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Safe Start Initiative: Demonstration Project

Phase I Cross-Case Study I (2000-2005)

Report # 2006 - 1

November 2007



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Committed to building the capacity of organizations and institutions to develop the health, economic equity, and social justice of communities.

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Preface

The Safe Start Initiative Phase I Cross-Case Study I (2000-2005) Report # 2006-1 was developed by the Association for the Study and Development of Community (ASDC) for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for the national evaluation of the Safe Start Demonstration Project. The report covers the first five years (2000-2005) of the Safe Start Demonstration Project. This is the first of two volumes on the national evaluation findings; the second volume contains case studies of all 11 sites.

We would like to recognize Katherine Darke Schmitt (deputy associate administrator, Child Protection Division, and Safe Start evaluation manager) for her leadership and support. We would also like to thank Kristen Kracke, Safe Start Initiative coordinator & manager, for her assistance. ASDC staff contributing to this volume include: David Chavis (project director), Yvette Lamb (co-project director), Mary Hyde (deputy project director), Deanna Breslin (project coordinator), Joie Acosta (managing associate), Susana Haywood (associate), and Kien Lee (senior managing associate), S. Sonia Arteaga (managing associate), and Colette Thayer (managing associate). Sylvia Mahon (office coordinator) assisted with production.

The cross-site analysis would not be possible without the collaboration of many people from among the 11 Safe Start Demonstration Project sites, including each site's project director, local evaluator, and partners who were willing to meet with ASDC during site visits and provide key information.

Baltimore City Safe Start Initiative
Baltimore, Maryland

Rochester Safe Start Initiative
Rochester, New York

Bridgeport Safe Start Initiative
Bridgeport, Connecticut

San Francisco SafeStart
San Francisco, California

Chatham County Safe Start Initiative
Chatham County, North Carolina

Sitka Safe Start Initiative
Sitka, Alaska

Chicago Safe Start
Chicago, Illinois

Spokane Safe Start Initiative
Spokane, Washington

Pinellas Safe Start
Pinellas County, Florida

Keeping Children Safe Downeast
Washington County, Maine

Pueblo of Zuni Safe Start Initiative
Pueblo of Zuni, New Mexico

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Executive Summary

From 2000 to 2005, the Safe Start Demonstration Project was implemented in 11 sites in diverse settings (e.g., urban, rural, and tribal communities) throughout the United States. During this time, more than 15,500 children exposed to violence and their families were identified and, when appropriate, provided mental health treatment and services to address their multiple needs. Under the aegis of the demonstration project, several key sectors worked together in unique partnerships to facilitate and provide these services: 1) law enforcement, 2) mental health, 3) domestic violence, 4) child welfare, and 5) family/dependency court. The Safe Start Demonstration Project has established that when these sectors collaborate, services and outcomes for children can be improved.

The following overall accomplishments characterize the work of this demonstration project:

- Children exposed to violence were identified by agencies for the first time;
- New working relationships were developed among sectors that address issues related to children exposed to violence;
- Comprehensive and coordinated systems of care were developed for children exposed to violence;
- Service providers and their organizations institutionalized knowledge, skills, and tools for responding to children exposed to violence;
- The capacity to change policy for children exposed to violence was demonstrated at the state level; and

- Grantees demonstrated that treatment can reduce the impact of exposure to violence on children.

Thus, cumulative (2000-2005) evidence gathered as part of the national evaluation supports the Safe Start Demonstration Project's theory of change as a process for reducing the impact of exposure to violence in children. The following is a summary of the major findings of this evaluation.

Contextual Conditions

Contextual conditions (e.g., community and professional settings, political environment, economic and socio-cultural conditions) were expected to influence, and be influenced by, Safe Start project planning, implementation of systems change activities, institutionalization of changes, and reduced impact of exposure to violence. The following key relationships were found:

- Political environments supportive of promoting healthy early childhood development and preventing violence facilitated the promotion of Safe Start's agenda;
- Economic downturns affected social service funding, which both increased the importance of Safe Start funds for local communities and created challenges for finding alternative sources of funding to support Safe Start activities, given the relatively low priority placed on addressing issues of children exposed to violence;
- The cultural taboo against domestic violence was a challenge for three grantees, requiring these grantees to spend more time than others in raising the issue in a non-threatening and culturally appropriate way (e.g., through faith-based organizations or tribal traditions); and

- Grantees with a preexisting culture or spirit of collaboration (i.e., a positive history of working together) were able to move forward with systems change activities more quickly than were grantees that had to spend more time developing relationships.

Community Capacity

As compared to communities with weaker foundations, communities with greater initial capacity (e.g., assets, expertise, resources, services) more successfully implemented Safe Start. The following lessons were learned:

- Because the field of early childhood trauma is in its infancy, communities had limited numbers of mental health professionals with knowledge and skills to work with children exposed to violence and limited guidance from national technical assistance providers on how to create effective mental health service delivery models;
- Attracting and retaining qualified mental health professionals trained to work with diverse populations was particularly challenging for the rural and tribal grantees;
- Limited community services for children exposed to violence constrained grantee ability to effect systems change and reduce the impact of exposure to violence;
- Prior experience and expertise in using information to inform planning and practice facilitated the development and implementation of sustainable systems change activities;
- All grantees used initial community assessment findings to develop strategies for systems change, and most of the grantees conducted ongoing assessments to identify any need to improve their

change strategies and to inform programmatic priorities; and

- Unexpectedly, ongoing assessment and planning played a less direct role in the development and implementation of systems change activities than did community engagement and collaboration. Assessment and planning activities may be more appropriately thought of as a part of the work that collaborations undertook to achieve systems change. Alternatively, data-driven assessment and planning may, in fact, constitute systems change activities. The theory of change may need to be amended to reflect these possibilities.

Community Engagement and Collaboration

The following collaboration characteristics, common across the 11 Safe Start Demonstration Project grantees, appeared most useful for effecting systems change:

- Wide engagement from sectors that provide critical services related to children's exposure to violence;
- Strategies for overcoming philosophical differences in how each sector responds to children exposed to violence and their families;
- Structures for coordinating roles and input;
- Clear roles and tangible benefits for partners; and
- Credible, influential, and consistent leadership.

Grantees also understood that their efforts to increase access and improve the quality of services would be somewhat futile if families did not comprehend the harm of exposure to violence on their young children. Nine of the 11 grantees successfully engaged community residents

and institutions to become aware of Safe Start services, use the services, and/or participate in decision making about the local Safe Start initiative. Strategies for achieving community engagement included:

- Public education and awareness-raising activities by nine grantees,
- Collection of community input about strategies and messages for public awareness campaigns by three grantees;
- Creation of a staff position dedicated to community outreach by two grantees; and
- Inclusion of community members in governance by two grantees.

System Change Activities

Grantees created systems of care for children exposed to violence by developing and implementing policies, practices, and relationships to promote a coordinated response to children and their families. The most common types of systems changes activities included:

- Developing screening procedures and protocols for identifying children exposed to violence,
- Adapting and implementing the Child Development-Community Policing (CD-CP) program,
- Co-locating and coordinating services across organizations,
- Sharing case information and management,
- Developing and distributing public education materials, and
- Conducting social marketing/public education campaigns.

Institutionalization of Change

To decrease tolerance of violence within the community and increase community support

for and use of services to address violence exposure, the systems changes implemented with the support of federal funding were sustained with alternative financial and human resources at the local level. In summary:

- All grantees increased the capacity of service providers to identify and respond to children exposed to violence by providing education and training opportunities.
 - A total of 15,622 children exposed to violence were identified over the course of the Safe Start Demonstration Project;
 - A total of 5,323 children exposed to violence were assessed over the course of the Safe Start Demonstration Project; and
 - A total of 7,840 children exposed to violence were referred to appropriate services over the course of the Safe Start Demonstration Project.¹
- All grantees found an organization to continue some aspect of the Safe Start Demonstration Project. Aspects of the project absorbed range from the most tenuous (e.g., the vision or mission) to the highly tangible (e.g., positions and programs).

¹ These figures are not consistent for several reasons. Most fundamentally, “identified,” “assessed,” and “referred” were defined differently across grantees. For example, some sites defined “referred” as referred *to* Safe Start services; in other sites, “referred” meant referred *from* Safe Start services to other services. In addition, the sequence of decision points in the service pathway differed across sites. In some (but not all) sites “assessed” and “referred” represented a simultaneous decision point, or step, in the service pathway; for these sites, the number of children assessed was identical to the number of children referred.

- Relationships were developed across sectors for the first time as a result of participation in the Safe Start Demonstration Project.
- Some grantees contributed to the adoption of state-level or cross-organizational policies supportive of healthy early childhood development generally and/or children exposed to violence specifically.
- Several grantees obtained evidence of increased community awareness of children exposed to violence and the community resources available to help this population.

Increased Community Supports

Institutionalized systems changes were expected to increase political and social support for the issues of children exposed to violence and decrease tolerance of violence within the community. Examples of political and social support generated by Safe Start Demonstration Project grantees include the following:

- In Baltimore, a cross-sector roundtable has been established to advocate for policy changes that affect domestic violence victims and their children;
- In Bridgeport, a leadership group of community decision makers was developed to address a broad range of child and family issues, including, currently, the development of a community-wide blueprint for young children and their families, in preparation for responding to the newly created Governor's Early Childhood Investment Initiative;
- In both Chicago and Pinellas, the leadership groups established under Safe Start will continue to meet and provide

decision making and service coordination for children exposed to violence, beyond the period of OJJDP funding;

- The Tribal Council in the Pueblo of Zuni incorporated the issue of children exposed to violence into its Children's Code and will continue to support the mission of Safe Start; and
- The Regional Medical Center-Lubec and the Washington Hancock Community Agency partnered to develop a community sustainability plan that includes increasing the community's knowledge of children exposed to violence.

Reduced Impact of Exposure to Violence

Ultimately, practitioners and researchers in the field seek to reduce childhood exposure to violence. Currently, however, city- and county- level data are insufficient to support an assessment of reduced exposure to violence at the community level. Even if adequate data on violence exposure were available, the Safe Start Demonstration Project spanned only five years: an insufficient time period for measuring trends in crime and victimization at the community level. The national evaluation of the Safe Start Demonstration Project, therefore, was not designed to measure and compare reductions in community-level childhood exposure to violence within and across sites.

Nevertheless, three grantees provided evidence that participating in the types of services intended by the Safe Start Demonstration Project (e.g., research-based, appropriate for young children exposed to family and community violence, comprehensive, reflecting a continuum of care) reduced the impact of exposure to violence on children. Specifically, three

local evaluators found that after participating in treatment:

- Children's exposure to violence decreased;
- Children had fewer trauma-related symptoms;
- Parents/caregivers experienced less parenting stress; and
- Parents/caregivers had an increased understanding of the impact of exposure to violence on young children.

With appropriate local data sources and capacity, therefore, it is possible to assess both reduced exposure to violence and reduced impact of exposure at the child and caregiver levels of analysis.

Recommendations

Based on the findings of this cross-site analysis, we recommend the following approaches to continued examination of the Safe Start Demonstration Project, which may contribute to further knowledge building for the field:

- Examining promising practices for local evaluation and data collection (e.g., practices for encouraging compliance by mental health practitioners; practices for ensuring the use of data for planning, capacity building, and decision making),
- Investigating the sustainability and institutionalization of the Safe Start Demonstration Project goals and approach, and
- Drilling down to more closely examine the service pathways developed by the seven continuing grantees and how these pathways are working (e.g., support needed for sector-by-sector change, relationships, practices, coordination of care).

1. Overview of the National Safe Start Demonstration Project

The Child Protection Division of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) administers programs related to crime against children and children's exposure to violence. The division provides leadership and funding to promote effective policies and procedures to address the problems of missing and exploited children, abused and neglected children, and children exposed to domestic or community violence.

In 1999, OJJDP created the Safe Start Demonstration Project as a demonstration initiative for preventing and reducing the impact of family and community violence on children six years and younger. The project seeks to create a comprehensive system that improves access to and delivery and quality of services for young children who have been exposed to violence or are at high risk of exposure, along with their families and their caregivers, at any point of entry into the system. To create such a system, communities were expected to expand existing partnerships among service providers in the fields of early childhood education/development, health, mental health, family support and strengthening, domestic violence, substance abuse prevention and treatment, crisis intervention, child welfare, law enforcement, courts, and legal services.²

² This description of the Safe Start Demonstration Project's purpose was obtained from the Federal Register Notice (Vol. 64, No. 64, Monday April 5, 1999, p. 16556). In addition, according to the Office of Juvenile Justice and Delinquency Prevention, "exposure to violence" means being a victim of abuse, neglect, or maltreatment or a witness to domestic violence or other violent crime. This definition was also taken from the Federal Register Notice (p. 16556). These definitions guide the analyses described in this report.

To accomplish these goals, OJJDP expected participating communities to implement a balanced, comprehensive approach, spanning five domains of system change activity: 1) development of policies, procedures, and protocols; 2) service integration activities; 3) resource development, identification, and reallocation; 4) development of new, expanded, or enhanced programming; and 5) community action and awareness activities. These activities were expected to occur at three levels: 1) across organizations, 2) within organizations, and 3) at the point of service or among front-line service providers for families and children.

A total of nine communities (“Safe Start demonstration sites”) received grants from OJJDP in 2000 to plan and implement a local Safe Start project in three phases: Baltimore (Maryland), Bridgeport (Connecticut), Chatham (North Carolina), Chicago (Illinois), Pinellas (Florida), Rochester (New York), San Francisco (California), Spokane (Washington), and Washington (Maine). Two demonstration sites located in Native American communities, the Sitka tribe of Alaska and the Pueblo of Zuni (New Mexico), were added in 2002, beginning their local Safe Start projects two years later than the other nine demonstration sites.

Though grantees were expected to complete Phase I during the first seven months of the project, all grantees took between 18 and 24 months to conduct assessment, planning, and initial development activities. In Phase II, expected to last 18 months, grantees began implementation. In Phase III, which was expected to last 36 months, Safe Start Demonstration Project grantees worked toward full implementation and sustainability of their projects. While grantees were not expected to achieve sustainability for all elements of the project,

they were encouraged to develop, identify, and reallocate local resources to sustain the core goals of the local Safe Start project, as well as any systems change they had achieved. In 2005, all grantees were in the full implementation phase of the project, focused largely on sustainability of key project components. The long-term framework for Safe Start beyond the demonstration project is illustrated in Figure 1 (Kracke, 2005).

2. Overview of the National Evaluation

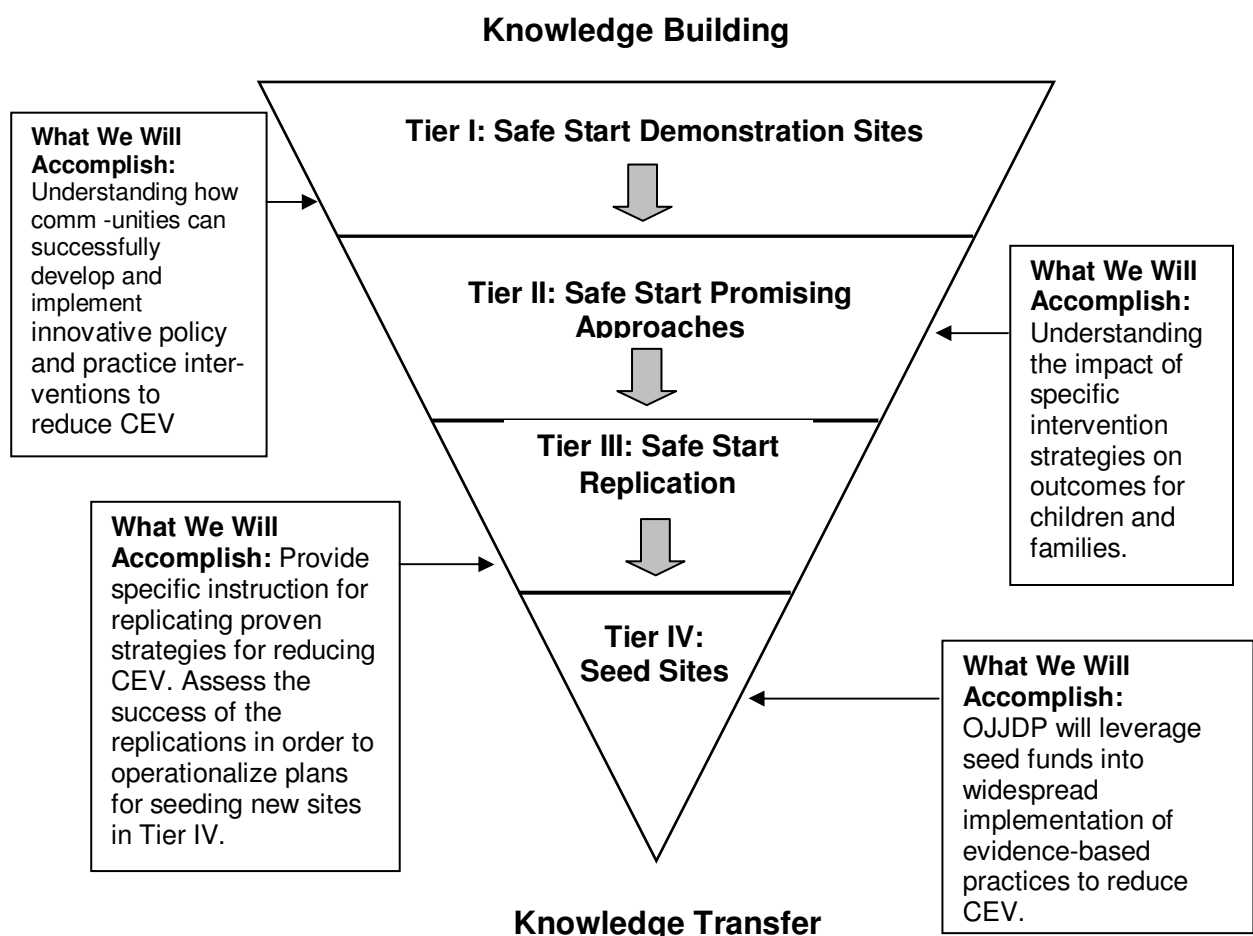
As part of the national evaluation, the National Evaluation Team³ was expected to conduct a cross-case analysis and generate a report highlighting patterns across the 11 grantees. Patterns across all sites were identified using the same standards of evidence as those used for the individual case studies, which examined the implementation and impact of Safe Start in each demonstration site. In addition, clusters of patterns according to different characteristics (e.g., type of community setting, approach to systems change, community capacity) were examined. The results of the cross-case analysis are presented in this report (Volume I).

In a cross-case analysis, each grantee (i.e., case) becomes the unit of analysis. Guided by Yin's (1994) methodology, the National Evaluation Team therefore first developed a case study for each of the 11 grantees. To develop case studies, databases were created for each site using information from the following sources: National Evaluation Team's site visits (2004 and 2005), local

³ The National Evaluation Team consisted originally of Caliber Associates, Roper Start Worldwide, the Research Triangle Institute, and the Association for the Study and Development of Community. Currently the National Evaluation Team is the Association for the Study and Development of Community.

evaluation report forms (2005), and site-generated documents (e.g., progress reports, implementation plans, strategic plans, and other materials). The databases were organized according to the components of the Safe Start logic model.

