ILLINOIS BIRTH THROUGH THREE WAIVER: DEVELOPMENTALLY INFORMED CHILD AND FAMILY INTERVENTIONS

IB3

SEMIANNUAL PROGRESS REPORT

REPORTING PERIOD: 1/1/15 – 6/30/15

PREPARED FOR THE CHILDREN'S BUREAU

SUBMITTED BY THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

JULY 31, 2015

TABLE OF CONTENTS

ILLINOIS BIRTH THROUGH THREE WAIVER:
DEVELOPMENTALLY INFORMED CHILD AND FAMILY INTERVENTION (IB3)
QUARTERLY PROGRESS REPORT
REPORTING PERIOD: 1/1/2015 – 6/30/15

I. OVERVIEW

The IB3 team always appreciates the opportunity to develop the semi-annual report as an opportunity to reflect on progress, strategically consider challenges and impact difficult problems, and to communicate our lessons and needs to those that receive this document. This report contains all of those elements.

We begin with progress. Our overall balance in the comparison and intervention groups remains on target at 49 and 51% respectively. In FY' 15 approximately 200 new cases entered both groups. Operationally, staff internally has a strong grasp of operational procedures and externally awareness of the project continues to grow. This report reflects the completion of a video project that will serve as a communication tool that will only enhance awareness of the project.

Assessment procedures have continued to be stable. The trend of children being identified within the high risk category continues resulting in a wait list for Child Parent Psychotherapy (CPP) services. We have been partnering with our independent evaluators and it appears the algorithm is valid when independently tested. The number of children assessed also falls in line with revised expectations detailed in the evaluation plan. Reviews of these risk determination processes and the actual funneling to services led us to revise the algorithm to make modifications during this reporting period that distinguish high risk from high need. Those distinctions reflect the presence (High Need) or absence (High Risk) of symptoms within a risk category of trauma experiences.

Our database is complete but reporting functions are still in process and yet near completion. The functionality of the database did allow independent evaluators to utilize data in their analysis of a cohort of IB3 children. The evaluators were able to analyze service participation and outcomes. Significant changes in parenting beliefs resulting in a reduction of risk levels continue to be noted in the post intervention analysis of the AAPI for those participating in the Nurturing Parenting Program (NPP). IB3 staff shared this data with the courts as a part of our efforts to improve communications with court personnel.

The progress on our interventions is variable. Again, beginning with progress, we have seen a dramatic shift in our parent education program for birth parents. The number of groups conducted tripled in FY '15, enrollment grew by 17%, and we grew capacity by training new providers.

Our engagement challenges with CPP and NPP-CV continue and CPP is further complicated by significant challenges in capacity. The report will detail the barrier of the "mental model" that we hold for foster parents that sets up expectations for the role that do not support child well-being. The extensive participation in treatment and education that is needed to support the social and emotional development of very young children that have experienced trauma, is a new

expectation that is being met with significant resistance. Only 14/141 foster parents completed NPP-CV this fiscal year. While our staff efforts will continue and be re-tooled, efforts to change these beliefs will require the full support of the system. A detailed plan to address engagement challenges in NPP-CV and for foster parent engagement overall is detailed within this report.

At the time of this report, we have an unacceptable wait-list of 56 children for CPP. Given the length of this treatment we consider this a crisis. We are experiencing agencies at full capacity for CPP while simultaneously under-billing and therefore not making full use of available slots. This is at least partially adversely affected by the fee-for-service structure. This report will detail the problems of this contracting structure and the severe deleterious effects for the implementation of evidence-based practices. We are hopeful that we will be able to revise contracts to better account for the skills of the practitioner of EBP's and the realities of implementation. IB3 administration has pursued several agencies for expansion of CPP however, while those efforts continue, they have not borne out as we end this period. This leads us to consider capacity building using new strategies including hiring our own trainers to provide ongoing training in CPP. Agency staff turnover have struck serious blows to our capacity and the uncertainty of the availability of new training opportunities by external providers is likely untenable for our efforts going forward.

The report will detail the enhanced use of a ground game to work more closely with the field. While there is an enhanced awareness of the program, continued implementation support will be required to assist field staff in understanding their role in promoting the work. Our field support program and our IB3 staff will be a part of these efforts.

Ultimately we end year two with many of the concerns that we anticipated being realized. We anticipated foster parent engagement would be a substantial shift in expectations. We have engaged a researcher from Juvenile Protective Associates who has expertise in client engagement to support our efforts and strategies to address this critical issue. We anticipated the innovations we are implementing would be stymied by the bureaucratic morass of 'business as usual.' We remain undaunted by these challenges and we are confident that meaningful efforts to address these adaptive challenges that are tied to clear outcomes will demonstrate significant change in our system resulting in positive outcomes for the waiver. Our evaluators are embarking on a series of focus groups to inform our strategies. The work remains daunting, but as we learn that the child that we featured in our IB3 staff training will achieve permanency after a productive year in CPP treatment, we remain hopeful.

II. Demonstration Status, Activities and Accomplishments

A. Case Assignment and Coding

The DCFS Case Assignment Unit (CAPU) continues to assign all cases to waiver agencies. Rotational assignment is the method used, using information on each agency's PROs (Percentage of Referral Opportunities). Improved data collection and reporting capabilities have made it possible for DCFS to update agency PROs more frequently.

A small number of cases that were originally assigned to Intervention agencies, but transferred to specilized foster care programs, are still counted as part of the waiver. These cases were

screened and identified for wavier services prior to the transfer to specialized foster care. The chart below provides information on the assignment of waiver cases to both the Intervention and Comparison agencies through 6/30/15.

Table 1. Case Assignments by Agency from 7/1/13 through 6/30/15

Intervention Agencies

Agency	All Children	Female	Male	Relative Placements	% Relative	Traditional /Other	% Traditional Other
Ada S. McKinley	30	15	15	15	50%	15	50%
Assoc. House	30	11	19	24	80%	6	20%
CHASI	107	48	59	56	53%	51	47%
DCFS-C	104	61	43	43	41%	61	59%
DCFS-N	48	26	22	33	69%	15	31%
LCFS	75	33	42	53	71%	22	29%
One Hope Unite	83	38	45	66	80%	17	20%
Shelter, Inc.	6	4	2	3	50%	3	50%
UCAN	24	11	13	8	33%	16	67%
Universal Family Connections	37	19	18	22	59%	15	41%
Totals	544	266	278	323	59%	221	41%

Comparison Agencies

Agency	All Children	Female	Male	Relative Placements	% Relative	Traditional /Other	% Traditional /Other
Aunt Martha's	13	8	5	7	54%	6	46%
Child Link	55	27	28	21	38%	34	62%
Child Serv	57	24	33	30	53%	27	47%
DCFS-S	122	64	58	43	35%	79	65%
Lakeside	27	11	16	15	56%	12	44%
Lawrence Hall	22	12	10	12	55%	10	45%
LSSI	82	40	42	52	63%	30	37%
Lydia Children's Association	27	9	18	15	56%	12	44%
Unity Parenting	39	19	20	26	67%	10	33%
Volunteers of America	72	36	36	27	38%	45	62%
Totals	516	250	266	248	48%	268	52%
Overall Total: 51% - Intervention 49% - Comparison							

B. Enhanced Assessments and Risk Determinations

The procedure for enhanced risk assessments and determining risk continued to benefit from the substantial work that occurred in previous reporting periods, which included providing training materials and implementing a procedure for screeners to receive individual consultation when completing their assessments and rendering risk determinations. Integrated Assessment (IA) and Early Childhood (EC) Screeners continue to contact Early Childhood Supervisors to consult around cases when they have questions about the developmental, social and emotional tools or making risk and service determinations for an individual child.

The QA process continues requiring Early Childhood supervisors to review all individual risk determinations to assure the correct tools were utilized. The scores and the risk determination are reviewed to verify adherence to the algorithm. Continued ongoing staff turnover has necessitated ongoing hiring and training of new Integrated Assessment Screeners. Early childhood supervisors provide increased numbers of consultations and trainings to support the greater learning needs of new hires. Early Childhood has seen that these efforts result in great success in assuring these new screeners understand how to choose the appropriate tools and assuring their risk determinations are made correctly. The guides developed in the last reporting period, as well as individual review and consultation around risk determinations; continue to support screeners in making accurate determinations even when they are newly trained.

During this past reporting period, communication of the results of each enhanced assessment and risk determination has continued to be managed through IA/ EC Screeners manually filling out forms indicating the screening results and emailing these forms to the data coordinator. These forms are individually reviewed and used to send appropriate information to the CPP and NPP coordinators. Data tracking of these enhanced assessments and risk determinations for this past reporting period continued to be through Excel spread sheets managed by EC Supervisors, who manually update the numbers each week through these individual reviews. The OITS database is now finished and at present there are efforts to enter the information on these individual forms into the database. There is a great deal of effort in assuring that new initial assessments, as well as the information about the rescreen assessments, are entered into the IB3 database. The two systems continue to run concurrently, and there is now work being done where the manual data tracking system is being cross- checked with the data offered in reports from the IB3 database.

Initial Enhanced Assessments and Risk Determinations continue to come in from all quarters. A small number of children who were not initially screened through IA have been difficult to get into the screening office, even after multiple attempts. More of those children were screened in the EC offices during this last reporting period.

Due to the continued challenge of having far more high risk children than available CPP slots, there was a need to further hone the risk determination algorithm to differentiate between children in immediate need of CPP, versus those who could first have their caregivers referred for NPP and be considered for CPP at a later date. This was initially made as a service

determination by the EC supervisors during the QA process. However, as this QA process continued, it became clear that within the High and Moderate categories there were actually two subcategories- those who are High or Moderate risk by history who are not yet showing symptoms, and those who are High or Moderate risk by history and exhibiting High or Moderate symptoms. These subcategories were formalized by additionally honing the algorithm to divide the High risk group into High Need (children with symptoms and High risk history) and those who are High Risk (children with High risk history and no current symptoms). These subcategories are mirrored in the Moderate risk group, which is now divided into Moderate Need and Moderate risk. This additional subgrouping of the categories occurs at the time of the QA process, and is completed by the EC supervisors. Cases began being tracked by this breakdown in weekly reports beginning with the fourth quarter of FY 15 (April 1, 2015 to June 30, 2015). This process remains relatively new, and is being examined weekly. These sub-categories are illustrated in a copy of the Risk and Need Tracking Tool in Appendix A.

Client Profile Data: Serving children age birth - 3 years, 11 months, 29 days. The following charts reflect IB3 case data through July 22, 2015.

Table 2. IB3 Cases Identified by Integrated Assessment (IA) and Early Childhood (EC) Screeners

FY 2015 *(as of 7/22/15)*			
	Male	Female	Total
Quarter 1 (7/1-9/30/14)	92	74	166
Quarter 2 (10/1-12/31/14)	67	79	146
Quarter 3 (1/1-3/31/15)	65	61	126
Quarter 4 (4/1-6/30/15)	65	67	132
Overall Total	289	281	570
Percentage	51%	49%	

Table 3. Breakdown of the 426 Initial Enhanced Assessments and Risk Determinations in FY 2015

	Intervention Cases - 192 (5% Deferred)			Comparison Cases – 234 (2% Deferred)		
	High	Moderate	Low	High	Moderate	Low
Quarter 1 (7/1-9/30/14)	50	17	1	44	21	0
Quarter 2 (10/1-12/31/14)	32	11	3	47	20	6
Quarter 3 (1/1-3/31/15)	29	13	1	27	22	2
Quarter 4 (4/1-6/30/15)	20	6	0	25	15	1
Total	131	47	5	143	78	9
Percentage of Total Assessments Within IB3 Category	68%	24%	3%	61%	33%	4%
Percentage of Total IB3 Assessments (3% Total Deferred)	31%	11%	1%	34%	18%	2%

Table 4. Case Distribution by Intervention and Comparison Agencies in FY 2015

	Intervention	Comparison	Total
Quarter 1 (7/1-9/30/14)	85	81	166
Quarter 2 (10/1-12/31/14)	57	89	146
Quarter 3 (1/1-3/31/15)	56	70	126
Quarter 4 (4/1-6/30/15)	55	77	132
Total	253	317	570
Percentage	44%	56%	

IA managers and EC supervisors have a strong relationship and continue to have calls where cases are discussed and early childhood issues are resolved. Recently, the issues in need of weekly discussion have reduced in number, largely due to the education and understanding that has been facilitated by these weekly calls. For that reason standing calls are now monthly, with EC and IA supervisors having the option to convene additional calls whenever issues arise. The strong relationship between the IA administrators and the EC supervisors has resulted in this consultation process becoming quite automatic. In addition to these weekly meetings with IA

managers and case consultations, screeners have indicated that the Assessment Guide has been helpful in providing support in the risk determination process.

C. Trauma Focused Screening

As noted in the last semi- annual report, the target population for this IB3 Waiver Project is children who come into the custody of the State of Illinois, Cook County, prior to their third birthday. Each of the children who are screened using the Enhanced Assessment Protocol is considered assessed for trauma.

