

Sitka Safe Start Initiative Collaborative Process Evaluation Report

Written by: Carol Werdin Alfrey, Ph.D.
Director of Research
Center for Rural Psychology

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Local Evaluation Team
John DeRuyter, MA
Ruth Provost, MA
Paul Schewe, Ph.D.
Carol Werdin Alfrey, Ph.D.

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Introduction

In October, 2001 the Sitka Tribe of Alaska (STA) was awarded a contract from the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention to develop a Safe Start Initiative in the city of Sitka. The purpose of this initiative is to reduce the impact of domestic violence on children birth – age 12, with special emphasis on children age 0-6. Over the next four years STA will develop a comprehensive and collaborative interagency prevention and intervention system which:

- (a) Identifies all children age 0-6 who are at risk of being exposed to violence and provides appropriate preventative and response services for these children;
- (b) Identifies all children who have been exposed to violence age 0-12 and provides appropriate intervention services to these children, including culturally sensitive services;
- (c) Results in a uniform set of policies and procedures to serve as guidelines in community-wide domestic violence prevention and intervention programs;
- (d) Addresses the needs of the whole family to reduce the likelihood of future instances of domestic violence.

One of the primary evaluation activities over the course of the project will be to describe and monitor changes in the collaborative process. To begin this task, this report will provide a baseline description of:

- I. Current domestic violence services in Sitka, including services for children;
- II. Interagency task forces and collaborative initiatives; and
- III. Interagency referral patterns and perceived system weakness.

It will also examine the collaborative process that has emerged over the past six months, including:

- IV. Interagency relationships and the Safe Start Initiative, including documentation of meetings held, meeting participants and new collaborative efforts;
- V. Perceived level of agency support for and involvement in the Safe Start Initiative;
- VI. Changes in the relationship among local service providers involved in the Safe Start Initiative; and
- VII. Perceived strengths and weaknesses of the Safe Start planning and collaborative process and recommendations for improvement.

I. Current Domestic Violence Services

The community of Sitka is the fourth largest city in Alaska and is located on Baranof Island in Southeastern Alaska. It is a self-contained community, accessible only by plane or boat. The population of Sitka is approximately 8,700; the predominant ethnic groups are Caucasian (71%) and Native American or Alaskan (23%)

Currently there are two distinct health and human service systems operating in Sitka that reflect this dichotomy: the Native system (run through Indian Health Services) and the private system (insurance or self coverage) primarily accessed by the non-Native population. These parallel systems reflect citizen's cultural preferences and governmental funding streams. Both systems have general and specialized services to address the myriad of issues surrounding domestic violence. This section will describe Sitka services related to child neglect or abuse, general domestic violence as well as agencies serving children birth-12.

Child Neglect and Abuse

Domestic violence in which a child is endangered is defined in this report as child neglect or abuse. All referrals for child neglect and abuse go through the **Division of Family and Youth Services (DFYS)** of the Alaska Department of Health and Social Services. DFYS is the agency responsible for investigating a report of harm, or suspected child abuse or neglect. Valid reports, as defined by the Alaskan State law, are documented and prioritized, depending on the risk of immediate harm. An investigating social worker gathers information through a series of interviews with the child, parents, reporter of abuse and anyone else that may have information about the alleged abuse. The social worker then rates the report of harm as substantiated, unconfirmed or invalid. If the report of harm is substantiated, and the child is in immediate danger of serious harm, the social worker may take emergency custody of the child and place the child in a foster home or emergency shelter. In all other cases DFYS must have a court order prior to removing a child from the home. Within 24 hours of taking custody, DFYS is required to file a petition for temporary custody. **If the child is Native Alaskan or Native American DFYS is required to notify the child's tribal government and should place the child in a culturally appropriate placement, per the Indian Child Welfare Act.** If the Tribe disagrees with the removal of the child, DFYS and the Tribe meet to discuss the case. DFYS places the child within the child's extended family or tribal community whenever possible.

Abuse or neglect cases that involve a child that is a member or eligible to be a member of the Sitka Tribe of Alaska are also referred to the **Sitka Tribe of Alaska (STA) Social Services Department** as well as DFYS. These cases are reviewed at the department's weekly internal case management meeting as well as the weekly meeting with the **Tribal Court** staff. The more challenging and difficult cases are taken to **Family Focus**, a collaboration of several Native and non-Native agencies that jointly manage difficult cases involving children. Appropriate information releases must be obtained and signed by participating parties prior to Family Focus intervention. If court

action is required, the **State Superior Court** hears most of the cases; however, the **Sitka Tribal Court** has concurrent jurisdiction over civil matters that involve Tribal citizens.

STA Social Services often receives initial referrals from the community regarding Native children who may need assistance. When STA Social Services believe a child has been exposed to or is at risk of exposure to violence, they first contact DFYS and make a report of harm. After the referral is made, an STA intake form is completed and the case is assigned to its internal case management staff. STA staff conduct a home visit to assess the situation and offer the family counseling at **Shaawat Gunei** (the native domestic violence program) and give them information about other services. In cases where the STA Social Services staff believes a child is endangered, they will follow-up on the DFYS referral to insure that action is taken.

Domestic Violence

For the purposes of this report, the term “Domestic Violence” is defined as physical, emotional or sexual abuse that is perpetrated on an adult by an adult spouse, domestic partner, or boy/girlfriend. This abuse is not directed at children, but has been witnessed by children or has in some way compromised the emotional safety needs of children.

Unlike child abuse and neglect, there is no one agency through which all domestic violence cases are filtered. Victims of domestic violence may come into the service system through one of many agencies or programs:

Shaawat Gunei, (the tribal domestic violence program) offers domestic violence advocacy and some counseling services. It administers cultural sensitivity training, funds positions at the local shelter and is the administrative host of the Safe Start Initiative. Shaawat Gunei also provides the cultural facilitator for Islands Counseling’s batterers intervention program.

