



San Francisco SafeStart Initiative

Semi-Annual Evaluation Report

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Reporting Period: October, 2002 to March, 2003

Table of Contents

I.	Executive Summary & Recommendations.....	3
II.	Summary of Data Collection Activities.....	9
III.	Summary of Progress on Goal & Objective Achievement.....	11
IV.	Evaluation Issues & Challenges.....	22
V.	Appendices.....	23
	a. SafeStart Domestic Violence Training Evaluation Report	
	b. SafeStart Batterer’s Services Learning Presentation Evaluation Report	
	c. SafeStart Family Support Learning Presentation Evaluation Report	
	d. SafeStart Police Learning Presentation Evaluation Report	
	e. Emergency Communications Department Data Report	
	f. Police Department Data on Domestic Violence Cases Report	
	g. Analysis of FRC Consumer-Level data Quality	
	h. Preliminary Demographic Profiles of SafeStart Families	
	i. SafeStart Child Welfare Learning Presentation Evaluation Report	

I. Executive Summary & Recommendations

The following report summarizes the progress of the San Francisco Safe Start Initiative, hereinafter referred to as the “initiative,” toward meeting its stated outcome and impact goals from October, 2002, to March, 2003. The following *executive summary* identifies and discusses both successes and areas for development during the reporting period, and provides recommendations to guide the ongoing design and implementation of San Francisco’s SafeStart Initiative.

From an evaluation perspective, much progress has been observed during the reporting period as the initiative moves from planning to implementation. The collaborative has been greatly strengthened by the addition of new Parent Team, Advisory Council, Steering Committee members, and the formation of new Ad Hoc Committees. New policies have been developed and implemented. Community and consumer-level data collection infrastructures are in place, and data have begun to flow.

All SafeStart partners should be congratulated for the tremendous progress made in strengthening the collaborative, implementing the service system, and building the data collection infrastructure. In addition to continuing these efforts, our attention must now expand to include the assessment and improvement of the quality of the data that are becoming available. A review of current data suggest strongly that much work needs to be done to improve the quality of the gathered information so that it can support decision making in this crucial implementation phase.

Progress on SafeStart Outcomes

A. Initiative Outcome One - Parents on the Advisory Council play a larger role in planning and evaluating services for young children exposed to violence.

Successes

Program staff from the Department of Children, Youth, and their Families (DCYF) have successfully addressed recommendations identified in the last reporting period. First, to address issues of low participation, Parent Team members now meet monthly as a separate group during times that are more convenient for working parents.

Second, an additional three Parent Team members have been recruited, bringing the group to a total of five members. DCYF staff report renewed enthusiasm in the group due to the addition of additional members. The new members also bring increased cultural diversity to the group (African-American, Cantonese).

Third, a Parent Team member chaired the January Advisory Council meeting

Finally, in response to concerns about possible conflicts of interest, the SafeStart Director has enacted a policy that prevents Service Delivery Team members from serving on the Parent Team.

Areas for Development

To date, ETR Associates has received two completed surveys from the group of five Parent Team members of the Advisory Council, therefore, few objective and anonymous data have been collected to help guide the process of enhancing the role parents play in planning and evaluating services.

Direct observations of Advisory Council meetings indicate that the Parent Team does not yet have a distinct voice. For example, recent meetings have focused on the development of collaboratives among various public and private agencies. Parent Team members could catalyze these discussions by vocally reinforcing SafeStart's client-centered approach.

Recommendations

- a. Now that there are five individuals on the Parent Team, SafeStart should proceed with its planned focus group to gather objective and anonymous data. The focus group should be held in private, with only the evaluators present. Focus group data can then be utilized to craft strategies for enhancing the impact of Parent Team members.
- b. Discontinue efforts to survey Parent Team members until July, 2003. The current survey method is not an effective means of collecting data due to apparent concerns about confidentiality.
- c. Consider developing a formalized protocol for including Parent Team members during Advisory Council meetings. For example, consider making "Parent Team member comment" a regular part of the Advisory Council agenda.
- d. Consider training the parent team members on meeting protocols so that they may chair the Advisory Council meetings with confidence.

B. Initiative Outcome Two - The community is less tolerant of exposing young children to violence.

Successes

SafeStart has crafted a plan for developing a community relations campaign by identifying a contractor through a competitive process by May, 2003. The plan calls for the implementation of a community relations campaign by December, 2003.

Data from the Emergency Communications Department are included in this report in *Appendix E*. The report presents the number of domestic violence calls to emergency dispatch in San Francisco in 2002. Although a significant upward spike is observed in November and December this result is most likely due to training provided to dispatchers on the classification of domestic violence calls, and is not necessarily reflective of increased domestic violence in the community. However, if reporting rates hold steady in the coming months, the new classification system will result in a *three to five* fold increase in the reporting of domestic violence to San Francisco emergency dispatch.

Data from the San Francisco Police Department's Domestic Violence Response Unit are presented in *Appendix F*. This report is based on the data provided by the department on the Supplemental Checklists that police officers complete when responding to a domestic violence incident. The report indicates that, during the period from December 13, 2002 to January 31, 2003, the Bayview Police District had the highest number (11) of police-involved domestic violence incidents compared to all other districts. The Ingleside Police District had the next highest number of incidents at seven. The Bayview and Ingleside district had more Police-involved domestic violence incidents than the other seven districts combined.

Areas for Development

Unfortunately, the Roper Starch Worldwide telephone survey, the primary source of data used to assess the community's tolerance of exposure to violence has not been implemented to date. This is a vital source of data for the determination of community tolerance of violence, and the evaluation of this component of the initiative is severely weakened by the absence of these data.

A review of Police data indicates that significant problems remain related to the quantity and quality of data delivered to date. First, the Domestic Violence Response Unit personnel continue to struggle with completing data collection tasks and delivering data to ETR Associates. Although good progress had been made in the past few months, data flow from the DVRU continues to be sporadic. Second, the quality of the police data is poor in that there are high levels of missing information. It is police policy that an officer completes a *supplemental checklist (Form 480)* each time they respond to a domestic violence incident. The supplemental checklist includes variables of interest to SafeStart stakeholders, including the number of children exposed to violence. Available data indicate the police complete the form in only about 34% of incidents. Obviously, this seriously undermines the validity of these data. Although a plan was developed last year to train police officers on the completion of the supplemental checklist through a series of roll call training sessions, no training was provided during the reporting period.

