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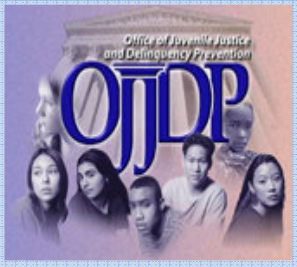
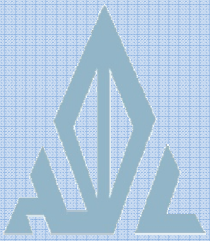
Safe Start Initiative: Demonstration Project

Process Evaluation Report I (2005)

Report # 2006 - 4

November 2006





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PREFACE

This report on the promising practices of 11 National Safe Start Demonstration Project sites 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 Safe Start Initiative.

We would like to recognize Katherine Darke Schmitt, Deputy Associate Administrator, Child Protection Division, and Kristen Kracke, Safe Start Program Manager, for their leadership and support. ASDC staff contributing to this report include: David Chavis (Project Director), Yvette Lamb (Senior Managing Associate), Mary Hyde (Senior Managing Associate), Kien Lee (Senior Managing Associate), Colette Thayer (Managing Associate), Joie Acosta (Managing Associate), DeWitt Webster (Managing Associate), Deanna Breslin (Associate), Susana Haywood (Associate), Varsha Venugopal (Associate), and Sylvia Mahon (Administrative Assistant). ASDC would like to thank the Project Directors and Local Evaluators of the 11 Demonstration Sites for providing data on which this report is based. This report would not be possible without the excellent work of all National Safe Start Demonstration Project sites.

Baltimore City Safe Start Initiative
Baltimore, Maryland

Bridgeport Safe Start Initiative
Bridgeport, Connecticut

Chatham County Safe Start Initiative
Chatham County, North Carolina

Chicago Safe Start
Chicago, Illinois

Pinellas Safe Start
Pinellas County, Florida

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

Rochester Safe Start Initiative
Rochester, New York

San Francisco SafeStart
San Francisco, California

Sitka Safe Start Initiative
Sitka, Alaska

Spokane Safe Start Initiative
Spokane, Washington

Keeping Children Safe Downeast
Washington County, Maine

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INDEX OF PROMISING PRACTICES

The Safe Start Promising Practices in this report are categorized and listed according to issues of interest to sites. Each of the promising practices listed in this index is grouped under the issue area to which it applies.

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1. INTRODUCTION

The National Safe Start Demonstration Project was created as a "holistic approach to prevent and reduce the harmful effects of exposure to violence on young children by improving access to, delivery of, and quality of services to children and their families at any point of entry into relevant services."[1] The Project emphasizes both service delivery and systems change activities, as well as the inclusion and collaboration of service providers, public officials, and community members in the planning and implementation of the Project. All Safe Start Demonstration Project activities were to be designed based on the available scientific and practice literature about serving children exposed to violence, resulting in evidence-based programming.

The Safe Start Demonstration Project is a 5½-year federal initiative conducted in three phases: assessment and planning (Phase I), initial implementation (Phase II), and full implementation (Phase III). The information for this report encompasses practices occurring in Phase III of the project. The 2005 report titled *Promising Practices of Safe Start Demonstration Sites: A First Look* addressed practices that occurred in Phases I and II of the project. This report can be found at http://capacitybuilding.net/promising%20 practices.html.

This report focuses on site-specific practices that have contributed to the overall success of Safe Start Demonstration Project programs for children exposed to violence. A practice is defined as an activity used by a site in the pursuit of improved outcomes for children exposed to violence. A practice is not an intervention, model, program, or system change strategy. For example, a particular form of therapy can be classified as an intervention; providing on-site child care for parents attending the therapy would be classified as a practice supporting the intervention. Evaluation findings for the broader Safe Start Demonstration Project strategies and interventions will be reported in the Annual (2005) Process Evaluation Report, the individual case study reports, and a final cross-site report.

When the Safe Start Demonstration Project began, relatively little literature addressed promising practices for developing programs to help young children exposed to violence. In the five years since the inception of the Safe Start Demonstration Project, the 11 Demonstration Sites have developed many innovative practices in support of programming for children exposed to violence. The Association for the Study and Development of Community (ASDC), as the National Evaluation Team (NET) for the Safe Start Demonstration Project, conducted a systematic review of all site practices and developed a list of those that hold promise. This report is intended to identify successful practices that others may want to explore and implement.

The National Evaluation Team examined the literature to determine the criteria for "promising" and applied the criteria found to the Safe Start Demonstration Project. According to the available literature, a promising practice in terms of the Safe Start Demonstration Project is most appropriately defined as a practice that has been implemented and has demonstrated:

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[1] Department of Justice, Office of Juvenile Justice and Delinquency Prevention (1999). Federal Register: Safe Start demonstration project and evaluation of the Safe Start Initiative notice. *Federal Register, Part III, 64 (64).* Washington DC: Government Printing Office.

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- Preliminary evidence of effectiveness in local practices or activities (not necessarily across the initiative);
- Successful use in at least one of the 11 Demonstration Sites;
- The potential for replication; and
- An improvement over previous practices.

The following standards of evidence were used in this report; these standards are the same as those used in the National Evaluation Team's overall research methodology. Specifically:

- A minimum of two independent sources (i.e., project stakeholders or documents), preferably three, must provide the same information (i.e., no information will be reported based on a single source);
- The more frequently a piece of data is encountered, the more important or relevant it is; and
- All assumptions will be confirmed by the sites.

Evidence may support changes in child or family outcomes; the application of new knowledge and/or skills by professionals or organizations; the creation or enhancement of relationships among individual professionals and/or organizations; an increase in numbers of children and/or families requesting information, recruited, referred, served, and/or retained; an improved quality of service; and/or a decrease in barriers.

The above criteria aptly describe numerous practices that have been developed and implemented across the 11 Safe Start Demonstration Project sites.

This report summarizes the promising practices that the 11 Demonstration sites have created and implemented. These practices are organized according to key issues identified by project stakeholders during site visits conducted by the National Evaluation Team in 2005. Specifically:

- Data-based decision-making
- Improving the capacity to collaborate
- Increasing awareness of children exposed to violence
- Gaining entrée into communities
- Increasing identification and referrals
- Engaging and retaining children exposed to violence and their families in services
- Improving court responses to children exposed to violence
- Sustainability

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2. METHODS

The National Evaluation Team analyzed the 2005 Site Visit Report for each of the 11 Demonstration Project sites to identify and collect information about promising practices. When clarification about potentially promising practices was needed, the National Evaluation Team contacted project directors via email and/or telephone. The data collection occurred in five phases:

1. Review of documents generated by the National Evaluation Team, including Site Visit Reports from site visits conducted in 2005;
2. Review of site documents submitted to the Office of Juvenile Justice and Delinquency Prevention, including the most current version of each site's Local Evaluation Report form, 2005 Progress Reports, and other reports generated or provided by each site;
3. Extraction of pertinent information under each issue area based on the criteria for a promising practice. This extraction included the source of evidence qualifying the practice as promising;
4. Entry of the information into the Promising Practices Data Matrix (see Appendix A); and
5. Selection of promising practices by the National Evaluation Team.

2.1 Review of documents

The 2005 versions of two site documents (Progress Report and Local Evaluation Report Form) were reviewed. The 2005 Site Visit Reports prepared by the National Evaluation Team also were reviewed.

2.2 Extraction of information

For each promising practice identified in these documents, data were extracted regarding the practice's target population, the reason for its promise, and evidence of its success. The practices identified were categorized according to issues identified by the sites, as mentioned previously.

2.3 Confirmation and consolidation of information

After all documents for a given site had been reviewed and pertinent data extracted, a preliminary Promising Practices draft was sent to the site's project director for review and clarification. Each site was given the opportunity to make corrections to the draft, as well as to identify any additional promising practice candidates.

2.4 Selection of promising practices

Practices that met the established criteria for promising are included in this report. Some of the practices identified through the document review process did not fully meet these criteria, but were deemed potentially promising based on expectations for future implementation. These

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practices are not included in the "Promising Practices" section of this report. Instead, they can be found in the section titled "Practices to Watch." In addition, several ideas for outreach and education products were identified through the document review. These products are described in Appendix B.

3. PROMISING PRACTICES

Practices deemed promising based on established criteria are included in this section. A description of the practice is provided, the target population is identified, and the results are discussed. Practices are presented by issue area of importance to sites.

3.1 Data-based decision-making

Gathering and using data to make decisions enables a Safe Start site to prioritize individual and community needs as well as to target and customize its strategies. Sites that systematically collect information about children exposed to violence have a valuable tool for enhancing the quality of decisions they make. Four Safe Start sites showed promising practices for making decisions based on data: Chatham County, North Carolina; Rochester, New York; San Francisco, California; and Spokane, Washington

Real time feedback on effectiveness through single-subject research design: Chatham County, North Carolina

In Chatham County, North Carolina, Chatham County Safe Start used a single-subject research design (SSRD) to inform therapists in real time of the effectiveness of treatment approaches.

The SSRD approach, which targets service providers, produces data that can be used to 1) inform clinical or case decision-making, and 2) modify therapeutic practices to produce better outcomes. Specifically, use of a single-subject research design enables providers to track the progress of individuals, respond to the needs of individuals if goals are not being met, and change the trajectory of treatment. Although Chatham County Safe Start experienced challenges in implementing the single-subject research design, all nine providers modified their practices to the extent that they could accommodate the inclusion of single-subject data collection. Six providers eventually used the results of single-subject analyses to inform clinical or case decision-making. Two permanently incorporated single-subject research into their practices, and one developed a new and to-be-published measure of child anxiety specifically designed to quantify the effects of partner violence on children.

Using data to strengthen programs: Rochester, New York; San Francisco, California; and Spokane, Washington

In Rochester, New York, Rochester Safe Start used data in several ways to strengthen programs: The Safe Start incorporated evaluation tools into its daily program operations; used data as evidence for program need and as evidence of effectiveness for prioritizing program

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funding; and used research to better understand the issues of children exposed to violence. A screening tool developed by Rochester Safe Start through its early childhood intervention provides an example of using research to better understand the issues of children exposed to violence; this tool will be completed by parents of in-coming kindergartners throughout the City of Rochester. The lead agency at Rochester Safe Start is a research institute, which has facilitated a culture of making data-driven decisions.

San Francisco SafeStart made decisions about policies, procedures, and practices based on data and findings provided by the local evaluator. San Francisco SafeStart's Committee on Evaluation set an evaluation agenda, to ensure that data would be relevant and useful. This Committee on Evaluation, which met monthly, was comprised of national experts in research methods as well as issues of children exposed to violence. The committee functioned as an honest broker between the director and the evaluator. There were three parties involved in decision making. The evaluator collected, analyzed, and reported data. The Committee interpreted the report and instructed both the director and the evaluator. The Committee instructed the evaluator about conducting the evaluation and the director about implementing program changes. The effectiveness of the data-driven decision-making practice in San Francisco hinged on using a credible and neutral research firm to collect and analyze data.

San Francisco generated reports on a regular basis to ask questions and make decisions about improving program. A Monthly Bulletin was used to monitor caseload, utilization, penetration, and compliance with data collection protocols. For example, a capitated bonus for caseload was established. If contractors opened more than a certain number of cases in the first six months of their contract, they received a $10,000 increment in funding the next fiscal year; or, if they opened less than a certain number of cases during that time period, they received a $10,000 decrement in funding. A Client Data Summary was used to analyze the population of children exposed to violence, the nature of violence to which children were exposed, the characteristics of families with children exposed to violence, and progress in achieving case plan goals. A Client Satisfaction report was used to understand and measure what families liked and did not like about the services they received as well as to assess service performance. Annual Evaluation Reports were used to measure and report on strategic goals and objectives attainment, and to determine what program changes to make.

