

		Meeting date/location: 2/17/22– WebEx	
DCFS Co-Chair: Dr. Kim Mann		Start Time: 9:30AM	
<p>Attendance list: Lania West, Kim Mann, Jackie Bratland, Erika Millsaps, Rob Hjertquist, Christina Bruhn, Jennifer Prior, Neil Jordan, Matthew Skarbek, Robin LaSota, Zoran Martinovich, Kristin Dennis, Steve Budde, Michelle Moreno, Relunda Washington, Robin LaSota, Verletta Saxon, Jocelyn, Ted Cross, Pfeffer Eisin</p>			
<p>Summary of Discussion Items:</p> <ul style="list-style-type: none"> There will be another CWAC-CWB presentation given to the field in April. The target audience will be: FACs, FFPSA EBI providers, WRAP, the Immersion Site supervisors, and Intact. 		Required Action:	Person Responsible:
<p>Welcome & Introductions:</p> <ul style="list-style-type: none"> Local conditions (jobs, access to resources, housing, etc) can be associated with positive or negative outcomes for children and families. 41% of youth coming into care are experiencing complex trauma, we need to emphasize the importance behind this data point in our training communications to the field. 			
<p>Overview:</p> <p>Community Contexts and Substitute Care Entry in Illinois- Dr. Robin LaSota- Director of Translational Research: a data-informed understanding of community risk factors associated with substitute care entry. To do this, we transformed DCFS administrative microdata. We assigned a X/Y coordinate to 34,756 substitute care entries from CYCIS (2016-2020), and then spatially joined these entries at the Census Tract and County to create a normalized value:</p> <ul style="list-style-type: none"> There is a concentration of poverty in communities that could impact substitute care entry; the risk factors associated with poverty, systematic disparities, and lack of resources are critical. In the time period analyzed (2016-2020) entry increased, there is an opportunity utilizing the data to examine trends regarding: poverty rates, education, job gains (and losses) in specific geographic areas related to the increase in care. The proportion of unemployed adults (under the federal poverty level) is associated with higher substitute care entry in the rural areas of the state and non-Metro Cook County. Controlling for other characteristics including the demographic characteristics above, we found that a higher proportion of the county population without a high school diploma is associated with higher rates of child welfare entry in Cook, other metro areas, and rural areas. Individuals without a high school education would be less likely to earn higher-paying jobs, so this also a poverty-correlated factor. We found that increased rates of unemployment are associated with higher rates of child welfare entry in both Cook County and non-Cook metropolitan areas, but this effect does not hold for rural communities. However, a higher poverty rate (in the 			

<p>census tract) is a stronger predictor of substitute care entry in rural census tracts in Illinois.</p> <ul style="list-style-type: none"> - We also know that the opioid crisis has dramatically increased, this was a hypothesized contributing factor to the entry into care, but the data wasn't statistically significant. - Using data from state and federal sources (and DCFS administrative data focusing on 45,000 youth from 2016-2020), the following was found: <ul style="list-style-type: none"> • Community factors that impact substitute care entry are housing, childcare services, birth risk factors, etc. There isn't much data around protective factors that are nuanced. • There were some differences in translating data from a county level to a census track level; for example, adult education levels were analyzed on a county level. Regarding children's education, there wasn't anything statistically significant, measures of school quality and teachers experience will be further examined. • There are multiple regressions (the goal is explain the highest proportion of variance, and examining the predictors) this helps to see which community and protective factors have the highest relationship to the factors affecting substitute care entry rates: rates of entry have steadily risen over the past 5 years; Marion 5A and Springfield have the highest rates of substitute care entry, Peoria and Central, IL have higher entry rates than the average for the rest of Illinois. Aurora has relatively low entry rates; • In the Chicago area, neighborhoods that are historically populated by African Americans (New City, North Lawndale, Englewood), as well as Peoria and Rock Island also have relatively high substitute care entry rates. This shows a disproportionate level of entry rates regarding race and income level. <p>Strengths Based Practice:</p> <ul style="list-style-type: none"> • An analytical framework for child well-being work was created by Northwestern and JPA; part of the framework focused on youth coming into care (needs, basic demographics, and strengths). In April, some analysis regarding strengths when youth into care will be explored (age, race, gender, and trauma). The goal is to connect the data around these strengths, and how it relates to the CPM and strengths-based practice. • The focus is for the field to understand how to use this data to influence their practice. 		
<p>Next Time we Meet: Review and discuss the successes and challenges of the Child Well-Being presentations.</p>	<p>Status Update. New/Pending/Response from DCFS Received:</p>	
<p>Adjourn Time: 11:00 AM</p>		
<p>Next Meeting Date/location: April 21, 2022</p>		

Date Minutes Submitted: