerships in the two target neighborhoods. Their neighborhood small grants effort is designed to develop partnerships among community-based organizations and agencies.

The Spokane Community Breakthrough Coalition, Spokane Regional Domestic Violence Consortium, Homeless Coalition, and the Health Improvement Partnership are examples of other community collaboratives cited in plans and reports, but it's not clear how SSS has used its relations with each of these to advance the Safe Start agenda in any formal sense. Again the evidence is clear that the informal linkages are there and used.

Recommendations

- Clarify the roles of the collaborative in the governance, planning, operations and evaluation of SSS.
- The governance collaborative should annually do a collaborative self-assessment exercise (using a tool like those developed by "Together We Can" or the National Funding Collaborative for Violence Prevention).
- Clarify and formalize the relationships with other community collaboratives.

Management/Staffing

Oversight of SSS has not been much of a problem because the project operates out of the new Children and Family Research Institute (CAFRI) located on the campus of the grantee/lead agency, Washington State University at Spokane. The Director of CAFRI serves as principal investigator on the Safe Start project.

Of the nine direct project staff, (3.75 FTE), only two are full-time and most of the rest are involved in research and evaluation tasks. They also make good use of the 4-6 MSW practicum students. Thus, they have a relatively large in-house project staff, but most are working on evaluation tasks.

As their number of contracts is relatively small, these do not seem to be management concerns at this point. But the neighborhood small grants program may well be more problematic. Since the direct service delivery is done by the consortium, project staff is free to work on the systems change and sustainability tasks.

Strategic Planning and Evaluation

Research is a real strength of SSS because of its university base. Two of their objectives contain action steps that have been useful in providing data for determining needs and documenting impact. How operational data from the funded projects and providers will be used will be an important issue in coming months.

The revisions to the community assessment and the strategic plan are beginning to show progress as SSS moves into Phase III. In general, their strategic plan is well laid out, but there are some areas that may require additional objectives. (They do not now have their systems reform objectives arranged under a separate goal and should consider doing so in the Year 4 revisions.) Community involvement in revisions of the Community Assessment and Strategic Plan is unclear, but appears to need more attention.

The SSS annual implementation plan needs to focus on only a single year and have more specific targets. They also need to include the OJJDP performance measures in their plan, as well as the semi-annual progress reports. The excellent grid used in the Strategic Plan should be adapted and used in the implementation plan as well. A detailed T&TA plan and budget showing both local and national resources for needs arranged by objective under each goal would be beneficial.

Evaluation Plan

The format for the local evaluation clearly shows how each goal and objective will be evaluated, but is not as clear on how the results of the evaluation will be factored into planning and operations and how those decisions will be made.

Recommendations

- Advice and guidance on collaborative partner and broader community involvement in annually revising the strategic and implementation plan.
- Consider rearranging (and adding) relevant objectives under a new goal focused on systems reform.

Systems Reform and Sustainability

Several of the objectives in goal two relate to systems reform concerns. Their objective of having systems ask about CEV is a great way to get the process started system-by-system. This leads to infusing CEV concerns into the relevant systems. A remaining challenge is to ensure that all the relevant systems are involved, including CPS. SSS has made a good start by getting NCJFCJ involved in their court reform strategy, but this probably needs to be broader than a dependency court focus. Given the crisis response project relationship to domestic violence incidents, how courts handle such cases where CEV are involved might be a more germane focus.

All five objectives under their first goal deal with 'development of resources' in one way or another. They have also wisely chosen to focus some of their efforts on increasing corporate engagement in this effort. Collectively pursuing grant funding is a key part of their collaboration and community action strategies. They are also focusing on ways to tap into reimbursement mechanisms that could help bring more federal funds into the state which is facing severe fiscal problems.

With the SSS goal one focus on sustainability a key aspect of their plans, their success so far in bringing in related grants and contracts bodes well for the future. They do need to spend some additional staff and collaborative leadership time on possible reallocations of existing funding streams, i.e. the potential for moving some deep-end treatment funds to prevention and early intervention activities that can reduce the need for those deep-end services in the future. Given state budget cuts, they are also trying to maintain those early intervention funds the community now has available.

Recommendations

- Expertise on using Medicaid reimbursement under Title XIX and expanded use of Title IV (another cross-cutting need).

- Tailor T&TA around court reform to the issues that have been identified locally (such as the domestic violence accountability and treatment issues).

