

# PROMISING PRACTICES OF SAFE START DEMONSTRATION SITES: A FIRST LOOK

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## PREFACE

This report on the promising practices of 11 Safe Start Demonstration 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.

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# 1. INTRODUCTION

The National Safe Start Demonstration Project (“Safe Start Demonstration”) 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.”<sup>1</sup> 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 Initiative. All Safe Start Demonstration activities were to be designed based on the available scientific and practice literature about serving CEV, resulting in evidence-based programming.

The Safe Start Demonstration Project is a 5½ year federal initiative that is being conducted in three phases: Phase I included assessment and planning; Phase II included initial implementation; and Phase III was designed to include full implementation. The information for this report encompasses practices occurring in Phases I and II of the project.

Because the evaluation of the larger Safe Start Demonstration Project is still underway as of this writing and many of the interventions and practices have not been fully implemented or evolved, promising programs have not been included in this report. This report includes the initial and more fundamental practices of the Safe Start Demonstration sites that contribute to the overall success of the sites’ programs for CEV. Future reports will include larger scale promising practices, such as interventions that directly reduce the impact of exposure to violence in children.

When the Safe Start Demonstration Project began, there was relatively little literature about promising practices for developing programs to help young children exposed to violence (CEV). In the three years since the inception of the Safe Start Demonstration, the 11 Demonstration Sites have developed many innovative practices for CEV programming. 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 sites’ practices and developed a list of those that hold promise. This report is intended to give early and preliminary indicators of success and innovation of the Safe Start Demonstration Sites. The final evaluation report, expected in January 2006, will have more conclusive and detailed information on the 11 Demonstration Sites’ achievements.

The NET 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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<sup>1</sup> 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.

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

The above criteria aptly describe numerous practices being developed and implemented across the 11 Demonstration Sites.

This report summarizes the promising practices that the 11 Demonstration Sites created and were implementing. These practices are organized along the major dimensions of the Safe Start Demonstration Project national logic model. Those dimensions are:

- Local agency and community engagement and collaboration;
- Systems change activities, including:
  - Development of policies, procedures, and protocols;
  - Service integration;
  - Resource development; and
  - Community awareness.
- New/expanded/enhanced programming, including:
  - Identification of CEV;
  - Assessment of exposure and impact of exposure;
  - Referral to services;
  - Treatment and service delivery to CEV; and
  - Follow-up of treatment and services to CEV<sup>2</sup>.

The National Safe Start Demonstration Project logic model can be found in Appendix A.

## 2. METHODS

The NET analyzed reports from each of the 11 Demonstration Sites and conducted telephone interviews with each site's project director to identify and collect information about promising practices. The data collection occurred in five phases:

1. Review of site reporting documents to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), including the most current versions of each site's Implementation Plan, Strategic Plan, Progress Report, and other reports generated by each site;
2. Extraction of pertinent information under each logic model component based on the criteria of promising practice;
3. Confirmation of information, collection of more data, and clarification from the project director or other site representatives, such as the local evaluator (a list of the data sources is included in Appendix B);
4. Entry of the information into the Promising Practices Data Matrix (see Appendix C); and

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<sup>2</sup> There were no practices identified as promising in this category.



5. Selection of Promising Practices by the NET to determine those practices that best met the promising practices criteria.

## **2.1 Review of Documents**

The 2004 versions of three site documents (Implementation Plan, Strategic Plan, and Progress Report) were reviewed, as available. In some cases, other documents (e.g., “Safe Start Application for 2004-05 Funding”) were reviewed, either in lieu of or in addition to the three site documents.

## **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 success. The practices identified were categorized according to the major dimensions of the National Safe Start Demonstration Project logic model, as mentioned previously.

## **2.3 Confirmation and Consolidation of Information**

After all documents for a given site had been reviewed and pertinent data extracted, the preliminary Promising Practices Data Matrix was sent to the site’s project director for review and clarification. Approximately one week after the matrix was sent, information was confirmed and completed via a telephone interview with project staff, usually the project director. The calls lasted between 30 minutes and two hours. During the call, the practices listed on the matrix were discussed and assessed for accuracy and completeness. In some cases, project staff completed the matrix themselves and provided information to the NET.

## **2.4 Entry of information into the Promising Practices Data Matrix**

Matrices modified based on staff feedback were sent back to site staff for final review and approval. Any additional changes or comments were incorporated. The information in the matrices was then used to produce this report.

## **2.5 Selection of Promising Practices**

Practices that met the established criteria for promising are included in this report. Some of the practices did not fully meet these criteria, but were deemed potentially promising based on the past experience of Safe Start project directors and expectations for future results. There were several practices that sites believed were “promising,” but could not yet demonstrate any evidence of effectiveness. These practices are not included in the report, but will be included in future reports when evidence of effectiveness has been demonstrated. Please see Appendix D for the full set of promising practices identified by each Safe Start Demonstration Site.

### **3. LOCAL AGENCY AND COMMUNITY ENGAGEMENT AND COLLABORATION**

One of the primary foci of the Safe Start Demonstration Project is to engage the child- and family-serving community through active collaboration of key members of the community involved in children's services, domestic and interpersonal violence, mental health, and other disciplines serving CEV. Collaborative engagement is intended to ensure the development of a comprehensive service delivery system, reaching all essential elements of the community dedicated to the wellbeing of children and their families.

Seven Safe Start sites -- Pinellas County, Florida; Washington County, Maine; Bridgeport, Connecticut; Sitka, Alaska; Chatham County, North Carolina; The Pueblo of Zuni, New Mexico; and San Francisco, California -- have promising ways to engage the community and enhance collaborative efforts, according to the criteria.

#### ***Developing relationships with the faith community: Pinellas County, Florida***

In Pinellas County, Florida, Pinellas Safe Start linked with many faith-based social service providers, through the efforts of active collaborative members who also were members of child- and family-oriented faith organizations. Pinellas Safe Start partnered with the faith community for several reasons:

- The faith community plays an important role in people's lives in Pinellas County;
- This strategy enabled Pinellas Safe Start to reach out to a larger audience and to tap into established faith networks;
- Faith leaders may be first responders for congregants when family or interpersonal violence is encountered; and
- Engaging the faith community was encouraged by leaders and funders at the national and regional levels.

The collaboration between Pinellas Safe Start and the faith community has resulted in several positive outcomes. Organizations within the faith community have agreed to allow Pinellas Safe Start to use their facilities for outreach, meeting space, literature distribution, and to have access to their mailing lists. For example, in 2003, a children's summit, sponsored by Pinellas Safe Start, was held at the Salvation Army Community Center. As the Pinellas Safe Start presence in the faith community continued to increase, the related education and training of members of this community enhanced 1) understanding of the impacts of violence on young children and 2) the ability of faith leaders to intervene on the behalf of CEV.

#### ***Working with Guardians Ad Litem: Pinellas County, Florida***

Pinellas Safe Start has established a consultative relationship with the Guardian Ad Litem (GAL) program, to provide training to attorneys assigned to children as GALs. This training covered CEV, community resources, and the developmental impact of court decisions on CEV. High utilization of the service, verbal feedback, and feedback via training forms suggested success of the program. Furthermore, this relationship has opened the door for providing information

directly to the professionals responsible for representing children in child abuse and dependency cases.

### ***Working with female inmates: Pinellas County, Florida***

Pinellas Safe Start also has developed a working relationship with Project Success, a program for female inmates at the Pinellas County jail. Pinellas Safe Start provided training and information about CEV and community resources to jail employees, and worked in collaboration with the education and social service unit at the county jail to provide CEV information to inmates. Female inmates also may be referred (either by a jail employee or through self-referral) to Pinellas Safe Start or a local domestic violence center after release. Pre-and post-tests of knowledge, as well as post-training participant satisfaction surveys, were being analyzed at the time of this writing, to determine the success of the program.

### ***Engaging leaders of key institutions through protocol development: Washington County, Maine (KCSD)***

Washington County, Maine's Safe Start Initiative (Keeping Children Safe Downeast [KCSD]), engaged representatives of the District Attorney's office, child protective services, probation offices, State and local police, and the Sexual Abuse Response Team to develop protocols for the forensic examination of children victimized by violence. Prior to this effort, these groups generally did not collaborate on appropriate techniques for interviewing children and collecting forensic evidence.

The collaborative effort to develop interviewing protocols began when, through its Child Abuse Response Team (CART), KCSD identified a team of child abuse investigators and trained them on *Finding Words*,<sup>3</sup> a set of established best practices designed to minimize harm done to children interviewed about allegations of abuse and neglect. CART then developed a protocol for conducting forensic interviews; law enforcement officers and investigators were in the process of codifying and adopting this protocol. In addition, collaboration with the Pleasant Point Passamaquoddy Reservation, the Pleasant Point Child Welfare Department, and the Pleasant Point Police Department resulted in the establishment of a forensic interviewing room at Pleasant Point.

The development of a written protocol, indicating agreement about the methodology for training investigators, as well as the establishment of the forensic interviewing room, were success measures of KCSD's collaborative effort. Moreover, investigators were able to reduce the number of child interviews during an investigation from four to one, according to the KCSD Project Director—an indicator that the protocol was working. Finally, the effort had the ongoing support and oversight of the district attorney and attracted a number of forensic interviewers who agreed to be trained in the practice.

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<sup>3</sup> American Prosecutor Research Institute (2003). *Finding Words: Half a Nation by 2010: Interviewing and Preparing Children for Court*. Department of Health and Human Services, Washington D.C.

Because of the policies and protocols developed during KCSD's collaborative efforts, this practice also constitutes a promising practice in the category of "Development of Policies, Procedures, and Protocols."

### ***Learning about the judicial system: Bridgeport, Connecticut***

The Bridgeport Safe Start Initiative has worked to engage the legal system by gathering information from outgoing judges regarding services, court processes, resources, barriers, and effectiveness of court responses to violence in the home and child abuse. This information-gathering practice has provided understanding for the Bridgeport Safe Start Initiative of the judicial process and the attitudes and opinions of judges overseeing family cases, as well as judicial recommendations for working with families of CEV. The report of findings was distributed to court personnel. Evidence collected through subsequent focus groups with court personnel indicated that the findings and recommendations have been integrated into court services. Judges and court personnel will be interviewed again at a future date to determine the changes in practice that have occurred, based on the recommendations offered.

### ***Linking the Department of Children and Families with service providers through training: Bridgeport, Connecticut***

The Bridgeport Safe Start Initiative has recruited members of the Department of Children and Families (DCF) to train service providers on laws governing mandated reporting of child abuse and neglect -- training historically provided by non-DCF professionals. The Bridgeport Safe Start Initiative developed their train-the-trainer curriculum for DCF staff with the expectation that using DCF staff members to train service providers would 1) increase the connection between DCF and providers and 2) provide direct linkage between DCF and mandated reporters.

### ***Using native cultural traditions to address difficult topics: Sitka, Alaska***

The Safe Start Initiative in Sitka, Alaska, has used the totem pole carving tradition as an avenue for discussing issues considered taboo in the tribal community, such as domestic violence (DV) and other forms of abuse. Young people exposed to such violence have difficulty discussing it with their tribal elders, because, in doing so, they might speak up against their parents and elders, a practice deemed culturally disrespectful. Further, the pain felt by the native community in general regarding issues related to violence is very deep, making it even harder to discuss among themselves and with others. During the totem pole carving process, however, the youth were encouraged to tell a story about their lives and experiences. The youth chose to tell a story about the violence they have experienced in their homes. In this way, the tradition provided a natural and "permissible" setting for surfacing issues related to domestic violence. Using this traditional practice as a means for discussing abuse has brought the subject of violence to the forefront, and several tribal elders have committed to further discussion with youth about the impact of domestic and other forms of violence in their community. The Safe Start Initiative in Sitka will continue to use the totem pole carving tradition as an avenue for discussing difficult issues as well as to teach non-native community members about native cultural traditions.

### ***Using network analysis to understand community relationships: Chatham County, North Carolina***

With appropriate technical knowledge and software, network analysis can easily and simply demonstrate how relationships between agencies change due to collaborative or community awareness work. Chatham County Safe Start Initiative has developed a procedure for using network analysis to understand the nature of relationships in the Chatham County Safe Start Initiative, as well as changes in those relationships over time. This information was helpful in understanding which agencies were most active in CEV efforts and which may have needed to be reinvigorated with regard to Safe Start Initiative work.

In the Chatham County Safe Start Initiative network analysis process, a local evaluation team first interviews agency representatives regarding other agencies with whom they work closely. Responses are entered into a network analysis software program, which indicates those agencies most central to the Safe Start network. Initial responses are compared to responses gathered at two additional times, to examine the change over time.

In Chatham County, two data collection periods have shown a clear change in the relationship structure, but cannot establish whether this change is due to the efforts of the Safe Start Initiative. The role of the Safe Start Initiative as a catalyst for relationship change may become clearer after the third iteration of data collection and analysis.

### ***Understanding and engaging law enforcement agencies: Chatham County, North Carolina, and the Pueblo of Zuni, New Mexico***

During the planning phase of the Safe Start Initiative, the Chatham Safe Start Initiative evaluator interviewed nearly all law enforcement officers in the county to understand their experiences with children during domestic violence calls, their relationship with Child Protective Services (CPS), the location of CEV calls, and other important characteristics of their work with families. These interviews allowed the Safe Start Initiative to identify areas of the community with the greatest number of CEV, and to better understand the needs of law enforcement in CEV-related situations. The interviews also provided an opportunity for the Safe Start Initiative and law enforcement agencies to talk about shared goals, needs, and mission.

The Pueblo of Zuni Safe Start Initiative was able to reach out and engage the Police Department by building on the Department's self-interest, responding to its specific training needs, and getting to know the officers at a more personal level. The Safe Start Initiative first met with the Department's supervisors to determine police training needs related to the ability to respond to CEV and their families. They agreed that any Safe Start Initiative training attended by police would count toward the number of hours of specialized training required for the Department's certification, which it must have to receive funds from the Bureau of Indian Affairs. In addition, the Safe Start Initiative combined the CEV training with technical assistance on issues related to sexual assault (another form of training required by the Police Department) and helped the officers develop new skills in conducting presentations. Safe Start Initiative staff developed more personal relationships with some of the police officers when they attended a Child Development-Community Policing (CDCP) training in New Haven., Connecticut. Finally,

the Safe Start Initiative gave two police officers leadership roles in its collaborative; police sergeants chair and co-chair the Training and Technical Assistance Committee. The working relationship between the Safe Start Initiative and the Police Department has resulted in a more conscientious effort by the latter to assess the presence and safety of children in violent situations. Recently, several police officers took the lead in developing a community presentation about CEV as part of Domestic Violence Month.

### ***Engaging parents in community awareness activities: San Francisco, California***

San Francisco SafeStart developed the Parent Team as a central strategy for engaging families and community members in CEV-related issues. At the time of this writing, the Team consisted of five active parents, who speak Spanish, Tagalog, and/or English, plus an additional experienced parent who provided technical assistance to the first five. All six parents were recruited for the Parent Team through forums conducted by SafeStart in target neighborhoods; all six have received training in public speaking, media relations, and mentoring, to strengthen their capacity to raise awareness and support other parents, particularly those who share their language and culture.

Members of the Parent Team were present at every parent training and community event conducted by San Francisco SafeStart. They were equal partners in the SafeStart collaborative. Their participation ensured that the perspectives of parents were considered in the planning and implementation of SafeStart activities. Thus far, the Parent Team has independently received a \$5,000 grant from the San Francisco Children and Families Commission (San Francisco First 5), which funds programs for San Francisco families with children age birth to five years. They planned to use the grant to further their training and to design a mentoring program for parents. The Parent Team expected to have continued support from the First 5 Commission even after their SafeStart funding ends, because their goals are consistent with the mission of the Commission. Representatives of the Team also have been interviewed by newspaper reporters, spoken to community organizations, and participated in a radio program to raise awareness of issues related to San Francisco SafeStart.