There have been no changes in the tools utilized by IB3 which are as follows:

- The Ages and Stages Questionnaire-3 (ASQ-3)
- The Denver Developmental Screening Test (Denver II)
- Child and Adolescent Needs and Strengths (CANS)
- Devereux Early Childhood Assessment (DECA)
- Infant Toddler Symptom Checklist (ITSC)
- The Parenting Stress Index-Short Form (PSI-SF)

Through this enhanced assessment process, since the beginning of the IB3 Waiver, 1,066 children aged birth to 3 years, 11 months and 29 days have received screening for trauma through the protocol described above. These screenings have resulted in 85 young children who were showing trauma symptoms in being successfully referred for and presently participating in Child Parent Psychotherapy(CPP), an EBI to treat the impact of trauma on young children. 56 more children are presently on a wait list to be referred for CPP. The IB3 Project made use of already existing providers trained and certified in CPP, contracting for service delivery to this new population where finding issues made it very difficult for young wards of the state to be referred for this service.

Assessment Tool for the Nurturing Parenting Program:

There are also no changes in NPP assessment tools. The Adult-Adolescent Parenting Inventory (AAPI) is used by NPP providers (PV & CV) as pre- and post-test measure of parenting beliefs. The AAPI is the primary outcome measure of the impact of the PV & CV programs. The assessed profile is used to guide intervention planning within the NPP model. Since each lesson targets specific competencies, there is a direct correlation between the curriculum and the areas of the AAPI. The five parenting constructs which form the theoretical basis of the AAPI also serve as the basis of intervention.

NUMBER OF CLINICIANS TRAINED IN TRAUMA-FOCUSED EBIS[1]

CPP: As stated previously in the assessment section, this last reporting period has seen growing issues with CPP capacity. Some providers lost essential staff, who were trainers in the model, as well as CPP trained therapists. Multiple efforts made to increase capacity have unfortunately not yielded additional slots. Some agencies already providing the service have therefore seen reductions in their capacity.

NPP: There was some staff attrition in NPP and the IB3 program ended contracts with two agency providers. As previously discussed, there was an effort to train additional staff in the remaining 2 NPP agencies. There are currently 7 trained clinicians at CHASI and 6 at LCFS.

D. SERVICE DETERMINATION

IA and EC screeners and administration continue to make referrals to the IB3 interventions, Nurturing Parenting Program and Child Parent Psychotherapy, across all levels of risk. Referrals to NPP services are now regularly used as the initial service for biological parents whose children are referred for Child Parent Psychotherapy due to their children being high risk. It has been consistently found that many biological parents are often not yet available for the psycho-therapeutic approach of CPP, due to their many other service and concrete needs. Parents who demonstrate a lack of empathy for the child's trauma experiences are frequently first referred for NPP-PV to offer the psycho-education on an array of areas i.e. attachment, infant/ toddler brain development, developmental expectations pertinent to this age group that can support later engagement in CPP interventions. The parents of children who are found at low risk of trauma symptoms are often those removed at birth, and their parents present with an array of complex and challenging issues which led to this early removal. Those parents are also regularly referred for NPP-PV.

One significant challenge regarding service determination remains the consistently high number of children in the high risk category. As stated in the risk determination section above, the algorithm now reflects the division of children indicated as 'High Risk' fall into two subcategories: High risk (children who are at high risk of trauma symptoms due to experiences, that are not yet showing symptoms), and High Need (children with high trauma experiences who currently are demonstrating symptoms). The distinction between these two subcategories has been useful in determining which children are appropriate for CPP services immediately, and which are appropriate for NPP services prior to CPP. This use of NPP services before starting CPP or in conjunction with CPP services has been termed as '***sequential services***'. This method is adopted in order to offer the caregiver support and education around the impact trauma can have on young children. It is thought that with these sequential services, caregivers and parents will be better prepared to enter CPP and make use of this rich service.

[1] This may include initial training and follow-up training.

It is important to note that at this time, children in immediate need of CPP are placed on a wait list rather than sent directly to service, due to the limited number of slots. This last reporting period saw the caregivers of children who are in immediate need of CPP also being referred to NPP-CV, so as to offer support while the child is on the wait list. The wait list is at present **56 children**. To determine which children should first be referred to open slots, the EC CPP coordinator and EC supervisors meet bi-weekly to discuss and prioritize the children on the wait list.

E. INTERVENTIONS

CHILD PARENT PSYCHOTHERAPY (CPP)

Since the last semi-annual report, the usage of the CPP service has continued to dramatically increase. At present there are many more high risk children who qualify for CPP than available slots. Usage of the available CPP slots is detailed below:

Over the course of the IB3 project, a total of 198 children have been recommended for CPP services. The majority of these recommendations have recommended foster parent involvement (118; 60%) and a smaller percentage (21; 11%) have recommended birth parent involvement, and the remaining 59 (29%) were referred for sequential services. Sequential services occur when a child is referred to NPP prior to CPP. For these cases, the determination regarding caregiver or parent participation in CPP services is made at the time of completion of NPP services.

The current status of 198 children is as follows:

- 85 (43%) children have been referred to CPP agencies
  - 34 (25%) are currently engaged in services
  - The status of these referrals is detailed in Table 5
- 56 (28%) children are currently on the wait list and have not been referred to an agency due to unavailable slot
- 57 (29%) children have been referred to NPP (sequentialed cases)

There are 113 cases *(from the waitlist and sequentialed case categories)* within the demonstration that have been identified as High Risk that are in need of CPP services that are currently receiving NPP services.

Table 5. Status of Children Referred to CPP

Total Referrals To CPP Agencies (7/1/13-6/30/15)						
	CHASI	La Rabida	Casa Central	JCFS	I AM ABLE	TOTAL
Total Number of Referrals	29	21	11	13	11	85
Number of Children Awaiting Therapist	1	3	0	1	0	5
Number of Children in the Intake Process	5	0	1	0	0	6
Number of Children Engaged in Services	15	2	7	6	4	34
Number of Children with Difficulty Engaging in Services	0	0	0	0	0	0
Number of Cases Closed	8	16	3	6	7	40

CPP Capacity: The status of the wait-list for CPP services provokes significant concerns for all members of the IB3 team. IB3 staff monitors cases at the provider agencies in order to be able to move children into available slots immediately after case closure; however, the duration of the intervention [12-18 months] significantly limits the overall availability of this intervention. Given this status, the IB3 administration has been working during this reporting period to increase capacity of CPP. Two of our provider agencies have been able to increase their slots for the coming fiscal year. We have also approached other providers with the assistance of the Irving B. Harris foundation that provides training in CPP. Many of the avenues that we have pursued have not borne out. Trained staff is often assigned to other target populations prohibiting their availability for IB3 cases. One provider was amenable to a contract but their work site in downtown Chicago would be a logistic barrier for our families who have been mapped to determine their services. We continue to be hopeful that one or more of our agencies will be willing to add capacity through the utilization of independent contractors. Those negotiations continue and will require modification of the current contracts to be feasible for agencies, particularly small agencies to consider. At the time of this report, one agency in a high volume community remains under consideration for expansion.

In addition to attempting to procure new providers, IB3 is working diligently with existing providers to maximize utilization of existing capacity. In March, 2015, we conducted a 3-month analysis of CPP expenditures and found we bill for about 2.5 sessions per month [Range 1.5-2.75] with engaged families. This information has been extensively processed with our providers in their regular meetings and individually in contract monitoring meetings. Cancellations by clients due to life stressors are expectable. In some cases, providers report reunification processes may adversely impede case progress as the agency attempts to engage a parent due to

reunification permanency goals with parents who have not been able to fully commit to their service plans for varied reasons. These cases need to be monitored with renewed rigor and considered for closure pending the parent's engagement and where possible, referred for renewal with the same provider upon the parent's availability.

Finally the current capacity crisis has provoked our team to re-consider our training standards for CPP clinicians. When the demonstration launched, our capacity allowed us to only utilize fully trained CPP clinicians. Beginning this year, we began to utilize clinicians that are currently in training through CPP Learning Collaboratives. This is the approved model of the developers who expect clinicians in training to be case-carrying.

NURTURING PARENTING PROGRAM FOR BIRTH PARENTS (NPP-PV)

The Nurturing Parenting Program for birth parents has experienced tremendous growth in utilization during this fiscal year. All providers fulfilled their expected group capacity resulting in 12 groups being provided which reflects 3-fold growth over the 4 groups provided in FY '14. The growth in recommendations from the Integrated Assessment program is demonstrated in Table 6 below:

Table 6. NPP-PV Status

	NPP-PV Recommendations			
	FY 14	**%**	**FY 15**	**%**
Total	121		250	
Moderate	62	51%	72	29%
Low	25	21%	14	6%
Hi-Sequential	34	28%	163	65%
NPP-PV Referral Status				
Total Referrals	37		166	
Mother	22		126	
Father	15		40	
Total Enrolled	23		131	

Notes:
In FY 14, 31% of the 121 parents recommended for NPP-PV were referred and 62% of the 37 parents referred for servcies were enrolled in services.
In FY 15, 66% of the 250 parents recommended for NPP-PV were referred and 79% of the 166 referred for services were enrolled in services.

Cases within the high risk group continue to comprise the majority of the cases recommended for NPP. Given we are completing our second year of operation, we are likely experiencing successes associated with parents length of involvement in the system that results in higher levels of motivation to participate in interventions overall. We have noted several cases where 2nd or 3rd referrals finally result in successful enrollment. Overall enrollment information can be found in Table 7.

Given recommendations have doubled and referrals have grown by 22% during FY 15, IB3 is very pleased that enrollment has also increased by 17% during FY 15. As we noted in our last reporting period, staff to support the implementation of NPP has changed. We now have a full time staff person devoted to the implementation of this intervention. One of the key modifications that we implemented during this period was the modification of a new tool to support referrals to NPP-PV (see Appendix A). This tool provides the assigned caseworker with even more options to support the enrollment and referral of their clients beyond the calendar that we continue to provide. It also provides IB3 with an ability to systematically capture barriers that impede enrollment.

We currently have 2 agencies providing NPP-PV services. A summary of FY '15 enrollment and retention can be found in Table 7 below:

Table 7. NPP-PV Status

FY 15: NPP-PV at CHASI

Start Date	11/12/2014	1/26/2015	4/1/2015	4/9/2015	6/24/2015
Referred	11	15	15	12	21
Enrolled	9	12	15	10	14
Completed	5	6	7	8	*
Retention	45%	40%	47%	67%	

Notes: * = In progress
49% overall retention to-date

FY 15: NPP-PV at LCFS

Start Date	7/7/2014	9/4/2014	1/7/2015	3/9/2015	3/24/2015	4/23/2015	5/5/2015
Referred	11	11	14	15	14	7	15
Enrolled	7	7	12	12	9	5	14
Completed	2	2	10	6	6	*	*
Retention	18%	18%	71%	40%	43%		

Notes: * = In progress; ** = Session conducted in Spanish
40% overall retention to-date

As the data reflects, the overall retention rates are similar ranging from 40-49%. We experienced a barrier to delivering Spanish language class in FY '14 that we have been able to successfully address in FY '15. Our overall census for Spanish capacity is low and as we saw in the previous year, low census results in lower engagement in the intervention. One of the facilitators has taken on an expanded role in engagement for this target group. She begins engagement immediately upon receipt of a recommendation and tailors the class logistics to the needs of the group, even seeking a location for the first group a community library. Groups will convene as a critical mass is established to sustain a group.

We have also made progress in our efforts to reach outliers who live outside the geography of most participants. Our provider agencies have agreed to use a home coaching approach with one identified family, and we will use this strategy in conjunction with seeking community sites in these outlying areas where appropriate for forming small groups.

NURTURING PARENT PROGRAM - CAREGIVER VERSION (NPP-CV)

Two NPP-CV groups were convened during this reporting period, with a total of 4 offered during fiscal year 2015. One of the four was cancelled after the third session due to lack of attendance. 6 foster parents completed the group launched in February, 2015, for a total of 14 foster parents completing NPP-CV in the current fiscal year.

Engagement continues to be a challenge for the foster parent NPP groups. Despite outreach to all the foster parents referred during this reporting period and those previously referred who did not attend, participation continues to be lower than desired. There were 87 foster parents recommended for NPP-CV during this reporting period and 141 for the total 2015 fiscal year. Of the 87 recommendations, only 14 foster parents actually attended NPP-CV. The number of individual child cases was 113. It is greater than the total number of foster parents as some foster parents are caring for multiple IB3 children in sibling groups. The majority of the foster parents that have not attended a NPP-CV class have cited scheduling conflicts as the reason and have requested to be added to a future class. To date, only 5 foster parents have outright refused to participate in the program and 11 could not be contacted.

NPP-CV facilitators report a growing number of the foster parents being contacted about attending NPP have been informed of the program by the families' caseworkers and are aware of the waiver. This is a great improvement as it reflects stronger understanding of the waiver by field staff.