Figure 1. Long-Term Framework for Safe Start



The case studies, also organized according to the logic model, describe how each Safe Start Demonstration Project grantee changed its community and systems to reduce the impact of exposure to violence on young children. Findings were based on at least two, and preferably three, independent sources when the information was subjective (e.g., site visit participant perceptions). Representatives from each Safe Start Demonstration Project site reviewed their site's case study for accuracy and clarity. The individual case studies can be found in Volume II of this report.

2.1 Goals and Theory of Change

The National Evaluation Team used a case study methodology (Yin, 1994) to examine systematically the implementation and impact of the Safe Start Demonstration Project. Data were collected through document review, site visits, and follow-up telephone conversations; a site-visit protocol was developed to guide discussions with key stakeholders. Given the broad diversity of strategies employed across the 11 demonstration communities, local evaluators also conducted site-specific outcome studies

to supplement the cross-site national evaluation; six local evaluators provided data on 1) programs for reducing the impact of childhood exposure to violence and 2) methods and approaches to evaluate such programs.

Data collected according to this methodology were used to develop the following national evaluation reports:

- Interim and final cross-case studies,
- Interim and final case studies,
- Process evaluations, and
- Special reports.

The Safe Start Demonstration Project theory of change. OJJDP and the National Evaluation Team developed a logic model to illustrate the Safe Start theory of change (Chen, 1990; Connell & Kubisch, 1998; Connell, Kubisch, Schorr & Weiss, 1995; Weiss, 1972) for how the demonstration project was expected to change local systems of care to reduce the impact of violence exposure on children (Figure 2). This framework guided the evaluation, providing structure for the development of the evaluation questions, methods, analysis, and reporting

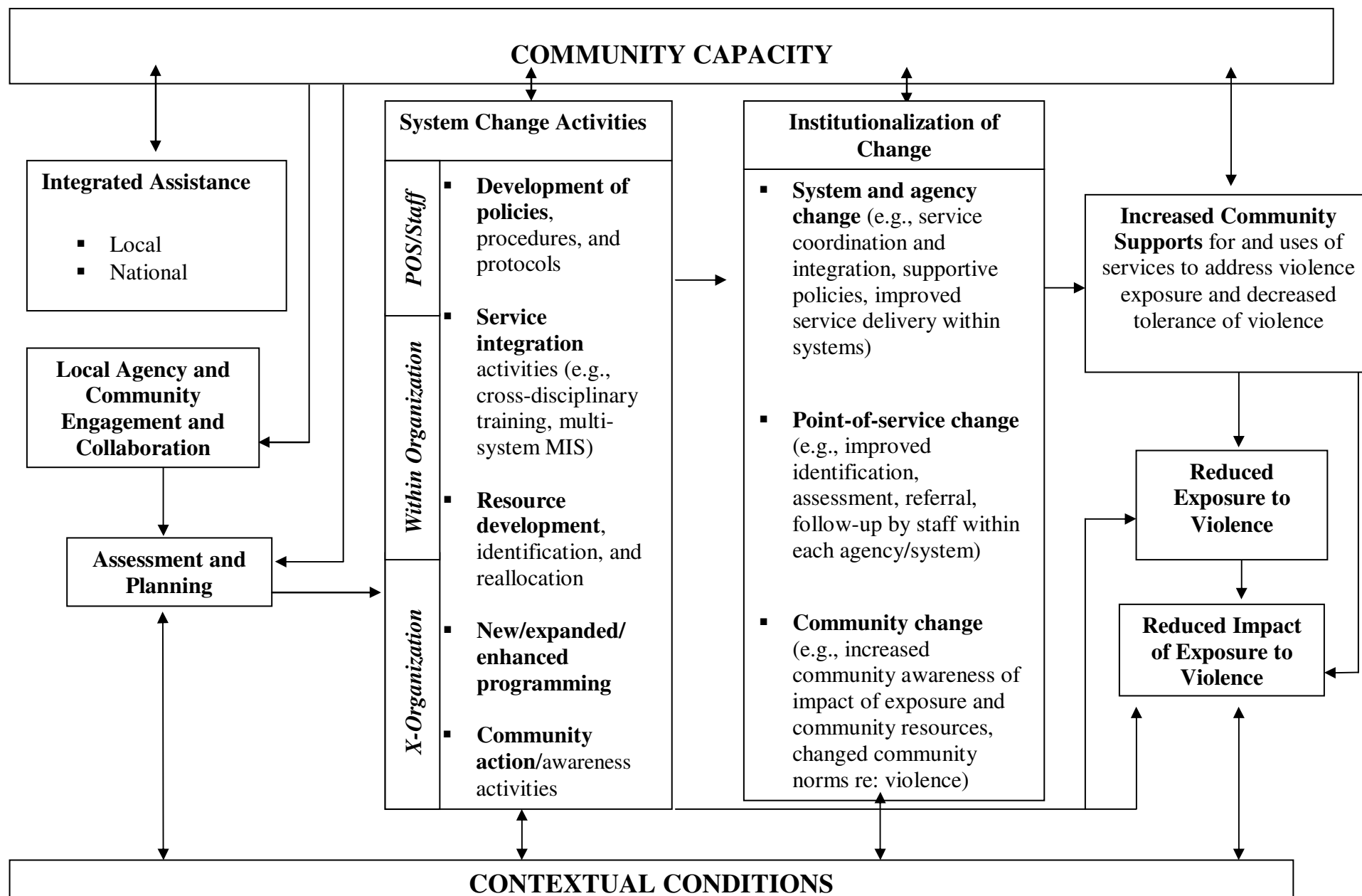
According to the theory of change, collaborative planning and implementation of systems change activities would strengthen communities in ways that would prevent young children from being exposed to violence and reduce the impact for those exposed. More specifically, *contextual conditions*—political, economic, and social—were expected to influence project planning and implementation. For example, the incidence and prevalence of child

maltreatment or community violence might affect public awareness of related issues.

Related to these contextual conditions are *community capacities*—the quantity and quality of service providers trained to work with young children, for example—which were expected to impact project planning and implementation. According to the theory of change, community capacity would most directly affect *assessment and planning*, as well as *community engagement and collaboration*. Communities with relatively large numbers of capable professionals, for instance, might be in a better position to reach out to the existing service provider network and engage them in assessment and planning processes.

The theory of change also predicted that the capacity to conduct an assessment of community needs and resources would be greatly influenced by the availability of *local assistance*, the ability to access *national assistance*, and the availability of accurate community data. *System change activities*, planned and initially implemented as a result of partnerships formed through Safe Start, were expected to change practices across organizations, within organizations, and at the point of direct services. The system changes thereby achieved were expected to be continued, or *institutionalized*, in the form of service coordination and integration and improved service delivery. Institutionalized system changes would, in turn, *increase community supports* for young children exposed to violence such that *fewer children would be exposed to violence and the impact of exposure would be reduced*.

Figure 2 SAFE START DEMONSTRATION PROJECT OVERALL LOGIC MODEL



3. Contextual Conditions

Contextual conditions (e.g., community and professional settings, political environment, economic and socio-cultural conditions) were expected to influence, and be influenced by, Safe Start project planning, implementation of system change activities, institutionalization of changes, and reduced impact of exposure to violence.

Indeed, political, scientific, and economic context each played a role in motivating the Safe Start Demonstration Project. The project was conceptualized during a time when federal executive leadership was committed to delinquency prevention through early intervention, as well as to early childhood wellbeing through systems improvement and collaboration; the political climate thus supported an emphasis on systems change and integration and public responsibility for child wellbeing. On the scientific front, emerging brain research indicated that early childhood experiences have deep and lasting effects on the development of individuals. More specifically, at least 10 million children in the U.S. have witnessed or been victims of violence in their homes or communities (as cited in Kracke, 2001); these children experience long-term behavioral, social, emotional, and physical health problems (Lewis-O'Connor, Sharps, Humphreys, Gary, & Campbell, 2006). Finally, the economy was strong, with available funding to support large-scale initiatives such as Safe Start.

Following the events of September 11, 2001, however, national and state funding priorities shifted from social programs to terrorism-prevention efforts. Consequently, Safe Start Demonstration Project grantees found themselves grappling with the challenge of implementing their programs in

tumultuous budget environments. On the other hand, community awareness of the issue of exposure to violence increased nationwide as a result of the September 11th terrorist attacks.

State and local contextual conditions, such as community and professional settings and political, economic, and socio-cultural conditions, also affected the implementation and outcomes of the Safe Start Demonstration Project in each of the 11 demonstration sites. For example, economic downturns that impacted social service budgets hampered efforts, though more so in some sites than others; a history of prior collaboration helped buffer economic conditions in some sites and proved critical to progress made by grantees.

These patterns and other factors observed in the contextual conditions that most directly affected the 11 grantees are described in greater detail next.

3.1 Community Setting

The 11 grantees were located in different types of community settings. Six grantees were located in urban settings (Baltimore, MD; Bridgeport, CT; Chicago, IL; Pinellas County, FL; Rochester, NY; San Francisco, CA), three in rural settings (Chatham County, NC; Spokane, WA; Washington County, ME), and two in tribal communities (the Sitka Tribe of Alaska and the Pueblo of Zuni, NM).

The six urban sites share two characteristics associated with high rates of violence (Buka, Stichick, Birdthistle, & Earls, 2001): high population density and a large percentage of marginalized residents (e.g., racial minorities, the linguistically isolated, and/or low income groups). Children living in these communities, therefore, are at higher risk of

exposure to community violence and possibly domestic violence.

The three rural sites, though less densely populated, face their own challenges. For example, in both Washington and Chatham counties, many Latino children have been exposed to violence (Chatham County Safe Start initiative, 2005; Keeping Children Safe Downeast, 2005), but bilingual services are limited in these rural areas. Also in the rural sites, residents must travel long distances to receive services limited in their scope and variety. As a result of these factors, rural Safe Start projects struggled to reach out to families in need.

Tribal grantees faced challenges similar to those of rural grantees, along with the additional challenge of finding a culturally competent mental health professional to work with Native Americans and Alaskans, a challenge that national technical assistance providers found themselves unprepared to address (Association for the Study and Development of Community, 2006). Consequently, the two tribal grantees did not engage a mental health partner until their fourth year.

The Safe Start Demonstration Project addressed some of these challenges. For example, in Chatham County, Safe Start provided funding for bilingual services and home-based therapy. In addition, national sources of assistance were used in the tribal sites to make mental health services more culturally appropriate.

3.2 Political Environment

Over the course of five years, many changes in political environment affected the 11 Safe Start Demonstration Project grantees. The effect of these changes was sometimes positive and sometimes negative, though

with no clear pattern of association between particular types of changes and overall positive/negative direction of outcome. For instance, a newly elected official committed to the issue of childhood exposure to violence, while benefiting the local Safe Start initiative through his/her commitment, typically also caused other leadership and staff changes, which meant that Safe Start staff had to spend time developing new relationships.

Leadership changes. Four demonstration sites had political leaders who supported legislative and other changes that created a positive environment for helping children exposed to violence. In Illinois, for example, the governor's wife chaired the Futures for Kids advisory board and was committed to improving children's mental health (Chicago Safe Start initiative, 2005). Because of her commitment and influence, public agencies and nonprofit organizations in Chicago increased their attention to children's mental health issues, including the issues of exposure to violence. In Rochester, the mayor convened citizens and leaders to create a strategic plan for responding to the city's rising violence, which mobilized the community to address issues related to children exposed to violence and created momentum for Rochester Safe Start's implementation. In San Francisco, the election of Mayor Gavin Newsom resulted in leadership changes in the police department that favored the local Safe Start initiative (Association for the Study and Development of Community, 2005a; Association for the Study and Development of Community, 2006). In Florida, a five-year prevention plan for reducing child abuse and the high incidence of domestic violence in Pinellas and Pasco counties included Pinellas Safe Start as a critical resource for children and families experiencing violence. Systems-change activities implemented and

institutionalized in these sites reinforced these favorable political climates for helping young children exposed to violence.

In two demonstration sites, the political environment shifted from favorable to unfavorable for local Safe Start projects. During the implementation of Safe Start in Baltimore, for instance, the mayor focused heavily on crime prevention without a specific focus on children's issues. In Chatham County, the public planning commissioner's agenda did not focus on human services, but primarily on issues of growth and land use, development of water and sewer services, and rural taxation issues. As a result, these two grantees struggled to engage influential leaders and gain their support for systems change. In another case, political corruption at the state (Connecticut) and city (Bridgeport) levels of government challenged the Bridgeport grantee's ability to secure municipal partners. Furthermore, corruption led to a freeze on federal assistance to the city, limiting funding available for the human services sector, which undoubtedly affected the grantee's ability to engage partners from this sector.

State and local legislation and resources.

Two states had existing legislation that supported local Safe Start initiatives. Under domestic violence/child protection agreements in the state of Florida, domestic violence service providers and child protection agencies must agree on how they will communicate when an allegation of abuse involves a child or parent who may be staying at a domestic violence shelter (Association for the Study and Development of Community, 2006). This legislative mandate for domestic violence and child protection sectors to work together benefited the Pinellas Safe Start initiative, especially in light of the fact that the majority of demonstration sites struggled to bring these

sectors together. Similar to Florida, in Alaska, according to legislation that existed prior to Safe Start, domestic violence shelters are required to have a child advocate in addition to a victim's advocate.

Legislative changes in certain states facilitated or hindered local Safe Start initiatives. In two demonstration sites, the changes were positive. In North Carolina, the community mental health clinics were privatized, allowing Chatham County's Safe Start direct service providers to access Medicaid reimbursement for the families they assisted. In Illinois, the Children's Mental Health Act, passed in 2003, required the state to develop a comprehensive children's mental health plan with short- and long-term recommendations for establishing coordinated mental health prevention, early intervention, and treatment services for children from birth through age 18. The implementation of this act meant more awareness and funding for children's mental health issues.

On the other hand, state legislative changes had adverse consequences for two demonstration sites. The Florida legislature shifted services and money away from nonprofit community mental health centers to for-profit health maintenance organizations (HMOs). As a result, families and children who receive Medicaid benefits, including those served by the Pinellas Safe Start initiative, were restricted to certain providers and a certain number of treatment sessions (Association for the Study and Development of Community, 2005b). In Alaska, the merging of substance abuse prevention and treatment services with behavioral health services by the state meant a reduction in funds for both types of services. Consequently, Sitka Counseling and Prevention Services, a key partner in the Sitka Safe Start initiative, could not afford to

pay clinicians for on-call time as part of the initiative's Child Development-Community Policing team (Association for the Study and Development of Community, 2005a).

Budget cuts in 9 of the 11 states with Safe Start sites resulted in reprioritization of the responsibilities of staff in partner agencies, which usually led to reduced involvement in local Safe Start initiative. Funds for services for children exposed to violence also were considerably reduced in these states, increasing the importance of Safe Start funds to fill the funding gap, while diminishing the availability of new resources to sustain Safe Start (Association for the Study and Development of Community, 2005b). In Chatham County, for instance, Safe Start partners experienced a funding reduction of 25% over the course of the initiative (Chatham County Safe Start initiative, 2005).

3.3 Economic Conditions

Living in an economically disadvantaged, inner-city community can increase a child's risk of exposure to community violence and possibly family violence. For example, children who live in neighborhoods characterized by poverty tend to have the highest risk of maltreatment (Coulton, Korbin, Su, & Chow, 1995), and low-income youth are more likely than middle-class youth to experience community violence (Sampson & Lauritsen, 1994). Moreover, lack of economic resources and opportunities may contribute to social disorder and community decline (Lynch, 2006); consistent with this correlation, exposure to violence is associated not only with poverty, but also with factors such as overcrowding, inadequate medical care, lack of community resources, and lack of parental employment (Cicchetti & Lynch,

1993), factors that may in turn contribute to family instability and disorganization.

Eight of the 11 Safe Start demonstration sites had unemployment rates higher than those of their respective states. Unemployment rates of the grantees varied from 5.1% in Spokane (compared to a statewide rate of 5.6%) to 67% in the Pueblo of Zuni (Pueblo of Zuni Safe Start initiative, 2005; Spokane Safe Start initiative, 2005). Due to seasonal variability in jobs, in Washington County, Maine, the unemployment for the county ranges from twice that for the state (8.8% vs. 4.4%) to even higher rates during the winter (Keeping Children Safe Downeast, 2005).

High levels of unemployment are associated with poverty. Most of the grantees either were located within or targeted areas with a high concentration of poverty. In the Englewood community of the Chicago site, 34% of all families and 50% of families with children under five live in poverty (Chicago Safe Start initiative, 2005). In Rochester, 40% of all children under six live in poverty, with almost 60% of all children in female-led households living in poverty (Rochester Safe Start initiative, 2005).

Thus, the economic environment of the grantees potentially impacted children's risk of exposure to violence; economic realities also challenged grantees' ability to engage families in services for the following reasons:

- Families had many needs (e.g., shelter, food) more immediate and pressing than the need for mental health assistance for violence-exposed young children, many of whom do not necessarily exhibit symptoms obvious to parents or caretakers without knowledge of the impact of violence exposure.

Consequently, grantees invested significant time and resources to educate families about the impact of childhood exposure to violence.

- Families needed a range of interventions to adequately meet all their needs. The Sitka Safe Start initiative hired a coordinator to follow up with families and ensure all family needs were addressed; when this person left and the coordinator position went unfilled for a year, families were more likely to miss their appointments with the psychologist.
- After perceiving little change in the condition of their neighborhoods despite the efforts of many federal and other initiatives, families tend to mistrust public agencies and services. Baltimore Safe Start initiative staff and partners, for instance, believed that the Success by Six initiative had laid a foundation for addressing childhood exposure to violence upon which Safe Start could build; however, because Success by Six failed to engage community leaders, residents mistrusted any effort associated with it.

The Safe Start Demonstration Project did little to alter these economic conditions. Instead, grantees developed ways to implement and institutionalize systems-change activities despite economic challenges. The ways in which grantees accomplished this are discussed in more detail in Section 7 of this report.

3.4 Socio-cultural Conditions

The cultural taboo of domestic violence.

Individuals who view domestic violence as a taboo subject are not likely to seek help; three grantees explicitly reported this

challenge. In both tribal sites, domestic violence signaled the tribe's detachment from its traditions and therefore elicited shame at the individual and clan levels. In rural Washington County, residents all typically know one other, hindering the reporting of domestic violence for fear of retaliation or embarrassment. These three grantees, therefore, devoted more time than the others to raising the issue of domestic violence in a non-threatening and culturally appropriate way (e.g., through faith-based organizations or tribal traditions).

Collaborative spirit. The preexistence of a culture or spirit of collaboration (i.e., positive history of working together) allowed organizations in four Safe Start Demonstration Project sites (Chicago, Pinellas, Rochester, and San Francisco) to expedite the process of forming collaborations. To develop and sustain collaboration requires time and trust. In sites with a history of collaboration (the four listed above plus Bridgeport, Chatham, and Spokane), representatives came to the Safe Start initiative with knowledge and experience of how to compromise with each other when necessary. This understanding allowed grantees in these sites to move forward on other activities, thus more efficiently implementing their local Safe Start projects than did grantees that needed time to develop and nurture relationships with their partners.