Recommendations

- a. SafeStart Evaluation Committee should initiate a discussion of how the San Francisco initiative is going to make up for the lack of the Roper Starch data.
- b. A major barrier to consistent police data collection is the fact that only two officers are tasked to complete data collection activities. Offers to assist the officers, unfortunately, are turned down due to police policy about the handling of data (according to the police department, no "civilian" can be granted access to case files). First, SafeStart should consult the city attorney to determine if additional access can be legally granted to ETR Associates. Second, SafeStart should meet with DVRU leadership to set a firm date for the delivery of roll call training. Originally planned for implementation in October, 2002, the roll call training sessions will improve the quality of police data as more

officers are trained on completing the *supplemental checklist*. Finally, the SafeStart training coordinator should continue efforts to support the DVRU in the development and implementation of the roll call training sessions.

C. Initiative Outcome Three - Parents/community members utilize more SafeStart services to address violence.

Successes

In response to a recommendation in the last semi-annual report, DCYF has agreed to incorporate performance measures in the *Policy Four – Case Management and Referral*.

The service utilization database designed by ETR Associates has been successfully installed in the three Family Resource Centers. Staff from the FRCs participated in ETR's training on the use of the database.

ETR Associates has implemented a plan to support the FRCs in both the retrospective and current data entry tasks by placing an ETR staff member in the FRCs for a few hours each week. This has been successful in improving ETR's assessment of data collection progress.

The Family Advocates (FAs) at the Family Resource Centers (FRCs) have continued to build their client caseloads. In the Bayview / Hunters Point FRC, ETR has received reports of 12 active consumers on their SafeStart caseload (three clients were terminated during the reporting period). At the Asian / Pacific Islander Family Resource Network (API-FRN), 22 SafeStart clients are currently active. Within the Chicano/Latino Family Resource System, 23 SafeStart consumers are currently being served. As of the writing of this report, significant progress has been made toward the achievement of SafeStart consumer-level data collection goals as the initiative moves from planning to implementation. For example, complete consumer datasets (a complete dataset includes a family admissions form, child admission form(s), and a case management log). To date, Bayview / Hunter's Point FRC has collected, entered, and transmitted all 15 of their caseload. The API-FRN has similarly delivered 24 cases. The Chicano / Latino Family Resource Center has delivered 23 incomplete data sets (no case management logs have been received). Despite the fact that these numbers are small, they do represent significant progress in consumer-level data collection. A preliminary descriptive analysis of available demographic data is included in *Appendix H*.

Areas for Development

All told, the FRCs report currently serving a total of 57 consumers, which represents about 21.9% percent of current estimated service provision capacity of 260 consumers. This figure represents a 11.9% increase in service provision over service figures from the previous reporting period.

The data collection protocols mandated by the federal evaluators and additional local evaluation activities are indeed a weighty task for FRCs to handle. Therefore, an extended

amount of time was given to the FRCs to complete data entry related to historical SafeStart cases and to successfully integrate data collection with new clients into the day-to-day operations of the FRC. Although significant progress has been made, the quality of the consumer-level data requires much improvement. Within the *Family Admissions Form*, for example, many data are missing. Missing data rates within variables range from 3% to 93%. Data quality analysis of non-demographic data indicates that variables are left blank an average of 58.7% of the time on the Family Admission Form. Complete information on the amount of missing data can be found in *Appendix G*.

ETR Associates has not received any referral information from WOMAN, Inc. as the new online referral system is still undergoing final testing. Full implementation is expected in April, 2003.

An assessment of the SafeStart referral phone line, (415) 565-SAVE, was conducted in February and March, 2003. During that time, eight documented quality control calls were placed to the support line. Only half of the calls were successfully handled by the support line (picked up within 10 rings). Of the four failures, three appear to have been caused by technical problems (range three times, then busy signal; picked-up on first ring, then disconnected; four rings then disconnected). On one occasion, the quality control call went unanswered for 16 rings.

Recommendations

- a. ETR strongly recommends that the issue of form completion and data entry be placed on the regular agenda of the Service Delivery Team meetings until such time as complete datasets are flowing efficiently. The need for consistent and complete form completion and data entry should be consistently reinforced in both the confidential case consultation and planning meetings of the SDT.
- b. Early in the next reporting period, SafeStart should add ETR Associates to a SDT meeting agenda for at least one hour to check in with providers on the issues they are facing when they complete the forms. For example, it's not at all clear that the amount of missing data is the sole responsibility of the case manager to derive and document. At some level, the amount of missing data is perhaps indicative of the strength and sophistication of the collaborative. Large amounts of missing data related to police (70%), probation (90%), and child protective service involvement (85%) is likely due to the lack of efficient information sharing across those city departments. This conclusion is somewhat corroborated by the fact that missing data rates are much lower (about 30%) when the completion of the variable does not rely on receiving information from agencies external to the FRCs.
- c. The problems with the SafeStart referral support line must be solved immediately. The presence of a working referral line is critical to the success of SafeStart. A final plan should be devised to complete all necessary improvements as soon as possible. SafeStart should also continue random quality control calls to monitor this situation.

D. Initiative Outcome Four - Service providers are more aware of other available services and coordinate them with their own services.

Successes

Four additional Learning Presentations to the Advisory Council have focused on identifying and describing available public and private resources in the community for SafeStart clients. Presentations on *Batterer's Intervention Programs*, *Family Support*, the *Police Department*, and *Child Welfare* were completed during the reporting period. Data gathered through Learning Presentation evaluation surveys indicate consistent reports of awareness building and high levels of satisfaction. Learning presentation satisfaction survey summaries are included in the appendices.

Confidential case consultations are also held twice a month to allow coordination among SDT-presented systems.