Another portion of foster parents recommended for NPP-CV were contacted but have not been assigned to a group. These are foster parents who state they cannot attend or need to be scheduled for a different class time or location. Anecdotal reports from the NPP facilitators indicate a substantial number of these caregivers have cited a lack of available childcare as their barrier to attendance. Workers report that a number of foster parents recommended for NPP are caring for multiple foster children, each with their own set of appointments. For such caregivers, attending the class is something they see as impossible. Others have cited a lack of transportation as the reason they cannot attend. In fact, among the foster parents that have attended, couples have made the decision for one parent to attend the class while the other cared for the children. Others that have not been assigned to groups fall into various categories, such as situations in which the child was moved to another home, reunified or placed outside the waiver area.

Additionally, foster parents continue to develop and act on interests in continued training. Relative caregivers have taken advantage of the option to attend PRIDE pre-service training for HMR and agreed to pursue becoming licensed. Caregivers have also taken the Educational Advocacy training and the 15-hour course on Caring for Children Who Have Experienced Trauma, a 15-hour class. A few of the HMR caregivers have even decided to take the full 27-hour PRIDE Pre-service training to become traditional foster parents. Recently, two NPP-CV completers were sought out by their agencies for new infant placments because of the knowledge they gained by attending NPP.

Information for NPP-CV enrollment for the FY '15 is shown on the chart below.

Table 8. NPP-CV Participant Enrollment and Completion

Group Ended	Number Enrolled	Number Completed	% of Participants who Completed
7/12/14	7	3	43%
11/8/14	11	5	45%
4/15/15	11	6	55%
6/9/15	1	0	0%
Total	30	14	47%

Caregivers who attend the NPP-CV program have reported that they find it extremely beneficial. Once they begin to attend, very few drop out. In addition to reports of learning how to respond more effectively to the needs of the children, they find the support received from other foster parents within the group to be invaluable. Foster parents continue to experience the groups as supportive and as a respite from the stress of providing foster care. The challenge is getting them to attend. Those caregivers who attended but did not complete all have plans to return and complete the class, with the one exception of the foster parent whose children were transferred to a different placement.

Strategies and responses to the low participation numbers of foster parents in NPP-CV have been embarked upon throughout the fiscal year. The involvement of foster care licensing supervisors and licensing workers was started with outreach to licensing departments to attend IB3 Intervention agency meetings. Licensing staff hold both compliance and support roles with foster parents at most agencies and oversee the attainment of annual training requirements for foster parents. In addition, licensing staff are in the position of encouraging foster parents to fulfill their requirement to take training needed to help them meet any special needs of the children placed in their homes. Visits to agencies, invitations to IB3 trainings and the distribution list of monthly reports of IB3 referrals were expanded to include licensing supervisors and their staff. These efforts have resulted in an increased awareness of the importance of training foster parents to respond differently and more effectively to the needs of young children that have experienced trauma. This has helped increase the pool of

knowledgeable staff within the Intervention agencies that can explain the importance of participating in waiver intervention services to improve outcomes for trauma affected children.

Other strategies addressing low foster parent participation are discussed in section V.

F. Implementation Challenges and the Steps Taken or Planned to Address Them

During the last six months, the challenges to implementation have shifted somewhat though they are still significant. The major areas in which we have encountered systemic barriers to implementation are: capacity; finance structure and billing requirements; data systems; mental models about foster parent participation; court involvement; case worker facilitation. At the last IB3 Advisory committee meeting, members reflected that the barriers and challenges that we describe when talking about IB3 are the same barriers and challenges that they experience as providers in the normal operation of our system.

Capacity: As we made progress with successfully engaging and enrolling children and caregivers in Child Parent Psychotherapy, the available capacity began to become full. Efforts were made to recruit additional providers. However, the way that the Department finances any therapy or counseling, on a fee-for-service basis, put our request to agencies for additional capacity, in competition with other programs which pay on a grant or lump-sum basis. (The financial constraints on our capacity will be described more fully in the next section). Most recently we have lost two of the master therapist/trainers of CPP due to their decisions to leave the agencies where they were employed. These decisions were not because of IB3, but had a tremendous impact on IB3. Again, we will be challenged to make financial arrangements with individual providers rather than agencies in order to have sufficient capacity moving forward. Certainly the length of time that a family would be engaged in CPP also creates a lengthy turn-over period. We are looking at the data to determine the average length of stay (as opposed to the projected LOS) in CPP so that we can better determine our actual needs.

Finance structure and billing requirements: Our providers are significantly under-billing for CPP. Despite our efforts to include all of the categories of billable service in our fee structure in order to add to the billable services that are Medicaid-reimbursable, the providers are still not able to bill to their budgeted levels. Part of the under-billing is due to the projections of utilization that we made based on a once-per week session frequency. It turns out to be closer to 2.0-2.5 per month. More central to the issue, however, is how the assumptions of our fee-for-service (FFS) structure don't fit and support the implementation of this evidence-based model of treatment. Specifically, FFS assumes the purchase of a service from an agency which is then expected to maintain staffing levels where service referrals can be spread across similarly qualified staff. We are literally buying what is usually a generic therapy or counseling service from whoever is available to provide it who meets the basic qualification levels. By contrast, CPP requires a much higher level of qualification, training, supervision, etc. Therefore, most agencies only have 1-2 or CPP therapists on board. They have to be able to budget to maintain staff which is often difficult in FFS where utilization is varied, and not all activities are directly

billable. Certain activities are considered in the FFS structure as having been included in the administrative costs. Supervision in a typical contract is considered part of the administrative fee. However, in an EBI supervision is much more extensive, is required by the model, and is necessary for model fidelity. This is not the kind of supervision built into the FFS administrative fee. For the upcoming fiscal year, we will be working with Budget and Finance on a different model that will allow us to buy capacity rather than billable hours.

Data systems: During this last six months we can finally say that the IB3 data system was completed! Glitches are still being worked out, but the majority of the current caseload and the back log have been data entered, as indicated in the previous section. The challenge at this point is extracting data out of the system in reporting formats that meet our needs and accurately reflect the data that was entered. This is an issue predominantly for the OITS (Office of Information Technology) reports. But extracting accurate data from the system has also been challenging for our Chapin Hall partners. Basically the coding continues to need work so that where data has actually been entered, it can be retrieved. It sounds simple. Apparently it is not.

Mental Models about Foster Parent Participation: We have discussed this challenge before, and it continues to present as a barrier to engagement in the interventions. The primary mental model that permeates the system about foster parents is that they don't have to have any other training or even supports beyond the basic PRIDE training. There seems to be a belief that since they've parented already, they can parent again. Also, in a theme related to the shortage of foster parents, there is a fear that requiring foster parents to participate in an activity other than those required for the child, will put too many demands on them and they won't take the child or any more children. Foster parents are at once a "resource" of which there are not enough, and simultaneously not valued enough to receive the support they might need to parent challenging children. An allied belief that persists is that babies and young children don't need therapy. This is not particular to IB3 but to any program or intervention targeting the very young. To address these challenges we continue to do "extreme engagement" with foster parents directly; to work with licensing staff at the intervention agencies in addition to the caseworkers; to generate creative approaches to incentivize foster parent participation. Moving forward we will also be able to use the IB3 video as a recruitment and engagement tool.

Court Involvement: In the period since the last report, IB3 executive staff, along with an Advisory Committee member who is executive legal staff, met with the judges of the juvenile court in Cook County. While the Chief Judge is a great supporter, others were less than enamored with our presentation. Our intent was to provide information about young children's need for trauma based interventions, as well as information on the interventions themselves and what changes in the parents they might expect to see or be able to inquire about so as to facilitate permanency decisions. At least 2 of the judges expressed their belief that permanency was not necessarily a positive goal, and that long term foster care was preferable for many families. That having been said, there were questions about referring families to other types of parenting interventions, and about what kind of information case workers would have on our program to

bring to court. At this point, with more judges aware of IB3, our capacity shortage and the wait list is causing problems with judges wanting parents to be enrolled and we might not have an available slot. We conducted another training event with other court personnel as well (GAL's, state's attorneys, DCFS legal, etc.) so that they can help support the IB3 cases at court. Further, we provide lists of active IB3 cases to our Chief Deputy General Counsel of DCFS Legal listed by court room so that each judge will know which cases are IB3 cases. Moving forward, we will do more case-specific work with the lists by court room, and improve the timeliness of information coming from the providers to the case workers so that they can communicate the parents' progress to the judge in court.

Caseworker Facilitation: All referrals for any service provided to a case are to come from the case worker. This is one of the primary function of case workers, and the cornerstone of what the Department offers to families to move them to permanency and improve well-being while in care. Increasingly, with evaluated implementations that bring evidence-based and evidence-supported interventions into the Department, that involved a plan of implementation, and ways of operating that are not "business as usual" by design and intention, the traditional role of caseworkers can turn into "gatekeeping" rather than "facilitation." Implementation support staff spends the majority of their time trying to reach out to case workers- emailing, calling, etc. Case workers, for many reasons that could be listed, may or may not be responsive. Ongoing efforts to educate the field about the IB3 offerings through training, printed materials, on-line training, spreadsheets and lists of cases provided to supervisors and program managers, staff contact information provided with each outreach, and other implementation support activities, are all geared toward obtaining referrals from caseworkers for IB3 children. Moving forward we will have a different approach—one that is more based on direct work with intervention agencies at multiple levels. And we will have to work through what it means to the "gatekeeping" function of casework when implementations dictate that we not do "business as usual."

Changes in Contracting and Fee structure for CPP: Our review of CPP providers' billing history revealed that they were under-billing relative to the amounts that were budgeted for them. We talked with providers about this billing gap. Their explanations largely focused on the no-show rate and that they were only able to bill when clients show up. They also had issues with requirements for documentation and working with field staff that were not billable. Discussions with Budget and Finance staff have resulted in a plan to change the fee structure in these contracts to be more flexible and to purchase capacity as opposed to service units. This will represent a significant change in our approach to securing EBI's for the waiver population, and hopefully for other populations using EBI's.

Incentivizing participation of foster parents in the interventions: Great progress has been made enrolling foster parents in NPP. We have more than doubled the number of groups that have been conducted in this reporting period. Nonetheless, as we have diminished capacity in CPP, more high risk children will have their parents, foster and birth parents, referred to NPP. There are several issues that are barriers to increasing the offerings of NPP groups (including the

rate paid for group facilitators to be addressed next). One of the strategies for increasing enrollment is to expand our ability to incentivize foster parent participation. This barrier is both a matter of resources (how to provide assistance with transportation and child care) and a cultural/adaptive challenge. The system "believes" that since foster parents are paid, and since services for the children are paid, that foster parents should not need to receive any compensation or incentives for participation. In fact, the system has no provisions to accommodate foster parent participation in interventions as there has not been a sufficient effort to provide foster parents in general—not just in the waiver—with supports and additional training beyond Pride. Our staff has been very creative in their efforts to incentivize foster parent participation: gift baskets, food at group meetings, celebrations for completion. But in the next reporting period we will need to formalize and resource incentives. We will have to confront rules against solicitation of gifts and donations from private sources. We will have to resource child care during groups. We will have to provide direct assistance with transportation, as well as to make the groups more accessible and easier to get to. And we will have to address the financial challenges of the agencies that host and conduct NPP groups.

NPP Fee structure: The fee for NPP is the same as the fee for any group offered through the Department. The rate is extremely low, and is based on minimal qualifications of facilitators and is paid by the time spent by the facilitator in conducting the groups. This means that the agency gets the same amount whether there are 3 group members or 12. While there is an incentive to make the groups larger than 8 as that number allows for 2 facilitators, and although we have expanded used flexible monies from "the blanket" to pay for food and security, the reimbursement for these groups is still not sufficient to cover agency costs in providing it.

Increased direct work with the Intervention Agencies: In this next reporting period we will be working more directly with the administrators, management, and supervisory staff of the Intervention agencies—the agencies whose families are enrolled in IB3. Most immediately we will be meeting with the Executive Directors to address their staff turnover issues of CPP therapists. In the last few weeks, agencies have lost 4-6 CPP therapists, including our 2 master trainer/therapists. This seriously impacts our capacity, and is at a critical point right now. We are not able to add any more CPP cases, the waiting list is growing, and the courts are becoming frustrated with our inability to accommodate the cases referred. We may need to allow agencies to bring on individual therapists through subcontracts. But this, again, is met with barriers in our contracting process.

As detailed in the CQI section of this report, there is an increased focus on the ***ground game*** to work with supervisors to directly support implementation challenges across all aspects of the waiver. The IB3/ STEP partnership and the new hire of full time staff for implementation support are promising strategies to address the performance barriers to successful engagement.

Permanency Practice and Barriers: The evaluation shows that the reunification rates remain low, although they are higher for the intervention than comparison groups. Our review of the

cases that have been in the waiver for more than 1 year reveals significant barriers to reunification. Many of the barriers are related to the unavailability of birth parents to participation in services and interventions to which they have been referred due to incarceration, substance abuse issues, or mental health issues. Other barriers have to do with the courts needing to be assured that the children will be safe once they are returned. CPP and NPP documentation is supposed to be provided through case workers to the courts to help in this decision-making. During this reporting period, we will have to assure the timely provision of documentation to case workers and supervisors about the progress and completion of the interventions. Further, the direct work with Intervention Agencies will have to focus on the reunification practice, which includes accelerating visitation schedules and movement from supervised to unsupervised visitation. We have also connected with Permanency Achievement Specialists in the Operations Division, whose job it is to assure timely permanencies whether through reunification, adoption, or guardianship. Those specialists will share information regarding progress toward permanency, gleaned from their case reviews, with IB3 staff so that we can work more closely with case workers and supervisors on permanency issues related to IB3 cases.