Islands Counseling: offers general and children’s mental health services, including day and inpatient treatment programs. Also facilitates VISION (Violence Is Stopped In Our Neighborhood), a batterers intervention program co-sponsored by Shaawat Gunei.

Sitkans Against Family Violence (SAFV): provides safe secure shelter for women and children, education about domestic violence and sexual assault, a crisis line, lunch time groups and group sessions for elementary and middle school age children who have witnessed violence in their home.

Southeast Alaska Regional Health Consortium (SEARHC): serves physical health needs of Native Alaskans in Southeast Alaska, including domestic violence injuries.

Clinic II/ haa toowoo naakw hit (part of SEARHC): offers mental health services to Native Alaskans, including victims of domestic violence. Provides anger management and substance abuse programs. A clinician from Clinic II also facilitates a support group at SAFV.

Sitka Community Hospital: serves physical health needs of Sitka residents, including injuries sustained from domestic violence.

Sitka Police Department responds to calls for assistance from victims of domestic violence; serves and enforces protective orders; assists DFYS or Sitka Tribal Social Services, in the process of removing a child from his/her home.

State Superior Court of Alaska: has jurisdiction over most civil matters and exclusive criminal jurisdiction in Alaska; determines punishment for perpetrators of domestic violence; can mandate participation in anger management, family therapy and domestic violence or substance abuse programs.

Sitka Tribal Court: has jurisdiction over civil matters that involve Tribal citizens, including non-criminal domestic violence and child welfare cases.

Child Specific Services

All of the above mentioned agencies provide services to children as well as adults impacted by domestic violence. In addition the following agencies provide services to children 0-12 and interface with domestic violence services through referrals to DFYS and participation on related task forces:

Baron Elementary School: serves children Kindergarten through second grade; has an Early Support Program that provides educational, prevention and intervention services to at-risk children grades K-2nd as well as counseling and social work support. Domestic violence is one of many reasons a child may receive assistance through this program.

Keet Gooshi Heen Elementary School: serves children in third through fifth grade; provides counseling and social work to at-risk students.

Center for Community: (a state funded multi-faceted human services agency) houses the Infant Learning Program that provides early intervention services for children ages 0 to 6 (e.g. developmental screening and evaluations, service planning, service coordination, home visits, developmental therapies, and transitional services to preschool age children). It also provides prenatal and parenting classes as well as parent-child play groups.

Tlingit & Haida Preschool (Head Start Program serving Tribal children): provides intensive preschool experience for children from low-income families. Includes a Tlingit language program for preschoolers. Was recently awarded The Cultural Awareness Award for the video series, "A Parent's Journal" and "Family Feathers".

Local Child Care Centers: refer suspected cases of child abuse or neglect to DFYS.

There are currently no specific programs that address the mental health needs of young children (ages 0-6) who have witnessed or been victims of domestic violence.

As noted earlier, SAFV offers group sessions for elementary and middle school age children who have witnessed violence in their home.

II. Existing Interagency Task Forces and Collaborate Initiatives

Sitka has a rich history of interagency collaboration to address common social problems. The following cross-cultural, interagency task forces have been in place for several years and have provided the groundwork for much of the Safe Start Initiative.

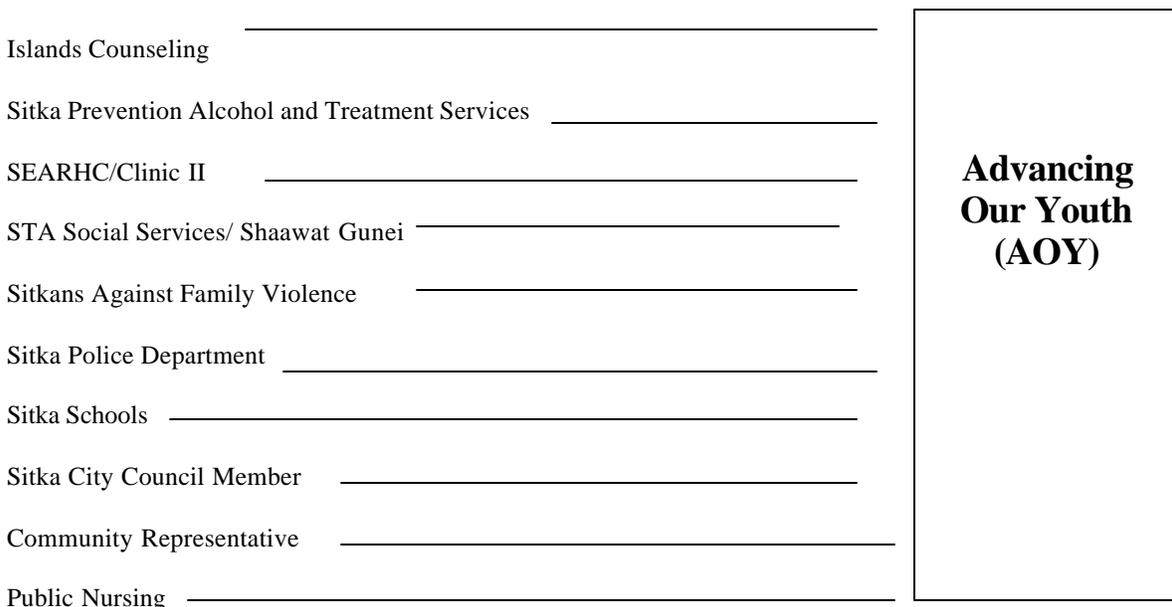
Advancing Our Youth (AOY)

The Advancing Our Youth Committee was established in response to a series of public forums in 1989. Its mission is to assist at-risk families and children by integrating services and developing multi-system prevention and intervention strategies. Its long term goal is to integrate systems so as to (a) benefit from blended funding, (b) have unified intake and assessment procedures and requirements, and (c) eliminate programmatic requirements that interfere with access to clinical and other resources. While not currently required, member agencies are encouraged to commit \$2000 per year to AOY; at least 70% of these dues are used to assist needy local families. Families must apply for assistance, which may include help with:

- clinical treatment for a child or family,
- tuition for educational, recreational or vocational services,
- mental health, neurological or educational assessments not otherwise covered,
- transportation fees
- child care, respite care or other supervision costs,
- other unobtainable therapy services; and
- other services as identified by a treatment plan or a clinical team.

