MIND THE GAP NATIONAL WEBINAR SERIES, Session #7
Real World Barriers & Strategies for Evidence-based Practice Implementation: Illinois IB3 Waiver

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June 9, 2016
Today’s Session

• **Introduction to Topic/Context & WDF**
• **Illinois Presentation**
  o Introduction
  o Background & Context
  o Information Gathering & Planning Process
  o Strategy Description & Overview
  o Current Status & Implementation
  o Progress, Impact & Outcomes
  o Accelerators & Decelerators
  o Lessons Learned & Tips for Other Agencies
• **Q & A**
• **Closing & Next Steps**
Workforce Development Framework
To Support Staff and Advance Improved Outcomes for Children, Youth & Families

Workforce Development Planning Process
- Analyze Workforce Supply & Demand
- Identify Need: Organizational Assessment
- Gather Data: Environmental Assessment
- Identify Gaps
- Close the Gaps: Implement Workforce Development Components
- Monitor & Evaluate
- Continuous Quality Improvement

Workforce Development Components
- Leadership
  - VISION, MISSION, VALUES
  - Supervision & Performance Management
  - Job Analysis & Position Requirements
  - Education & Professional Preparation
  - Recruitment, Screening & Selection
  - Incentives & Work Conditions
  - Professional Development & Training
  - Organizational Environment
  - Community Context

Mind the Gap Webinar Series | Session 7 | June 2016
A Service of the Children’s Bureau
Introduction, Background & Context
Introduction

Goals for this webinar:

• Participants will be able to utilize the NIRN (National Implementation Research Network) framework for planning the identification, selection, and utilization of evidence-based interventions in child welfare;

• Participants will develop a clear understanding of the needed supports for implementation, including and beyond professional training to achieve successful outcomes;

• Participants will be able to identify common organizational barriers that are inherent in bureaucracies that can diminish positive outcomes and utilize adaptive strategies for problem solving to achieve desired outcomes.
Background & Context

• **Illinois is a state-administered child welfare system**
  - 2572 employees, and of these:
    • 535 Administrators
    • 1668 Professionals
  - **Employee Demographics:**
    • 23% male; 76% female
    • 49% minority
  - **80% of foster care is in private sector**

• **Extensive history of waiver utilization**

• **Currently serving 17,022 children and families**
Illinois Registers One of the Lowest Foster Care Entry Rates in the US

Rate per 1,000

Data current as of July 2012
Kids Stay Too Long…

Leads to One of the Longest Median Lengths of Stay in the US

Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, [http://cwoutcomes.acf.hhs.gov/data/overview](http://cwoutcomes.acf.hhs.gov/data/overview) 2010 Data Highlights, Children in care on 9/30/10
Needs: Target Population

- Children ages 0-5 make up an increasing percent (58%) of all children entering care in Illinois.
- About 41% of the total number of children in care are ages 0-5, with 3-year-olds making up the largest percentage.
- In Cook County, children ages 0-5 make up about 53% of all children entering care, with the largest percentage for babies under 1.
- High re-entry rates (Wulcyzn, 2011)
In Cook County only 18% of Children Entering Care Under 4 y.o. are Reunified within 3 years, Half the Rate as the Rest of the State (39%)

Source: DCFS administrative data; data current as of June, 2011. Data reflect average outcomes for children who entered custody during the most recent 4 year period.
Information Gathering & Planning Process
NIRN Stages of Implementation

- Exploration and Adoption
- Program Installation
- Initial Implementation
- Full Operation
- Innovation
- Sustainability

Implementation
Information Gathering & Planning Process—”Exploration and Adoption Phase”

• Analysis of target population needs
• Identification of outcomes
• Development of Theory of Change/Logic Model
• Determination of agency assignment and readiness
  o Intervention vs Control Agencies
  o Rotational assignment
  o LADQ
STRATEGY:
Agency & Community Supports for Implementation of EBP

- Basic description/overview
- Purpose/goals/desired outcomes/potential benefits
- Development of specific strategy
- Essential elements
  - How do you do it
  - Specific tasks/activities
  - Specific examples/graphics/stories
- Current use/application/status
- Other nuts & bolts
  - Anything others should know if they want to do this well
Basic Description: IB3

- **The Illinois Birth Through Three Waiver Demonstration:** Child and Family Intervention is a 5 year demonstration project under the Title IV-E waiver authority of the Children’s Bureau, ACF, US DHHS.

- IB3 provides developmentally informed, trauma-focused screenings for infants and toddlers 0-3 entering the child welfare system in Cook County, Illinois.

