

## Overview of the Integrated Assessment Program

Based on the fundamentals of good social work practice and due to requirements of the Council of Accreditation, and Federal Review Outcomes, Illinois must have a thorough and complete process identified for the capturing of assessment data throughout the life of a case. In order to meet this requirement, Illinois has articulated the **Illinois Model of Integrated Assessment**.

The Illinois Model of Integrated Assessment is the umbrella term used to identify three phases in the assessment process that must occur. **The first phase is, the Initial Assessment Prior to Case Opening.**

The Initial Assessment Prior to Case Opening, conducted by the Child Protection Service Worker, collects information related to immediate child safety, the on-going potential of risk, and ends with the transitional visit.

The transitional visit signifies one of the first opportunities for Permanency Worker, Child Protection Service Worker, and the family, to work as a team providing for the safety, well-being, and permanence of the children.

**The second phase of the Illinois Model of Integrated Assessment is the Integrated Assessment itself.** The Integrated Assessment Program (IAP) steps in and offers staff front-end assistance for coordinating the gathering of information in placement cases. This front-end assistance comes in many forms, but the role of the Clinical Screener and the Intake Coordinator are paramount.

There are three categories of clients entering DCFS custody:

- Standard: Clients with no current open case. These may be families brand new to our system or they may have previously been opened were closed and are coming back in again.
- Add-on: Clients who have sibs in DCFS custody, and now are being taken into custody by the department; and
- Disrupted Intact: Clients who remained in the home of their primary caretaker, but are now being taken into DCFS custody.

Illinois began by implementing the Integrated Assessment Program (IAP) with Standard placement cases but intends to expand to all placement cases in the future.

Currently, Workers and Supervisors will have an Intake Coordinator and Clinical Screener assigned to every standard placement case for the first 45 days. Placement cases include children that come into care through temporary custody, guardianship, or voluntary placement.

While the Intake Coordinator is prone to decrease staff's work-load by contacting and coordinating all screens/interviews, the Clinical Screener will act as a member of the team assisting with information gathering, report writing, and providing consultation to the Worker and Supervisor as needed. The focus of these two resources is teamwork. Staff must still assume primary responsibility of engaging the family and identifying safety, risk, and placement resources best suited to meet the needs of the children.

**The assessment process in which Worker and Clinical Screener will engage, includes the interviewing of parents/guardians, stepparents, paramours, other relevant adults in the home, children, and substitute caregivers** within the first 45 days of the case. Throughout the process, the Permanency Worker, Supervisor, and Clinical Screener will collaborate to synthesize all information gathered during the assessment process and generate one Integrated Assessment Report. The report recommendations will focus on clinical assessment and treatment needs. After collaboration this report will be presented and discussed with the family prior to the Family Meeting. Recommendations will enable the Child and Family Team to make better decisions about safety, risk, placement, service needs, concurrent planning, and permanency.

**The third, and final phase, of the Illinois Model is the Ongoing Integrated Assessment.** The Permanency Worker, with guided support from their Supervisor, will continue to gather information, analyze the information, and incorporate decisions into their Integrated Assessment Report and Comprehensive Service Plan throughout the life of the case. At day 90 from the date of TC the IA Intake Coordinator will contact the Worker/Supervisor to assure recommendations from the screens/assessment were implemented.

One month prior to every ACR for children age six and older, a member of the IA Clinical Team will provide follow-up consultation on IAP cases. The IA Clinical Team member will meet with the Worker and Supervisor to assess progress, re-score the Child and Adolescent Needs and Strengths (CANS) functional assessment, and discuss additional assessment or treatment recommendations. If during this consultation it is determined another IA screen must be completed the Clinical Screener of record will ideally be re-engaged to assist.

For children age 0-3 (up to the third birthday) the Early Childhood Program tracks the child's progress based on the results of their initial screening. (The Department intends to expand the existing Early Childhood Program statewide as IA rolls-out). For children age 3 through 5 the Early Childhood Clinical Screener that conducted the initial screening will meet with the Worker and Supervisor to assess progress and discuss additional assessment or treatment recommendations one month prior to every ACR.

Assessment will continue throughout the life of the case. **Occasionally additional risk/safety factors (also known as "triggers") will be unearthed that require IA consultation.** In these circumstances, an IA Clinical Team member will conduct an Initial Staffing with the worker and supervisor within 10 business days to review the risk/safety factors identified. If parties determine more information is needed or additional professionals must be heard from, a Follow-up staffing will be held within 14 business days of the Initial Staffing. Children experiencing multiple placement disruptions will be the first trigger population requiring an IA response beginning October 1, 2004.