Current membership of AOY is depicted below in Figure 1.

Figure 1: Advancing Our Youth (AOY)



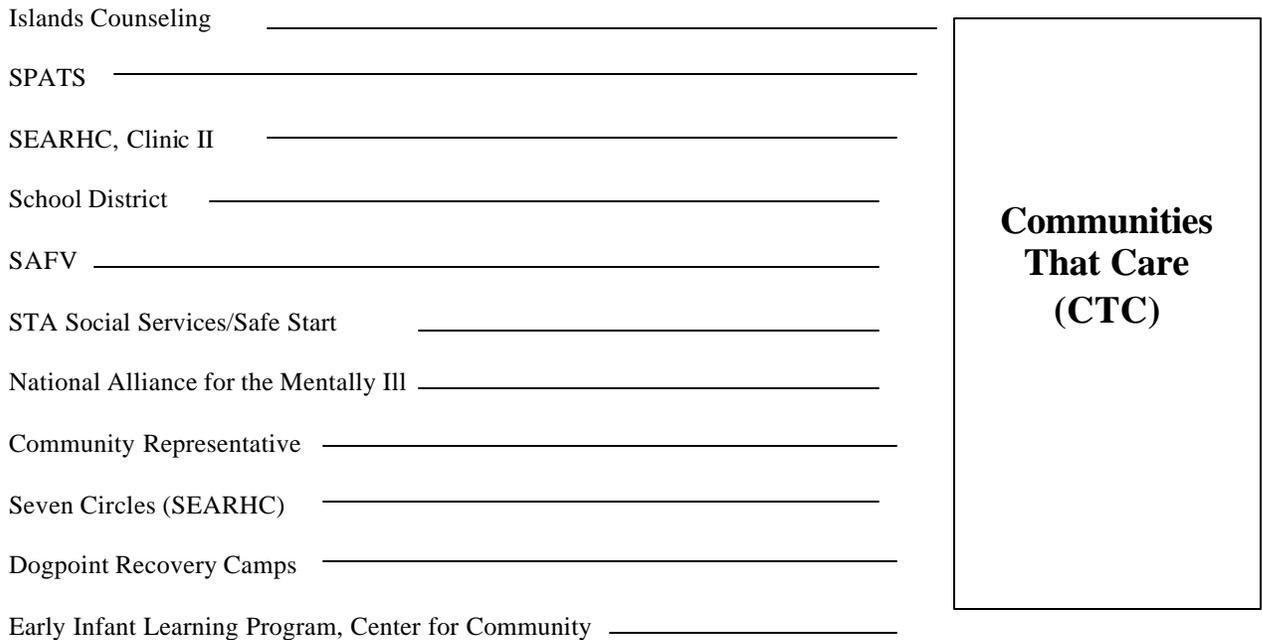
A Steering Committee establishes, oversees and allocated funding for and makes final decisions about works and projects undertaken to address the goals and objectives instituted by the larger AOY group. Three task forces report to the steering committee. **The Clinical Task Force** considers individual cases and assists in brokering and monitoring available services. It mediates differences between providers and requests the use of funds through the Steering Committee for individual and family requests for assistance. **The Program Task Force** investigates, plans and organizes new programs and services to address specific problems facing children and families in Sitka. The **Funding Task Force** seeks funding through grants or other sources for projects and programs determined by the Steering Committee.

Communities That Care (CTC)

This collaborative group focuses on the prevention of drug and alcohol use/abuse in children and youth. CTC is a grant funded state initiative.

The members of this committee are depicted in Figure 2.

Figure 2: Communities That Care (CTC)



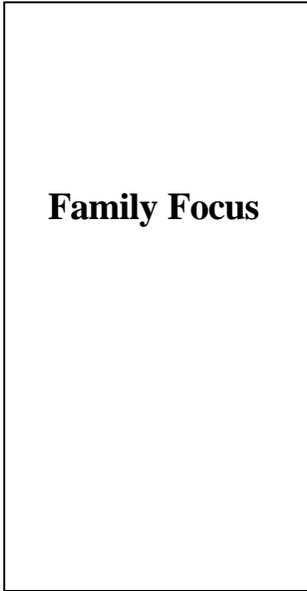
After conducting its own needs assessment, CTC determined that children exposed to violence are at risk of substance abuse. . Therefore, CTC funds will be combined with Safe Start Funds to implement the Parent-Child Interaction Therapy (PCIT) model for at risk children ages 2-8 (see New Collaborative Relationship Section, page 18).

Family Focus

Family Focus is a service provider forum that meets monthly to discuss DFYS cases currently in that system. The purpose of the forum is to trouble shoot, make referrals and ensure that troubled families and children receive appropriate services.