Data have enabled San Francisco SafeStart to demonstrate its value and the importance of supporting its programs. Data also have enabled SafeStart to target its strategies and better engage partners, because reports can be used to target specific activities to specific partners. Data have allowed SafeStart to move beyond assumptions and identify critical issues to address.

In Spokane, Washington, through the development of a large Safe Start clinical data base and other non-Safe Start data developed by Washington State University, the issue of substance abuse and the number one correlate to family violence became part of the regular dialogue within the domestic violence and substance abuse provider communities. The dialogue was made possible by Washington State University's longstanding relationship with the Spokane County Domestic Violence Consortium and because a partnering agency, Native Project, had close connections to leadership at the YMCA that administers the domestic violence shelter and other support services to domestic violence victims. Support for data-drive decision-making came in

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part from the local university, a leading partner in Spokane Safe Start, with a history of deep interest in community issues and credibility with the community prior to Safe Start.

3.2 Improving the capacity to collaborate

Collaboration was an integral part of the Safe Start Demonstration Project. Among Safe Start agency leaders and among service providers, collaboration ensured that the community was working toward common goals. Three Safe Start Sites with promising practices regarding collaboration are: Pinellas County, Florida; Rochester, New York; and Chatham County, North Carolina.

Three-tiered collaborative structure: Pinellas County, Florida and Rochester, New York

A three-tiered composition for collaboration enabled Pinellas Safe Start to allow different agencies to engage at different levels, based on interest and commitment. The structure, which included a Leadership Council (tier 1), Safe Start Partnership Center (SSPC) (tier 2), and community partners (tier 3), was generated through a community planning process. Safe Start members were selected through a request-for-proposal, and point-of-service providers made contractual agreements with Pinellas Safe Start. The most formal voluntary collaborative body was the Leadership Council which met quarterly and was the official leadership and decision making group for Pinellas Safe Start. The Leadership Council consisted of agencies that have a role in the system of care for children exposed to violence, such as child protection, courts, law enforcement, School Board and broad based coalitions that have related missions, such as the Domestic Violence Task Force, Healthy Start Coalition, Early Learning Coalition, and Community Councils. The Leadership Council had both voting and non-voting members. Voting members approved funding requests to the Office of Juvenile Justice and Delinquency Prevention, were responsible for strategic planning, determined Council membership, determined the Council's organizational structure, and decided on letters of support when pursuing funding. These members reached their decisions by consensus. Over the five year grant period, numerous work groups, request for proposal teams, and ad hoc committees formed and disbanded to address specific tasks and issues; however, products and recommendations of these groups were always brought back to the Leadership Council for action or consent.

The Safe Start Partnership Center (SSPC) was a funded service delivery collaborative with contractual obligations to Pinellas Safe Start. It held bi-monthly "Partnership" meetings and monthly "Direct Service" meetings. SSPC included a lead agency and four other subcontracted point-of-service providers. SPSS functioned as a central point of contact for agencies and the community for information about children exposed to violence. Community partners were organizations or individuals with missions similar to that of the PCSS, for example, key agencies in children's mental health, family services, and other related sectors, as well as citizen's groups and community leaders. There is some overlap of membership among the three levels. The Leadership Council consisted of decision-makers from organizations while the SSPC groups included program managers from the partnership agencies as well as front line staff with daily operations knowledge. Community partners collaborated with Pinellas Safe Start, but had no contractual obligations. They had looser connections to the project and varying degrees of investment and involvement. However, Leadership Council meetings were open to the

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community, allowing community partners to attend as interest dictated. Community Partners could and did bring issues to the table and input from community partners was considered in decision making.

Rochester Safe Start also structured its collaboration with three tiers. The top tier consisted of community members. Their needs and interests drove the decisions of the initiative. The middle tier was comprised of "doers," such as deputy directors, who addressed operating issues. A Strategy Team within the middle tier was responsible for making decisions in a timely fashion, informed by community members; these decisions influenced organizational leaders. Rochester Safe Start staff strategically engaged leaders who had decision-making authority within their organizations, but were not the public face of these organizations. These leaders were targeted because they were less inclined to expend the energy of the collaboration on the promotion of their own organizational agendas. The Strategy Team in 2005 was comprised of the core members plus staff. The team leaders will join the Strategy Team in 2006. The bottom tier of Rochester Safe Start included the highest level of leadership (e.g., superintendent, mayor, president of the chamber of commerce), required for successful implementation of the initiative. This structure reduced the likelihood of power struggles within the collaboration, as participants were more focused on collective interests than individual organizational interests.

Evolving structure of collaboration: Rochester, New York

The structure of the Rochester Safe Start collaboration evolved to address the needs of the initiative over time. The collaboration started with a collaborative council comprised of Planning Teams in various substantive areas. Planning Teams were replaced by Design Teams, charged with designing and implementing various interventions. Implementation Teams specific to each intervention then replaced Design Teams. As Rochester Safe Start began to tackle the issue of sustainability, a smaller Strategy Team was formed, to streamline decision-making and focus attention on the components of the initiative that could be sustained before the end of federal funding. At each stage of the initiative, team roles and purposes were redefined. The original collaborative council consisted of 23 members from the health, legal, law enforcement, philanthropic, and education sectors. The Strategy Team was made up of six core team members; Rochester Safe Start staff; and team leaders from the Rochester Safe Start communications, community engagement, critical interventions, and critical sectors teams. The evolving structure of the collaboration enabled team members to stay on the same page regarding the purpose of the team and their role in it. Consequently, this structure allowed the collaborative to be more efficient in making decisions and implementing the initiative.

Coordinating case review among service providers: Chatham County, North Carolina

Chatham County Safe Start developed a formal process for professional providers to share information. The Case Management Team, comprised of the Safe Start Services Coordinator and eight direct service providers, met every other week to review and discuss Safe Start cases of children exposed to violence; during these meetings, providers shared clinical advice and identified appropriate community resources. The Safe Start Services Coordinator facilitated Case Management Team meetings and tracked the cases of children exposed to

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violence from identification through treatment. Chatham County is a small community that lacks many formal resources; Case Management Team meetings allowed providers to use each other as resources and as a source of ideas.

Chatham County Safe Start believed that service providers, children, and families benefited from the improved sharing of information. In addition, the majority of direct service providers funded by Chatham County Safe Start agreed to serve children exposed to violence with alternative funding sources and to attend Case Management Team meetings without financial compensation, indicating commitment and sustained capacity for serving children exposed to violence. By sharing information, providers reduced duplication of services and increased coordination, avoiding the problem of sending a family in many different directions. Finally, sharing their different areas of expertise allowed providers to design a service plan that would meet most or all of a family's needs.

3.3 Increasing awareness of children exposed to violence

To reduce the incidence of children exposed to violence, as well as to engage more children exposed to violence and their families in services, it is first necessary to increase awareness of children exposed to violence. Families, service providers, first responders, and others all are important targets for awareness efforts. Safe Start sites with promising practices for building awareness are: The Pueblo of Zuni, New Mexico; Chicago, Illinois; and Pinellas County, Florida.

Weaving tribal traditions into community awareness presentations: The Pueblo of Zuni, New Mexico

Zuni Safe Start focused on the use of the Zuni language and wove in Safe Start messages to bring added awareness to traditions and cultural practices. Community awareness activities sought to create a context in which domestic violence and its impact on exposed children could be discussed more frequently. Zuni Safe Start partnered with various groups and program to include issues of children exposed to violence at their events, and made presentations and public service announcements to raise awareness as well. All events conveyed the message that children exposed to violence as well as domestic violence are violations of native traditions, specifically the Zuni tradition of loving and valuing children. Zuni Safe Start involved traditional Zuni leaders, tribal leaders, elders, cultural experts, and community members with knowledge of their traditions and cultural practices. For example, tribal leaders talked about the role of Zuni men and women and described what a family without violence looks like. All presentations were made in the Zuni language. Presentations were believed to increase the community's awareness of issues related to domestic violence and children's exposure to violence. It also resulted in family members referring each other to Safe Start for services. Increasing attendance and participation by community members at these events over time indicated that increasing numbers of people were receiving the information and becoming aware.

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Soliciting outreach and education ideas from parents and providers: Chicago, Illinois

Chicago Safe Start used focus groups and interviews with parents and day care providers to discuss the development of outreach materials addressing the issue of children exposed to violence. Community members, teenage mothers, caregivers, service providers in social service, and district police commanders were engaged in a total of 50 focus groups. Participants suggested, for example, a storybook video to promote awareness of children exposed to violence and an accompanying coloring book for children to share with their families. At the time of this writing, the storybook video and coloring book are in the final production stages. Community members and those who provide services to community members can provide useful ideas and feedback to guide the development of relevant education and prevention strategies. In Chicago, gathering information from target audiences and ultimate end-users about effective ways to reach these audiences and end-users increased the relevance and effectiveness of materials and strategies employed.

Offering course credit or certificates for studying issues of children exposed to violence: Pinellas County, Florida.

Pinellas Safe Start also had similar activities related to integrating the topic of children's exposure to violence into coursework for credit in academic settings and in-service training. Instructors from area colleges were involved in the development of Safe Start training materials, and participated in related Train the Trainer workshops. Resource materials such as the Safe Start video, hand outs and power point presentations were provided to instructors who agreed to use the materials in their classrooms. These materials were integrated into course work for early childhood education at the college level, as well as professional development courses offered through Juvenile Welfare Board Training Post and workshops by community partners that provided continuing education units for various disciplines. Pinellas Safe Start also partnered with a local affiliate of the National Child Traumatic Stress Network to offer a series of more advanced clinical practice workshops and also supported senior level clinical supervisors to receive intensive training and supervision in two evidence based treatment models: Parent-Child Psychotherapy and Parent-Child Interaction Therapy.

3.4 Gaining entrée into communities

Gaining entrée into communities is important for Safe Start sites to increase the number of people they reach as well as to engage more children exposed to violence and their families in services. By developing good relationships and a trustworthy reputation within their communities, Safe Start sites can be viewed as dedicated to serving the best interests of children exposed to violence and their families. Two Safe Start Sites had promising practices for gaining entrée into communities: Chatham County, North Carolina and Pinellas County, Florida.

Addressing specific fears through printed materials: Chatham County, North Carolina

Many victims of domestic violence were reluctant to sign up with Chatham County Safe Start because of its affiliation with Child Protective Services (CPS). These victims feared that

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CPS would take their children. A brochure titled "Your Privacy, Your Rights" was developed to address community fears about involvement with Safe Start. The brochure addressed Chatham County Safe Start client records, client information and privacy, the rights of a Chatham County Safe Start client, and Chatham County Safe Start's grievance policy and procedures. Specifically, the brochure states that a child's record helps to provide him or her with the best treatment, and lists the type of information that the record might contain, as well as the circumstances under which a copy of the record would not be furnished to the child's parent or caregiver. The brochure also explains that all Safe Start staff, contracted providers, partners, and volunteers are required to sign a confidentiality agreement that prevents them from sharing information about the child and family without written permission from the parent or caregiver. The brochure contains the information rights of Safe Start clients, as well as several promises made by Safe Start regarding how children and families will be treated. Last, the brochure describes the Safe Start grievance policy and steps to take when complaints have not been adequately addressed. This brochure, which was also translated into Spanish, enabled Chatham County Safe Start to better reach clients who were suspicious of Safe Start's relationship with the Department of Social Services and law enforcement in their community.

