

Site Visit Report: A Model for Comprehensive Family Assessments in the Illinois Department of Children and Family Services

Last Updated: July 2011

Award #: 90-CA-1752

Cluster: Using Comprehensive Family Assessments to Improve Child Welfare Outcomes

Grantee: Illinois Department of Child and Family Services

Contact: Melissa Frank, Grant Administrator, Melissa.Frank@Illinois.gov

Summary

The Illinois Department of Children and Family Services (IDCFS) Integrated Assessment Program (IAP) is an example of how one statewide child welfare system is implementing comprehensive family assessments using a dual-professional approach. With a 5-year discretionary grant in 2007 from the Children's Bureau, IDCFS took the IAP—which was designed for children entering foster care—and extended it to intact families in need of services from the Department. The demonstration project was designed to (1) evaluate the IAP serving children in placement and (2) to adapt, implement, and evaluate the IAP for serving intact families.

At the heart of the IAP is the partnership between the child welfare caseworker assigned to work with the family and the IA screener. IA screeners are licensed clinicians employed by one of three university or hospital institutions that contract with IDCFS for this program. The collaboration between caseworker and screener facilitates indepth and accurate assessment across medical, social, developmental, mental health, and educational domains. Together the caseworker and IA screener interview children, parents, and caregivers; assess family dynamics; conduct developmental assessments; review case documentation; and integrate the information to produce a thorough, written IA report with clinical observations and recommendations.

The IA report is then used by the caseworker and supervisor to develop a strengths-based case plan and coordinate with other providers and support systems. The front-end screening process

yields a timely and comprehensive assessment of family functioning and allows workers to work with parents to address underlying issues and prioritize and engage with services that meet the family's needs.

The IA process for intact families comprises the following three steps:

- **The Initial Assessment Phase** begins after a report of maltreatment is assigned to a Child Protection Investigator to assess threats to safety, risk factors, and the need for intervention. Families that are determined to pose the highest risk factors for disruption are eligible for random assignment. If selected through a random assignment program designed and managed by the project evaluation team, an IA screener is assigned and participates in the hand-off meeting, during which the case is transferred from the investigator to the intact family caseworker.
- **The Integrated Assessment Phase** is highly collaborative and involves an IA team composed of the child, parents or guardians, stepparents, caregivers, caseworker, supervisor, and the IA screener and supervisor. Screenings and interviews are conducted using the Child and Adolescent Needs and Strengths (CANS) assessment tool, the Ages and Stages Questionnaire, and other tools. Within 40 days, the caseworker and supervisor conduct a family team meeting to discuss IA recommendations and begin developing the service plan. The clinical screener remains available for 90 days to complete additional interviews if family composition changes or previously unavailable parents engage in the process.
- **The Ongoing Integrated Assessment** is the continuation of the collaboration among the case manager, the family, and service providers throughout the life of the case and after the screener is no longer involved. The service plan and the IA report are updated at a minimum of every 6 months to document the family's progress in completing services and addressing risk factors.

Field staff reported during the site visit that the IAP provides a number of significant advantages in their work with intact families, including:

- Earlier and better identification of services
- Coaching and mentoring opportunities between screeners and caseworkers
- Improved quality of information compared to standard interviews by one caseworker
- Improved family engagement because the family feels more comfortable with the screener and with the holistic nature of the questions

Other benefits noted in evaluation reports released thus far include increased engagement of fathers and better inclusion of educational experiences and considerations. These reports focus on the evaluation of IAP with families that have a child placed in foster care.

Reprinted from *Children's Bureau Express*, "Site Visit: A Model for Comprehensive Family Assessments in the Illinois Department of Children and Family Services"
(<http://cbexpress.acf.hhs.gov>).