Data Systems: While the operational features of the database are complete, the inability to retrieve data to determine functionality and validity remains a problem. Data reports are in process and near completion. In the meantime, the ability of CHAPIN Hall to retrieve data and provide IB3 staff with information and as a result of questions they have raised, have provided valuable feedback for the business analyst and for program administration.

Response to the NPP-CV Engagement Challenge: The IB3 team is profoundly concerned about the low enrollment and retention data for this reporting period of foster parents that have been recommended for NPP-CV, particularly given this often reflects children from the high risk determination. Our intensive efforts to engage foster parents have not been sufficient to overcome this challenge. Our demonstration is an innovation that is asking foster parents to engage in ways that not only have they not been asked to do, but the surrounding system is not sufficiently prepared to support. We are very clear that this challenge calls for more systemic change management efforts. To that end, the following strategies with be implemented immediately to address NPP-CV outcomes:

- **Case level outreach:** IB3 staff already engages the foster parents and the caseworker directly. Their engagement is often received positively; however, this must translate to higher rates of overall engagement. Given the high numbers of children in the high risk group, caseworkers and foster parents will need more targeted information regarding the child's level of risk. IB3 staff may also benefit from additional training opportunities to enrich their understanding of the effects of trauma on very young children to enhance their engagement efforts. Through supervision and consultation, IB3 administration will continue to support the efforts of our staff to strengthen their direct outreach to foster caregivers and the caseworkers assigned to these cases.

- **Enhanced Outreach with Licensure Staff:** Given the licensure staff is often a source of support for the foster parents, plans are already underway to enhance our outreach to licensing staff. These staff have already participated in trainings and meetings with IB3, however, beginning this period we will begin efforts to meet with individual agencies to review status summaries and raise their awareness of IB3 needs and engage them more fully in our efforts to support high risk young children and to expand their view of the role of foster parents in providing that support.

- **Direct Outreach to Foster Parents by Administration:** The administrator who supervises the foster parent component would like to conduct a needs assessment with foster parents to gain a clearer understanding of the barriers to participation that they encounter. Given our efforts with licensure will occur concurrently, it may be beneficial to include licensure staff in these efforts.

- **Curriculum Review:** We have recently consulted with the model developer about the possible modification of the curriculum for foster parents. After two years we are aware of 2 critical issues:
    - There are a high number of relative caregivers [97/141 or 69%] that are identified for NPP-CV. These foster caregivers have not participated in the PRIDE curriculum, therefore our assumptions about information that may need will be re-considered;
    - As we review content, we will also give serious consideration to the number of sessions required. The 8-session model was not based on the model, because the efforts in Illinois represent an innovation that has not been attempted with foster caregivers. Consultation with the developer and an analysis of content with the facilitators may result in revisions to the 8-week structure.

- **Scheduling of CV:** Given our efforts to change the outcomes involve increased participation by other parts of our system, the CV team will begin to make their calendar of class offerings available to caseworkers and licensing. They are also considering flexible start dates that meet the logistic needs of foster parents. The team has already increased the number of available sessions for FY 16 to 6 classes.

- **Incentives for Foster Parents:** The CV team is considering informal opportunities to bring foster parents together pre/ post involvement in the NPP sessions. These informal meetings will include reinforcements of the Nurturing Lifestyle and other incentives [i.e. Holiday gifts, coffee and conversation]. Participating foster parents found the respite and social support of the CV groups invaluable. These informal structures will build our CV community and provide ongoing supports for foster parents. They are also ideal for the large number of foster parents that have expressed interest in the sessions but have not enrolled.

- **System Engagement**- Given we see the challenges of IB3 as reflective of the lack of support for foster parents, we hope to bring this challenge to the broader child welfare system. We will continue to engage them and share experiences and lessons learned. Our advisory committee recently encouraged us to conduct a meeting with the Child Welfare

Advisory Committee [CWAC] as a means to this end. Agency Performance monitors also need to be engaged. They also receive our information, but we need to learn more about available agency data for foster parents that may inform our ongoing efforts. The field support program [STEP] has already been engaged to continue their efforts to support the intervention agencies and this next quarter, their re-entry into some of the private agencies should begin. We will also highlight these issues in the upcoming Summit for IB3.

G. Other Demonstration Activities

Data Base Development and Data Entry

The completion of the IB3 database is finally within reach. For the first time, during this reporting period, data transfers to CHAPIN Hall have been completed. While there have been problems in the data sets, having the capacity to share data that was used in this report is a massive achievement for our program. The evaluation team was able to provide reports to the IB3 team that supported data cleanup and gave us, for the first time, a clear sense of the accuracy of data entry efforts. The IB3 team is now skilled at entering cases. The remaining work of the database is in the reports generated from the database. Seven reports have been designed but the rules associated with the reports are still being developed for data validity and accuracy. There are also approximately 5 reports in development. During this period, the primary analyst assigned to the project left her position, however, the OITS staff member that developed to actual database is now our lead and his familiarity with the project should allow for a smooth transition and completion.

Continuous Quality Improvement (CQI)

The CQI team continues to meet on a bi-weekly basis to report on progress, challenges in case engagement and monitoring, emerging issues and coordination between services within the IB3 program. In an ongoing effort to clearly convey to case management staff the progress of these IB3 managed referrals, an excel spreadsheet for every IDCFS agency is submitted to inform the agency of all IB3 referrals made and their status. Information in these updates includes: the total number of IB3 referrals, total number of children referred for that particular month, total number of children at each provider agency, and for CPP: number of referrals for child and foster parent(s), number of referrals for child and biological parent(s), number of children on the wait list and total number of children per CPP agency who are consistently using the service.

During this reporting period, IB3 staff conducted an analysis of our intervention agency data for three points in time: July, 2014; January, 2015 and June 2015. The goal is to compare agencies internally and against their colleagues to get a better profile in the variation of our client outcomes. We have previously reported the types of reports that we share with these agencies, but we had not previously conducted an analysis that helps to understand three types of cases:

- **Active cases**- this includes cases that are referred, engaged and in the early process of the referral process. Cases in this category are being actively pursued by IB3 staff, intervention agencies and IB3 provider agencies without complication.

- **Monitor cases**- these cases are not available at this time for service. IB3 is monitoring the family along with the intervention agency until circumstances change and the client is available to participate in IB3 services. The case may be triaged, which means they are participating in another primary service [i.e. mental health, substance abuse or DV prior to engaging in IB3 interventions, the whereabouts of the referred individual are unknown or the referred individual is incarcerated. We have also included cases in our CPP wait-list category where IB3 is providing the monitoring for service availability.

- **Action cases**- the cases in this category require assistance and action on the part of the intervention agency to support the referral and/ or treatment of the identified party. This is the category that we are asking intervention agency to give their primary attention and where appropriate, we will seek field coaching for these agency staff.

As Table 9 below indicates, most agencies are in good standing which can be defined as cases being accounted for as ***active*** or ***monitoring***. Cases within the ***action needed*** category have a mean of 26%. Eight out of 12 agencies or 67% of agencies are performing at or better than the mean. In reviewing case data, most of the issues that are targeted as problem areas fall into the following themes:

- **Information Needed:** Failures to repsond to the requests of IB3 and/ or the provider agencies for specific information needed to serve clients;

- **Lack of engagement support**- this may occur at the point of referral or during the period of interventions by provider agencies;

- **Lack of follow-up**- on agreed upon action items.

Table 9. Case Status Report

		Active				Monitor (Monitor/Waitlist)				Action			
		Jul-14	Jan-15	Jun-15	%	Jul-14	Jan-15	Jun-15	%	Jul-14	Jan-15	Jun-15	%
Intervention Agency													
Ada S. McKinley	*CPP*	3	4	7			3(w)	3(w)		1	2	1	
	NPP-PV	1	2	8		4(m)	7(m)	8(m)		2	4	3	
	NPP-CV	0	1	10		0	0	0		0	1	1	
Total	**76**	**4**	**7**	**25**	**47%**	**4**	**10**	**11**	**33%**	**3**	**7**	**5**	**20%**
Assoc. House	*CPP*	1	0	0		0	0	3(w)		0	0	0	
	NPP-PV	0	1	5		2(m)	4(m)	6(m)		1	3	2	
	NPP-CV	0	1	5		0	2(m)	5(m)		2	1	0	
Total	**44**	**1**	**2**	**10**	**30%**	**2**	**6**	**14**	**50%**	**3**	**4**	**2**	**20%**
CHASI	*CPP*	6	14	25		3(m)	1(w)	2(m)		2	7	4	
	NPP-PV	16	30	43		22(m)	29(m)	25(m)		6	11	10	
	NPP-CV	1	5	8		7(m)	9(m)	25(m)		1	9	8	
Total	**329**	**23**	**49**	**76**	**45%**	**32**	**39**	**52**	**37%**	**9**	**27**	**22**	**18%**
DCFS-Damen	*CPP*	2	5	4		0	3(w)	4(w)		1	0	1	
	NPP-PV	0	2	7		0	7(m)	6(m)		0	4	8	
	NPP-CV	1	2	7		5(m)	1(m)	3(m)		0	5	8	
Total	**86**	**3**	**9**	**18**	**35%**	**5**	**11**	**13**	**34%**	**1**	**9**	**17**	**31%**
DCFS-Maywood	*CPP*	4	8	6		3(w)	1(m)	0		0	2	2	
	NPP-PV	0	1	7		1(m)	6(m)	8(m)		2	4	1	
	NPP-CV	0	1	1		0	2(m)	10(m)		0	4	2	
Total	**76**	**4**	**10**	**14**	**37%**	**4**	**9**	**18**	**41%**	**2**	**10**	**5**	**22%**
DCFS-Deerfield	*CPP*	3	3	4		2(m)	3(w)	6(w)		1	1	1	
	NPP-PV	0	1	4		2(m)	2(m)	8(m)		0	3	3	
	NPP-CV	0	0	6		1(m)	0	2(m)		1	3	1	
Total	**61**	**3**	**4**	**14**	**34%**	**5**	**5**	**16**	**43%**	**2**	**7**	**5**	**23%**
DCFS- Indiana	*CPP*	0	0	0		0	0	1(w)		0	0	0	
	NPP-PV	0	1	0		0	2(m)	1(m)		2	0	0	
	NPP-CV	0	0	2		0	0	0		0	0	3	
Total	**12**	**0**	**1**	**2**	**25%**	**0**	**2**	**2**	**33%**	**2**	**0**	**3**	**42%**
LCFS	*CPP*	5	8	8		0	3(w)	13(w)		1	2	2	
	NPP-PV	5	8	19		2(m)	8(m)	13(m)		1	7	9	
	NPP-CV	2	8	14		5(m)	5(m)	12(m)		1	7	14	
Total	**182**	**12**	**24**	**41**	**42%**	**7**	**16**	**38**	**34%**	**3**	**16**	**25**	**24%**
One Hope	*CPP*	15	19	20		3(m)	2(w)	7(w)		6	14	13	
	NPP-PV	0	0	9		12(m)	10(m)	18(m)		3	11	4	
	NPP-CV	3	4	17		7(m)	6(m)	11(m)		3	11	12	
Total	**240**	**18**	**23**	**46**	**36%**	**22**	**18**	**36**	**32%**	**12**	**36**	**29**	**32%**
Shelter Inc.	*CPP*	0	0	0		0	0	1(w)		0	0	0	
	NPP-PV	0	1	2		1(m)	3(m)	2(m)		0	0	0	
	NPP-CV	0	1	1		0	4(m)	2(m)		0	0	0	
Total	**18**	**0**	**2**	**3**	**28%**	**1**	**7**	**5**	**72%**	**0**	**0**	**0**	**0%**
UCAN	*CPP*	0	5	5		2(m)	1(w)	1(w)		0	2	3	
	NPP-PV	0	0	0		3(m)	4(m)	5(m)		2	2	4	
	NPP-CV	1	0	0		0	1(m)	1(m)		0	1	2	
Total	**45**	**1**	**5**	**5**	**24%**	**5**	**6**	**7**	**40%**	**2**	**5**	**9**	**36%**
Universal	*CPP*	3	6	7		0	2(w)	1(m) 4(w)		3	1	1	
	NPP-PV	9	7	18		3(m)	5(m)	11(m)		1	10	5	
	NPP-CV	0	2	8		1(m)	0	11(m)		0	4	0	
Total	**123**	**12**	**15**	**33**	**49%**	**4**	**7**	**27**	**31%**	**4**	**15**	**6**	**20%**

Clearly communication breakdowns and the inability to follow through require our ongoing attention and support. It should be noted that DCFS offices are broken out to target our field support efforts to the appropriate staff. This quality improvement information will be shared with intervention agency staff and administration and we are now positioned to determine if our field support efforts yield improvements overall in this area. We are also clear about the agencies that require priority focus. We plan to continue to monitor these outcomes on a quarterly basis.