### ***Maintaining interest in SafeStart work: San Francisco, California***

The San Francisco SafeStart's Advisory Council consisted of members from many community sectors, including: law enforcement, social services, domestic violence, adult probation, juvenile services, higher education, and parents. There were other groups that were part of the collaboration, but did not serve on the Advisory Council, such as the school district and several nonprofit community organizations. SafeStart staff was able to engage and retain the involvement of its Council members by personally reaching out to each individual in between meetings, and establishing committees that focused on specific tasks. These committees were small in size and, therefore, provided more opportunity for members to engage in deeper discussions and decision-making. These committees also gave individuals who could not make a long-term commitment to the Advisory Council, but represented sectors that were essential to systems change an opportunity to get involved in specific topics and tasks. Additionally, the Council's chairperson was someone with credibility and influence in the local government, which helped increase the Council's importance and visibility.

***Establishing a training scholarship program to engage local agencies: Washington County, Maine (KCSD)***

KCSD established a training scholarship program to encourage and support professionals who work directly with children six years old and younger to learn more about the impact of violence on children. Scholarships, averaging from \$300 to \$500, have allowed recipients to attend several trainings, such as training on trauma recovery, the empowerment model for women, and promoting self-regulation through sensory integration and adaptive coping.

#### **4. DEVELOPMENT OF POLICIES, PROCEDURES, AND PROTOCOLS**

In addition to community engagement and collaboration, Safe Start Demonstration Sites are required to help develop policies, procedures, and protocols that address children's exposure to violence. These enhanced or newly developed policies, procedures, and protocols are intended to improve the identification, assessment, and treatment of CEV, as well as the prevention of such exposure.

Sites having promising practices in this area are Chicago, Illinois; Washington County, Maine; Pinellas County, Florida; San Francisco, California; and Chatham County, North Carolina.

***Using Safe Start referral rates as a measure of training needs for law enforcement officers: Chicago, Illinois***

To improve the response of law enforcement to CEV, Chicago Safe Start worked with the Chicago Police Department to train police officers. The Police Department has agreed that officers responding to domestic or community violence calls will complete referral cards if children are present at the scene of the incident. The referral cards were used to document that a family has been referred to the City of Chicago's Domestic Violence Help Line (which then links callers with young children to Chicago Safe Start). These referral cards were tracked by Chicago Safe Start, and if, over time, the referral rate decreased, Chicago Safe Start took the appropriate steps to reorient and retrain police officers on the dynamics of CEV and the Safe Start Initiative. This strategy appeared to be successful since, after the trainings, referral numbers increased. The monitoring of referral data was valuable because it gave Chicago Safe Start an indicator of when additional training and communication with the law enforcement community were needed.

***Coordinating training for mandated reporters: Washington County, Maine (KCSD)***

After the County Department of Health and Human Services (DHHS) determined it needed to upgrade its training for mandated reporters of child abuse and neglect, KCSD developed a training curriculum for mandated reporters. Under the DHHS curriculum, many of the 5,000+ mandated reporters in Washington County had not received training on how and what they were obligated to report. There were too few trainers and no system for tracking who had been trained.

KCSD submitted their training curriculum and protocol to DHHS. The curriculum and protocol will be subject to ongoing review and updates by DHHS, KCSD, and a group of mandated reporter trainers. KCSD also will collaborate with other agencies to develop a system for tracking trainings and participants. Pre- and post-test instruments will be included with the final curriculum. In addition, KCSD, in collaboration with the mandated reporter trainers, will develop a list of preferred trainers to offer future trainings.

Success of this practice is measured in:

- The number of agencies training their mandated reporters;
- The level of coordination and cooperation between agencies in sharing trainers and the training curriculum; and
- The adoption of the training curriculum by individuals and agencies charged with reporting CEV and DV.

The trainings have received high ratings from participants. Washington County has sent training guides and curricula to over 150 individuals or agencies across the State of Maine.

#### ***Development of a systematic screening protocol: Pinellas County, Florida***

Pinellas Safe Start developed a systematic screening protocol for exposure to violence to be used in agencies that serve large numbers of young children and families. Six agencies have implemented their own protocols based on Pinellas Safe Start or similar criteria (variations exist in screening questions and procedures, depending on the setting for screening).

Prior to the Pinellas Safe Start efforts, there was no systematic screening for CEV in Pinellas County. As a result of the Pinellas Safe Start screening protocol, children have received consultative services in their childcare settings, and families have received referrals to community services.

#### ***Development of a web-based database: Pinellas County, Florida***

Agencies funded by the Pinellas County Juvenile Welfare Board (JWB), the lead agency of Pinellas Safe Start, use a web-based database -- Services Activities and Management Information System (SAMIS) -- to submit both fiscal and case participant data. Pinellas Safe Start has enhanced SAMIS to 1) include variables that reflect the activities of Pinellas Safe Start and 2) allow Pinellas Safe Start to produce reports that summarize referral patterns and service utilization across multiple agencies.

#### ***Development and dissemination of policies to institutionalize Safe Start's core values: San Francisco, California***

San Francisco SafeStart has developed a set of eight policies that reflect its core values related to CEV; adoption of these policies by SafeStart partners and other agencies was one way in which the Initiative hoped to institutionalize its mission and values. The policies relate to the following subjects: victim services, developmental disabilities, consent and confidentiality, case management and referral, family support practices, child abuse and neglect, domestic violence, and



batterer intervention. These policies, available on the San Francisco SafeStart website ([www.dcyf.org/safestart/](http://www.dcyf.org/safestart/)), were developed by the SafeStart Advisory Council, reflecting the consensus of community leaders, service providers, advocates, and other representatives across systems. The policy development also constituted a promising practice in the category of “Local Agency and Community Engagement and Collaboration.”

### ***Making Safe Start a priority at other agencies: Chatham County, North Carolina***

In response to an identified need for more local agencies to promote services for CEV, the Chatham County Safe Start Initiative requested that at least 50% of its partner agencies conduct a service needs assessment, analyze that assessment, and make recommendations regarding CEV. As a result, agencies have now dedicated planning time to CEV. For example, the Chatham County Department of Health has made child abuse and neglect a priority in its strategic planning process.

## **5. SERVICE INTEGRATION**

Agencies and community organizations that serve children and families have varying missions, services, target populations, and often times conflicting philosophies. These conflicts could result in inadequate services for some children who have been exposed to violence. One goal of the Safe Start Initiative is to bring together child and family service agencies and community organizations, to develop the means of integrating their services in an effort to identify and serve all children in need.

Of the 11 Demonstration Sites, six have promising methods of service integration: Washington County, Maine; Spokane, Washington; Rochester, New York; Pinellas County, Florida; Chatham County, North Carolina; and San Francisco, California.

### ***Coordinating case review for systems improvement: Washington County, Maine (KCSD)***

In Washington County, a Multi-Disciplinary Team (MDT), convened by KCSD, reviewed closed DHHS child protective cases with other involved agencies (e.g., law enforcement; probation and parole agencies; legal, medical, and mental health providers; prosecutors; etc.) to assess the strengths and weaknesses of the system’s response, and to enhance that response through improved communication, shared knowledge, and experience. Prior to the inception of Safe Start, the Washington County DHHS did not consult with other agencies about the provision of services or casework.

State police officers, DHHS workers, medical providers, and mental health providers have stated that the reviews have been helpful in increasing their understanding of the complexity of CEV and child abuse/neglect cases. The MDT and all parties involved in cases now conduct reviews on a regular basis; case reviews, with recommendations for policy and/or practice changes, are written by the MDT. The team will also receive expert assistance to finalize and update the policies and practices.

### ***Development of a Child Outreach Team: Spokane, Washington***

Spokane Safe Start created a Child Outreach Team (COT), inspired by the Child Development-Community Policing (CDCP) model at the Yale University National Center for CEV. Although the CDCP model, per se, was not viewed as workable in Spokane, due to the structure of the Spokane Police Department, the Spokane Safe Start Initiative was able to modify CDCP to better meet the needs of its community.

The Safe Start Initiative developed the COT in partnership with three other child-serving agencies, as well as law enforcement agencies throughout Spokane County. This service integration allowed for identification of families with CEV not only by law enforcement agencies, but also by other child-serving agencies likely to encounter CEV, including mental health services, domestic violence advocacy agencies, and CPS.

The purpose of the COT was to address a family's needs at the scene of the crisis, instead of waiting until the family requests services. Addressing needs at the scene increased the likelihood that the family will pursue assistance after the crisis has abated. The COT was equipped to address basic living needs (e.g., housing assistance, utility assistance, childcare needs), as well as to make referrals to chemical dependency and mental health agencies.

The ability to serve families referred by agencies outside of law enforcement makes this practice promising. Markers of success include increased referrals, increased number of families served, and referrals received from a broader spectrum of child- and family-serving agencies.

### ***A curriculum for training across agencies: Rochester, New York***

Rochester Safe Start has developed a cross-agency training CEV curriculum that can be delivered to multiple agencies; previously, training had been delivered on a single-sector/agency basis. For example, early childhood educators would not attend training with mental health counselors, thus limiting the amount of cross-disciplinary exposure they received. Professionals, paraprofessionals, and laypersons who serve children and families -- e.g., substance abuse counselors, educators, home visitors, and parent group leaders -- have attended the trainings. Cross-training has resulted in the sharing of information about each agency's mission and goals, providing fertile ground for a common understanding of practice, and helping to build the capacity of providers, as well as increasing their knowledge of other community services.

Thus far, training participants have reported a high degree of satisfaction with the trainings. Further outcome measures include knowledge gained and usefulness of the knowledge acquired. A technical report with preliminary results will be available later in 2004.

### ***Batterer Intervention Programs: Pinellas County, Florida***

Pinellas Safe Start collaborated with the Domestic Violence Task Force to develop the Batterer Intervention Program, an educational initiative to inform male inmates about the impact of violence on children, as well as the community resources available to assist them. Male inmates may request participation in the program, or may be referred to the Batterer Intervention

Program by a judge. Both verbal and written comments from program participants and data on utilization showed a positive response to the program.

### ***Bringing the domestic violence and child protective services communities together: Chatham County, North Carolina***

Domestic violence and child protective services must work together to help reduce childhood exposure to violence and its impact. Each plays an important role with victims of violence. The Chatham County Safe Start Initiative convened a workgroup of representatives from these two sectors to discuss their philosophical and practical differences, as well as how the two sectors can cooperate and even collaborate with each other to better serve CEV. The workgroup, which grew out of a focus group highlighting the importance of cooperation and collaboration between the two systems, has increased trust among representatives from both sectors. Their discussion also has moved from individual exchanges to a dialogue about changes at the agency and systems levels.

### ***Development of a Service Delivery Team: San Francisco, California***

The San Francisco SafeStart Service Delivery Team (SDT) served as the coordinating body for information exchange, case analysis, and training among representatives who constitute the support system for victims of family violence. The SDT included 24 individuals from batterer intervention programs, child protective services, mental health services, family resource centers, police department, family court, and sometimes, adult probation and domestic violence agencies. Dr. Patricia Van Horn<sup>4</sup>, a local expert in child trauma, provided clinical assistance to the Team. The SDT met three times a month, twice for case analysis and once for policy development and training. Each meeting lasted about two hours. The SDT discussed cases without disclosing the clients' names. Because of the limited resources of some of the member agencies, the San Francisco SafeStart paid some of the representatives on SDT for their time at an hourly rate.

The SDT has strengthened the relationships among the providers. As a result, they were able to rely on each other for information and assistance. For example, when a point-of-service provider needed to review a case and no family advocate or supervisor was available, she felt comfortable calling the CPS director for consultation. In another instance, the family resource center staff found it very helpful to hear directly from the police liaison for SafeStart about how the police would respond to a specific situation, and they, in turn, could explain the procedures accurately to their client. New cases were brought to the SDT's attention, discussed, and assigned to the appropriate provider based on race/ethnicity and geography.

SDT members also participated in regularly training about how to 1) identify CEV, 2) respond appropriately, and 3) obtain referrals and resources based on the SafeStart curriculum. SDT members took the information from their training and conducted training at their home agencies. The SDT functioned as a support group for the providers where they could discuss the challenges they faced in their jobs (e.g., staff burnout, secondary trauma).

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<sup>4 4</sup> Dr. Van Horn is the Director of Training at the University of California San Francisco Child Trauma Research Project.

The SDT was what separated SafeStart from domestic violence and other family services. It gave service providers a safe way to seek advice from each other about a family's situation and to understand how each agency in the system might respond to the family's situation.

## **6. RESOURCE DEVELOPMENT**

Many of the Safe Start Demonstration Sites have engaged in activities to diversify their funding base and to develop and leverage additional resources to further support their efforts. Eight Safe Start Demonstration Sites have leveraged more than \$4.5 million in ongoing resources. The sites continue to investigate methods of generating continuation funding for their activities.

San Francisco has been particularly successful in generating continuation funding for their site. This section describes the promising practice of San Francisco SafeStart to obtain additional resources for its programs.

### ***Taking advantage of existing capacities and “brand-naming” SafeStart: San Francisco, California***

San Francisco SafeStart has been able to leverage over \$1 million from the city government and private agencies to further support its activities, including its public education campaign, as a result of three essential factors: effective marketing of SafeStart to the point of its becoming a “brand name,” commitment to the prevention concept by city officials, and the Project Director's fundraising skills. So far, San Francisco SafeStart has been able to secure \$500,000 annually from the city government for the next three years (the city provided \$210,000 annually for the past two years); \$135,000 co-sponsorship from several agencies and organizations for its public education campaign; and \$5,000 from the First 5 California Children and Families Commission for its Parent Team.

## **7. COMMUNITY AWARENESS**

In addition to providing services, all Safe Start Demonstration Sites engage in activities to assess and raise community awareness of issues related to CEV.

The following Safe Start Demonstration Sites developed promising community awareness practices: Pinellas County, Florida; Rochester, New York; Washington County, Maine; Spokane, Washington; Chicago, Illinois; San Francisco, California; and Baltimore, Maryland.

### ***Using sports as an avenue for raising awareness: Pinellas County, Florida***

Pinellas Safe Start worked with the local major league baseball team, the Tampa Bay Devil Rays, to promote Pinellas Safe Start. Newspaper articles covered Pinellas Safe Start with the introduction of the team's catcher, Toby Hall, as a Pinellas Safe Start spokesperson.

Information about Pinellas Safe Start also was publicized and distributed at a Devil Rays game, enabling Pinellas Safe Start to reach a large audience through a single event.

***Recruiting and training individuals to be spokespersons or ambassadors for Safe Start: Pinellas County, Florida***

The Pinellas Safe Start campaign manager recruited and trained a group of individuals from 11 organizations to be ambassadors for the Safe Start Initiative. Representatives from education institutions, family service centers, foster care services, and child welfare services were trained in Spring 2004 to arrange and deliver presentations in the community. This practice has been shown to be useful for spreading the word about Pinellas Safe Start and building community support for sustaining Pinellas Safe Start efforts. The number of requests for information and training about Safe Start services and the number of contacts on the Pinellas Safe Start website have increased.

***Reaching out to attorneys: Rochester, New York***

Rochester Safe Start sponsored a monthly column in *The Daily Record*, a newspaper for attorneys, in an effort to educate law guardians and the legal community about the impact of violence on children. This practice enabled Rochester Safe Start to reach out to a group of professionals who play a role in ensuring the safety of children, but have not previously been accessed.

