

Integrated Assessment Program: *Informed Decisions for Positive Outcomes*



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Integrated Assessment at a Glance

- Provides high quality assessments that lead to the development of service plans that are family-focused, strength-based and trauma-informed.
- Looks at the medical, social, developmental, mental health and educational domains of both the child and the adults who figure prominently in his or her life.
- Views children and families from a trauma-focused perspective, looking across developmental stages and life domains to identify underlying issues and affects of trauma. Addresses these concerns with a strength-based approach to resiliency.
- Partners child welfare caseworkers with licensed clinicians to collaborate in the assessment process providing more accurate and insightful information about the functioning, strengths, support systems and service needs of the children and families serviced by the child welfare system.
- Determines needs and assets of parents and children to move from a child safety perspective to a permanency and well-being perspective.

Overview

In 2005 the Illinois Department of Children and Family Services implemented the Integrated Assessment Program to improve the field's capacity to address not only critical safety and risk factors, but also the developmental, behavioral, emotional, medical and educational needs of children and the adults who care for them and the protective factors possessed by the family.

While every child who requires child welfare service receives an integrated assessment (IA) from a permanency worker, new cases, called standard placement cases, receive an assessment with the assistance of an IA screener, a specifically-trained and licensed mental health professional. Standard placement cases that call for protective placement fall into two categories: 1) a child or family that has never been served by the Illinois child welfare system, or 2) a child or family with a previous case that was closed and then re-opened because of a new report of maltreatment. Screeners are also assigned to add-on sibling cases where the previous sibling already in care has had a screener assigned for the IA process. The Integrated Assessment Program's screeners provide an additional layer of clinical consultation initially as these cases are opened.



All screening and assessment activities are completed by IA screeners in collaboration with casework staff. In-person interviews conducted with clinical assessment tools are at the core of the program. Medical professionals complete an enhanced Comprehensive Health Evaluation (CHE) for each child. IA screeners along with the permanency worker meet with the birth parents and caregivers and conduct a clinical interview to determine their needs, strengths and support systems. The IA screener also conducts clinical interviews with each child, identifying strengths, functioning levels and developmental and behavioral/mental health needs.

Within 45 days, the results of the various assessments are integrated into a comprehensive assessment report, leading to a service plan that meets the medical, developmental, educational, and behavioral/mental health needs of families. The service plan is developed in conjunction with the caregiver, birth parent, and child at a Family Team Meeting, and is reviewed periodically for progress. The Worker and Supervisor continue to assess the family's needs and strengths, updating the integrated assessment report and the service plan throughout the life of the case.



Part 1: Initial Assessment Phase

The Initial Assessment on a standard placement case starts when a Child Protection Service Worker (CPSW) begins the investigation of a report of child maltreatment. (Some standard placement cases coming to the Department do not come through the Division of Child Protection—such as dependency cases or disrupted adoptions. These cases are handled by child welfare staff, but the process is similar.) The CPSW gathers information to determine the immediate safety, ongoing risk factors and need for intervention by agency or community services. Additionally, he or she collects information about the child's health and education.

Following contact by a CPSW, a case decision must be made. Possible outcomes could be: a determination that no intervention is needed; referral to a community resource; agency involvement through Intact Family Services; protective placement of a child. If the child requires placement, DCFS takes the child into protective custody. The CPSW begins the Child Caregiver Matching Tool and places the child with a substitute caregiver. At the point of Protective Custody, the Integrated Assessment process begins with the intake coordinator being notified of the child's being taken into care.

Part 2: Integrated Assessment Phase

After the initial assessment, the intake coordinator sets in motion the integrated assessment process, which is both inclusive and expansive. The process depends on engaging significant family members including: the child, parents/guardians, paramours, stepparents, caregivers and other relevant adults. Together these individuals, along with the permanency worker and supervisor and IA screener and supervisor, make up the IA team. Throughout the interviews and screenings, they all share and discuss information, questions, concerns, impressions and recommendations as the team plans and identifies needs and strengths ultimately making appropriate service referrals from a family-focused, strength-based, trauma-informed perspective.

The IA screener and the permanency worker begin administering screenings and conducting interviews as soon as possible after temporary custody is granted to DCFS by the court. The primary tools used to inform the assessment include the Child and Adolescent Needs and Strengths (CANS), Ages and Stages Questionnaire (ASQ), the Denver Developmental Screening Test II and the Early Screening Inventory-Revised (ESI-R). As part of the interview process, screeners also work to discover the types of community and social supports needed to foster optimal permanency outcomes. All interviews/screens, as well as the Comprehensive Health Evaluation (CHE) that addresses physical and medical issues, need to be completed by day 21.

Next, the screener drafts the Integrated Assessment Report with the IA supervisor and provides it to the permanency worker and supervisor for review. After the IA team reviews the report and makes revisions, the final report must be filed on the DCFS computer system (SACWIS). By day 40, the permanency worker and supervisor should conduct a child and family team meeting with the screener present to discuss the IA recommendations and begin developing the Comprehensive Family Service Plan with the family. By day 45, the final documents must be submitted to Juvenile Court.

Part 3: Life of Case/Ongoing Integrated Assessment

The IA report and the Service Plan continue to be important well beyond the initial 45-day period when the screener is involved. These documents are updated and used throughout the life of the case. They serve as the foundation and plan of action as the

case moves to a satisfactory permanency conclusion. Throughout the life of the case, the permanency worker, guided by the supervisor, continues to engage the family, gather information, analyze findings, and update the Integrated Assessment Report and the Child and Family Service Plan.



Role of the Intake Coordinator

The intake coordinator is an important individual in the IA process. When a standard placement case is referred to IA, the intake coordinator starts by creating a calendar of critical dates and contact information for the IA team. From there, he or she will:

- Gather documentation and distribute to the team
- Coordinate with the HealthWorks lead agency for the CHE
- Schedule interviews, screenings and meetings
- Maintain the IA database by entering critical information
- Participate in weekly case reviews to assure progress

Role of the Substitute Caregiver

Substitute caregivers are critical to the IA process. They have to provide continuous care in the home, so they likely know the children in placement better than the other professional team members do, especially at the onset of the case. Substitute caregivers must exhibit protective capacity. They are assessed for their understanding of the child's needs, their willingness to meet those needs and their ability to implement care that meets the child's needs. With some variation, the substitute caregiver's main responsibilities during the IA include:



- Participating in the caregiver interview and screenings with the child as needed
- Taking children to the designated HealthWorks provider for their CHE
- Acting as a professional team member, interacting and sharing information
- Attending and participating in family meetings as appropriate

Substitute caregivers also provide ongoing care for children, which may include administering medication, monitoring conditions, and transporting for treatment, as part of the IA process.

Role of the Permanency Worker

The permanency worker from DCFS or a private agency “owns” the case and drives the implementation of the family service plan. They remain with the family for the life of the case. The permanency worker supports the child and family as they participate in the IA process.

The permanency worker collaborates with the IA screener throughout this initial assessment process.

The permanency worker:

- Provides case documentation to the intake coordinator
- Collaborates with the IA screener in completion of the scheduled interviews and screenings with children, parents, step-parents, paramours and caregivers
- Discusses the impressions, concerns and recommendations with the IA screener at each point in the IA process
- Reviews the IA draft report
- Collaborates with the IA screener to make revisions to the draft IA report in preparation for the family meeting and finalization of the family’s service plan with the family



Role of the Integrated Assessment Screener

The IA screener is a licensed clinician with specific training and experience in conducting mental health assessments. The IA screener reviews and integrates all available case information—from the clinical interviews, screens, CHE and information provided by the intake coordinator, permanency worker and other professionals. Clinical interview tools are used that target trauma symptoms, high risk behaviors and mental health concerns. Developmental screening tools are used to assess developmental status for children aged 0 to 6. The IA screener composes a comprehensive and integrated bio-psychosocial assessment draft.