Project Description

Abstract

In 2005, the Illinois Department of Children and Family Services (IDCFS) implemented the Integrated Assessment Program (IAP) for standard placement cases 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 family's protective factors. The program was developed as a result of concerns raised in the Illinois Child and Family Services Review (CFSR) and subsequent Performance Improvement Plan (PIP), both of which identified a need for higher quality, timelier front-end assessments. IDCFS had determined that \$14 million was spent on psychological evaluations per year. However, some clients may not have needed this type of evaluation, and frequently the assessments obtained were not timely or integrated with the case information. The IA model was designed to provide clinical mental health assessments and to integrate the assessments of every parent, child, and substitute caregiver across all domains into one comprehensive report.

For this CB demonstration project funded in 2007, the Illinois project team (1) evaluated the IAP serving children in placement and (2) implemented the process presented in the Administration for Children and Families' [Comprehensive Family Assessment Guidelines](#) (2005) and further refined and adapted the IA model for use with intact family services cases.

The IA model developed by IDCFS uses a dual-professional family engagement approach in which child welfare caseworkers collaborate with a specially trained IA screener. Together, they conduct structured interviews, review case documentation, and integrate the information to produce a comprehensive written report. The IA screener is a licensed clinician who has strong mental health and developmental assessment experience and demonstrated expertise in clinical assessment of child and family functioning. The caseworker, having a strong child welfare background, is able to apply these clinical findings and recommendations in day-to-day casework practice.

The IA aims to provide better information about the functioning of children and about child and family strengths, support systems, and service needs to link children and families to services and to ensure a more rational allocation of services and resources that are often not available or accessible. The collaboration between the two professionals also creates a learning environment where caseworkers develop enhanced clinical skills, and IA screeners gain understanding of the dynamics of child welfare casework practice. The resulting assessment forms the basis of a service plan that will be developed in conjunction with the birth parent, child, and substitute caregiver at the initial family team meeting.

IDCFS collaborated with Chapin Hall at the University of Chicago to evaluate this initiative. Three reports have been completed that examine the IA program with placement cases. Findings from these analyses informed the adaptation and implementation of the IA program with intact family cases. The evaluation includes process, practice, and outcomes components. The process evaluation captures the implementation of the model and activities of the screener, caseworker, and family that ensure timely identification of families' needs. The practice evaluation examines the impact of screener participation on casework practice and the implications for serving families. The outcomes component utilizes a randomized trial to examine how the assessment approaches undertaken in the project affect key outcomes of interest.

Publicly accessible reports from the project are available at <http://www.chapinhall.org> under the Research Area, Child Welfare and Foster Care Systems, Reports and Articles.

Need for This Service

IDCFS has the seventh-largest foster care caseload in the nation, and children in the Illinois foster care system have among the longest stays in care and the highest rates of placement instability. The State's 2003 Federal Child and Family Services Report (CFSR) found that Illinois was not in substantial conformity with regard to two systemic factors—the State's case review system and its array of services—and was not in substantial conformity with any of the seven outcomes in safety, permanency, and well-being. The CFSR raised concerns pertaining to assessment, early problem identification, individualized services, inclusion of fathers, and service array issues.

In recognition of the need for CFAs, and in response to the concerns raised by the CFSR, the IDCFS developed the IAP to provide systematic assessments of and responses to the needs of children in foster care and their families. The IAP aims to provide better information about the functioning of children entering foster care and about child and family strengths, support systems, and service needs in order to link children and families to services and to ensure a more rational allocation of limited resources.

The IAP was initiated in February 2005 to provide upfront, clinically based assessments to children entering IDCFS custody with standard cases. A standard case falls into one of the following three categories:

- A new case, not previously opened for service, for which a child needs out-of-home placement at the time of case opening
- A case of an adopted child for whom out-of-home placement is required
- An IDCFS case reopened based on new findings for which the child requires a new placement

As of spring 2007, more than 3,000 families with almost 5,000 children had been assessed, and IDCFS had begun to expand the IAP beyond standard cases to include cases in which the children entering care are siblings of children already in care. In FY 2007, IDCFS conducted an internal review of the IAP to identify areas of success, current challenges, and recommendations to improve the program's effectiveness and efficiency. The demonstration project funded by the 2007 grant from the Children's Bureau involved the extension and evaluation of the IAP designed to inform similar, ongoing efforts in Intact Family cases.

