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**Safe From the Start Evaluation Protocol**

***All providers are to gather data from clients receiving Safe From the Start (SFS) services based on the following guidelines. This protocol gives instruction on administering assessments and gathering data at intake and when a client exits services. Providers are to implement this protocol no later than January 1, 2025.***

**Evaluation Project Background**:

The Illinois Safe from the Start program began in 2001 with the Chicago Safe Start demonstration site, which served two Chicago south side community areas. In State Fiscal Year (SFY) 2005, the Illinois Violence Prevention Authority (IVPA) funded evaluation efforts for the Chicago Safe Start site and provided funding to additional sites throughout the state to implement the Safe From the Start program. IVPA staff and SFS service providers collaborated to create intake and exit forms and selected common standardized assessments to use with clients receiving services. A database was created for sites to enter client and assessment data. University of Illinois at Chicago (UIC) researchers partnered with IVPA to provide research support, including support for the database, and technical assistance to sites.

In 2013, administrative oversight of the program was transferred to the Illinois Criminal Justice Information Authority (ICJIA). UIC continued to conduct research and manage the SFS database until 2020, when the program evaluation and database management were transitioned to ICJIA’s Center for Victim Studies.

In October 2024, Center for Victim Studies researchers updated the evaluation protocol to address SFS programmatic changes and to reflect ICJIA’s research processes. The previous version of the protocol was last revised in 2013 by UIC researchers. To update the protocol, ICJIA researchers analyzed SFS current data collection trends and reviewed guidelines for administering the standardized assessments. Descriptions of each SFS form and assessment are on page 2.

For more information about SFS forms and assessments, training on the assessments, and using the database, and to ask additional questions not covered by this protocol, please contact the Center for Victim Studies research team.

**Evaluation Protocol Goals**:

1. Provide guidance to providers on the administration of standardized assessments and SFS intake/exit forms.
2. Ensure evaluation guidelines offer providers both structure and flexibility in the intake and treatment planning process.
3. Provide detailed information on the evaluation process that can be used to inform staff training and answer common evaluation-related questions.
4. Enhance the quality and completeness of data collected by providers.

**SFS Forms**

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| --- | --- | --- | --- |
| **Form** | **Abbreviated Title** | **Version** | **Description** |
| **Background Information Form** | BIF | Version Dated10-1-24 | The BIF is an intake form that is used to gather demographic and background information on child clients and their families, such as children’s symptoms, and presenting problems, violence exposure types, risk and protective factors, and medical and mental health history. The BIF helps tailor service provision to children’s and caregivers’ needs. |
| **Family Referral Information** | N/A | N/A | The Family Referral Information section is a set of questions in the database used to indicate additional service needs, service receipt, and referrals made to clients after exiting services. |
| **Completion of Services Forms** | Caregiver CSF | Version Dated06-01-14 | The CSFs are exit forms used to gather information on a client’s progress and exit from services, such as types of services provided, treatment modalities used, treatment outcomes, and reason for leaving services. There is a separate CSF for the child and caregiver. |
| Child CSF |

**Standardized Assessments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment** | **Abbreviated Title** | **Edition** | **Description** |
| **Child Behavior Checklist** | CBCL 1½-5 | 601 Edition | Measures the severity of emotional and behavioral problems in children (1 ½ to 5 years old) on various syndrome scales, including emotional reactivity, anxiety/depression, somatic complaints, withdrawnness, attention problems, aggressive behavior, and sleep problems. |
| CBCL 6-18 | 201 Edition | Measures the severity of emotional and behavioral problems in children (6 to 18 years old) on various syndrome scales, including anxiety/depression, somatic complaints, withdrawnness, attention problems, social problems, thought problems, aggressive behavior, and rule breaking behavior. |
| **Parenting Stress Index**  | PSI-4-SF | 4th Edition | Measures the level of stress that caregivers’ experience based on their roles as parents, their parent-child interactions, and their child’s temperament. The PSI should only be used for children who are 12 years old and younger.  |
| **Ages & Stages Questionnaire**  | ASQ-3 | 3rd Edition | Identifies infants and young children who are at risk for developmental delays or disorders and, therefore, may need early intervention services. This questionnaire addresses five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social skills. |
| **Ages & Stages Questionnaire: Social-Emotional**  | ASQ:SE-2 | 2nd Edition | Identifies infants and young children who are at risk of having emotional and social disorders. Items on this questionnaire screen children in seven areas of social-emotional development: self-regulation, compliance, social-communication, adaptive functioning, autonomy, affect, and interaction with people. |

**Evaluation Protocol**

**I. Informed Consent Procedure:**

Data collected from participating clients are used to inform programmatic purposes and do not contribute to generalizable knowledge. Thus, the Institutional Review Board does not consider the SFS evaluation study to be research and does not require a separate informed consent process. To inform clients about the program evaluation, providers are to include the following sentences in their consent for services **by July 1, 2025**:

*“To provide the best possible services to its clients, this site participates in evaluation activities led by the Illinois Criminal Justice Information Authority (ICJIA)’s Center for Victim Studies, a research center that studies victimization and trauma as well as programs providing services and support to survivors. Researchers at ICJIA use deidentified data to evaluate the effectiveness of SFS services provided to families and young children exposed to violence.”*

As a condition of this grant, providers may be asked to share a copy of their consent for services form with this language. **Providers should continue to collect informed consent using the “Illinois Criminal Justice Information Authority Research Information and Consent for Participation in Research” document until June 30, 2025.** Starting July 1, 2025, providers should no longer ask clients to complete the informed consent document. If a client consents for services, their deidentified data, including their children participating in SFS, should be entered into the database.