Service Integration and Delivery

SSS is relying on their CD/CP crisis intervention project as the centerpiece of their service integration strategies. They are targeting cases that do not rise to the level of CPS substantiation. But they are not targeting services with those already, or soon to be, in the CPS system. Building on the Head Start network seems like a promising way to build on existing relationships. They are consciously pursuing a “decentralization of services” strategy, but need to more specifically develop what they expect the partner agencies and the key systems that impact young children to change in how, and where, they deliver education and training, outreach and services.

As already mentioned, SSS is exploring the development of neighborhood-based services and prevention, starting with the two targeted neighborhoods. The challenge will be to move the pilot efforts there to scale by adding more target areas each year. They have not yet focused very much on the “how” issue yet. Part of this depends on the demographics of the targeted neighborhoods. Their team and consortium is enhanced by the partnership with the NATIVE project and other partners serving diverse constituencies. As services evolve, they can build on these partnerships to develop the specialized cultural competencies that emerging needs suggest.

Recommendations

- Supply models of “integrated services” appropriate to serving young CEV and their families, especially those plagued by substance abuse issues.
- Provide models of developing neighborhood-based partners, both service providers and other institutions like churches and voluntary associations.
- Advice and guidance around cultural competence in service delivery and neighborhood engagement.

Program Strategies and Expertise

Awareness of CEV incidence and its Impact

Although content associated with this strategy area is a key component in all their training activities, SSS doesn’t now have any objectives dealing with public or community awareness campaigns. This would seem important in building the kind of political will that highlights CEV as a critical community issue and motivates citizens and leaders to do something about it. Perhaps working more closely with the Spokane Domestic Violence Consortium which does have such a campaign would be a useful strategic move.

Training and Outreach to CEV

SSS has done a very good job with training in its initial years and as their neighborhood-based efforts gather steam, plans to do even more. Their focus so far has been on “professional development”, but they will need to add audiences and curricula for those who do not see themselves as “professionals”, such as parents and other caregivers in

those 'informal networks' that deal with children in less formal settings. Targeting each of the key child-serving systems over time for CEV training is part of their strategy.

Early Intervention and Treatment of CEV

Their adaptation of the CD/CP mental health and community policing model and the strong support of Spokane police and sheriff's departments are real strengths. The consortium of clinicians from Casey Family Partners, Spokane Mental Health, and the N.A.T.I.V.E. Project provide a great mix to the team. The key challenge in year 3 and beyond will be to build on the emerging relationships in the target neighborhoods and expand beyond the initial two neighborhoods. Increasing their referral rates and developing additional referral relationships, beyond first responders, are critical challenges they are now addressing.

Preventing the violence that children are exposed to

This strategy has seen the least attention so far, but it is the ultimate purpose of their "neighborhood engagement" approach called for in objectives 2.5 and 4.2. They have also chosen to invest \$10k in small grants for this purpose in year 3. The out-stationed MSW students can also play a key role in building the foundation for these efforts. Links to other violence prevention initiatives in Spokane will key to their success here.

Recommendations

- Assistance in developing a CEV public media campaign.
- Continuing support in adapting the CD/CP model to Spokane (and providing peer-to-peer assistance to other sites).
- Advice and guidance on the neighborhood-based and violence prevention strategies.

Review of T&TA Plan

SSS did not submit a T&TA plan in their Year 3 implementation plan. There was not even a narrative rationale for what they did include in their proposed budget's T&TA set aside. They need decide what kind of assistance (and training) they as a staff (along with key leaders in their collaborative and key partners in education, training, service provision, and systems change) will need to achieve the goals and objectives contained in their plans.

SSS did include a T&TA budget, but not all items were appropriate as T&TA costs (e.g. police overtime, neighborhood grants, the entire cost of the social work grad students). SSS needs to develop a T&TA budget that totals the required \$50,000 of its OJJDP award that is focused more on capacity building and has a better balance between training and technical assistance.

Washington Co., ME

Overview

Washington County, Maine is the easternmost county in the USA, bordering on New Brunswick, Canada and the Atlantic. A very large and rural county, with no metropolitan center, it has a population of 35,000 living mostly along the eastern border and the Atlantic coast. There are two small Native American reservations.