Target Population

IDCFS' field offices are divided into six regions, including the Chicago area's North Cook, Cook Central, and Cook South regions, and downstate's Northern, Central, and Southern regions. These regions include both urban and rural areas, and the agencies in these regions serve families with diverse racial, ethnic, and socioeconomic backgrounds and needs. A multisite demonstration project was proposed to better understand how the range of implementation issues and effectiveness of the IAP might vary by geographic area or population characteristics.

The following regions or subregions were targeted in this demonstration project: North Cook, Rockford, Aurora, Peoria, Pekin, Rock Island, and Marion. The regions were chosen to capture a cross-section of the State; they differ in racial and ethnic makeup, urban vs. rural populations, and socioeconomic status.

In statistics from 2005 that were referenced in the 2007 grant proposal, Cook County had 42 percent of the total population of Illinois. The Northern district, where Rockford is located, and the Southern district, where Marion County is located, accounted for an additional 31 percent and 10 percent, respectively, of the State's population. Although approximately one-quarter of the population of each of these regions was under age 18, the regions showed markedly different racial and ethnic compositions for the 0-17 population.

The Cook region had the greatest level of racial and ethnic diversity with African-Americans, Latinos, and Whites accounting for near-equivalent proportions of the population in 2005 (31 percent, 30 percent, and 33 percent, respectively) and another 6 percent accounted for by Asians and others. In the Northern region, Whites accounted for 68 percent of the population in 2005, followed by Latinos (19 percent); in the Southern region, Whites accounted for 81 percent of the population, followed by African-Americans (14 percent). The child poverty rate in 2004 was highest in the Cook region (22 percent), followed by the Southern region (19 percent), and then the Northern region (10 percent). The percentage of single-parent families was also highest for Cook: 63 percent, compared to 46 percent of families with children in the Southern region and 31 percent in the Northern region.

Site Visit Highlights

Participants

Project Team:

Melissa Frank, Grant Administrator

Brenda Owens, Consultant and former Integrated Assessment (IA) Administrator

Larry Small, Associate Deputy Director, Clinical Services

Hector Aviles, Child and Adolescent Needs and Strengths-SACWIS liaison

Jill Tichenor, IA Administrator for Central and Southern Regions

Jackie Bratland, IA Administrator for Northern and Cook Regions

Chapin Hall: Cheryl Smithgall, Chief Evaluator

IA Contract Agency Partners:

Matthew Skarbek, Northern Illinois

University (NIU)

Megan McCue, NIU

Cartney James, Southern Illinois University (SIU)

Mizan Miah, SIU

Ray Baker, SIU

Austa Murray, LaRabida Children's Hospital, Chicago

Field Staff:

Cathy Smith, Administrator

Pat Alexander, Supervisor

Terry Kallmbah, Intact Family Caseworker

Angie Knight, L.C.S.W., Clinical Screener, SIU

IDCFS Staff:

Erwin McEwen, Director

Cynthia Tate, Deputy Director, Clinical Services

Joan Nelson Phillips, Deputy Director, Quality Assurance

The site visit took place on March 2 and 3, 2011, at the Illinois Department of Children and Family Services (IDCFS) office at 100 West Randolph, Chicago, IL. It began with an introduction and history of the program along with an illustration of the Integrated Assessment (IA) database and its use for program operations. The program database has a direct link to Illinois' SACWIS (statewide automated child welfare information system), which is important for timely notification and alignment across administrative child welfare data: Pertinent information updated in one database is reflected in the other. The IA database facilitates the role of the intake coordinator, who in turn facilitates the collaboration between caseworker and screener by assisting in scheduling interviews, obtaining supporting case documents, monitoring timelines, and tracking the completion of key activities in the assessment process.

Illinois IDCFS is very data-driven and attentive to performance improvement, as evidenced by two presentations that were shared during the site visit. Ray Baker and Sherrie Harlow, both from SIU, presented a case assignment system that took into account geographic locations of the cases and IA screeners in an effort to account for workload dynamics and more efficiently assign screeners to newly referred cases. Matthew Skarbek from NIU presented on his organization's efforts to use data gathered in the IA program database to identify potential delays in the collaborative assessment process, provide feedback to screeners, and improve the program's efforts to meet the required 45-day timeline. Dr. Skarbek had also presented on this topic at the 13th National Child Welfare Data and Technology Conference held in July 2010.