Areas for Development

Conclusions on service providers' *awareness of other available services* continue to be based solely on provider self-report data. Although positive results from evaluation surveys are impressive and appear to indicate significant progress, preliminary conclusions should be confirmed with service utilization and service coordination data. Since services are not fully operational, and the resulting data are not flowing, it is not yet possible to generate confident conclusions about the *service coordination* part of this outcome. Case Management Logs have been developed to gather data on the amount and type of service coordination activities provided to each SafeStart client. ETR is currently working with available data to assess levels of effective service coordination and will present a summary to the Evaluation Committee in April, 2003.

Recommendations

- a. Initial improvements in knowledge of services are often detected by evaluation systems, particularly when self-report data are used. Conclusions about the actual behaviors associated with self-reported service coordination skills should be confirmed with appropriate process evaluation data as they become available.

E. Initiative Outcome Five - SafeStart service providers are more aware of the impact of violence on young children and are able to provide violence-informed services to more consumers.

Successes

DCYF staff have implemented a plan to address specific feedback from recipients of SafeStart training received during previous surveying. The training curriculum will be developed by April, 2003.

ETR Associates has completed the evaluation of the Domestic Violence training using a one-group pretest-posttest design. Results indicate that participants in training report high levels of knowledge, preparedness, and comfort in working with SafeStart clients, although these effects were not observed across the board. Half of the participants reported that their work with SafeStart clients had become more satisfying after participation in the training.

Areas for Development

Despite the limitations of the training evaluation methodology (predominantly due to small sample size), it is clear that service delivery team members require additional training to further enhance their work with families and children exposed to violence.

Recommendations

1. Integrate information from the recently completed training evaluation into the process of developing the next training curricula.
2. Consider involving SDT members in the design and development of any new training curricula. Suggestions for future training include *instructions for filling out legal forms, dealing with batterers, and allowing more discussion time.*
3. Create a mechanism that ensures that new SDT members are trained on the SafeStart service delivery model in a timely manner.

F. Initiative Outcome Six - Administrative or legislative policies change to promote the goals of the SafeStart Initiative.

Successes

The Advisory Council has approved new policies that support SafeStart service delivery, including *Policy Number Two – Developmental Disabilities, Policy Number Three – Consent & Confidentiality, and Policy Number Six – Child Abuse & Neglect.* The Advisory Council also approved several memoranda of understanding during the reporting period (DHS, DPH, SFPD, DOSW, and Family Court).

According to Advisory Council Learning Presentation surveys, SafeStart Advisory Council meetings have raised awareness about the San Francisco community of providers who serve families with children exposed to violence. Another success is that the Advisory Council meetings have grown in size dramatically over the past year, a clear indicator of the continued expansion of the collaborative.

In October, 2002, a SafeStart Steering Committee was formed to make recommendations to the Advisory Council. A review of the minutes of both the Steering Committee and the Advisory Council suggests that the formation of the Steering Committee has enhanced the initiative's efficiency and effectiveness.

Areas for Development

A challenging situation has arisen related to Policy Number Three – Consent & Confidentiality. For a client to be presented in the Confidential Case Consultation meetings of the SDT, prior active consent must be received. For consent to be established, FRC workers must read and explain a detailed Consent and Confidentiality form with clients. This procedure, and the “legalese” language of the consent and confidentiality form, has been identified by Advisory Council members and FRC representatives as the main reason why there has not been a single confidential case presentation to date.

Recommendations

- a. Consider revising the language contained in the consent and confidentiality form, or, if that is not possible for legal reasons, consider developing a written protocol that FRC workers can follow that addresses the content of the form without the legal language.

II. Summary of Data Collection Activities

During this reporting period, the evaluation team has used a variety of data collection methods to collect study data. This section summarizes ETR Associates' data collection activities during the reporting period.

Document Reviews: ETR has collected training attendance logs, Advisory Council and SDT membership records, meeting agendas and minutes, intake and case management protocols, and training materials. This effort is ongoing.

Structured Observations: ETR began conducting structured observations of the SDT and Advisory Council meetings in July, 2002.

Pretest-posttest Surveys: To assess changes in the knowledge, attitudes, and skills of SDT and other training participants, ETR collected data using paper-pencil surveys administered within a one-group pretest-posttest design.

Satisfaction Surveys: Satisfaction surveys have been administered to Advisory Council members after each bimonthly Learning Presentation.

Client Data and Service Protocols: ETR and SafeStart are now taking the final steps toward approving the client referral, admissions, case logs, and termination protocols. The data collected from these service protocols will be entered into ETR's Access database and analyzed to determine client outcomes.

Database Development: ETR has completed development of a comprehensive Access database that contains client, case management, and evaluation data. Through this relational database, SafeStart funded partner staff and SDT member's responses across surveys are now linked so that we may analyze changes in client functioning over time.

Evaluation Committee: DCYF and ETR have sustained the system of reporting and data sharing that is inclusive and participatory. There are monthly meetings with the Evaluation Committee of the Advisory Council. In these meetings, data are shared, recommendations are discussed, and process activities are reviewed. This committee works together to assess SafeStart progress, plan for next steps, and coordinate the evaluation activities of ETR Associates, Green Book, DCYF, and the Children's System of Care. This process also helps staff to utilize the evaluation data in an ongoing manner to strengthen program efforts. A presentation of the key findings described in the executive summary of this report will also be made available to other SafeStart stakeholders. The format and content of these presentations will be reviewed with the Evaluation Committee to increase the relevance and accessibility. These presentations will include discussions and application activities focused on how to use the data for local decision-making and program planning.

Data Collection Activities Summary

The following table summarizes the data collection activities implemented during the reporting period.