It has been very clear to program administration for some time that these methods of communicating with the agencies are minimally effective given the ongoing demands of the work. Ultimately our success requires establishing our "***ground game***" which will expand the role of CQI directly to the agencies. Our goal is to begin monthly meetings at the intervention agencies to review these reports and address monitoring, the need for key information, and to reduce communication failures that can result in months of delays due to unknown caseworker changes, illness, etc. Beginning the implementation of these new procedures required staffing changes and so these efforts only began in the final months of the reporting period. We are merely beginning engagement and outreach at this time.

In addition, during our last reporting period, we introduced the partnership with our field support program, known as STEP [**STEP**-Supervisory Training to Enhance Practice]. The primary outcome for the IB3 program is improved permanence. There are numerous policy and practice issues that directly influence permanence and these issues are beyond the scope of the IB3 program to address. During this period, IB3 continued our efforts with field coaching program targeted to casework supervisors. All STEP staff completed IB3 training and IB3 administration provided additional training aimed at advancing our planning efforts. As our analysis of intervention indicates, we are able to identify trends at the supervisory level for cases requiring coaching support that all fall under the supervision of an identified supervisor. Ultimately, shared data and coordinated communication between the programs will support improvements in permanence outcomes that are beneficial to the Department and for the IB3/ STEP programs.

The structure for the ongoing work will occur in joint planning meetings between IB3/ STEP and the intervention agencies and will utilize the following strategies:

- Provide information on the purpose of IB3 field support
- Review of agency performance Dashboard (DCFS-QA) and IB3 management reports to identify and engage staff in areas of practice that need development
- Review of IB3 client data
- Discussion on practice issues, case activities, and skillbuilding areas
- Development of time limited engagement plan
- Development of initial coaching plan

CPP CASE MONITORING

The EC CPP coordinator is responsible for several monitoring reports that are completed on a weekly, bi-monthly, monthly and quarterly basis. Weekly, the group share database is updated tracking all CPP cases which have been matched to a CPP agency, status and family contact information. Twice a month the CPP Coordinator reports to the IB3 CQI team on the status of all presently active CPP cases. The agencies who provide CPP services submit monthly treatment progress reports for every child they serve. These monthly process reports have been an integral part of managing the number of available slots and linking children on the wait list with a CPP provider as soon as possible. There were many efforts made to enhance communication between IB3 staff and the CPP agencies, including ongoing phone consultation, close communication and routine meetings with CPP providers. As a result of these efforts, the transmission of these monthly progress reports is going smoothly at this time.

At this time in the project, while many children have been participating in CPP, as yet there are not many progress reports or fidelity measures available on these cases. The focus has been successfully linking children and caregivers to the service and the initial engagement. There are significant challenges in engaging the biological and foster caregivers of these children in services, many of which are rooted in very real concrete difficulties. These include but are not limited to: transportation difficulties, the competing service needs of these children, as well as the needs of other children in the home, it being a new idea in the child welfare system that foster parent should need service, and court related issues such as attorneys saying clients should not agree for services due to legal considerations. In planning for next steps, there is a great deal of thought being put into how progress will be routinely communicated in the area of trauma symptoms.

NPP CASE MONITORING

There have been no changes in procedures for case monitoring during this reporting period. The staff member that is responsible for case monitoring changed in April, 2015. Given this role is now devoted fully to IB3; there has been an arduous process of trying to verify the status of each of the 250- NPP-PV cases. Our records are much more complete due to her efforts.

The referral process begins after receipt of the recommendation from the ECH program with initial communication with the caseworker to determine the client's current status and to support initial engagement after the client is notified of the group start dates, agency providers, and location. A new tool was discussed in the previous update on the NPP program and can be found as Appendix A. After a family is notified of the service, the referral is sent to the NPP provider agency. When clients are not available due to a need to triage and complete other services first, the program continues monitoring. The client's progress while in NPP is also monitored monthly. There have been no changes in these procedures.

H. Contracting

During this fiscal year, contract adjustments were made to allow CCP providers to provide and submit billings for Medicaid eligible services provided under their CPP contracts. Each CPP provider was certified as a Medicaid Community Mental Health Services agency and trained in Medicaid requirements for assessments, treatment plans and service documentation. Providers began submitting billings for compliant Medicaid mental health services, which were mostly the individual and family CPP sessions. Contracts were also adjusted to allow providers to bill for other non-Medicaid services to ensure that all necessary services provided under the CPP contract were billable. By including both Medicaid and non-Medicaid services, DCFS ensured that providers have enough flexibility to bill for all required services, while maximizing the state's ability to draw down federal matching dollars.

I. Communications and Committee Updates

The following committees and work groups have met and collaborated on the waiver during this six month reporting period.

IB3 Advisory Committee

The Advisory Committee meets quarterly. During fiscal year 2015, meetings were held 7/ 10/14, 10/2/14, 1/9/15, and 4/2/15. Attendance, participation and support from this group has remained consistently high.

Executive Leadership Team

Meetings of the executive leadership team including the Deputy Director, Project Director, and Project Director of the Early Childhood Development Program occur bi-weekly to review waiver progress and develop plans for waiver progress and the implementation of various aspects of the program. Agendas are set by this team for the meetings for all waiver committees and work groups.

The IB3 IV-E Waiver Leadership Group

The Waiver Leadership group meets weekly to review all aspects of the waiver, with reports from each component of the project. This group reports and collaborates on census reports, evaluation, IV-E claiming, finance, interventions, implementation issues, database development and all other aspects of the waiver. Discussions leading to policy and procedural decisions emanate from this group, as well as strategy development for current and anticipated issues. An additional research consultant was added to these weekly meetings who will assist with the evaluation.

DATA SUB-COMMITTEE MEETINGS

The Data Sub-Committee was formed in January, 2015, and meets monthly. It include the entire evaluation team, IB3 project administrators and CQI team members. This group reviews data to identify any issues related to the accurate transfer of data from the DCFS system to that of Chapin Hall. Trends are identified and planning is initiated to address any data related concerns.

NURTURING PARENTING PROGRAM PROVIDERS MEETINGS

Beginning in February, 2015, this group now meets on a regular, quarterly basis. Two meetings are in-person and two are held by teleconference. They are attended by program administrators and NPP facilitators from the agencies providing the NPP program. The meetings allow the providers to receive updates on the waiver and provide information on their experiences delivering the services. The focus of these meetings has included engagement challenges, coordination of service delivery, fidelity to the NPP model and shared experiences in delivering the training. The group has also begun to share program delivery practices that have proved helpful in providing feedback to participants and use of the home visitation component of the program.

CHILD-PARENT PSYCHOTHERAPY PROVIDERS MEETINGS

The CPP providers meetings occur regularly, on a bimonthly basis. This schedule began in January, 2015. CPP provider meetings are attended by the clinical program administrators of the IB3 provider agencies along with clinical supervisors and therapists treating IB3 clients. The group has focused on such topics as referrals, service delivery, model fidelity, report formats and Medicaid billing.

INTERVENTION AGENCIES MEETING

Two meetings each fiscal year are held with the IB3 Intervention agencies. These meetings are attended by the administrators, program managers, supervisors and direct service staff from some agencies that are involved with IB3 families. Participants receive updates on all areas of the waiver. Data on agency participation in the waiver and any program updates are shared and discussed. Information on referral procedures for intervention services and the status of IB3 cases within each agency are provided. Issue such as engagement, retention and barriers to service participation are among the topics discussed. The meetings continue to provide updates on the progress of the waiver and to receive input on issues of importance or concern to the agencies. During this reporting period, one meeting has been held on March 20, 2015 The next meeting will scheduled for the fall.

CONTINUOUS QUALITY IMPROVEMENT TEAM

The CQI team continues to meet bi-monthly. During this reporting period, the team has focused on engagement data, referral procedures and agency reporting, as the number of children and families served by the waiver increases. The team continues to develop methods of increased and meaningful contact with intervention agency caseworkers and supervisors. The monthly reports of referrals are sent to each waiver agency, alerting them to those families thathave been identified for IB3 interventions. New levels of assistance are also being offered to the agencies to support client engagement and the coordination of sequentialed services. Communication directly with the field staff of waiver agencies has increased during this period to support their understanding of the interventions and their outreach to families.

INTEGRATED ASSESSMENT (IA) IB3 STAFF MEETINGS

On a weekly basis, IA administrators and IB3/Early Childhood supervisors have phone meetings to address issues that arise with the enhanced assessments, questions about service referrals and other implementation issues. This supplements the individual QA review of all enhanced assessments, risk and service determinations performed by EC supervisors. The IB3 Project Director and the Early childhood Director join these meetings periodically, offering additional feedback to IA administration about the progress of the overall Waiver Project and speak to concerns about procedures related to the enhanced assessments, risk determinations and service referrals. This level of close collaboration and communication has led to IA screeners developing greater comfort with the algorithm, and refinement of risk determinations. It also provides support to IA administration as they continue to support their screeners in using the tools in the enhanced screenings and making risk/service determinations.

AD HOC MEETINGS

Meetings have been held as needed with various DCFS units to provide information on the IB3 waiver that supports the involvement of families in waiver services.

Supervisory and Staff Meetings: Meetings with supervisors and staff of targeted Intervention agencies have continued through this reporting period. Through the waiver's new Intervention Specialist, a number of Intervention agencies have been visited andprovided with information about the waiver. This has enabled the waiver to further clarified with staff and has enabled staff to gain a greater understanding of their roles in working with waiver families towards engagement in services. Meetings of this type will be held with each of the Intervention agencies on an ongoing basis.

Medicaid Training: An additional session of Medicaid support training was made availablc to the CPP provider agencies in January, 2015. This meeting brought together the providers with

the Medicaid consultants working with them to complete Medicaid certification. Agencies were also provided with assistance on Medicaid billing and documentation.

COMMUNICATION MATERIALS

IB3 Reports: On a monthly basis, lists of the children identified for the waiver are sent to the Intervention agencies and to those non-waiver agencies that have cases involved in the waiver. Customized lists of IB3 cases are now also sent to the Juvenile Court, making it possible to identify IB3 cases on the calendars of each judge. Other lists are distributed to DCFS support units, such as ACR, PAS (Permanency Achievement Specialists), and STEP (Supervisor Training Enhancement Program). The support units utilize this information to support the waiver when they interact with Intervention agencies.

IB3 Video Project: In partnership with the Media and Digital Learning Department of Governor's State University, a 10-minute video of the IB3 Waiver has been completed. This video includes interviews with IB3 administrators and evaluators, plus those with various service provideres. Of great interest are scenes of NPP groups and experiences shared by actual birth parents and foster parents that received services. This film will be used as a training tool in a variety of presentations on the waiver. To view the video, click this link: https://youtu.be/31WBFDOYItM. The video has been extremely well received. We will continue share our success using this exceptional tool to advance our communications.

During our 2nd Annual Summit, we plan to videotape an interview with the developer of the NPP model, Dr. Stephen Bavolek. We have also spoken with one of our CPP providers about the inclusion of an interview with a family that participated in that intervention. If viewings reveal a need for any other minor edits, we can adjust when we edit for version 2.

IB3 Pamphlets and Manuals: These materials continue to be made available to the Intervention and provider agencies and are distributed at each training event conducted by waiver staff.

TRAINING AND PROFESSIONAL DEVELOPMENT

CPP Summit: On Friday 10-16-15, IB3 will host our 2nd Annual Summit. A location has been secured and initial outreach efforts have begun. We have moved the venue to a more centrally located site which we hope will yield enhanced participation by our intervention agency staff, who remains the target audience for the event.

Last year the focus of the summit was the CPP intervention and this year the focus will be NPP. We are very grateful to have the model developer, Dr. Stephen Bavolek as our featured speaker. We have already begun planning with Dr. Bavolek. We have asked him to focus on the following areas:

- How the model supports change in families;

- How home coaching is utilized;
- The Nurturing Lifestyle

Local providers will share experiences as well. Our target for this year is 150 participants.

STAFF TRAINING EVENTS

Online Training for Staff

The online, self-directed training on the IB3 Waiver continues to be available for new foster care staff. Agencies are provided with reminders of the availability of the training and with reports of which of their staff have completed the training.

IB3 Waiver Training for Direct Service Staff

Because the response to online training has been lower than desired, the IB3 administrative team offered another session of in-person training on the waiver. This training, held June 24, 2015, was attended by 43 casework, licensing and supervisory staff. All aspects of the waiver were covered to an enthusiastic, highly interested group. This 3-hour training was particularly rich because staff attending have had experience with waiver cases. This differed a great deal from the initial trainings offered to staff as they were delivered *before* the waiver actually started

JUVENILE COURT TRAINING EVENTS

Judges Training*:* A session of IB3 training was presented once again to Juvenile Court judges on April 8, 2015. IB3 administratos presented the waiver and detailed explanations of the intervention services being offered to families. The trianing met its goal of helping judges understand the treatment goals and outcomes from Child Parent Psychotherapy and the Nurturing Parenting Program. As a result of the training, judges will be able to inquire about client progress and outcomes based on knowledge of the competencies addressed by the interventions.