Accessing communities through ambassadors and facilitators: Pinellas County, Florida

Pinellas Safe Start institutionalized the involvement of community members in raising community awareness of children exposed to violence through the use of facilitators and ambassadors. Working with community-based organizations serving families in their neighborhoods (for example, churches and family centers), both ambassadors and facilitators provided community education and outreach focused on those that serve families, families that may need help, and concerned citizens in a position to help others and influence community norms. Safe Start contracted with facilitators for approximately six hours a month. Facilitators did outreach through community-based organizations and worked towards engaging community leaders in neighborhood based efforts to keep children safe. They also helped to arrange communication education events and speaking engagements. By contrast, ambassadors were volunteers who were trained to deliver key messages about children exposed to violence, based on a speakers kit and media developed as part of the public awareness campaign. They were typically affiliated with specific civic groups such as church groups, fraternities, and sororities, and some professional associations in social services or the academic sector. Together, by October 31, 2005, facilitators and ambassadors made 39 presentations to over 500 participants. These presentations reached a wide variety of community groups and organizations, including day care providers, early childhood education staff, health and social service professionals, and civic groups.

According to a number of site visit participants, the community engagement component of Pinellas Safe Start "got its legs" in 2005, primarily due to the efforts of the community training and involvement coordinator and the neighborhood facilitators and ambassadors that he oversees. According to results from evaluation surveys conducted after ambassador presentations, the presentations were effective in that participants felt a greater understanding of children exposed to violence and also felt better equipped to help victims after attending a presentation.

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3.5 Increasing identification and referrals

Safe Start sites sought to increase the number of children exposed to violence and their families who were identified and referred for services. Some sites developed new tools and procedures in partnership with agencies that make referrals, while other sites sought ways to access previously un-reached audiences. Eight Safe Start sites had promising practices for increasing identification and referrals: Spokane, Washington; Chicago, Illinois; Bridgeport, Connecticut; Baltimore, Maryland; Rochester, New York; Washington County, Maine; Chatham County, North Carolina; and San Francisco, California.

Increasing the number of referrals from police through fast response time: Spokane, Washington

To increase the number of referrals from police, Spokane Safe Start implemented a practice of responding to the scene of domestic violence rapidly and reliably. The goal was to arrive as fast or faster than the time it would take for a tow-truck to arrive at a collision—an average of 30 minutes. Many people interviewed by the National Evaluation Team during its site visit indicated that success in getting police to make referrals was due, in part, to Safe Start's promise to police officers that they would wait no longer than half an hour for a Child Outreach Team member to arrive at the scene. This meant that police would not be left waiting for hours, nor would they be left alone in handling the process of evaluating children at the scene.

Partnering with TANF office to educate, identify, and refer children exposed to violence and their families: Chicago, Illinois

Chicago Safe Start developed a partnership with the local Temporary Aide for Needy Families (TANF) office of the Department of Human Services. Family Focus, a Chicago Safe Start provider, screened for children exposed to violence among TANF recipients and then conducted referral and education services at the TANF office. Chicago Safe Start had access to a captive audience in TANF recipients, who were held accountable for attending Safe Start trainings and received their TANF stipend only after completing the training series. The relationship between Chicago Safe Start and the TANF office was a win-win relationship for families and for Family Focus: Families gained knowledge of issues related to children exposed to violence while continuing to receive TANF support, and Family Focus was able to reach a greater number of people.

Department of Children and Families domestic violence protocol: Bridgeport, Connecticut

Bridgeport Safe Start launched a Domestic Violence Department of Children and Families (DCF) Pilot Protocol Project. One part of this pilot project included the development and use of a protocol to assess the presence and impact of family violence on children. The protocol was supplemented by domestic violence training for DCF staff, as well as case consultation to assist case workers in using the protocol and developing a case plan. The three-day protocol training addressed the impact of domestic violence on young children, the culture of domestic violence, negotiating the court system, and working with batterers. The protocol itself was used to assess the presence of and impact of domestic violence on children.

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Among DCF staff, 94 Child Protective Services workers were trained to use the protocol, resulting in a reduction in the incidence of false positives (i.e., erroneous conclusions that children had been exposed to violence). According to Bridgeport Safe Start's 2005 Local Evaluation Report Form, the rate of documenting a domestic violence incident during an investigation was significantly higher for the Bridgeport office of the Department of Children and Families after introduction of the protocol than it was for New Haven, which did not receive the protocol. Prior to the training, both cities had similar rates of documentation. In other words, use of the protocol appeared to improve the ability of investigators to determine when issues of domestic violence were present in the home. The Deputy Commissioner of the Connecticut Department of Children and Families decided to institute domestic violence training and use of the protocol state-wide.

Child-focused domestic violence protocols: Rochester, New York

The Domestic Violence Consortium, in conjunction with Rochester Safe Start, developed child-focused protocols for handling cases of domestic violence. Service providers and the courts used these protocols in 2005. Rochester Safe Start ensured that the protocols were child-focused and helped the Consortium obtain buy-in for implementation of the protocols. Specifically, Rochester Safe Start advocated for a section on children exposed to violence in the service provider protocol, and played a leadership role in drafting that section

Service providers were trained in the protocols at an annual Domestic Violence Consortium protocol conference. The May 2005 training included four case scenarios, three of which included children as part of the dynamic. The Domestic Violence Consortium has applied for funding to conduct an audit on implementation of the protocols and is positioned to conduct the audit in 2006-2007.

The digital camera project: Washington County, Maine

Keeping Children Safe Downeast distributed digital cameras to first responders, such as police officers, Department of Health and Human Services workers, and emergency medical personnel, to document the extent and type of injuries sustained by children and thereby make a determination about child abuse. Thirty-seven digital cameras were distributed to: law enforcement officers, including the Maine State Police, the sheriff's office, and the local police; both of the county hospitals; a pediatrician; and the Next Step Domestic Violence Project. The number of cases in which digital cameras were used increased from 36 in 2003 to 65 in 2005. In addition, by 2005, 70 people had been trained in using forensic digital photography. Pictures taken with the digital cameras serve as evidence and expedite cases under the District Attorney's office.

Modifying police dispatch software to record the presence of children: Chatham County, North Carolina

According to Chatham County Safe Start, prior to Safe Start, no agencies collected quantitative data on the extent or geographical location of the problem of children exposed to violence in Chatham County. Therefore, the Siler City police dispatch software was modified to enable documentation of calls related to children exposed to violence on a regular basis.

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The software modification came about when Chatham County Safe Start funded the Jordan Institute to conduct a survey of Chatham County patrol officers, to estimate the number of police calls per year that resulted from a violent incident in the presence of a child eight years or younger, and to plot the location of those incidents. In the course of conducting the survey, the interviewers noted that a query to the police call dispatch record system was the method used to identify potential calls related to children exposed to violence. In consultation with detectives of the Siler City Police Department, the lead interviewer devised a way to modify the Siler City call dispatch software so that it could be used routinely to document calls related to children exposed to violence. As a result of Chatham County Safe Start's effort, Siler City modified its software, and the lead interviewer developed and delivered training to all Siler City patrol officers and dispatchers on using the modified system to regularly document calls related to children exposed to violence. Information on the extent and location of children exposed to violence will enable Chatham County Safe Start to target resources more efficiently and to identify, refer, and treat more children exposed to violence.

Using 911 calls to identify children exposed to violence: Spokane, Washington and San Francisco, California.

Spokane Safe Start advocated for adding a question regarding the presence of children when a domestic violence call enters the 911 system. This question made it possible to identify the majority of children exposed to violence through the 911 dispatch call center. When the presence of children was identified, the 911 dispatcher made a note in the report; the dispatched police officer received this notification electronically in his/her unit. Knowing that children are present at the scene helps police officers to better plan their approach tactics. Furthermore, many Spokane officers began to carry play therapy kits to attend to the needs of children while waiting for a Child Outreach Team clinician.

In San Francisco, 911 calls were coded as "domestic violence" if the caller indicated such, or as "domestic violence child" if the call was made by a child or the caller reported children were present. This information was transmitted to responding patrol officers so they knew what to expect when they arrived on the scene. San Francisco SafeStart used this information to analyze the nature and distribution of domestic violence reported to police. San Francisco SafeStart assigned a member of its Service Delivery Team to review each domestic violence incident report that was filed at the police. If the report showed children were present, the officer contacted the victim to offer SafeStart and to facilitate intake if the client showed interest. San Francisco SafeStart did not respond in crisis. The responded post-crisis when people's decisions and commitments were more authentic and not generated by the experience of crisis itself.

Obtaining buy-in from police: Spokane, Washington

The Spokane Safe Start project director and Child Outreach Team supervisor conducted several hours of training per year for local police, around issues of children exposed to violence.

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Buy-in from both the police chief and the sheriff was essential for Spokane Safe Start, as law enforcement officers are the first responders in most domestic violence incidents. The partnership between law enforcement and Spokane Safe Start gave Safe Start the power to train every officer around issues of children exposed to violence. For example, the Spokane County sheriff's office allowed Spokane Safe Start staff to train 209 deputies during their quarterly in-service rotation. A former police chief employed by Washington State University's Research Institute provided Spokane Safe Start with an understanding of police culture and operations, as well as an established, positive way of working with the community. Identification and referral numbers increased significantly after officers received training.

3.6 Engaging and retaining children exposed to violence and their families in service

Several Safe Start sites developed practices for overcoming barriers that block children exposed to violence and their families from accessing and using services. Across Safe Start sites, these barriers ranged from geographic constraints and language differences, to lack of funding and long waiting times for service. Six Safe Start sites had promising practices for overcoming barriers: Chatham County, North Carolina; Pinellas County, Florida; San Francisco, California; Bridgeport, Connecticut; Spokane, Washington; and Sitka, Alaska.

Enrolling more rural families in services through home-based therapy and cell phone distribution: Chatham County, North Carolina

Recognizing that some children exposed to violence and their families may have needs that cannot be met through family support services or clinic-based services, Chatham County Safe Start funded several intensive home-based therapy programs, in both English and Spanish. Services were provided at times convenient to the family, including nights and weekends. In-home services are particularly important for multi-problem families that may not have transportation or the skills and discipline to keep office appointments consistently.

To further facilitate service provision, one Chatham County Safe Start provider offered limited use of a cell phone to rural families that did not have telephones. Many rural clients do not have working telephones or access to telephones due to the rural location of their homes, the distances involved in traveling to a place that might have a phone, and lack of public transportation. These families tend to miss more appointments, because the provider cannot call to remind them of appointments, and they cannot call to reschedule if they find that they cannot meet at the agreed upon time. To address this problem, one Chatham County Safe Start therapist provided families with cell phones that could call only the therapist, the Department of Social Services, 911, or other emergency services.

Site visit interviewees perceived that in-home services and cell phone distribution helped Chatham County Safe Start overcome some of the accessibility barriers associated with rural communities, such as lack of transportation. In addition, these strategies helped families to avoid the stigma often associated with receiving mental health services. As a result, Chatham County Safe Start increased access for children in Chatham County who might not fotherwise have received services.

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Integrating cultural competence into Safe Start: San Francisco, California; Chatham County, North Carolina; and Pinellas County, Florida

San Francisco SafeStart acknowledged that cultural competence extends beyond demographics and language. The following three examples illustrate this practice as implemented in San Francisco. (1) It was a given that they not only translated everything they did into Spanish and Chinese, but they also used ethnic media and organizations to reach the Spanish- and Chinese-speaking communities. (2) San Francisco SafeStart also sought to engage same-gender families and initiated a dialogue with key advocates and providers in the lesbian, gay, bisexual, transgender, queer, and questioning community. (3) They also sought to incorporate the same approach in terms of the cultures of different members of the service delivery system by understanding each other's needs and learning to speak each other's "language." For example, batterers intervention staff trained domestic violence victims advocates on how to work with the batterers; the domestic violence victims advocates in turn trained the batterers intervention program staff about working with victims. In service delivery team meetings, family advocates learned about what information the police and court typically needed for a case and how they could help the victim navigate the law enforcement and court systems.