The Chicago Safe Start grantee exemplifies the positive impact of prior collaboration. Prior to the Safe Start initiative, two organizations worked together to help address children's issues in Chicago: An Ounce of Prevention, which invested in children through innovative direct services and research, and Voices for Illinois Children, which worked with families, communities, and policymakers to ensure

the healthy development of children. In 2002, these two organizations joined forces and formed the Illinois Children's Health Partnership. This new organization collaborated with Chicago Safe Start to help pass the 2003 Illinois Children's Mental Health Act.

While Chicago and other grantees benefited from a foundation of collaboration, three grantees (Baltimore, Pueblo of Zuni, and Washington County) struggled to establish collaborative partnerships. For example, prior to the Zuni Safe Start initiative, the Pueblo of Zuni typically did not collaborate with municipal government agencies,⁵ which meant the grantee needed time to build trust and relationships.

3.5 Professional Setting

Aside from community, political, economic, and socio-cultural conditions, another contextual condition played a key role in the implementation of all 11 Safe Start initiatives: the professional setting in which each initiative unfolded. In large part due to the newness of the fields of infant mental health and child trauma (Van Horn & Lieberman, 2006), all 11 grantees were challenged by the limited number of mental health professionals in their communities with the knowledge and skills necessary to work with children exposed to violence. The newness of the field limits not only the number of professionals with relevant training and knowledge, but also payment options for those professionals; Medicaid will not reimburse for services provided to clients without a diagnosable disorder, and the ability to diagnose mental health problems in infants and children is limited

as screening and assessment tools are still emerging.

Five grantees also reported difficulty attracting and retaining qualified mental health professionals trained to work with diverse populations. For instance, Chatham County experienced a huge influx of Latinos over the course of the demonstration project, but lacked an infrastructure to serve this population. The Chatham County Safe Start initiative searched for a bilingual provider for more than a year and could not find one. Additionally, the county had no Spanish-speaking substance abuse providers, no bilingual child protective services workers, and only one (out of 50) bilingual police officer. As a result of this poor infrastructure, Latino families and children exposed to violence did not receive adequate services.

Similarly, the Sitka grantee reported a lack of culturally competent mental health professionals. The Sitka community is divided along native and non-native lines, with Native Alaskan residents harboring mistrust of non-native agencies. Moreover, Native Alaskan paraprofessionals were trained in methods with a European cultural context, such that even these mental health professionals in Sitka lacked cultural competency to work with members of the tribe. As a final example, San Francisco SafeStart was able to retain one Spanish-speaking and one Cantonese-speaking clinician; however, the demand for services exceeded their capacity.

In short, none of the grantees overcame the challenge of recruiting and retaining culturally competent professionals. As a result, adults and children with limited English proficiency were underserved or not served at all.

⁵ The Native American community is governed by a tribal council, and the rest of Zuni is governed by a municipal government. These two governments operate independently of each other.

4. Integrated National and Local Training and Technical Assistance

National sources of assistance were expected to enhance the capacity of Safe Start Demonstration Project sites to implement systems change activities; local resources within demonstration communities also were expected to facilitate implementation of systems change activities. In turn, local community capacity to respond to children exposed to violence was expected to increase as grantees developed relevant knowledge, skills, and resources. The extent to which these expectations were met is discussed next.

OJJDP defines *technical assistance* as “providing help to resolve a problem and/or create innovative approaches to dealing with a problem,” and *training* as the “planning, development, delivery, and evaluation of activities designed to achieve specific learning objectives for individuals, groups, or organizations” (National Center for Children Exposed to Violence, 2000a); training and technical assistance at the local and national levels were integral elements of the National Safe Start Demonstration Project.

Local assistance consisted of capacity-building activities provided by local resources such as consultants, members of the Safe Start team, professionals, and community residents. National assistance included capacity building provided by national providers such as OJJDP, the National Center for Children Exposed to Violence (NCCCV), the National Council on Juvenile and Family Court Judges (NCJFCJ), the Institute for Educational Leadership’s Systems Improvement Training and Technical Assistance Project

(SITTAP), Institute for Community Peace (ICP), National Civic League (NCL), Association for the Study and Development of Community, and Caliber Associates (Caliber), as well as other organizations and individual consultants.

Grantees reported receiving training and technical assistance from both national and local sources. Assistance was provided through consultation, training, conference calls, site visits, printed or Web-based resources, meetings, and occasionally other formats.

4.1 Local Training and Technical Assistance

Grantees offered training and technical assistance to many groups in their community. Demonstration sites most commonly cited the following recipients of training and technical assistance:

- Early childhood educators,
- Mental health professionals,
- Child protective service workers and other social services staff,
- Law enforcement staff, and
- Childcare providers.

Other groups that received training and technical assistance included:

- Court and judiciary-related personnel, and
- Community and faith leaders.

Local training and technical assistance addressed a broad range of topics, including:

- Domestic violence, sexual assault, and related issues (e.g., causes, psychology of the batterer and victim, impact on family and children);

- Legal issues associated with domestic violence and its consequences;
- Brain development of children and children exposed to violence;
- Related curricula such as “Shelter from the Storm” and “Safe Havens;”
- Child Development-Community Policing (CDCP) strategy; and
- Interventions (e.g., play therapy), their implementation, and their evaluation.

Training was the primary form of assistance provided at the local level. Some sites asked partner agencies with existing training programs to add to these programs a segment on children's exposure to violence. Other sites developed new training curricula; Safe Start staff then conducted training sessions. To supplement training, a few sites developed videos to be distributed to agencies or individuals that received training. Finally, some sites employed a train-the-trainer model, in some cases training members of the site's Safe Start team (such as members of San Francisco's Service Delivery Team) as trainers, and in other cases training representatives from various agencies.

4.2 National Training and Technical Assistance

Composition and functions of the national support team. Initially, OJJDP formed a national support team comprised of staff from OJJDP, NCCEV, Caliber, and ASDC; according to NCCEV (2000b), “One goal of the team will be to provide a seamless system of support to the sites.” Together, the team shared information, coordinated activities, responded to site requests, and planned future assistance to sites. Throughout the demonstration project, the team participated in weekly two-hour conference calls and met in person on a regular basis, to discuss proposed

documents, identify potential challenges, discuss the purpose of materials, discuss the purpose and logistics of site visits, develop common terminology, discuss tasks, and plan cross-site meetings. In addition, the team conducted joint site visits during the first year. A “welcome package” from the national support team was provided to each site as a way to introduce the team.

Within the national team, members played unique and complementary roles:

- OJJDP provided general oversight of the demonstration project, managed and guided the grantees, and promoted the “vision” of Safe Start.
- Caliber and ASDC were primarily responsible for the national evaluation and evaluation-related technical assistance. Together with Roper Start Worldwide and the Research Triangle Institute, Caliber and ASDC formed the National Evaluation Team, with Caliber as the lead organization. From the start of the initiative, ASDC provided oversight for evaluation-related technical assistance, as well overall assistance to Caliber and OJJDP on evaluation, community, and systems change; in 2004, ASDC replaced Caliber as lead evaluator.
- NCCEV provided program-related technical assistance to the sites, through consultation, training, semiannual cross-site meetings, a Web site, library assistance, and connections to other resources. NCCEV analyzed applications, conducted telephone interviews with project directors, administered follow-up questionnaires, conducted site visits to implement a needs assessment and gather baseline data, developed a training and technical

assistance plan for each site, conducted cross-site focus groups to identify common needs for future technical assistance, conducted cross-site meetings, and refined initial training plans (National Center for Children Exposed to Violence, 2000a). In addition, NCCEV provided training and technical assistance on the Child Development-Community Policing model to many sites.

Later in the demonstration project, the National Civic League was designated as the training and technical assistance coordinator. This role entailed assessing and updating sites' training and technical assistance plans; brokering training and technical assistance, including administering the pool of funds; conducting quarterly site team debriefings; organizing semiannual cross-site meetings; and serving as a liaison with similar projects (National Civic League, 2003). In addition, NCL provided assistance "on topics of collaboration, strategic planning, visioning, systems change, citizen engagement, fiscal policy, and cultural competency" (National Civic League, 2003).

National-level assistance provided to grantees. In addition to regularly scheduled cross-site conference calls (held monthly or quarterly), the semiannual cross-site meetings were a primary source of national assistance, providing a forum for project directors to learn from each other, obtain information from OJJDP, and receive training and technical assistance from national experts. Early cross-site meetings focused primarily on introducing the initiative, familiarizing participants with each other and with the national team, and discussing broad topics that would help participants with planning (such as logic model development, planning a community

needs assessment, strategic planning, systems change, and a developmental perspective on children exposed to violence). Early meetings also addressed evaluation processes and training and technical assistance procedures. Toward the middle of the Safe Start Demonstration Project, the focus of cross-site meetings shifted toward practical strategies and approaches, promising practices, and overcoming barriers. Later meetings addressed sustainability, in addition to lessons learned.⁶

Safe Start directors and partners presented programs at meetings. Presenters also included representatives of national organizations with expertise in psychiatry, childhood mental health, evaluation and assessment, child welfare reform, domestic violence, and child protective services, among other areas; the following organizations presented at cross-site meetings:⁷

- Alpha Consulting Group,
- Association for the Study and Development of Community,
- Caliber Associates,
- Children's National Medical Center,
- Institute for Community Peace,
- Institute for Educational Leadership's Systems Improvement Training and Technical Assistance Project,
- McCoy Company,
- National Center for Children Exposed to Violence,
- National Child Welfare Resource Center for Organizational Improvement,
- National Civic League,
- National Council on Juvenile and Family Court Judges,
- Posse Foundation,

⁶ Based on seven cross-site meetings.

⁷ Based on seven cross-site meetings.

- Serena Hulbert, and
- Torres Consulting Group.

In addition to presentations, cross-site meetings included breakout sessions for program directors and evaluators. These sessions covered a range of topics, including:⁸

- The Safe Start Demonstration Project (conceptual framework, vision, national team, site expectations, training and technical assistance, evaluation process);
- Issues related to children exposed to violence, such as domestic violence and child protective services;
- Site strategies and best practices (e.g., approaches to strengthening and treating families, engaging and retaining families, etc.);
- Tool exchange;
- Sustainability;
- Collaboration; and
- Evaluation and data.

In terms of evaluation-specific training and technical assistance at the national level, the National Evaluation Team:

- Provided annual evaluation and assessment of evaluation-related technical assistance needs for each site;
- Developed a listserv for local evaluators and the National Evaluation Team;
- Held regular (monthly) conference calls with local evaluators and the National Evaluation Team;
- Convened an annual meeting of evaluators;
- Developed individual evaluation technical assistance plans for each site;
- Developed a computerized evaluation technical assistance tracking system; and

- Created evaluation resource materials, such as an annotated bibliography, a guide to conducting community assessments, a guide to selecting evaluators, a guide to developing logic models, a guide to selecting outcome measures for children exposed to violence, and a guide to evaluating training, among others.

In addition, ASDC created and hosted an evaluation technical assistance website (<http://capacitybuilding.net/safestart.html>), to post evaluation materials from each Safe Start Demonstration Project site, such as evaluation plans and summaries, logic models, consent forms, privacy certificates, implementation plans, and data-collection instruments. The website also provides research findings related to children's exposure to violence, relevant measures, conference materials, information on evaluation training, a Safe Start directory, links to evaluation reports (e.g., reports on promising practices and process-evaluation reports), and other resources.

In addition to the national-level training and technical assistance already described, grantees that intervened with the court system accessed resources available from the National Council of Juvenile and Family Court Judges, using these resources to improve local and state court processes or to better understand statutes with a bearing on children exposed to violence. Finally, several grantees relied upon training and consultation from leading experts in the field of childhood trauma, to incorporate evidence-based and culturally competent practices into the treatment services they provided to children and families.

⁸ Based on seven cross-site meetings.

5. Community Capacity

Existing assets within each community facilitated the development and implementation of Safe Start, such that communities with more and stronger existing assets were more successful in their implementation of Safe Start than were communities with weaker foundations. Strengths and challenges within each community, in turn, impacted institutional and provider capacities; some of these capacities were discussed in Section 3. Like the contextual conditions discussed in Section 3, community capacity was expected to influence the implementation and institutionalization of systems change. In addition, the Safe Start theory of change predicted a reciprocal relationship between increased community capacity and increased community support for and use of services.

Community capacity varied across grantees, but was most affected by prior agency collaborations. Those communities with strong histories of collaboration were able to build upon existing resources to develop new partnerships and provide more services. Grantees with weak or no prior history of collaboration and fewer resources to draw upon struggled to implement Safe Start and therefore offered fewer services to children exposed to violence and their families. All grantees struggled with insufficient provider capacity; as discussed earlier, trained mental health professionals who are culturally competent and have expertise in early childhood trauma are in short supply. Grantees are currently working to increase their capacities to collect data and measure outcomes by developing standard protocols and data-assessment tools.

Limited community services for children exposed to violence hindered impact. For organizations to improve the quality of care

for children exposed to violence and their families, they must first acknowledge the specificity of this population's issues and needs (Association for the Study and Development of Community, 2005b, p. 28). All grantees recognized the limited services available in their communities for children exposed to violence and their families. This lack of capacity, however, affected the grantees differentially. In grantee communities with a number of service providers (e.g., Pinellas), providers could be trained to meet the needs of children exposed to violence. In those grantee communities with a small number of providers or only one main provider (e.g., Zuni), however, developing the capacity to provide appropriate services was more challenging.

All grantees improved community capacity to identify, assess, and treat children exposed to violence during the demonstration period. For example, through the efforts of the local Safe Start project, San Francisco now has: 1) more data on children exposed to violence, 2) mental health professionals with improved skills and knowledge, and 3) a more comprehensive continuum of support and coordinated services for children exposed to violence and their families (Association for the Study and Development of Community, 2005a). Additional examples of increased community capacity by site may be found in Appendix A. Community capacities and pathways to services developed in local systems of care were institutionalized to varying degrees across sites.

Experience and expertise in using information to inform planning and practice facilitated the development and implementation of sustainable system change activities. Safe Start Demonstration Project grantees varied in their data-based

and outcome-driven accountability standards for service delivery. For instance, Rochester uses a data-driven approach to service delivery to improve (or eliminate) programs, and the community has experience implementing a number of promising practices (e.g., the Rochester Early Enhancement Project). Chatham County, with support from the National Civic League, developed the community capacity to track identification and referral of children exposed to violence, by creating and implementing a computerized tracking and monitoring system (Chatham County Safe Start initiative, 2005, p. 12). In Bridgeport prior to the Safe Start Demonstration Project, service-delivery organizations were never held accountable for outcomes or data. Some service providers initially funded by the Bridgeport Safe Start initiative resisted data-based accountability and as a result lost their funding; others (e.g., Child FIRST) adapted to the new accountability standards and used the data they collected to apply for other grants.

Four grantees (Bridgeport, Pinellas, San Francisco, and Spokane) intentionally built the capacity among service providers to use more consistent and reliable information to improve their practices. Local evaluators in these four sites worked with community-based clinicians, family advocates, case managers, and the police to develop their capacity to use information to guide policy and practice. The ability to collect and use quality data to inform policy and practice strengthens decision making in a community and helps ensure the availability of quality services for children exposed to violence.

While all grantees assessed their communities' strengths and weaknesses, grantees varied in the extent to which they used assessment data to inform the types of

systems change activities undertaken. From the inception of the Safe Start Demonstration Project, grantees were expected to use information, including assessment information, for planning purposes. Grantees learned the following from their community assessments:

- Services were fragmented, and the points for identifying children exposed to violence were unclear to both service providers and families;
- Documentation about children exposed to violence was lacking;
- The community was generally unaware of the impact of early childhood exposure to violence and did not know how to intervene or respond to the problem;
- In some communities, professionals had limited knowledge and skills to respond to children exposed to violence and their families;
- In almost all communities, professionals had limited knowledge and skills to respond to *young* children; and
- Data sharing across systems was nonexistent.

All grantees developed strategies to address the above issues. While their approaches may have differed in detail, their goals were similar:

- Promote coordination and collaboration across systems through memoranda of understanding and some form of collaborative agenda at the leadership and service-delivery levels (see Section 6 for further description of grantee collaboration structures and activities);
- Raise the public's awareness of children's exposure to violence through public education campaigns;
- Develop the knowledge and skills of professionals through training; and

- Promote data sharing through case-management meetings attended by service providers from different systems and/or through adapting the Child Development-Community Policing model.

Some of the grantees reported unique assessment findings that informed particular priorities:

- Chatham. Relationships among child-serving agencies in Chatham County were described as “one-way” and non-collaborative. To address this challenge, the local evaluator conducted an annual network analysis to monitor and encourage changes in the way agencies worked together.
- Pueblo of Zuni. The community assessment in this site highlighted both the importance of Zuni traditions as a protective factor and the disconnectedness of Zuni children and young adults from their cultural traditions. As a result, Safe Start staff included presentations about Zuni traditions as part of their public education strategy.
- Rochester. A survey of early childcare providers revealed limited awareness of the impact of early childhood exposure to violence and uncertainty about how best to intervene when a child was thought to be acting out due to the impact of exposure. This finding contributed to the initiative’s case consultation approach.
- San Francisco. Focus groups with immigrants, parents, youth witnesses of violence, public housing residents, and substance abusers identified accessible locations for family support services as

critical to engaging children exposed to violence and their families. As a result, the initiative decided to expand the capacity of family resource centers in neighborhoods with high rates of violence by funding a Safe Start family advocate position within each center and providing the advocate with relevant training and support.

- Spokane. The Spokane Safe Start initiative identified the following gaps in the system of care for families experiencing violence: a need for family-centered services, inadequate perpetrator treatment, lack of data-sharing mechanisms between state and local agencies, and poor crisis response. This informed the initiative’s focus on crisis intervention and research.
- Washington County. Interviews and group discussions revealed that community members were reluctant to report domestic violence incidents involving children because of fear of retaliation or embarrassment in a small rural community where residents all know one another. As a result, the initiative developed a training curriculum for mandated reporters.

Some grantees used ongoing assessment findings to inform planning. Eight of the 11 Safe Start grantees conducted assessments on an ongoing basis to improve their strategies and inform programmatic priorities. Some grantees conducted such assessments every year, others every other year; the majority of the assessments were conducted as part of the initiative’s local evaluation (e.g., network analysis, analysis of police compliance with mandates to report presence of children at the scene of a violent incident). The majority of these eight grantees integrated the findings from recent

assessments into their strategic plans for the last year of the demonstration project and/or their sustainability plans. For instance:

- Chatham. In 2005, the Chatham County Safe Start initiative assessed the county court system's strengths, weaknesses, and areas for possible future reform. The initiative set aside some of its remaining funds to implement the recommendations for future reform.
- Bridgeport. The Bridgeport Safe Start initiative collaborated with others in the community to study service access barriers. The staff used the study's findings to create a series of cultural competency trainings targeting front line staff (particularly in the Department of Children and Families and the Connecticut Department of Social Services) and to promote broader dialogue on ways to improve responsiveness and respectful engagement in the system. The findings were presented to a variety of audiences in Bridgeport and around the state.
- Rochester. The Rochester Safe Start initiative conducted a fiscal analysis of the county's budget and used the findings to advocate for retaining funds and services for children.
- San Francisco. To identify gaps in the system, San Francisco SafeStart studied: 1) police reports of the presence of children at domestic violence incidents and 2) family court and child welfare practices in response to children exposed to violence and their families. Directors of the respective agencies reviewed the reports and will engage in discussions on how to fill the gaps beyond the period of federal funding for Safe Start.