The grantee is the Maine Department of Human Services, but they have contracted out the operation of the project to the Washington-Hancock Community Agency in Milbridge, which is listed as a co-applicant. The other co-applicant is the Regional Medical Center at Lubec (HealthWays). The initiative is operated as "Keeping Children Safe Downeast" (KCSD) with offices in Calais, on the Canadian border 2.5 hours from Milbridge.

In Phase III, there is one major subcontract for \$112,594 to the Muskie Institute for research and local evaluation. The Mental Health subcontract for \$65,000 includes a \$50k carryover from Phase II. They have \$6k set aside for other consultants.

Mission/Vision/Goals

Goals:

Goal 1: Increase effectiveness of systems that respond to children exposed to violence.

Goal 2: Reducing the risks for children 0-6 for exposure to family violence.

Goal 3: Provide access to timely and developmentally appropriate crisis interventions and treatments for children 0-6 exposed to violence.

Goal 4: Public educated on the dynamics of family violence and the impact on young children.

Goal 5: Increase effectiveness of law enforcement and criminal justice system in prosecution and accountability for child abusers and family violence offenders.

Goal 6: Increase and maintain sustainable, multi-cultural, cross-community collaboration efforts.

Goal 7: Enhance support and resources for hiring and retaining.

Goal 8: Increase knowledge of providers, educators, and decision-makers about the impact of violence on children.

Goal 9: Increase the community's capacity to end child abuse and family violence by responding proactively.

Collaboration

The KCSD Board is the vehicle for involving the public, private, and non-profit agencies in the county. It meets monthly and has 50-60 members, but much smaller numbers attend meetings. Its principal sub-group is the Inter-Disciplinary Team (IDT), composed of key agency representatives and focusing on systems change issues. This has been a progressive, but largely unchecked force that needs to clarify its role and relationship to the Council, Board, and Coalition.

There have not been large contracts awarded to multi-agency consortia as in some other sites, so this arena for collaboration remains underdeveloped at this point. As relationships with the Rapid Response effort at Catholic Charities, the contracted mental health treatment services provider, and local law enforcement authorities evolve over time, collaboration will result. Integrating these with the work of the Downeast Case Resolution Committee and the Integrated Case Management System also need to occur. The KCSD Coalition is the key mechanism for involving other agencies and individuals in the county and it has taken on the CEV public involvement, community awareness and family outreach functions. KCSD is now in the process of reorganizing their collaborative efforts, matching them to the project's strategies and goals, and assigning staff to support them. Maintaining conceptual clarity about Safe Start among these various entities and their members remains a challenge.

Recommendations

- Clarify roles and responsibilities of the revised governance structure, especially those of the IDT.
- Enhance the membership, geographic coverage, mission and role of the KCSD Coalition, especially around prevention tasks.

Management/Staffing

The Management Council is the core oversight team and represents the grantee agency (Maine Department of Human Services), the lead agency or prime contractor, (Washington Hancock Community Agency), and the principal partner and initial evaluator (Healthways/ Regional Medical Center-Lubec). While they oversee the project staff and technically make any final operational or policy decisions, their relationship to the KCSD Board has been evolving and may not be as clear as it needs to be. All three of the original members have already changed or will over the coming months, posing certain continuity and transition issues that the project staff will be dealing with.

The five person KCSD staff now in place seems to work well together as a team and have a good cross-section of age, experience, and education. The Implementation Plan clearly assigns duties to each staff member making it easier to relate staff time and effort to KCSD goals, objectives, and key activities. Since their office is at one edge of very large, but sparsely populated county, they use video conferencing, email, a project website and listserv to help in overcoming these challenges.

With the increasing number of subcontracts in Year 3 and beyond, contract management issues may take up more of the project staff's time. These include the two carry-over contracts with the Passamaquoddies, the policy research and local evaluation contract with the Muskie Institute, the services contract with the mental health providers, and the numerous smaller contracts with trainers and technical assistance providers. These tasks are hampered by fiscal and administrative support being located 2.5 hours away at WHCA's central office.

Recommendations

- Advice and coaching on working out the details of the new governance arrangement and how that translates to oversight of the project staff.

Strategic Planning

The Community Assessment for Phase III had not been revised and had been prepared by the local evaluators (Michal Lahti and Courtney Jackson from the Muskie Institute at the University of Southern Maine). The OJJDP program manager, mentioned both the absence of a revised community assessment and inadequate involvement by the project staff and collaborative (especially the IDT) in her feedback comments.