***Creating public education campaigns: Rochester, New York and San Francisco, California***

Rochester Safe Start created and launched *The Shadow of Violence* campaign in collaboration with the local Council. This campaign was intended to encourage community members to assist children who are exposed to violence; through the campaign, Rochester Safe Start increased community awareness, attempted to alter community norms, and mobilized community members to act on behalf of CEV. Residents in Rochester and in a comparison community were surveyed before and after the release of campaign materials. Results revealed that the percentage of adults who reported taking no action on behalf of a child exposed to violence decreased by half in Rochester (from 26% to 13%), while in the comparison community, there was no change. Because Rochester Safe Start received a sizable donation from the Ad Council for this effort, this practice has also been deemed promising in the category of “Resource Development.”

San Francisco SafeStart created a “brand name” for itself to attract the public and institutionalize the Safe Start concept. Focus groups were used to test brand messages, thereby ensuring that these messages would be appropriate in the languages spoken in the target neighborhoods, including English, Spanish, and Cantonese. The branding campaign kicked off with a city resolution; the Mayor and Board of Supervisors declared February “Prevent Childhood Exposure to Violence” month in San Francisco. A committee was established to 1) seek co-sponsors and 2) engage the SafeStart Service Delivery Team and Parent Team, comprised of service providers and parents, respectively, in publicizing San Francisco SafeStart. SafeStart developed and distributed 350 inside bus cards, 30 bus shelter and 75 outside bus card

advertisements, 30,000 flyers, and 900 posters in English, Spanish, and Chinese, to raise awareness about issues related to CEV. A total of \$135,000 was leveraged from co-sponsors, including the San Francisco Department of Children, Youth, and their Families; the State Attorney General's office; St. Francis Memorial Hospital; and other groups. SafeStart conducted press conferences, public service announcements (on both local television and radio stations), and television interviews with the SafeStart project director, a parent, and a teen. Advertisements appeared in several community newspapers in at least three different languages. Please see the "Resource Development" section for more information about San Francisco's ability to generate funding for its SafeStart activities.

***Conducting community forums, events, and conferences to publicize Safe Start: Washington County, Maine (KCSO); Spokane, Washington; Baltimore, Maryland; and Chicago, Illinois***

KCSO sponsored the *Walk to End Family Violence*, a series of sponsored walks that occurred in various locations throughout the county. A coalition of providers planned the events for domestic violence awareness month, which were publicized through public service announcements broadcasted on the radio, advertisements placed in newspapers, and flyers distributed in various locations. KCSO asked local businesses to donate to the walk and to sponsor remote radio broadcasts (i.e., broadcasts from a business or business event). The walks were broadcasted every two hours and participants were interviewed about issues related to domestic violence. Along with the live radio broadcast of the event, articles about the walks were published in five local newspapers.

The Spokane Safe Start Initiative sponsored a Fathering Conference in January 2004, to encourage community interest in family violence. The Conference, which focused on interventions and programs for batterers, was the first of its kind -- in response to the lack of existing batterers' intervention programs in Spokane. The Conference featured Dr. Oliver Williams<sup>5</sup> and Dr. Ed Gondolf<sup>6</sup>. As a result of the Conference, the Spokane Safe Start Initiative formed a workgroup in partnership with the Spokane County Domestic Violence Consortium, chaired jointly by the Consortium's Executive Director and the Safe Start Initiative Project Director. The purpose of this workgroup was to create an integrated response to the absence of treatment programs for batterers in Spokane. A significant catalyst for this work was the recognition that more than half of the jail population arrested for battering also demonstrates mental illness, post-traumatic stress disorder, and/or substance abuse. For the first time in Spokane, professionals were working together to address the co-occurrence of battering and mental health and chemical dependency problems.

The Baltimore Safe Start Initiative held a symposium related to family abuse and the impact of abuse on children. Dr. Bruce Perry<sup>7</sup>, a world-renowned child trauma expert, was the keynote speaker. Dr. Perry's presence created significant interest and awareness around issues

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<sup>5</sup> Dr. Williams is the Executive Director of the Institute on Domestic Violence in the African American Community at the University of Minnesota and Associate Professor at the University of Minnesota's Graduate School of Social Work.

<sup>6</sup> Dr. Gondolf is the Director of Research at the Mid-Atlantic Addiction Training Institute at Indiana University in Pennsylvania.

<sup>7</sup> Dr. Bruce Perry is a Senior Fellow at the Child Trauma Academy in Houston, Texas, and previously the Provincial Medical Director in Children's Mental Health for the Alberta Mental Health Board.

related to CEV. The symposium also raised awareness about the Safe Start Initiative train-the-trainer sessions on CEV, for which several people registered. These sessions are designed to assist in the institutionalization of the Safe Start Initiative by 1) describing the impact of childhood exposure to violence, and 2) training participants to present CEV issues to a variety of audiences.

Chicago Safe Start conducts an annual community outreach family fair called KIDSFEST. During the fair, information about the impact of violence on children and resources available to help families is distributed. KIDSFEST involves collaboration among various agencies and service providers and, as such, has created new avenues for information exchange among partners and across professional and community sectors. Chicago Safe Start has observed steady cross-discipline recruitment in local efforts and advertising. The Safe Start Initiative also has been able to link KIDSFEST to the domestic violence community's education program.

Both the Spokane and the Chicago community awareness efforts have also worked with other agencies and community groups to conduct their community awareness activities. Thus, these activities are also promising in the area of "Local Agency and Community Engagement and Collaboration."

***Creating a library of resources that is accessible to the public: Washington County, Maine (KCSD)***

KCSD created a library of resources on family violence and its impact on children for services providers, parents, and the community in general. The library, located in the KCSD office, is advertised through KCSD's website and newsletters. Materials for the library are recommended by KCSD staff, experts, and others in the community. Current resources include curricula for first responders, fatherhood kits<sup>8</sup>, and a childhood trauma video set.

## **8. IDENTIFICATION AND SCREENING OF CHILDREN EXPOSED TO VIOLENCE**

As part of their service delivery system, Safe Start grantees are required to improve the process of identifying and screening CEV and their families.

Six sites have promising practices for the identification and screening process: Washington County, Maine; Pinellas County, Florida; Chatham County, North Carolina; San Francisco, California; Bridgeport, Connecticut; and Rochester, New York.

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<sup>8</sup> The fatherhood kit is part of a training curriculum to teach Head Start teachers how to help fathers become involved in their children's lives. The curriculum used is "Fatherhood USA: A Workshop on Effective Fathering," published by The Fatherhood Project<sup>®</sup> at Families and Work Institute, the longest-running national initiative on fatherhood. Trainings on fatherhood using this kit have occurred at three of the five Head Start centers in Washington County.

### ***The digital camera project: Washington County, Maine (KCSD)***

The digital camera project developed by KCSD enables first responders, including police officers, DHHS workers, and emergency medical workers, to take digital photos of injuries to determine if a child has been abused. The photos are sent to an expert in identifying child abuse, who works alongside Maine's Child Protective Services. The digital camera project helps fill the gap of available individuals with expertise in gathering forensic evidence to support child abuse cases in the county. Thus far, pediatricians and representatives from two hospital emergency rooms, the Maine State Police Department, the Maine Marine Patrol, the local police department, the county sheriff, and the DHHS have been trained to use the cameras. Expert technical assistance on how to make proper forensic photo measurement, storing photos, and other important topics has been arranged for users of the digital cameras.

### ***Quick reference cards for law enforcement: Pinellas County, Florida***

Pinellas Safe Start created a laminated card, approximately the size of a business card, for police officers to use for quick reference at crime scenes. The card, which is available for use by other local law enforcement agencies as well, provided Safe Start referral information for parents and other adults present at scenes in which a child has been exposed to violence. Records indicated that the laminated cards have led to referrals to Pinellas Safe Start.

### ***“Wellness” checks after a domestic violence call: Pinellas County, Florida***

The Child Development-Community Policing team for Pinellas Safe Start conducted in-home “wellness” checks after domestic violence calls. During these checks, a law enforcement officer and a clinician dropped in on the household to offer additional support, check on the safety of the household members, and provide any needed services or referrals. Established and continually revised protocols specified how and when the CDCP team makes these checks; wellness checks were discussed during the team's weekly coordination meetings.

### ***Placing a social worker in the Sheriff's Department: Chatham County, North Carolina***

Through the work of the Chatham County Safe Start Initiative, the County Sheriff's Department hired a civilian social worker as a “Family Responder.” When children have been exposed to violence, the Family Responder arrives at the scene of the call to provide support to the child, assist the family with immediate needs, and refer the family to the Safe Start Initiative when appropriate. In addition to improving the Sheriff Department's overall ability to identify CEV, the Family Responder has unearthed a specific population of children -- those who reside in homes where drugs are sold. These children are often in the home during a drug raid (often at night), and witness the subsequent arrest and removal of their parents. The Family Responder has made referrals to connect these children with necessary services quickly, until more permanent services can be located. As a result of the Family Responder's work, the Safe Start Initiative referral count increased by a significant amount.



Because of Chatham County Safe Start's ability to work with the Sheriff's Department to provide these services, this practice is also promising in the areas of "Local Agency and Community Engagement and Collaboration" and "Service Integration."

### ***Analysis of police reports: San Francisco, California***

San Francisco SafeStart's local evaluator collected and analyzed police reports of children's exposure to domestic violence in the city. This analysis provided a more accurate understanding of the actual number of CEV, as well as a factual basis for reinforcing appropriate police response to violent families with children. This report helped to convince the Chief, Deputy Chief, and Captain of Police of the importance of their role in improving the system to assist CEV. The officials have made a verbal commitment to the SafeStart Initiative to address problems related to the identification and referral of CEV. The Police Department also has committed to a permanent presence in SafeStart by appointing the Captain to the SafeStart Advisory Council and Service Delivery Team. Finally, the Department has issued a policy that requires police officers to record the names and ages of children present in domestic violence situations. These efforts have resulted in more referrals from the police than before.

### ***A protocol to identify previously unidentified Children Exposed to Violence: Bridgeport, Connecticut***

The Bridgeport Safe Start Initiative has developed a standard protocol for screening and assessing children "at risk" of exposure to violence, even if they have not yet have been exposed. This protocol allowed the Bridgeport Safe Start Initiative to capture a previously missed group of children (i.e., those at-risk who have not been exposed), assess their needs, and refer them to services. The Bridgeport Safe Start Initiative also has developed a screening tool for the Department of Children and Families (DCF) to identify domestic violence in the families it serves. Subsequently, DCF investigators and supervisors reported an increase in the ability to assess and respond to domestic violence cases and an increase in their understanding of domestic violence victims.

### ***Development of a screening tool: Rochester, New York***

The Children's Institute, which administers Rochester Safe Start, has modified existing violence-exposure screening instruments validated for children older than six years, to create a new screening protocol appropriate for children under six years of age. Rochester Safe Start has recruited the support of the Bridgeport Safe Start Initiative to help validate the instrument; the Bridgeport Safe Start Initiative has added the new screening protocol to its current measurement protocol, which includes the Traumatic Event Screening Inventory (TESI)-Parent Report Revised-Brief Version.<sup>9</sup> The Bridgeport Safe Start Initiative will administer the new Rochester Safe Start protocol during the rolling administration of TESI to incoming service recipients. If the new protocol is found to be valid, it will provide a simple, short, noninvasive screening instrument for very young CEV.

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<sup>9</sup> Ford, J.D., R. Racusin, C.G. Ellis, W.B. Davis, J. Reiser, & A. Fleischer. "Child Maltreatment, Other Trauma Exposure, and Posttraumatic Symptomatology among Children with Oppositional Defiant and Attention Deficit Hyperactivity Disorders." *Child Maltreatment*, 2000, 5(3), 205-217.

## **9. INDIVIDUAL CHILD- AND FAMILY-LEVEL ASSESSMENT OF EXPOSURE AND IMPACT OF EXPOSURE**

Once a child has been identified as a victim of exposure to violence in a Safe Start Demonstration Project community, an agency is responsible for assessing the type of violence perpetrated (e.g., domestic violence, community violence, school violence), the amount of exposure (e.g., multiple exposures versus a single exposure), the impact of the exposure, and other critical dimensions involved in understanding the harm to the child. Safe Start Demonstration Sites were advised by OJJDP to use existing, validated assessment tools or to develop and validate their own instruments.

Two Safe Start Demonstration Sites with promising assessment practices are: Bridgeport, Connecticut and San Francisco, California.

### ***Child FIRST and the Early Childhood Educators Program: Bridgeport, Connecticut***

Child FIRST, a partner of the Bridgeport Safe Start Initiative, assesses children who may have been exposed to violence. This program is unique in that the assessments take place in the home or a community setting, allowing for a less stigmatizing or intimidating environment for engaging children and their families. Referrals are made to the program by other service providers in the community.

The Bridgeport Safe Start Initiative also was conducting assessments of children in the classroom, through its Classroom Consultation for Early Childhood Educators Program. Early childhood educators used the Devereux Early Childhood Assessment (DECA), a standardized, norm-referenced behavior rating scale that evaluates behaviors related to social and emotional resilience and concerns in preschool children aged two to five. This tool and the early childhood setting allowed the program to engage a group of children not previously served, due to early childhood providers' lack of capacity to assess exposure. These children probably would not have been identified as violence-exposed through any other means.

### ***Peer and cross-sector training: San Francisco, California***

San Francisco SafeStart conducted an annual academy and conference to train point-of-service providers and members of other agencies to identify and assess CEV. The academy was unique in that it promoted peer-to-peer training, in which teachers worked with other teachers, psychologists worked with other psychologists, etc., as well as cross-sector training, in which adult probation officers and family support service providers learned from each other. The training occurred in English, Spanish, and Cantonese. Trainers became the point of contact for information about making referrals, providing assistance to staff both within and outside their agencies. New connections across and within agencies have been established; for example, representatives from agencies that work with batterers have taught their colleagues in family support agencies about issues related to domestic violence, and the adult probation agency has mandated that their staff receive training from agencies that work with batterers.

## **10. REFERRAL TO SERVICES**

Once children are identified as having suffered potential or actual harm due to exposure to violence, a referral-to-services is made. Referrals, in this instance, include both referrals for assessment and referrals to treatment and intervention after the assessment process has completed.

One Safe Start Demonstration Site has promising practices in their referrals-to-service: Washington County, Maine.

### ***Conducting a study to monitor referrals and track systems change: Washington County, Maine (KCSD)***

KCSD is conducting a referral and assessment pilot study to monitor CEV referrals to service providers as an on-going part of their service improvement effort. Five agencies, including Head Start, domestic violence agencies, DHHS, Rapid Response (a first responder agency), and Child Development Services (an agency that provides child development assessments, speech and occupational therapy and other interventions to enhance child development) make referrals for assessments. The study uses a mixed-methods design, consisting of treatment and comparison groups. Although still in process at the time of this writing, the study already has identified some of the reasons for the low number of children entering the assessment process, showing that CEV may be misdiagnosed; KCSD hoped to resolve such barriers to referral in the near future.

## **11. TREATMENT AND SERVICE DELIVERY TO CHILDREN EXPOSED TO VIOLENCE**

After a child has been identified and assessed, and a referral to services has been made, the child and family enter the intervention phase. Safe Start Demonstration Sites were instructed to develop culturally and geographically appropriate treatment services for CEV and their families.

Four sites have developed promising practices for intervening with and treating CEV: Rochester, New York; Bridgeport, Connecticut; Pinellas County, Florida; and Chatham County, North Carolina.

### ***Building the capacity of early childhood providers to assess and respond to a child exposed to violence: Rochester, New York and Bridgeport, Connecticut***

Rochester Safe Start views high quality early childhood education as an intervention for CEV. Early childhood educators, however, are generally not equipped to handle the challenges of CEV in the classroom. To address this gap, Rochester Safe Start developed a program in which consultants (called “mentors”), experienced in handling CEV, coach teachers of three- and four-year olds in daycare centers throughout the City of Rochester to respond appropriately to a child exposed to violence. Through this program, teachers 1) acquired new skills in handling CEV and 2) learned methods of improving the children’s socio-emotional adjustment. Mentors

attended their assigned centers and classrooms biweekly to assist teachers. Rochester Safe Start staff anticipated an improvement in the adjustment of young CEV. Some of the teachers have provided reports that their experiences with the mentors were helpful.