To tailor their outreach and services to Spanish-speaking as well as English-speaking residents, Chatham County Safe Start translated all of its materials into Spanish. These materials included a service brochure, referral form, screening tool, and client's rights brochure. The site also offered client services in Spanish, contracting with a bilingual specialized psychologist to conduct clinical and forensic assessments for English-speaking and Spanish-speaking children eight years and younger who had been exposed to violence, were living in a home with a history of domestic violence, and/or were at risk of being abused or neglected; the goal of this practice was to ensure that Spanish-speaking children identified by Chatham County Safe Start would have access to a culturally appropriate assessment of their psychological needs. In addition, having materials and services available in Spanish enabled a new segment of the population to access Safe Start. In total, bilingual individual service providers within the service provider network in Chatham County increased from one to four. Site visit participants attributed this increase to enhanced awareness of children exposed to violence in the professional community and Chatham County Safe Start funding of more diverse direct service providers. Chatham County Safe Start also hired a bi-lingual, bi-cultural Community Programs Coordinator to conduct outreach in a Latino neighborhood with a high risk of violence. This neighborhood also had a high level of families with small children. He visited the neighborhood twice a week, distributed information about Safe Start in Spanish, published a monthly newsletter called "Chamacos!" that translates as "Kids!" in English, and organized quarterly family-centered events to share information in a fun manner.

Pinellas Safe Start also engaged in similar activities. Brochures for children exposed to violence services were printed in English and Spanish, as were widely distributed parent tip cards. Information on the Safe Start website (www.pinellassafestart.org) was available in English and Spanish. Safe Start created a video for community audiences that was being translated into Spanish at the time of this report. At the individual services level, gap funding was utilized to purchase translation services for family interviews, when no other resource was

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available. Through the community partners network, multi-lingual therapists with training in early childhood mental health and violence related trauma were identified. One of the subcontracted partners in the Safe Start Partnership Center, 211 Tampa Bay Cares, Inc., maintained a comprehensive on-line resource and referral data base with capacity to translate information into many different languages. Other efforts to tailor outreach and services to diverse populations included recruitment of facilitators with strong ties to the neighborhoods they work in, recruitment of ambassadors with diverse backgrounds, and the inclusion of parents and caregivers from diverse neighborhoods in planning.

Increasing service utilization through a Family Engagement Study: Bridgeport, Connecticut

To understand Bridgeport families' unique barriers to utilizing mental health services, Bridgeport Safe Start conducted a study in partnership with the Partnership for Kids (PARK) Project and The Consultation Center at Yale University. This study, the Family Engagement Study, consisted of five focus groups. Four focus groups were held with parents (including one in Spanish), and one focus group was held with service providers. Each group was co-facilitated by a parent and an evaluator from Yale. Parents and providers were involved throughout the process, from designing questions to conducting analyses.

Through the study, Bridgeport Safe Start was able to learn "what works" for families in terms of quality care providers, location, and hours. Safe Start also was able to identify barriers that prevent parents from receiving services, such as unreturned phone calls, lack of respect and trust, restrictive eligibility and reimbursement requirements, lack of knowledge of community resources, lack of bilingual providers, and lack of child care. These findings were presented throughout Bridgeport and Connecticut

The results of the study will be utilized in a number of ways. First, Bridgeport Safe Start and the PARK project are creating a series of trainings around cultural competency and respect. Second, Bridgeport Safe Start is creating a protocol that will allow agencies to develop an understanding of a client's experience when the client calls for information. The protocol will be for internal use only, non-punitive in nature, and anonymous, with the goal of learning and understanding the critical nature of a client's call. Finally, the findings will be presented to all school social workers and teachers at teacher orientations in August before the start of the school year.

Using gap funding to enable short-term specialized service: Pinellas County, Florida

With the goal of providing timely access to specialized services for individual children and families, Pinellas County employed gap funding for short-term clinical or assessment services that 1) would make a difference in the life of a child and 2) would not otherwise be available financially. Acceptable uses for gap funding included covering the costs of specialized assessments (i.e., medical, psychiatric, or psychological evaluations); unaffordable co-pays; short-term therapy (defined specifically as no more than six sessions); short-term counseling (typically behavioral in nature); time-limited group therapy (support or therapeutic); parenting classes; and occupational therapy.

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The Safe Start Partnership Center used gap funds totaling $7,809.14 from January to June 30, 2005, and $19,702.30 from July 1 to December 31, 2005. Payment was not made until an invoice for service was submitted by the provider (supplying evidence that a child or family received a service); the approval of funds proceeded through several steps. In 2005, acceptable uses for gap funding were extended to provide contracted case management for children on a waiting list. Gap funds also were used for translators and transportation to increase families' access to therapeutic services.

Using case managers to shorten waiting times and engage families sooner: Pinellas County, Florida

Pinellas Safe Start paired a case manager with family advocates to shorten waiting times and engage families sooner. When data indicated that families referred to the Safe Start Partnership Center for services were waiting because family advocates had caseloads that did not permit them to meet with families immediately, Safe Start decided that adding a case management component to the team would help engage families sooner, as well as addressing the most basic or immediate needs of families. After a family was engaged by the case manager, a family advocate could then start to address therapeutic needs.

According to the National Evaluation Team, site visit participants agreed that the case manager position was created to serve more families and to serve them more efficiently. Stakeholders also agreed that the number of children and families served increased after the introduction of the case manager, and that the waiting list decreased. While no empirical evidence links the case manager alone to increased numbers served, Safe Start staff (advocates, case manager, coordinator, administrative assistant) managed 33 more cases in the second half of 2005 than in the first half.

Engaging families through a voluntary-based protocol: Spokane, Washington

Spokane Safe Start's Child Outreach Team implemented a voluntary-based protocol to engage families in services. The first step of the "voluntary-based protocol" was for the police to get verbal permission from the family to call the Child Outreach Team (COT). When the COT member arrived, the family was informed that the COT member was neither a Child Protective Service worker nor a member of law enforcement, but a mandated reporters and must contact Child Protective Services if they think a child is in imminent danger. This voluntary-based protocol contributed to engaging families in services.

Spokane also implemented a practice of never refusing a family of service. Although cases were closed when a family withdrew from service, the case was reopened at a later date if the family requested additional services. This practice allowed families to focus on an immediate crisis, and then address issues related to children exposed to violence when they were ready and in Hancock County in Washington County at Ellsworth and able to do so.

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Engaging and retaining families in service: Sitka, Alaska

The clinician for the Sitka Tribe of Alaska (STA) designed assessment and treatment procedures in a way that engaged and retained Native families in services. These procedures included personal outreach by the STA case manager to remind families of their appointments and, at the same time, offer transportation and childcare assistance to enable them to keep appointments. The procedures also included a policy of responding within five days to a referral. As compared to the ten-day response policy of the SouthEast Alaska Regional Health Consortium (SEARHC), a major health provider for the Native community, the STA five-day response policy reduced the amount of time between referral and assessment for clients. Because some Native families are not likely to adhere to a treatment plan for 14 weeks for various reasons, the STA clinician also conducted two sessions a week per family, to enable families to complete their treatment within a shorter period of time. Such accommodation was not possible with SEARHC. Further, STA assessment and treatment were conducted at STA's Healing House, which is centrally located, easily accessible, and familiar to Native families.

As a result of the client-focused STA procedures, families did not drop out of services and stayed in treatment for longer periods. Families that had been in the system for five to ten years and were thought to be resistant to treatment began to show up for services. Because STA staff recognized the multiple barriers to treatment for Native families, they were able to provide more comprehensive support earlier on in the treatment process.

3.7 Improving court responses to children exposed to violence

Because courts have a vital role to play in addressing the issue of children exposed to violence, several Safe Start sites sought to improve court responses. Four Safe Start Sites had promising practices in this area: Chatham County, North Carolina; Rochester, New York; Washington County, Maine; and Spokane, Washington.

Identifying opportunities to strengthen the court system through assessment: Chatham County, North Carolina

Chatham County Safe Start completed an assessment of the court system in August 2005. The assessment project involved a combination of structured case file review (105 court files and 70 Department of Social Services files), statutory analysis, an online stakeholder survey, stakeholder interviews, and court hearing observation. The assessment identified the strengths and weaknesses of Chatham's County's child welfare system (including the Department of Social Services and the Juvenile Court) and evaluated the level of North Carolina statute and rule conformity to naturally recognized best practices and federal legislation, including the Adoption and Safe Families Act and the Indian Child Welfare Act. The final report also offered recommendations for future reforms. With this information, the Juvenile Court and the Department of Social Services will be able to engage in systems reform to improve their response to children exposed to violence. The results of this assessment offer the potential for the Court and the Department of Social Services to build a stronger, more coordinated relationship.

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The Safe Start assessment of the court system grew out of the community assessment planning process, during which Safe Start learned from domestic violence partners that changes in the court system were needed. These partners recognized the prominent oversight role that Chatham County courts have in the lives of children and families, and how this role was compromised by the lack of coordination between the Juvenile Court, Chatham County Department of Social Services, and other key stakeholders. Chatham County Safe Start site visit participants reported to the National Evaluation Team that the assessment helped engage the court system in Safe Start, leading to referral of a child from the court to Safe Start services. Also as a result of the assessment, a photocopy machine was placed in the courtroom. Another change under consideration is to hear domestic violence cases in a separate courtroom from other cases, to increase the level of comfort for families.

Fast-Track Visitation: Rochester, New York

Fast-Track Visitation connects children and families who are involved in the court system because of domestic violence to supervised visitation provided by the Society for the Protection and Care of Children. Through Fast-Track, parents learn how to prioritize their children's needs and non-custodial parents are coached on appropriate parenting behavior. As a medium for the transfer of children, Fast-Track uses day care centers or family members, whichever is more comfortable for the children and their families. Of the 53 families referred to Fast-Track for supervised visitation, 48 families opened and received supervised visits. The average wait for service was one to two weeks, compared with six months in the general Supervised Visitation Program. Fast-Track services were provided through October 2004, revisited in 2005, and included as part of Rochester Safe Start's plan for 2005 -2006 with a strong evaluation component. According to the Rochester Safe Start 2005 Local Evaluation Report Form, the majority of Fast-Track families that moved from supervised to unsupervised visitation did so in approximately one-third less time than did families in the general Supervised Visitation Program. In short, Fast-Track Visitation links families to a critical service in a safe environment, in a shorter timeframe than standard court procedures typically permit, and in a manner that is less traumatic for the child exposed to violence.

Processing children exposed to violence without further traumatizing children through forensic interviewing: Washington County, Maine

Keeping Children Safe Downeast sought to prevent the retraumatization of children through forensic interviewing. Forensic interviews are used to obtain statements from abused children, in a way that is developmentally appropriate and legally defensible. The interviews are designed to overcome the challenges of gathering information from a child, challenges that include variations in the ability of children to recall events and use language, as well as the effect of a traumatic experience on a child's ability to report it. Forensic interviews use non-leading techniques and are thoroughly documented. The interviews are focused and involve only the children suspected of being abused. Forensic interviewing is an effective way to ensure the well being of children by reducing the trauma they can experience in relating an abusive event, and also has the potential to increase the rate of prosecution and conviction of child abusers.

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The Pleasant Point Passamaquoddy Tribe was the first group in Washington County to establish a site for forensic interviewing; the site is used for both Native and non-Native interviews of child abuse cases. Two other sites also have been established: one in Machias, which is in Washington County and the other in Ellsworth, which is in Hancock County. Because their legal court system jurisdiction is bi-county, Ellsworth is a sister site to the Machias site. The Maine State Police have agreed to a two-year pilot project using the techniques offered by forensic interviewing.

