

		Meeting date/location: 12/16/21– WebEx	
DCFS Co-Chair: Dr. Kim Mann		Start Time: 9:30AM	
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, Margaret Vimont, Tammy Harvey			
Summary of Discussion Items:		Required Action:	Person Responsible:
<ul style="list-style-type: none"> Potentially present the JPA/NU webinar to those who are judicially focused as the intended audience. Integrated Assessment is working on linking youth to services in the community early in the life of the case. They look at critical cases (i.e shaking baby), recently reviewing those from FY20 and comparing these cases to youth who’ve entered care for neglect (i.e substance abuse). Children in the critical case group have been returned home (to bio-parent and/or fictive kin) at higher rates; IA is examining the reasoning behind this trend. Create a well-being visual of how we utilize the data to inform the field (i.e. a takeaway/handout/one pager to inspire action). 			
Welcome & Introductions: There is a need for more POS involvement in this committee; it was suggested to include FFPSA providers, members of the Core Practice expansion group, and champions from the Immersion Sites.			
Overview:			
<ul style="list-style-type: none"> Integrated Assessment: We’re continuing to deal with a workforce crisis which is affecting safety and permanency rates; the changing of workers within agencies are occurring at faster rates than previously before. This is currently affecting all parts of child welfare and negatively impacting the system and moving cases forward. FFPSA Training: Meaningful use of the CANS has been well received by the field. The CANS has been identified as being able to identify strengths, and as a support for linkage. Clinical Integration-CFTM Project Update: The question the project attempts to answer is: <i>Will early identification of children ages 4-18 with complex trauma, behavior and/or emotional challenges who are placed in traditional foster care, home of relative or fictive kin have improved placement stability with additional clinical resources in the CFTM in the first 90 days post IA completion?</i> Identified complex trauma with one or more of behavior and/or emotional challenges identified by the CANS, SDQ or DECA is the main criteria for a youth to be involved; the project launched on July 1st. Youth involved in the project are 			Michelle Moreno, Dr. Budde, IA

<p>between the ages of 4-18 and placed in either a: relative, fictive kin, or traditional foster care placement.</p> <ul style="list-style-type: none"> - The evaluation will examine the following pre-test, during, and 6 months post-test: demographics, placement stability, CFTM facilitator status (are they an approved facilitator?), time frame of case opening to the completion of IA and first CFTM, and CFTM participation. Dr. Budde and Dr. LaSota have created surveys to be distributed to family, worker and clinical supports about the process during the project. There are currently 27 active referrals (goal is 40 to allow a match comparison group): Mt. Vernon 5, Rock Island 11, Lake County 5, St. Clair 6. This includes 14 Females & 13 males with average age being 10.84. The average age has declined throughout the time of the project and some youth weren't referred because they were hospitalized. - The group is still actively accepting referrals throughout December in order to reach goal before the submission of the PIP; referrals will only be accepted if they meet criteria. There were 12 referrals declined: reasons being youth returned home, and agencies not willing to participate in the project. Dr. Budde expressed interest in researching the reasons behind agencies declining participation; the decline to participate was made by the agency supervisor (primarily in the 5A region and lack of time, staff, and interest to participate were reasons listed). - When examining the placement of the referrals, 17 were placed in the home of relative, 3 fictive kin, and 4 in a traditional foster home. JPA is going to explore if this placement arrangement is representative of placements in the Immersion Sites (utilizing data from Northwestern). For families referred in November-December, their 90 days in the project will end sometime in March. Thus, a report is possible to be completed by the end of the fiscal year, but to better examine outcomes a report would be generated in FY23. According to NU data, only 16% of foster homes were listed as traditional foster homes. - The Clinical resources offered to participants are a clinical coordinator from the DCFS Clinical division, there is a need for staff in clinical (i.e. IPV). - There has been discussion of replicating this project with WRAP agencies in the Immersion Sites; WRAP works more with Intact families, but the target population has significant behavioral/emotional concerns. The difference would be bringing in additional clinical resources and additional interventions that would directly impact outcomes. The system learning that needs to occur around getting involved in cases sooner is important; we as a system/committee need to discuss where do we go next once we have the data/outcomes from this project? 		
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- **Strategic Use of Data (NU & JPA):** At the beginning of FY22 there was an examination of the Immersion Sites data by the old county-based definition and the shift to RSFs. With the shift to RSF's, there was some "unpacking" to be done to examine the differences in populations. The team discovered there were more youth captured because of the shift, and there were more notable differences in two Immersion Sites: Mt. Vernon & St. Clair. These differences will continue being examined....
- There is a notion of team-based (RSF's) versus county-based potentially becoming a hybrid approach which could increase the sample size. The "shift" helped to expand the sites incredibly, the team-based difference is difficult to unravel because areas of the subregions were now included in the Immersion Sites, that weren't previously included.

Chat Highlights:

"Supporting the staffing concern statements made earlier. I did a quick look at number of foundation workers certified on the CANS since last December. It's almost 1500 staff. That's a pretty large % of the overall workforce..."

"I agree Dr. Mann and helping to make the connections around how/why those non-traditional approaches are effective in ways of supporting regulation specifically, etc."

"The participants in the trainings are having aha moments during the CANS module"

"We should reach out to the following to join this subcommittee: Arden Shore, Camelot, Allendale, WRAP Around Agencies, CYN for Intact and those who are judicially focused."

Next Time we Meet: An update to the 'Contextual Research Project' presentation by Dr. Robina LaSota; invite the Immersion Site Directors.

**Status Update.
New/Pending/Response
from DCFS Received:**

Adjourn Time: 11:00 AM

Next Meeting Date/location: February 17, 2022

Date Minutes Submitted: