

Rod R. Blagojevich
Governor



Bryan Samuels
Director

Illinois Department of Children & Family Services

INFORMATION TRANSMITTAL

Distribution X and Z

DATE: January 31, 2005
TO: All Department and Purchase of Service Agency (POS) Child Protection and Child Welfare Staff
FROM: Bryan Samuels
SUBJECT: The Illinois Model of Integrated Assessment

I. Purpose

This Information Transmittal is to announce the formal implementation of the Department of Children and Family Services' Model of Integrated Assessment. Since January 2004, the Department, in collaboration with private sector partner agencies, implemented the Integrated Assessment Program for placement cases in Cook County. Effective February 1, 2005, all new standard cases in which the Department is granted custody will be referred for an Integrated Assessment.

II. Background

Until the implementation of the Integrated Assessment Program, children placed in out-of-home care, their families and caregivers did not participate in a standardized program of clinical assessment delivered consistently by all Illinois child welfare agencies throughout the state. Empirical research indicates that the quality of an initial assessment followed by the application of relevant and timely clinical intervention and social services has a direct impact on the quality of life for a child in care, the length of time the child spends in care, and the achievement of the preferred permanency plan. The Department has made a commitment to improve services to children, their families and caregivers through a formal, consistently applied model of assessment, the Integrated Assessment Program (IAP).

III. Definition

The Illinois' Model of Integrated Assessment is the umbrella term used to identify the three phases in the assessment process that must occur during the life of a case.

- The first phase is the Initial Assessment prior to case opening. The initial assessment prior to case opening is conducted by the Child Protection Service Worker who collects information related to immediate child safety, the on-going potential of risk, and ends with the transitional visit. Initial Assessment activities are conducted by Permanency Workers when a child comes into care through means other than a CA/N report and a CPSW is not involved.



Division of Clinical Services
100 West Randolph, 6-200 · Chicago, Illinois 60601-3249
312-814-4153 · 312-814-5986 Fax



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- The second phase of the Illinois Model of Integrated Assessment is the Integrated Assessment itself. Each case is received by an Intake Coordinator and assigned to a Clinical Screener who works directly with the Permanency Caseworker throughout the initial assessment process. The Clinical Screener and Permanency Caseworker conduct joint interviews with the child, caregiver, and birth parent to identify service, planning and intervention needs of all parties. An Integrated Assessment Report is completed on each case. The product of the Integrated Assessment becomes the foundation of the service plan between the agency and the family, caregiver, service providers and community partners on behalf of the child in out-of-home care.
- The third and final phase of the Illinois Model is the Ongoing Integrated Assessment. The Permanency Worker, with guided support from his/her Supervisor, provides services based on the initial assessment, continues to gather information, analyze the information, and incorporate decisions into the updated Integrated Assessment Report and Comprehensive Service Plan throughout the life of the case.

IV. Target Cases

Beginning February 1, 2005, every “standard” child case receives a formal Integrated Assessment. A standard case must fall into one of the following three categories: 1) a new case, never opened for service, but for which a child needs out-of-home placement at the time of case opening; 2) a case of an adopted child for whom out-of-home placement is required (otherwise called an adoption disruption case); 3) a closed DCFS case, opened based on new findings and for which the child requires a new placement.

On February 1, 2005, every standard case will receive this innovative service. Subsequently, additional cases will receive an Integrated Assessment including cases of siblings of a child in placement and cases served as Intact Family Services.

V. Steps to the Integrated Assessment Program

1. An Intake Coordinator and Clinical Screener serve each DCFS Region. Cases are assigned according to regular Department procedures. Following case opening of a standard case, the case is assigned to the appropriate Clinical Screener serving the region and/to private sector agency.
2. When a standard case is opened, the appropriate Integrated Assessment administrator is notified of the opening of a standard case and assigns the case to both an Intake Coordinator and a Clinical Screener within one workday.
3. The Intake Coordinator schedules all necessary interviews/screenings, gathers relevant records and coordinates all other Integrated Assessment activities for the Clinical Screener and Permanency Caseworker.
4. The Clinical Screener works directly with the Permanency Caseworker to conduct all assigned interviews and gather pertinent information.
5. The Clinical Screener is responsible for completing the Integrated Assessment Report within 45 days of placement.
6. The Permanency Caseworker, in collaboration with the Clinical Screener, is responsible for initiating the Integrated Assessment process, gathering information and completing all interviews. The Permanency Caseworker and family complete the formal service plan within the time frames defined by agency policy.
7. The Permanency Caseworker, with supervisory oversight, retains responsibility for all casework services.

8. The Supervisor and agency managers retain responsibility for critical decision-making and implementation of the recommendations generated through collaborative assessment process between the family, the Permanency Caseworker and Clinical Screener.

VI. Benefits

The Integrated Assessment process provides casework staff with front-end assistance for coordinating the gathering of information through health evaluations, collaborative comprehensive record review and interviews with the child and his or her family members, guardian, and substitute caregivers. The information is used to complete the Integrated Assessment report/social histories, health histories and health recommendations, identify the strengths and needs of each child and his or her family system, address risk and safety factors, and accordingly develop precise and comprehensive service plans for permanency. The Integrated Assessment Report serves as the foundation of the Child and Family Service Plan and is continually reviewed and revised as necessary to reflect the developing needs of the child and family.

VII. Questions

Questions regarding this Information Transmittal may be directed to:

- Jennifer O'Brien (for Cook County Regions) @ 312-814-1036 or via Outlook; or
- Brenda Owen (for Downstate Regions) @ 618-443-4317 or via Outlook