Integrated Assessment Act

Case Activity Timeline

	Protective Custody	24 Hours
<p>Child Protection Service Worker (CPSW) collects initial health and education information.</p> <p>CPSW begins to collect information for Child Endangerment Risk Assessment Protocol (CERAP).</p>	<p>CPSW takes protective custody or court gives DCFS custody</p> <p>CPSW begins Child Caregiver Matching Tool and places child.</p> <p>CPSW informs parents, caregivers, and children of the Integrated Assessment process.</p>	<p>Initial health screening completed preferably prior to placement.</p> <p>Hand-off: CPSW forwards Initial Investigative docs to permanency worker and IA Intake Coordinator. (Adult Substance Abuse Screen, Domestic Violence Screen, and Child Caregiver Matching Tool)</p> <p>Intake Coordinator notifies HealthWorks lead agency of new case.</p>
Day 20	Day 21	Day 30
<p>All IA interviews/screens are completed.</p> <p>Permanency worker, supervisor and screener continue collaboration, discussing information, questions, concerns, impressions and recommendations as process continues.</p>	<p>Comprehensive Health Evaluation (CHE) completed.</p> <p>Permanency worker and screener collaborate following the CHE.</p> <p>HealthWorks lead agency enters health information on screens in SACWIS within 7 days after CHE.</p>	<p>Integrated Assessment Report drafted. IA supervisor reviews draft. Permanency worker/supervisor/screener staffing to review draft IA Report.</p> <ul style="list-style-type: none"> • Early Childhood Screens • HealthWorks Recommendations • Clinical Findings • CANS (Child and Adolescent Needs and Strengths) • Prognosis Towards Permanency • Assessment and Treatment Recommendations

Activities on Standard Cases

Timeline Days 1 - 45

TC	Day 2	Day 7	Day 14
<p>Intake coordinator verifies TC, identifies permanency worker and requests a screener.</p>	<p>Case assigned to IA screener.</p> <p>Intake coordinator begins scheduling IA interviews/screens.</p> <p>Integrated Assessment interviews with parent/guardian, stepparent, and any paramour occur as soon as possible.</p> <p>Worker and screener collaborate with CPSW and each other following interviews.</p>	<p>IA interviews/screens with child and caregiver begin.</p> <p>Permanency worker and screener collaborate following each interview.</p>	<p>IA interviews/screens with child and caregiver continue as does worker/screener collaboration</p>
Day 35	Day 40	Day 45	
<p>Permanency worker and/or Supervisor talk with the family to discuss recommendations from IA Report and begin developing Comprehensive Service Plan.</p>	<p>Family Meeting</p> <p>Permanency worker, supervisor and screener meet with family to discuss recommendations from IA Report and develop Comprehensive Family Service Plan.</p> <p>Final IA Report entered into SACWIS by screener.</p>	<p>Integrated Assessment Report and Comprehensive Family Service Plan submitted to court.</p>	

The IA screener:

- Collaborates with the permanency worker to interview and screen the child, caregiver, parent/paramour, and other significant adults
- Integrates case information for each individual across the numerous life domains and formulates clinical interpretation
- Drafts the IA report and recommendations for further assessment and treatment
- Engages in clinical supervision and support surrounding the IA draft report
- Finalizes the IA report and participates in the family meeting



Partnerships

The Integrated Assessment Program is the culmination of much research and strategic planning. Many individual experts and major institutions supported the concept from its inception, setting a firm foundation for the program.

Three partners serve as critical cornerstones to the Integrated Assessment Program.

- LaRabida Children's Hospital, serving youth and families in DCFS Cook County regions
- Northern Illinois University, serving youth and families in DCFS Northern and Cook County regions
- Southern Illinois University, serving youth and families in DCFS Central and Southern regions

These partners recruit, train and clinically supervise the IA screeners who conduct each assessment. They provide the momentum that maintains the program. As the IA process continues, other clinical experts play important roles in case consultation, strategic program discussions, research, and ongoing evaluation.

Research Component

DCFS supports or collaborates on a number of University led evaluation or research projects focusing on the integrated assessment program. In 2007, DCFS was one of five sites to receive a federal Comprehensive Family Assessment grant from the Children's Bureau. The purpose of this grant has been to evaluate and refine the IA Program model to adapt it for use with intact family service cases. As part of this grant, Chapin Hall is conducting process and outcome evaluations of the integrated assessment program. Publicly accessible reports from that project are available at <http://www.chapinhall.org> or by contacting the DCFS program administrator.

Below are a few relevant findings to date.