The KCSD Year 3 Revised Strategic Plan amendments seems to be front-end weighted with most of the tasks in the Years 2 or 3 and very little specified for action in Years 4, 5, (or "6"). They need to rethink the number of goals (since five of them have only a single objective each) and possibly rearrange the mix to put related objectives together (perhaps in the six categories we have used in our assessments).

The KCSD Year 3 Implementation Plan and Budget is quite detailed with tasks enumerated and assigned to staff and collaborative committees or work groups. The OJJDP program manager also mentioned that this plan needs to be better articulated and synchronized with the assessment and revised Strategic Plan. Specific targets for numbers to be trained or served need to be added.

Evaluation Plan

The relationship with the Muskie Institute seems to be quite close, with them having roles in preparing the community assessment, feedback on operational matters, as well responsibility for the Local Evaluation Plan. They had been awaiting the NET's local survey (by Roper Starch) to provide them with a local baseline for measuring community awareness over time of CEV, its impact, and the local availability of resources. KCSD sees this as critical in assessing the impact of their public awareness and community outreach campaigns. They have now decided to go ahead with their own baseline survey.

Recommendations

- Assist KCSD in transforming the non-evaluation role of the Muskie Institute from contracted staff assistance toward capacity building of its staff and collaborative leaders.
- Clarify and enhance the involvement of community leaders and collaborative partners in the revision process for the Strategic and Implementation Plans.

Systems Change and Sustainability

KCSD has assigned their systems change strategies to the Board's IDT, with staff support from the policy associate. In Year 3, they will be working on developing a joint child abuse investigation team, promoting a "rocket docket" for court cases, and expanding the universe of 'mandated reporters' they train. Their 'mandated reporter' curriculum, syllabus, and materials are useful models for other sites. Their longer-term goals in

systems change are not as clear as they need to be, nor are the mechanisms for achieving them. A revised and updated policy analysis in their community assessment and strategic plan is needed as a foundation for addressing these concerns.

As the revised fiscal analysis is being developed, KCSD needs to use the IDT, Policy Committee, or other bodies to develop objectives and 'key activities' that flow from its recommendations and then move toward their implementation. Objective 8.1 may encompass this work, but is not now specific enough in its 'key activities'.

None of the KCSD goals and objectives now directly addresses this key imperative. This should be specifically addressed in the Year 4 planning and revision process. While there are sustainability elements scattered among their 'key activities', they need to be concentrated focus by the collaborative bodies over the next several months.

Recommendations

- Provide models for the forensic team (or specialists) they are working to develop.
- Provide models for the new batterer's intervention program just getting underway.
- Provide advice and assistance on enforcement, prosecution, and adjudication of child abuse/neglect and domestic violence cases.
- Assistance in planning for sustainability.

Service Integration and Delivery

The contract to provide mental health services to CEV is just getting underway. This will involve doing assessments on children referred and then providing three follow-up visits. These services will be the focus of a major component of the local evaluation. These are to be complementary to the Rapid Response services provided by Catholic Charities under a separate grant directly from OJJDP.

In Year 2, KCSD let two \$75k subcontracts for services, one to each of the two Passamaquoddy tribes in Washington County. Services are still being delivered under these subcontracts, but they will not be renewed in Year 3. Since there are tribes offering services here also, there is an opportunity for some cross-cultural exchanges around cultural competence and implications for practice.

Recommendations

- Assistance in 'service integration' for the new services being provided, especially for the children and families affected by domestic violence (such as batterers' intervention).
- Guidance on creating a multi-disciplinary team or adapting existing efforts (such as DCRC or ICMS) with an emphasis on young CEV cases.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

KCSD has done quite a good job making this rural, but large and sparsely-populated county aware of the CEV incidence and impact. This is the responsibility the community

educator, and the KCSD Coalition. They have experimented with video conferencing and other high-tech tools as well as community forums, print and broadcast (and cablecast) media. The community educator distinguishes this as the voluntary approach as opposed to the mandatory approach for agency staff, especially 'first responders'.

Training and Outreach on CEV

The KCSD training efforts are increasing their emphasis on prevention and shielding children from exposure to violence. Although these efforts have focused so far on first responders in crisis situations and other service providers, training on these topics will need to be delivered to parents and other caregivers as well.