Figure 3: Family Focus

- Elementary school (counselors) _____
- Middle school (counselors)_____
- High school (counselors) _____
- SEARHC Social Services _____
- School Superintendent _____
- STA Social Services _____
- DFYS_____
- Safe Start _____
- Juvenile Probation _____



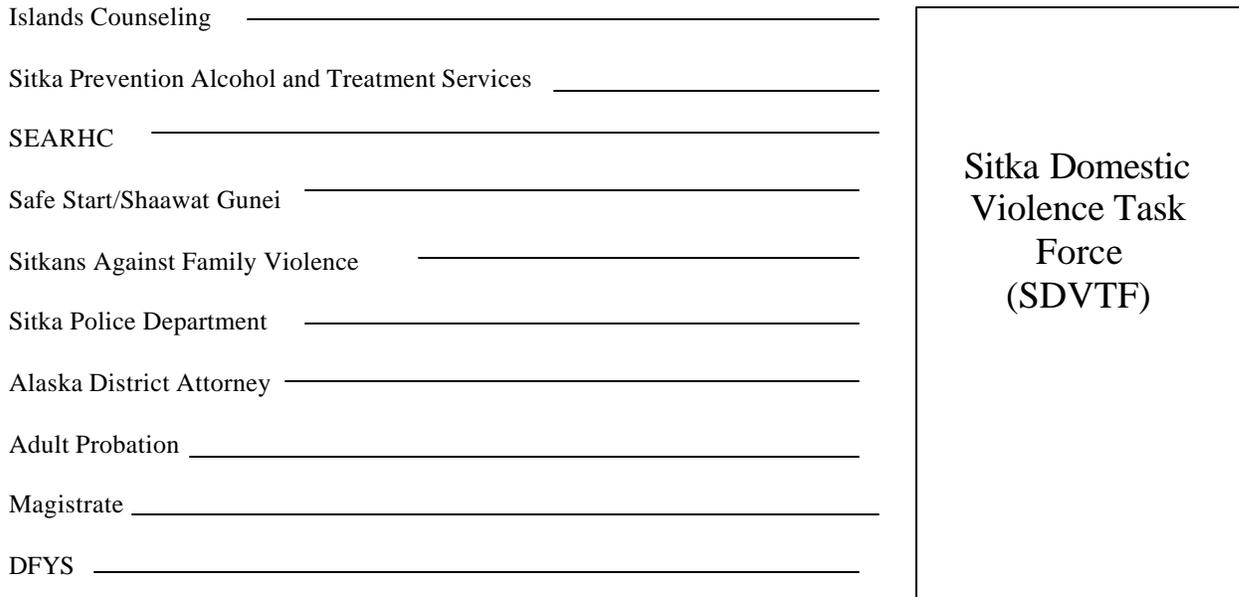
Sitka Domestic Violence Task Force (SDVTF)

The Sitka Domestic Violence Task Force is a coalition of community members committed to eliminating domestic violence in the community of Sitka and other outlying areas within the 1st Judicial District of the State of Alaska. It focuses on the following while promoting victim safety and perpetrator accountability:

- Developing a more coordinated and effective approach to prevention of and response to domestic violence;
- Facilitating the coordination of efforts of all individuals, agencies and organizations interested in the immediate reduction and eventual elimination of domestic violence in Sitka;
- Improving the response of the criminal justice system, State and Tribal legal systems, State and Tribal social service delivery systems, the health care system and the media to issues of domestic violence;
- Maintaining a forum for information sharing and cooperation between community agencies including the legal and social service system and the community at large.

The SDVTF meets monthly and is composed of the agencies depicted in Figure 4.

Figure 4: Sitka Domestic Violence Task Force (SDVTF)



III. Interagency Referral Patterns and Perceived System Weaknesses

Current Referral Patterns

As part of the Safe Start needs assessment process, 22 representatives from twelve local agencies provided information about their referral practices:

1. Sitka Prevention and Treatment Service (SPATS) (Substance Abuse)
2. Public Health Nurses
3. Local school district (counselors)
4. Tlingit & Haida Headstart
5. Sitka Tribe of Alaska (STA) Domestic Violence Program
6. Sitka Police Department
7. Center for Community
8. STA Social Services
9. Clinic II
10. Islands Counseling
11. Southeast Alaska Regional Health Consortium (SEARHC)
12. Sitkans Against Family Violence (SAFV)

Notably absent from this list is the Department of Family and Youth Services (DFYS), whose staff is in transition and could not respond to requests for interviews or the e-mail agency survey. Figure 5 in Appendix 1 depicts the current referral patterns that exist among the agencies that completed the survey. Double-ended arrows represent reciprocal referrals between agencies.

Information concerning numbers of referrals to specific agencies was not collected as part of this process. However, this baseline data will be collected in the fall of 2002 to track trends as well as changes that result from implementation of the Safe Start program initiatives.

The primary referral agencies are noted in Table 1 below.

Table 1: Agencies with the Most Active Referral Patterns		
Agency	# Referrals Coming In from Other Agencies	# Referrals Made to Other Agencies
Sitkans Against Family Violence (SAFV)	9	11
Island Counseling	9	2
Department of Family and Youth Services	8	Unknown
Southeast Alaska Regional Health Consortium (SEARHC)	6	9
Sitka Tribe of Alaska Social Services	4	11
Clinic II	4	4
Center for Community	1	7

Perceived Problems with Interagency Collaboration and Referral

Based on needs assessment data collected via the agency survey and interviews, several problems with the current referral system were noted. Most of these problems reflect the chronic need for trained staff.

- 1) **The Sitka Police Department** is currently severely understaffed and undergoing a change in management. Consequently, it is not able to follow up appropriately to domestic violence calls, especially follow up referrals (including needed documentation of the abuse) to social service agencies and the judicial system. SPD has also identified the need for collecting more complete information as well as continuous training on domestic violence, due to high staff turnover.
- 2) **DFYS** is extremely understaffed. At this time there are only two social workers in the office and are undergoing a change in the supervisory position. Many agencies reported that in the past DFYS has failed to respond to many instances of child abuse and neglect and/or effectively do their job. To date it has been

difficult to incorporate them into the Safe Start Initiative. The perception also exists that DFYS has not collaborated or shared referrals with many agencies.