A conversation with the project team during the site visit showed how the team members work collaboratively with other IDCFS divisions and how the IA Program and the demonstration project with intact families fits with IDCFS initiatives such as differential response and the Permanency Innovations Initiative (another Children's Bureau demonstration grant), as well as broader goals, including engaging fathers and developing a strengths-based, family-centered, trauma-focused practice model.

Leadership staff discussed the importance of clinical screeners providing mental health and developmental assessments as well as including assessments of the caregivers, fathers, and father engagement.

The site visit also included a conversation with field staff. They explained how the IAP has strengthened their practice in the following four areas:

1. Early and Better Identification of Services: IA screeners incorporate multiple assessment tools into their interviews with the families such as the Child and Adolescent Needs and Strengths (CANS), Denver, Ages and Stages Social Emotional, and EZ-R developmental assessments. Because these initial screenings and assessments occur during the IA process, there is early identification of service needs.

The IA process contributes to the development of a comprehensive report that, after discussion with the family, leads to the development of the working service plan between the family and caseworker. Workers interviewed felt that through the collaboration of the IA screener and child welfare caseworker, families are engaged, needs and strengths of the families are identified early, and therefore service provision is more timely. As referrals are initiated for the family members, the completed IA report is shared with the providers to assist in treatment planning. This comprehensive document has reportedly been useful to providers as they begin their work with families.

2. Coaching and Mentoring: For new caseworkers, there is an opportunity to learn from the IA screener (e.g., ways to engage the family and clinical expertise). New caseworkers can benefit from the opportunity to listen to the questions IA screeners ask and the quality of detail that is provided during the discussion; this process has helped new caseworkers advance their family engagement skills. The screeners also gain expertise from the child welfare caseworkers' practice experience and expertise in child welfare policies and, in some cases, court procedures.

Another advantage of using the IA in intact cases is that two professionals focus on two different roles—one asks questions and the other observes the family dynamics to process interaction and emotion. The dynamics of the family are often problematic and complex, and having the ability to debrief from the interview provides a valuable opportunity for knowledge transfer, confirming information, and collaboration.

3. Quality of Information: Screeners' documents are focused, thorough, and reflect their clinical expertise. In agencies where there is more turnover, the quality of the IA report may be essential to provide adequate background and understanding for a new caseworker assigned to a family. The comprehensive IA report also enables service providers to better understand the presenting and underlying issues that prompted the service referral for that individual or family.

4. Family Engagement: Staff report that families respond well to working with both a screener and a caseworker because they view the quality of the questions as an attempt to understand the family from a holistic perspective. This can be very beneficial to families because in many cases this is the first time they are telling the story of where they started, how they got to this point, and where they want to go next; they believe their voices are being heard. The experience of the interview can sometimes provide a gateway to a referral for therapy because families have discussed an array of issues in a comfortable environment.

Unique and Innovative Features

The Illinois IAP has the following core features:

- Provides high-quality assessments that lead to the development of service plans that are family-focused, strengths-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-informed perspective, looking across developmental stages and life domains to identify underlying issues and effects of trauma and address these concerns with a strengths-based approach
- Partners child welfare caseworkers with licensed clinicians to collaborate in the assessment process to provide 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, moving from a child-safety perspective to a permanency and well-being perspective

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 and child welfare caseworkers meet with the birth parents and substitute caregivers and conduct clinical interviews to determine their needs, strengths, and support systems. The IA screeners also conduct 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 initial service plan is developed based on the results of the IA and discussed at a Child and Family Team Meeting that includes family, case manager, and screener. The caseworker and supervisor continue to assess the family's needs

and strengths, updating the IA report and the service plan throughout the life of the case. The clinical screener is available for ongoing assessment and consultation for 90 days.