Instrument	n	Date	Goal	Respondents	Measurement Domains
Learning Presentation Satisfaction Survey (Batterer's Intervention)	16	October 2002	Goals 1 & 2	Advisory Council Meeting Attendees	Knowledge of presented material, satisfaction with presentation, future training needs.
Learning Presentation Satisfaction Survey (Family Support)	24	November 2002	Goals 1 & 2	Advisory Council Meeting Attendees.	Knowledge of presented material, satisfaction with presentation, future training needs.
Learning Presentation Satisfaction Survey (Law Enforcement Role)	19	January 2003	Goals 1 & 2	Advisory Council Meeting Attendees.	Knowledge of presented material, satisfaction with presentation, future training needs.
Learning Presentation Satisfaction Survey (Child Welfare)	23	March, 2003	Goals 1 & 2	Advisory Council Meeting Attendees.	Knowledge of presented material, satisfaction with presentation, future training needs.
Domestic Violence Training Posttest	9	January 2003	Goal 2	SDT Members	Awareness of domestic violence impacts, statistics, causes, services, and skills for addressing DV.
Advisory Council Meeting Observations	n/a	Monthly	Process Eval.	Advisory Council Members	Semi-structured observations on meeting components, agenda, members present, action items, discussion items, unfinished business, meeting quality (timeliness, adherence, interactions, consensus).
Service Deliver Team Meeting Observations	n/a	Weekly	Process Eval.	SDT Members	Semi-structured observations on meeting components, agenda, members present, action items, discussion items, unfinished business, meeting quality (timeliness, adherence, interactions, consensus).
Emergency Call Data (2002)	n/a	Annual Report 2002	Community Assessment	Callers of 911	Volume of emergency calls related to DV.

Instrument	n	Date	Goal	Respondents	Measurement Domains
Police Report Data	30	Monthly	Community Assessment	Victims of DV	Volume of DV cases, volume of children exposed to DV.

III. Summary of Progress on Goal & Objective Achievement

The following section provides information on goal and objective achievement during the reporting period (October, 2002 to March, 2003).

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.

Objective 1.1: Engage at least 6 members (including parents, consumers, and childcare providers) representing the 5 targeted neighborhoods to actively participate on the SafeStart Advisory Council each year of the Initiative.

- a. As of the date of this report, an additional three Parent Team members were recruited during the reporting period, bringing the group total to five.
- b. During the reporting period, five Parent Team members representing three neighborhoods (Chinatown, Mission, and Bayview / Hunters Point) began to actively participate on the SafeStart Parent Team.
- c. Parent Team members have participated in the October, November, December, and January Advisory Council meetings, as well as in the December and February Steering Committee meetings this reporting period.
- d. A Parent Team member chaired the January Advisory Council meeting.

Objective 1.2: For all parents and consumers working with the Outreach Coordinator for at least 4 months, increase their knowledge/awareness/sensitivity of issues and strategies to enhance service delivery and response for children aged 0-6 who are exposed to violence.

- a. The Outreach Coordinator has developed a new training curriculum, scheduled to be implemented in April, 2003.
- b. Learning Presentations occur at each Advisory Council meeting, wherein council members present information about the history, purpose, mission, and scope of services provided by their particular agency. Anonymous satisfaction surveys are administered at each Learning Presentation. Survey results indicate Advisory Council Parent Team members report gaining knowledge and awareness of issues and community services providing services to children and families exposed to violence.

Objective 1.3: For all parents and consumers participating on the Advisory Council for at least 4 months, increase their ability to participate in SafeStart policy development to enhance service delivery and response for children aged 0-6 who are exposed to violence.

- a. Parent Team members participate in the review and approval of all SafeStart policies and protocols. There are ongoing opportunities for parent/consumer council members to provide feedback to the Outreach Coordinator and the SafeStart Director, and to participate on committees to refine and develop SafeStart policies. These processes have benefited from the structural changes implemented during the reporting period that eliminated temporal barriers to parent/consumer participation.
- b. The addition of three new Parent Team members during the reporting period has brought new enthusiasm and energy to the Parent Team.

Objective 1.4: For all parents and consumers working with the Family Outreach Coordinator for at least 4 months, increase the extent to which they promote awareness of SafeStart activities and the needs of children aged 0-6 who are exposed to violence in their community.

- a. During the reporting period, one parent/consumer member conducted two community outreach sessions with members of the Filipino community.
- b. To more directly assess objectives 1.2 through 1.4, a survey for parent members working with the Outreach Coordinator was administered in January 2003. No report was generated on these data due to the fact that only two completed surveys were received, therefore eliminating the confidentiality of responses.

Goal One: Progress Summary & Recommendations

SafeStart has improved structures and supports that allow parent/consumer-members to actively participate on the council and to provide feedback on policies, protocols, instruments and evaluation activities. Each meeting of the Advisory Council was attended by at least one Parent Team member. Ongoing outreach efforts have resulted in the addition of three new Parent Team members, expanding the group's representation of target neighborhoods. With a newly invigorated group of Parent Team members, DCYF staff should concentrate on training this group and on developing methods for enhancing their impact at the Advisory Council meetings. DCYF should consider training the Parent Team members in public meeting protocols so that they can chair future meetings regularly and with increased confidence. The enhancement of the visibility and impact of this group may be the very thing that attracts a sixth and final Parent Team member, replacing the need for intensive recruitment. DCYF should also consider developing a regular agenda item so that the Parent Team members may share their recommendations formally to the Advisory Council. Finally, DCYF could involve Parent Team members in the process of developing consent and confidentiality protocols that are more accessible to both SDT member and the consumers they serve. To facilitate this process, ETR Associates will conduct a focus group with the Parent Team members during the next reporting period.

Goal 2: SERVICE ENHANCEMENT. Increase service providers' capacity to serve and work with children and families exposed to violence.

Objective 2.1: Increase the awareness of 100% of SafeStart funded staff and 50% of other staff of SafeStart funded agencies about the impact of violence on children and families and the developmental needs of children who are exposed to violence by December 2003.

- a. In October, 2002, a presentation on *Family Court Services* was delivered to SDT members. During the same meeting, SDT members heard presentations on the *SafeStart Support Line* and *Developmental Disabilities*.
- b. In October, 2002, a second 40-hour domestic violence counselor training was held for an additional four Service Delivery Team members. In January, an evaluation survey was administered to the trainees from both the October session and the previous session held in June, 2002. A complete evaluation report is provided in *Appendix A*. A synopsis of *key findings* is provided below.

Key Findings

1. Overall, results showed positive change in respondents' post-test responses compared to their pre-test responses. This change was especially apparent when more respondents were able to identify correct multiple responses to open-ended questions.
2. Respondents' level of preparedness in handling domestic violence cases also showed an increase over time. Most significantly, respondents registered an increase of 0.63 when they reported on their ability to 'ask routine questions about partner violence' (from 3.62 to 4.25).
3. On a scale of 10 to 50, respondents' aggregate "preparedness score" increased from 39.17 to 41.67 (a positive difference of 2.50) in the post-test survey.
4. Finally, four respondents (half of all respondents) reported feeling that their work with families affected by violence had become more satisfying for them.