- 3) **Sitka Prevention and Treatment Services (SPATS)** is currently unable to provide services in a culturally competent manner because there is no training available to address this issue. This limits its success in working with Native clients and impacts potential referrals from Native agencies.
- 4) **Sitka Community Hospital** does not currently collaborate with any other service providers. In cases of abuse and neglect, they make referrals only to DFYS, so children affected by violence may not be receiving services needed to assist them with related issues. They also lack a program to train their staff on identifying of abuse.
- 5) **The Judicial System** currently has no mechanism in place for following up on perpetrator participation in domestic violence probation programs. Batterers convicted of misdemeanor domestic violence crimes are put on probation. Probation includes mandatory participation in a 36-week batterers' program, substance abuse assessment and where indicated, drug and alcohol treatment. However, due to state statute, probation officers are assigned only to adult felony cases. Because most domestic violence crimes are misdemeanors, there is no monitoring of or follow-up on these court-mandated programs. Subsequently, clients often do not attend these programs. At this time, there are limited consequences for noncompliance.

Perceived Effectiveness of Service Agencies

As part of the Safe Start needs assessment survey, 22 agency representatives were asked to rate the perceived effectiveness of the agencies to whom they refer. A ten-point scale was used, with 10 representing the highest possible score. For the purposes of this document, average ratings will be reported. Agencies with average scores between 7.0 and 10.0 are described as highly rated, those falling between 4.0 and 6.99 are reported with a "medium" ranking and those rated between 1.0 and 3.99 received a "low" ranking. The agencies, number of respondents rating that agency and the average rating are listed in Table 2.

Table 2: Perceived Agency Effectiveness		
Agency	Number of Raters	Average Rating
Sitkans Against Family Violence (SAFV)	5	High
Islands Counseling	6	High
Batterers Group (Island Counseling)	1	High
Center for Community	1	High
School Counselors	2	High
Advancing Our Youth	1	High
Public Assistance	1	High
Juvenile Probation Office (JPO)	1	High
Social Security Administration	1	High
Public Health Nurses	1	High
Sitka Police Department	2	Medium
Clinic II (SEARHC)	4	Medium
Sitka Tribe of Alaska	4	Medium
Southeastern Alaska Regional Health Consortium (SEARHC)	4	Medium
Ravens Way	1	Medium
Healing Center	1	Medium
Sitka Youth Home	1	Medium
Court System	1	Medium
Network Pro Bono	1	Medium
Department of Family and Youth Services (DFYS)	1	Medium
Sitka Prevention and Treatment (SPATS)	1	Low
Work Force Development	1	Low
Alaska Legal Services	1	Low

It should be noted that 16 of the 23 agencies listed (nearly 70%) had only one person ranking perceived effectiveness. Two or fewer respondents rated seventy-eight (78%) percent of the agencies. Because of the very small numbers, these results may not be an accurate representation of perceived agency effectiveness.

IV. Interagency Relationships and the Safe Start Initiative

Initial agency response to the Sitka Safe Start Initiative has been very good. Safe Start has been able to build on the comprehensive health and human services already in place, especially the existing interagency task forces and committees. Many talented and dedicated professionals are committed to the success of this project and feel passionately about the helping children exposed to domestic violence. This section will describe the Safe Start meetings that have been convened to date, participants in the planning process and new collaborative efforts resulting from the initiative.

Safe Start Meetings

Between January 16 and May 28, 48 meeting involving Safe Start were held. These meetings typically fell into one of five categories:

- **Safe Start Full Group Meetings**, including blended meetings between the Safe Start Initiative and related Sitka task forces;
- **Safe Start Subcommittee Meetings**, including blended small group meetings addressing Safe Start subcommittee goals;
- **Sitka Tribe of Alaska Domestic Violence/Safe Start Staff Meetings**, including representatives from various Tribal social service agencies;
- **Needs Assessment Meetings**, convened by Safe Start and other agencies to gather information about community social service programs and needs; and
- **Other Agency Meetings**. The Safe Start Director and other STA staff have attended other agencies’ staff meetings to introduce the Safe Start Initiative, provide updates on its activities and discuss collaboration opportunities.

Attendance at Safe Start meetings has generally been good. Tables 3 – 7 summarizes the meetings held between January and May 2002 that directly impacted the Safe Start Initiative.

Table 3: Safe Start (Full Group) Meeting Summary		
N=6		
Date	Purpose	# Agencies/Participants
2/8/02	Initial meeting; review project goals, needs assessment process; announce Impact of Exposure to Violence on Early Childhood Development conference; form subcommittees	9 agencies 15 participants
3/7/02	Develop vision and mission statement; defined target population	9 agencies 10 participants
3/22/02	Needs Assessment subcommittee present preliminary findings for feedback	10 agencies 16 participants
4/18	Review needs assessment findings, including Sitka Community Indicators and other agency findings; set Safe Start goals and timelines	10 agencies 14 participants
4/25	Continue discussion of Safe Start goals and objectives	5 agencies 8 participants
5/8-10/02	Combined meeting with CTC; CTC strategic planning coordinated with Safe Start strategic planning	12 agencies 16 participants

Table 4: Safe Start Subcommittee Meetings			
N=11			
Date	Subcommittee	Purpose	# Agencies/Participants
1/22/02	Training and Technical Assistance	Discuss Impact of Exposure to Violence on Early Childhood Development conference	4 agencies 4 participants
2/20/02	Training and Technical Assistance	Assign tasks for Impact of Exposure to Violence on Early Childhood Development conference; develop training and technical assistance section of needs assessment	4 agencies 5 participants
2/20/02	Needs Assessment	Develop community surveys	4 agencies 5 participants
3/06/02	Evaluation	Introduce local evaluators	3 agencies 4 participants
3/12/02	Evaluation	Discuss draft evaluation plan	3 agencies 3 participants
3/13/02	Training and Technical Assistance	Discuss training needs; plan strategic planning meeting in April	5 agencies 5 participants
3/14/02	Strategic Planning	Plan strategic planning meeting in April; develop vision statement	3 agencies 3 participants
3/26/02	Needs Assessment	Discuss community surveys; organize data to prioritize risk factors	4 agencies 6 participants
4/02/02	Evaluation	Discuss evaluation plan	3 agencies 3 participants
4/17/02	Evaluation	Discuss interagency relationships with local evaluators	3 agencies 5 participants
5/16/02	Other	Strategic planning follow up meeting for Safe Start and CTC	8 agencies 9 participants

