The Illinois Integrated Assessment
Child welfare decision-making using a dual-professional assessment

NAWRS Conference
August 19, 2013
The Illinois Program

The Illinois DCFS Integrated Assessment (IA) program was launched in 2005 with “standard” foster care placement cases with expansion into all “sibling add-on” cases in 2007.

DCFS received a grant from HHS/Children’s Bureau in 2007, with two components to the evaluation:

- Evaluation of the existing IA program with foster care placement cases
- Evaluation of the expansion/adaptation of the IA model with intact family cases launched May 2010
- Evaluation and analysis will be completed September 2013
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<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>Source</th>
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<tbody>
<tr>
<td>Educational status &amp; history</td>
<td>Child</td>
<td>Child, parent, and substitute caregiver interviews, school records as available</td>
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<tr>
<td>Child’s developmental screening</td>
<td>Child (ages 0-5)</td>
<td>ESI-R, Denver, ASQ</td>
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<td>Health examination</td>
<td>Child</td>
<td>Comprehensive Health Assessment conducted within 21 days</td>
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<tr>
<td>Social history</td>
<td>Child</td>
<td>Child, parent, and substitute caregiver interviews; review records including domestic violence and substance abuse screens, law enforcement reports, other provider reports (if available)</td>
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<tr>
<td>Needs and strengths</td>
<td>Child</td>
<td>CANS (Child and Adolescent Needs and Strengths) Assessment</td>
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<td>Parent(s)</td>
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<td>Substitute caregivers</td>
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Complementary Roles

• The caseworker, as a licensed child welfare employee, brings the ability to successfully balance concerns for child safety, emotional security and permanency guidelines.

• The IA screener, based on his/her licensure and prior work experience, offers clinical insight into the functioning of the child and his or her family system.

• Together, the two parties, caseworker and screener, will be better able to identify obstacles to the family’s obtaining reunification.
Roles and Responsibilities

**Caseworkers**
- Maintain primary responsibility for the case
- Write service plans
- Represent the case in court

**Screeners**
- Conduct developmental screenings
- Draft the integrated assessment report
- Lead clinical interviews
- Score the CANS

**Both**
- Schedule/participate in interviews
- Staff the case addressing concurrent planning, overall conclusions, and a prognosis for the family
- Both caseworker’s and screener’s supervisors review the report
- Finalize report
- Participate in meeting with the family to discuss assessment recommendations
IA Case Activity Timeline

Protective Custody (PC) 24 Hours Temporary Custody (TC) Day 2 Day 7 Day 14

Child Protection Service Worker (CPSW) collects initial health and education information.

CPSW TAKES CUSTODY OR COURT GIVES DCFS CUSTODY

CPSW informs parents, caregivers, and children of the Integrated Assessment process.

Initial health screening completed.

Intake coordinator verifies TC, identifies permanency worker and requests a screener.

Case assigned to IA screener.

Intake coordinator begins scheduling and conducting IA interviews/screens with parent/guardian, stepparent, and any paramour occur as soon as possible.

IA interviews/screens with child and caregiver begin.

Permanency worker and screener collaborate following each interview.

Day 15

All IA interviews/screens completed. Permanency worker, supervisor & screener continue collaboration, discussing information, questions, and recommendations.

Comprehensive Health Evaluation (CHE) completed. HealthWorks lead agency enters health information on screens in SACWIS within 7 days after CHE.

Integrated Assessment Report drafted. IA supervisor reviews draft.

Permanency worker/supervisor/screener meet with family to discuss recommendations from IA Report and begin developing Comprehensive Service Plan.

Permanency worker, supervisor and screener talk with family to discuss recommendations from IA Report and begin developing Comprehensive Family Service Plan

Final IA Report entered into SACWIS by screener.