Recommendations

1. Offer Domestic Violence Trainings on a periodic basis to new Service Delivery Team members, as well as other agency staff (SafeStart Partners).
 2. Involve existing Service Delivery Team members when designing future training curriculum. Suggestions for future training include instructions on filling out legal forms, dealing with batterers, and allowing for more discussion time.
- c. In December, 2002, a representative of the San Francisco Child Abuse Council delivered training to SDT members on the mandated reporting of child abuse and neglect. Several guests from partner agencies joined the session.

Objective 2.2: Increase the skills (to identify, respond, and treat consumers) of 100% of SafeStart funded staff and 50% of other staff of SafeStart funded agencies to address child and family exposure to violence through effective strength-based approaches by December 2003. (By December 2004 50% of the remaining untrained staff will be trained; by December 2005 50% of the remaining untrained staff will be trained.)

- a. To date, no actual cases have been presented within the confidential case consultation meetings with the SDT. This may be due to a paperwork barrier, as several SDT members have reported severe language and burden barriers associated with the completion of consent and confidentiality forms.
- b. However, the case consultation meetings themselves have continued, and Dr. Patricia Van Horn (University of California at San Francisco (UCSF) Child Trauma Research Project (CTRP)) provides ongoing clinical consultation on strengths-based approaches and supervision to SDT members as they discuss general case issues, treatment planning and service coordination strategies.

Objective 2.3: Increase the awareness of 50% of staff at non-SafeStart funded agencies about the impact of violence on children and families and the developmental needs of children who are exposed to violence by December 2004.

Non-funded agency staff members have attended the SafeStart Academy and Advisory Council Learning Presentations. A learning presentation on Child Welfare System was delivered by Child Protective Services during the March Advisory Council meeting.

Objective 2.4: Increase the awareness of at least 50 early childhood educators, K-1 educators, parents and community members who participate in SafeStart training about the impact of violence on children and families and the developmental needs of children who are exposed to violence by December 2004. (By June 2005 an additional 50 individuals will be trained.)

Professional development sessions were held in the San Francisco Unified School District to educate teachers and other qualified staff about the impact of violence on children and families and on the developmental needs of children exposed to violence. Three sessions were implemented in December, 2002, reaching about 41 educators and district staff. Two additional meetings were cancelled by the school district.

SafeStart has developed a relationship with the San Francisco Unified School District that has resulted in one outreach presentation to approximately sixty elementary school principals and vice principals. SafeStart personnel also performed outreach at a regular monthly meeting of the San Francisco Child Care Planning and Advisory Committee, composed of the city's policy makers and community leaders in early childhood education. SafeStart training was delivered to SFUSD's annual Learning Supports Conference with approximately seventy educators in attendance. Faculty at two elementary schools with approximately ten K - 1 teachers and fifteen grade 2 - 5 teachers were also trained. Three workshops were delivered at SFUSD's Professional Development Institute with a total of 35 educators participating. In addition, SafeStart trained staff at Fu Yee Children's Services, a center-based child care provider in Chinatown, a SafeStart target neighborhood. Several of these presentations were co-taught with members of the Service

Delivery Team, the technical assistant from the Child Trauma Research Project, and a partner from UCSF/Mt. Zion Living in Non-Violent Communities.

Objective 2.5: Develop a cadre of trained educators in SafeStart agencies to continue to train 50% of new staff members each year by December 2004.

Based on a review of SDT meeting minutes, the SDT team reports readiness to implement training of colleagues in their home agencies. Indeed, much of this training has occurred informally within the service centers, as SDT members share information about SafeStart with their colleagues. Additionally, the SafeStart *Outreach and Training Coordinator* has designed training content for teachers, social workers, and police officers.

Objective 2.6: Develop a system of quarterly updates and make it available to all previously trained staff in SafeStart agencies to support ongoing capacity development and training by December 2004.

A system for meeting this objective has been developed by the SafeStart training coordinator for implementation during the next reporting period. Also, in response to the fact that a number of SDT members left the group and were replaced with new members, the SafeStart training coordinator has developed an orientation training protocol geared to new members of the SDT that can be provided immediately upon new membership.

Goal Two: Progress Summary & Recommendations

Significant progress has been made on the training of Service Delivery Team members and appropriate members of the community. A significant number of training and outreach activities have been implemented during the reporting period. Additionally, SafeStart staff have developed new training protocols to address ongoing training needs of teachers, social workers, and police officers. It is anticipated that SafeStart personnel will continue successfully training service delivery team members and non-SafeStart funded agencies.

Although the police training curriculum has been developed, no progress has been made on actually delivering the training to police officers during roll call. Although the Police Department bears the primary responsibility to implement this component, DCYF staff should discuss and develop new strategies of working with the Police Department to ensure that the roll call trainings are implemented in a timely manner. To date, the initiative has concentrated on using the Police chain of command to reinforce the importance of project goals. A different strategy, one that offers significant logistical and administrative support to the appropriate police representatives would catalyze the training process. For example, the SafeStart training coordinator could liaise with appropriate police representatives to take the burden of scheduling roll call trainings off of the police department.

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

Objective 3.1: Identify common data elements for SDT (SDT—see Objective 4.1) and develop standard protocols for data collection, reporting, and sharing/confidentiality by December 2002.

- a. SafeStart's Director has completed the task of developing consent and confidentiality procedures that pass legal muster. *Policy Number Three - Consent and Confidentiality* highlights the human rights protection procedures required by all SafeStart staff. Final approval from the Advisory Council was approved as expected in November 2002.
- b. In January, 2003, ETR Associates conducted a training on the protocols for data collection through the *Family Admission Form*, the *Child Admission Form*, and the *Case Management Log*. A data collection manual was provided to all SDT members.
- c. In January, 2003, ETR Associates trained FRC supervisors and a few FRC clinicians on the protocols for data entry and transmittal using the SafeStart database developed by ETR.
- d. At the January SDT meeting, WOMAN, Inc. trained SDT members on the protocols for using the online referral system.