Early Intervention and Treatment of CEV

Providing CEV with services and treatment had not yet been emphasized in Year 2, but it will be increasingly critical in years 3 and beyond. This is where partnerships with day care centers, in-home providers, Head Start and other early childhood educators, and health care professionals will be critical for identification and referrals. Integrating, training, coordinating, and developing services for children 0-6 will be major challenges in coming months.

Preventing the Violence that Children are Exposed to

Although decreasing the violence that children might be exposed to is not yet a priority for KCSD, the foundation exists for moving toward this goal in coming years. There are other coalitions in the county that could be partners in such efforts, such as the domestic violence activists. KCSD staff attended as a team the immersion training presented by the National Funding Collaborative for Violence Prevention in Washington, DC on 12/12-14/02 and this will be good preparation for action.

Recommendations

- Training for law enforcement officials who will be involved in crisis response and forensic investigations.
- Assistance in developing a sequential CEV curriculum that can be adapted for various audiences (e.g. crisis responders, daycare providers, parents and other caregivers)

Review of T&TA Plan

KCSD did not include a T&TA Plan as a separate section in their implementation plan, making it difficult to get complete picture of their priorities and the funds budgeted to address them. The role of the Muskie Institute's non-local evaluator roles and Deb Burwell's role as collaborative facilitator and planning consultant are good examples of in-state technical assistance providers.

Much of what was included in their designated \$50,000 was for local training, i.e. training as part of their program strategies, rather than for capacity building approaches, like 'train the trainer' sessions. Very little was allocated for 'technical assistance' and what there was seemed to be more like contracted out staff work, as opposed to capacity

building for staff, collaborative leadership, and key stakeholders around achieving the KCSD goals and objectives.

Zuni, NM

Overview

Zuni census figures show the population of Zuni reservation lands numbers around 11,000 people, over 90% of which are Zuni Indians. Non-Indians include white persons, African Americans, Asians/Pacific Islanders, Hispanics/Latinos, and persons of other ethnicities. Evidence has appeared that the last census undercounted the Zuni population by about 4,000 people. Zuni Safe Start, (ZSS) is located at the Zuni Pueblo on the Zuni Indian Reservation. The reservation is in the central western portion of New Mexico, specifically McKinley and Cibola counties, and flows into the central eastern part of Apache County, Arizona. Zuni is among the most remote and traditional of the nineteen New Mexico Pueblo tribes, and it is also the largest. The Lead agency for Zuni Safe Start is Zuni Community Health Department.

Mission/Vision/Goals

The Pueblo of ZSS Demonstration Initiative will develop a multi-disciplinary approach that will identify and provide prevention and intervention services to children ages 0-6 and their families residing within the tribal community who have experienced violence or been exposed to violent environments.

Goals:

Goal 1: Identify and document all applicable risk factors within the community and families that place children at risk for violence.

Goal 2: Inventory community assets and strengths that serve to reduce the levels of exposure and/or violence to children.

Goal 3: Develop community wide prevention and intervention strategies based on risks, strengths, and collaboration to reduce or eliminate exposure to violence and impacts.

Goal 4: Develop effective community coordination of protocols and communication strategies to reduce levels of exposure and/or violence to young children.

Goal 5: Develop culturally based prevention strategies for implementation community wide to reduce the levels of child victimization.

Goal 6: Work in partnership with other tribal Department of Justice programs to enhance codes and penalties to support prosecution of perpetrators.

Goal 7: Continually evaluate the effectiveness of the Safe Start Initiative and associated community strategies to ensure protection, services, and advocacy for children.

Collaborative

Zuni Core and Collaborative Members include stakeholders from the tribal governance, community health, social services, domestic violence, law enforcement, the public school district, and various others with an interest in CEV, CAN, community violence, and DV as it relates to children 0-6 years of age. The collaborative meets monthly, and six committees (Policy/Procedures, TTA, Introduction, Data Collection, Education/Awareness/Promotion/Media, Focus Group Frontline Service Providers) meet in between these times. Fifteen members of the collaborative have been identified as

“active”, and Project Coordinator has been taking the lead with support from active members in putting together the Strategic Plan.