Training dependency court judges on issues of children exposed to violence: Spokane, Washington

Training Dependency Court judges on the issues of children exposed to violence has served as a way to begin efforts to change the Washington Department of Child and Family Services through mandated court orders (i.e., asking questions about the extent of child exposure to violence). The use of outside facilitators was considered instrumental in keeping the training process going. Facilitators came from Spokane Safe Start and from the Permanency Planning for Children Department (PPCD) of the National Council of Juvenile and Family Court Judges. PPCD has coordinated efforts to improve the dependency system's processing of child abuse and neglect cases. During 2005, PPCD partnered with Spokane Safe Start, a Spokane County Juvenile Court administrator, and two Spokane Dependency Court judges to gather information on judicial leadership, collaborative structures, and strengths and challenges in dependency system reform efforts. As a result of this process, Dependency Court judges have been trained on judicial leadership and issues of children exposed to violence.

After participating in trainings, judges began to acknowledge their role as local leaders and enforcers of accountability. The exercise of judicial leadership by Dependency Court officials is viewed as an effective practice to begin to change Child Protective Services, which has been both resistant to change as well as unable to facilitate much needed reform because of resource constraints. Child care professionals, clinicians, and the juvenile court system now share an understanding of the importance of asking the right questions of children and families.

3.8 Sustainability

All Safe Start Sites are faced with the need to sustain their initiatives after the Demonstration Project and federal funding end. Some sites have developed promising practices for ensuring the continuation of activities related to children exposed to violence. Three Safe Start sites with promising practices for sustainability are: Bridgeport, Connecticut; Baltimore, Maryland; and Chicago, Illinois.

Integrating Safe Start with other systems change efforts: Bridgeport, Connecticut

During 2005 and early 2006, Bridgeport Safe Start actively participated in and supported an effort by United Way's Success by Six 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 or plan for young children and their families, along with a broad and inclusive early childhood council/partnership that would work together to

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implement the strategic plan. The blueprint development process began in October 2005, with over 70 people from the community participating. Task forces were established to develop goals, strategies, and action steps in what evolved into five areas of focus: Family-Centered Support; Health (mental and physical); Education; Communication and Integrated Services; and Public Awareness and Policies. The blueprint will be finalized in April 2006.

Bridgeport Safe Start was actively involved in developing the health goals, strategies, and action steps and is now part of the team that has overall responsibility for editing the work done by the task forces. Because of the participation of Safe Start in the blueprint process, children's mental health needs, including the specific needs of children exposed to violence, are articulated and given appropriate priority within the blueprint. Historically, Bridgeport has lacked a unified voice with respect to the needs and priorities of young children (eight years and younger), with the result that Bridgeport has received less than its proportionate share of funding from state and federal agencies. The blueprint holds the promise of a holistic community-wide plan for young children and their families, as well as potential for attracting future funding.

Using funding to build relationships: Baltimore, Maryland

Baltimore City Safe Start funded demonstration projects to provide community-based organizations with opportunities for partnerships, rather than funding for services. In other words, rather than using funding to provide service for specific children, Baltimore City Safe Start provided funding for organizations to examine their stance on how to address children's needs and to experiment with new ways of addressing those needs. For example, a Child Protective Services/Domestic Violence Demonstration Project, funded by Safe Start, convened key stakeholders in child-serving agencies, policymakers, and key responder agencies in roundtable discussions focused on information sharing, policy development, and knowledge generation. The roundtables have continued in the absence of a funded Safe Start initiative.

Incorporating Safe Start vision into agencies through an "incubator" approach: Chicago, Illinois

Chicago Safe Start has increased the capacity of service providers inside and outside of the two Safe Start districts through an "incubation" approach that 1) involves extensive training, 2) helps service agencies incorporate the Chicago Safe Start vision into their missions, and 3) thereby seeks to achieve a sustainable level of awareness of children exposed to violence. As part of a non-financial contractual agreement, each "incubator" agency agreed to work on multi-year plans to train clinical and counseling staff, facilitate in-house planning groups, and identify other satellite offices. Through training and technical assistance, Chicago Safe Start has helped the agencies integrate policies and procedures that address children exposed to violence into the their overall organizational structure. For example, through Chicago Safe Start train-the-trainer activities, Metropolitan Family Services integrated identification and assessment of children exposed to violence into its six regional sites, as a result of its association with Chicago Safe Start in the Pullman Community. Similarly, Family Focus integrated assessment instruments for children exposed to violence across its seven direct service centers in Chicago and surrounding suburbs. Family Focus and Metropolitan Family Services also trained their affiliate organizations throughout the Chicago metropolitan area on issues of children exposed to violence. Incubator

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trainings have been conducted with police citywide, the domestic violence community of advocates and shelters, Chicago Department of Human Services' Children and Youth Services, Head Start and Early Head Start, the child care network, the health care community, violence prevention initiatives/advocates, family support groups, mental health providers, the City Council, and the courts.

4. PRACTICES TO WATCH

Some of the Safe Start practices identified through the document review process did not fully meet the criteria for a promising practice. Nevertheless, they were deemed potentially promising based on expectations for the future. These practices are described in this section of the report.

Offering course credit or certificates for studying issues of children exposed to violence: Spokane, Washington

Spokane Safe Start and the Eastern Washington University School of Social Work developed a 13-credit graduate certificate program focusing on aspects of child development and issues of children exposed to violence. The curriculum includes four courses pertaining to policy, child development, bonding and attachment, and trauma. Given that the Eastern Washington University School of Social Work is the tenth largest school of social work in the nation, the new certificate program will make a significant impact on the awareness of children exposed to violence among social workers. The certificate program was developed after Spokane Safe Start leaders assessed how best to create cultural change in professions that deal with children exposed to violence. Because social workers are employed in a myriad of professional organizations that might have contact with exposed children, Spokane Safe Start targeted professional training to social workers, as a vehicle to disseminate information about children exposed to violence.

Sharing information across service providers through technology: Pinellas County, Florida and Spokane, Washington

Pinellas Safe Start is currently working to integrate an intake and referral screen for children exposed to violence with a client information system called Service Point that is utilized by agencies funded by the Department of Housing and Urban Development (HUD) within the homeless continuum of care. This management information system allows agencies to make and track referrals on behalf of individual clients, document progress towards client goals, and even obtain real-time information about program vacancies. Agencies may select various levels of access for sharing client data, within guidelines set by the Health Insurance Portability and Accountability Act, thus providing more efficient referrals and coordination of services while protecting client confidentiality. This product can be accessed by human service providers to track client pathways in the service delivery system and to aid in creating continuity in case plans. An "electronic bridge" is under development to move data from Service Point to SAMIS, the reporting software used by Juvenile Welfare Board-funded agencies to reduce duplicate data entry and provide an enhanced resource of aggregated service utilization data for system level decision making and funding. The Pinellas Safe Start Partnership Center will be the test site for

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non-HUD funded users in Pinellas County. Other community agencies have expressed an interest in participation. Creating this utility and sharing it with other agencies will help to expand recognition of and service coordination for children exposed to violence across a broader variety of services.

The Juvenile Court pooled funds with Spokane Safe Start to begin the development of a web-based data collection system that will enhance their capacity to make more holistic decisions on behalf of children in the dependency system. Having data available about the effects of violence and trauma in children will be used to effect changes in agencies providing services to children and families. The Dependency Court is applying for funding for further development of the data systems project.

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APPENDIX A
Promising Practice Data Matrix

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Appendix A – Promising Practice Data Matrix

Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
Baltimore	Sustainability	**Using funding to build relationships.** Baltimore City Safe Start provided community-based organizations with funding for demonstration projects to create opportunities for partnerships. Rather than using funding to provide services for specific children, funding was used strategically to create change by allowing organizations to examine their stance on how to address children's needs. Examples of demonstration projects that received funding include: 1) a roundtable of key stakeholders in the issue of children exposed to violence, focused on information sharing, policy development, and knowledge generation; and 2) a relationship-building project at the House of Ruth-Maryland.	Child Protective Services and domestic violence service providers, children exposed to violence and their families	This practice provided an opportunity for organizations to examine what they do and experiment with new ways of doing it. Roundtable discussions continued after Safe Start funding ended. The House of Ruth-Maryland identified and referred 30 additional families as a result of the relationship-building demonstration project. Following Safe Start funding, House of Ruth-Maryland acquired a SAMHSA grant to continue its work. (**Sources**: 2005 Local Evaluation Report Form (LERF), 2005 Site Visit Report, Jan-June 2005 Progress Report)
Bridgeport	Increasing identification and referrals	**Department of Children and Families domestic violence protocol.** A Domestic Violence-Department of Children and Families (DCF) Pilot Protocol Project included the development and use of a protocol to assess the presence and impact of family violence on children. The protocol was supplemented by domestic violence training for DCF staff, as well as case consultation to assist case workers in using the protocol and developing case plans.	Department of Children and Families staff, including a total of 94 Child Protective Services staff	The protocol reduced the incidence of false positives (i.e., erroneous identification of children exposed to violence). It increased the rate of adding a domestic violence charge during an investigation in relation to a comparison group, indicating that use of the protocol increased the ability of investigators to identify the presence of domestic violence in the home. Training and use of the protocol were adopted state-wide by the Deputy Commissioner of the Connecticut Department of Children and Families. (**Sources**: 2005 LERF, January through June 2005 Progress Report, 2005 Site Visit Report)
Bridgeport	Sustainability	**Integrating Safe Start with other systems change efforts.** Bridgeport Safe Start actively participated in and supported an effort by United Way's Success by Six Initiative, the Bridgeport Board of Education	Community-wide	Because of Safe Start's participation in the blueprint process, children's mental health needs, including the specific needs of children exposed to violence,

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		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. The blueprint development process began in October 2005 with over 70 people from the community participating. Task forces were established to develop goals, strategies, and action steps in what evolved into five areas of focus: Family-Centered Support; Health (mental and physical); Education; Communication and Integrated Services; and Public Awareness and Policies. The blueprint will be finalized in April 2006.		were articulated and given needed priority within the blueprint. Historically, Bridgeport has lacked a unified voice with respect to the needs and priorities of young children (eight years and younger), with the result that Bridgeport has received less than its proportionate share of funding from state and federal agencies. The blueprint holds the promise of a holistic community-wide plan for young children and their families, as well as potential for attracting future funding. (**Sources:** 2005 LERF, January through June 2005 Progress Report)
Bridgeport	Engaging and retaining children exposed to violence and their families in services	**Increasing service utilization through a Family Engagement Study.** To understand Bridgeport families' unique barriers to utilizing mental health services, the Bridgeport Safe Start conducted a study in partnership with the PARK Project and The Consultation Center at Yale University. The Family Engagement Study consisted of five focus groups. Four of the focus groups were held with parents (including one in Spanish), and one focus group was held with service providers. Each group was co-facilitated by a parent and an evaluator from Yale. Parents and providers were involved throughout the process, from designing questions to conducting analyses.	Parents and service providers	Through the study, Bridgeport Safe Start was able to learn "what works" for families and to identify barriers to receiving services. The results of the study are being utilized to create a series of trainings around cultural competency and respect, to create a protocol for understanding a client's experience when he or she calls for information, and to inform presentations to all school social workers and teachers. (**Sources:** 2005 LERF, January through June 2005 Progress Report, 2005 Site Visit Report)
Chatham County	Improving court responses to children exposed to violence	**Identifying opportunities to strengthen the court system through assessment.** Chatham Safe Start completed an assessment of the court system in August 2005. The project involved a combination of structured case file review (105 court files and 70 Department of Social Services files), statutory analysis, an online stakeholder survey, stakeholder interviews,	Court system	Based on assessment findings, the Juvenile Court and the Department of Social Services can engage in systems reform to improve their responses to children exposed to violence. The assessment results also offer the potential for the Court and the