Objective 3.2: Jointly develop service provision protocols that will apply to all SafeStart cases and problem-solve systems issues to increase the effectiveness of the seamless system by June 2002.

- a. The initiative is currently reviewing *Policy Number One – Victims of Crime* and working on *Policy Number Four – Case Management & Referral*, *Policy Number Seven – Domestic Violence*, and *Policy Number Eight – Batterer's Intervention*.
- b. *Policy Number Two – Developmental Disabilities*, *Policy Number Three – Consent & Confidentiality* and *Policy Number Six – Child Abuse & Neglect* were approved by the Advisory Council.
- c. Memoranda of Understanding for participation in the SDT meetings were approved for the *Department of Human Services (DHS)*, the *Department of Public Health (DPH)*, the *Police Department (SFPD)*, the *Department on the Status of Women (DOSW)*, and *Family Court*.
- d. Final versions of the SafeStart Referral Form, the Child Admission Form, Family Admission Form, the Family Case Management Log, and the Consumer Satisfaction Survey were reviewed by SDT members and approved by the Institutional Review Board of ETR Associates.
- c. Personnel from ETR Associates and UCSF's Child Trauma Research Project trained the SDT members from the FRCs on the procedures used to obtain client consent and conduct structured interviews.

- d. Family Advocates were trained by ETR Associates to enter the data from the forms into ETR's *San Francisco SafeStart Consumer Database* and transmit the data to ETR for analysis and transmittal of anonymous data to the Federal evaluators.
- e. When a call is received by the SafeStart Support Line and the initial information gathered determines that the person being referred is eligible for SafeStart services, a special window with the SafeStart referral form now pops-up on the operator's computer and prompts the operator to proceed through the SafeStart referral form completion process.

Objective 3.3: Implement the SafeStart data and service protocols developed and approved by the SDT in 100% of SafeStart agencies by December 2003.

Data collection protocols were presented to ETR Associates' Institutional Review Board (IRB) in November 2002. The protocols were approved by the IRB. Currently, data collection protocols are being piloted with the SafeStart staff located at the FRCs. Expansion to the entire FRC staff and then to the other SafeStart-funded partners will occur after the forms have been successfully integrated into the SafeStart data collection and service protocol process.

Objective 3.4: Develop, implement, and promote an integrated referral system for all SafeStart Support line calls involving children exposed to violence by December 2002.

- a. The SafeStart Support Line, (415) 565-SAVE, was established and approved by the Advisory Council in October 2002. The SafeStart Support Line began receiving calls in November, 2002. There were initial conflicts with other local support line numbers, which delayed the implementation of the support line. During the reporting period, quality control calls were placed to assess the effectiveness of the support line. The table below includes information on the result of the assessment.

<u>Date</u>	<u>Time</u>	<u>Answered?</u>	<u>Rings?</u>	<u>Busy?</u>	<u>Notes</u>
3/12/2003	10:01 AM	Y	10	N	4 rings, reroute, then 6 rings, then "SafeStart"
3/12/2003	10:20 PM	Y	7	N	4 rings, reroute, then 3 rings, then "SafeStart"
3/15/2003	3:46 PM	Y	6	N	4 rings, long pause due to reroute, then 2 rings, then "SafeStart"
3/19/2003	8:05 AM	N	4	N	4 rings, then disconnected.
3/20/2003	1:54 PM	N	1	N	Picked up on first ring, then disconnected.
3/21/2003	10:17 AM	N	16	N	4 rings, reroute, then 16 rings, then caller hung up.
3/27/2003	2:10 PM	Y	7	N	Answered "SafeStart"
3/28/2003	2:05 PM	N	3	Y	Rang three times, then busy signal.
NOTE: Eight attempts, four successful. Average # of rings for successful = 7.5, average # for unsuccessful = 6					

- b. SafeStart, WOMAN Inc., and ETR Associates have completed the work of developing an online referral system for eligible SafeStart consumers. The system is undergoing final testing and is expected to be online in April, 2003.

Objective 3.5: Develop an information technology system to share common data elements agreed upon by the SDT across SafeStart agencies by June 2004.

- a. The San Francisco City Attorney's Office reports that California law prohibits the sharing of confidential data among service providers in electronic format.
- b. Evaluation data is currently being entered into the secure *San Francisco SafeStart Consumer Database* at each of the FRCs. ETR will collect the data (without identifying information such as names, addresses and phone numbers) from the FRCs and merge the information across the Centers to create a centralized client database. These data will be sent to the National Evaluation Team as requested.

Objective 3.6: Increase awareness of data and service protocols and procedures for information sharing among all staff in SafeStart agencies through a multidisciplinary training curriculum by June 2003.

Policy Number Three – Consent and Confidentiality, approved by the Advisory Council during the current reporting period, specifically outline the procedures for sharing information about SafeStart consumers within the confidential case consultation meetings.

Goal Three: Progress Summary & Recommendations

SafeStart has made significant progress on all six objectives related to Service Integration. Joint development of data and service protocols is completed and documents have been created to ensure that information sharing across SDT members (which means across multiple systems) can happen. It is a great accomplishment to have signed MOUs from all collaborating parties with active participation in this information sharing process. During the reporting period, two additional Ad Hoc Committees were formed to integrate *domestic violence* (survivors and the agencies that serve them) and *batterer's intervention* components into the SafeStart collaborative.

ETR has conducted structured observations of SDT meetings and the SDT confidential case consultation meetings to determine if the information shared at these meetings helps to create and support a seamless system for SafeStart clients. To date, however, no actual cases have been presented within the confidential meeting structure. According to SDT members, the protocols for receiving consent and assuring confidentiality contain legal language that is at once a burden to FRC workers and inaccessible to consumers. DCYF should consider the development of a "common language" protocol that enables FRC workers get through the process more efficiently with clients while fulfilling legal all appropriate legal responsibilities.

Despite the wonderful progress in developing data collection protocols, including; admissions forms, case management forms, and online referral systems, the FRCs have not yet demonstrated integration of these protocols into their day to day operations. ETR Associates has increased their presence in the FRCs to provide support for retroactive data collection and ongoing technical assistance for current and future SafeStart cases. DCYF staff should continue to support this process by reinforcing the need for systematic and complete data collection.