Lawyer Training*:* On March 24, 2015, IB3 Waiver training was provided for Juvenile Court lawyers. The IB3 team provided an overview of the waiver and detailed information on the intervention services. Attorneys from the DCFS Legal Department, GALs, State's Attorneys and Public Defenders attended the training.

III. EVALUATION STATUS

A. NUMBERS OF CHILDREN AND FAMILIES ASSIGNED TO THE DEMONSTRATION

Illinois's IB3 waiver demonstration targets caregivers and their children aged birth through three, who enter out-of-home care in Cook County, Illinois. Since the initial implementation of the IB3 demonstration on July 1, 2013, there have been 544 children aged birth to three in Cook County who were placed into foster care through the end of June 30, 2014 and remained in care for at

least 45 days. It is projected that another 590 children will meet these criteria through the end of June 30, 2015.

The prior semi-annual report linked screening data to DCFS administrative data on child abuse and neglect and foster care. In this report, we link the screening data to program participation information entered by IB3 staff into the database. Because of data entry lags, this report will be restricted to the cohort of 544 children who entered DCFS custody during fiscal year 2014. By restricting reporting to the FY14 cohort of children, the evaluators are able to draw on complete program participation data for tracking child welfare outcomes at least six months after assignment to the demonstration.

Table 10. Waiver Cases by Assignment Category

		Not Assigned	Assigned				
FY	Total		Not Assessed	Assessed	Total	Projection	Variance
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
FY14	544	91	41	412	453	520	-53
FY15 est.	590	99	45	446	491	520	-29

As shown in Table 10, the actual assigned total (Col. E) for state fiscal year 2014 fell short of the revised projection by 53 cases or 10 percent. For fiscal year 2015, the projected assigned cases is expected to undershoot the projection by only 6 percent. The variances are attributable to a larger than projected fraction of children who were not assigned to the demonstration. As presented in Table 10, not all infants and toddlers under age 4 years old who are removed into child protective custody in Cook County were assigned to the IB3 demonstration (Col. B). Approximately one-half of the unassigned 91 children in fiscal 2014 were excluded from the demonstration because case management responsibility was delegated to agencies that were exempted from the rotational assignment process. They include: Jewish Child and Family Services, SOS Children's Villages, United Cerebral Palsy Seguin of Greater Chicago among others. The remaining cases were excluded because of placement into specialized foster care and for other miscellaneous reasons. It is projected that the same proportion of unassigned cases will hold for fiscal year 2015.

Of the 453 children assigned to the IB3 demonstration during FY 2014, 41 children or 10 percent were not screened for trauma and other functional impairments as of June 30, 2015. This occurred for a variety of reasons, including the transfer of the management of the child's case outside of the Cook County service area before the screening could commence. It is projected that the same proportion of unassigned cases will hold for fiscal 2015.

B. Major evaluation Activities and Events

The first year after the start of the demonstration on July 1, 2013 was devoted to initial implementation and formative evaluation—what the *Framework to Design, Test, Spread and Sustain Effective Practice in Child Welfare* (Framework Group, 2014) calls the Develop and Test

phase. The purpose of this phase is to iron out any irregularities in the implementation of key components of the intervention and evaluation before mounting full implementation and summative evaluation. Because the enhanced screening protocols were new, much of the first year was aimed at gaining familiarity with the assessment tools and applying them to determine the appropriate baseline risk levels of the children and families for referral to CPP and NPP. Even though both programs are evidence-supported interventions that have undergone prior testing and evaluation, additional adaptation was deemed necessary in order to integrate the services into the ongoing routines of case management and judicial oversight in Cook County.

C. Challenges to the Implementation of the Evaluation and the Steps Taken to Address Them

Implementation science suggests that one should understand not only the intervention processes and outcomes, but also the implementation process and outcomes (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). This involves not only understanding the desired outcomes for the study participants, but also understanding how well the interventions are being implemented, how staff is implementing the interventions, and the environment in which the intervention is being implemented. Implementation science studies have found that often interventions are implemented and outcomes are measured, but there is a missing link in terms of how adequately the intervention was implemented. According to Fixsen and Blase (2009), the information is critical to understanding why an intervention achieved or failed to achieve desired outcomes.

Consistent with this thinking, accountability for outcomes involves an examination of both the integrity of the actions taken on behalf of clients and the validity of those actions in achieving the desired outcomes (Testa & Poertner, 2010). The success of an intervention is a product of the two. Failure to achieve intended outcome may reflect either a problem with the integrity of the implementation or a problem with the validity of the intervention (Klein & Sorra, 1996).

The previous report suggested that the permanency difference between the intervention and comparison groups was trending in the anticipated direction. As the demonstration continues, it is expected that this difference will enlarge and become statistically significant over time. For this to occur, however, it will be important that implementation integrity be sustained over time. Two key checks on intervention integrity are whether cross-overs from the comparison to the treatment condition are kept to a minimum and whether rates of program participation are sufficiently high to detect a positive intervention effect.

Table 11 presents some key indicators of implementation integrity that may be used to assess how well these two criteria of minimal cross-overs and sufficient program participation are being met. The table excludes a small number (N=13) of transfers of case management responsibilities to child welfare agencies that are outside the scope of the demonstration. Because the transfers were evenly distributed between two assignment groups, their exclusion should not adversely affect the comparison.

The good news is that only one percent of cases that are managed by comparison group agencies at the 45th day of DCFS custody have been referred to either the CPP or NPP program. This is a very low rate of crossover and only one-half of those referred actually started the program. The other good news is that almost 60 percent of cases that are managed by an intervention group agency involved a referral to one or both of the programs. However, not all of the referrals resulted in the participation of either birth parents or caregivers in the program. As shown in Table 11, only 22% of cases assigned to intervention agencies involved the start-up participation of either birth parents or caregivers in the programs.

Looking at the situation from a glass half-full perspective, however, the referral rate rises to 80% for the 93 children assessed at high risk in the intervention group and the participation of either or both of their parents and caregivers starts out at 43% of those referred. It will undoubtedly take more follow-up time to observe whether the comparatively high level of engagement in the high risk group translates into improved permanency outcomes.

One of the special challenges that could threaten the integrity of the demonstration is the low rate of parental participation in the CPP program. Of the 93 children assessed at high risk during FY14, the parents of only seven of the children started the program as of June 30, 2015. Further, the parents of only 13 of the children started the NPP program. During this reporting period, we have continued to explore the extent to which systematic barriers are impeding parental participation.

One possibility we will test this coming fiscal year is whether billing constraints are limiting the capacity of provider agencies to take the necessary steps to engage birth parents in the program. For example, of the 93 children assessed at high risk in the intervention group, only 57 children had parents who faced no special barriers to their participation in the CPP or NPP programs. Among the 36 children whose parents faced special barriers, 4 had a cognitive or physical disability, 3 had travel difficulties, 9 were incarcerated, 2 confronted language challenges, and the remaining 18 faced other miscellaneous barriers. The extent to which such barriers, for example travel distances, could be overcome if agencies were given greater flexibility in the types of services they could provide and bill to the state. Next fiscal year, DCFS will implement new billing procedures that will allow agencies greater flexibility in how they utilize state and federal funds to increase parental and caregiver participation in the programs.

Table 11. FY14 Program Referrals, Participation, and Reunifications by Assignment Group and Agency
As of December 2014

Comparison Agencies	N of Children	% Referred to CPP/NPP	% Started Program	% Placed First with Kin	% Reunified	Intervention Agencies	N of Children	% Referred to CPP/NPP	% Started Program	% Placed First with Kin	% Reunified
DCFS COOK SOUTH	36	0.0%	0.0%	8.3%	5.6%	DCFS COOK NORTH	22	31.8%	22.7%	40.9%	4.5%
LUTHERAN SOC SERVICES	33	3.0%	3.0%	42.4%	6.1%	DCFS COOK CENTRAL	44	56.8%	22.7%	25.0%	4.5%
LAKESIDE COMMUNITY	9	0.0%	0.0%	33.3%	0.0%	CHILDRENS HOME & AID	65	69.2%	26.2%	38.5%	4.6%
CHILDLINK	18	0.0%	0.0%	11.1%	27.8 %	UHLICH CHILDREN'S	11	63.6%	27.3%	27.3%	0.0%
ABJ COMMUNITY SERVICE*	0	0.0%	0.0%	0.00%	0.0%	ASSOCIATIO N HOUSE	11	54.5%	0.0%	81.8%	18.2%
CHILDSERV	15	0.0%	0.0%	53.3%	0.0%	LUTHERAN CHILD & FAMILY	25	60.0%	20.0%	36.0%	12.0%
UNITY PARENTING	19	5.3%	5.3%	57.9%	0.0%	SHELTER, INC.	1	0.0%	0.00%	0.0%	0.00%
LYDIA HOME ASSOCIATION	11	0.0%	0.0%	18.2%	6.3%	ONE HOPE UNITED	40	67.5%	20.0%	67.5%	12.5%
VOLUNTEERS OF AMERICA	32	0.0%	0.0%	12.5%	0.0%	ADA S MCKINLEY	13	38.5%	7.7%	38.5%	7.7%
LAWRENCE HALL YOUTH	7	0.0%	0.0%	57.1%	0.0%	CNTRS FOR NEW HORIZONS*	4	50.0%	25.0%	0.0%	0.0%
AUNT MARTHAS YOUTH	6	0.0%	0.0%	16.7%	0.0%	UNIVERSAL FAMILY	18	55.6%	27.8%	66.7%	5.6%
TOTAL	186	1.1%	0.5%	28.0%	5.9%	TOTAL	254	58.7%	21.7%	43.3%	8.7%

*Agencies closed to foster care intake since start of the IB3 demonstration; underlined agencies highlight large differences between predicted and actual numbers.

IV. Significant Evaluation Findings to Date

A. Risk Determinations

An important lesson gleaned from the first year of formative evaluation was that a larger group of children and families were assessed to be at high and moderate risk than the 45% that was originally anticipated in the initial evaluation plan. The revised evaluation plan pegged the new rate at 54% of the children placed into Cook County foster care. The actual rate for the period ending June 30, 2014 was within earshot with this estimate: 330 of the 544 children (61%) were assessed with moderate to high trauma symptoms or other mental health problems.

Table 12 shows the risk determinations for these 330 children and the remaining 123 children who were assigned to the waiver but never screened, deferred or screened at low risk. The findings are similar to the results reported in the prior semi-annual report. Even though differences in the risk levels between the comparison and intervention groups are not statistically significant (chi square = 6.1, $p < .19$), the larger proportion assessed at high risk in the intervention group than the comparison group raised concerns that knowledge of assignment group might have been biasing the risk assessments. However, after additional review, it was

determined that the algorithm used by the assessors guarded against the inflation of risk scores based on awareness of assignment groups.

Table 12. Risk Level by Assignment Group

Risk Level		Group		Total
		Comparison	Intervention	
High	Count	68	126	194
	Col.%	37%	47%	43%
Moderate	Count	54	82	136
	Col.%	30%	30%	30%
Low	Count	32	31	63
	Col.%	18%	11%	14%
Deferred/ Missing	Count	9	10	19
	Col.%	5%	4%	4%
Not Screened	Count	19	22	41
	Col%	10%	8%	9%
TOTAL	Count	182	271	453
	Col.%	100%	100%	100%

Previous semi-annual reports noted imbalances in the average ages of children in the comparison and intervention group. Whereas the independent-sample t-test showed no significant difference in the ages of children in the comparison and intervention, when the sample was restricted only to those children who at the time had received a risk assessment (N = 386), the age difference trended toward statistical significance (p = .068). This slight difference remains now that number with risk assessments climbed to 412 children: M= 9.6 months, SD=12.9 (comparison) and M= 12.1 months, SD=13.4 (intervention); t (410) = -1.89, p = .060). This age difference reinforces the importance of conducting an intent-to-treat (ITT) analysis in order to preserve the statistical equivalence of the two groups at rotational assignment. An ITT analysis retains all assigned cases in the analysis regardless of whether they receive the assessments and treatments as originally intended.

B. Placement Type

Far more concerning, however, was the large imbalance in the distribution of children into related and non-related foster homes. Even though an imbalance was previously visible from the usability sample of 61, the difference wasn't large enough to reach statistical significance. With the larger ITT cohort of FY14 assigned cases (N = 453), the imbalance is now significant. Fifty-eight percent (58%) of children rotationally assigned to intervention agencies resided in kinship foster homes at last observation, compared to 41% in the comparison agencies. The chi square test shows this difference to be statistically significant at .001.

Fortunately the home-of-relative imbalance does not affect the imbalance in risk levels inasmuch as placement type does not appear to be a significant predictor of risk determinations. The coefficient for the regression of risk scores on HMR-placement is indistinguishable from zero (i.e. no effect). On the other hand, there is prior evidence that HMR placement does influence permanency rates in Cook County and furthermore it affects the cost neutrality formula because HMR is negatively correlated with IV-E eligibility.