- IB3 determines the risk level of each child and refers the child and caregivers, birth parents and foster parents, to the appropriate intervention.
Project Overview

Hypothesis:
• The waiver demonstration will test the following hypothesis: children aged zero to three years old who are initially placed in foster care will experience reduced trauma symptoms, increased permanency, reduced re-entry and improved child well-being if they are provided trauma informed Evidence Based Interventions compared to similar children who are provided IV-E services as usual.

Target Population
• The primary target population is children who enter state custody under the age of four years old in Cook County IL.

Interventions
  o CPP- Child Parent Psychotherapy
  o NPP- The Nurturing Parent Program 0-5

Evaluation Design:
• The State’s evaluation will involve a quasi-experimental research design based on the State’s existing rotational case assignment system.
Outcomes

• Improved child well-being
  o Mitigation of trauma and loss
  o Improvement in emotional, cognitive, social functioning

• Accelerated reunification rates

• Decreased time in care

• Lower re-entry rates
Information Gathering & Planning Process - “Exploration and Adoption Phase” Continued

 ✓ **Selecting interventions:**
   ✓ CPP—existing community capacity; evidence-based; trauma informed
   ✓ NPP—evidence of use in CW; training and materials accessible; and assessment on-line

 ✓ **Determining screening instruments**
   ✓ ITSC, DECA, trauma and developmental assessment
   ✓ PSI-Parent Stress screening
   ✓ CANS—trauma experiences

 ✓ **Developing Risk Determination protocol**
Creating a Model for Need/ Risk:

**Key Practice Principle:**

- **Assessments should guide**
- **Intervention planning**

**Service Determination**

- **IA/ECH screeners consider the following info to support IB3 Service decisions.**
- **There are 3 components to the risk determination below:**
  - The child’s trauma experiences
  - The child’s trauma symptoms
  - The caregivers’ stress
Risk Level Determinations: High

**Intervention for high risk children & caregivers:**

- For infants and toddlers that are assessed to be at the highest level of risk/need, caregivers and the child will receive Child Parent Psychotherapy (CPP) as the primary treatment model. This model can be used with any caregiver, therefore the therapist can target the intervention to foster caregivers, birth parents and/or to both entities.
Child Parent Psychotherapy

• The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (caregiver) as a means of restoring the child’s sense of safety, attachment, and appropriate affect.

- National Registry of Evidence-based Programs and Practices, 2012
Risk Level Determinations:
Interventions for Moderate/Low risk cases

Nurturing Parenting Program

Needs: Parents that have been indicated for child maltreatment require an approach that develops the parents’ capacity for:

• Nurturing
• Empathy
• New skills for discipline
• Appropriate expectations for the developmental needs of their children
NPP: The Parent Version (PV)

• The Parent Version for DCFS parents is targeted to the developmental needs of children ages 0-4
• 16 Group Sessions
• 3 hours each
• Competency Based
• Up to 7 Home Coaching Sessions
NPP: Caregiver Version (CV)

- Adapted from the 16 week NPP program for parents
- 8 sessions; 3 hours each
- Competency based training
- Also includes reinforcement/coaching
Program Installation

• Governance Structure
  o Advisory Committee
  o Executive Committee

• Implementation Teams
  o Screening Tools/Risk Assessment Team
  o CPP Agencies Team
  o NPP Agencies/staff Team
  o Intervention Agency meetings
  o CQI staff team
Program Installation (2)

- **Intervention Training**
  - Developer training in NPP
  - Pre-existing CPP Capacity

- **Communications Strategy**
  - Agency orientations – onsite visits
  - Brochures
  - Routine email support for each case referred
  - On-line training
  - IB3 Video

- **Data Systems Development**

- **Costs and Contracts**
Strategy Description/Overview
Competency Drivers

Selection

Training

Coaching
The Gap: From training to practice

We often expect that training will be sufficient to achieve the full and effective use of innovations in practice. Implementation Science asks us to determine what is “really” required.

(NIRN, 2015)
From Training → Competence

Initial Training
- Mandate
- Applicable/Perceived Value

Reinforcements:
- Supervision
- Field Support
- Organization

Professional Ownership
- Client Level
- Outcomes {Seeing it works}
- Court

Implementation Drivers are needed to achieve the desired change!
Organizational Drivers

• **Decision support Data systems: CQI**
  - Year 3 - The database for IB3 became functional
  - Case Management and Provider Agencies can review and monitor clients and outcomes

• **Systems Interventions**

• **Facilitative Administration**
Leadership Drivers: Identifying Adaptive Challenges

- Putting the unspoken on the table
- Recognize changes in values, practices, and relationships
- Recognize the need to call for a collective sense of responsibility utilizing our diversity
- Recognize the requirements for
  - Learning new ways and competencies
  - Working collectively to connect ideas
  - Identify where our diversity intersects

(Ellen Kagan)
What’s the difference?