Representatives from both the CIRCLE (Comprehensive Indian Resources Coordinating Law Enforcement) Project and the Zuni Model Court Project are part of the ZSS Collaborative. The CIRCLE project is a program to enhance the tribal justice system by allowing closer coordination of resources and promote stronger tribal and federal government relations, and by bringing increased trust, interdependence, and maximized scarce resources to address crime, violence, and tribal public policy matters on the local level. This project was initiated by mutual agreement between the U.S. Department of Justice, Zuni Tribe, Ogala Lakota Sioux Nation, Northern Cheyenne Tribe, BIA, FBI, and U.S. Attorney's Offices of New Mexico, Montana, and South Dakota. The lead judge for the Zuni Model Court is a collaborative member, and the Safe Start and Model court projects will inform each other, but more role clarification is needed on their potential overlap. In the development of strategies and activities for Goals 1-4, and also to some degree Goals 5-7, it will be useful to keep in mind potential partnerships with any existing efforts with goals or interests in line with or related to the Safe Start Initiative. This is especially important when considering the staff shortages in tribal agencies, and collaborative members' available time and resources.

Recommendations

- Identify strategies on building the collaborative, specifically on managing and forming a sense of ownership among collaborative members. Interest has also been expressed in using the 'Together We Can: Toolbox for Community Collaboratives', modified slightly with questions concerning the cultural context of the Zuni community.
- The importance of leaders in this community who are bilingual in Zuni and English is noted. ZSS Collaborative needs to identify, either within or outside of the collaborative, community leaders who are fluent in both Zuni and English willing to be a part of Safe Start activities, especially as it has to do with community education pieces.
- Identify potential linkages and areas of collaboration in the community, and define the potential role of religious/faith-based organizations.
- Identify commonalities in goals of other efforts/projects and concrete partnership tasks, so that time resources can be maximized towards achieving similar visions.

Management/Staffing

Lead applicants on the grant application included the Tribal Governor, the Tribal Administrator, the Director of the Office of Planning and Development, and the Finance Director. The Tribal Governor and Tribal Council, who show strong support for the project, receive regular updates on Safe Start from the Project Coordinator. In addition to the Project Coordinator, Safe Start staff includes an Administrative Assistant and the Core Management group. Core Management includes the Director of Community

Health, the Clinical Administrator, the Tribal Administrator, the Finance Director, and the Director of Planning and Development.

Strategic Planning and Evaluation

The annual community assessment process involves the Data Committee, local evaluation team, the project coordinator, core management, and the collaborative. The Data Committee provides leadership for collecting data on population, risk & protective factors, quantitative descriptions of population and exposure to violence and qualitative descriptions of how agencies communicate. The project coordinator and local evaluation team provides support in this data collection. The collaborative participates in case-based analysis, and the project coordinator looks for key themes in content. The purpose of this analysis is to allow for development of service maps and gaps in the system. The collaborative, project coordinator, core management, and the local evaluation team also participates in the assessment of agency policies and protocols, which will lead to agency service inventories, recommendations for improvements, and funding source mapping that will point to gaps and opportunities for integration and augmentation. The project coordinator and local evaluation team along with a core group of collaborative members perform focus groups and key informant interviews.

The Zuni Community Assessment has been informing the creation of the strategic plan. Collaborative members have also held a retreat to brainstorm strengths and weaknesses in the Zuni community for treating, intervening, and preventing the occurrence of children exposed to violence. The retreat will be held annually, and the information collected from them will be used in the completion and revisions of the strategic plan. Some of the pieces being gathered for the plan will be based on information from previous or other current projects, though much of it will be based on newly collected data pieces in the community assessment.

The outline for the SP and IP was developed by the local evaluation team, and the formatting/drafting of content based on the contributions from collaborative members is the responsibility of the project coordinator, the local evaluation team, and participating collaborative partners. Core management reviews and approves the final products.

Evaluation Plan

The local evaluation workplan is written by the local evaluation team to guide their activities to meet the requirements of the federal initiative and the needs of the Pueblo of Zuni. The project coordinator, collaborative partners, and core management provide oversight in this process.

Recommendations

- ZSS Collaborative will be assisted as they convene SP/IP Committee to take the lead in creating an outline for annual revisions to the SP, and drafting of IP's. It would also be the role of this committee to manage the content going into the SP revisions and IP drafting. The project coordinator should provide guidance to this committee, and the local evaluation team can play a supporting role, but

collaborative members need to take more ownership of the planning process. More collaborative ownership as the initiative progresses and goals are achieved will ease the road to sustainability of the project's efforts.

- The drafting of TTA Plans can be based on needs identified in the community assessment that can be met by training, and the site TTA assessment, which is informed by a site visit report.