Once data are flowing effectively and consistently, admissions and case management protocols for each client and child will be evaluated to determine the number of referrals made to other projects and services, and the amount of information gathered from SafeStart partners on admissions forms (providing insight into the status of information sharing between SafeStart FRCs, CPS, Police, Family Court, and Mental Health systems).

Goal 4: SERVICE EXPANSION. Expand the availability of service for children and families exposed to violence.

Objective 4.1: Create a Service Delivery Team (SDT) made up of representatives from 18 SafeStart agencies and recruit and engage active participants by September 2002.

Objective Achieved.

Objective 4.2: Increase the number referrals to SafeStart agencies each year from the SafeStart support line calls involving children ages 0-6 who are exposed to violence.

- a. As noted under Objective 3.5 Section A, significant problems remain with the support line. ETR will assess the number of SafeStart referrals from Support Line calls once the Support Line referral system is in fully and effectively implemented.
- b. To date, no referrals have been received from the Police Department. Since the police department is often the first line of intervention with many families and children exposed to domestic violence, this is a major barrier to service access and utilization.
- c. Referral information was received from the FRCs for 54 out of the 69 referred children. Results of a preliminary analysis of available data indicate that the primary referral source is the *Mother/Female Caretaker* (58%). Other referral sources include *other* (11%, which included one family court worker referral, one FRC-worker referral, one neighbor, and three undefined other referrals), *father/male caretaker* (7%), *health care provider* (4%), *CPS Worker* (6%), *Day Care/School Personnel* (6%), *DV service provider* (4%), and *other community group member* (4%).

Objective 4.3: Increase SafeStart agencies' staff, hours of service, and types of service to serve families and children exposed to violence by June 2004.

- a. Referrals have begun and FRCs report serving consumers at about twenty-two percent of capacity (57 consumers). Mental health treatment services are also in place for these consumers, as is a system for FRC treatment planning and service coordination consultation.

Objective 4.4: Increase parent/consumer satisfaction with the availability, comprehensiveness, and 'seamlessness' of services by June 2004.

- a. No progress to report on this Objective, as no clients have been terminated from services since the consumer satisfaction data collection forms were approved for use by the IRB in November, 2002.

Goal Four: Progress Summary & Recommendations

Measurement of progress on this objective is largely dependent on the successful implementation and operation of the SafeStart Support Line. The SDT currently includes the representation 10 out of the 18 desired agencies; however, the current members are very active and participate actively in meetings and training events. Additionally, the Director has indicated an intention to amend the objective to better reflect the desired number of partners.

The Support Line Coordinator position was filled during this reporting period. In addition, the Director of WOMAN, Inc. has continued to participate in SDT meetings and trainings.

Goal 5: LINKAGE. Link SafeStart Strategies with other initiatives in San Francisco that seek to address and respond to the needs of children and families exposed to violence.

Objective 5.1: Build relationships with at least 5 other San Francisco Initiatives by September 2002.

- a. SafeStart has built relationships with 43 other San Francisco Initiatives, community-based organizations and City departments. During the reporting period, the SafeStart Steering Committee was expanded to include Hamish Sinclair, Director of *manalive*, Dr. Dr. Albert Eng, *Department of Public Health, Community Behavioral Health Services*, Lynda Bradford, *Woman, Inc.*, and Patricia N. Doyle, *Sojourner Truth Family Resource Center*.
- b. SafeStart has developed relationships with the following San Francisco Initiatives (bolded initiatives are also members of the SafeStart Advisory Council):
 - 1. Green Book Initiative**
 - 2. Starting Points Initiative**
 3. San Francisco Department of Public Health's (DPH) Child and Youth Domestic Violence-Free
 4. Violence Prevention Network
 - 5. San Francisco Child Abuse Council**
 - 6. Domestic Violence Consortium**
 - 7. DPH's Black Infant Health Improvement Project**
 - 8. Children & Families Commission's Civic Engagement Project**
 - 9. Children & Families Commission's School Readiness Initiative**
 - 10. Foster Parents United**

- 11. San Francisco Department of Human Services (DHS) – Family Support**
- 12. San Francisco’s Interfaith Council**
- 13. Domestic Violence Consortium**
- 14. UCSF’s Infant / Parent Program**

c. The Advisory Council membership also includes the following thirty Community Based Organizations and City Departments:

- 1. San Francisco Police Department (SFPD)**
- 2. Kids Turn**
- 3. Department on the Status of Women**
- 4. San Francisco Unified School District’s (SFUSD) Child Development Program**
- 5. DPH’s Community Mental Health**
- 6. DPH’s Children’s System of Care**
- 7. SFUSD Elementary Education**
- 8. DPH’s Maternal & Child Health Division**
- 9. Department of Children, Youth, & their Families (DCYF)**
- 10. La Casa de las Madres**
- 11. Unified Family Court**
- 12. DHS’s Family & Children Department**
- 13. San Francisco District Attorney’s Office of Victim Services**
- 14. WOMAN, Inc.**
- 15. Bayview Hunter’s Point Family Resource Center (FRC)**
- 16. San Francisco City Attorney’s Office of Family & Children**
- 17. Asian Pacific Islander Family Resource Network (Asian Perinatal Advocates)**
- 18. University of California at San Francisco (UCSF) Child Trauma Research Project (CTRP).**
- 19. Asian Women’s Shelter**
- 20. San Francisco Boys & Girls Clubs**
- 21. San Francisco Superior Court**
- 22. POCovi**
- 23. Manalive**
- 24. Asian Women’s Resource Center**
- 25. Wu Yee Children’s Services**
- 26. San Francisco Head Start**

27. Chicano/Latino Family Resource System

28. Legal Services for Children

29. San Francisco Adult Probation Department

Objective 5.2: Share SafeStart protocols and policies with other Initiatives as they are developed.