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		and court hearing observation. The assessment identified the strengths and weaknesses of Chatham's child welfare system (including the Department of Social Services and the Juvenile Court) and evaluated the level of North Carolina statute and rule conformity to nationally recognized best practices and federal legislation, including ASFA and the Indian Child Welfare Act. The final report also offered recommendations for future reforms.		Department of Social Services to build a stronger, more coordinated relationship. Chatham Safe Start site visit participants reported to the National Evaluation Team that the assessment helped to engage the court system in Safe Start, resulting in referral of a child from the court to Chatham Safe Start services. Also as a result of the assessment, a photocopy machine was placed in the courtroom. Another change under consideration is hearing domestic violence cases in a separate courtroom from other cases to increase the level of comfort for families. (**Sources:** 2005 LERF, 2005 Site Visit Report)
Chatham County	Engaging and retaining children exposed to violence and their families in services	**Enrolling more rural families in services through home-based therapy and cell phone distribution.** Recognizing that some children exposed to violence and their families may have needs that cannot be met through family support services or clinic-based services, Chatham Safe Start funded several intensive home-based therapy programs, in both English and Spanish. Services were provided at times that were convenient to the family, including nights and weekends. In addition, service providers offered limited use of a cell phone to rural families that did not have telephones, to facilitate service provision. These families tend to miss more appointments because the provider cannot call to remind them of appointments, and they cannot call to reschedule if they find that they cannot meet at the agreed upon time.	Families, especially rural	Through these practices, Chatham Safe Start increased access for children in Chatham County who might otherwise not have received services. According to site visit interviewees, these two practices helped Chatham Safe Start overcome some of the accessibility barriers associated with rural communities, such as lack of transportation. In addition, these practices allowed families to avoid the stigma often associated with receiving mental health services. (**Sources:** 2005 LERF, 2005 Site Visit Report)
Chatham County	Improving the capacity to collaborate	**Coordinating case review among service providers.** Chatham Safe Start developed a formal process for professional providers to share information. The Case Management Team, comprised of the Safe Start services coordinator and eight direct service providers,	Service providers, especially working in rural communities	Chatham Safe Start reported that service providers, children, and families all benefited from the improved sharing of information. By sharing information, providers reduced duplication of

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		met every other week to review and discuss Safe Start cases of children exposed to violence; during these meetings, providers offered clinical advice and identified appropriate community resources. The Safe Start services coordinator facilitated the Case Management Team meetings and tracked the cases of children exposed to violence from identification through treatment.		services and increased coordination, avoiding the problem of sending a family in many different directions. In addition, the majority of direct service providers funded by Chatham Safe Start agreed to serve children exposed to violence with alternative funding sources and attend Case Management Team meetings without financial compensation, indicating strong commitment and sustained capacity for serving children exposed to violence. (**Sources:** 2005 LERF, 2005 Site Visit Report)
Chatham County	Engaging and retaining children exposed to violence and their families in services	**Integrating cultural competence into Safe Start.** To tailor their outreach and services to Spanish-speaking as well as English-speaking residents, Chatham Safe Start translated all of its materials into Spanish; these materials included a service brochure, referral form, screening tool, and client's rights brochure. The site also offered client services in Spanish, contracting with a bilingual specialized psychologist to conduct clinical and forensic assessments for both English-speaking and Spanish-speaking children eight years and younger exposed to violence, living in a home with a history of domestic violence, and/or at risk of being abused or neglected.	Spanish-speaking families	Bilingual service providers continued to be integrated into the service provider network in Chatham County, increasing the total number of individual bilingual providers from one to four. Site visit participants attributed this increase to the enhanced awareness of children exposed to violence in the professional community and the Chatham Safe Start funding of more diverse direct service providers. The practice of providing bilingual services sought to ensure that Spanish-speaking children identified by Chatham Safe Start would have access to a culturally appropriate assessment of their psychological needs. In addition, having material and services available in Spanish enabled a new segment of the population to access Safe Start. (**Sources:** 2005 LERF, 2005 Site Visit Report)
Chatham County	Gaining entrée into communities	**Addressing specific fears through printed materials.** Many victims of domestic violence were reluctant to sign up with Chatham Safe Start because of its	Families	This brochure enabled Chatham Safe Start to better reach clients who were suspicious of Safe Start's relationship

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		affiliation with Child Protective Services (CPS). These victims feared that CPS would take their children. A brochure titled "Your Privacy, Your Rights" was developed to address community member fears about involvement with Chatham Safe Start. The brochure addressed Chatham Safe Start client records, client information and privacy, rights as a Chatham Safe Start client, and Chatham Safe Start's grievance policy and procedures.		with the Department of Social Services and law enforcement in their community. (**Sources:** 2005 LERF, January through June 2004 Progress Report)
Chatham County	Data-based decision-making	**Real time feedback on effectiveness through single-subject research design.** A single-subject research design (SSRD) was used to inform Chatham County Safe Start therapists in real time of the effectiveness of treatment approaches. The SSRD practice, which targets service providers, produces data that can be used to inform clinical or case decision-making, and to modify therapeutic practices to produce better outcomes. Specifically, use of a single-subject research design enables providers to track the progress of individuals, respond to the needs of individuals if goals are not being met, and change the trajectory of treatment.	Service providers	All nine providers modified their practices to the extent that they could accommodate the inclusion of single-subject data collection. Six eventually used the results of single-subject analyses to inform clinical or case decision-making. Two permanently incorporated single-subject research into their practices, and one developed a new and to-be-published measure of child anxiety specifically designed to quantify the effects of partner violence on children. (**Sources:** 2005 LERF, 2005 Site Visit Report)
Chatham County	Increasing identification and referrals	**Modifying police dispatch software to record the presence of children**. In consultation with detectives of the Siler City Police Department, an interviewer conducting a study on police calls that resulted from a violent incident in the presence of children devised a way to modify the Siler City call dispatch software so that it could be used routinely to document calls related to children exposed to violence. This documentation was needed to capture the number and location of violent incidents occurring in the presence of a child eight years or younger.	Police	Siler City modified its software, and the lead interviewer developed and delivered training to all Siler City patrol officers and dispatchers on using the modified system to regularly document calls related to children exposed to violence. Information on the extent and location of children exposed to violence will enable Chatham Safe Start to target resource more efficiently and to identify, refer, and treat more children exposed to violence. (**Sources:** 2005 LERF, baseline results of the network analysis)

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Chicago	Increasing awareness of children exposed to violence	**Soliciting outreach and education ideas from parents and providers.** Focus groups and interviews with parents and providers were used to develop outreach materials addressing children exposed to violence in Chicago. A total of 50 focus groups and interviews were conducted with community members, teenage mothers, caregivers, service providers in social service, and district police commanders.	Children exposed to violence and their families and providers	Community members and those who provide services to community members can provide useful ideas and feedback to guide the development of relevant education and prevention strategies. Gathering information from target audiences and ultimate end-users about effective ways to reach these audiences and end-users increased the relevance and effectiveness of materials and strategies employed by Chicago Safe Start. (**Sources:** 2005 Site Visit Report, Case Study 2004)
Chicago	Increasing identification and referrals	**Partnering with TANF office to educate, identify, and refer children exposed to violence and their families.** Chicago Safe Start developed a partnership with the local Temporary Aide for Needy Families (TANF) office of the Department of Human Services. Family Focus, a Chicago Safe Start provider, screened for children exposed to violence among TANF recipients and then conducted referral and education services at the TANF office.	Children exposed to violence and their families who receive Temporary Assistance for Needy Families	Chicago Safe Start had access to a captive audience in the TANF recipients, who were held accountable for attending Safe Start trainings and received their TANF stipend only after completing the training series. The relationship between Chicago Safe Start and the TANF office was a win-win relationship for families and for Family Focus: Families gained knowledge of issues of children exposed to violence while continuing to receive TANF support, and Family Focus was able to reach a greater number of people. (**Sources:** 2005 LERF, 2005 Site Visit Report)
Chicago	Sustainability	**Incorporating Safe Start vision into agencies through an "incubator" approach.** Chicago Safe Start used an "incubation" approach for sustainability. As part of their contractual agreement with Chicago Safe Start, providers were required to work on multi-year plans to train clinical and counseling staff, facilitate in-house planning groups, and identify other satellite offices. Through training and technical assistance, Chicago Safe Start helped these "incubator"	Police, the domestic violence community of advocates and shelters, CDHS/CYS, Head Start and Early Head Start, the child care network, the health care community, violence prevention	New policies and procedures have been institutionalized in local child-serving organizations as a result of the "incubator" approach used in Chicago, creating a sustainable level of awareness of children exposed to violence. (**Sources:** 2005 LERF, 2005 Site Visit Report , Progress Report 2005)

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		agencies integrate policies and procedures that address children exposed to violence into the their overall organizational structure.	initiatives / advocates, family support groups, mental health providers, City Council, and the courts	
Pinellas County	Engaging and retaining children exposed to violence and their families in services	**Using gap funding to enable short-term specialized services.** Pinellas County Safe Start provided gap funding for timely short-term clinical or assessment services that 1) would make a difference in the life of a child and 2) would not otherwise be available financially. Acceptable uses for gap funding included covering the cost of: specialized assessments (i.e., medical, psychiatric, or psychological evaluations); unaffordable co-pays; short-term therapy (defined specifically as no more than six sessions); short-term counseling (typically behavioral in nature); time-limited group therapy (support or therapeutic); parenting classes; and occupational therapy.	Children exposed to violence and their families who cannot afford short-term clinical or assessment services	Gap funding increased the number of children exposed to violence and their families who received services. The Safe Start Partnership Center used gap funds totaling $7,809.14 from January to June 30, 2005, and $19,702.30 from July 1 to December 31, 2005. In 2005, acceptable uses for gap funding were extended to include contracted case management for children on a waiting list. Gap funds were also used for translators and transportation. (**Sources:** Progress Report #10, Progress Report #11, 2005 LERF)
Pinellas County	Improving the capacity to collaborate	**Three-tiered collaborative structure.** A three-tiered composition for collaboration enabled Pinellas Safe Start to allow different agencies to engage at different levels, based on interest and commitment. The structure, which included a Leadership Council (tier 1), Safe Start Partnership Center (SSPC) (tier 2), and community partners (tier 3), was generated through a community planning process. The most formal voluntary collaborative body was the Leadership Council which met quarterly and was the official leadership and decision making group for Pinellas Safe Start. The Safe Start Partnership Center (SSPC) was a funded service delivery collaborative with contractual obligations to Pinellas Safe Start. Community partners were organizations or individuals with missions similar to that of the PCSS, for example, key agencies in children's mental health,	Safe Start collaborative partners	A three-tiered structure enabled Pinellas County Safe Start to allow different agencies to engage at different levels, based on interest and commitment. Because the SSPC was useful, the Juvenile Welfare Board has allocated local funding in the amount of $296,000.00 to the Safe Start Partnership Center for fiscal year 2005-06 so that it may continue beyond the end of federal funding. (**Sources:** 2005 LERF, 2005 Site Visit Report)