The relationships among assessment, planning, collaboration, and systems change activities may be more complex than the theory of change originally predicted. Conducting assessments and applying their findings require different types of resources; application of assessment findings to inform planning and implementation requires sustained involvement of community partners. Safe Start collaborative partners needed to know how to use their data strategically, which required greater capacity than simply collecting data through the required community assessment. Collaboration among Safe Start Demonstration Project grantees and their partners was expected to most directly influence assessment and planning processes; instead, the way in which partners worked together throughout the assessment and planning processes was significant and had a direct impact on grantees' accomplishments.

6. Community Engagement and Collaboration

Safe Start Demonstration Project grantees were expected to expand existing partnerships among service providers in the fields of early childhood education/development, health, mental health, family support, domestic violence, substance abuse prevention and treatment, crisis intervention, child welfare, law enforcement, courts, and legal services. The collaboration promoted and supported by grantees was intended to improve service access, delivery, and quality at any point of entry into the system for young children exposed to violence, along with their families and caregivers.

Collaboration across such diverse sectors as those the Safe Start Demonstration Project hoped to engage can be both rewarding and

challenging; many conditions, from leadership turnover to changing priorities within organizations, can facilitate or hinder collaboration. This section describes the collaborative features of Safe Start Demonstration Project grantees found to be most appropriate for effecting systems change, along with conditions that facilitated or hindered progress.

The following features of collaboration, common across the 11 Safe Start Demonstration Project grantees, appeared most appropriate for effecting systems change:

- Wide engagement from sectors that serve four critical functions related to Safe Start Demonstration Project goals:
 - Research and knowledge development,
 - Education for prevention purposes,
 - Identification and referral of children exposed to violence,
 - Treatment and other appropriate care;
- Strategies for overcoming philosophical differences about the way each sector responds to children exposed to violence and their families;
- Structures for effectively coordinating roles and input;
- Clear roles and tangible benefits for partners; and
- Credible, influential, and consistent leadership.

While the patterns derived from the data clearly point to the above characteristics, there were occasional exceptions because of unique circumstances; these cases will be pointed out as appropriate. It is also important to remember that no single approach or condition alone led to systems change; it was the combination of different approaches and conditions that maximized each grantee's potential to change the system.

6.1 Engagement at All Levels from Sectors that Serve Four Critical Functions

Sectors that serve critical functions.

Community engagement across organizations, within organizations, and at the point of service was essential for effective collaboration. Grantees commonly reported engagement of the following sectors, listed here along with their specific collaboration functions and representative agencies:

Research and knowledge development sectors, to help stakeholders learn more about the characteristics of children exposed to violence, the extent of the problem, and evidence-based solutions. These sectors include:

- Universities and research institutes,
- Internal research and evaluation units, and
- Private research companies and consultants.

Education-for-prevention sector, to help the public and families learn more about the harm of childhood exposure to violence. This sector includes:

- Social support networks (e.g., faith institutions, neighborhood associations),
- Family support centers and family strengthening services, and
- Media outlets.

Identification and referral sectors, to help identify children exposed to violence and refer them to appropriate resources. These sectors include:

- Law enforcement agencies;
- Child and family services;

- Domestic violence victim advocates, shelters, and hotlines;
- Courts and adult probation office;
- Early childhood development agencies; and
- Substance abuse prevention and treatment services.

Treatment and care sectors, to help reduce the impact of violence exposure on children and their families and provide a system of care for this population. These sectors include:

- Counselors and clinical psychologists, and
- Hospitals and clinics.

Lack of or limited involvement from any one of the above sectors limited the potential of grantees to effect comprehensive systems change. In almost all demonstration sites, the education/prevention sector was less engaged and, therefore, less impacted than the identification and referral sector (see Section 6.5 for a discussion of how grantees engaged community residents and institutions).

Strategies for overcoming philosophical differences about the way each sector responds to children exposed to violence and their families. Safe Start Demonstration Project grantees learned that wide engagement is essential for systems change; they also learned that diversity of engagement surfaces differences about the way each sector responds to children exposed to violence and their families. These differences were particularly apparent among the sectors of law enforcement (whose attention usually focuses on the perpetrator), child protective services (whose priority is to protect the child, which usually means removing him/her from the parents), and domestic violence victim

advocates (whose priority is to protect the victim).

These differences often gave rise to tension, hindering coordination, collaboration, and integration of services. This tension was a particular challenge for Safe Start Demonstration Project grantees that believed in a holistic family approach (i.e., keeping the family together to the extent possible). Grantees frequently reported two strategies for dealing with differences:

- Deliberately setting aside time to build cross-sector awareness and understanding. Several grantees dedicated time early on and throughout the initiative for participating agencies to describe their mission and work, to promote cross-sector and cross-profession understanding and reduce stereotypes. The San Francisco SafeStart initiative, for example, asked its partners to conduct presentations about their agencies during the planning process.
- Engaging professionals from one sector (e.g., domestic violence) to train their counterparts in another sector (e.g., child protective services). Three grantees took this approach, resulting in improved mutual understanding between sectors about their philosophies, practices, and procedures.

Some grantees did not need to implement such strategies because external conditions helped facilitate relationship building and collaboration across sectors. These conditions included the following:

- State mandates requiring sectors to work together. For example, the state of Florida mandates domestic violence/child protection agreements, through which domestic violence service

providers and child protection agencies agree on how they will communicate when an allegation of abuse involves a child or parent who may be staying at a domestic violence center.

- Small-town characteristics. In the tribal and rural sites, the small-town environment meant that agency directors and service providers already knew each other and had a history of working together.

6.2 Structures for Effectively Coordinating Roles and Input

With wide engagement of community agencies, local Safe Start programs required structure to coordinate the role and input of each individual and agency in the strategies planned and implemented. Safe Start Demonstration Project grantees' structures for effectively coordinating roles and input fell into two broad categories: multi-tiered and loosely formed structures.

Multi-tiered structures. Seven Safe Start grantees developed functional multi-tiered structures to manage their local initiative's wide variety of partners, range of participating individuals (i.e., high-level leaders to point-of-service providers), and spectrum of representative commitment and decision-making authority (i.e., number of meetings each representative could attend and types of decisions each affected). Safe Start collaboratives with multi-tiered structures operated more formally than those without. The multi-tiered structures included the following components:

- A high-level governing body (e.g., steering committee, management team, leadership council, or board), made up of influential people from agencies that interact frequently with children exposed

to violence and their families; these influential people had either the authority to make decisions in their own agencies or the ear of those with authority. The role of this group was to make decisions about the direction of the Safe Start initiative and to change the way participating organizations work with each other to better respond to children exposed to violence and their families. The Rochester Safe Start grantee, for instance, established a leadership council made up of agency directors charged with responsibility for making decisions about changes in the system and within their own agencies.

- A group made up of point-of-service providers who interact directly with children exposed to violence and their families. The role of this group was to identify children exposed to violence and provide appropriate services. For example, the Safe Start Partnership Center, a component of Pinellas Safe Start, was a service delivery collaborative with contractual obligations to the initiative's lead agency. The center's members met regularly to identify families in need, assess and prioritize their needs, and refer them to appropriate services.
- Standing functional or task-oriented committees. The role of standing committees was to focus in depth on a specific task (e.g., public awareness and education, training, evaluation) to help the Safe Start initiative meet its goals and grant requirements. A common committee across most grantees (e.g., Chicago, San Francisco, Rochester) was one focused on public education.
- Ad hoc committees. The role of ad hoc committees was to focus on topics

encountered during a particular moment in an initiative's development, within the specific context of the demonstration site. The San Francisco grantee, for instance, established a cultural competence committee to examine how Safe Start could be more responsive to the diverse cultural needs of families in the city.

Multi-tiered structures enabled partners to engage with Safe Start at different levels and with different degrees of time commitment. More complex structures included all of the above tiers, many committees, and large numbers of participants; simpler ones included only two tiers with fewer people and committees. Regardless, each tier's function was clear, keeping participants engaged.

Complexity and size of multi-tiered structures depended on the local Safe Start initiative's design, as well as the configuration of public agencies, nonprofits, and community grassroots groups in the demonstration site (e.g., organization of departments, number and type of existing coalitions or consortia, number and size of targeted areas). Grantees in large urban areas, such as San Francisco, Pinellas, and Chicago, were more likely to establish complex multi-tiered structures.

In contrast, grantees in more rural locations, such as Washington and Chatham counties, were more likely to have simpler structures. The Washington County grantee, for instance, utilized only two tiers of engagement (a board of 17 members and four committees); nevertheless, this structure successfully engaged a wide range of partners and promoted cross-agency collaboration by 1) providing a mechanism for collaboration otherwise unavailable to participants; 2) grouping agencies with

similar functions into subcommittees; 3) addressing partners' question of how the initiative would spend its funds, thereby increasing trust among partners; and 4) providing tangible benefits to partners (i.e., cross-disciplinary training opportunities and support for forensic interviewing).

Chatham County's lack of a complex multi-tiered structure, on the other hand, affected the grantee's ability to engage and retain partners. The initiative's simple collaboration structure did not encourage cross-agency communication and exchange. Evidence from the local evaluator's network analysis showed no meaningful change in the amount of collaboration between agencies, their perceived productivity, or their importance to each other over the course of the demonstration project. Consequently, the system of care in Chatham County did not reach the point of integration.

Loosely formed structures. Some Safe Start grantees did not create a highly structured collaboration for various reasons. The Spokane Safe Start Demonstration Project grantee, for example, built on an existing, loosely configured collaborative that provided a point of contact for all child-serving agencies in the city, including those involved in Safe Start. Because this collaborative had always functioned in an informal way, the grantee saw no need to create a separate or new, more organized structure.

The Baltimore Safe Start Demonstration Project grantee was not able to establish a formal structure because interest and leadership for Safe Start waned over time; consequently, the collaboration evolved into a set of relationships used as needed. In Spokane, the participants knew each other well and met only for case-conferencing purposes; consequently, layers of hierarchy

for governance were considered unnecessary. In the case of these two grantees, it was unclear to whom partners were accountable, and collaboration depended largely on personal relationships. Consequently, the loss of any given individual frequently threatened the commitment and participation of the institution with which he/she was affiliated.

6.3 Clear Roles and Tangible Benefits

To be effective in changing systems, collaboration needs to involve people with the knowledge, skills, relationships, and resources to influence others. Such people are typically very busy, because they are likely to participate in several partnerships or collaboratives simultaneously. To retain their involvement, a collaboration must provide tangible benefits and a clear reason for their presence “at the table;” otherwise, they might perceive their involvement as a waste of time. Safe Start Demonstration Project grantees experienced and responded to this challenge in different ways.

Formal agreements. Collaborating agencies often require signed agreements that prescribe their mutual involvement in an initiative or relationship. Safe Start grantees were no exception. Nine grantees used formal agreements (e.g., contracts, memoranda of understanding) to demonstrate their partners’ commitment to the Safe Start initiative. These agreements helped ensure that all partners followed Safe Start-related policies and procedures (e.g., confidentiality, timely response to a child exposed to violence and his/her family, referral to Safe Start clinicians). As compared to tangible benefits of participation in Safe Start, however, these agreements proved less useful in retaining partners’ involvement.

Tangible benefits. According to reports from Safe Start staff across all 11 demonstration sites, continuing engagement of partners was most likely if involvement clearly benefited partners and each partner had a tangible function in the collaborative. Three Safe Start initiatives illustrate this point well. The first, Baltimore City Safe Start initiative, developed 28 formal agreements in support of the initiative’s startup; nevertheless, participation from partners waned over time. Some site visit participants suggested that those agencies that did not receive direct financial support from Safe Start eventually lost interest in collaborating around the issue of childhood exposure to violence. In the end, the most active partners were agencies that received resources to implement Safe Start services (i.e., the Child Development-Community Policing program, domestic violence community outreach services, mental health services).

The Spokane Safe Start initiative, in contrast, did not have formal agreements among its partners; however, its partners stayed engaged because they benefited from 1) the initiative’s data (e.g., data from the Family Violence Screening Study), which helped them make the case for systems change, and 2) training on issues related to children’s exposure to violence. As another example, the Washington County Safe Start initiative successfully engaged the Passamaquoddy Tribe by establishing a site for forensic interviewing on the reservation, for use by both tribal and non-tribal members.

6.4 Credible, Influential, and Consistent Leadership

Over the course of five years, Safe Start Demonstration Project grantees inevitably encountered many changes, some external

(e.g., local elections, reallocation of state resources) and some internal (e.g., turnover in partner agencies). The impact of these changes on the grantee's ability to effect systems change varied based on the presence or absence of:

- Influential leaders within Safe Start, with the potential to affect decision making in their own agencies and across the system;
- Credibility and capacity of the lead agency in which the Safe Start initiative was located; and
- Consistent leadership from key stakeholders in the initiative, including the initiative director, local evaluator, lead agency director, and/or collaborative chairperson

Influential leaders. To effect systems change, it was critical to engage people with the potential to influence decision making in their own agencies and, on occasion, in other agencies. These people ranged from agency directors with the authority to change policies to knowledgeable, credible, and skilled professionals with the ability to educate others and influence their thinking, whether or not from decision-making positions.

Nine Safe Start Demonstration Project grantees reported the involvement of influential people in their collaborative. As part of its multi-tiered collaborative structure, the Rochester grantee, for instance, deliberately established a leadership body made up of agency directors. According to participants in the Rochester project, this feature contributed to their success in institutionalizing parts of the initiative in different agencies. The San Francisco SafeStart initiative was chaired by a well-respected judge; many stakeholders reported that partners stayed engaged partly

because of the judge's involvement, which elevated the importance of the issue of childhood exposure to violence and the initiative's value.

Participants from the remaining two grantees pointed to the absence of influential leaders in their collaboratives as a major barrier to effecting systems change. The Baltimore City Safe Start initiative, for instance, was able to engage representatives from all critical sectors; however, the representatives were typically low ranking staff without influence on decision making in their agencies. Consequently, systems change, aside from the institutionalization of training, was very limited.

Credibility and capacity of lead agency.

The credibility and capacity (commitment, resources, knowledge, and stability) of the Safe Start lead agency played an important role in raising the visibility of the issue of children's exposure to violence, motivating other agencies to participate, and elevating the importance of the initiative. On the continuum of lead agency capacity and credibility, eight grantees fell on the high end, and three toward the middle or low end. The Juvenile Welfare Board in Pinellas County, Department of Public Health in Cook County, Children's Institute in Rochester, and Sitka Tribe of Alaska are examples of credible and capable homes for Safe Start. Partners in the respective demonstration sites frequently referred to the commitment, credibility, and capacity of these agencies as contributing factors to progress.

In contrast, the potential of the Pueblo of Zuni grantee was limited because of multiple changes in the Zuni Safe Start lead agency, changes largely due to internal reorganization of the government system and turnover in leadership. Each relocation

brought both uncertainty about the alignment of Safe Start's goals with those of the new lead agency, as well as loss of time and momentum as staff members adapted to new supervision and administrative procedures.

Consistent leadership from key stakeholders in the initiative. A third factor that contributed to a Safe Start grantee's ability to effect systems change was consistent leadership from one or more key stakeholders (i.e., the project director, local evaluator, lead agency director, and/or collaborative chairperson for the initiative). Consistent leadership provided continuity in institutional memory; thus, one or two consistent leaders in key positions within the initiative could temporarily step in to buffer the impact of turnover elsewhere. At its best, consistency ensured that the initiative's vision was maintained throughout the five years of the demonstration project.

In seven Safe Start Demonstration Project sites, the position of project director was stable or experienced a single turnover early in the implementation phase, which had minimal impact because of the timing; however, such consistency was sometimes insufficient to maintain the course of the initiative in the absence of the two conditions previously described (i.e., influential leaders engaged in the collaborative and a credible, capable, and stable "home" institution). For example, the Pueblo of Zuni Safe Start retained a single project director for the initiative's lifespan, but the initiative changed homes twice for a total of three homes, counteracting the stabilizing effect of consistency in the project director position.

In the remaining four sites, the project director changed two to three times; however, a leadership team arose from the

initiative as an independent entity focused on systems change, likely to continue beyond OJJDP funding. In one site, the local evaluator and the institution to which she belonged (Yale University Consultation Center) had credibility and was a consistent stakeholder from the initiative's inception.

6.5 Best Ways for Engaging Community Residents and Institutions

Throughout the Safe Start Demonstration Project, grantees were required to engage community agencies, systems, and leaders in promoting their local Safe Start vision. A key target audience was community residents and institutions. If engaged, residents and institutions could then educate their neighbors and constituencies about the harm of childhood exposure to violence, inform them of the resources available to help children exposed to violence and their families, and prevent and/or reduce the impact of exposure.

Several grantees understood that their efforts to increase service access and improve the quality of services would be somewhat futile if families did not comprehend the harm of exposure to violence on their young children. In the worst case scenario, services would be accessible and available, but no one would use them. Engaging community residents and institutions was an ongoing challenge for the majority of grantees for several reasons:

- Grantees did not have sufficient connections to grassroots institutions and social support networks to get the word out;
- Domestic violence was a taboo subject within the community, making it difficult for some grantees

to create a community-wide dialogue about the issue; and

- Residents distrusted public agencies in some of the large, urban areas because previous initiatives had not lived up to their promise to improve services and systems.

Of the 11 Safe Start Demonstration Project grantees, nine were able to engage community residents and institutions in some manner, ranging from awareness building to actual decision making in the Safe Start initiative. Except in two sites, however, insufficient data were obtained to determine the extent to which residents' knowledge of the impact of children's exposure to violence was improved.

Public education and awareness raising.

All but two Safe Start Demonstration Project grantees conducted public education activities with the goal of spreading information about the harm of children's exposure to violence and the Safe Start initiative. Examples of such activities included photo and art exhibits (Chicago), presentations at prayer breakfasts (Chatham County), and public service announcements (San Francisco). The two Native American demonstration sites used native traditions to entice their members into a dialogue about domestic violence, a taboo subject impermissible for discussion in any other forum.

Collecting community input. Three Safe Start Demonstration Project grantees conducted focus groups and interviews to solicit input from community members about strategies and to shape messages for public awareness campaigns. The Bridgeport Safe Start initiative, for instance, conducted five parent focus groups (including one in Spanish); moreover, with help from the local evaluator, the Bridgeport

grantee trained six community members to develop questions for the focus groups, co-facilitate the groups, and analyze the data and present the findings.

Dedicated outreach staff. Two Safe Start Demonstration Project grantees created a staff position dedicated to community outreach. The Chatham County Safe Start initiative was able to reach out to and educate the Latino community in Siler City as a result of its coordinator's dedicated outreach effort.