**II. Assessment Administration:**

The following table provides a summarized version of the SFS form and assessment administration protocol to serve as an easy reference. Detailed instructions for each phase can be found beginning on page 4.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phase Name** | **Time frame** | **Forms & Assessments** | **Completed By** | **Repeat for Each Child** |
| **Pre-/Early****Intervention** | First 30 Days | BIF | Provider | Yes |
| ASQ | Caregiver | Yes |
| ASQ:SE |
| CBCL |
| PSI |
| **Mid-Intervention** | Every 3 months | CBCL | Caregiver | Yes |
| PSI |
| ASQ |
| Every 6 months | ASQ:SE |
| **Post-****Intervention** | Case Closeout | Caregiver CSF | Provider | No |
| Child CSF | Yes |
| Family Referral Information | Provider | No |

**Pre-/Early Intervention Phase:** Providers should fill out the BIF and administer the ASQ, ASQ:SE, CBCL, and the PSI to the caregiver prior to intervention services. Intervention services refers to a clinician providing individual or family therapy and implementing a client’s treatment plan. The BIF and assessments should be completed within the ***first 30 days*** of a family entering the SFS program.

**NOTES:**

* While a child may have multiple caregivers, please administer assessments and enter intake and exit data into the database for the **primary** **caregiver accompanying the child for SFS services**.
* For the BIF, at minimum, information for the following sections should be gathered and entered in the database:
	+ Adult and Child Client Information (Pages 1-3)
	+ Exposure to Violence (Page 5)
	+ Child (Page 7)
	+ Abuse History (Page 10)
	+ Protective Factors & Family Social History (Pages 11-13)
* For the standardized assessments, there should always be an SFS staff member (e.g., clinician, interpreter, intake coordinator) available to read the questions to caregivers that have difficulty reading or to answer any questions.
* After the caregiver completes the assessments, providers should immediately look over the forms and follow-up with the caregiver about any outstanding concerns or missing information.
	+ Each assessment has a minimum number of items that must be answered/entered for it to be scored.

**Mid-Intervention Phase:** Providers are to re-administer the ASQ, CBCL and PSI to the caregiver after ***three months*** for every child receiving intervention services and then every three months thereafter while they remain in services. The ASQ:SE should be re-administered for every child who has received ***six months*** of intervention services and then every six months thereafter while they remain in services. Re-assessment should be completed no later than 30 days after a family is due for re-assessment.

**NOTES:**

* **For clients exiting services ONLY**, re-assessment can occur two weeks before the re-assessment period begins (e.g., re-assessment can occur for every child who has received intervention services for two and a half months if they plan to exit services prior to receiving three months of intervention services).
* For clients who temporarily discontinue services:
	+ For clients who have missed some intervention services, but less than one month in a three-month period, providers should administer mid-intervention phase assessments AFTER they have received three months of intervention services.
	+ For clients who have missed more than one month of intervention services in a three-month period, providers should repeat the pre-/early intervention phase assessments. Providers should start a new cycle in the database for the client and administer the ASQ, ASQ:SE, CBCL, and PSI. Additionally, verify the client information contained on the BIF and re-enter this information in the database.

**Post-Intervention Phase:** Providers are to complete the Caregiver CSF and Child CSF ***once the client exits services*** (i.e., case close out). Wait to complete the Family Referral Information section in the database until the family exits services. These forms are to be completed for all clients who received **ANY** services (e.g., referrals, crisis intervention) for at least one month. They should be completed as soon as possible, but no later than two weeks after a client or the family exits services.

**III. Assessment Data Entry:**

Providers should enter all assessment data into the SFS database on a quarterly basis within 15 days of each quarterly grant reporting period ending. These dates are October 15th, January 15th, April 15th, and July 15th. Researchers will examine data receipts, indicating the amount of intake, assessment, and exit data entered in the database, following each quarterly reporting period to assess data entry trends. They will follow-up with sites that have entered limited data to better understand any barriers and to strategize approaches for improving data entry practices.

**NOTE:**

* All data from the prior state fiscal year **must be entered in the database no later than July 15th**. This includes data from the fourth quarter (i.e., April to June) and any missing or incomplete data from prior quarters (i.e., July to March). Researchers use these data to generate statistics for annual reporting to Illinois’ Office of Management and Budget; therefore, it is crucial for these data to be submitted on time and with limited missing or incomplete data.