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		family services, and other related sectors, as well as citizen's groups and community leaders. There is some overlap of membership among the three levels. Community partners collaborated with Pinellas Safe Start, but had no contractual obligations. They had looser connections to the project and varying degrees of investment and involvement.		
Pinellas County	Gaining entrée into communities	**Accessing communities through ambassadors and facilitators.** Pinellas Safe Start institutionalized the involvement of community members in raising community awareness of children exposed to violence through the use of facilitators and ambassadors. Facilitators did outreach through community-based organizations and worked towards engaging community leaders in neighborhood based efforts to keep children safe. They also helped to arrange communication education events and speaking engagements. By contrast, ambassadors were volunteers who were trained to deliver key messages about children exposed to violence, based on a speakers kit and media developed as part of the public awareness campaign. Together, by October 31, 2005, facilitators and ambassadors made 39 presentations to over 500 participants. These presentations reached a wide variety of community groups and organizations, including day care providers, early childhood education staff, health and social service professionals, and civic groups.	Children exposed to violence and their families	According to a number of site visit participants, the community engagement component of Pinellas Safe Start "got its legs" in 2005, primarily due to the efforts of the community training and involvement coordinator and the neighborhood facilitators and ambassadors that he oversees. According to results from evaluation surveys conducted after ambassador presentations, the presentations were effective in that participants felt a greater understanding of children exposed to violence and also felt better equipped to help victims after attending a presentation. (**Sources:** 2005 LERF, 2005 Site Visit Report)
Pinellas County	Engaging and retaining children exposed to violence and their families in services	**Using case managers to shorten waiting times and engage families sooner.** Pinellas Safe Start paired a case manager with family advocates to shorten waiting times and engage families sooner. Once a family was engaged by a case manager responsible for addressing basic and immediate needs, a family advocate could then start addressing therapeutic needs. The role of the family advocate was designed to create expertise in working with families dealing with	Service providers	Site visit participants agreed that the case manager position was created to serve more families and to serve them more efficiently. Stakeholders also agreed that the number of children and families served increased after the introduction of the case manager, and that the waiting list decreased. While no empirical evidence links the case manager alone to increased numbers

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		violence. Advocates were required to be skilled in communicating with families, assessing needs in a way that is sensitive to the dynamics of violence, and helping families figure out how to make progress.		served, Safe Start staff (advocates, case manager, coordinator, administrative assistant) managed 33 more cases in the second half of 2005 than in the first half. (**Sources:** 2005 Progress Report #10, 2005 Progress Report #11, 2005 site visit data)
Pinellas County	Engaging and retaining children exposed to violence and their families in service	**Integrating cultural competence into Safe Start.** Pinellas Safe Start printed brochures for children exposed to violence services in English and Spanish and parent tip cards. Information on the Safe Start website (www.pinellassafestart.org) was available in English and Spanish. Safe Start created a video for community audiences that was being translated into Spanish at the time of this report. At the individual services level, gap funding was utilized to purchase translation services for family interviews, when no other resource was available. Through the community partners network, multi-lingual therapists with training in early childhood mental health and violence related trauma were identified. One of the subcontracted partners in the Safe Start Partnership Center, 211 Tampa Bay Cares, Inc., maintained a comprehensive on-line resource and referral data base with capacity to translate information into many different languages. Other efforts to tailor outreach and services to diverse populations included recruitment of facilitators with strong ties to the neighborhoods they work in, recruitment of ambassadors with diverse backgrounds, and the inclusion of parents and caregivers from diverse neighborhoods in planning.	Service providers, children exposed to violence and their families	This practice enabled Spanish-speaking children exposed to violence and their families to increase their awareness and knowledge of issues related to children exposed to violence and to receive services. (**Source:** 2005 Site Visit Report)
Pinellas County	Increasing awareness of children exposed to violence	**Offering course credit or certificates for studying issues of children exposed to violence.** Pinellas Safe Start also had similar activities related to integrating the topic of children's exposure to violence into coursework for credit in academic settings and in-service training. Instructors from area colleges were involved in the development of Safe Start training	Future early childhood education professionals	This practice increased the awareness and knowledge of people who hold the potential to work in a variety of professions related to children. (**Sources:** 2004 Site Visit Report; 2005 communication with Project Director)

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		materials, and participated in related Train the Trainer workshops. Resource materials such as the Safe Start video, hand outs and power point presentations were provided to instructors who agreed to use the materials in their classrooms. These materials were integrated into course work for early childhood education at the college level, as well as professional development courses offered through Juvenile Welfare Board Training Post and workshops by community partners that provided continuing education units for various disciplines. Pinellas Safe Start also partnered with a local affiliate of the National Child Traumatic Stress Network to offer a series of more advanced clinical practice workshops and also supported senior level clinical supervisors to receive intensive training and supervision in two evidence based treatment models: Parent-Child Psychotherapy and Parent-Child Interaction Therapy.		
Pueblo of Zuni	Increasing awareness of children exposed to violence	**Weaving tribal traditions into community awareness presentations.** Zuni Safe Start focused on the use of the Zuni language and wove in Safe Start messages to bring added awareness to traditions and cultural practices. Zuni Safe Start partnered with various groups and program to include issues of children exposed to violence at their events, and made presentations and public service announcements to raise awareness as well. All events conveyed the message that children exposed to violence as well as domestic violence are violations of native traditions, specifically the Zuni tradition of loving and valuing children. Zuni Safe Start involved traditional Zuni leaders, tribal leaders, elders, cultural experts, and community members with knowledge of their traditions and cultural practices.	Native families	Presentations were believed to increase the community's awareness of issues related to domestic violence and children's exposure to violence. It also resulted in family members referring each other for Safe Start services. Increasing attendance and participation by community members at these events over time indicated that increasing numbers of people were receiving the information and becoming aware (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
Rochester	Making decisions based on data	**Using data to strengthen programs.** Rochester Safe Start used data to strengthen programs by 1) incorporating evaluation tools into daily program operations; 2) using data as evidence for program need	Safe Start partners	Many site visit participants reported to the National Evaluation Team that the use of data has strengthened Rochester's Safe Start initiative.

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		and as evidence of effectiveness to prioritize program funding; and 3) using research to better understand issues of children exposed to violence. The Rochester Safe Start lead agency is a research institute, which has facilitated a culture of making data-driven decisions.		(**Sources:** 2005 LERF, 2005 Site Visit Report)
Rochester	Improving the capacity to collaborate	**Three-tiered collaborative structure.** The top tier of the Rochester Safe Start collaborative consisted of community members, whose needs and interests drove the decisions of the initiative. The middle tier was comprised of "doers," such as deputy directors, who addressed operating issues. A Strategy Team within the middle tier was responsible for making decisions in a timely fashion, informed by community members; these decisions influenced organizational leaders. The bottom tier included the highest level of leadership (e.g., superintendent, mayor, president of the chamber of commerce), required for successful implementation of the initiative.	Safe Start partners	Rochester Safe Start staff strategically engaged leaders who had decision-making authority within their organizations but who were not the public face of these organizations. These leaders were targeted because they were less inclined to expend the energy of the collaboration on the promotion of their own organizational agendas. This structure reduced the likelihood of power struggles within the collaboration, as participants were more focused on collective interests than individual organizational interests. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
Rochester	Improving court responses to children exposed to violence	**Fast-Track Visitation.** Fast-Track Visitation connects children and families who are involved in the court system because of domestic violence to supervised visitation provided by the Society for the Protection and Care of Children. Through Fast-Track, parents learn how to prioritize their children's needs and non-custodial parents are coached on appropriate parenting behavior. As a medium for the transfer of children, Fast-Track uses day care centers or family members, whichever is more comfortable for the children and their families. Of the 53 families referred to Fast-Track for supervised visitation, 48 families opened and received supervised visits. The average wait for service was one to two weeks, compared with six months in the general Supervised Visitation Program. Fast-Track services were provided through October 2004, revisited in 2005, and included as part of Rochester Safe Start's	Children and families exposed to violence	According to the Rochester Safe Start 2005 Local Evaluation Report Form, the majority of Fast-Track families that moved from supervised to unsupervised visitation did so in approximately one-third less time than did families in the general Supervised Visitation Program. In short, Fast-Track Visitation links families to a critical service in a safe environment, in a shorter timeframe than standard court procedures typically permit, and in a manner that is less traumatic for the child exposed to violence. (**Sources:** LERF 2005, site visit participants)

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		plan for 2005 -2006 with a strong evaluation component.		
Rochester	Increasing identification and referrals	**Child-focused domestic violence protocols.** The Domestic Violence Consortium, in conjunction with Rochester Safe Start, developed child-focused protocols for handling cases of domestic violence. These protocols were used by service providers and the courts in 2005. Rochester Safe Start ensured that the protocols had a child focus and helped the Consortium obtain buy-in for implementation of the protocols.	Service providers and courts	Through training on and use of the child-focused protocols, child service providers examined needs; reviewed evaluation results; and identified areas for integration, coordination, and quality improvement. The National Evaluation Team reported agreement among site visit participants that the protocols and protocol training improved service provision for children. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
Rochester	Improving the capacity to collaborate	**Evolving structure of collaboration.** The structure of the Rochester Safe Start collaboration evolved to address the needs of the initiative over time. The collaboration began with a collaborative council comprised of Planning Teams in various substantive areas. Planning Teams were replaced by Design Teams, charged with designing and implementing various interventions. Design Teams were replaced by Implementation Teams, specific for each intervention. As Rochester Safe Start began to tackle the issue of sustainability, a smaller Strategy Team was formed. At each stage of the initiative, the role and purpose of teams were redefined.	Safe Start partners	The evolving structure of the collaboration enabled team members to stay on the same page regarding the purpose of the team and their role in it. Consequently, this structure allowed the collaborative to be more efficient in making decisions and implementing the initiative. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
San Francisco	Data-based decision-making	**Using data to strengthen programs.** San Francisco SafeStart made decisions about policies, procedures, and practices based on data and findings provided by the local evaluator. San Francisco SafeStart's Committee on Evaluation set an evaluation agenda, to ensure that data would be relevant and useful. This Committee on Evaluation, which met monthly, was comprised of national experts in research methods as well as issues of children exposed to violence. The committee functioned as an honest broker between the director and the evaluator. There were three parties	Service providers and Safe Start partners	Data enabled San Francisco SafeStart to demonstrate its value and the importance of supporting its programs. Data also enabled SafeStart to target its strategies and better engage partners, because reports could be used to target specific activities to specific partners. Data allowed SafeStart to move beyond assumptions and identify critical issues to address. (**Sources:** 2005 Site Visit Report; feedback from the Committee

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		involved in decision making. The effectiveness of the data-driven decision-making practice in San Francisco hinged on using a credible and neutral research firm to collect and analyze data. San Francisco generated reports on a regular basis to ask questions and make decisions about improving program. These included a Monthly Bulletin, a Client Data Summary, a Client Satisfaction report , and Annual Evaluation Reports.		on Evaluation, the local evaluator, the police captain, and Safe Start staff in 2005)
San Francisco	Engaging and retaining children exposed to violence and their families in services	**Integrating cultural competence into Safe Start.** San Francisco SafeStart acknowledged that cultural competence extends beyond demographics and language. The following three examples illustrate this practice as implemented in San Francisco. (1) It was a given that they not only translated everything they did into Spanish and Chinese, but they also used ethnic media and organizations to reach the Spanish- and Chinese-speaking communities. (2) San Francisco SafeStart also sought to engage same-gender families and initiated a dialogue with key advocates and providers in the lesbian, gay, bisexual, transgender, queer, and questioning community. (3) They also sought to incorporate the same approach in terms of the cultures of different members of the service delivery system by understanding each other's needs and learning to speak each other's "language." For example, batterers intervention staff trained domestic violence victims advocates on how to work with the batterers; the domestic violence victims advocates in turn trained the batterers intervention program staff about working with victims. In service delivery team meetings, family advocates learned about what information the police and court typically needed for a case and how they could help the victim navigate the law enforcement and court systems.	Service providers and children exposed to violence and their families	This practice creates trust and understanding among various professionals as well as between professionals and children exposed to violence and their families. (**Sources:** 2004 Site Visit Report; 2005 communication with Project Director)
San Francisco	Increasing identification and referrals	**Using 911 calls to identify children exposed to violence.** In San Francisco, 911 calls were coded as "domestic violence" if the caller indicated such, or as "domestic violence child" if the call was made by a	Police	This practice increased the number of children exposed to violence and their families identified and referred for service. (**Sources:** 2005 Site Visit