Systems Reform and Sustainability

Key members of ZSS understand the importance of systems change as it relates to improving treatment, intervention, and prevention of children exposed to violence (CEV). However, not many concrete ideas for how this need might be met have been discussed, other than its relation to the need for consistency in the development of memorandums of understanding (MOU's). One of the areas of need that has been well articulated is with code revisions (policies and procedures) that would allow for the systematic handling of cases between courts and agencies so that the needs of clientele can be better met. It has also been suggested that research should be done on funds to provide preventative services, rather than intervention services, for domestic and community violence. Funds for preventative rather than intervening services can be supplemented by policy and fiscal analyses that result in recommendations to move resources from deep-end services to preventative efforts.

Better relationship building between multiple partners providing services leads to systematic ways to handle client cases, and this can be addressed by improved facilitation, collaboration, and information sharing. TTA from the "Six Thinking Hats", collaboration TTA from the 'Toolbox for Community Collaboratives' and information sharing and data systems TTA from JIIS can be a good start towards better relationship building. Working partner relationships are formalized through the creation of consistent MOU's. Strengthening of relationships between agencies and partners can lead to the elimination of turf issues that can often be heightened in small, rural, isolated areas—this would allow for better and more comprehensive, coordinated, and strategic services to clientele, rather than hit or miss ways of doing things.

Recommendations

- In addition to brokering or providing facilitation, collaboration, and information sharing, T&TA will be provided to ZSS project coordinator and the Policies and Procedures Committee on policy/fiscal analyses, code revisions that would allow for the systematic handling of cases involving CEV between courts and agencies so that the needs of clientele can be better met.

Service Integration and Delivery

The ZSS has just recently completed their strategic planning process, and they are currently making the shift from planning to implementation. Preliminary plans for services to be integrated and how changes can be made in service delivery are reflected in other sections of this assessment document. Under 'Systems Change and Sustainability'

and 'Program Strategies and Expertise', several areas that pertain to this topic area are discussed, such as the systematic handling of cases between courts and agencies, and how the Indian Child Welfare Act (ICWA) and other laws affect services delivered to children and families.

Program Strategies and Expertise

Awareness of CEV incidence and its impact

Like many community projects, Zuni is concerned about the public education piece, specifically how to get members of the community engaged in the Safe Start process, and on the issues of CEV and DV through culturally competent media pieces that are reflective of Zuni.

Training and Outreach on CEV

Understanding ICWA, the Children's Code, and other laws governing the removal and placement of children were identified as needs in the area of mental health and law enforcement collaborations that the CIRCLE project may be able to address. Also expressed is a desire for better and more detailed police report writing in CEV/DV cases. Similarly, ZSS would like to see more objective and informative status reports from social service home assessments. It was noted that training on technical writing skills can be provided/set up locally through schools and community colleges in the area, and that this would probably be the best way to primarily meet this need. Assistance on the consistent preparation of documents between multiple partners, such as in situations requiring memorandums of understanding, will be helpful in maintaining collaborative efforts.

Early Intervention and Treatment of CEV

With reference to CEV and DV is an identified need for a DV curriculum for Family Preservation/Social Service to enhance DV services in the community. There were plans in the past year to have, via NCJFCJ and the Model Court Project, TTA consisting of basic domestic violence information though this TTA was not carried out due to conflicting schedules—these plans should be revisited. Another area mentioned is "customer service" training for social service providers—making efforts to keep things positive rather than a sense of powerlessness when dealing with families in difficult times. Case management training in a broad based group that includes Model Courts, Drug Courts, DV Code, and the Children's Code can lead to better coordination and information sharing between agencies. Members of tribal governance note that social services strategies for families in rural communities, ethnic minority communities, and/or relevant skills from urban inner cities can also be useful in Zuni, and that technical assistance informed by these kinds experiences will be highly useful.

Preventing the Violence that Children are Exposed to

Providing conflict resolution skills and training for not only those involved in Safe Start, but also the larger Pueblo of Zuni community is seen as necessarily preventative for violence in general, thus encompassing the subject of children's exposure to violence.