- The integrated assessment program may be valuable not only for the content of the assessments, but also for the way in which the interviewing process can be used to facilitate or support the relationship negotiated between caseworkers and clients, many of whom are not voluntarily seeking intervention. By promoting a culture of professional collaboration and support, the IA model represents an opportunity to impact child welfare practice, improve service delivery to families and potentially reduce staff turnover—all of which contribute to improved safety, permanence and well-being of children and families.
- Alongside other DCFS efforts to engage biological parents and specifically fathers, IA screeners and caseworkers were strongly encouraged to include fathers—resident or nonresident—in the IA process. The overall percentage of cases in which a father has been interviewed has increased from 40.5% in 2005 to 55.4% in 2008. The importance of family engagement was further supported by evidence that children were significantly more likely to be reunified when both parents were interviewed as part of the IA than when only one or neither parent was interviewed.



- The IA Program represents an effort to respond to the problematic educational trajectories described in previous research on children in foster care. The information in the integrated assessments makes it possible to consider the educational status of children in the context of their maltreatment and prior school experiences and to discern interrelationships between a complex set of factors influencing children’s learning. The systematic assessment of educational needs by front-line staff is essential to ensuring educational progress for vulnerable children.



In addition to external evaluation activities, DCFS administrators and program staff use the management and tracking database maintained by the intake coordinators to monitor key processes and activities around which the integrated assessment program is structured. This database includes a wealth of concrete information such as the number of families served by IA, the family members included in the assessment process, and the timing of benchmarks intended to support the timely synthesis of information critical to family outcomes. DCFS is engaged in a systematic effort to analyze and use program information and develop initiatives in order to enhance the performance of clinical screeners and improve on-time assessment completion rates. These quality improvement efforts have been directed at producing useful, real-time data on the status of cases; gathering critical information that can be examined to better understand the IA process; and offering supportive feedback to team members regarding their performance.

Frequently Asked Questions

Q. What are some assessment measures used by the IA program??

A: Specially-trained screeners use structured interview tools such as the Ages and Stages Questionnaire (ASQ), the Denver Developmental Screening Test II and the Early Screening Inventory-Revised (ESI-R) to assess developmental milestones in children ages 0 to 6. The Child and Adolescent Needs and Strengths (CANS) is the primary functional assessment tool used in the IA. Utilizing the CANS, the IA screener and permanency worker establish a baseline level of the child's and family's functioning. By re-administering the CANS at various time intervals, child welfare staff, family members, treatment providers and the court are able to visibly witness clients' progress towards permanency and well-being.

Q: How does the work of IA screeners differ from that of permanency workers?

A: The expertise and training of the IA screener and permanency worker complement each other. The IA screener is a licensed clinician who brings strong mental health assessment experience and demonstrated expertise in clinical assessment of functioning. Additionally, the IA screener receives ongoing training in assessment and conceptualization of individual and family functioning. The permanency worker, having a strong child welfare background, is able to apply these clinical findings and recommendations in day-to-day casework practice. While the IA screener is involved in the case for the first 45 days, the permanency worker maintains an ongoing relationship with the child, his or her family and substitute caregiver throughout the life of the case. The collaboration between the two professionals has created a learning environment where permanency workers foster enhanced clinical skills and IA screeners gain understanding of the details of child welfare.



Q: What credentials and experience do IA screeners possess?

A: IA screeners are licensed mental health professionals and many maintain other certifications in recognized specialty areas such as early childhood development. While many IA screeners have direct child welfare experience, they have also worked in clinical social service or mental health settings. In addition, the Department requires that all IA screeners successfully complete a pre-service IA training developed and delivered by DCFS.



Q: How long do IA screeners remain a part of the child and family team?

A: IA screeners are assigned to each placement family case for the first 45 days of the case. The intent is to streamline the collection of vital family information within the first 45 days of a child entering into the Department's care to formulate a comprehensive assessment from a clinical perspective to address safety, risk, physical issues, home and community functioning, access to support systems, emotional and developmental status, behavior, school, and substance use. The resultant integrated assessment forms the basis upon which a service plan will be developed in conjunction with the birth parent, child and substitute caregiver at the initial family team meeting.



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