- a. SafeStart's Director presents all policies to the Steering Committee and then to the Advisory Council (some members are representatives of other initiatives) for formal approval. The initiative is currently reviewing *Policy Number One – Victims of Crime* and working on *Policy Number Four – Case Management & Referral*. *Policy Number Two – Developmental Disabilities*, *Policy Number Three – Consent & Confidentiality* and *Policy Number Six – Child Abuse & Neglect* were approved by the Advisory Council. Memoranda of Understanding were approved for the *Department of Human Services (DHS)*, the *Department of Public Health (DPH)*, the *Police Department (SFPD)*, the *Department on the Status of Women (DOSW)*, and *Family Court*. All of the above MOUs and policies were discussed and approved in public meetings and are available on the DYFC website.
- b. The *Green Book Initiative* and the *Children's System of Care* evaluation teams continue to participate on the SafeStart Evaluation Committee and have been working collaboratively with ETR Associates on the development of agency surveys (assessing community awareness of violence-informed services) and on collecting data Police Department data on the number of children present at domestic violence calls (cited on Domestic Violence reports).
- c. Data have been received from the Emergency Communications Department and are presented in *Appendix E*. Data have also been received from the San Francisco Police Department and are presented in *Appendix F*.

Objective 5.3: Develop at least one initiative per year to advocate for administrative and/or legislative policy changes on the city or state level, to reduce the impact of violence on children.

- a. The SafeStart Director continues to be an active member of the Early Childhood Interagency Council (ECIC) Family Support Strategic Plan committee.
- b. The SafeStart Director continues to be an active member of the Strategic Planning committee for *San Francisco Department on the Status of Women (SFDOSW) Domestic Violence Crisis Lines*.
- c. The SafeStart Director continues to work with the *Violence Prevention Network* on the development of San Francisco's strategy for intimate partner violence.
- d. Despite the best efforts, the initiative was unable to engage the *California Alliance Against Domestic Violence* for any administrative or legislative changes.
- e. Currently, the initiative is engaging appropriate stakeholders to discuss legislative and administrative changes related to batterer's interventions and family court protocols.

Objective 5.4: Pursue additional funding to ensure the sustainability of the San Francisco SafeStart Initiative by June 2005.

- a. A new grant from the Justice Department was awarded to the SafeStart Initiative in October, 2002. The *Safe Havens: Supervised Visitation and Safe Exchange Program* is directed by a representative of the Rally Family Visitation Services agency. Representatives from the *San Francisco Unified Family Court* and *La Casa de las Madres* are also participating in the new grant.
- b. SafeStart's Sustainability Committee was folded into the Steering Committee during the reporting period.
- c. The initiative has launched a plan to seek funding from external sources by December, 2003, including a pending application to the *San Francisco Foundation*.

Objective 5.5: Partner with and/or help support one existing media campaign or community relations effort each year among SafeStart-funded agencies to further the mission of SafeStart.

On February 21st, 2003, the SafeStart Steering Committee discussed the memorandum on public education submitted by the Director. The committee instructed the Director that planning and performing media activities should emphasize partnership. The memorandum identified several potential partners with expertise, experience, and resources for conducting media activities, including; Family Violence Prevention Fund, Partners Ending Domestic Violence, La Casa de las Madres, and Children's System of Care.

The committee instructed the Director to develop more information on media activities in order to determine what level of funding is required to achieve SafeStart's public education goals. Other SafeStart sites (Chicago and Rochester) have provided us with social marketing studies they used to plan their media activities. The Director and Outreach Coordinator will perform additional research to present to the Steering Committee at its next meeting.

Objective 5.6: Conduct one SafeStart media campaign to increase the community's awareness of violence and community members' ability to respond to the needs of children exposed to violence by December 2004.

The initiative has developed a plan to design and launch a community relations campaign by identifying a contractor by May, 2003, for implementation by December, 2003.

Goal Five: Progress Summary & Recommendations

SafeStart continues to exceed its goal to develop relationships with other city initiatives, departments and CBOs. The initiative continues to be successful in generating interest and sustaining commitment from these partners. Attendance at Advisory Council meetings has grown significantly during the reporting period, and a subset of very active participants continue the process of forming working committees. SafeStart continues to sustain quality linkages with

SafeStart-funded agencies and other partners resulting in joint decision-making processes, cross allocation of resources, and shared responsibility for SafeStart goals and objectives.

III. Evaluation Issues & Challenges

The following evaluation issues and challenges were identified during this reporting period.

- a. During the current reporting period, much progress has been made toward the accomplishment of the six key outcomes addressed in this report. From the evaluators' perspective, all initiative staff should be congratulated for the intensity of their continued efforts.
- b. While data gathered from training satisfaction surveys were analyzed during the reporting period to respond preliminarily to Goal 2, ETR Associates had expected to report on evaluation outcomes more significantly and thoroughly in the current reporting period by analyzing data collected from actual client referrals, admission forms, and case logs. Although much progress has been made by the FRCs in the collection of consumer-level data, the quality of the overall dataset suffers from a lot of missing information. This limits the validity of the data and undermines the initiative's ability to make necessary programming adjustments with confidence. ETR Associates looks forward to working intensively with FRC personnel to improve the quality of consumer-level data early in the next reporting period.
- c. The revised evaluation plan and the finalized data collection instruments was approved by ETR Associates' Institutional Review Board (IRB) in November 2002.
- d. DCYF staff, ETR Associates, and Learning Presentation presenters have developed a more efficient system for the communication of Learning Presentation objective so that evaluation tools can be developed appropriately.
- e. Current and historical data from the San Francisco Police Department have been turned over to ETR Associates sporadically during the reporting period. By the end of this reporting period, however, SafeStart was hoping that much more progress would have been made by April, 2003. To date, the police have collected and delivered data that reflects about only five weeks of police data. By this point, the initiative was hoping that the police would have turned over the entire year's worth of retroactive data and months, not weeks, of active case data.

IV. Appendices

- a. SafeStart Domestic Violence Training Evaluation Report
- b. SafeStart Batterer's Services Learning Presentation Evaluation Report
- c. SafeStart Family Support Learning Presentation Evaluation Report

- d. SafeStart Police Learning Presentation Evaluation Report
- e. Emergency Communications Department Data Report
- f. Police Department Data on Domestic Violence Cases Report
- g. Analysis of FRC Consumer-Level Data Quality
- h. SafeStart Child Welfare Learning Presentation Evaluation Report