The following details the three-part assessment process for Intact Families:

Part 1: Initial Assessment Phase

The Initial Assessment Phase begins after a report of maltreatment is investigated by a child protection service worker (CPSW) who assesses threats to safety, risk factors, and the need for intervention. 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 are a determination that no intervention is needed, referral to a community resource, agency involvement through Intact Family Services, and protective placement of a child.

In consultation with his or her supervisor, the caseworker determines which level of intervention meets the needs of the family and ensures the safety of the children. Intact families are identified for the CB CFA demonstration project when the children have been assessed to be at significant risk and the family requires intensive services, but placement is not required to mitigate the risk to the children. Families that are determined to pose the highest risk factors for disruption are eligible for random assignment. If selected through a random assignment program designed and managed by the project evaluation team, an IA screener is assigned and participates in the hand-off meeting, during which the case is transferred from the investigator to the Intact Family caseworker.

Part 2: Integrated Assessment Phase

The IA Phase is highly collaborative and involves an IA team composed of the child, parents or guardians, stepparents, caregivers, caseworker, supervisor, and the IA screener and supervisor. Screenings and interviews are conducted using CANS, the Ages and Stages Questionnaire, and other tools. Throughout the interviews and screenings, the caseworker and IA screener 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, strengths-based, trauma-informed perspective.

Next, the screener drafts the IA report with the IA supervisor and provides it to the caseworker and supervisor for review. After the IA team reviews and revises the report, the final report is entered into the IDCFS computer system (SACWIS). Within 40 days, the caseworker and supervisor conduct a family team meeting to discuss with the family the IA recommendations and

begin developing the service plan. The clinical screener remains available for 90 days to complete additional interviews if family composition changes or previously unavailable parents engage in the process.

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. The child welfare caseworker, guided by the supervisor, continues to engage the family, gather information, analyze findings, and update the IA report and the service plan.

There are four key roles in the IA process:

- **Intake Coordinator:** When an Intact Family case is referred to IA, the intake coordinator starts by entering the ID into the database for random assignment. The website will then identify whether the family is part of the control group or the experimental group. If selected for the pilot, the intake coordinator alerts the university to assign a clinical screener and begins to create a calendar of critical dates and contact information for the IA team. Intake coordinators also play a valuable role by assisting the IA team in locating and arranging for interviews with parents who may be incarcerated or living out of State.
- **Family:** Parents—custodial and noncustodial—and any other primary caregivers residing in the home participate actively in the assessment process and jointly are assessed for their strengths and needs, their understanding of the child's needs, their willingness to meet those needs, and their ability to provide care that meets the child's needs. If appropriate given their age and developmental level, children also participate in interviews with the screener. For younger children, the IA team observes parent-child interactions and conducts a developmental screen in the home.
- **Intact Worker:** The caseworker from IDCFS “owns” the case and drives the implementation of the family service plan. He or she remains with the family for the life of the case. The caseworker supports the child and family as they participate in the IA process, and collaborates with the IA screener throughout the initial assessment process.
- **IA 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 clinical interviews, screens, health evaluation—and information provided by the intake coordinator, caseworker, and other professionals.

Clinical interview tools are used to target trauma symptoms, high-risk behaviors, and mental health concerns. Developmental screening tools are used to assess developmental status for children up to age 6. The IA screener composes a comprehensive assessment draft.

The chart below delineates the roles and responsibilities of the professionals:

IA Role	Responsibility
Intake Coordinator	<ul style="list-style-type: none"> • Gathers documentation and distributes to the team • Enters cases for random assignment in the random assignment database • Schedules interviews, screenings, and meetings • Maintains the IA database by entering critical information • Participates in weekly case reviews to monitor progress
Intact Worker	<ul style="list-style-type: none"> • Provides case documentation to the intake coordinator • Collaborates with the IA screener to complete scheduled interviews and screenings with children, parents, stepparents, paramours, and caregivers • Discusses 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 revise the draft IA report in preparation for the family team meeting and finalization of the service plan with the family
IA Screener	<ul style="list-style-type: none"> • Collaborates with the caseworker to interview and screen children, parents, stepparents, paramours, and caregivers • Integrates case information for each individual across 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 team meeting

Reporting

Reporting is a key component in the IA process. The clinical screener completes the Early Childhood Development Screens for children up to age 5. The clinical screener also completes the online CANS assessment tool, which was developed to assist in the management and planning of services to children and adolescents and their families with the primary objectives of permanency, safety, and improved quality of life. The CANS provides a structured assessment of children along a set of dimensions relevant to service planning and decisionmaking.