The Bridgeport Safe Start Initiative developed the Classroom Consultation Program for Early Childhood Educators to increase the capacity of early childhood educators to identify and address children's behavioral and socio-emotional concerns. The program provided on-site support to classrooms and teachers and enabled the Bridgeport Safe Start Initiative to identify a group of children not previously served, due to providers' lack of capacity to assess exposure.

Both the Bridgeport and Rochester programs provided teachers with a set of skills and tools to help them work with children who have been exposed to violence. No one treatment modality or paradigm was emphasized. The goal of these intervention programs was to help the teachers develop skills to alleviate the symptomatology of exposure and create safe environments for children to learn and grow.

### ***Financial assistance for treatment services: Pinellas County, Florida***

Many services in Pinellas County are very expensive. Pinellas Safe Start created "gap funding" to help families use short-term clinical or assessment services not typically funded through any other source. Gap funds, which generally averaged \$300, could be used for specialized assessments, unaffordable co-payments, short-term therapy, time-limited support or therapeutic groups, parenting classes, or occupational therapy. To access gap funding, a staff member at any of the five Pinellas Safe Start partner agencies first made a request. Requests were reviewed by the Pinellas Safe Start coordinator and Pinellas Safe Start partner. Once funding was approved, the requesting agency was responsible for assisting the participant in accessing the necessary services and coordinating with Pinellas Safe Start for payment. Gap funding has made it easier for families to get the services they need, including interpreter services, therapeutic childcare, specialized assessments, and short-term counseling.

### ***Providing clinical supervision and support to providers: Pinellas County, Florida***

Providing mental health services to CEV is intense and difficult work. Pinellas Safe Start established a support network for therapists providing services to CEV and their families. The therapists met with each other two to four times per month, and received additional support and supervision from the clinical supervisors, including a combination of didactic presentations, peer supervision, long-distance consultation from Dr. Patricia Van Horn, and case consultation, to assist them in their work. In exchange for this rich support system, each private therapist committed to providing pro-bono services to one child/family for one year (or the equivalent to multiple clients). Participating agencies supported their staff in implementing the support model and assisted in coordinating services across agency borders. Data are currently being collected to evaluate the impact of this support network.

### *Development of intensive, in-home services: Chatham County, North Carolina*

The Chatham County Safe Start Initiative has developed individualized, in-home therapy services for families of CEV. Services were provided evenings and weekends, and were available 24 hours a day, seven days a week. The services were holistic in nature (i.e., they aim to address all of the family's urgent needs), and built on the strengths of the family. Meeting families in their own environment, on their own time, was expected to increase engagement rates and decrease attrition rates. The Chatham County Safe Start Initiative's evaluation will indicate the extent to which these assumptions were correct.

## **12. FOLLOW-UP TREATMENT AND SERVICES TO CHILDREN EXPOSED TO VIOLENCE**

After children and families complete treatment services, follow-up is important for continued monitoring and support. Each Safe Start Demonstration Site has developed protocols and procedures for follow-up. There were no follow-up practices reported by the sites that met the criteria at this time.

## **13. OTHER PROMISING PRACTICES**

San Francisco SafeStart conducted an assessment to promote cultural competence among members of its Advisory Council. The assessment tool consisted of a list of questions to evaluate cultural knowledge and sensitivity. Thus far, the SafeStart Service Delivery Team has used the tool, with results indicating that cultural competence of services were limited when working in the gay and lesbian communities. Additionally, many neighborhoods in San Francisco were becoming increasingly diverse, yet their services remained unresponsive to this change. The Service Delivery Team and the SafeStart Advisory Council became aware of these limitations, and planned to develop ways to address them.

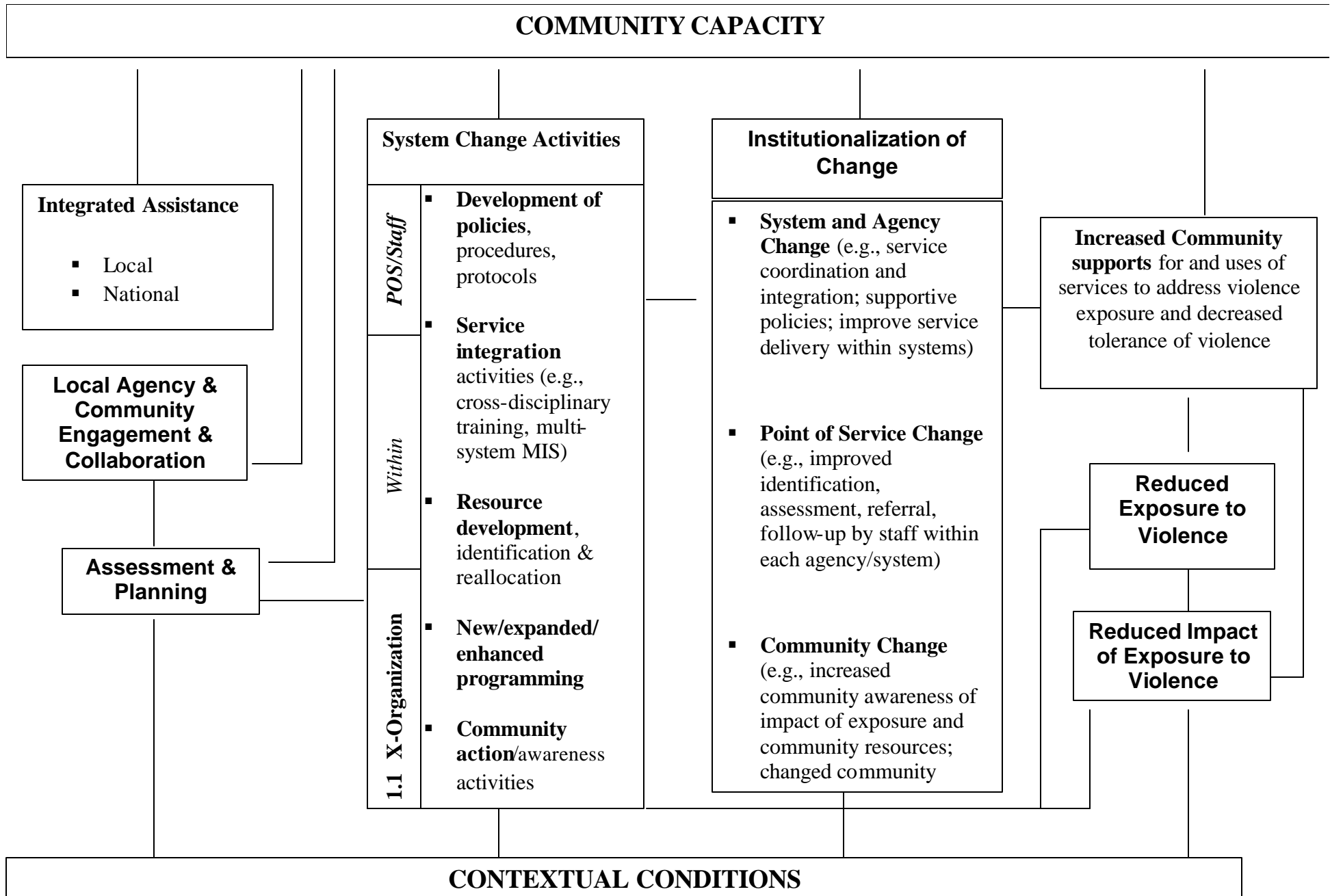
## **14. CONCLUSION**

The Safe Start Demonstration Project was funded because of the limited recognition and response to the needs of CEV. There were few dedicated services and few strategies designed for this population. Safe Start Demonstration Sites have developed many innovative practices to address issues related to CEV in their communities. Each site has been flexible and adaptive to changing environments and community circumstances. Many of the practices described in this report are expected to produce measurable results, which will contribute to both the academic and practice research related to children's exposure to violence.

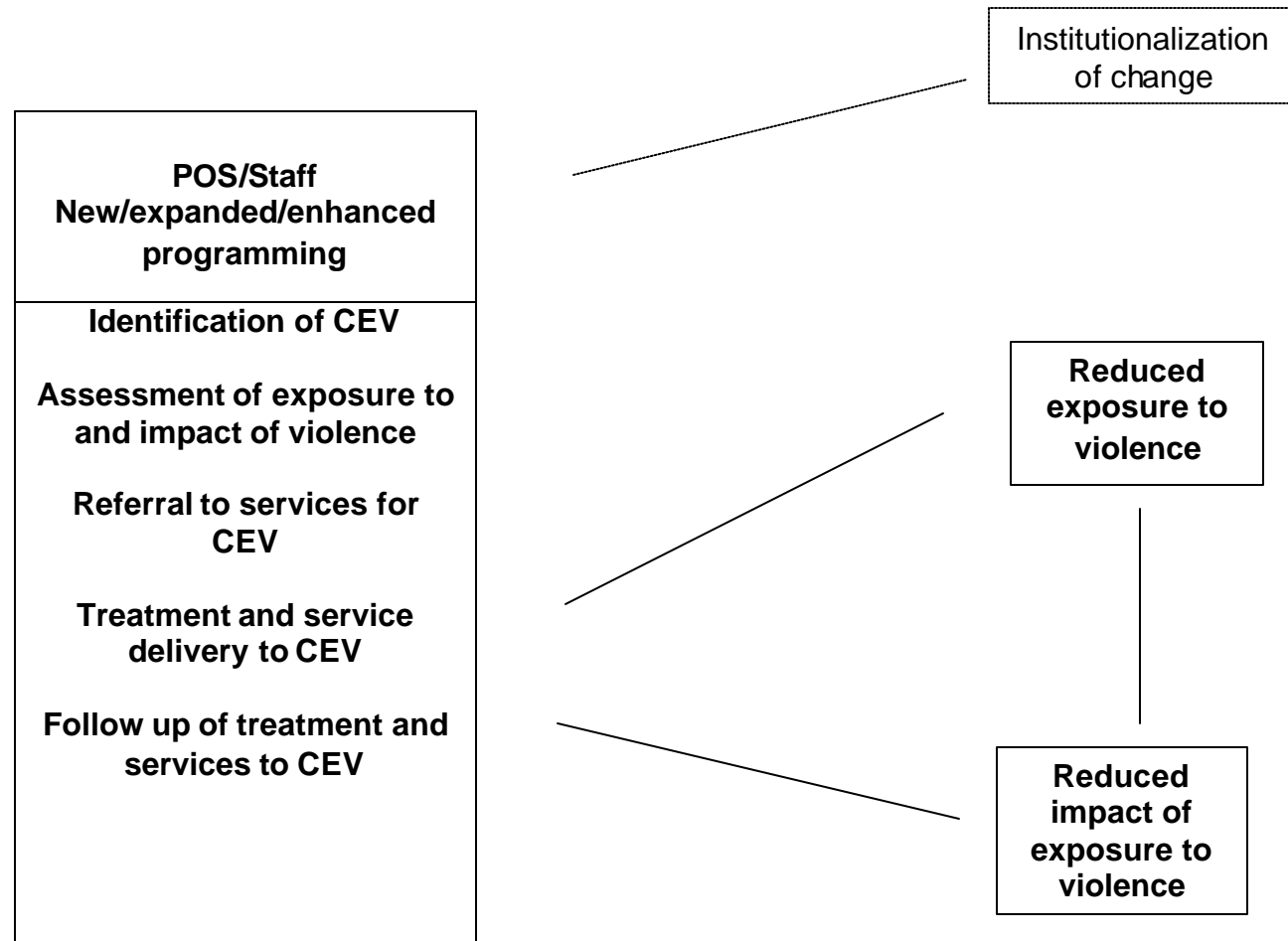
Many practices have not been included because they have not shown even preliminary indicators of success, due to only recently being implemented. These practices will be included in future reports.

APPENDIX A:  
NATIONAL SAFE START DEMONSTRATION PROJECT  
LOGIC MODEL

# Safe Start Overall Logic Model



## Safe Start Enhanced Intervention Logic Model





## APPENDIX B: DATA SOURCES

Appendix B  
List of Sources by Site

Baltimore, Maryland

Baltimore City Safe Start Initiative 2004 Strategic Plan  
Baltimore City Safe Start Initiative Revised 2004 Implementation Plan  
Baltimore City Safe Start Initiative Progress Report, Jan. – June 2004  
Baltimore City Safe Start Initiative Project Director

Bridgeport, Connecticut

Bridgeport Safe Start Initiative 2004 Strategic Plan  
Bridgeport Safe Start Initiative 2004 Implementation Plan  
Bridgeport Safe Start Initiative Progress Report, Jan. – June 2004  
Bridgeport Safe Start Initiative Project Director  
Bridgeport Safe Start Initiative Local Evaluator

Chatham County, North Carolina

Chatham County Safe Start Initiative 2004 Strategic Plan  
Chatham County Safe Start Initiative 2004 Implementation Plan  
Chatham County Safe Start Initiative Progress Report, Jan. – June 2004  
Chatham County Safe Start Initiative Project Director  
Chatham County Safe Start Initiative Evaluation Coordinator

Chicago, Illinois

Chicago Safe Start 2004 Strategic Plan  
Chicago Safe Start Progress Report, July – Dec 2003  
Chicago Safe Start Project Director

Pinellas County, Florida

Pinellas Safe Start 2002 Strategic Plan  
Pinellas Safe Start Progress Report, Jan. – June 2004  
Pinellas Safe Start Application for 2004-5 Funding  
Pinellas Safe Start Community Assessment, 2003-04  
Pinellas Safe Start Project Director

The Pueblo of Zuni, New Mexico

The Pueblo of Zuni Safe Start Strategic Plan  
The Pueblo of Zuni Safe Start Project Director

Rochester, New York

Rochester Safe Start 2004 Strategic Plan  
Rochester Safe Start 2004 Implementation Plan  
Rochester Safe Start Progress Report, Jan. – June 2004  
Rochester Safe Start Project Director  
Rochester Safe Start Project Coordinator

San Francisco, California

San Francisco SafeStart 2004 Strategic Plan  
San Francisco SafeStart 2004 Implementation Plan  
San Francisco SafeStart Progress Report, Jan. - June 2004  
San Francisco SafeStart Semiannual Evaluation Report, April 2004  
Police Report of Children's Exposure to Domestic Violence, 2004  
San Francisco SafeStart Project Director

Sitka, Alaska

Sitka Safe Start 2004 Strategic Plan  
Sitka Safe Start Phase III Implementation Plan, Nov. – Oct. 2004  
Sitka Safe Start Evaluation Plan  
Sitka Safe Start Project Director

Spokane, Washington

Spokane Safe Start 2004 Strategic Plan  
Spokane Safe Start 2004 Implementation Plan  
Spokane Safe Start Semi-Annual Progress Report, Jan.- June 2004  
Spokane Safe Start Project Director  
Spokane Safe Start Principal Investigator

Washington County, Maine

Washington County Safe Start 2003 Strategic Plan  
Washington County Safe Start 2004 Implementation Plan  
Washington County Safe Start Semi-Annual Progress Report, Jan. - June 2004  
Washington County Safe Start Project Director  
Washington County Safe Start Local Evaluator

APPENDIX C:  
PROMISING PRACTICES DATA MATRIX

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:**

**Document(s) Reviewed:**

**Reviewer:**

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Local agency &amp; community engagement &amp; collaboration</b>				
<b><i>SYSTEM CHANGE ACTIVITIES</i></b>				
<b>Development of policies, procedures, protocols</b>				

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:**

**Document(s) Reviewed:**

**Reviewer:**

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Service integration</b>				
<b>Resource development</b>				

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:**

**Document(s) Reviewed:**

**Reviewer:**

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Community awareness</b>				
<b><i>NEW/EXPANDED/ENHANCED PROGRAMMING</i></b>				
<b>Identification of CEV</b>				

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:**

**Document(s) Reviewed:**

**Reviewer:**

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Recruitment/Engagement of children and families into services</b> <i>(Note: Please see the engagement and retention Information Collection Guide for specific data collection guidelines)</i>				
<b>Assessment of exposure and impact of exposure</b>				



**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:**

**Document(s) Reviewed:**

**Reviewer:**

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Referral to services</b>				
<b>Treatment and service delivery to CEV</b>				

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:**

**Document(s) Reviewed:**

**Reviewer:**

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
	<b>Retention of children and families in services</b> <i>(Note: Please see the engagement and retention Information Collection Guide for specific data collection guidelines)</i>			
	<b>Follow-up of treatment and services to CEV</b>			

**APPENDIX D:  
PROMISING PRACTICES DATA MATRICES  
FOR THE SITES**

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Baltimore City: Baltimore City Safe Start Initiative

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January - June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Local agency &amp; community engagement &amp; collaboration</b>	There has been more involvement by council members at Council meetings. The council members had a retreat in June 2004. Four work groups were formed as a result. Council members have been meeting since then.	Council members.	Council members have decided to take the lead on planning and monitoring Safe Start (SS) work beyond 2005. Councils have formed work groups around goals to ensure implementation and sustainability. Thus, there is a plan for sustainability past the funding period.	Too soon to be determined.
<b>SYSTEM CHANGE ACTIVITIES</b>				
<b>Development of policies, procedures &amp; protocols</b>	The Early Childhood Mental Health (ECMH) Training where mental health clinicians are trained to assess and treat impact from exposure to violence in young children has been promising. New sessions (such as play therapy interventions) are constantly added to the training. It also includes a segment on clinical interventions for young children. The SS liaison has identified a team of early childhood, clinical, and domestic violence (DV) professionals to produce a training manual based on the topics and information presented during the ECMH training series.	Social workers, licensed clinical counselors, psychologists, and other mental health workers from different agencies. Mental health service providers have been identified in each community.	A diverse population of professionals was exposed to age-appropriate and best practices in working with young children. The manual will be the sustainable aspect of the ECMH training.	The roster of SS-trained mental health staff has increased listings, filling the void that existed in training for early childhood intervention.

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Baltimore City: Baltimore City Safe Start Initiative

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January - June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Community awareness</b>	<p>A symposium related to family abuse and impact of exposure on children- held on April 28, 2004.</p> <p>-----</p> <p>“Train the trainer” sessions have been promising. Participants receive overview of CEV, child development, and skills development including training techniques and specific instructions and guidance on how to present the information to varied audiences.</p>	<p>About 250 professionals attended. Key note speaker was renowned trauma expert Dr. Bruce Perry.</p> <p>-----</p> <p>Agencies in Baltimore.</p>	<p>A professional from outside the SS initiative was brought in to create interest and awareness around the issue of CEV.</p> <p>-----</p> <p>Four graduates went back to their respective agencies and did the training. More participants became aware of CEV.</p>	<p>Responses on evaluation forms were very positive though it did not result in more referrals to intervention services. Positive verbal feedback was also there. As fallout of the symposium, several people signed up for CEV train the trainer sessions.</p> <p>-----</p> <p>Survey indicates that the participants rated the quality of training presentations and presenters as “good”, the coverage of the content area was “good”. A total of 109 people have been trained. The number of children assessed and referred to services increased.</p>
<b>Recruitment/Engagement of children &amp; families into services</b>	<p>SS works with existing agency, Success by Six (SB6), which has existing resources and access to families and children. SB6 is building community -based governance and service delivery structures that will significantly impact the effectiveness of proposed SS training and violence prevention services. Rather than use scarce resources to duplicate these efforts in other communities, BCSSI decided to begin its work with the same communities targeted by SB6.</p>	<p>Families at risk.</p>	<p>Funding for SB6 allowed high risk communities to establish childcare centers and family support centers in the community. Since both initiatives, SB6 and SS, have the overarching goal of improving the quality of life of children, they have shared resources and clientele.</p>	<p>Too soon to be determined.</p>

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Baltimore City: Baltimore City Safe Start Initiative

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January - June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
	Child Protection Services unit in the department of Social Services demonstration unit has incorporated screening questions prepared by SS. A staff person there took the initiative to educate other staff members on SS and used modules from the CEV training.	CEV.	Provides additional source of referrals. Creates enhanced relationship with SS and CPS.	22 families have been identified and referred to SSI.
	Child Development Community Policing program-Trauma response team. Clinicians accompany police.	CEV.	Contact with families at the time of crisis increases the chance of engaging them in services.	So far they have responded to 40 incidents and have made 7 referrals.
<b>Retention of children &amp; families in services</b>	The main barrier in Baltimore has been transportation. Therefore, transportation and home visits have been provided to families by the mental health provider, Urban Behavioral Associates (UBA), and the Eastern Baltimore Mental Health Partnership.	Families of CEV.	This provides a necessary resource lacking in the community.	Too soon to be determined.

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Bridgeport: Bridgeport Safe Start Initiative

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January-June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Local agency &amp; community engagement &amp; collaboration</b>	Gather information from outgoing judges regarding services, court process, resources, barriers, and effectiveness of court response in Bridgeport's court systems as it relates to violence in the home and child abuse. This information will also be collected at a second time to assess the degree to which the information is being used.	Judicial personnel.	It can provide insight into the judicial process and the attitudes and opinions of judges overseeing family cases as well as their recommendations for working with families of CEV.	Distribution of report to court personnel. There is evidence through focus groups that the information has been integrated into the services and that it is being used.
	Provision of technical assistance (TA) to court personnel around issues of collaboration, information sharing and identification and referral of children and families.	Judicial personnel.	The TA will build the capacity of the courts for working with young CEV.	Between 25 -30 court personnel participate in training. 75% of those participating, demonstrate an increase in understanding of the cross-court process, and are informed about resources available.
	Training of the Department of Children and Families. (DCF) to train service providers on mandated reporting laws.	Service providers.	Increases the connection between DCF and the community; provides direct linkage between DCF and mandated reporters.	35 DCF staff trained, and 120 service providers receive mandated reporting training.
	Provision of training workshops for providers (providers in early childhood, DV, mental health, health care, substance abuse, child welfare, social service, law enforcement, and judicial services) to increase their awareness of violence exposure and related topics.	Service providers.	Provides information to a wide-reaching group of professionals and providers of children's services. Also provides opportunities for providers to network with one another.	Focus groups indicate that the workshops help in the identification of violence exposure. Attendance is on the rise.
<b>SYSTEM CHANGE ACTIVITIES</b>				

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Bridgeport: Bridgeport Safe Start Initiative

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January-June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Development of policies, procedures &amp; protocols</b>	<p>The Bridgeport Safe Start Initiative (BSSI) formally collaborates with the Bridgeport Child Advocacy Coalition (BCAC) which is charged with providing scrutiny of policy issues in the area. BSSI will provide partial funding for a policy research and task force coordinator who will work to integrate BSSI recommendations into the BCAC agenda.</p> <p>.....</p> <p>Development of the program evaluation projects with an eye toward sustainability and building program capacity for evaluation. Required inclusion of program staff at each stage of evaluation development and implementation.</p>	<p>.....</p> <p>SSI program.</p>	<p>Allows for a coordinated effort to address child abuse and neglect (CAN) and, will allow BCAC to develop a standing agenda regarding CAN for the first time.</p> <p>.....</p> <p>Increased communication and collaboration between the program and the evaluation team. Produced buy-in to the evaluation process by program staff. Allows staff to continue to collect evaluable data and information.</p>	<p>Legislative agendas are identified. The Children's Legislative Agenda report is created and distributed, and the number of meetings with legislative leaders are monitored.</p>
<b>NEW/EXPANDED/ENHANCED PROGRAMMING</b>				
<b>Identification of CEV</b>	<p>Introduction of a protocol to the standard screening and assessment process that allows for children who are "at-risk" of exposure to violence to be identified and referred to services.</p> <p>.....</p> <p>Development of an assessment tool to be used by DCF to identify DV in families served.</p>	<p>Children at-risk for exposure to violence.</p> <p>.....</p> <p>Families served by DCF.</p>	<p>The ability to capture a previously missed group of children (those at-risk), assess their needs, and refer them to services.</p> <p>.....</p> <p>Leadership at DCF expressing interest in this procedure.</p>	<p>The same outcomes as children identified as being exposed to violence.</p> <p>As of 4/2004, 43 children exposed or at risk of exposure to violence received mental health services.</p> <p>.....</p> <p>DCF investigators and supervisors report an increase in ability to assess and respond to DV cases, an increase in understanding about victims, methods to engage the abuser, and continuance of the engagement into the treatment</p>



**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Bridgeport: Bridgeport Safe Start Initiative

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January-June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
				phase.
<b>Assessment of exposure &amp; impact of exposure</b>	Child FIRST provides assessments to children in the home or a community setting.	CEV.	Allows for a less stigmatizing or intimidating environment for engaging children and families.	106 referrals have been accepted. 25 violence-specific assessments were conducted.
	Use of the Devereux Early Childhood Assessment to identify and assess children with socio-emotional and behavioral concerns through the Classroom Consultation for Early Childhood Educators (CCEP).	CEV.	Provides early childhood educators with a tool to identify and assess CEV.	The administration of the DECA on 170 children; the identification of 45 children with socio-emotional and/or behavioral problems; the development of 86 classroom-based strategies; the development of 69 child-specific strategies for 13 children; six violence-specific assessments performed; and five children identified as exposed to violence.
<b>Treatment &amp; service delivery to CEV</b>	Provide parenting education and support about working with the emotional and behavioral problems of CEV.	Parents of CEV.	Provides a safety net for parents.	Three workshops were provided for parents.
	Development of the program Classroom Consultation Program for Early Childhood Educators (CCEP): increases the capacity of early childhood educators to identify and address children with behavioral and socio-emotional concerns. Provides on-site support to classrooms and teachers.	Early childhood educators.	Ability to capture a group of children not previously served due to providers lack of capacity to assess exposure.	See Assessment of exposure and impact of exposure above.

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Chatham: Chatham County Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January – June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Local agency &amp; community engagement &amp; collaboration</b>	Use of network analysis (NA) to identify intensity of Safe Start (SS) partnerships and the change over time. Data collection is accomplished through interviewing agency representatives about which other agencies they work closely with.	This practice is aimed at SS collaborative partners.	With the appropriate technical knowledge and software, NA can easily and simply demonstrate how relationships between agencies change due to collaboration or community awareness work.	There have been two data collection points and the results have shown that there has been a change in the relationship patterns.
	..... During the planning phase, the SS evaluator interviewed nearly all the police officers in the county to determine their experiences with CEV (CEV) during domestic violence calls, their relationship with child protective services (CPS), and the location of CEV calls, etc.	..... This practice is intended to benefit law enforcement officers.	..... Not only did this exercise allow SS to locate the pockets of greatest numbers of CEV and to better understand the special needs of law enforcement in this type of situation, it provided an avenue for the SS and the law enforcement to talk about shared goals, needs, etc.	..... SS has a good working relationship with law enforcement in the county.
<b>SYSTEM CHANGE ACTIVITIES</b>				
<b>Development of policies, procedures &amp; protocols</b>	Chatham County SS has requested that at least 50% of their partner agencies conduct service needs assessments, analyze information, and make recommendations regarding CEV as part of their strategic planning process.	This practice is targeting Chatham County SS partner agencies.	Some of the agencies that have participated in this request are those for whom CEV has not previously been a priority (e.g., DSS, domestic violence).	Several agencies that are key to the SSI have included CEV in strategic planning. As a result, the Department of Health made child abuse and neglect a priority in its planning.

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Chatham: Chatham County Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January – June 2004 Progress Report

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Service integration</b>	Since July 2003, an ad hoc collaborative of DV and CPS workers has formed a workgroup to discuss philosophical and practical differences between the two entities.	This targets DV and CPS systems/institutions.	Focus groups held with professionals in the SSI indicate that these two systems must work together better to serve CEV. This ad hoc collaborative was a result of those findings.	The Ad Hoc collaborative has increased trust between the two systems. They have been able to take the discussion from the individual level to the agency level.
<b>Resource development</b>	The Chatham County Health Department found a way to use Medicaid funds for its in-home visiting services instead of SS funds.	Medicaid funds are intended for use with services for families.	By supplanting SS funds with federal health care funds, the program can continue beyond the life of the federal SS contract.	The number of CEV served; evidence is not available yet.
<b><i>NEW/EXPANDED/ENHANCED PROGRAMMING</i></b>				
<b>Identification of CEV</b>	Development of a social worker staff position within the sheriff's department whose job it is to respond to the scene of calls involving violence in which young children are in the home. The Family Responder provides support to the child, assists the family with immediate needs, and refers the family to Safe Start services.	The creation of the Family Responder position is intended to help families with young children involved in a domestic violence call to law enforcement.	In addition to increasing the number of CEV identified through DV calls, the Family Responder has also unearthed another population of missed children – those who reside in homes where drugs are sold. These children are often in the home during a midnight drug raid by police officers (Chatham has as many as 5 drug raids per month) and the subsequent arrest and removal of their parents. The children are then often placed into foster care. The Family Responder has also been able to provide referrals to connect these children with necessary services quickly until more permanent services are identified.	The Family Responder has increased the number of identified CEV by a significant amount since the position was created.

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Chatham: Chatham County Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January – June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Recruitment/Engagement of children &amp; families into services</b>	<p>The Chatham Community Programs Coordinator (CPC) is strongly tied to the faith community. He is using his ties to provide community awareness and education to ministers and faith leaders. The SSI hopes that this will provide a conduit between the faith community and the SSI for CEV.</p> <p>.....</p> <p>CPC is also meeting with the human resources directors of local business to inform of SS services.</p>	<p>The CPC connects with families involved in the faith community who may need assistance due to their children’s exposure to violence.</p> <p>.....</p> <p>The CPC helps employees who may need assistance with CEV.</p>	<p>Reaching out to communities that were previously untapped has great potential to generate new referrals. Specifically, engaging the faith community was indicated in the community assessment thus is evidence-based.</p>	<p>Evidence is not yet available.</p>
<b>Treatment &amp; service delivery to CEV</b>	<p>Individualized in-home therapy services are provided to families of CEV; services are provided evenings and weekends and are holistic in nature. The services are based on the concept of resiliency and the primary therapist is available 24 hours a day, 7 days per week. The model being used varies by provider, but one being used is the Multi-Systemic Therapy (MST) model.</p>	<p>This practice targets families in therapy.</p>	<p>The MST model has gained wide recognition as a model that helps therapists increase family strengths, work intensely with all members of the family system, observe natural family interactions, and appeal to families who may have doubts about conventional therapy settings.</p>	<p>Thus far there are only single case study results.</p>

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Chatham: Chatham County Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January – June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Retention of children &amp; families in services</b>	Chatham SSI is intending to shorten its screening tool, because it is time-consuming and intimidating to families. They anticipate being able to incorporate the new tool into their 2005 strategic plan. This decision arose out of recommendations by direct service providers. Chatham County has also revised their service coordination protocols and the structure of their case management team meetings.	This policy is intended to benefit families in service.	Because of concerns of providers and families, the length of the screening tool is intimidating to families and a deterrent to assessment. Thus, reducing the length may decrease attrition at this stage.  In addition, the other two service modifications have shortened the time between the referral of a family and the receipt of services.	Evidence is not yet available.
	..... One point-of-service provider has developed a close working relationship with a DSS worker who has agreed to track cases for her. The DSS worker can help the provider in locating a family who moves around.	..... This benefits families in services.	..... Collaborating with a DSS worker who has continual contact with a family allows the provider to find families who may move a lot.	..... Evidence is not yet available.