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		child or the caller reported children were present. This information was transmitted to responding patrol officers so they knew what to expect when they arrived on the scene. San Francisco SafeStart used this information to analyze the nature and distribution of domestic violence reported to police. San Francisco SafeStart assigned a member of its Service Delivery Team to review each domestic violence incident report that was filed at the police. If the report showed children were present, the officer contacted the victim to offer SafeStart and to facilitate intake if the client showed interest.		Report; 2005 communication with Project Director)
Sitka	Engaging and retaining children exposed to violence and their families in services	**Engaging and retaining family participants in service.** The clinician for the Sitka Tribe of Alaska (STA) designed assessment and treatment procedures in a way that would engage and retain Native families in services. These procedures included personal outreach by a case manager to remind families of their appointments and, at the same time, offer transportation and childcare assistance to enable them to keep appointments. These procedures also included a policy of responding within five days to a referral. Because some Native families are not likely to adhere to a treatment plan for 14 weeks for various reasons, the clinician also conducted two sessions a week per family to enable families to complete their treatment within a shorter period of time.	Children and families exposed to violence, especially in tribal communities	The amount of time between referral and assessment was reduced from ten to five days. Families did not drop out of services and stayed in treatment for longer periods. Families who had been in the system for five to ten years and were thought to be resistant to treatment began to show up for services. Because STA staff were able to recognize the multiple barriers to treatment for Native families, they were able to provide more comprehensive support earlier on in the treatment process. (**Source:** 2005 Site Visit Report)
Spokane	Data-based decision-making	**Using data to strengthen programs.** Through the development of a large Safe Start clinical data base and other non-Safe Start data developed by Washington State University, the issue of substance abuse and the number one correlate to family violence became part of the regular dialogue within the domestic violence and substance abuse provider communities. The dialogue was made possible by Washington State University's longstanding relationship with the Spokane County Domestic Violence Consortium and because a	Service providers and Safe Start partners	Dialogue around the relationship between substance abuse and family violence was enhanced by data. (Sources: 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		partnering agency, Native Project, had close connections to leadership at the YMCA that administers the domestic violence shelter and other support services to domestic violence victims. Support for data-drive decision-making came in part from the local university, a leading partner in Spokane Safe Start, with a history of deep interest in community issues and credibility with the community prior to Safe Start.		
Spokane	Increasing identification and referrals	**Obtaining buy-in from police.** Partnership between law enforcement and Spokane Safe Start gave Safe Start the power to train every officer around issues of children exposed to violence. For example, the Spokane County sheriff's office allowed Spokane Safe Start staff to train 209 deputies during their quarterly in-service rotation. A former police chief employed by Washington State University's Research Institute provided Safe Start with an understanding of police culture and operations as well as an established, positive way of working with the community.	Police	Identification and referral numbers increased after officers received training on children exposed to violence. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
Spokane	Increasing identification and referrals	**Increasing the number of referrals from police through fast response time.** To increase the number of referrals from police, Spokane Safe Start implemented a practice of responding to the scene of domestic violence as fast or faster than the time it would take for a tow-truck to arrive at a collision—an average of 30 minutes, according to Spokane Safe Start research.	Police	Many people interviewed in Spokane by the National Evaluation Team reported that success in getting police to make referrals was due, in part, to the fact that police did not have to wait for hours for a Child Outreach Team member to arrive at the scene. Having a short wait time also meant that police officers would not feel as though they might be left alone in the process of evaluating children at the scene. (**Sources:** 2005 Site Visit Report, 2005 site visit participants)
Spokane	Engaging and retaining children exposed to violence and their families in	**Engaging families through a voluntary-based protocol.** The first step of the "voluntary-based protocol" was for the police to get verbal permission from the family to call the Child Outreach Team (COT). When the COT member arrived, the family was	Families	More families were served because this practice allowed families to focus on an immediate crisis, and then address issues related to children exposed to violence when they were ready and able

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
	services	informed that the COT member was neither a Child Protective Service worker nor a member of law enforcement, but a mandated reporters and must contact Child Protective Services if they think a child is in imminent danger. Spokane also implemented a practice of never refusing a family of service. Although cases were closed when a family withdrew from service, the case was reopened at a later date if the family requested additional service.		to do so. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
Spokane	Improving court responses to children exposed to violence	**Training Dependency Court judges on issues of children exposed to violence.** Training Dependency Court judges on the issues of children exposed to violence served as a way to begin efforts to change the Department of Child and Family Services through mandated court orders (i.e., asking questions about the extent of child exposure to violence). The Permanency Planning for Children Department (PPCD) of the National Council of Juvenile and Family Court Judges partnered with Spokane Safe Start, a Spokane County Juvenile Court administrator and two Spokane Dependency Court judges to gather information on judicial leadership, collaborative structures, and strengths and challenges in dependency system reform efforts.	Dependency Court judges	After participating in trainings, judges began to acknowledge their role as local leaders and enforcers of accountability. The exercise of judicial leadership by Dependency Court officials is viewed as an effective practice to begin to change Child Protective Services. Child care professionals, clinicians, and the juvenile court system now share an understanding of the importance of asking the right questions of children and families. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
Spokane	Increasing identification and referrals	**Using 911 calls to identify children exposed to violence.** Spokane Safe Start advocated for adding a question regarding the presence of children when a domestic violence call enters the 911 system. As a result, the majority of children exposed to violence were identified through the 911 dispatch call center. When the presence of children was identified, the 911 dispatcher made a note in the report that the dispatched police officer would receive electronically in his/her unit.	Police	Knowing that children are present at the scene helps police officers to better plan their approach tactics. Many officers began to carry play therapy kits to attend to the needs of children while waiting for a Child Outreach Team clinician. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)
Washington County	Increasing identification and referrals	**The digital camera project.** Keeping Children Safe Downeast distributed digital cameras to first responders, such as police officers, Department of Health and Human Services workers, and emergency	Law enforcement, hospitals, pediatricians, and The Next Step Domestic Violence	The number of cases in which digital cameras were used increased from 36 in 2003 to 65 in 2005. In addition, by 2005, 70 people had been trained in

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Site	Topic	Name/Description of practice	Target population	What makes it promising? And what is the evidence of success?
		medical personnel, to document the extent and type of injuries sustained by children and thereby make a determination about abuse. Thirty-seven digital cameras were distributed to law enforcement officers, including the Maine State Police, the sheriff's office, and the local police; both county hospitals; a pediatrician; and the Next Step Domestic Violence Project.	Project	forensic digital photography. The pictures taken with digital cameras serve as evidence and expedite cases under the District Attorney's office. (**Sources:** 2005 LERF, Jan-Jun 2005 Progress Report, 2005 site visit participants)
Washington County	Improving court responses to children exposed to violence	**Processing children exposed to violence without further traumatizing children through forensic interviewing.** Forensic interviews are used to obtain statements from abused children, in a way that is developmentally appropriate and legally defensible. The interviews are designed to overcome the challenges of gathering information from a child, challenges that include variations in the ability of children to recall events and use language, as well as the effect of a traumatic experience on a child's ability to report it. Forensic interviews use non-leading techniques and are thoroughly documented. The interviews are focused and involve only the children suspected of being abused.	Court system	Site visit participants agreed that forensic interviewing is an effective way to ensure the well-being of children by reducing the trauma children can experience in relating an abusive event. In addition, this practice has the potential to increase the rate of prosecution and conviction of child abusers. (**Sources:** 2005 LERF, 2005 Site Visit Report, 2005 site visit participants)

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APPENDIX B
Ideas for Outreach and Education Products

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Appendix B – Ideas for Outreach and Education Products

Building awareness and knowledge through flip-books*: *Bridgeport, Connecticut and Washington County, Maine

Bridgeport Safe Start developed a spiral-bound, pocket-sized reference and resource guide "flip-book" with information designed to help providers who work with children exposed to violence 1) understand forms of violence that affect children, 2) recognize the impact of violence in the home, 3) learn ways to support children and their families, and 4) understand the role that a 211 InfoLine and other referral services play in meeting the needs of children and families affected by violence in the home. With tabbed sections and many easy-to-read bulleted lists, the flip-book was part of a social marketing campaign that also included posters and pamphlets and instructed families and providers to call the 211 InfoLine for referral and other information. Flip-books were given to over 5,000 professionals working with young children throughout Bridgeport, such as mental health providers, medical staff, early care providers, case managers, child protective service workers, teachers, and others. Data collected from the InfoLine six months before and six months after flip-books were distributed reflected a significant increase in calls relating to both family violence and child abuse and neglect in the period following flip-book distribution.. Multiple stakeholders from Bridgeport reported this increase as attributable, in part, to the flip-books.

Keeping Children Safe Downeast created a flip-book as well, modeled after the Bridgeport Safe Start flip-book, with the same size, an almost identical layout, and similar goals: to increase understanding among providers, families, and community members of issues related to children exposed to violence, the impact of exposure, and ways to support children who have been exposed and their families. Washington County also made their flip-book available online. To complement the flip book, Keeping Children Safe Downeast created a statewide web-based resource guide that seeks to increase awareness of available services for both the service community and the general public. Two thousand flip-books were distributed to people working directly with children and families, and the website was made available as part of Washington County's 211 information call center to allow people to search for resources online.

Educating the public through placemats and posters: Washington County, Maine

Placemats and posters, part of the Keeping Children Safe Downeast Blue Ribbon Campaign, were distributed to local businesses and restaurants in an effort to educate the public about child abuse, sexual assault, and domestic violence. Businesses and restaurants were selected to receive the educational materials because people naturally congregate in these venues. Over 5,000 placemats were distributed to 15 restaurants throughout Washington County, along with over 900 blue ribbons to place on tables. In addition, sixteen posters were distributed to agencies, churches, Head Start, and restaurants through the county. Placemats, available in English and Spanish, were based on a design used by North Carolina Chatham County Safe Start. The placemats and posters were designed to heighten awareness and send a positive message about keeping children safe. Restaurants benefited as well, because the placemats provided an inexpensive way for them to meet a business need.

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Using contents from a briefcase to recognize and refer children exposed to violence*: *Washington County, Maine

Keeping Children Safe Downeast developed a lightweight, plastic, closeable folder in the form of a briefcase. Designed for citizens, teachers, first responders, child care professionals, social service providers, medical personnel, law enforcement, and parents, the Children Exposed to Violence Briefcase contained several items to help identify, recognize, and respond to young children exposed to violence. These items included a two-page synopsis of Keeping Children Safe Downeast and its major achievements; a 48-page history of the Keeping Children Safe Downeast project; a small flipbook reference and resource guide; a Washington County training directory on issues related to children exposed to violence; and a condensed version of the 2005-2009 Community Sustainability Plan.

The Children Exposed to Violence Briefcase was distributed to all collaborative members and people working directly with children and families, reaching approximately 2,000 individuals. The briefcase provided a vehicle for delivering a variety of material to providers. It also enabled providers to keep the material easily accessible and organized in one place.

Raising parents' awareness of children exposed to violence during parent-focused holidays and events: Washington County, Maine

Keeping Children Safe Downeast developed a way to reach parents by incorporating messages of children exposed to violence from the start of prenatal care, with the distribution of Welcome Baby Bags, Parent Bags, and Father's and Mother's Day cards, all containing information about children exposed to violence. In 2005, Keeping Children Safe Downeast distributed 140 Baby Bags to the Department of Health and Human Services; 50 Baby Bags to WIC, the Pleasant Point Health Care Center, and the Indian Township Health Care Center; and 140 Baby Bags to Family First. An estimated 400 mothers were reached through Mother's Day cards, 200 fathers through Father's Day cards, and 500 parents through Parent Bags delivered via child care centers, Head Start centers, family child care homes, Pleasant Point Head Start, and the Indian Township Child Care Center.

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