The chart that follows summarizes the CANS Assessment Tool and SACWIS report domains relevant to the IAP.

	SACWIS IAP Report Domains	
CANS Assessment Tool	Caseworker Summary	Clinical Screener Summary
<ul style="list-style-type: none"> • Trauma experiences • Traumatic stress symptoms • Child strengths • Life domain functioning • Acculturation • Child behavioral/emotional needs • Child risk behaviors • Children under 5 years old or when relevant • Children age 18 years or older or when relevant • Caregiver needs and strengths (parents, relatives, and prospective adoptive parents) <p>CANS also provides information on the child's and family's service needs for use during system planning and/or quality assurance monitoring. More details on the development, use, and psychometric properties of CANS are available at: http://www.praedfoundation.org/About%20the%20CANS.html</p>	<p>Social history information:</p> <ul style="list-style-type: none"> • Reason for involvement • Parent work history • Criminal history • Current living situation and environmental conditions • Child educational section • The comprehensive health examination • Substitute caregiver interview for children in out-of-home placement • History of abuse and neglect • Family portrait • Family strengths and resources • Summary and recommendations for the substitute caregivers for children in out-of-home placement 	<p>Clinical impressions of the family: conditions and factors related to the reason for IDCFS involvement and history of abuse and neglect, including:</p> <ul style="list-style-type: none"> • Family composition • Parent/guardian interview • Parent/guardian personal history • Resiliency, protective factors, strengths • Understanding of parenting • Parent medical/developmental history • Substance use • Mental/emotional health 15 of 100 • Child interview • Child personal history • Medical/developmental • Mental, emotional, and social functioning • Child's adjustment to placement if in out-of-home placement • Parent/child interaction • Underlying factors contributing to risk of maltreatment • Clinical summary and recommendations on parents and children

Lessons Learned

Challenges

Several important implementation lessons were found for both the evaluation of the IAP in standard cases and the implementation of the IA with intact families:

- Field meetings with caseworkers, supervisors, and integrated assessment (IA) screeners were critical in fostering a sense of collaboration and investment in this demonstration project.
- Regional workgroups were needed to monitor and support the implementation.
- Timely and accessible data were essential for helping the project team track processes and manage the IA program expansion.

Emerging issues from IA work with standard and intact cases and child welfare practice include:

- The need for a better understanding of children's educational issues at initial placement (developmental stages/processes and implications for cross-system collaboration)
- The importance of including substitute caregivers (relative and nonrelative) in the assessment and the need to address expectations of and supports for substitute caregivers
- The importance of including fathers in assessments and addressing biological parents' needs stemming from (a high percentage of self-reported) adverse childhood experiences
- Service array and accessibility issues that may affect assessment process and recommendations

Outcomes

Summary of Accomplishments

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

Three partners that serve youth and families were critical cornerstones to the program:

- LaRabida Children's Hospital in Illinois Department of Children and Family Services' (IDCFS) Cook County regions
- Northern Illinois University in IDCFS' Northern and Cook County regions
- Southern Illinois University in IDCFS' Central and Southern regions

In the work the IAP does with both placement and intact families, these partners recruit, train, and clinically supervise the integrated assessment (IA) screeners who conduct each assessment. They provide the momentum that maintains the program. As the IAP continues, other clinical experts play important roles in case consultation, strategic program discussions, research, and ongoing evaluation.

In addition to external evaluation activities, Illinois Department of Children and Family Services (IDCFS) 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 benchmarks intended to support the timely synthesis of information critical to family outcomes.

IDCFS 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.