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Chicago: Chicago Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; 2003 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>SYSTEM CHANGE ACTIVITIES</b>				
<b>Development of policies, procedu res &amp; protocols</b>	Data from Domestic Violence (DV) referral cards that police officers complete after responding to DV calls and to community violence calls where children are present will be used to document the number of incident-based referrals to the City of Chicago’s Domestic Violence Help Line. Follow through from these referrals will be tracked using the Help Line data.	Police officers.	Used to monitor the number of referrals made by police officers. When Chicago Safe Start (CSS) sees that the number of referrals is down, they make arrangements to train and/or re-educate police officers of Safe Start (SS) efforts.	When they conduct their three-part trainings, referral numbers go up.
<b>Service integration</b>	Department of Children and Youth Services provides training and assists SS staff with the development of curriculum to provide foster care parents and “others” with CEV trainings.	Professionals caring and/or working with children.		
<b>Community awareness</b>	CSS has made a commitment to organize a community event every year known as KIDSFEST. It is a community outreach activity co-sponsored with police and domestic violence advocates. Their delegate providers, consisting of local agencies servicing children and families, set up their resp ective booths at the event from which they distribute educational materials to residents.	Community residents.	KIDSFEST enables CSS to gain more insight and partnerships to access and improve community awareness.	CSS has seen steady cross-discipline recruitment and advertising. They were also able to link the outreach event with the DV community’s education program.

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Chicago: Chicago Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; 2003 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b><i>NEW/EXPANDED/ENHANCED PROGRAMMING</i></b>				
<b>Assessment of exposure &amp; impact of exposure</b>	Delegate providers have a battery of instruments they administer before, midway, and after treatment to assess the impact of trauma on CEV. They administer a trauma symptom checklist at the midway point of treatment. At the end of treatment, clinicians complete a form that assesses the family's function, parent's ability to empathize with child, the parent's ability to take protective action, and the parent's general knowledge of the impact of exposure to violence on children.	Victims.	Assessing the parents' ability to empathize, take protective action, and knowledge about CEV provides a foundation for increasing the skills and capacities of parents.	

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Pinellas County: Pinellas Safe Start

**Document(s) Reviewed:** 2002 Strategic Plan; 2004 Implementation Plan; Jan – June 2004 Progress Report; Application for 2004-5 Funding

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Local agency &amp; community engagement &amp; collaboration</b>	There is strong collaboration with child care and welfare, domestic violence, law enforcement, justice system and mental health services. Collaboration with Directions for Mental Health is supporting advanced training for local clinicians in two therapeutic evidence based programs: Child-Parent psychotherapy (year long series) and Parent-Child Interaction Therapy (PCIT) (six month series). Participants were paid stipends for participating. There was a competitive application for therapists to participate. SS staff collaborate and support the National Child Traumatic Stress Initiative in preparing for Pinellas to become a replication site for the Parent-Child Interaction Training model for 2004-2005 (began in Jan. 04). SS used funding from another national project, money from T & TA budget to send senior therapists in county for training. They came back and helped with the training in the community.	Local clinicians.	It is promising because there is innovation in disseminating evidence based practice and coordination of funding from multiple sources.	SS is being increasingly utilized by the local court systems and related services, as well as the emergency medical services. A more direct evidence of success of advanced clinical training is participation of clinicians from multiple agencies, and increased use of therapeutic model by some agencies.
	The Partnership Center has established a working relationship with the Guardian Ad Litem (GAL) program and Project Success, a program for female inmates at the County jail.	Volunteer Guardians Ad Litem utilizes consultation from SS for children in child protection system.  Project success offers information	Consultative model developed by SS offers training to law guardians about CEV, community resources and developmental impact of court decisions.	GAL – utilization of service, verbal feedback, and feedback on training forms  Project success – pre-post tests and program evaluation by



**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Pinellas County: Pinellas Safe Start

**Document(s) Reviewed:** 2002 Strategic Plan; 2004 Implementation Plan; Jan – June 2004 Progress Report; Application for 2004-5 Funding

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
	<p>Training is provided to participants on CEV and information about community resources.</p>	<p>about CEV to women in jail, who may be referred to or self refer to SS after release.</p>	<p>SSPC also works in collaboration with education and social service unit at county jail to add CEV information and referrals to inmate program.</p>	<p>participants.</p>
	<p>Batterer intervention program (BIP) in Pinellas County jail-classes led weekly by a certified provider funded by SS.</p>	<p>Men in jail may be referred to BIP by a judge or be self-referred. At BIP they learn about CEV and community resources.</p>	<p>BIP program was developed in collaboration with Domestic Violence Task Force (DVTF) - educates participants about impact of violence on children and available community resources.</p>	<p>BIP Verbal and written feedback from individuals trained BIP very well utilized. Data on utilization and demographics of participants is available.</p>
	<p>SS links with many faith based social service providers through its connection with partners Community Action Stops Abuse (CASA) and the Haven of RCS (Religious Community Service collaborative of 82 local churches and synagogues). Active members of the collaborative are from the faith community. SS's connections with the faith community have increased as trainings and events are held at facilities in local places of worship (e.g. 2003 children's summit held at the Salvation Army Community Center). SS partners with the faith community for political reasons and also because faith community plays a huge and important role in people's lives in Pinellas.</p>	<p>Faith community.</p>	<p>SS has managed to tap into existing established networks. They network with churches that already have mission towards children and families. The faith community is used for outreach, meeting space, literature distribution, mailing lists.</p>	<p>Too soon to be determined.</p> <p>There is increasing evidence of collaboration in writing grant proposals (two since June) for funding related to CEV with faith community partners.</p>

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Pinellas County: Pinellas Safe Start

**Document(s) Reviewed:** 2002 Strategic Plan; 2004 Implementation Plan; Jan – June 2004 Progress Report; Application for 2004-5 Funding

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>SYSTEM CHANGE ACTIVITIES</b>				
<b>Development of policies, procedures &amp; protocols</b>	<p>There is systematic screening for CEV in agencies that serve large numbers of young children and families. There are written referral protocols to connect children and families with community services. Pinellas SS has implemented screening and referral protocols in two domestic violence centers, a centralized telephone Information and Referral service (211), and the Pinellas County Health Department (PCHD) in 2002-03. PCHD, the lead local health agency is going to modify the encounter form and response guidelines to include child witness to violence in 2003. Screening question for CEV have been added to intake and eligibility forms for central child care agency after the contract with Coordinated Child Care (CCC) in September 2003. CCC is the new evaluation partner for comparison group design. The contract is to provide comparison data for the local evaluation, to enhance screening and assessment and to enhance the capacity of the child care system to serve children impacted by violence.</p>	Children (0-6) and families.	There was no systematic screening of CEV in Pinellas county before.	<p>Since SS initiated screening and began documenting CEV, 1,500 children were identified after screening by the multiple partner agencies; some received assessments and family support through SS.</p> <p>Since evaluation partnership began in Jan. 2004, 50 children have been identified as exposed to violence through Coordinated Child Care (CCC)'s new screening program. Children are receiving consultative services in their child care settings and families have received referrals to other community services as appropriate.</p>

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<b>Service integration</b>	Some of SS's training overlaps with outreach efforts and service delivery. Two examples are Project Success (for women in jail), an educational program aimed at preparing mothers in jail for release and the Batterer Intervention program (BIP)- (primarily men) conducted in Pinellas county jail.	Jail inmates .	The program provides both training and referrals.	Verbal feedback from participants in BIP training have told trainers that it is having a positive affect on them. Qualitative information from people conducting the training is available.
<b>Resource development</b>	Gap funds exist as part of SS funding. The purpose of gap funding is to make available short term clinical or assessment services that will make a difference in the life of the child and are not available financially through another source. These funds can be used for: specialized assessments, unaffordable co-pays, short term therapy, short term counseling, time limited support or therapeutic group, parenting classes, occupational therapy. A staff member of any of the five partnership agencies may request funding which is then reviewed by the SS coordinator and one other SS partner. Once approved, the requesting agency is responsible for assisting the participant in accessing the services and coordinating with Help a Child (HAC) for payment.	SS participant s.	Many services in community are very expensive. Gap funds make it easier to get short term funding that families need.	In some cases it has removed barriers. It has been used for interpreter services for families, therapeutic child care, specialized assessments, short- term counseling.
<b>Community awareness</b>	The first group of Public Awareness Ambassadors was trained in March 23, 2004. It included ambassadors from 11	Community.	Direct comm unity involvement	A few of the risk factors commonly associated with exposure to violence have decreased in recent years, for

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	<p>organizations such as St. Petersburg College, Coordinated Child Care, Foster Care services, Family Service centers, CASA and Juvenile Welfare Board (JWB). Program is managed by the new training and community involvement coordinator.</p> <p>.....</p> <p>SSPC contracted with a Public Awareness Campaign Manager (marketing consultant) who planned a soft launch for the campaign that resulted in two newspaper articles and a news interview in late May. The Tampa Bay Devil Rays is promoting a game event for SS and supporting the initiative with a spokesperson for the team. More articles covered SS with the introduction of Catcher Toby Hall as spokesperson for the program.</p>	<p>.....</p> <p>Pinellas County.</p>	<p>.....</p> <p>Campaign manager's experience in communications and public relations has been invaluable. Sports was used to raise public awareness.</p>	<p>example, the index crime rate and juvenile arrest rate. At the same time, the percent of children considered ready for school has steadily improved.</p> <p>Also, requests for information and training is increasing. Number of contacts on website increasing.</p> <p>.....</p> <p>Requests for information and training is increasing. Number of contacts on website is increasing.</p>
<p><b>Identification of CEV</b></p>	<p>JWB's SAMIS is a web-enabled reporting program that JWB-funded agencies use for submitting both fiscal and case participant data. SS added variables to existing data system (CEV and referred to or from SSPC).</p> <p>.....</p> <p>This first local Child Development Community Policing (CDCP) training was held in February 2002 with 30</p>	<p>.....</p> <p>CEV.</p>	<p>The system helps SS look at service system. Data input to SAMIS that serve children 0-6 are analyzed allowing SS to produce reports that summarize utilization and referral patterns across multiple agencies.</p>	<p>SS is able to look at referral patterns and get info on kinds of services families are using.</p> <p>.....</p> <p>Statistics from CDCP program indicate that the program is beginning to have an impact. Between July-Dec 2003, 55 referrals were made. 13</p>

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	<p>participants from PD and Direction, the mental health agency. Clinicians from Directions participated in ride-alongs and training with the Clearwater Police Department on a voluntary basis. Some families were referred to Directions for follow-up after a police contact. On-call consultation and referral to child counselors was implemented.</p> <p>..... Laminated card the size of a business card has been developed to serve as quick reference for officers at crime scene. It provides referral information for parents and other adults who might be left with a possibly traumatized child. This card is available for use by other local law enforcement agencies.</p>	<p>..... Parents, other care givers.</p>	<p>..... Easy reference.</p>	<p>assessments and referral to further services were also made.</p> <p>Also a “ripple effect” was noticed as core law enforcement personnel move to other divisions yet continue to implement the mission of the CDCP.</p> <p>..... Some referrals have been made through the police department to the SS.</p>
	<p>..... CDCP does wellness checks where the law enforcement officer and clinician drop in where there had been a call earlier. They have criteria on how and when they visit. They discuss these things in their weekly coordination meetings.</p>	<p>..... Community .</p>	<p>..... Established and constantly revised protocol on follow up to cases where CEV may or may not be evident. Providing one more contact to families who may be reticent initially to seek help.</p>	<p>..... None yet.</p>
<p><b>Recruitment/Engagement of children and families into services</b></p>	<p>SS specialist in the child care system. Is an SS funded position within a unit of Coordinated Child Care that provides an array of child care support and</p>	<p>Parents and CEV.</p>	<p>CEV is often associated with social and emotional difficulties that jeopardize their early care and education placement. The consultative support for children,</p>	<p>Local evaluation in process and data collection has been established for CCC.</p>

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	<p>consultation for child care difficulty (for children having adjustment difficulties in early care and education settings when this is related to CEV).</p> <p>-----</p> <p>Children 0-6 have been identified at intake to DV shelters and given information about Safe Start services. Families can request counseling/support/CEV assessment services to be delivered at shelter. Mental Health counselor from SS can go to shelter to meet with family to initiate services. The families can be self referral or referred by DV staff.</p>	<p>-----</p> <p>Parents and CEV who are seeking DV services; families in DV shelters</p>	<p>families and child care workers increases children’s ability to be maintained in group care, thus promoting child’s development and safety as well as family self sufficiency. Screening questions are non-intrusive and well accepted by families. Because child care is important for families, linkage through child care system contributes to engagement of families in CEV services.</p> <p>-----</p> <p>Families seeking DV services are in crisis, difficult to engage, and distrustful of seeking help from unknown persons. It is hard to retain contact with families after they leave shelters since they are on short term placement (often 45 days or less). When services for CEV are established while family is in shelter, and family perceives mental health counselor /family support advocate as being safe due to association with shelter staff, services for children can be initiated quickly and relationship with family for transition and follow up can be established. In some cases continued contact with SS can be part of the DV safety plan.</p>	<p>-----</p> <p>Referrals from DV services make up large portion of SS population. Some “word of mouth” referrals from former clients have also linked DV clients to SS.</p>
<p><b>Referral to services</b></p>	<p>2-1-1 Tampa Bay Cares. Through 211, Pinellas SS provides resource info on young CEV makes referrals to community agencies and consults on individual cases.</p>		<p>Existing resources with legitimacy in the community were tapped .</p>	<p>About 100 referrals specifically to SS.</p>

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	Training and guidance is provided by SS to 211 line operators.			
<b>Treatment and service delivery to CEV</b>	SS established child-parent psychotherapy services with 14 mental health therapists (private and agency-based) and 2 clinical supervisors. The therapists meet 2-4 times per month and receive additional support and supervision from the two clinical supervisors. Participating agencies support their staff in implementing the model, accepting referrals from SS and coordinating services across agency boundaries.	Clients of those therapists. Also, each private therapist is committed to providing pro-bono service to one child/family for a year (or the equivalent time to multiple clients).	Combination of didactic presentations, peer supervision, long distance consultation from Dr. Van Horn, and case consultation is being provided. Training people in different agencies to use evidence based, age appropriate practice. Establish good practices in agencies already dealing with children.	Evaluation of how well skills have been transferred to clinicians is expected to be available through collaboration with NCTSN. Data is currently being collected.

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**Site:** The Pueblo of Zuni, New Mexico

**Document(s) Reviewed:** Pueblo of Zuni Safe Start Strategic Plan

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?†</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Local agency &amp; community engagement &amp; collaboration</b>	The SSI has developed an agreement with the police department that CEV and SSI training will count towards an officer's required annual training hours. Furthermore, two officers were given leadership roles on the SSI collaborative.	Law enforcement.	This agreement enabled the SSI to reach out and engage the Police Department by building on the Department's self-interest, responding to its specific training needs, and getting to know the officers at a more personal level.	Several police officers developed a community presentation about CEV as a part of DV month.