Inclusion of community members in governance. Two Safe Start Demonstration Project grantees included community members in their governance. The Chicago Safe Start grantee, for instance, engaged residents from two targeted neighborhoods in community councils that formed part of the local Safe Start collaborative structure. The San Francisco grantee established a team of domestic violence survivors who not only mentored eight additional survivors to raise awareness about the harm caused by childhood exposure to violence, but also participated in the initiative's advisory committee and helped make decisions. These two grantees believed that engaging community members in their initiatives provided more useful information about the issues facing families and allowed for the development of more responsive strategies. The Chicago Safe Start initiative also attributed the slight increase in domestic violence calls between 2002 and 2003 to its concentrated effort to engage families in two targeted neighborhoods.

7. Systems Change Activities

Central to the Safe Start Demonstration Project's theory of change are activities focused on reorienting local service delivery

systems to offer more comprehensive and responsive services for children exposed to violence. The theory further suggests that for these activities to have impact they must occur and become institutionalized at three levels: 1) across organizations, 2) within organizations, and 3) at the point of service or among front-line service providers for families and children. Furthermore, these changes would result in reduced exposure to violence and reduced impact of exposure.

Table 1 summarizes the types of activities grantees developed and implemented within the five domains of systems change considered essential for creating more comprehensive and responsive service delivery systems (see Appendix A for site-specific details). How these activities influenced point-of-service changes (e.g., improved identification, assessment, and referral of children exposed to violence) and contributed to the creation of more comprehensive and responsive local service delivery systems is described in detail in our Process Evaluation Report (Association for the Study and Development of Community, 2006). As Table 1 and Appendix A indicate, numerous activities were directed at changing local service delivery systems.

Most of these activities occurred within organizations and at the point of service.

The most common types of activities included:

- Developing screening procedures and protocols for identifying children exposed to violence,
- Adapting and implementing the Child Development-Community Policing program,
- Co-locating and coordinating services across organizations,
- Sharing case information and management,
- Developing and distributing public education materials, and
- Conducting social marketing/public education campaigns.

Most of the systems change activities undertaken by grantees also were institutionalized within organizations or at the point of service. The types of changes most difficult both to implement and institutionalize were new or enhanced services, service coordination and integration, and systems- and community-level changes. A constellation of contextual conditions and capacities affected the extent to which lasting systems change was achieved. The system changes institutionalized and the factors affecting grantees' ability to sustain these changes are described next.

Table 1. Summary of the Systems Change Activities Developed and Implemented by Safe Start Demonstration Project Grantees

System Change Domain and Activities		Baltimore	Bridgeport	Chatham	Chicago	Pinellas	Pueblo of Zuni	Rochester	San Francisco	Sitka	Spokane	Washington County	Total
Service Integration	Adapted and implemented the Child Development-Community Policing program	X	X	X	X	X	X	X	X	X	X	X	11
	Co-located and coordinated services across organizations	X	X		X			X	X	X	X	X	8
	Engaged in case sharing and management	X		X		X			X	X	X	X	7
	Developed new structures to integrate services system-wide					X			X				2
	Engaged families in services by offering and coordinating holistic services in convenient locations	X	X		X				X			X	5
	Improved existing mental health services in the community by institutionalizing the use of evidence-based therapeutic interventions for traumatized young children					X			X	X			3
New, Enhanced, & Expanded Programming	Funded new staff positions located in other agencies	X	X	X		X		X	X				6
	Utilized classroom consultation model		X					X					2
	Provided training for specific types of therapy or early childhood issues	X	X			X		X	X	X			6
	Expanded programming	X	X			X							3
	Provided court consultation		X	X		X		X			X		5
Development of Policies, Procedures, & Protocols	Developed screening procedures and protocols for identification	X	X	X	X	X	X	X	X	X	X	X	11
	Facilitated state and local policies				X			X	X	X	X	X	6
	Changed policies for responding to children exposed to violence and their families			X			X				X		3
	Developed protocol manuals		X	X			X	X		X		X	6
Community Action & Awareness	Developed and distributed public education materials	X	X		X		X		X		X	X	7
	Convened symposia and conferences for the professional community	X	X			X							3
	Engaged in community outreach	X		X		X							3
	Conducted social marketing/public/community awareness/education campaign	X	X		X	X		X	X		X	X	8
	Sponsored cultural presentations to raise awareness among families		X	X			X		X	X			5
	Educated special populations	X	X		X	X	X						5
Development, Identification, & Reallocation of Resources	Developed new funds	X	X	X	X	X		X	X	X			8

8. Institutionalization of Change

To decrease community tolerance for violence and increase community support for and use of services to address violence exposure, the system changes accomplished with the support of federal funding must now be sustained with alternative financial and human resources at the local level. Changes at the levels of point of service, agency, system, and community define institutionalization of change, according to the Safe Start Demonstration Project's theory of change. Point-of-service changes include, for example, improved identification, assessment, referral, and follow-up by staff within each agency or system. Examples of agency and system changes include service coordination and integration, supportive policies, and improved service delivery within systems. Increased community awareness of the impact of exposure to violence and community resources available to help children exposed to violence are examples of community changes needed to institutionalize the Safe Start Demonstration Project.

A summary of the changes that grantees were able to institutionalize is presented next. The ability to institutionalize systems change and the tangibility of the changes varied across grantees as a result of several factors, including contextual conditions and community capacity.

8.1 Point-of-Service Change

All Safe Start Demonstration Project grantees increased the capacity of service providers to identify and serve children exposed to violence by providing education and training opportunities (see Appendix A for site-specific details). For example, five

Safe Start Demonstration Project grantees improved existing mental health services in the community by implementing evidence-based therapeutic interventions for traumatized young children. The Pinellas grantee provided funding for 29 private therapists to receive specialized training in child-parent psychotherapy (CPP)⁹ (Van Horn & Lieberman, 2006) and parent-child interaction therapy (PCIT)¹⁰ (National Child Traumatic Stress Network, n.d.). In San Francisco, a key partner was the Child Trauma Research Project at San Francisco General Hospital, where child trauma expert Dr. Van Horn provides case consultation as well as training to behavioral health practitioners that treat children exposed to violence. In Sitka, therapists responsible for treating children exposed to violence were trained to provide parent-child interaction therapy. In addition, the Sitka grantee received technical assistance from a Native American psychologist at the University of Oklahoma to adapt PCIT to a more culturally appropriate model for the Native American community.

Evidence of improved identification, assessment, and referral by service providers is summarized in Table 2.

⁹ Patricia Van Horn and Alicia F. Lieberman define child-parent psychotherapy as a relationship-based model of intervention, developed with the specific aim of helping young children (in the first 6 years of life) who have suffered traumatic life experiences, specifically, witnessing the battering of their mothers by father figures.

¹⁰ The National Child Traumatic Stress Network defines parent-child interaction therapy as an evidenced-based treatment model with highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and, using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver-child patterns. PCIT was initially targeted to families with children aged two to seven with oppositional, defiant, and other externalizing behavior problems, but has been adapted successfully to serve physically abusive parents with children aged four to 12.

8.2 Agency and Systems Change

Improving the identification, assessment, and referral of children exposed to violence requires change not only at the point of service, but also within organizations and agencies supportive of service provider efforts; for example, protocols and procedures for screening children exposed to violence must exist within organizations if service providers are to change their practice. Improved (e.g., enhanced, integrated, expanded, new) services institutionalized within Safe Start partner agencies are described next, along with factors that contributed to grantees' ability to make these permanent system changes.

Key capacities and contextual conditions contributed to the level of institutionalized change achieved by Safe Start Demonstration Project grantees.

The following factors appeared most critical for enabling a Safe Start grantee to institutionalize improved services within and across organizations: 1) existing political and public support for preventing child maltreatment and promoting child wellbeing; 2) relatively resource-rich community context; 3) lead agency with an outcome-oriented organizational culture; 4) credible, influential, and consistent leadership capable of leveraging resources (both human and financial); and 5) strategic focus on developing interventions that would fill gaps in services. Three grantees (Chicago, Pinellas, and Rochester) had all five capacities. Though lacking several key capacities, one grantee (Sitka) successfully obtained funding for a comprehensive domestic violence victim service and support center primarily through strong leadership and a strategic focus on filling a service gap in the community.

Table 2. Total Number of Children Exposed to Violence Identified, Assessed, and Referred Across All Safe Start Demonstration Project Sites

Total Number of Children Exposed to Violence	2002	2003	2004	2005	Total Across Years
Identified	731	4,748	4,546	5,597	15,622
Assessed	83	1,459	2,013	1,768	5,323
Referred	200	2,272	3,001	2,367	7,840

Interventions institutionalized by various agencies. The Chicago, Pinellas, Rochester, and Sitka grantees sustained program components and interventions enhanced or developed as part of the Safe Start Demonstration Project by obtaining alternative sources of funding. Beyond OJJDP funding, therefore, these sustained program components will continue to improve the coordination of services for children exposed to violence and their families, enhance the quality of services

available to families with young children exposed to violence, and make additional services available to families in these four communities.

- Chicago. The three community-based service providers previously funded by the Chicago Safe Start grantee are now funded by Safe from the Start funds (\$375,000 for a total of three years, 2005-2007). Safe from the Start is a statewide program funded through the

state of Illinois under the Illinois Violence Protection Act.

- Pinellas. The Juvenile Welfare Board, a local funder of social services, is now funding three core Safe Start services—the Safe Start Partnership Center, Coordinated Child Care’s consultant, and the Clearwater Child Development-Community Policing coordinator—at a total of \$376,875 for the first fiscal year. The Juvenile Welfare Board typically funds programs for three years, but the funding amount and program content are reviewed each fiscal year.
- Rochester. Children’s Institute, the lead agency for Rochester Safe Start, was awarded an Early Education Professional Development grant from the U.S. Department of Education. This grant is being used to incorporate the knowledge, skills, and awareness needed to address the issue of children’s exposure to violence into the training of all mentors in the early childhood education system; educators in both center- and family-based care will have trained mentors. The New York State Office of Children & Family Services awarded an additional \$148,000 to the mentor project in 2005. Moreover, the Rochester Safe Start grantee obtained private sources of funding for two additional initiatives: the Society for the Protection and Care of Children now funds SAFE Kids, and the United Way of Rochester funds the Mt. Hope-Foster Care intervention.
- Sitka. Sitka will continue the vision of Safe Start through the Family Justice Center. Family Justice Center grants are awarded by the U.S. Department of

Justice;¹¹ the success of the Sitka Safe Start initiative contributed significantly to Sitka’s winning this grant (\$1.1 million awarded for one and one-half years with a no-cost extension until January 2007). The Family Justice Center is expected to become a regional training center for reducing domestic violence and the impact of exposure to violence on young children.

“Readiness” or “setting the stage” systems change activities. These types of activities included strategies such as raising community awareness (e.g., Pueblo of Zuni, Sitka, Washington County), advocating for and creating culturally competent approaches to working with families (e.g., Chatham, Pueblo of Zuni, Sitka), providing resources to improve court functioning (e.g., Chatham, Spokane), and developing working relationships (e.g., Washington County). These activities represent important progress toward preparing to implement system change, and their potential for continuation is promising, given that they require relatively few resources to maintain. On the other hand, these activities tend to be dependent on individual commitments to the issue of children’s exposure to violence. Without a sustainable infrastructure (e.g., an intervention that additional organizations can adopt or an institutionalized service delivery system) these “readiness” activities rely on the passion of committed individuals and are unlikely to be sustained or “owned” by community agencies.

Relationships were developed across sectors for the first time as a result of participating in the Safe Start Demonstration Project. Knowing the best

¹¹ For more information about Family Justice Centers, go to:
<http://www.ojp.usdoj.gov/pressreleases/OVW03164.htm>.

person to call in another agency or organization was anticipated to facilitate more efficient referrals to needed services. Improved relationships across particular sectors or populations hold particular promise for helping children exposed to violence and their families. For example, in Pinellas, communication between the child welfare and the domestic violence sectors improved such that they reached agreement on principles for serving families experiencing both domestic violence and child abuse. This has great potential for helping families in a more coordinated and holistic fashion, such that the needs of all family members are considered in service and safety planning. Similarly, in Baltimore and Bridgeport, domestic violence advocates and child protective services workers had the opportunity to work together for the first time, as a result of participating in pilot projects focused on developing protocols to screen for domestic violence among families receiving child protective services. In Spokane, working relationships were formed for the first time between the Native American population and Spokane Mental Health through the Native Project Teen Peace program, a substance abuse prevention program with an associated infrastructure for mental health services within the Native community; this infrastructure has the potential to help many families and youth. As a final example, in Sitka, the Sitka police department and the Sitka Tribe of Alaska worked together for the first time through the development and implementation of CID-COPS.

Four grantees contributed to the adoption of state-level and cross-organizational policies supportive of healthy early childhood development generally, as well as children exposed to violence specifically. The following new policies resulted from the work of Safe Start Demonstration Project

grantees during the period covered in this report:

- Chicago Safe Start, in collaboration with the Illinois Violence Prevention Authority, worked to pass the Illinois Children's Mental Health Act of 2003;
- Pinellas Safe Start, in collaboration with statewide domestic violence agencies, developed a five-year prevention plan for Florida that includes priority resources for domestic violence;
- Pinellas Safe Start supported local domestic violence agencies and child protective services in developing an interagency agreement for actions when children are involved in a case of domestic violence;
- The Washington County grantee spearheaded efforts to establish a 2-1-1 hotline in Washington County and statewide;
- The Washington County grantee's mandated reporter training curriculum was adopted as the protocol for statewide training;
- Zuni Safe Start worked with the Zuni Tribal Council to revise its Children's Code to recognize family violence as an issue for children; and
- Zuni Safe Start worked with the tribal courts to establish a policy of mandated treatment for parents involved in domestic violence.

8.3 Community Change

All grantees implemented community education and awareness activities; several grantees obtained evidence (e.g., training evaluation data, key informant survey data, media campaign evaluation data) for increased community awareness of children exposed to violence and the community resources available to help this population. The types of activities implemented are

summarized in detail in Table 1 and Appendix A. Evidence for community change is summarized below:

- Baltimore. The evaluation team found statistically significant results indicating that training participants reported knowing more about the effects of exposure to violence on children after training than before.
- Bridgeport. Evaluation of the social marketing campaign indicated that after its initiation there was a significant increase in 1) calls to “Help me Grow,” 2) proportion of calls to InfoLine 211 related to family violence issues, and 3) proportion of calls related to child abuse and neglect.
- Chicago. According to training session evaluations, more than a year and a half after participating in training, the number of participants who agreed or strongly agreed that they could define exposure to violence, describe three ways exposure impacts children, and knew what action to take to help remained above the immediate post-session target level of 85%.
- Pinellas. Key informant (e.g., service provider) survey findings indicated an awareness of children’s exposure to violence and knowledge of ways to contact Pinellas Safe Start. Evaluation findings also indicated that training participants felt better prepared to help children exposed to violence and had a better understanding of what is considered exposure to violence.
- Pueblo of Zuni. Community members became aware of the impact of exposure to violence on young children, as evident in the increased number of attendees at Safe Start presentations and self-referrals to Safe Start services.
- Rochester. The media campaign was evaluated using a nonequivalent control

group. Findings indicated an increase in the proportion of adults in the campaign’s target community who reported taking action (vs. doing nothing) after seeing a child being exposed to violence. There was no increase in such self-reported behavior in the comparison community.

- San Francisco. Awareness of the impact of exposure to violence on young children increased, as evident in an increased number of inquiries received by Safe Start after the community education and awareness activities.
- Sitka. Within the Native American community, increased awareness of the impact of exposure to violence on young children was evident in the large turnout for the raising of the totem pole and follow-up inquiries received by the Safe Start director.
- Spokane. Increased awareness of Safe Start services among the professional community was evident in the steady increase in referrals from program inception.

9. Increased Community Supports

The types of institutionalized system changes described above were expected to decrease tolerance for violence within the community while increasing community support for and use of services to address violence exposure. All grantees found an organization and/or an entity to continue some aspect of the Safe Start Demonstration Project. Aspects of the project absorbed range from the most tenuous (e.g., the vision or mission) to the highly tangible (e.g., positions and programs), as follows:

- Baltimore. The Family League of Baltimore City’s Family Support

Strategy Committee will incorporate issues of children exposed to violence into its work. In addition, a cross-sector roundtable has been established in Baltimore to advocate for policy changes that affect domestic violence victims and their children.

- Bridgeport. The Bridgeport Leadership Team will continue to focus on children's needs, including the needs of children exposed to violence. The Center for Women and Families will continue training efforts to teach the community about children exposed to violence.
- Chatham. The Community Peace Training Committee of the Family Violence and Rape Crisis Services will provide training on children exposed to violence to continue to teach the professional community this population.
- Chicago. The Implementation Advisory Board, Chicago Safe Start's decision-making and policy-setting group, will continue to address issues related to children's exposure to violence after the end of OJJDP funding.
- Pinellas. Both the Leadership Council and the Safe Start Partnership Center, which provide decision making and service coordination, respectively, for children exposed to violence and their families, will continue after OJJDP funding ceases.
- Pueblo of Zuni. The Tribal Council incorporated the issue of children exposed to violence into its Children's Code and will continue to support the mission of Safe Start.
- Rochester. The Domestic Violence Consortium will continue to focus on children exposed to violence as part of its work (e.g., auditing the implementation of service delivery protocols that include how to respond to children exposed to violence). The Children's Institute sustained its Early

Childhood Mentor Project (i.e., mentors for early childhood educators) as part of its ongoing work in early childhood education.

- San Francisco. The Department of Children, Youth, and Their Families will continue to support the mission of Safe Start, by functioning as the fiscal agent for Safe Start (the city of San Francisco awarded money to Safe Start) and continuing to monitor issues of children exposed to violence.
- Sitka. The Safe Start initiative will become a subcommittee on children and youth within the Family Justice Center, which will include a focus on children exposed to violence.
- Spokane. The Eastern Washington School of Social Work expects to develop a certificate program in child development, to include training on how to work with children exposed to violence. Early childhood education and substance abuse agencies may continue to use the data-driven decision making encouraged and modeled by the Spokane Safe Start grantee.
- Washington County. The Regional Medical Center-Lubec and the Washington Hancock Community Agency partnered to develop a community sustainability plan that includes increasing the community's knowledge of children exposed to violence.

Thus far, this report has described the theory of change for the Safe Start Demonstration Project and how each of the theory's components was made operational at the local level; these components lead directly to the overall goal of preventing and reducing the impact of family and community violence on young children. Thus, the theory of change helps us understand how communities can

successfully develop and implement policies and practices to reduce children's exposure to violence. The degree to which the local activities described here resulted in reduced exposure and impact is discussed in the following sections.