Evaluation

The theory underlying the IA program activities suggests that the front-end screening and assessment activities, as well as much closer collaboration among casework staff and licensed clinicians, will contribute to greater confidence in decisionmaking and more timely and appropriate allocation of services and supports. By positioning the caseworkers to identify family needs and strengths sooner and engage families in a more holistic manner, the program is expected to contribute to the following system outcomes:

- Shorter case duration
- Decreased rates of placement or family disruptions (for intact family cases)

- Reduction in the number of families reentering the foster care system (for placement cases)

The evaluation of the expansion of IA to intact family cases uses mixed-method approaches and an experimental design. Data will be extracted from several administrative databases maintained by IDCFS, a sample of IA reports will be reviewed, and field staff will be interviewed regarding their experiences in implementing IA with intact families. The project team will also attempt to identify whether particular families or caseworkers may experience greater benefits from the involvement of an IA screener.

Findings from the evaluation of the IAP with placement cases include the following:

- The IAP may be valuable not only for the content of the assessments, but also for the way 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 affect 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 IDCFS 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 percent in 2005 to 55.4 percent 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 IAP represents an effort to respond to the problematic educational trajectories described in previous research on children in foster care. Information in the IAs makes it possible to consider the educational status of children in the context of their maltreatment and prior school experiences and to discern interrelationships among a complex set of factors influencing children's learning. The systematic assessment of educational needs by frontline staff is essential to ensuring educational progress for vulnerable children.

In addition to external evaluation activities, IDCFS administrators and program staff use the management and tracking database maintained by the intake coordinators to monitor key

processes and activities around which the IAP is structured for both placement and intact family cases.

The database includes a wealth of concrete information such as the following:

- The number of families served by IA
- The family members included in the assessment process
- The timing of benchmarks intended to support the timely synthesis of information critical to family outcomes

IDCFS is engaged in a systematic effort to analyze and use program information and develop initiatives 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 on their performance. Results from the Chapin Hall evaluation will guide how IDCFS moves forward with the IAP in the future. Specifically IDCFS will be looking at whether certain types of families may benefit more from a clinical screener, such as parents with mental health issues or children involved with the probation department.

Publicly accessible reports from the project are available at <http://www.chapinhall.org> under the Research Area, Child Welfare and Foster Care Systems, Reports and Articles.

Dissemination

The project team has actively engaged in a number of dissemination activities regarding the Comprehensive Family Assessment project—both within and outside the State of Illinois. Chapin Hall has presented at statewide leadership summits hosted by IDCFS, at a regional child welfare multidisciplinary symposium in Kankakee, IL, and at a brown-bag series hosted by Northern Illinois University. Chapin Hall has also presented findings at a number of national conferences, including the Children's Bureau's child welfare evaluation summits held in 2010 and 2011, and the Society for Social Work Research conference in 2011.

Several other presentations have been jointly delivered by Chapin Hall and IAP staff (either the project director or an IA contract agency director), including the annual Child Welfare League of America conference in 2011 and the Child Welfare Data and Technology Conference in 2010. These presentations have focused on the IAP as one model for conducting comprehensive family assessments in child welfare, disseminating information about the implementation of the model

and the value of the information obtained through these assessments to further our understanding of family functioning, service delivery, and child welfare outcomes.

NOTE: At the time of the site visit, the CFA project was in Year 4 of the 5-year discretionary grant project period. Descriptive information in this site visit report is a point-in-time document. Reports, findings, and implications of the work of this demonstration project will be made available by the grantee at the conclusion of the project.

Attachments

Reports

- Chapin Hall at the University of Chicago 2009 Report: [*Comprehensive Family Assessment in Child Welfare: The Illinois Integrated Assessment Program in Policy and Practice Management*](#)
- Chapin Hall at the University of Chicago 2009 Report: [*Identifying, Interviewing, and Intervening: Fathers and the Illinois Child Welfare System*](#)
- Chapin Hall at the University of Chicago 2010 Report: [*Looking Back, Moving Forward: Using Integrated Assessments to Examine the Educational Experiences of Children Entering Foster Care*](#)