Day 35


Day 40

Day 45
Collaboration, Assessment and Decision-making

- A decision threshold refers to the point at which the assessment of the case information (e.g., amount and weight of evidence) is intense enough for one to decide to take action. This decision threshold is a personal “line in the sand.” It is influenced by the experiences and history of the decision maker. (Baumann, Dalgleish, Fluke, & Kern, 2011)

- The mandate for concurrent case planning, coupled with the fact that the target population for child welfare services is likely to be a diverse one with multiple needs, will demand more comprehensive assessments and service planning on the part of child welfare practitioners than ever before.” (Tracy & Pine, 2000)

- Formal training, clinical supervision, and mentoring are required to support caseworkers in completing comprehensive assessments... Caseworkers need transfer of learning opportunities through observation, mentoring, evaluation, and feedback regarding the incorporation of training content into practice.” (Schene, 2005)
Caseworker’s Perspective on the Dual Professional Model

Professional Development: Experience & Affirmation

Well, I think this is very important. You know particularly if it’s someone who does not have any experience. I think this is an excellent tool to help identify: Okay, what do we need to start?

Well, with every clinical screener every role that I play they would say, “Do you have questions?” and so I would jump in and ask, but I realize though and it's really amazing because as I'm listening and I'm coming up with questions they're coming up with the same question. So if I'm patient they're gonna ask the question that I have thought of. So you know it's kind of affirming because we're on the same page, so then that works out. To me I think that works out good.

I’ve learned more about...questions to ask and what to key in on, being the observer of these interviews, and I do think it always helps to have a second person observing... to have a second opinion of what you see.
That first 30-day period is huge in building rapport with clients. That’s a crisis for the family. They need to connect with their worker. They need to trust their worker and to sit through a cold, clinical interview with someone that they’re never gonna see again is very disruptive to the family.

You know, you have to be very careful in that integrated assessment process that you don’t allow that assessor to alienate your clients. They’re gonna be in there once.

…the screeners, they do the introductions themselves... and say, “You know what? We are an entity not associated — we’re not DCFS.” …I always think that’s good. Because I think that kind of opens the door a little bit for more honesty...

…when I see a screener doing an IA assessment it’s usually they’re able to get the people to open up more than if I do it myself... I think that the parents really open up... Because maybe they’re a stranger and I’m the caseworker or whatever it may be...
We have the intake coordinator who is supposed to help us with the scheduling, contacting the end saying, “Give me three days you’re available,” then she’ll contact the screener and say, “Here’s when the caseworker’s available. When are you available?” I think we’ve all found, including the intake coordinator, plus all the screeners that it’s best if we just exchange cell phone numbers and talk directly instead of just going through a third person.

...We had a clinical screener come up from southern Illinois, and he did it all in one day because, you know, he had to drive four hours. So he started out in the morning at 9:00 with dad, moved to the kid at 11:30, and then moved to mom at 3:00. So he did it all in one day.

The whole process is slowed when the integrated assessment process is slow. I can’t do the service plan until I get the integrated assessment... You can’t go into creating a service plan in SACWIS unless you have an integrated assessment entered.
Challenges of Sharing Responsibilities

Workers at one point thought, “Well, if we have a screener that's doing the IA then that frees us up,” but that's not true because you're there during the whole interview... if you don't have much time to do the case work you have and you've got to sit a few hours with a client while somebody else interviews them, then it's like, “This is kind of like a waste of my time. I can do something else.”

I think most people feel that it’s something we could do ourselves... So almost everybody has a master’s degree and we can pretty much do interviews ourselves...

...We’re on the front line dealing with a lot of this stuff, and like I say, sometimes we as workers still feel like this is my case, this is my work, and I wanna get it done within my time. To say I’m on somebody else’s time—sometimes it feels like that as far as getting some things done, but overall, to look at it, yeah, I think it is a helpful process. I’m not gonna say that it’s not. I think it is a helpful process.
Benefits of the IA Process and Report

I think the biggest benefit is **you see the needs of a family immediately** …within 2 weeks of a case coming in we're already seeing what needs a family [has]...what areas [are] lacking that would help the situation

Especially when we are **referring clients to other service providers**...I think they get the whole picture of the family – the dynamics…types of problems...if they were abused as children, or if they have lack of support system, if they have problems with alcohol.

Without [the IA] we probably still would have gotten most of the information, but it would have been 5, 6, 7 months down the line …which means the services don't start until 5, 6, 7 months down the line… one of the **challenges is meeting the deadline, the 45-day deadline**. …So I mean that's the only negative part of it…