10. Reduced Impact of Exposure to Violence

The Safe Start Demonstration Project theory of change predicted that systems change activities would reduce exposure to violence and its impact on children. Three Safe Start Demonstration Project grantees (Bridgeport, Chicago, and Pinellas) found evidence that participating in Safe Start services did, in fact, reduce violence exposure and impact. The Safe Start services evaluated in each of these sites for their protective effect on children and families represented only one component of the local Safe Start project; the services typically consisted of a combination of mental, behavioral, and developmental counseling; parenting education; safety planning; advocacy/family support; case management; and individualized service plans. All three local evaluators collected information from families over time (e.g., at the beginning, during, and at the completion of treatment), and one of the three compared the outcomes of these families to those of other, similar families that did not receive Safe Start services. In general, local evaluators found that children experienced a decrease in exposure to violence and a decrease in trauma-related symptoms after participating in treatment. Parents/caregivers experienced less parenting stress and an increased understanding of the impact of exposure to violence on young children. Detailed summaries of these grantees' research findings are provided in Volume II of this report, as part of their individual case studies. The types of child and family

outcomes observed, the measures used, and each grantee's key findings are summarized in Table 3.

Given that only three grantees identified positive outcomes for clients, evidence for reduced impact of exposure to violence was not as widely obtained as the theory of change would predict. The ability of a grantee to generate evidence for reduced violence exposure and impact depended on contextual conditions and community capacity (e.g., availability of local evaluation professionals, availability of professionals to treat children, capacity and willingness of service providers to collect and report data), as well as the types of systems change activities undertaken by the grantee (e.g., mental health interventions are more amenable to tracking child outcomes over time than are crisis intervention models; on the other hand, a combination of family support and clinical services retained more families to be tracked over time). Thus, grantees that relied solely on engaging families through traditional mental health providers or that operated in communities with few or no mental health professionals with expertise in trauma and early childhood were not able to demonstrate reduced impact of exposure to violence. In these grantee communities, sector and site characteristics combined to limit the engagement of families in services, which in turn prevented the evaluation of outcomes expected from therapeutic intervention. For example, the few families engaged by mental health professionals in Baltimore and Washington County did not complete treatment. In the tribal sites, the few qualified mental health professionals left the Safe Start Demonstration Project before children and families completed treatment.

In addition to the challenge of retaining families in services long enough to collect

meaningful data, community-based service providers frequently failed to systematically report data to local evaluators. As a result, systematic data were not available for all 11 grantees, making it impossible to examine the relationship between systems change activities and reduced impact of exposure to violence in all sites.

Ultimately, practitioners and researchers in the field seek to reduce childhood exposure to violence. Currently, however, city- and county- level data are insufficient to support an assessment of reduced exposure to violence at the community level. Even if adequate data on violence exposure were available, the Safe Start Demonstration Project spanned only five years: an insufficient time period for measuring trends in crime and victimization at the community level. The national evaluation of the Safe Start Demonstration Project, therefore, was not designed to measure and compare reductions in community-level childhood exposure to violence within and across sites.

Nevertheless, two grantees collected incidence-related data that suggest several areas for further investigation. The Bridgeport grantee examined various community-level indices of violence and children's exposure to violence, such as family violence arrests, number of children either directly involved in or present at the time of family violence arrests, and child maltreatment data. While the findings were inconclusive about the local Safe Start project's impact on reducing children's exposure to violence, they do support the use of community-level indices for tracking and measuring reductions in exposure over time. Similarly, the Chatham grantee reported trends in the number of child abuse and neglect reports (both total and substantiated). Decreases in child abuse and neglect reports were observed between 2000 and 2005. Again, these decreases cannot be attributed solely to the work of the local Safe Start grantee, but these initial efforts provide guidance for the use of locally available data to measure community-level reductions in children's exposure to violence over time.

Table 3. Child and Family Outcomes by Site

Outcome	Measure	Site Findings
Reduced Exposure to Violence	Bridgeport. Traumatic Events Screening Inventory	Bridgeport. There was a statistically significant decrease in the number of traumatic events experienced by children (N = 49) over time.
	Chicago. Therapist ratings on the Child Completion of Services form	Chicago. Therapists noted that 66% of children had no significant additional exposure to violence after treatment began, 24% did have additional significant exposure, and the remaining 10% of children had unknown additional exposure.
Reduced Trauma-Related Symptoms	Bridgeport. Trauma Symptom Checklist for Young Children	Bridgeport. There was a statistically significant decrease in children's (N = 20) trauma-related symptoms over time (i.e., on the posttraumatic stress intrusion subscale, the posttraumatic stress avoidance subscale, the posttraumatic total subscale, and the dissociation subscale).
	Chicago. Trauma Symptom Checklist for Young Children	Chicago. Caregivers reported observing fewer trauma-related symptoms among their children post-intervention than they observed pre-intervention. The decrease in symptoms was statistically significant for older children, though not for younger children.
Reduced Parental Stress	Bridgeport. Parenting Stress Index	Bridgeport. There was a statistically significant decrease in parental stress (N = 45) over time (i.e., on the parental distress subscale and the overall stress scale).

Outcome	Measure	Site Findings
	Pinellas. Parenting Stress Index	Pinellas. Both Safe Start intervention groups reported a decrease in overall parental stress after receiving services, but these changes were not statistically significant.
Improved Child Functioning	Chicago. Therapist ratings on the Child Completion of Services form	Chicago. Greatest improvement was seen in the ability to identify feelings, a decrease in overall symptoms, improved pro-social skills, and improved management of anger and aggression.
Improved Parental Functioning	Chicago. Therapist ratings on the Caregiver Completion of Services form	Chicago. According to therapists, parenting skills increased such that caregivers were more aware of the effects of violence on children and were better able to manage the effects both for their children and for themselves.

11. Conclusion and Recommendations

The evaluation of the Safe Start Demonstration Project is the first national effort to look at community-wide systems change to improve care for children exposed to violence. Safe Start federal sponsors, grantees, and evaluators faced many challenges over the past five years, in working on a social problem in its fledgling state of gaining recognition and developing as a field of practice. Within this context, the Safe Start Demonstration Project accomplished several ends, enhanced the knowledge base of this growing field of practice, and identified challenges and opportunities for future work.

Accomplishments

From 2000 to 2005, the Safe Start Demonstration Project was implemented in 11 sites in diverse settings (e.g., urban, rural, and tribal communities) throughout the United States. During this time, more than 15,500 children exposed to violence and their families were identified through local Safe Start initiatives and, when appropriate, provided mental health treatment and services to address their multiple needs. Under the aegis of this demonstration project, several key sectors—law enforcement, mental health, domestic

violence, child welfare, and family/dependency court—worked together in unique partnerships to facilitate and provide needed services to children and families.

Exposure to violence in early childhood can disrupt development and compromise an individual's ability to become a productive member of society. Children exposed to violence are at risk for both victimization and delinquency, placing significant economic and social burdens on communities.

To address the problem of children's exposure to violence, systems typically responsible for children and their families must be able to intervene in a timely fashion with appropriate support. Together, these systems have the ability to meet the multifaceted needs of families experiencing violence; individually, no single system has the expertise and capacity to meet all family needs. To address children's exposure to violence, therefore, all relevant resources in a community must be mobilized and connected. The Safe Start Demonstration Project has established that when key sectors collaborate to mobilize and connect resources, services and outcomes for children can be improved.

In sum, the demonstration project accomplished the following:

- Children exposed to violence were systematically identified by agencies for the first time;
- New working relationships were developed among sectors that address issues related to children exposed to violence;
- Comprehensive and coordinated systems of care were developed for children exposed to violence;
- Service providers and their organizations institutionalized knowledge, skills, and tools for responding to children exposed to violence;
- The capacity to change policy for children exposed to violence was demonstrated at the state level; and
- Grantees demonstrated that intervention and treatment can reduce the impact of exposure to violence on children.

Specifically, Safe Start Demonstration Project grantees were able to change local systems to better respond to the needs of children exposed to violence and their families by utilizing the following strategies:

- All 11 grantees developed screening procedures and protocols for identifying children exposed to violence,
- All 11 grantees adapted and implemented the Child Development-Community Policing program,
- Eight of 11 grantees co-located and coordinated services across child-serving organizations,
- Eight of 11 grantees conducted social marketing/public education campaigns,
- Seven of 11 grantees shared case information and management across child serving organizations,

- Seven of 11 grantees developed and distributed public education materials, and
- Five of 11 grantees used court consultation and judicial leadership to substantially contribute to improved services for children exposed to violence and their families.

The experience of the Safe Start Demonstration Project provides a wealth of knowledge for community-driven systems change initiatives focused on reducing the impact of child exposure to violence. Several of these key findings include:

- Engage all levels of child-serving sectors. The wider the engagement in the work, both vertically (across job roles, from point-of-service providers to agency directors) and horizontally (across sectors, from education to law enforcement), the greater is the potential for influencing systems change at the community, point-of-service, and organizational levels.
- Consistent and influential leadership is essential for systems change. The ability of Safe grantees to effect systems change was dependent upon:
 - Participation of influential leaders with decision-making capacity, both within their agencies and across the system;
 - Capacity and credibility of Safe Start's lead agency; and
 - Consistent leadership from key stakeholders, specifically the project director, local evaluator, lead agency director, and collaborative chairperson.
- Key community conditions facilitate institutionalization of systems change. The following factors proved most

critical to institutionalizing improved services for children and their families within and across organizations:

- Existing political and public support for preventing child maltreatment and promoting child wellbeing;
 - Sufficient community resources (e.g., child and family services, trained professionals);
 - Outcome-oriented organizational culture within the Safe Start lead agency;
 - Credible, influential, and consistent organizational and individual leadership capable of leveraging resources (both human and financial); and
 - A strategic focus on developing interventions to fill gaps in services that could not be filled solely through resources from Safe Start funding.
- Several factors contribute to the capacity to set the public agenda. Safe Start grantees learned they needed the following to put support for early childhood development (generally) and children exposed to violence (specifically) on the public agenda:
 - Broad-based public support,
 - A committed champion(s) with influence, and
 - Sufficient data to convince policymakers that enacting legislation and public policy are worthwhile.

Finally, Safe Start Demonstration Project grantees found evidence that participating in the types of services intended by the Safe Start Demonstration Project (e.g., research-based, appropriate for young children exposed to family and community violence, comprehensive, reflecting a continuum of care) reduced the impact of exposure to

violence on children. Specifically, three local evaluators found that after participating in treatment (typically a combination of mental, behavioral, and developmental counseling; parenting education; safety planning; advocacy/family support; case management; and individualized service plans):

- Children's exposure to violence decreased;
- Children had fewer trauma-related symptoms;
- Parents/caregivers experienced less parenting stress; and
- Parents/caregivers had an increased understanding of the impact of exposure to violence on young children.

Evaluation Recommendations

Based on the cross-site evaluation findings and the experience of the past five years, we make the following recommendations for evaluation of future community-based, systems-change initiatives for children exposed to violence.

Ensure more consistent collection of reliable data from grantees. More rigorous data would increase the quantity and quality of knowledge gained from initiatives like the Safe Start Demonstration Project, as well as application of this knowledge to improving the wellbeing of communities, families, and children. When grantees cannot comply with data-collection mandates because of lack of capacity, federal sponsors and evaluators must help grantees meet the mandates by providing appropriate resources and training to support data-collection activities.

Improve data collection for determining reduced violence exposure and impact. Overall, data from the Safe Start Demonstration Project collected by local

evaluators are inconclusive regarding reduced exposure to violence and the short-term impact of services and treatment, in part due to the fact that grantees and OJJDP did not prioritize reducing exposure and measuring this outcome.

Improve methods for retaining families. To participate in research and evaluation, families must be engaged and retained in services long enough to track outcomes. In addition, initiatives should consider providing families with incentives for participating in research; some Safe Start grantees found that compensating families for their time (e.g., by providing gift certificates to focus-group participants) improved data-collection efforts. Integrating data collection for clinical and research purposes may also help retain families in the research process by reducing demands on their time.

Provide resources to help local agencies collect data. Resources (e.g., computer software and hardware, technically skilled administrative staff) needed to collect data were not always available in the community-based organizations that provided services to children and families as part of the Safe Start Demonstration Project. Furthermore, reliance on clinicians, case managers, and family advocates to collect data on children and families required significant resources (e.g., to monitor data reporting and quality) at the local level.

Consider exploring additional areas. Preliminary findings suggest the following as areas worth exploring and developing further:

- Federal requirements and supports for the identification of community-level indices (e.g., domestic violence calls to the police, presence of children at the

scene of community and family violence), to be used to create a centralized database of indicators of children exposed to violence. These indicators would provide community-based benchmarks for incidence and prevalence of children exposed to violence. The federal government may be in the best position to work with local communities to identify useful indicators, through a systematic review of the research and/or through other resources available nationally.

- Standard assessment tools for children exposed to violence, for use by community-based mental health and other service providers to track reduced exposure to violence. Similarly, standard reporting of referrals to other services and services received could be used to monitor system-level functioning.

Program Recommendations

Future community-based, systems-change initiatives for children exposed to violence might consider the following:

- Support efforts to engage and retain families in services, given that retention in services often goes hand in hand with the ability to gather evidence for reduced impact of exposure to violence.
- Maintain the community's ability to provide ongoing training around issues of children exposed to violence, given that a trained workforce ensures that professionals are equipped to help children exposed to violence and their families, thereby promoting service engagement and retention.
- Provide intensive technical assistance in the areas of evidence-based

interventions, effective systems change, and key institutionalization strategies within the first six months of the project. Safe Start Demonstration Project grantees might have benefited from earlier and more prescriptive guidance around 1) mobilizing political champions, 2) establishing public agendas for children exposed to violence, and 3) implementing effective intervention strategies.

- Early in the initiative, provide cross-disciplinary training and technical assistance to help grantees understand and address the challenges inherent to various systems (e.g., mental health, courts, domestic violence, child welfare) and thereby facilitate institutionalization of their systems change activities. Few Safe Start grantees had the experience, understanding, and preparation necessary to adequately address the challenges of systems change.
- Provide culturally competent technical assistance. To promote the success of all types of communities, particularly tribal and rural communities, in their efforts to address social problems like children's exposure to violence within their unique contexts, initiatives must: 1) support the professional development of individuals from a variety of cultural, racial, and ethnic backgrounds and 2) support adaptation of interventions and service models to various cultural traditions and approaches to healing and wellness.

Recommendations for Further Knowledge Building

Based on the findings of this cross-site analysis, we recommend the following approaches to continued examination of the Safe Start Demonstration Project, which

may contribute to further knowledge building for the field:

- Examining promising practices for local evaluation and data collection (e.g., practices for encouraging compliance by mental health practitioners; practices for ensuring the use of data for planning, capacity building, and decision making),
- Investigating the sustainability and institutionalization of the Safe Start Demonstration Project goals and approach, and
- Drilling down to more closely examine the service pathways developed by the seven continuing grantees and how these pathways are working (e.g., support needed for sector-by-sector change, relationships, practices, coordination of care).

A deeper analysis of local service delivery systems is needed to better define the components of an appropriate system of care for children exposed to violence, along with the role of each component. A new or different model and/or language to describe the components of the system are needed. The starting point is a language and model for identifying children exposed to violence. Once identified, however, are children both "assessed" and "referred" in all systems (e.g., court, child welfare, domestic violence, law enforcement) in the same way? If so, how are the assessment and referral steps operationalized within and across systems? If not, what needs to be added or changed to the description and language associated with these service pathways?

The Safe Start Demonstration Project was designed to change systems to provide better care for children exposed to violence. To achieve this goal, however, requires an understanding of the service pathways and

systems needed to respond effectively to this population. Ideally, a flexible, fluid intersection of systems and services would be organized according to each community's needs and strengths. For a description of the system of care for children exposed to violence to be meaningful, it should be grounded in the experiences and circumstances of specific communities, as well as conceptualized in a way that enables national dialogue about how to help children and their families. The Safe Start Demonstration Project grantees identified ways that communities can change their service delivery systems and the necessary steps for implementing systems change. Ultimately, however, common components

of a service delivery model for children exposed to violence must be defined, such that communities can focus their efforts on this common goal.

All children exposed to violence have the same fundamental needs. The system of care designed to serve these children, therefore, must have core components capable of meeting these needs. While every community has unique factors that will influence how it will respond to the needs of children exposed to violence and their families (e.g. history, resources available, etc.), the lessons learned from the Safe Start Demonstration Project are essential to the success of their effort.

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Appendix A

Summary of the Safe Start Demonstration Project Sites' Major Accomplishments

Appendix A: Summary of the Safe Start Demonstration Project Sites' Major Accomplishments

Site	Major Activities	Institutionalization of Change	Increased Community Supports	Reduced Impact of Exposure to Violence
Baltimore	<p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> The Domestic Violence Demonstration Project, housed in Baltimore City Department of Social Services' (BCDSS) Child Protective Services (CPS) unit, responded to both child abuse and domestic violence using a specialized intake unit and protocol. The Baltimore Safe Start initiative supported this project with funding for training, securing technical assistance, and convening meetings with BCDSS administrators. Approval for implementing a permanent domestic violence program within CPS was pending when federal funding ended. Revisions to General Order G-11 of the Baltimore City Police Department to collect data on child witnesses to domestic violence were finalized and released in November 2005. <p>Service Integration</p> <ul style="list-style-type: none"> The Child Development-Community Policing program was expanded citywide with support from the SSDP. Urban Behavioral Associates and the East Baltimore Mental Health Partnership (mental health partners) reviewed current caseloads for families who may be eligible for Safe Start services. Existing clients were 	<p>Within Organizations</p> <ul style="list-style-type: none"> The Children Exposed to Violence curriculum developed by the BSS grantee will be maintained by the Family Tree, the Baltimore City Resource Center, and the Sidran Institute for Traumatic Stress beyond SSDP funding. <p>Point of service</p> <ul style="list-style-type: none"> The Baltimore Safe Start initiative institutionalized change primarily through educating and training professionals within systems most likely to reach families with young children exposed to violence. The Early Childhood Mental Health Training Series expanded Baltimore City's community of mental health providers (Safe Start Network of Providers) qualified to treat children exposed to violence. 	<ul style="list-style-type: none"> The Baltimore Safe Start initiative established a Domestic Violence Roundtable designed to foster understanding between key agencies about practices and procedures in place to respond to victims of family violence. Roundtable members include: Office of State's Attorney Family Violence Unit, Baltimore City Police Department, Circuit Court, House of Ruth Maryland, Maryland Network Against Domestic Violence, and the Baltimore Safe Start initiative. 	<ul style="list-style-type: none"> No data to demonstrate improved outcomes for children exposed to violence.

Site	Major Activities	Institutionalization of Change	Increased Community Supports	Reduced Impact of Exposure to Violence
	<p>screened to identify and internally refer children six years and younger who have been exposed to violence.</p> <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> The SSDP grantee worked with the BCDSS and the House of Ruth Maryland to apply for a Safe and Bright Futures for Children grant (\$75,000 awarded by the U.S. Department of Health & Human Services for FY 2004) to continue their collaboration on domestic violence and child maltreatment issues. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> The House of Ruth Maryland's Community Outreach Expansion Project (funded by the SSDP grantee) expanded outreach into Baltimore communities to offer comprehensive domestic violence services to families residing in the community (versus those living in the shelter). Services include therapy for affected children, administered by a part time clinician. This service ended in December 2005. The Baltimore Child Abuse Center, an assessment and referral agency for children who experience sexual abuse, hired a case manager (funded by the SSDP grantee) to head its Violence Intervention Project to work with over 400 families on the Center's caseload to identify and coordinate services for 			

Site	Major Activities	Institutionalization of Change	Increased Community Supports	Reduced Impact of Exposure to Violence
	<p>siblings exposed to violence. This service ended in December 2005.</p> <ul style="list-style-type: none"> • Six additional mental health providers joined the Safe Start Network of Providers. These providers are trained to work with children exposed to violence. The Safe Start Network of Providers includes: Urban Behavioral Associates, East Baltimore Mental Health Partnership, Awele Treatment & Rehabilitation Services, Institute for Life Enrichment, Johns Hopkins Bayview Medical Center, Johns Hopkins Children Mental Health Center, University of Maryland Center for Infant Studies, and Villa Maria. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> • <u>Early Childhood Mental Health Training Series.</u> The SSDP grantee created a curriculum for a certification course or clinical coursework at the college/university level based on its Early Childhood Mental Health Training series. • <u>Children's Exposure to Violence Trainings.</u> The SSDP grantee (in collaboration with the Sidran Institute for Traumatic Stress, the Taghi Modarressi Center for Infant Study at the University of Maryland, and the Division of Services Research and the Department of Psychiatry at the University of Maryland School of Medicine) developed a Children Exposed to Violence training manual with structured curriculum for professionals, paraprofessionals, and 			

Site	Major Activities	Institutionalization of Change	Increased Community Supports	Reduced Impact of Exposure to Violence
	<p>community members.</p> <ul style="list-style-type: none"> • <u>Children's Exposure to Violence Train-the-Trainer Curriculum.</u> A nine hour curriculum designed to prepare individuals to train others at the agency and community levels. A total of 120 persons representing 55 agencies citywide participated in the series. Between January and September 2004 four train-the-trainer graduates reported training 328 individuals. • <u>Resiliency Building and Parenting Skill Building Curricula.</u> An eight week curriculum for two types of parent groups. • <u>A community symposium, A Strong Community Begins with Ensuring a Safe Start for Children,</u> was held in 2004 to publicize the Baltimore Safe Start initiative. • The Training Coordinator met 11 times with multiple community based organizations to inform them about Safe Start services in 2003. Community education awareness was provided in 11 different forums in 2004. • Over 6,000 Safe Start marketing materials (e.g., magnets, pencils, stress putty, bag clips) distributed throughout the community and the quarterly Safe Start Newsletter was shared with 900 recipients. Estimates of individuals in the community who received information on Safe Start is reportedly in excess of 1,000. Based on available data the total number of recipients of 			

Site	Major Activities	Institutionalization of Change	Increased Community Supports	Reduced Impact of Exposure to Violence
Bridgeport	<p>community education equaled 788.</p> <p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> The Bridgeport Safe Start initiative established accountability requirements and set new standards for the Bridgeport social service community. Agencies that never considered collecting standard data (e.g., Traumatic Events Screening Inventory), service system level data (e.g., the Service Plan), or measuring outcomes are now committed to standards of accountability. Child FIRST and the Classroom Consultation Program exemplify this commitment. The Bridgeport Office of the Department of Children and Families (DCF) in collaboration with the Center for Women and Families and the Non-Violence Alliance developed a protocol to assist DCF investigators in determining the presence of domestic violence and a case consultation model to help staff effectively utilize the domestic violence protocol. Evaluation findings indicated that the use of the protocol significantly increased the investigator's ability to determine when issues of domestic violence were present in the home. In November 2005, the DCF regional administrator recommended to the Connecticut DCF Commissioner that the training and protocol be adopted statewide. The Bridgeport Safe Start initiative 	<p>Across Organizations</p> <ul style="list-style-type: none"> Results of the collaboration survey show many indicators of increased collaboration among the network of agencies in Bridgeport that provide services for young children and their families. Focus groups completed in 2004 and 2005 indicated an increase among service providers in awareness of and ability to identify children exposed to violence in the home and of services funded by the Bridgeport Safe Start initiative. <p>Within Organizations</p> <ul style="list-style-type: none"> The Classroom Consultation Program was funded through an Early Learning Opportunities Act grant. Communities Against Violence in the Home (CAVITH), run by the Center for Women and Families, will continue to include children's exposure to violence in its training curriculum. <p>Point of Service</p> <ul style="list-style-type: none"> Increased capacity to identify and treat children exposed to violence among participants in the Bridgeport Safe Start initiative training initiative. Across all trainings, 91 percent of participants felt that the training they attended was helpful or very helpful to them in providing 	<ul style="list-style-type: none"> About 30 community leaders have helped with various aspects of the Bridgeport Safe Start initiative. These leaders have included individuals from the city government, leadership from DCF, DSS, Courts, and other agencies within the Bridgeport community. Bridgeport has developed a new leadership group. With Bridgeport Safe Start initiative staff support and organization, a group of five decision makers in the community met to discuss community change and plan the outreach and objectives for a new leadership collaborative focused on a broad range of child and family issues. 	<ul style="list-style-type: none"> Participants in Child FIRST services demonstrated decreases in children's exposure to violence, the number of trauma related symptoms presented by children, and parenting stress over time (e.g., between baseline and discharge).

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	<p>participated and supported an effort by United Way's Success by 6 initiative, the Bridgeport Board of Education School Readiness Council, the Collaborative Children's Advisory Board and the Bridgeport Discovery Group to develop a community-wide blueprint for young children and their families. Strategies and action steps around issues of education, health, mental health, public policy, etc. are under development. The goal is to be prepared to respond to expanded funding opportunities available through the newly created Governor's Early Childhood Investment initiative.</p> <p>Service Integration</p> <ul style="list-style-type: none"> • In July 2005 the Center for Women and Families (CWF) and Child FIRST began collaborating to ensure that all young children identified through CWF's programs who are at high risk for violence exposure are referred for assessment and family services through Child FIRST. Child FIRST also provides on site services and parenting groups for families staying in the CWF domestic violence shelter. • Bridgeport has a Child Development-Community Policing program. The Bridgeport Safe Start initiative funded a coordinator for the program. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> • An Early Learning Opportunities Act grant was obtained to sustain the 	<p>information that would assist them in working with young children and their families.</p> <ul style="list-style-type: none"> • Child FIRST institutionalized the use the Traumatic Events Screening Inventory (TESI) to screen all children presenting to the program for services for family violence and other traumatic events. Child FIRST plans to institutionalize the Bridgeport Safe Start initiative Service Plan (designed to gather information about the type of services to which children and their families are referred, the number of those services received, and system level barriers to service receipt) in its routine assessment process beyond its contractual obligations with Bridgeport Safe Start initiative. • Increased attention to children exposed to domestic violence among CPS investigators and supervisors in the Bridgeport Department of Children and Families office. • Through the Classroom Consultation Program for Early Childhood Educators teachers are trained to screen for children exposed to violence using the Deveraux Early Childhood Assessment (DECA) instrument. • Bridgeport's families and children exposed to violence will continue to benefit from the Classroom Consultation Program and the services provided by the Center for 		

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	<p>Classroom Consultation Program.</p> <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> • Support for Classroom Consultation for Early Childhood Educators included 35 hours per week to provide mental health and early childhood consultation to early childhood educators and identify children exposed to violence. A 40-60% improvement in behavior was observed with the use of classroom strategies. • The Mental Health Consultation Program provided supervision and consultation to five mental health clinicians to support their work with children six years and younger exposed to family violence. • The SSDP grant funded expansion of the Child Guidance Center of Greater Bridgeport's early childhood mental health program, a program coordinator position for Child FIRST, and an FTE position for the Court Assessment Program to allow advocates to identify and assess the needs of children exposed to family violence. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> • The Court Assessment Program provided training and technical assistance to court advocates. The goal was to educate court advocates about community resources and have them screen for children's exposure to violence. 	<p>Women and Families and Child FIRST.</p> <ul style="list-style-type: none"> • Capacity building efforts such as the Classroom Consultation Program, the Mental Health Consultation Program, training and technical assistance to court advocates, and other training efforts have increased the skills among professionals and improved the community's ability to intervene with children exposed to violence. A more informed and competent professional community now exists in Bridgeport. 		

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	<ul style="list-style-type: none"> • A social marketing campaign was launched in September 2004. Posters, fact sheets, and “flip books” were designed to educate the community about children’s exposure to violence and domestic violence. Residents are encouraged to call InfoLine 211 for referrals to services. Materials have been distributed to more than 5,000 professionals working with children. • Between 2002 and 2005 there were a total of 129 trainings totaling 342 hours offered for free to providers in the Bridgeport community. A total of 1,938 individuals participated in these trainings (this is a duplicated count) representing 381 agencies. Staff from Bridgeport Safe Start initiative funded programs attended a total of 293 trainings (630 hours) across 123 staff members. Training topics included the <i>Shelter from the Storm</i> curriculum delivered by Betsy McAllister Groves and colleagues, training for CPS workers on the impact of exposure to domestic violence for children, Child Parent Psychotherapy taught by the Witness to Violence Project, among others. • There were a total of four trainings held for parents (12 hours of training) and a total of 91 parents participated in these trainings. • The Bridgeport Safe Start initiative sponsored a full day symposium in March 2003. The work and research of national experts in the fields of mental health, early childhood development 			

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	<p>and education, court and judicial services, child protective services, and domestic violence was introduced and strategies to improve the delivery of services to children and families impacted by violence were discussed. The symposium was attended by 182 community members.</p> <ul style="list-style-type: none"> The Bridgeport Safe Start initiative distributed between 8,000-10,000 bulletins with practical information for providers and parents regarding children exposed to violence. 			
Chatham	<p>Development of Policies, Protocols and Procedures</p> <ul style="list-style-type: none"> Safe Start created the foundation to improve the court's responsiveness to children and families involved in violent events through a comprehensive court assessment and support of a supervised visitation program. Safe Start developed a service coordination system. The system involved developing a screening tool to determine eligibility, a client rights brochure, a confidentiality policy and agreement, a grievance policy and procedures, and a client record policy and procedures. A protocol manual, <i>Services Handbook</i>, was developed. <p>Service Integration</p> <ul style="list-style-type: none"> A multidisciplinary team (Case Management Team) met to discuss cases of Safe Start direct service providers and coordinate needed services. 	<p>Within Organization</p> <ul style="list-style-type: none"> The court assessment was completed in 2005 and the Chatham Safe Start initiative has set aside some of its remaining funds to dedicate to future reforms. Training efforts were merged with the Coalition for Family Peace's <i>Provider Training Taskforce</i> to increase sharing of responsibility for planning, developing, scheduling, recruiting, and providing training – including on issues related to children's exposure to violence. The Chatham Safe Start initiative obtained a Congressional Appropriation Earmark for \$150,000 to continue funding Safe Start staff. <p>Point of Service</p> <ul style="list-style-type: none"> The Child Well-Being Collaborative (an entity funded by the county in 2004 to monitor the mental health needs of children during the process 	<ul style="list-style-type: none"> Safe Start was able to expand the availability of services to families and children because its services were fully funded. Thus, families and children who did not meet the new, more narrow, Medicaid eligibility for mental health services and/or could not afford to pay were still able to take advantage of these services. 	<ul style="list-style-type: none"> Clients completed 75 of the objectives successfully (78%), a statistically significant finding. The results suggest that services funded by Safe Start increased children's resilience and reduced dysfunction when they received at least nine sessions of an intervention.

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	<ul style="list-style-type: none"> Adapted Child Development-Community Policing model by funding a Family Responder position to answer all domestic violence calls with Sheriff's Office deputies. This position was not continued due to lack of funding. The local evaluator found a small but statistically significant increase in case information sharing among service providers and reduction in duplication of services from 2001 to 2005. Referral contracts with Child Service Coordination at the Chatham County Health Department (home visiting program for children zero to three) and the Family Advocacy Program (family support, parent education and home visiting services for children six to eight) at Family Violence and Rape Crisis Services. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> Chatham Safe Start assisted with the successful application for Safe Havens funding of the Chatham Family Visitation Center (a place for safe exchange and supervised visitation of children exposed to violence) and obtained an \$150,000 Congressional Appropriation Earmark obtained. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> Funded direct service providers who offered services tailored to child and family needs. For example, bilingual 	<p>of restructuring the local mental health service system) agreed to fund in home services in Chatham County based on the intervention research conducted by the Safe Start local evaluator.</p> <ul style="list-style-type: none"> Service providers trained on issues with children exposed to violence and the effects of institutional racism on service delivery have an increased capacity to identify, refer, and assist young children exposed to violence and their families. 		

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	<p>services, home based therapy, comprehensive therapeutic services, psychological clinical assessments, and family advocacy services were offered by direct service providers funded by Safe Start.</p> <ul style="list-style-type: none"> • Funded a services coordinator who functioned as the centralized point of referral for families and children and distributed referrals to direct service providers. • Funded a local contractor to create a database to track child services and outcomes. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> • Developed a community vision statement through a community forum (<i>Sustaining the Promise of System Reform</i>) and a training (<i>Working Smarter not Harder through Collaboration</i>) by the Institute for Community Peace. Several groups endorsed the statement. • Provided numerous specialized trainings for therapeutic service providers. • Provided Safe Havens training for childcare providers and teachers to support children who have witnessed violence. • Trained a total of 33 Safe Havens trainers. • Worked to increase community residents' awareness of Safe Start and children exposed to violence through the Community Development and Outreach Program. The Community Programs Coordinator conducted 			

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	<p>outreach to religious communities, businesses, childcare centers, and primary care providers. The Coordinator also talked about Safe Start and children exposed to violence during a 30 minute interview each month on a Spanish speaking radio show (WANC).</p>			
Chicago	<p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> • Several organizations modified their protocols to better identify children exposed to violence and refer them to Chicago Safe Start (CSS) initiative services. • Assisted with the development and passage of the Children's Mental Health Act in Illinois which recognizes the impact of violence on young children (three-years-old and younger). <p>Service Integration</p> <ul style="list-style-type: none"> • Adapted the Child Development-Community Policing program. Police in the Englewood and Pullman districts changed their protocol for responding to domestic violence incidents to include identification and referral of children exposed to violence to Safe Start service providers. • Family Focus sends a counselor, once a week, to the Chicago Department of Human Services to conduct screening for children exposed to violence among Temporary Assistance for Needy Families (TANF) recipients. 	<p>Within Organizations</p> <ul style="list-style-type: none"> • Children exposed to violence training was institutionalized in the Chicago Police Department, Safer Foundation, Mayor's Office of Domestic Violence (HelpLine staff), Chicago Department of Child & Youth Services, and Child Protection Court. <p>Within Organizations</p> <ul style="list-style-type: none"> • The Chicago Police Department now has a written protocol for responding to children exposed to violence. • The Mayor's Office of Domestic Violence HelpLine now provides referrals for children exposed to violence. <p>Point of service</p> <ul style="list-style-type: none"> • Increased capacity to identify and treat children exposed to violence among participants in the Chicago Safe Start training initiative. • Increased availability of services (e.g., expanded service hours, more slots in program) to families and children. • Increased number of points of entry 	<ul style="list-style-type: none"> • Increased attention to children exposed to violence in leadership circles (e.g., seventy seven organizations and agencies have members who participate in the Chicago SSI; CSS staff members and collaborative partners serve on several leadership boards). 	<ul style="list-style-type: none"> • Additional exposure to violence was reduced for a majority of children. • Children expressed fewer trauma symptoms. • Caregiver functioning improved.

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	<ul style="list-style-type: none"> Family Focus and the Community Mental Health Council instituted both referral and case sharing protocols. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> Secured funding from the Illinois Violence Prevention Authority to sustain direct services to children exposed to violence. Secured funding from the Chicago Department of Public Health to support two CSS initiative staff positions. Obtained a total of \$275,000 from different sources (e.g., Chicago Department of Child & Youth Services, Illinois Department of Children & Family Services, Illinois Violence Prevention Authority) to expand training and resource materials. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> “Incident-based” and “symptom-based” methods for identifying and referring children to services (i.e., referrals from first responders and inter/intra agency referrals) were implemented. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> Helped “incubator” agencies integrate policies and procedures into their overall organizational structure, to guide the direction of efforts addressing children exposed to 	<p>into services (e.g., police referrals to HelpLine and HelpLine to delegate agency, direct referral to CSS agencies from any entity, and direct police referrals to delegate agency).</p>		

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	<p>violence.</p> <ul style="list-style-type: none"> • Brochures, flyer distribution by ACORN, posters, community health and safety fairs, workshops conducted in the community, and WIC/clinic presentations have all provided means of education to community residents, local businesses and community organizations. ABC-7 aired a two part series on children exposed to violence, CAN-TV aired a program on children exposed to violence along with Prevent Child Abuse America. • Provided three types of training: Chicago Safe Start training sessions, seminars, and non-Chicago Safe Start trainings. CSS training sessions include brief presentations, education only training sessions, and action and education trainings sessions. A total of 1,779 child serving adults were trained during CSS sessions, 395 in seminars, 27 in train-the-trainer workshops, and 5,592 in public awareness sessions. 			
Pinellas	<p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> • Several organizations modified their protocols to better identify children exposed to violence and refer them to Pinellas Safe Start initiative services. • Promoted consensus regarding principles for practice in collaboration with the Pinellas Early Childhood Mental Health committee, the Healthy Start Coalition, the Domestic Violence Task Force, and other partners. • Collaborated with statewide domestic violence agencies to develop a five 	<p>Within Organizations</p> <ul style="list-style-type: none"> • The Juvenile Welfare Board (a local funder of children's services) will fund key programs: Safe Start Partnership Center, Child Development-Community Policing program, Coordinated Child Care's Safe Start consultant, and batterer education. <p>Point of Service</p> <ul style="list-style-type: none"> • Pinellas Safe Start has resulted in more public and private clinicians in Pinellas County trained to 	<ul style="list-style-type: none"> • The Pinellas Safe Start Leadership Council agreed by consensus to continue after federal funding ends due to the importance of a coordinated response and need to maintain an interagency advocacy for issues of children's exposure to violence. • Community leadership supports the Pinellas SSI, according to the key informant survey of service 	<ul style="list-style-type: none"> • Parents in the intervention groups reported a decrease in parental stress over time but the changes were not statistically significant. Information about changes in child wellbeing is not yet available.

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	<p>year child abuse prevention plan for Florida that includes priority resources for domestic violence and children exposed to violence.</p> <p>Service Integration</p> <ul style="list-style-type: none"> The Safe Start Partnership Center is a collaborative of multidisciplinary service delivery providers. Services range from early identification to intensive and individualized family services for children exposed to violence, offered in the home or community setting. Integration of a child exposed to violence/Safe Start intake and referral screen with a client information system called Service Point underway. This Management Information System (MIS) allows agencies to make and track referrals, document progress toward client goals, and obtain real time information about program vacancies. Agencies may customize a client assessment form to allow sharing of client data, allowing more efficient referrals and coordination of services. Safe Start funds are allocated to purchase user licenses and technical support for participation in Service Point. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> Continuation funding secured for all of the service delivery components initiated by Pinellas Safe Start initiative. 	<p>effectively respond to young children and their families. Clinicians trained in evidence based models were surveyed during the summer of 2005. All respondents reported that the training had changed their practice.</p> <ul style="list-style-type: none"> Pinellas Safe Start increased support for children exposed to violence and families by improving the coordination of services, enhancing the quality of services available to families with young children exposed to violence, and making additional services available to these families. Points of entry into services for children exposed to violence expanded as a result of the Pinellas Safe Start initiative. 	<p>agencies.</p> <ul style="list-style-type: none"> Volunteer Ambassadors will sustain the Safe Start message and build support via partnerships with businesses, educators, nonprofits, parents and other stakeholders. 	

