DCFS CWAC SUB COMMITTEE MINUTES

	Meeting date/location: 2/18/21– WebEx
DCFS Co-Chair: Dr. Kim Mann	**Start Time: 9:30AM**

Attendance list: Attendees: Erika Millsaps, Eliza Betteridge, Neil Jordan, Jenn Prior, Pfeffer Eisin, Robin LaSota, Charles Krause, Richard Epstein, Kim Mann, Christina Bruhn, Cynthia Richter-Jackson, Steve Budde, Jackie Bratland, Margaret Vimont, Te'ja Jackson, Rob Hjertquist, Kristin Dennis, Norma Machay

Summary of Discussion Items: - The work of the Clinical Integration into CFTM team continues; specifically looking at the CANS data and noticing a significant amount of youth coming into care with a significant trauma history. The administrative data highlighted that many cases were "on fire"; the work of this committee is designed to think about how to support cases through the strength and resources of the clinical division, with an emphasis on the Immersion Sites. This work has been moved into a lean experiment.	**Required Action:**	**Person Responsible:**
Welcome & Introductions:		
1. Key Findings from JPA January Status Report: - In January, Northwestern compiled updated demographic data on the sample of *2,090 children and youth* who received an integrated assessment at one of the four immersion sites between July 2017 and December 2020. This means that 82 youth received an IA during the month of December 2020. The overall pilot sample is 49.2% female and 50.7% male (gender was not reported for one youth- 0.1 %). - NU also updated the IA CANS Status report, which contains information on all youth who should, but do not, have a baseline CANS entered into the SACWIS system. The January report found that 10.2% of youth in this updated sample are missing baseline CANS information. - NU and JPA met on January 28th and continued working on a conceptual framework to organize the different variables to consider beyond the well-being metrics. **2. Conceptual Framework (Dr. Budde):** reviewed the framework and indicators for recent changes; focusing on outcomes and target samples for BH. The framework helps to look at the measure of well-being and other factors considered that are predictive of youth remaining in care up to 24 months, and their subsequent outcomes. Other changes include: - **Well-being factors that are associated with subsequent discharge and post discharge outcomes.** - **Ideals that will examine strengths and protective factors, as well as needs and problems.**		

- **Per feedback, in the BH section the domains and developmentally focused emphasis on the indicators were expound upon. The goal is to collect data and to place value on child well-being; focusing primarily of safety and permanency outcomes.**

3. **Overview/Updates:** focus on giving a presentation to the larger CWAC committee within the next few months through the usage of a webinar, aiming for 90 minutes in May and October. We need to explore what other groups are interested in this info and would benefit from our research to better penetrate the system.

- JPA hasn't been able to get recent DECA and SDQ data since January but can still create a presentation on work that's already been done.

- Three key points/purposes of the data to remember:
  1) Informing and supporting quality improvement efforts.
  2) Valuing/describing and looking at the relationship of well-being to other data that's available in child-welfare (other types of event and outcomes).
  3) The relationship of different measures of well-being to each other; also improve services/responses to family.

4. DECA (data was pulled from the Objective Arts database): is currently being collected statewide and there are over 600 cases outside of the Immersion Sites included in the sample, children in ECCT (only one was found to have a DECA) and Intact disrupts were also examined.

a) **Factor Analysis/Initial Findings (Chris Bruhn):** there are three versions of the DECA: infant, toddler and preschooler. The infant (30 days and older) which is the focus of today has 33 items; there are subscales included in the score.

b) **The research question: "Do the same questions build a subscale for the child welfare population as is the case for the general population?:**

- DECA scores for toddlers and preschoolers tend to have more needs than children in the general population (this can be attributed to trauma), but this hasn't been the case for infants. We also want to assess what risks there are placing a child in the child welfare system and see how to mitigate those risks.
  d
- The JPA team looked at the factors; in the original DECA there were 2 factors identified (their correlation was examined) these factors are initiative and attachment.

- The scoring considers developmental variation, but there are few items that pertain to very young children. This led to children being younger than 90 days being removed from the study; based on the data when you run the statistics there are indictors of how good a fit the model you've built is….the big picture is that we are not able to replicate the factor structure designed by the originators of the DECA….we can attempt to

build a better structure to direct ourselves towards the necessary services for children and predict outcomes. - The IA screening has changed due to COVID, data collection is based heavily on the foster parent report because visits are no longer occurring in the home.		
Discussion Points for the Next Meeting:	**Status Update. New/Pending/Response from DCFS Received:**	
Recommendation 1:		
Adjourn Time: 11:00 AM		
Next Meeting Date/location: April 15, 2021		
Date Minutes Submitted:		