Table 5: Safe Start/STA Staff Meetings		
N=7		
Date	Purpose	# Staff /# Guests
1/22/02	Discuss Dr. Sallenbauch's advisory role on Safe Start Project	2 staff/1 guest
1/23/02	Discuss progress to date; department procedures and policies; upcoming training	6 staff
1/30/02	Discuss progress, strategies for needs assessment; plan for DV conference	5 staff
2/13/02	Discuss upcoming training, speakers	5 staff
2/19/02	Discuss local evaluator applications	3 staff
3/27/02	Discuss progress to date	5 staff
5/16/02	DV retreat to discuss institutionalizing Safe Start into Tribal council and forming Women's and Children Cultural Committee	6 staff

Table 6: Needs Assessment Meetings-Other Agencies			
N=7			
Date	Purpose	Agency	# Participants
2/11/02	Determine services provided, policies and procedures and relationships with other agencies; reasons for not making referrals; current needs	Early Learning Program (Center for Community)	4
2/12/02	Determine services provided; level of interagency cooperation; needs	Tlingit & Haida Head Start	5
2/12/02	Determine services provided; policies and procedures; level of interagency cooperation; needs	Sitka School District Superintendent's Office	6
2/22/02	Administer needs assessment tool to counselors and administrators	Sitka School District	6
2/22/02	Administer needs assessment tool to agency personnel	Sitkans Against Family Violence (SAFV)	7
2/25/02	Overview of services; administered needs assessment tool	Center for Community (CFC)	2
5/15/02	Focus group with DV survivors	SAFV	4 staff 6 survivors

Table 7: Other Meetings with Sitka Agencies/Task Forces			
N=17			
Date	Purpose	Agency	# Participants
1/16/02	Introduce new Safe Start Director	STA Tribal Council	12
1/18/02	Present information on impact of witnessing DV on early childhood development; update of program	Early Learning Program (CFC)	12
2/4/02	Network; explain Safe Start initiative; receive overview of Head Start Program; offer \$ so staff can attend DV conference	Tlingit & Haida Head Start	4
2/5/02	Network; explain Safe Start initiative; receive overview of Betty Eliason Child Care Center; offer \$ so staff can attend DV conference	Betty Eliason Child Care Center	2
2/07/02	Discuss AOY plans/structure; Introduce Safe Start Director	Advancing Our Youth (AOY)	13
2/14/02	Discuss youth/families in crisis	Family Focus	5
2/17/02	Strategic planning process; Introduce Safe Start Director	Communities That Care (CTC)	11
3/15/02	Discuss Early Learning Program; Update on Safe Start	Early Childhood Intervention	12
3/22/02	Discuss use of DVERT or CDPC in Sitka	Sitkans Against Family Violence	5
4/17/02	Discuss streamlining meetings	Multi-Agency	6
4/22-23/02	Training: Traditional Healing with Children Who have Witnessed or Suffered Abuse	Community at Large	70
4/25/02	Discuss how 3 collaborative projects (AOY, CTC and Safe Start) can work together	Communities That Care (CTC)	2
5/08/02	Discuss problems with court referrals to batterers and alcohol treatment programs; Discuss DVERT/CDCP under Safe Start	Domestic Violence Task Force (DVTF)	12
5/09/02	Discuss specific juvenile cases	Family Focus	12
5/10/02	Discuss DVERT/CDCP programs	SAVF/SPD	4
5/17/02	Inservice on Attachment and Self-Regulation	Early Childhood Intervention	21
5/28/02	Teleconference	Tlingit & Haida Blanket of Health Program	2

Participants

The Safe Start Collaborative Team is comprised of 15 members, representing 11 Sitka health and human service agencies. Both Native and non-Native agencies are represented on the Collaborative Team. This team is broken into five subcommittees, which have the following functions:

- **Needs Assessment Subcommittee:** Determines gaps and needs related to accessing services; examines issues related to domestic violence and children exposed to domestic violence; describes current service system, interagency relationships; drafts needs assessment instruments.
- **Strategic Planning Subcommittee:** Develops strategic plan; examines best practice models for meeting identified needs.
- **Evaluation Subcommittee:** Reviews evaluation plans developed by local evaluation team.
- **Implementation Plan Subcommittee:** Determines how to implement goals and objectives outlined in the strategic plan; assists in policy and procedure development and/or revision to ensure implementation.
- **Training and Technical Assistance Subcommittee:** Helps assess training needs of community; develops strategies for meeting those needs and organizes training events.

The members, agency affiliation and subcommittee assignments are listed in Table 8.

Table 8: Safe Start Collaborative Team Members		
Name	Position/Agency Affiliation	Subcommittee(s)
Patricia Alexander	Social Services Director, Sitka Tribe of Alaska (STA)	Training/Tech Assist
Dawn Augustus	Domestic Violence Officer, Sitka Police Department (SPD)	Strategic Planning
Steve Bradshaw	Superintendent, Sitka School District	Strategic Planning
Grace Brooks	Executive Director, Sitkans Against Family Violence (SAFV)	Strategic Planning Implementation
Camielle Call-Talbert	Executive Director, Islands Counseling	Training/Tech Assist
Betsy Carter	Program Development Therapist, Clinic II SEARHC (Southeast Alaska Regional Health Consortium)	Needs Assessment Strategic Planning Implementation
Vicki D’Amico	Legal Advocate, SAFV	Training/Tech Assist

Table 8: Safe Start Collaborative Team Members (continued)		
Deb Knaff	Outreach & Education Coordinator, SAFV	Needs Assessment
Arehy Levenson	Director, Clinic II SEARHC	Needs Assessment Strategic Planning Implementation
Patty McPike	Social Worker, Children's Programs at Island Counseling	Evaluation
Ginny Mooring	Investigator, SPD	Needs Assessment
Zeke Putnam	Executive Director, Sitka Prevention and Treatment (SPATS)	Implementation
Bill Sallenbach	Child Psychologist, University of Alaska, Southeast, Sitka	Evaluation
David Sliefert	Coordinator, Communities That Care (CTC) and Advancing Our Youth (AOY)	Implementation
Cheryl Vastola	Early Learning Program Playtime Coordinator, Center for Community (CFC)	Training/Tech Assist

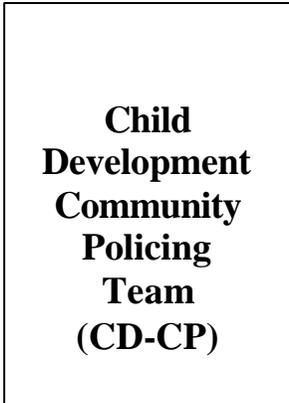
New Collaborative Efforts

Two new collaborative efforts have emerged from the needs assessment and strategic planning processes during Phase I: The Child Development-Community Policing (CD-CP) team and The Parent-Child Interactive Therapy (PCIT) program. Respectively, these initiatives target 1) increased coordination of service for victims of domestic violence, including children and 2) appropriate interventions for young children exposed to domestic violence. **Both efforts are currently in the development phase.**

The Child Development-Community Policing (CD-CP) team will provide in home intervention in response to 911 domestic violence calls. Once the scene is secured and arrests have been made, a police officer will call this team to the scene. This team will be comprised of the five representatives depicted in Figure 6.

Figure 6: The Child Development-Community Policing(CD-CP) Team

- Domestic Violence Advocate _____
- Mental Health Professional _____
- Native Alaska Advocate _____
- Children's Advocate _____
- Law Enforcement Responder _____



The team will respond to the immediate needs of the family and refer the family to the PCIT program and other support and referral services as needed. Families that enter PCIT will be monitored through that program.

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program initially developed to assist parents whose children have severe behavioral problems (e.g. aggression, non-compliance, temper tantrums). Because children from abusive homes often exhibit many of these same behavioral and interpersonal characteristics, PCIT was adapted for use with this population.

PCIT consists of a Relationship Enhancement component and a Discipline component. In the Relationship component, parents are taught and coached on how to decrease the negative aspects of their relationship with the child and to develop consistently positive communication. In the Discipline component, parents are taught and coached on the elements of effective discipline and child management skills. In both components, parents are taught specific skills, given the opportunity to practice these skills during therapy, then continue practicing skills until mastery is acquired and the child’s behavior has improved.

Referral to the PCIT program may come from many sources depicted in Figure 7.

Figure 7: Referral sources for PCIT



PCIT staff will also communicate directly with the PCIT case manager (the Safe Start Director), who will refer clients to other services in the community as needed and follow up on those referrals.

V. Perceived Level of Agency Support For/Involvement in Safe Start

Feedback was gathered in June related to agency perception of the Safe Start process to date. A brief Process Evaluation survey (see Appendix 2) was e-mailed to participating agencies. As the time of this report, 10 people responded representing:

- Sitkans Against Family Violence (SAFV)
- Sitka School District
- Sitka Police Department
- Islands Counseling
- SEARHC's Clinic II
- Sitka Tribe of Alaska Domestic Violence Department
- Sitka Public Health Nursing Clinic

Tables 9-11 display the results to questions about perceived support and involvement.

Table 9: Perceived Level of Involvement in Safe Start Process		
N=10		
Level of Involvement	N	%
Very Involved	6	60%
Fairly Involved	1	10%
Slightly Involved	2	20%
Not At All Involved	1	10%

Seventy percent of the respondents considered themselves to be fairly to very involved in the Safe Start process. Only 1 respondent felt totally uninvolved in Safe Start activities.

Table 10: Nature of Safe Start Involvement		
	N=10	
Type of Involvement	N	%
1. Attended initial informational meetings	9	90%
2. Attended “Impact of Exposure to DV on Early Childhood Development”	7	70%
3. Subcommittee Member	6	60%
4. Attended large group strategic planning meeting	7	70%
5. Completed Needs Assessment survey or talked to Safe Start staff about DV services	8	80%
6. Shared reports and statistics on agency’s services	7	70%
7. Other	3	30%

Most respondents have been very involved across all primary Safe Start Phase I activities. Other types of involvement mentioned included helping develop intervention strategies, recruiting women who have been abused for a focus group and being a staff member.

Respondents were asked to rate statements about the initiative as being “excellent”, “good”, “fair” or “poor”. For analysis purposes these descriptors have been translated numerically as 4,3,2, and 1 respectively. Mean responses are reported in Table 11.

Table 11: Safe Start Ratings	
	N=10 4 point scale
Safe Start Aspect	X
1. Safe Start Name Recognition	3.2
2. Your agencies support for the Safe Start Project	3.7
3. The community’s support for the Safe Start Project	3.1
4. Your agency’s support for the Safe Start Project	3.6

Based on these responses, it appears that the overall community is less aware and supportive of the project than the participating agencies. This is understandable given the focus of Phase I activities on planning rather than community awareness.

VI. Changes in Agency Relationships

Safe Start is by design an interagency initiative whose success depends on increasing levels of cooperation and coordination among service agencies. The Process Evaluation survey looked at how relationships among agencies have changed since Safe Start began. The responses are presented in Table 12.

Nature of Change	N	%
Increased participation on multi-agency task forces and committees (including Safe Start)	7	70%
Established new professional relationships within the service system	4	40%
Have become more familiar with other agencies' services	3	30%
Are more aware of domestic violence services assistance available in Sitka	3	30%
No change: already involved with other agencies	2	20%
Increased number of referrals to other agencies	1	10%

It appears that the primary change across agencies is increased participation on multi-agency task forces and committees. Approximately one third of the respondents indicated involvement in the Safe Start Initiative has resulted in new professional relationships, increased familiarity with other agencies' services and increased awareness of area domestic violence services. Only one agency has increased its number of referrals to other agencies.

VII. Project Strengths and Suggested Improvements

The final section of the Process Evaluation survey was open-ended and asked respondents to list project strengths and how the planning and collaborative process could be improved.

Project Strengths

Seven out of the 10 respondents (70%) indicated "collaboration" as an important strength of the project. Specific collaborative strengths noted included:

- Total community involvement,
- Utilization of various agency strengths, and
- Bringing the community together to discuss domestic violence issues.

Two respondents (20%) noted Safe Start's commitment to children exposed to violence as its primary strength. Other strengths indicated were:

- Length of the program,
- Educational component of the program,
- Cooperation and leadership of the program, and
- The evaluation process (which keeps the process moving along).

Suggestions for Improvement

Respondents had several suggestions about how the planning and cooperative process can be improved.

Suggestion 1: E-mail meeting minutes to all collaborative members, even the ones who were unable to attend the meeting.

Suggestion 2: Continue the monthly community wide meetings to keep everyone informed.

Suggestion 3: Tailor training to be more targeted or specific, so that they will require less time, but still have the desired impact. This would enable more people to attend and make the training more applicable to a particular target audience.

Suggestion 4: Include existing services when designing programs to eliminate duplication of services.

Suggestion 5: Inform agency boards of Safe Start Initiative to increase agency staff ownership in the process.

Suggestion 6: Continue to involve all agencies in the process; keep the lines of communication open.

Suggestion 7: Develop a way to refer clients and their families to Safe Start services.

Several respondents made other comments about the Safe Start project. These comments included:

- Disappointment that project funding was different than what was originally communicated,
- The need to include all the ethnic communities living in Sitka in the project (i.e. Phillipino, African American, Hispanic and Asian/Pacific Islander), and
- The need to inform the Tribal Council about Safe Start so that they are better able to communicate to the Tribal community about the project.

Conclusion

The Sitka Safe Start Initiative has actively sought involvement from all area health and human service agencies in the Phase I planning process. Eleven agencies are currently represented on five Safe Start subcommittees and many more agencies have been represented at large group meetings and training. Since January Safe Start staff members have attended almost 50 meetings that addressed Safe Start issues or were collaborative in nature. Agencies are committed to the project and to addressing the larger problem of domestic violence in Sitka. They clearly expressed a desire to be included in the process and to receive regular communication about the project.

Challenges for the coming year include involving DFYS in a more meaningful way in the implementation process and increasing community awareness, both generally and within the Native community. While the process has had little impact in this first year in increasing interagency referrals, it is anticipated that this will change as agency policies and procedures are revised to reduce barriers to referral.

The Sitka Safe Start Initiative has drawn from the myriad of existing excellent services and task forces to lay the groundwork for developing and implementing a comprehensive approach to addressing the needs of children exposed to domestic violence. It is well positioned to enter Phase II of this national initiative.

Appendix 1
Sitka Agency Referral Map

Appendix 2
Process Evaluation Form

Sitka Safe Start Process Evaluation

Over the past six months the Sitka Tribe of Alaska has been designing **Safe Start**, a collaborative initiative to reduce the impact of domestic violence on children 0-6 in our city. We would like your feedback on how the planning process is going. Please answer these questions as accurately and honestly as possible. Your response will be used to improve our planning process. Thank you!

1. **What agency do you work for?** _____

2. **How involved have you been in the Safe Start planning process?** (circle one)

Very involved Fairly involved Slightly involved Not at all involved

3. **What has been the nature of your involvement?** (check all that apply)

_____ Attended initial informational meetings

_____ Attended "Impact of Exposure to Domestic Violence on Early Childhood Development" workshop (February 28-March 2)

_____ Member of a subcommittee

_____ Attended large group strategic planning meeting

_____ Completed a needs assessment survey or talked with a Safe Start staff person about domestic violence services in Sitka

_____ Shared reports and statistics on your agencies services

_____ Other (please describe): _____

_____ Not applicable

4. Overall, how would you rate the following:

	Excellent	Good	Fair	Poor	Don't Know
a. Safe Start name recognition	4	3	2	1	DK
b. Your agency's support for the project	4	3	2	1	DK
c. Community's support for the project	4	3	2	1	DK
d. Your agency's involvement in the project	4	3	2	1	DK
e. Quality of meetings attended	4	3	2	1	DK

5. Since becoming involved in the Safe Start Initiative, how has your relationship with other local service providers changed? (check all that apply)

_____ More familiar with other agencies' services in general

_____ More aware of domestic violence assistance available in Sitka

_____ Established new professional relationships within the service system

_____ Increased number of referrals to other agencies

_____ Increased participation on multi-agency task forces and committees (including Safe Start committees)

_____ Other (please specify): _____

6. Based on your experience, what are the strengths of the Safe Start Initiative?

7. How can we improve the planning and collaborative process? _____

8. Other comments? _____

**Thank you for your assistance! Please return this survey to :
Ruth Provost, Safe Start, Sitka Tribe of Alaska 456-Katlian Street, Sitka AK 99835**