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	<ul style="list-style-type: none"> Partnership with the Tampa Bay Devil Rays generated proceeds from group ticket sales that were used to support the printing and distribution of children exposed to violence materials. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> Developed intensive family services component (e.g., comprehensive assessment, crisis support, short term support/case management) of the Safe Start Partnership Center. Funded a Safe Start consultant to enhance the Coordinated Child Care's Project Challenge program. Consultant provided additional home visits and parent support. Contracted with a qualified provider to offer a weekly Batterer Intervention Program (BIP) in the Pinellas County jail. Supplemented Project Success, an educational program for mothers in jail, with information on children exposed to violence and community resources. Supported the Clearwater Child Development–Community Policing Program by coordinating training and technical assistance from the National Center for Children Exposed to Violence and funding a coordinator position. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> Provided several levels of training to increase awareness of children 			

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	<p>exposed to violence and appropriate responses to children at risk of or exposed to violence. Developed a curriculum with four modules based on length of training and training participant needs. Over 2,800 individuals have participated in trainings at some level.</p> <ul style="list-style-type: none"> • Educated community through Pinellas Safe Start initiative website, the Public Awareness Campaign, the Safe Start Partnership Center Outreach Plan (promotional materials), education programs (e.g., BIP, Project Success), and the Community Engagement Project (volunteer Ambassadors, contractual Community Facilitators). • Co-sponsored two Children's Summits. 			
Pueblo of Zuni	<p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> • The Safe Start initiative developed a standard referral form for use by partner agencies and became the central point of referrals for children exposed to violence. • The Temporary Assistance for Needy Families (TANF) coordinator incorporated domestic violence into the agency's eligibility screening, such that participation in Safe Start services for families experiencing violence was a condition for TANF aid. • The Zuni Police Department created a protocol whereby police officers are required to record the presence of children at a domestic violence incident. 	<p>Across Organizations</p> <ul style="list-style-type: none"> • The tribe's policy on children's well-being ("Children's Code") was revised to include children's exposure to violence and child abuse and neglect as risk factors for children's wellbeing, and cultural competent practices as standards for services. <p>Within Organizations</p> <ul style="list-style-type: none"> • Tribal judges mandate that victims undergo an intake process by Safe Start staff within 48 hours of the arraignment. • The Family Preservation Program representative mandates court ordered clients to attend presentations by the Zuni Safe Start 	<ul style="list-style-type: none"> • Zuni members became aware of the impact of exposure to violence on young children, as evident in the increased number of attendees at Safe Start presentations and self referrals to Safe Start services 	<ul style="list-style-type: none"> • No data to demonstrate improved outcomes for children exposed to violence.

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	<p>Service Integration</p> <ul style="list-style-type: none"> • Pueblo of Zuni implemented the Child Development–Community Policing program. As of 2005, full implementation and institutionalization of the program remained uncertain. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> • The Department of Public Safety allocated some of its resources to support the Child Development–Community Policing program in 2004. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> • The Safe Start initiative’s Family Support Services Coordinator designed and provided group counseling to 12-15 parents and eight children who experienced violence at home. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> • The Safe Start initiative distributed information about the impact of domestic violence on young children to 1,200 people at community events (e.g., during domestic violence prevention month) and presentations and training for specific groups (e.g., Temporary Assistance for Needy Families program recipients, police officers). • The Zuni Safe Start initiative 	<p>initiative.</p> <p>Point of Service</p> <ul style="list-style-type: none"> • The Zuni Safe Start initiative was a new form of community support that links services and provides holistic assistance to families experiencing violence (e.g., clothing, housing, employment, counseling). 		

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	integrated the tribe's traditions and values into its presentations on domestic violence and its impact, helping families to focus on their traditional assets and to develop a sense of hope for their children's future.			
Rochester	<p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> Developed early childhood education protocol that documents procedures for the Rochester Safe Start initiative mentor project. Formed the basis for a protocol for the Early Childhood Professional Development mentoring as well. Domestic Violence Consortium developed a protocol for service providers including a section dealing with children exposed to violence, which Rochester Safe Start drafted. Supported probation policy on victims that includes recognizing children exposed to violence. <p>Service Integration</p> <ul style="list-style-type: none"> Funded SAFE Kids, a Child Development–Community Policing program that partnered police officers and social workers. Funded Mt. Hope–Foster Care intervention, which offers specialized mental health services to young children placed in foster care. <p>Resource Development, Identification, and Allocation</p>	<p>Community Change</p> <ul style="list-style-type: none"> Violence exposure screening questions incorporated into the Parent Appraisal of Children's Experiences (PACE), a form completed by the parents of all incoming kindergarteners in the Rochester City School District <p>Across Organizations</p> <ul style="list-style-type: none"> The Early Childhood Education was expanded both in size and scope through the Early Childhood Professional Development grant from the U.S. Department of Education. Monroe County provided bridge funding for the Domestic Violence Consortium to continue its efforts at implementing the service providers protocols. <p>Within Organizations</p> <ul style="list-style-type: none"> The Children in Court intervention increased the expertise of domestic violence advocates related to children exposed to violence, and expanded supervised visitation available both in the Domestic Violence Intensive Intervention branch of Family Court and in the 	<ul style="list-style-type: none"> Evaluation of the "Shadow of Violence" media campaign showed an increase in the proportion of adults in the campaign target community who reported responding after seeing a child being exposed to violence. The Rochester Ad Council approved Safe Start as a community initiative for 2005 and 2006. The Rochester Safe Start initiative community partners will continue to advocate for reducing children's exposure to violence beyond federal funding. United Way now recognizes that violence is an issue that touches all of its project areas. The Domestic Violence Consortium will continue to keep the community aware of the impact of domestic violence, on both adult and child victims. 	<ul style="list-style-type: none"> The media campaign was evaluated using a non equivalent control group. Findings indicated an increase in the proportion of adults in the campaign target community who reported taking action (vs. doing nothing) after seeing a child being exposed to violence. There was no increase in such self reported behavior in the comparison community. The mentoring project was evaluated using a randomized clinical trial design. Children in classrooms with mentors demonstrated more positive growth in their cognitive, social, and physical functioning than children in classrooms without mentors. This difference between groups of children was statistically significant.

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	<ul style="list-style-type: none"> • Obtained funding for key service components (Early Childhood Mentor Project, SAFE Kids, Mt. Hope–Foster Care Intervention). • Relationship with Ad Council continued. • Children’s Institute obtained an AmeriCorps worker in 2004 and 2005 to provide assistance with training and logistics for Shelter from the Storm trainings. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> • Funded Early Childhood Mentor Project, in which educators were taught to recognize and respond to difficult child behaviors. • Funded Children in Court intervention, which assigned domestic violence victim advocates to families in the court system. • Funded Fast Track Supervised Visitation, a program designed for families affected by domestic violence, to reduce the amount of time families had to wait for visitations between parents and children. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> • “Shadow of Violence” media campaign. • A training initiative based on the <i>Shelter from the Storm</i> curriculum. 	<p>new Integrated Domestic Violence Court.</p> <ul style="list-style-type: none"> • The Mt. Hope–Foster Care Intervention was institutionalized in the community through United Way funding in 2004. • The SAFE Kids protocol developed in spring 2004 represents an important agency level change. <p>Point of Service</p> <ul style="list-style-type: none"> • The training initiative increased the expertise of over 500 clinical and non-clinical providers of services to young children, through Shelter from the Storm, as well as providing other training to over 1,000 additional attorneys, police, court personnel, and early childhood providers. Feedback from the Shelter from the Storm training evaluation suggests that information in the curriculum was new and useful to participants. • The mentoring system institutionalized a set of training materials for mentors on knowledge and skills in responding to children exposed to violence. • Rochester Safe Start increased support for children exposed to violence and families by enhancing the quality of services available to families with young children exposed to violence, and making additional services available to these families. 		
San Francisco	Development of Policies, Protocols, and	Within Organizations	• Increased awareness of the	• Satisfaction with services

Site	Major Activities	Institutionalization of Change	Increased Community Supports	Reduced Impact of Exposure to Violence
	<p>Procedures</p> <ul style="list-style-type: none"> Developed and distributed eight policies to guide the response of agencies to young children exposed to violence. <p>Service Integration</p> <ul style="list-style-type: none"> Established a collaborative of point of service providers (“Service Delivery Team”) that met regularly to discuss cases and plan the best response to the child and family. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> Leveraged over \$1 million from local resources to support the initiative. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> Funded family advocate positions in six family resource centers to help identify, assess, and treat children exposed to violence and their families. Funded two liaisons (one in the police department and one in family court) to help identify and refer children exposed to violence and their families, and to provide information about the status of cases. Established the SafeStart Support Line to handle callers and make referrals. Funded two full time and one part time clinicians to serve families referred to SafeStart. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> Launched a public education 	<ul style="list-style-type: none"> San Francisco Police Department officers now document the number of children present during a domestic violence incident and their names and ages, and refer them to SafeStart services. The San Francisco Department of Public Health’s Community Behavioral Health Services unit reorganized their clinical assessment procedures to include assessment of exposure to domestic violence as determinants for the level of mental health services required. <p>Point of Service</p> <ul style="list-style-type: none"> Family Resource Center staff developed the capacity to identify and respond to the needs of children exposed to violence because of a dedicated staff person trained in related issues (i.e., the family advocate). Institutionalized knowledge about the impact of exposure to violence on young children among point of service providers. Establishment of a support system accessible to families experiencing violence. 	<p>impact of exposure to violence on young children, evident in an increased number of inquiries received by SafeStart.</p>	<p>among families that received SafeStart services, believing that their children were safer and healthier due to SafeStart, and that the family advocates (hired using SafeStart funds) were sensitive to their cultural background, treated them with respect, and kept their personal information confidential.</p> <ul style="list-style-type: none"> Remaining outcome data will be analyzed and available in October 2006.

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	<p>campaign in 2004 that included distribution of flyers to every elementary school, child development program, and Head Start program in the city; domestic violence graphics on buses and at bus shelters; public service announcements on radio and television stations; and extensive media coverage in different languages.</p> <ul style="list-style-type: none"> • Trained approximately 1,700 people who have direct contact with children who are at risk for or exposed to violence on topics such as vicarious trauma, psychological aid, developmental disabilities, child support enforcement, and domestic violence. • Educated 13 elected officials on issues related to childhood exposure to violence and the need for a public policy response. • Established a team of parents who mentor and support other adult survivors. 			
Sitka Tribe of Alaska	<p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> • A policy by the Sitka Tribe of Alaska to respond to a child exposed to violence and his/her family within five days. • Protocols, in the form of a memorandum of agreement between Sitka Tribe of Alaska and first responder agencies about how the agencies and their staff should work together to respond to a domestic 	<p>Across Organizations</p> <ul style="list-style-type: none"> • Raised the totem pole in 2005 as a symbol of the community's commitment to stop the violence that affects each generation; since then, several people have contacted the Safe Start director to follow-up, a sign of willingness among Tribal members to talk about their pain and begin the healing process. • The Sitka Tribe of Alaska conducted the first ever needs assessment of its 	<ul style="list-style-type: none"> • Increased awareness in the Native community about the impact of exposure to violence on young children, as evident in the big turnout for the raising of the totem pole and follow up inquiries received by the Safe Start director. 	<ul style="list-style-type: none"> • No data to demonstrate improved outcomes for children exposed to violence.

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	<p>violence situation.</p> <p>Service Integration</p> <ul style="list-style-type: none"> Adapted the Child Development–Community Policing model (“CID-COPS”), bringing together domestic violence victims advocates, police officers, and mental health professionals to respond to domestic violence incidents. Conducted monthly case conferencing meetings where service providers discuss cases and plan their response to the child and family. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> A total of \$210,000 was received in FY 2004 as part of the <i>To Encourage Arrest</i> grant. The <i>Family Justice Center</i> grant, which amounted to \$1.1 million, provided funds not only for remodeling the Healing House, but also for three new positions to work with domestic violence victims and their families, including a community outreach person. The Sitka Tribe of Alaska dedicated \$10,000 annually for three years to fund a School Resource Officer who will help identify children exposed to violence and liaison between the school and police officers. <p>New, Expanded, and Enhanced Programming</p>	<p>community, including several questions about domestic violence and children exposed to violence.</p> <ul style="list-style-type: none"> Establishment of the Family Justice Center, which will house the services for domestic violence victims, making it easier for the victims to access a continuum of services. 		

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	<ul style="list-style-type: none"> The Sitka Safe Start initiative contracted with the University of California at Davis to provide training on Parent-Child Interaction Therapy (PCIT). Clinicians from the SouthEast Alaska Regional Health Consortium were trained to incorporate PCIT into their treatment plans for families. Two Native persons were also trained as paraprofessionals. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> Used Native tradition of totem pole carving to raise the issue of domestic violence in a permissible and natural way. Trained approximately 100 people on oppression and its impact on violence and cultural competency. 			
Spokane	<p>Development of Policies, Protocols, and Procedures</p> <ul style="list-style-type: none"> Instrumental in the development of a Model Juvenile Court agenda. Reforms in Juvenile Court including changed court review schedules (from every six months to every two months), and other adjustments in local court rules under consideration, which will force more expeditious resolution of permanency goals for children in state custody. Participation in the Spokane County Children's and Adolescent initiative's multiphase process to create a family centered and outcome driven system of care for children's mental health. Advocacy for screening children 	<p>Within Organizations</p> <ul style="list-style-type: none"> Juvenile Court reforms implemented and under consideration. <p>Point of Service</p> <ul style="list-style-type: none"> Improved identification of children exposed to violence within the mental health system (and possibly the chemical dependency and developmental disabilities systems in the future). The Teen Peace/Peace Mentors program will continue as the only response to adolescents who experience relationship violence. The presence of Safe Start in Spokane significantly increased the availability of services to families 	<ul style="list-style-type: none"> The Child and Adolescent Research Unit at Washington State University remains committed to the Spokane County Children's and Adolescent initiative. 	<ul style="list-style-type: none"> No data to demonstrate improved outcomes for children exposed to violence.

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	<p>exposed to violence and domestic violence countywide in the mental health and chemical dependency systems. Both systems have expressed intent to have violence exposure questions permanently included into data collection and intake assessments.</p> <ul style="list-style-type: none"> • Emergency “911” operators now record the presence of children at domestic violence incidents and report this information to the dispatched officer. • Reports electronically transferred to Sheriff and Police dispatch noted to remind officers to make referrals, as appropriate, to the Spokane Safe Start initiative. <p>Service Integration</p> <ul style="list-style-type: none"> • Adapted Child Development–Community Policing model through partnership with law enforcement officers and the Child Outreach Team. • Created a Web-based system in partnership with child welfare and the Juvenile Court that will enhance the capacity of judges to make more holistic decisions on behalf of children in the dependency system. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> • The Office of Administrator of Courts selected Spokane one of its Court Improvement Project sites. • Development of judicial leadership within the Juvenile Court in consultation with Serena Hulbert. 	<p>and children affected by domestic violence. The majority of the Safe Start families were previously unknown to the formal social service system and many were unaware of the services available to them.</p> <ul style="list-style-type: none"> • Points of entry into the system were increased (e.g., law enforcement, child welfare, public health, Head Start, education, domestic violence advocates, justice system) as a result of Safe Start. • Over 70 agencies including nearly 3,000 individuals from the fields of law enforcement, mental health, substance abuse, education, child welfare, and the justice system received training in children exposed to violence. 		

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	<p>Increased recognition of role for setting standards and enforcing accountabilities among all parties to dependency actions.</p> <ul style="list-style-type: none"> Conducted sector specific screening studies (e.g., Family Violence Screening Study with four publicly funded mental health nonprofits; seven of the largest chemical dependency providers receiving public funding agreed to initial screening study) to generate data driven decision making around children exposed to violence. <p>New, Expanded, and Enhanced Programming</p> <ul style="list-style-type: none"> Child Outreach Specialists provided crisis response and home based services for violence exposed children and families identified by law enforcement or child-serving agencies. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> Extensive media campaigns (television, radio, print) to educate the Spokane community about family violence and children exposed to violence. Random digit dial survey findings support that community awareness has increased due to the media campaigns. Parent and consumer voice in community mental health planning increased through four Speak Outs and developing the participation of family members in community meetings with providers. 			
Washington	Development of Policies, Protocols, and	Across Organizations	<ul style="list-style-type: none"> KCSD was successful in 	<ul style="list-style-type: none"> No data to demonstrate

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County	<p>Procedures</p> <ul style="list-style-type: none"> Created a Policy Agenda featuring activities, strategies, agreements, and policy statements. District Attorney and Department of Health and Human Services (DHHS) established protocol for using DHHS investigative room for forensic interviewing. District Attorney and Passamaquoddy Tribe established protocol for using Pleasant Point Reservation forensic interviewing room. Produced a Policy Handbook entitled A Guide for the Keeping Children Safe Downeast (KCSD) Child Abuse Response Team and the KCSD Multidisciplinary Team. <p>Service Integration</p> <ul style="list-style-type: none"> Adapted Child Development–Community Policing model through Rapid Response Team. Developed Multidisciplinary Team (DHHS Bureau of Child Protection, Department of Corrections, domestic violence advocates, state police officers, Director of Rapid Response, District Attorney) to improve systems response to child abuse. <p>Resource Development, Identification, and Allocation</p> <ul style="list-style-type: none"> Developed a mandated reporter curriculum and guide. <p>New, Expanded, and Enhanced Programming</p>	<ul style="list-style-type: none"> The mandated reporter curriculum was adopted statewide by both the Child Abuse Network Council and Maine Department of Health and Human Services. <p>Within Organizations</p> <ul style="list-style-type: none"> Forensic interviewing institutionalized with District Attorney. <p>Point of Service</p> <ul style="list-style-type: none"> Forensic interviewing prevents re-traumatizing children and increase successful prosecutions. Statewide mandated reporter training will contribute to improved identification of children exposed to violence in the future. 	<p>changing the culture of isolation to one of collaboration, and improving communication between agencies and organizations.</p> <ul style="list-style-type: none"> The Regional Medical Center–Lubec and the Washington Hancock Community Agency agreed and formed a partnership to continue looking for funding for KCSD. The five year (2005–2009) Community Sustainability Plan was developed and agreed to by collaborating agencies. Increased attention to children exposed to violence in leadership circles. 	<p>improved outcomes for children exposed to violence.</p>

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	<ul style="list-style-type: none"> Improved the responsiveness of Washington County Psychotherapy Associates by funding slots for children exposed to violence. Enhanced the capacity of local criminal justice officials by providing funds for digital cameras used for collecting evidence to support the forensic interviewing process. <p>Community Action and Awareness</p> <ul style="list-style-type: none"> A total of 3,500 direct service providers were trained on how to appropriately identify and respond to children exposed to violence. Mandated Reporter Training Numerous marketing materials developed and distributed. Training Scholarship Program 			