• How do you distinguish an adaptive challenge from a technical challenge?
  o Adaptive challenges include attitudes, beliefs, patterns, historical roles, values
  o Adaptive challenges are often revealed in attempts to solve technical challenges
  o Adaptive challenges may be unspoken or assumed
Adaptive Challenges: The paradigm shift for foster parents

**In a perfect world:**

- Expectations for foster parents would be clear and supported from recruitment → licensing → ongoing supports → Including supports for their life stressors.

- In the absence of that system alignment; we rely on:
  - Persuasion
  - Relationships
Essential Elements

Services for this age group:

• Focus on the child’s age/stage of development;

• Help caregivers understand the ways that little ones experience extreme stress, fear and trauma;

• Help caregivers to read and respond to a baby or toddler’s cues more effectively.
Essential Elements (2): Changing Our Beliefs

• About Foster Parents:
  o Many foster parents came to us saying:
    • “I've already raised my kids, why do I need a class?”
    • “I'm just keeping this baby till his mother comes back”
    • “I didn’t sign up for all this”
  o About Young Children
    • Babies are fine:
      – Babies only need to be given food/milk, diaper changes, time to sleep
      – Babies don’t remember trauma
      – Why put a baby in therapy?
Essential Elements (3)

- Engagement
- Clinical considerations in determining need
- A continuum of services
- Focus on Foster Parents
- Ongoing monitoring of progress
  - Clinical Progress
  - Developmental Progress
  - Outcomes
A tale of two perspectives

CPP Clinician

- Need
  - Trauma & Infants

- Engagement
  - The foster parent dilemma

- Monitoring
  - Competencies

Caseworker

- Need
  - They are too young!

- Engagement
  - The foster parent dilemma

- Monitoring
  - Courts

Communication, coordination & role

The Easy Cases???
CURRENT STATUS
Current Status

• Contracting to Support Implementation
• During Year 3 the CPP wait list grew
• Utilization was below expectations - 62%
• Contracts needed to be modified
• End Yr. 3 with a plan to increase capacity by 44%
Other Nuts & Bolts

- **Sustained Implementation Support**
- **Framework for Field Support**
  - Post-Training Reinforcement/Application
  - IB3 Practice
  - Client Monitoring
  - CQI
## Intervention Data N=1008

<table>
<thead>
<tr>
<th>Intervention</th>
<th>NPP-PV (Birth Parents)</th>
<th>NPP-CV (Foster Parents)</th>
<th>CPP</th>
</tr>
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<tbody>
<tr>
<td>No. of Providers</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Lifetime Cases Recommended</td>
<td>511 [51%]</td>
<td>309 [30%]</td>
<td>188 [19%]</td>
</tr>
<tr>
<td>No. Referred</td>
<td>400 [78%]</td>
<td>96 [31%]</td>
<td>110</td>
</tr>
<tr>
<td>Successful Completion</td>
<td>187 [47%]</td>
<td>43 [45%]</td>
<td>19</td>
</tr>
<tr>
<td>Currently Engaged/Successful Closure-CPP</td>
<td></td>
<td></td>
<td>[53%]*</td>
</tr>
</tbody>
</table>
Impact on Improving Parenting Competencies: AAPI-2 Findings

- April, 2016 Evaluation Data: 201 parents and 74 substitute caregivers completed baseline assessments of their parenting and child rearing attitudes
- Of the parents, 70% were mothers and 30% were fathers
- At pretest, 1/3 of parents and caregivers expressed attitudes and beliefs suggesting insufficient levels of empathy, which put them at high risk for neglectful parenting
- After completing the NPP trainings, less than 10% answered with non-empathic responses
Permanency Findings

• The reunification rates showed there was a **3.5** percentage point difference in reunification rates between the intervention and comparison groups
  o **8.0% (I)** vs. **4.5% (C)**
Progress, Impact & Outcomes

• **Service Impact:** Internal training capacity for NPP/Expansion of evidence-based parenting support

• **Practice Impact:** Matching needs to interventions

• **Workforce Impact:** Increased recognition of implementation support in other workforce designs
Accelerators & Decelerators
Accelerators: Human