The negative correlation between HMR and IV-E eligibility arises from the requirement that children must be placed in licensed foster homes in order to qualify for federal reimbursement. Since one-third of kinship foster homes are unlicensed in Cook County, the lower percentage of kinship homes in the comparison group elevates the IV-E eligibility difference between the comparison and intervention groups by approximately four percentage points.

Table 13 shows the impact of the HMR imbalance on the differences in IV-E eligibility rates. There was an 11 percentage point difference between the eligibility rates for the FY14 comparison group (Col. B) and the intervention group (Col. D).

Table 13. Placement Type by Assignment Group

Placement Type	Comparison		Intervention	
	Column Percent (A)	IV-E Eligibility Rate (B)	Column Percent (C)	IV-E Eligibility Rate (D)
Total	100%	0.80	100%	0.69
Regular Foster Care	53%	0.92	35%	0.85
Specialized Foster Care	5%	0.89	6%	0.79
Home of Relative (HMR) Care	41%	0.65	58%	0.59
Other Placement	1%	0.0	1%	0.50

The previous semi-annual report forecasted that the IV-E eligibility disparity would be reduced in future tabulations as the sample size grows larger. The eligibility determinations for all 1,029 cases assigned through June 30, 2015 shows that the eligibility disparity has indeed narrowed to 6.5 percentage points. Even though this difference is still larger than desired, the possibilities for this disparity to narrow further in the future seems more likely now than during the first year of the demonstration.

C. Permanency Outcomes

With 21 months of follow-up data available for tracking permanency outcomes, differences should begin emerging between the intervention and comparisons groups if the CPP and NPP interventions were having the anticipated impacts. The original expectation was that the interventions would triple reunification rates from the baseline of 6 percent to 18 percent within

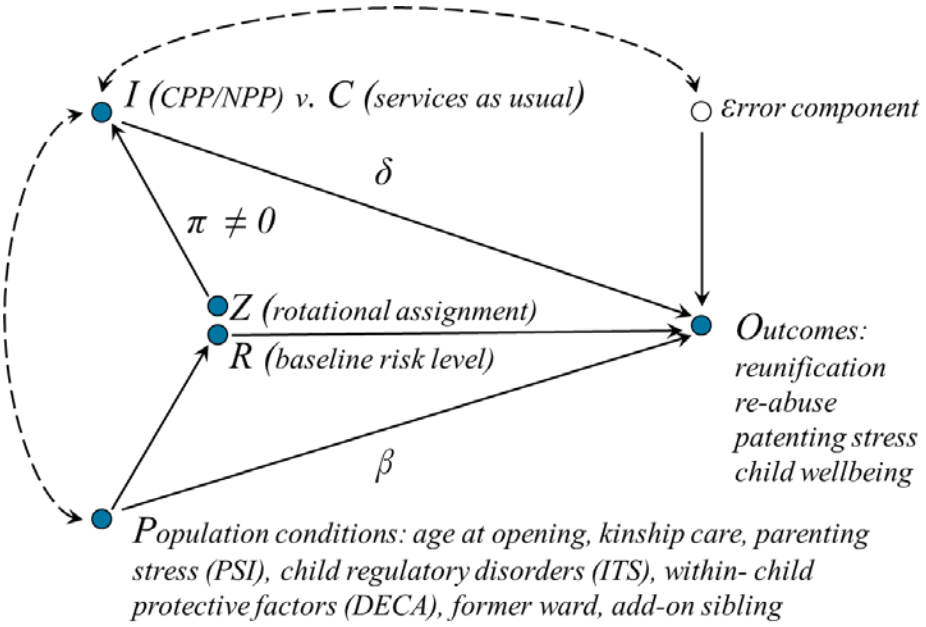
12 months. But these projections were based on historical analyses of children in care for 8 days or more. Because many children are reunified after 8 days and before the 45th day that it takes on average to complete an integrated assessment, the baseline should be limited to only those cases that have been in state custody for 45 days or longer. The reunification rates for children under age three years old, who had been in foster care for 45 days or more, averaged 2% in Cook County for most of the last five years. Thus the projection for the expected impact should be scaled back accordingly.

Table 14 shows that most children (71%) who spend fewer than 45 days in foster care are reunified with their birth families. But if DCFS custody lasts longer than 45 days, reunification rates drop precipitously. Even though children assigned to the intervention group display a higher rate of reunification after 21 months of follow-up than children assigned to the comparison group (8.7% vs. 5.9%), the magnitude of the difference is not statistically distinguishable from zero (i.e. no difference). Table 14 also separates out the small number of children (N = 13) initially assigned to the demonstration but whose cases were subsequently transferred to a child welfare agency that was outside the scope of the demonstration.

Table 14. Reunification Rates by Days in Care and Agency Assignment Group

Permanency Outcomes	Less than 45 Days in Care		45 Days of More in Care					
			Comparison		Intervention		Out of Scope	
	N	Col.%	N	Col.%	N	Col.%	N	Col. %
Total	65	100%	186	100%	254	100%	13	100%
Reunified	46	71%	11	5.9%	22	8.7%	3	23.1%
Other	19	29%	175	94.1%	232	91.3%	10	76.9%

Figure 1-- IB3 Data Analysis Model



During this next reporting period, the evaluators will continue to analyze the impact of the waiver's developmentally informed, parenting education and support programs on the desired permanency outcomes. In addition to the higher rate of reunification among parents who complete the program, we anticipate observing a higher rate of guardianship or adoption among caregivers who complete the program as well as for children whose parents fail to engage in services despite repeated outreach by intervention agencies.

In addition, we have also engaged the Survey Research Laboratory at the University of Illinois to initiate planning a survey of caregivers and caseworkers to track the intervention effects on reduced trauma symptoms, increased permanency, reduced re-entry and improved child well-being. Figure 1 diagrams the core components of the data analysis model that will be estimated to answer the following primary PICO question:

Will children aged birth thru three years old, who are initially placed in foster care (P), experience reduced trauma symptoms, increased permanency, reduced re-entry and improved child well-being (O) if they are provided developmentally informed parenting education and support programs (I) as compared to similar children who are provided IV-E services as usual (C)?

The basic assumptions of the data model is that there will be a positive effect of CPP/NPP intervention services ($\delta > 0$) on the primary outcomes of higher reunification rates, lower re-abuse rates, lessened parenting stress and improved social and emotional well-being of the child compare to services as usual.

D. Adult-Adolescent Parenting Inventory (AAPI)

The AAPI-2 is the revised and re-normed version of the original AAPI first developed in 1979. The inventory is designed to assess the parenting and child rearing attitudes of adult and adolescent parenting and pre-parenting populations. The AAPI-2, like its predecessor, is a validated and reliable inventory that is predictive of abusive parenting. Responses to the inventory discriminate between the parenting behaviors of known abusive parents and the behaviors of non-abusive parents.

The AAPI-2 is used by NPP providers to assess changes in the parenting and child rearing attitudes of programs participants. Responses to the AAPI provide an index of risk assessment in five specific parenting and child rearing behaviors scored from 1 (highest risk) to 10 (lowest risk) as described in Table 15:

Table 15. AAPI-2 Subscales

Subscale	Construct	Description
A	Expectations of Children	High risk involves inappropriate expectations that exceed the normal developmental capabilities of children. Tends to be demanding and controlling
B	Empathy toward Children's Needs	High risk involves low level of empathy in which caregiver does not understand or value children's normal developmental needs. Children must act right and not be spoiled.
C	Use of Corporal Punishment	High risk sanctions hitting, spanking, and slapping of children as appropriate and required. Strong disciplinarian who lacks understanding of alternatives to corporal punishment.
D	Parent-Child Role Responsibilities	High risk tends to use children to meet self-needs. Expects children to make life better by providing love, assurance, and comfort.
E	Children's Power and Independence	High risk tends to view children with power as threatening. Tends to view independent thinking as disrespectful.

At the end of the reporting period, 161 caregivers and parents completed baseline assessments of parenting and child rearing attitudes. The distribution of subscale responses indicate a generally higher level of risk compared to general population norms. Approximately 16% of the general population scores in the high risk range and a cumulative 84% scores in the high to medium range. Table 16 shows the risk scores for the 161 caregivers who completed the pretests. Of the 161 NPP participants who completed pretests, 62 completed a posttest. The posttest subscales indicate a substantial reduction in risk levels.

Table 16. Pretest and Posttest Risk Levels

Construct	Risk	Pretest (n = 161) Cumulative %	Posttest (n=62) Cumulative%
Expectations	High	24.2	16.1
	Medium	88.2	95.2
Empathy	High	36.0	8.1
	Medium	90.7	67.7
Punishment	High	8.7	3.2
	Medium	86.3	69.4
Roles	High	33.5	19.4
	Medium	85.1	79.0
Power	High	25.5	14.5
	Medium	85.7	80.6

Because the reduction in risk levels might result simply from the attrition of high risk caregivers from completing the posttest, a paired-samples t test was conducted which compares the differences in pretest-posttest means for the 62 participants who completed the NPP program. The results reproduced in Table8 show significant improvements in parenting and child rearing attitudes, on average, among NPP participants, The lone exception is the expectations of children (subscale A). These results are slightly different from the previous report in which the change in the last subscale, Power, was indistinguishable from no change.

The paired-sample t test (Col. G) assesses whether the differences in means (Col. B) are large enough to be statistically distinguishable from 0 (no change) if the true difference in the population was indeed 0. The 2-tailed significance tests (Col. H) indicate that with the exception of the first subscale, Expectation, the difference is small enough so that the difference from zero could have arisen by chance in 277 out of 1000 replications; all the remaining improvements are statistically significant at the .01 level or lower.

Table 17. AAPI Subscales Pre- and Post- Tests: Paired Differences

Subscale Pre-Post-tests (Col. A)	Paired Differences					T (Col. G)	Sig. (2-tailed) (Col. H)
	Mean (Col. B)	Std. Deviation (Col. C)	Std. Error Mean (Col. D)	95% Confidence Interval of the Difference			
				Lower (Col. E)	Upper (Col. F)		
Expectations	.323	2.317	.294	-.266	.911	1.096	.277
Empathy	1.855	1.991	.253	1.349	2.360	7.337	.000
Punishment	.839	1.952	.248	.343	1.334	3.384	.001
Roles	.823	2.222	.282	.258	1.387	2.916	.005
Power	.984	2.343	.298	.389	1.579	3.306	.002

E. Qualitative Interviews and Focus Groups

Qualitative research is currently in progress regarding interviews and focus groups as part of the process evaluation of the overall study of the Illinois Birth through Three Waiver Program. A purposeful sample of parents and foster parents along with key professional staff are currently being asked to participate in interviews or focus groups to discuss their experiences regarding engagement and knowledge of IB3 services.

Participation in these interviews and focus groups is voluntary for all parents/foster parents, and professional staff and all participants will remain anonymous for purposes of the study. The interviews and focus groups will be utilized as a way to gather information from key IB3 case participants and professional staff; in order to inform on implementation issues, the process and quality of care being implemented, and to document the understanding of services, culture, and the overall practice environment of professional staff involved in IB3 services.

Interviews

Parents and foster parents identified as IB3 case participants are currently being asked to participate in individual interviews; potential participants have been categorized in to four groups:

- Participating birth parents
- non-participating birth parents
- participating foster parents
- non-participating foster parents

For purposes of this study, non-engaged means those who are assigned to the intervention group but who are not participating in IB3 services.

Focus Groups

Several focus groups are also being conducted with key staff who are part of implementing IB3 and/or who work directly with IB3 case participants; to better understand challenges with engaging parents/foster parents in IB3 services and the overall process and capacity of the services being implemented. Focus groups will be conducted with several sets of professional staff, including:

- IB3 CQI staff
- provider caseworkers
- legal representatives
- Integrated Assessment screeners
- NPP therapists
- CPP therapists

V. Recommendations and Activities Planned for Next Reporting Period

Explanations of the activities planned for the next reporting period are detailed in the section on Challenges to Implementation and Steps to Taken/Planned to Correct Them, Section II.D.4.