The rationale here is that conflict resolution skills among members of the larger community will allow for disagreements to be resolved before situations escalate to violence, which would lead to fewer incidences of violence. If there are fewer incidences of violence, then there would be fewer chances of children being exposed to violence. It would be prudent to add that this scenario would be more likely to appear if the conflict resolution training provided also included relevant issues of children's exposure to violence. Then, trained community members in situations that might potentially lead to violence would be more cognizant of the presence of children, which would hopefully allow for more emphasis on peaceful resolutions of disagreements.

Recommendations

- Identify proposed media campaign collaboration models that have been effective at other sites to assist in public education on Safe Start issues, with the understanding that the media pieces created as a result will have to be culturally competent and reflective of Zuni.
- Work with the CIRCLE Project, as identified, to gain a better understanding of ICWA, the ASFA Children's Code, and other laws governing the removal and placement of children.
- Obtain information from NCJFCJ on basic domestic violence issues and use to provide strategic consultation to ZSS.
- Identify culturally competent possibilities for "customer service" TTA for social service providers.
- Consider using JIIS (Juvenile Integrated Information Sharing) to enhance case management between courts and agencies.
- Identify culturally competent conflict resolution tools and techniques.

Review of T&TA Plan

ZSS's T&TA Plan is written by the project coordinator and the TTA Committee. This plan will be visited quarterly based on the progress of strategies, and to ensure that TTA is implemented. The project coordinator and core management has the responsibility of ensuring initiation and implementation of TTA. TTA provided through Safe Start is intended to expand and build on any previous trainings or technical assistance provided to programs of the tribe. Regarding the Model Court Project, TTA from Safe Start can be used to inform it, and vice-versa, as both projects look to achieving their goals. Trainings and workshops from Safe Start will be made available to the larger community when appropriate, and will not be solely for the benefit of participants of the Safe Start Initiative.

Cross-Site Observations

Collaboration

Most sites have had difficulty in developing appropriate roles and responsibilities for collaborative members (vs. staff or contractors) once the initiative has moved from planning to implementation (not to mention sustainability). Many have also had difficulty getting all of the appropriate partners on board and keeping them engaged in the collaborative. In addition, the frequency of collaborative meetings in many cases is not often enough. Several sites need TA and strategic consultation around developing the collaborative as a whole, the members and the committees or work groups that have been formed.

Management/Staffing

The relationships between grantee/lead agencies, prime contractors, and subcontractors continue to be challenging for local project staff and the collaborative. For some sites these relationships are ambiguous, often negatively impacting the structure and functioning of the local collaboratives, service delivery providers and contractors even service recipients. Some of the problematic issues raised include who makes decisions, how meeting agendas are developed, how and to what extent feedback is given and incorporated, and the level/degree of flexibility and adaptability of project participants over the next 2.5 years.

Strategic Planning and Evaluation

The need to annually update the community assessment and the strategic plan is only now beginning to be realized. Integration of evaluation findings is still lagging as the annual implementation plans are updated. Sites are in various stages of revising and moving forward with their plans, and some have not yet received feedback from Justice on their plans and/or budgets. Sites will benefit from direct technical assistance and strategic consultation around developing strategic, implementation and TA plans that seamlessly connect.

Systems Reform and Sustainability

Many sites are not adequately connecting the findings of their policy and fiscal analyses into systems change strategies, let alone involving stakeholders from the key systems in working together to change how they operate (and why), jointly and individually. Many are focusing more on changing individual systems rather than integrating systems for overall systems change. Policy change is not a high priority in all sites, as many are still focusing on direct services. Strategic consultation and guidance must be provided to the sites early to ensure the creation of a strong policy and legislative agenda that can support their sustainability efforts.

Service Integration and Delivery

By separating their service delivery and systems reform tasks and charging different groups and agencies with their implementation, most sites are missing the logical and practical connection, between the two. This is also true of the tendency to divorce the CEV awareness and community education functions from the service delivery and staff development functions. In addition, some sites are focusing more on certain aspects of children's exposure to violence, such as treatment and intervention over prevention, while others are concentrating their efforts in certain areas of violence over others, i.e. family/domestic violence over community violence.

Program Strategies and Expertise

More advanced training and skill development for clinicians is needed. The connection between court reform and other strategies is not as clear and developed as it needs to be. Violence prevention skills and strategies to balance out current concerns with CEV awareness, protection/shielding training, and delivery of services will need to be enhanced as the Safe Start initiative evolves. All sites have identified training both internally and externally to be a primary concern. Most have difficulty moving from training into ways to implement what is learned in training into actual practice change.