- **Relationship Focus**

- **Reflective Capacity** - *Ongoing examination of bias*

- **University Partnerships**
  - *Internal Content Expertise on*
    - **Trauma**
    - **Infant Toddler Development**
Accelerator: Clear Conceptual Framework

• Trauma & Developmental Theory
  o Framed our understanding of risk, impact and selection of effective models

• Systems Perspective
  o E.g., Problems must be analyzed within the context of systems

• Adaptive Leadership

• Use of Implementation Science
Accelerators- Organizational

- History of Implementation
  - Previous Work w/ EBIs
  - Relationships w/ model developers
- Pilot of One of the Selected EBIs-CPP
- Availability of Population Data
Decelerators

- **Data Systems/Delays in Developing Functional CQI**
  - Agency support/ownership

- **Contracting**
  - Fee structures
  - Intervention Capacity

- **Staffing**
  - Internal- borrowed staff
  - External- Staff turnover

- **Court involvement**

- **Just to name a few!**
Lessons Learned & Tips

- Problem
- Opportunity
Lessons Learned from Implementation Challenges

• Every aspect of an intervention requires implementation support
  o Training on the intervention
  o Educating the field about the intervention
  o Determining risk/assessing appropriateness and readiness for intervention
  o Referral and enrollment processes
  o Data collection
  o Fidelity monitoring and reporting
Lessons Learned from Implementation Challenges (2)

• The interface between casework and EVERYTHING else (treatment, care coordination, evidence-based interventions, training, etc.) requires attention and support and “working through”
  o Casework is and has been the primary “intervention” for child welfare
  o All other interventions, even assessments, are adjuncts to or add-ons to casework and are thus not seen as integral to the child and family’s well-being
Lessons Learned from Implementation Challenges (3)

• Casework in child welfare operates more from a case management model than a system of care model
• Roles and requirements of each component of the system of assessments, casework, and intervention, have to be clearly defined, delineated, trained, and supported
Lessons Learned from Implementation Challenges (4)

• The SYSTEM will resist and put up barriers at every step and every attempt when implementing an innovative program
  - Some is expected resistance to change and perception of “more work”
  - Resistance is also created by the system reinforcement for “business as usual”
  - Often what functions like resistance is lack of skill and capacity
Lessons Learned from Implementation Challenges (5)

• While Illinois has one of the longest lengths of stay in out-of-home care, little to no support is provided to the foster parents who will raise these children for years
  o Foster parents get very little required formal training beyond PRIDE preservice training
    • Foster parent trauma training is still voluntary
  o The highest number of children going into residential treatment come from the homes of relatives
Lessons Learned from Implementation Challenges (6)

• **Agencies fail to encourage foster parents to participate in the interventions**
  
  o There is a belief that requiring or encouraging foster parent participation in interventions will cause them to lose the placement
    
    • Caseworkers may indicate –”not mandatory”
  
  o Foster parents often have concrete barriers to participation for which solutions/resources have not been developed
Tips for Other Agencies

1. Begin with a strong evaluation team
2. Program staff must possess content expertise on the primary areas of the project
3. Begin with a plan for sustained implementation support
4. Identify & nurture community partnerships
5. Learn from past efforts
Getting infants and toddlers back on track...

Learn more about IB3 at:

https://www.youtube.com/watch?v=laAG0fwb_Pk
Questions? Comments?
Follow-up Learning Exchange

Friday, June 17, 2016 at 3 pm ET

• Please join us for a 60-minute follow-up webinar offering deeper interaction between the presenters and participants through facilitated discussion designed to enhance critical thinking on this important workforce development topic

• To register: http://bit.ly/NCWWILearnExch7
Additional Resources

• MyNCWWI eResources:
  o Change Implementation
  o Community Context
  o Evidence-based & Trauma Informed Practice

• Previous NCWWI Webinars:
  o Evidence-based Practices in Child Welfare: Opportunities & Challenges for the Workforce

• 1-page Research Summaries:
  o Dymnicki, Wandersman, Grigorescu & Huang, 2014
  o Aarons, Hurlburt & Horwitz, 2011
  o Plath, 2013
  o Maher, Jackson, Pecora, Schultz, Chandra & Barnes-Proby, 2009
  o Grady, 2010

• NCWWI Reference Lists:
  o NCWWI Change Implementation Reference List
  o NCWWI Community Context Reference List
  o NCWWI Evidence Based & Trauma Informed Practice Reference List
Closing the Gap
Upcoming Sessions

Fall 2016:
Supervision Innovations in Indiana

* 8 more sessions in the series starting Winter, 2016/2017
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Thank You!

Connect with Us

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