A. Case Assignment and Coding
    1. Continue process of case coding and monitoring PRO case assignment process
    2. Increased use of IB3 Database to monitor current agency assignments
B. Contracting
    1. Develop a model of billing with Budget and Finance that will allow the purchase of capacity rather than billable hours, an alternative to the "fee for service" model currently used.
C. Data Systems
    1. Improve ability to retrieve data from OITS system
    2. Complete final outstanding reporting capabilities
D. Evaluation
    1. In the next quarter the evaluation team will continue to conduct focus groups, and will report findings from the focus groups in the next semi-annual report.
    2. The evaluation team will work with the Survey Research Lab at the University of Illinois-Chicago to design a survey for a sample of families who have been involved with the IB3 interventions, and a matched group from the control group. The survey will help us better understand the impact of the interventions on participants.
    3. The evaluation team will continue to monitor up-take and sustainability of the IB3 interventions, with a particular focus on CPP.
    4. Finally, the evaluation team will continue to monitor progress associated with the Waiver demonstration, and to delve deeper into some of the barriers the team has encountered in implementing the Waiver.
E. Assessment
    1. Continued use of new algorithm.
    2. Continue QA processes
F. CQI & Implementation Support Across IB3 Interventions
    1. Use the IB3 video as a recruitment and engagment tool
    2. Utilize field support through STEP, to support implementation challenges of IB3 services with intervention agency supervisors
    3. Provide timely documentation on client progress in IB3 services to field staff
G. NPP
    1. Continue meetings with NPP supervisors and facilitators at the increased frequency of 4 meetings per year
    2. Obtain and review all NPP fidelity monitoring materials
    3. Continue to monitor and distribute to Intervention agencies the master calendars of NPP-PV and NPP-CV groups for FY 16; address issues of geographic access, parent support and language requirements
    4. Expand case level outreach to foster parents and caseworkes, providing increased information on the children at high risk
    5. Expand contact with agency licensure staff regarding support and training needs for foster parents

6. Conduct needs assessments of foster parents by training staff
7. Review NPP-CV curriculum and update as needed
8. Increase flexibility of NPP-CV training calendar to support engagement
9. Provide incentives for foster parents to attend training
10. Explore the provision of providing transportation and child care for foster parents to attend NPP sessions
11. Explore the solicitation of donations from private sources for foster parent incenstives
12. Provide information to Intervention agencies, specifically, and to the Child Welfare community, in general, of foster parent support needs

H. CPP
1. Implement changes in contracts for CPP providers
2. Develop strategies to increase CPP capacities of provider agencies through training and preparation of CPP therapists
3. Increase outreach to intervention agencies and direct service staff as above with NPP.

I. Communications
1. Provide at least 3 live IB3 trainings for direct service staff
2. Meet with the Child Welfare Advisory Committee to brng forth challenges learned from IB3 for working with foster parents on a broader level
3. Continiue to offer and market the online IB3 training
4. Make use of IB3 video for trainings and presentations on the waiver
5. Continue dissemination of IB3 manuals and pamplets to agency staff and others who can promote the demonstration.

APPENDIX A. IB3 RISK AND NEED TRACKING TOOL

Quarter 4					
	Intervention	Comparison	Total		
Total # of Case Openings			0		
	Intervention	Comparison	Total	Deflected	Attrition
Determinations Received			0		
Determinations Completed			0		
Unresolved Cases	0	0	0		
Referral Breakdown					
High Need (CPP)			0		
% of Total Risk Determinations					
Birth Parent			0		
Foster Parent			0		
High Risk (CPP)			0		
% of Total Risk Determinations					
NPP-PV Referrals			0		
NPP-CV Referrals			0		
Moderate Need (NPP)			0		
% of Total Risk Determinations					
Birth Parent			0		
Foster Parent			0		
Moderate Risk (NPP)			0		
% of Total Risk Determinations					
NPP-PV Referrals			0		
NPP-CV Referrals			0		
Low Risk			0		
% of Total Risk Determinations					
Low Risk: NPP-PV			0		
Deferred			0		
Total	0	0			

APPENDIX B. GANTT CHART

Current Activities	Responsible Party	Benchmarks/Products	Start Date	End Date		% Completed
Developmental Activities			07/01/12	10/31/15	1217	
Partnering Agencies						
Convene bi-annual meetings with Intervention Agency leadership	IB3 Team	Scheduled meetings	7/1/2013	6/30/2017	1460	60%
Provide monthly reports to intervention agencies of census and referrals for IB3 interventions	CQI Team, Project Manager	Reports	1/1/2014	6/30/2017	1276	60%
Provide Implmentation Support around referrals and family engagement	CQI Team	Meetings and contact with agency staff	3/1/2014	6/30/2017	1217	60%
Assessment						
Meet weekly with IA administrators and staff	EC Development Supervisors	Meetings	05/01/13	06/30/17	1521	60%
Quarterly meetings with IA Administrators and IB3	Goss and Mann	Meetings	12/13/14	06/30/17	930	60%
Interventions						
Trainer/therapist follow-up meetings to support implementation and fidelity	Executive Committee	Scheduled meetings	10/01/13	06/30/17	1368	75%
Identify and train NPP trainers as Master Trainers to complete NPP TOT with NPP developer	K. Mann, CQI Team	Established date for training of 11/4-6/15; Scheduled trainer; Candidates receive TOT	9/1/2014	11/6/2015	1368	50%
Data Systems						
Develop data exchange process to track availability of intervention services	Executive Committee	Data tracking document	04/01/13	10/01/14	548	70%
Test completed OITS data system	OITS and IB3 staff	User Acceptance document	02/24/14	09/01/14	189	75%
Produce reports from OITS system	OITS and IB3 staff	Data Reports	09/30/14	06/30/17	1004	50%
Service Delivery						
Develop and execute FY 16 provider contracts	Deputy	Contract documents	10/01/14	07/01/15	273	75%
Teaming and Building an Accountable, Collaborative Governance Structure			07/01/12	06/30/17	1825	
Coordination and collaboration with AODA waiver team for service planning	Executive Committee, AODA staff	Meetings	04/01/13	06/30/17	1551	75%
Continue partnering with internal units to support implementation	Executive Committee	Meetings	04/01/13	06/30/17	1551	75%
Quarterly meetings with Advisory Committee	Executive Committee	Meetings				
Communication Plan and Strategies			06/01/12	06/30/17	1855	
Disseminate information at Advisory Committee meetings	Executive Committee	Scheduled meetings	11/12/12	06/01/17	1662	75%
Execution of ongoing training for new agency staff on waiver	Mann, Lawrence, Office of Training	Online, self-directed training, contnuously available to staff through Office of Training	04/01/14	06/30/17	1186	75%
Deliver information to allied program staff (Psychology, Training, STEP, Early Childhood)	Executive Committee	Weekly division management meetings	03/13/13	06/30/17	1570	100%
Quarterly meetings with NPP provider agencies	Executive Committee	Meeting events	11/7/2014	6/30/2017		75%
Bi-monthly meetings with CPP provider agencies	Executive Committee	Meeting events	Dec-14	Jun-17		75%
Ongoing waiver training availability	Mann and Lawrence	Continuing online training	04/01/14	06/01/17		50%
Disbursement of waiver marketing materials	Mann and Lawrence	Pamphlets, IB3 Manual	07/01/14	06/01/17		65%
Development of IB3 Video	Mann, Lawrence and GSU	10 minute video	09/01/14	06/15/15		100%
Refresher training for Juvenile Court staff	Executive Committee	Presentations at Juvenile Court	03/15/15	05/15/15		100%
Initiate periodic meetings with supervisors of each intervention agencies	Mann and Sampeur-Thigpen	Meetings at agencies' scheduled supervisor meetings	11/24/14	06/30/17		65%
Ongoing dissemination of waiver information and materials to agencies, allied staff, stakeholders	Executive Committee	Meetings, trainings, presentations, agency visits	04/01/13	06/30/17		75%
Hold 1st Annual IB3 Summit	Mann, Lawrence, Exec. Committee	Summit on October 24, 2014		10/24/14		100%
Planning 2nd Annual IB3 Summit	Mann, Lawrence, Exec. Committee	To be held October 16, 2015		10/16/15		75%
Quality Assurance			01/01/13	06/30/17	1641	
Develop communication procedures with caseworkers to support family linkage to IB3 services	CQI Team	Procedures document	08/15/13	03/30/14	227	100%
Provide monthly case census status summaries to Intervention agencies regarding IB3 families served	CQI Team, C. Lawrence	Monthly reports	01/15/14	06/30/17	1262	75%
Evaluation			05/01/12	06/30/17	1886	
Bi-annual project summaries	M. Testa, N. Rolock , IB3 staff	Report	12/01/13	06/01/18	1643	20%
Prepare materials for focus groups & interviews	Chapin Hall	Questions developed	5/1/2014	8/30/2014	121	100%
DCFS IRB submitted by 8/1/14	UNC, UWM, Chapin	IRB forms submitted for approval	06/01/14	9/30/2014	121	100%
Chapin IRB submitted by 8/1/14	Chapin Hall	Chapin Hall IRB approval	6/1/2014	9/30/2014	121	100%
Conduct focus groups	Chapin Hall	Report	10/1/2014	3/31/2015	181	50%
Survey data collection	M. Testa, N. Rolock	Survey document	07/01/15	06/30/18	1095	0%
Interim evaluation report	M. Testa	Report	02/01/16	03/30/16	58	0%
Final evaluation report	M. Testa	Report	07/01/18	11/30/18	152	0%
Public use data tape submitted to DCFS	M. Testa	Data tapes	12/01/18	12/30/18	29	0%
Phase Down Plan						
Assess availability for continued funding from federal sources	C. Tate, DCFS Director	Letter to ACF	1/1/2018	3/1/2018	59	0%
Develop plan for continuation of services, funded by non-Waiver funding	C. Tate, DCFS Director	New funding plan	6/1/2018	12/31/2018	213	0%
Develop a transition plan for continuing services, without federal funding, for current IB3 participants	C. Tate, DCFS Director	Transition plan	1/1/2018	12/31/2018	364	0%

Legend:
Green - Completed task
Gold - Task in progress
White - Not yet started

ILLINOIS BIRTH
THROUGH THREE
WAIVER:
CHILD AND FAMILY
INTERVENTION

IB3

NPP-PV Notification

Date Completed:

Dear [Caseworker]

One of your cases, (child), has been identified for the Illinois Birth through Three Waiver (IB3) Program.

Your agency is part of the IB3 Program and the child's parents have been recommended through the Integrated Assessment to receive parent education in the Nurturing Parenting Program (NPP). The NPP is a 16 week parent education group designed to build parenting competencies in parents with children ages 0-5. The group meets for 3 hours weekly and includes parent coaching. A calendar of NPP classes is attached.

Is your client ready to participate in this service?

YES- If your client is ready to participate in this service: Please select the one that **you and the parent** agree she/he will attend and do the following:

- ✓ Discuss the program with the parent and get their commitment to participate;
- ✓ Return, via email, the form below with the information we will need to complete the referral. **Please note that the referral for NPP cannot be completed until we get this information from you**. **Also, this parent should NOT be referred to any other parent education or parent coaching program.**

1. (parent name) will attend the NPP class starting:
(date) at **(site)**.

2. Please enter a second choice:
(date) at **(site)**.

Please note that space is limited and you will receive written confirmation of the available class after we receive your request.

Is there anything else that we should know to support this family in successfully participating in this service:

NO- If your client is NOT ready to participate in this service

If (parent name) is not available to attend at this time, please let us know why they cannot attend (checklist below) and when you believe they will be available.

The parent cannot participate at this time because: (Check all that apply)

☐ Has no Transportation	☐ Medical crisis	☐ Parent attended non-IB3 services
☐ Lacks Childcare	☐ Life stressors	☐ Language
☐ Distance/Geography (location of class)	☐ Disability barriers (Physical/ Cognitive)	☐ Whereabouts unknown
☐ Incarceration- Anticipated release	☐ Has not yet made sufficient progress in other services [Comment]: May be ready in:	☐ Work/ School schedule conflicts. Can only attend:
☐ Refused service	☐ Housing instability	☐ No response from parent
☐ Other (please explain):		

Please direct any questions and return this form to DCFS.IB3@illnois.gov. The referral for your client will be sent to you and to the provider agency after space availability has been determined. **Please DO NOT instruct the parent to attend the class until you receive the referral confirmation.**

If there is another parent or significant other that should be referred to the NPP class, please fill out the information on pages 3 and 4 of this letter. If there is more than one additional person, please provide the same information for each per referred.

Please click on the button below to e-mail this form to IB3 when it is finished.

Thank you very much.

E-mail Form

Name: CYCIS ID#: Relationship to child:
Address: Phone: Email:

YES- If your client is ready to participate in this service: Please select the one that **you and the parent** agree she/he will attend and do the following:

- ✓ Discuss the program with the parent and get their commitment to participate;
- ✓ Return, via email, the form below with the information we will need to complete the referral. **Please note that the referral for NPP cannot be completed until we get this information from you**. **Also, this parent should NOT be referred to any other parent education or parent coaching program.**

3. (parent name) will attend the NPP class starting:
(date) at **(site)**.

4. Please enter a second choice:
(date) at **(site)**.

Please note that space is limited and you will receive written confirmation of the available class after we receive your request.

Is there anything else that we should know to support this family in successfully participating in this service:

NO- If your client is NOT ready to participate in this service

If (parent name) is not available to attend at this time, please let us know why they cannot attend (checklist below) and when you believe they will be available.

The parent cannot participate at this time because: (Check all that apply)

☐ Has no Transportation	☐ Medical crisis	☐ Parent attended non-IB3 services
☐ Lacks Childcare	☐ Life stressors	☐ Language
☐ Distance/Geography (location of class)	☐ Disability barriers (Physical/ Cognitive)	☐ Whereabouts unknown
☐ Incarceration- Anticipated release	☐ Has not yet made sufficient progress in other services [Comment]: May be ready in:	☐ Work/ School schedule conflicts. Can only attend:
☐ Refused service	☐ Housing instability	☐ No response from parent
☐ Other (please explain):		

Please click on the button below to e-mail this form to IB3 when it is finished.

E-mail Form