**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Rochester: Rochester Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January – June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>SYSTEM CHANGE ACTIVITIES</b>				
<b>Development of policies, procedures, protocols</b>	<p>The Local Domestic Violence Consortium (DVC), as part of its Coordinated Community Response to Domestic Violence (DV), has developed protocols. Rochester Safe Start (RSS) drafted a CEDV protocol for service providers.</p> <p>.....</p> <p>A policy that all recipients of funds through the Rochester Early Enhancement Program (REEP) will receive six hours/year of training related to CEV (CEV).</p> <p>.....</p> <p>A University of Buffalo case analysis identified the Probation Department as a system where many CEV are found. The Probation Department has a new strategy that involves policy and practice in order to enhance their ability to respond to CEV. These practices are about to be implemented:</p> <ul style="list-style-type: none"> <li>• Policy on victims;</li> <li>• Questions regarding CEV on pre-sentence investigation;</li> </ul>	<p>Ultimately, children exposed to DV. Proximately, 70 members of DVC and RSS providers.</p> <p>.....</p> <p>Ultimately, CEV. Proximately, 100 REEP staff.</p> <p>.....</p> <p>CEV.</p>	<p>Addresses screening, assessment, referral and treatment of children exposed to domestic violence, including those who are also abused sexually or physically.</p> <p>.....</p> <p>Ensuring that the staff receives CEV training on an annual basis as a condition of program funding.</p> <p>.....</p> <p>Will be able to identify more CEV and improve response. The Probation Department not only has a DV section, in which Probation staff assist domestic violence survivors in preparing petitions for relief in Family Court, but also supervises over 8,000 adult offenders, many of whom have children and either have committed acts of violence themselves or live in neighborhoods where violence is</p>	<p>A variety of measures.</p> <p>.....</p> <p>A log of staff trained has been created. Initially, a process evaluation (satisfaction survey) was used; now, measures of knowledge acquisition and use are applied.</p> <p>.....</p> <p>Not yet implemented.</p>



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**Site:** Rochester: Rochester Safe Start

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January – June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Community awareness</b>	<p>challenge to supplement the institutional strategies with neighborhood-based approaches were furthered by enlisting local organizations and government representatives to attend the ICP training.</p> <p>The <i>Shadow of Violence</i> campaign developed through RSS and the local Ad Council to increase the willingness of community members to respond to CEV.</p> <p>.....</p> <p>As a follow-up on the Law Guardian training in November 2003, RSS is sponsoring a monthly column in the paper of records for attorneys, <i>The Daily Record</i>.</p>	<p>government representatives.</p> <p>Adults who can help CEV.</p> <p>.....</p> <p>Local attorneys.</p>	<p>provides program staff the opportunity to establish and develop partnerships with them that might result in greater grassroots influence over decisions that affect community and/or access to additional resources to sustain programs.</p> <p>Combining expertise in CEV with an array of marketing and creative talent.</p> <p>.....</p> <p>Another way of educating law guardians and the legal community in general about issues related to CEV (columns are posted at <a href="http://www.childrensinstitute.net/news">www.childrensinstitute.net/news</a>).</p>	<p>.....</p> <p>A pre-post public survey in Rochester and a comparable community documented that the percentage of adults who did nothing for a child actually exposed to violence dropped by half in Rochester (26% to 13%) and did not change in the comparable community. PRISM and TELLY awards recognized the campaign.</p> <p>.....</p> <p>Not specified.</p>

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**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January – June 2004 Progress Report

	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>NEW/EXPANDED/ENHANCED PROGRAMMING</b>				
<b>Identification of CEV</b>	A screening tool for CEV completed by parents of three- and four year-olds; also incorporated into PACE (Parent Assessment of Child Experiences), a broad survey of health and development completed by all in-coming kindergarteners in the City of Rochester.	CEV.	Brief, simple to complete and being validated.	Preliminary evidence suggests high reliability; validity study underway with Bridgeport RSS.
<b>Referral to services</b>	The child advocate in Family Court regularly determines whether the young children of DV victims have a regular, high quality child care provider.	CEV.	This is a non-threatening way to link CEDV to a service important to child well-being.	Success is measured via the number of children already in ECE and the number of children referred to ECE.
<b>Treatment and service delivery to CEV</b>	RSS sees high quality early childhood education as an intervention in and of itself. Consultants experienced in handling CEV have been added to mentor teachers of three and four year olds in early childhood centers in the City of Rochester. Teachers will acquire new skills in handling CEV, and methods to improve the socio-emotional adjustment of CEV. Consultants will help teachers work with parents of CEV. Consultants will also help teachers improve their	Child care providers and children.	Improving the adjustment of young CEV through consultants and mentors to early childhood providers.	Evaluation with intervention and control classrooms.



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**Site:** San Francisco: San Francisco Safe Start

**Document(s) Reviewed:** Progress Report for Jan. – June 2004; Semiannual evaluation report, April 2004; Police Reports of Children’s Exposure to Domestic Violence in SF, January 2004

Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<p><b>Local agency &amp; community engagement &amp; collaboration</b></p>	<p>The Parent Team (PT) serves as the center point for the Safe Start Initiative’s (SSI) community engagement strategy. Currently there are five active members who speak Spanish, Tagalog, and/or English, and one parent who provides technical assistance to the other parents. PT members are present in every parent training and community event. They are trained in the Safe Start (SS) curriculum. Most of the training they have received has emphasized public speaking, media relations, and mentoring to provide them with the necessary skills to raise the visibility of the issue (impact on CEV, or CEV) and help other parents. The members were recruited from focus groups that were conducted in the target neighborhoods last year and that reflected the cultures and languages spoken in those neighborhoods.</p>	<p>Parents in the targeted neighborhoods.</p>	<p>The PT represents a new form of support for parents. Peer-to-peer engagement (parent to parent) and mentoring within the appropriate cultural and linguistic context are important features of the program. It demonstrates the value of parents and their contributions in the same manner that professionals are valued (parents are part of the collaborative and have a voice equal to other members). It ensures that all SS policies, procedures, and activities are informed by the parents, whose perspectives are essential in developing strategies and solutions.</p> <p>The PT received \$5,000 from the First Five Commission for training and for implementing a mentoring program. They expect to continue to get support from the Commission even after SS funding ends. Four of the parents have done newspaper interviews, spoken to organizations (SOMA Child Care), and participated in radio program (Childhood Matters). PT members have become more empowered to address the issue of CEV and to be part of the problem-solving process.</p>

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	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>SYSTEM CHANGE ACTIVITIES</b>				
<b>Development of policies, procedures, protocols</b>	There are eight development policies that support institutionalization of SS core values, practices, and beliefs: Policy #1: Victim Services Policy #2: Developmental Disabilities Policy #3: Consent & Confidentiality Policy #4: Case Management & Referral Policy #5: Family Support Practices Policy #6: Child Abuse & Neglect Policy #7: Domestic Violence (under development) Policy #8: Batterers’ Intervention Policies 3 & 4 are concerned with the service pathways and model practices; others are discrete statements about how systems should respond.	Agencies and service providers.	The policies provide clear guidance on how to support families with CEV. They can be easily institutionalized within agencies after SS funding ends.	Service Delivery Team (SDT) members have applied the policies to their work within the SSI.  The policies reflect the consensus the Advisory Council, which is a very diverse group of community leaders, providers, and advocates across systems. This alone shows the strong collaborative nature of the Advisory Council.
<b>Service integration</b>	See Service Delivery Team approach.	Agencies and service providers.	Systems legally share confidential information about individual clients to coordinate their responses. Many of these systems would not otherwise coordinate with each other.	Attendance at SDT meetings is consistent. SDT members say they have more resources to respond to families than they would otherwise.

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	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Resource development</b>	The SSI has secured interest and support from city legislators and community leaders. The Project Director (Alan Fox) has strong fundraising capabilities. The city’s policymakers also buy into the prevention concept, making it easier to get their commitment.	The general public.	Combining the financial commitment along with the declaration of February 2004 as “Prevent Childhood Exposure to Violence Month,” it appears that this subject has received a lot of attention and will continue to be supported in the future.	A \$500,000 annual commitment from the city for the next three fiscal years. \$210,000 annually was committed for the past two years. They also obtained a \$15,000 co-sponsorship from 5 agencies for a public education campaign and \$5,000 in support from First 5 for the PT’s mentoring program.
<b>Community awareness</b>	The public education campaign and creation of the SSI “brand.” The messages were tested in focus groups to make sure that they were appropriate in the three languages (Spanish, Tagalog, and Cantonese). A committee was established to seek co-sponsors, engage a Public Relations contractor, and engage the SDT and PT in conducting campaign activities.	The general public.	About \$135,000 (\$120,000 from San Francisco Department of Children, Youth, and Families, and the remaining \$15,000 from non-Advisory council members, St. Francis Memorial Hospital, and the California Attorney General’s office) was leveraged for the campaign. They distributed 300 inside cards, 50 rear cards, 30 bus shelter ads, 30,000 flyers, and 900 posters in English, Spanish, and Chinese. They also conducted news conferences, public service announcements (SFGTV, AccesSF, and six radio stations), and a television interview with the SS project director, a PT member, and a teen. Ads have appeared in New Mission News, El Mensajero, San Francisco Bay View, and Sing Tao Daily. The campaign kicked off with a resolution of the Mayor and	This was the first time such a campaign on the topic of CEV was launched in the city. They have not seen a spike in phone calls since the campaign. However, the campaign was not meant to increase number of callers, but simply raise awareness. Every child in the city’s public schools received a brochure through the involvement of the Head Start and Child Development Programs in the school district. SSI has not received any positive or negative responses other than some callers stating the campaign downplayed the violence against women.



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	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<p>the Board of Supervisors declaring February 2004 as “Prevent Childhood Exposure to Violence Month” in San Francisco.</p>				
<p><b>NEW/EXPANDED/ENHANCED PROGRAMMING</b></p>				
<p><b>Identification of CEV</b></p>	<p>Involvement of and commitment from police to be part of the systems change in order to better support CEV.</p>	<p>Law enforcement.</p>	<p>ETR Associates, the firm contracted to conduct the local evaluation, report that analyzed police reports of children’s exposure to domestic violence (DV) in San Francisco provides a factual basis for reinforcing the appropriate police response to violent families with children. The police are very involved in improving the law enforcement response to CEV. There was a verbal commitment by the Chief of Police, Deputy Chief, and Captain to address problems of the system for identifying and referring CEV is not working. The police have a permanent presence by naming the Captain to the Advisory Council and on the SDT through the liaison. The Deputy Police Chief has also attended Advisory Council meetings in the past.</p>	<p>The Police Department passed a policy that mandated police officers to record the names and ages of children present in DV situations. There are more referrals from the police than in the past. The Police Department gives patrol officers a pen with the SS hotline number rather than referral cards to give out because the cards are not as appealing. The fact that the Police Department is thinking about these issues demonstrates their engagement and commitment. The Police Department’s response to the ETR report was very positive and not defensive.</p>

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	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<p><b>Recruitment/Engagement of children &amp; families into services</b></p>	<p>The SDT approach provides an avenue for all the systems related to supporting CEV to come together. It is the center point for outreach and training and for providing consultation to their own agencies, other agencies, and points-of-services.</p> <p>The SDT is comprised of representatives from various key agencies that interact with families with CEV (see list from website). The SDT approach identifies areas for systems improvements through case analyses. They meet 3 times per month; twice to coordinate case sharing and once to address training, systems change, and policy development. The SDT receives clinical supervision from the Child Trauma Research Project.</p> <p>In the past year, the SDT has been expanded to include representatives from child welfare, domestic violence, batterer’s intervention, and adult probation. Because of the limited resources of some of the member agencies, SSI is able to</p>	<p>Families with young CEV.</p>	<p>The SDT is a legal structure developed by SS in accordance with the state law. It provides a seamless experience for families, raises the quality and consistency of responses to families, raises the issue of CEV with member agencies, and improves information sharing. New cases are brought to the SDT’s attention and assigned to the appropriate provider based on race/ethnicity and geography.</p> <p>The participation of liaisons from the Police Department and Family Court System in the SDT ensures that their referrals are properly followed-up.</p>	<p>The number of children and families identified, assessed, referred or treated exceed expectations.</p>

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	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
	pay some of the representatives on SDT for their time at an hourly rate.			
<b>Assessment of exposure &amp; impact of exposure</b>	Training through the Safe Start Academy and Annual Conference.	Point-of-service providers and other agencies interested in family support.	It is a peer-to-peer training approach where teachers work with other teachers, psychologists work with other psychologists, etc. The training occurs in Spanish, Cantonese, and English. The trainers become the network for staff from within their agencies as well as other agencies to call when making referrals.	Over 1,000 individuals in 2003 have been trained, including member agencies and non-service agencies (e.g., Catholic Charities, the school district). New connections have been established across and within agencies that never existed before (e.g. representatives from agencies that work with batterers taught their colleagues in family support agencies about issues related to domestic violence; adult probation agency has mandated that their staff receive training from agencies that work with batterers).
<b>Referral to services</b>	Single point-of-entry support line designated for SS, which operates an internet-based automated referral system that enables the callers to get responses in the language they speak. This support line is co-located to maximize referrals. The line is publicized through brochures, referral cards, child protective services (CPS), and other campaign materials. Families can call the number anytime.	Families with young CEV.	Callers are referred to culturally and linguistically appropriate service providers.	93 calls were received, with 63 children referred to services by the support line. (Note: most of their referrals come from walk-ins to Family Resource Centers)
<b>Treatment &amp; service delivery to CEV</b>	The SSI consolidated and specialized mental health intervention, family and child-	Families with CEV.	It engages the family and creates a safe environment for the family rather than threaten them with	This family-centered approach is practiced by the Bayview-Hunters Point Family Resource Center (FRC), which has a batterer’s program

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	Name/Description of practice	Target population	What makes it promising?	How is the success measured? Is there evidence of success?
<b>Retention of children &amp; families in services</b>	<p>oriented court services, domestic violence batter services, and family support intervention.</p> <p>They used a family support approach, as stated in Policy #5. The SDT took this policy and translated it into practical terms about what to do when working with families. The interventions assess family strengths and needs on an ongoing and continuing basis. Services start even before assessment is complete. It is based on voluntary participation by the family. It offers support to everyone in the family including the offender. It emphasizes family relationship building and restoration of relationships between parents and between parent and child. It creates a safe environment for the entire family.</p>		separation.	<p>where the offender and the victim are treated separately and jointly. At the API Family Resources Network, all members of Filipino families also tend to be engaged in the treatment process.</p> <p>Families are contacted at least five times within first 30 days. The specialist or advocate assigned to the referral reaches out by phone or by actually visiting the family at their home.</p>
<b>Other</b>	<p>The cultural competence assessment of the Advisory Council.</p> <p>The SDT conducted the first assessment of its team and presented to the Council the assessment findings. The</p>	Advisory Council members.	The Advisory Council acknowledges the importance of this subject and is interested in assessing and tracking its cultural competence over time. It is not a common practice at the other sites.	Success is measured via better understanding of service gaps, through a commitment to culturally competent services included in strategic goals and objectives, and a willingness to monitor and improve competence.

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**Site:** San Francisco: San Francisco Safe Start

**Document(s) Reviewed:** Progress Report for Jan. – June 2004; Semiannual evaluation report, April 2004; Police Reports of Children’s Exposure to Domestic Violence in SF, January 2004

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
	findings indicated that current services are limited in the gay and lesbian community. It also helps the Council to see that current services are not culturally competent in the targeted neighborhoods because these neighborhoods have become increasingly diverse. In the past, they were more segregated, but now they are more culturally and ethnically diverse; however, the services have not changed to accommodate the diversity.			

**Safe Start Initiative  
Promising Practices Data Matrix**

**Site:** Washington County: Keeping Children Safe Downeast

**Document(s) Reviewed:** 2004 Strategic Plan; 2004 Implementation Plan; January -June 2004 Progress Report

	<b>Name/Description of practice</b>	<b>Target population</b>	<b>What makes it promising?</b>	<b>How is the success measured? Is there evidence of success?</b>
<b>Local agency &amp; community engagement &amp; collaboration</b>	<p>Connecting issues that are difficult to discuss with traditional and natural practices. Leadership from tribal elders recognize domestic violence as a systemic problem using a traditional practice (carving of totem pole) that allows the issue to be brought up more naturally.</p> <p>This way, the issue is not forced on the community, but brought to the forefront more naturally. At the same time, they are providing opportunities to participate in a community forum through the carving of the totem pole. This is their adaptation of using their traditional ways to grapple with today's issues.</p> <p>In the future, the Safe Start program hopes to be able to use the carving totem pole tradition to teach cultural competence to other providers.</p>	General.	The support of the tribal leadership lends credibility to the issue and ensures that messages are culturally appropriate.	<p>A few tribal elders spoke up and decided that they wanted to meet with the youth more frequently to discuss issues related to violence.</p> <p>This issue was approached in a context of high rates of substance abuse, a strong oral tradition, and a clear clan system. Domestic violence or any other abuse problem is a taboo subject. It is challenging to be able to discuss such taboo subjects openly.</p> <p>When the youth met recently with the advisory council, the issues of child and alcohol abuse came up through a story that the youth decided to tell. Most of the elders were uncomfortable, but some of them spoke up. As they were carving the totem pole the elders requested that they meet with the youth once a month.</p>
<b>NEW/EXPANDED/ENHANCED PROGRAMMING</b>				
<b>Identification of CEV</b>	Sitka is taking a look at paraprofessionals as a solution to not having culturally competent service providers. The paraprofessionals are individuals who are not certified but understand the culture and are from the community. The Sitka Native Education Program is an		Using paraprofessionals with similar backgrounds as the families they serve is less intimidating and more welcoming than using professionals from dissimilar backgrounds.	Too soon to tell.

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	example of a resource where paraprofessionals can be drawn from. Nobody in the school district or mental health services have reached out to this program. They would like to make funding available in the future for the program's staff to attend training on CEV .			
<b>Treatment &amp; service delivery to CEV</b>	The use and training of paraprofessional coaches to provide Relationship Enhancement Therapy (RET ) and Parent Child Interaction Therapy (PCIT) as forms of intervention. Paraprofessionals act as a bridge between agencies for families. RET sessions are offered in elementary schools, Office of Children's Services (OCS) offices, with "booster" sessions at home, and over the telephone. Sitka safe Start has trained two paraprofessionals in PCIT so far.	Families with CEV.	Safe Start is now less dependent on clinicians with degrees and volunteers who do not have longevity and cannot follow a family through the process. They can now train Native Alaskans to work with native families in order to ensure culturally competent interventions.	

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	Name/Description of practice	Target population	What makes it promising? <sup>†</sup>	How is the success measured? Is there evidence of success?
<b><i>SYSTEM CHANGE ACTIVITIES</i></b>				
<b>Development of policies, procedures &amp; protocols</b>	Recently, the Principal Investigator completed a Criminal Justice Study, a comprehensive review of domestic violence prosecution outcomes drawn from 1000 cases distributed equally across Spokane Superior, District, and Municipal Courts <sup>10</sup> . The goal of the study was to determine the distribution of the different first responders in domestic violence cases. If there is an over reliance of one or more agency as a point of entry, additional support can be provided to the responder agencies or strategies can be developed for redistributing the population more evenly among agencies.	This study targets policymakers.	One of the study's findings indicated an over-reliance on the criminal justice system as the primary system response to domestic violence and interpersonal violence. This finding, along with others, will be used in policy discussions among judges, prosecutors, and advocates over the coming year. The findings have also been used in sustainability discussions by Spokane Safe Start.	Changes in policy as a result of the study's finding of over-reliance on the criminal justice system as the primary system response to domestic violence (DV) and interpersonal violence (IPV).
<b>Service integration</b>	Spokane Safe Start was inspired by the Child Development-Community Policing model developed by the Yale University National Center for CEV, but realized that an exact replication of the model would not fit their	This service integration targets families who are identified by law enforcement as having children present at a domestic violence call.	Referrals thus far are up. The ability to consult and serve families referred by agencies other than law enforcement makes this promising.	Markers of success are increased referrals, having the needs of more families addressed, and receiving referrals from a broader spectrum of child-serving agencies.

<sup>10</sup>This study was completed for a project funded through another agency.



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	<p>community. Thus, they created a crisis response team they call their Child Outreach Team (COT) in partnership with law enforcement and three child serving agencies throughout Spokane County. The purpose of the COT is to address the families' crisis management needs at the scene, instead of waiting until they come in for services. Addressing needs at the scene removes the risk that the family will not be proactive in pursuing assistance after the crisis has occurred. The COT is equipped to address family needs such as housing, utility assistance, phone needs, and other basic services.</p> <p>.....</p> <p>Currently, Spokane does not have a system of care principles for children's mental health. Thus, Spokane County Community Services made a commitment in 2003 to launch a Children's Initiative organized around the need to adopt and implement system of care principles.</p>	<p>.....</p> <p>CEV.</p>	<p>.....</p> <p>The SS Principal Investigator and Project Director were invited to serve central roles with the planning committee, which began its work by participating in the National Systems of Care conference in San Francisco. The clinical SS team began developing protocols in February 2004, and the electronic database is rapidly expanding. The team hopes to finish this process by</p>	<p>.....</p> <p>Inclusion of CEV into a system of care initiative should be considered a major success due to its previous absence.</p>

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<b>Community awareness</b>	Spokane has a desperate need for batterers' intervention programs. Although a program has recently begun, there has been no programming for that particular group of offenders. To address this, Spokane Safe Start sponsored a Fathering Conference, January 2004, geared toward exploring different batterers' intervention techniques and programs. The conference featuring Drs. Oliver Williams and Ed Gondolf was much more successful than anticipated and attracted 280 participants. From that training, a workgroup was formed in partnership with the Spokane County Domestic Violence Consortium, chaired jointly by its Executive Director and the Safe Start Project Director. The purpose of the group is to create a response to the absence of batterer treatment in Spokane. This group is tasked with describing the multiple facets of this problem and recommending action steps to address its multiple parts and pieces within the framework of	The conference was developed for professionals involved in family violence programming and responses, including judges, attorneys, advocates and mental health professionals.	the end of 2004 and have protocols in place. For first time, professionals are working together to address the co-occurrence of battering and mental health and chemical dependency problems.	Because of this conference, there is an expanded recognition of the problem of battering, treatment of those who are in jail for battering, and addressing their co-existing challenges of drug abuse, post traumatic stress disorder, and mental illness.

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<i>NEW/EXPANDED/ENHANCED PROGRAMMING</i>				
<b>Recruitment/Engagement of children &amp; families into services</b>	The Child Outreach Team (COT) arrives at the scene of police call to make initial contact instead of calling them a day later. By working side-by-side with the police, COT is able to provide crisis intervention services and better engage the families.	This practice targets families suffering from DV/IPV .	Increased engagement of families.	Increase in engaged families of approximately 6-fold.

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<b>Local agency &amp; community engagement &amp; collaboration</b>	The Child Abuse Response Team (CART), formerly the Child Abuse and Neglect Interview Investigation Team (CAI) has identified a team of child abuse investigators and trained them in child abuse investigation techniques ( <i>Finding Words</i> , a Best Practice created by the American Prosecutor Research Institute) to use new forensic interviewing techniques. They have shared these practices and cross-trainings with Hancock County and Pleasant Point Forensic Interviewing Teams. Collaborates with the SART Team (Sexual Abuse Response Team).	Police, District Attorney, child abuse investigators, child protective workers at Department of Health and Human Services (DHHS), State and local police, and other experts.	Collaboration from multiple sources: District Attorney's Office, Child Protective Services (CPS), probation officers, and state and local police. CART has developed a protocol for conducting forensic interviews that was distributed by the DA's office to Washington County's law enforcement. Using these new procedures, the officers and investigators are in the process of codifying and adopting these policies, and have reduced the number of interviews a child must undergo in an investigation from 4 to 1.	Success is measured by the DA and law enforcement collaborating to establish and follow a written protocol for forensic interviewing; by agreement on the methodology for training investigators; by shared space and ongoing interviewing done by the forensic interviewing team; by the number of children interviewed by the team; by continued support and oversight by the DA; and by the number of individuals involved in child forensic investigations agreeing to undergo training for the practice. Also, the adoption of the new technique is the true marker of success.
<b>SYSTEM CHANGE ACTIVITIES</b>				
<b>Development of policies, procedures &amp; protocols</b>	Training and technical assistance (T&TA) for mandated reporter training. Maine mandates that all child workers who suspect child abuse are required to report it. Washington County DHHS assessed its reporting curriculum and found it to be informal and haphazard. There are over 5,000 reporters in Washington County that weren't receiving training on how and why they are obligated to report. There were too few	This practice targets mandated reporters.	The training curriculum was adopted by the Maine Department of Health and Human Services. It is being updated by the Department of Health and Human Services, Keeping Children Safe Downeast (KCSA), and a group of mandated reporter trainers. Collaboration with the Child Abuse & Neglect Council (CAN) and Washington County Resource Development Center	Success is measured by: <ul style="list-style-type: none"> <li>• The number of agencies training their mandated reporters;</li> <li>• DHHS coordination and cooperation with the CAN and among and between agencies for sharing trainers and the training curriculum; and</li> <li>• The adoption of the training curriculum by individuals and agencies charged with reporting CEV and domestic violence (DV).</li> </ul>

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	trainers and no system for tracking who has been trained according to any kind of reporting standard. Safe Start Washington County created a training protocol and submitted it to DHHS for use.		will result in the development of a system that trains and keeps records of trainings.	
<b>Service integration</b>	DHHS used to do casework without reviewing it with outside agencies and providers who were involved in the case (law enforcement, probation/parole, legal, medical and mental health providers, prosecutors, etc.). The Multi-Disciplinary Team (MDT) was established to review closed cases with the external providers and agencies to ensure the lessons learned were not repeated. MDT is taking action to see that all parties involved in a case collaborate and meet to review specific cases of child abuse and neglect to assess the strengths and weaknesses of the system's response. Case reviews with recommendations for policy and/or practice changes are written by the MDT.	Any agencies and service providers that can improve policies or practices when dealing with cases of child abuse and neglect, usually DHHS, police, CPS, and the MDT.	Six cases have been reviewed since January 2004. Furthermore, at least one state police officer, DHHS worker, medical provider, and mental health provider have stated in the reviews that they have learned from the reviews and that the reviews have had an effect on the efforts to follow up on cases.	Number of cases reviewed, recommendations, and policy or practice changes as a result of the recommendations are signs of success. The MDT and the parties involved in the cases now conduct reviews on a regular basis.
	----- The Downeast Batterer's Intervention Program is a collaborative effort between the	----- This intervention targets convicted batterers in Washington County, Maine	----- There have been eleven men in the class in 2004 (with 23 children affected); four have	----- There are no goals established for the number of men to be reached through this program, mostly because they are unable

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	<p>Keeping Children Safe Downeast Board, local domestic violence agencies, and the Washington County Sheriff's Department for batterers who wish to attend the program as an alternative to a jail sentence. Most of the funding for this program is paid by the batterers themselves.</p>	<p>and their families.</p>	<p>completed the program. Although Downeast Batterer's Intervention Program has not had a huge influx of participants, KCSD staff believe that each graduate lends credibility to the program.</p>	<p>to predict how many are offered the option to take the class in lieu of jail. KCSD believes it will take one to three years to realize outcomes from the class, and that completion of the program is itself important since many participants drop out of the program and go back to jail.</p>
<p><b>Resource development</b></p>	<p>The Training Scholarship Program: Twenty-one scholarships have been awarded this year ranging from Second Step trainings to involving more fathers in the care of their children. More agencies are aware of the importance of the necessity of CEV training for the staff that work directly with children.</p>	<p>This practice targets staff working directly with children from zero to six years old.</p>	<p>Twenty-one scholarships have been awarded this year. Trainings have included: Trauma Recovery and Empowerment Model for Women; Promoting Self-Regulation Through Sensory Integration and Adaptive Coping, and others. These trainings have led to agencies communicating and sharing with one another some of the things they learned. The staff from several agencies meet others who are doing similar work. More agencies are aware of the need to receive training on the impact violence has on the children and parents, and families they work with. Staff are more aware of the signs and symptoms of violence and are</p>	<p>Signs of success include the training taking place and the demonstrated use of that training in the staff person's work.</p>

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		more likely to intervene and/or seek to prevent children from obtaining intervention services.	
<p><b>Community awareness</b></p> <p>The “Walk To End Family Violence” is an example of a community awareness campaign designed to raise awareness of domestic violence. Walks are scheduled in various locations within the county. Agencies involved include businesses in raising awareness by use of the remote radio broadcasts and donations for the walk. Public service announcements are broadcast on radio, ads are placed in the newspapers and flyers are distributed throughout the county. A coalition of providers plan for the event and the Passamaquoddy County walk is combined with the Washington County walk and ends with a native cultural ceremony. It was used to kick off the Blue Ribbon Campaign for Child Abuse month in April 2004.</p> <p>.....</p> <p>The Community Library of Resources supplies information to providers, the community, and parents. The public is made aware of this resource on the</p>	<p>This practice targets Washington County residents.</p> <p>.....</p> <p>This practice targets agencies, organizations, and the community that are interested in the impact of exposure to violence on</p>	<p>300 individuals participated in multiple locations, 90 participants came from outside Washington County. There were articles published in five local newspapers and a live radio broadcast from the event. Many other promotional activities have been sustained since then. A coalition of agencies, including Pleasant Point, participates in the planning and implementation of the walk.</p> <p>.....</p> <p>46 individuals have borrowed resources this year. The KCSD board is making recommendations for sustainability.</p>	<p>The walk is remotely broadcast for two hours. Numerous community members are interviewed and provide information on domestic violence. The number of people participating in the walk is another indicator of success. Agencies, businesses, and community residents come together for a walk.</p> <p>.....</p> <p>Signs of success include an increased number of resources and/or an increasing use of the resources. The evidence of success would be the intended audience using the materials and the raised</p>

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<p>website and in newsletters. The library materials are based on recommendations of KCSD members, experts, and others. Resources include curriculum for first responders, fatherhood kits, and a childhood trauma video set.</p>	<p>children.</p>		<p>awareness that stems from their use.</p>
<p><b><i>NEW/EXPANDED/ENHANCED PROGRAMMING</i></b></p>			
<p><b>Identification of CEV</b> Digital camera equipment project. Washington County has a lack of available individuals with expertise in gathering forensic evidence to support child abuse cases. The digital camera project provides this by having police and other first responders send images to an expert in identifying child abuse through digital photos and works alongside the Maine's Child Protective Services through the Department of Human Services.</p>	<p>Thus far, one pediatrician, two hospital emergency rooms, State police, local police departments, and Dept. of Health and Human Services (child protective division) workers have been involved in the project.</p>	<p>The digital images assisted in 61 law enforcement cases and were used in five emergency room cases and five CPS cases, all in 2003. Data is being collected for 2004. State police report avid use of the cameras.</p>	<p>Success is measured by increases in number of children correctly identified via the images/pictures. Though Washington County has no baseline data for the number of identifications in 2002 via law enforcement, they have data for 2004 and will analyze the effectiveness of the project in terms of identification. The prosecution now has another source of evidence.</p>
<p><b>Assessment of exposure &amp; impact of exposure</b></p>	<p>Refer to "Referral to Services" row.</p>		



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<b>Referral to services</b>	The Mental Health Collaborative (MHC), established by the KCSD board to monitor mental health referrals, is conducting a Referral and Assessment pilot study. The goal of the study is to increase the number of CEV referrals to providers of interventions. The study targets the child as well as the family when making referrals.	This study targets children and siblings exposed to violence and their families.	Projections were for 30 children to be assessed in 2004; as of the June 2004 progress report 15 had done so. Reasons for lack of children originally entering into assessment process has been identified and is being monitored by the Mental Health Collaborative. Mental health providers are more aware that CEV may be misdiagnosed, and the barriers may be resolved as a result of the study.	Signs of success include the number of referrals and meeting referral goals for the year; the numbers of children referred, assessed, and referred for additional services; and the number of children participating in the study. Mental health providers are working collaboratively to make more appropriate and timely referrals when a child has been identified as exposed to violence.