

DATA TEST/HIGH PERFORMANCE

WebEx – See Invite

By Phone: 312-535-8110, Access # 1774928747#

April 1st , at 9:30am – 12:00 am

Minutes

I. Attendance/Roll Call

Completed

II. Approval of Previous Minutes

Approved as written

III. Length of Stay (Part II) – Analiz Castillo

Noted: This presentation is a continuation of December 10th presentation on Factors Associated with LOS in Residential Treatment Settings

The purpose of the study is to identify factors that distinguish short-stayers from long-stayers among youth who had a sustained favorable discharge. Noted that certain factors (e.g, mental health disorders, psychiatric medication) are associated with longer lengths of stay. Reviewed data to include demographics, residential spells (CYCIS), UIR types, and CANS items.

Some of the factors associated with longer length of stay in residential treatment settings:

- Youth placed in moderate contracts are 2.02 times more likely to be long stayers than youth in severe contracts.
- Youth in Sexual Behavior Problems specialty population are 9.38 times more likely to be long stayers than youth not in a specialty population.
- Youth who report past experiences of sexual abuse on the CANS are 2.24 times more likely to be long stayers than youth without reported histories of sexual abuse.
- Youth with somatic symptoms on the CANS are 73% less likely (or 0.27 times as likely) to be long stayers than youth without reported symptoms of somatization.
- Youth who are white are 1.86 times more likely to be long stayers than youth who are from other races.
- Youth who report past experiences of medical trauma on CANS are 83% less likely (or 0.17 times as likely) to be long stayers than youth without reported histories of medical trauma.

- Female youth with substance abuse problems on CANS are 86% less likely (or 0.14 times as likely) to be long stayers than without reported problems of substance abuse.

Recoding is available for a more comprehensive list of factors

IV. Family First

a. CFTM Practice Memo

A CFTM practice memo was sent out as a guide to internal/external stakeholders emphasizing the shift needed with Child and Family Team meetings. CFTM has already been outline within Procedure 315 and all are encouraged to defer to Procedures.

Clinical Placement Administration will also begin to emphasize as part of their conversation with agency Intake Coordinators, how agencies should begin to modify their process to include the date of the CFTM.

Monitoring team would also support this practice as they meet with providers, discussing how agencies are planning for CFTM. The expectation is for Permanency staff to facilitate monthly CFTM, and a process by which lack of compliance will be taken up the chain.

As youth are admitted, 906 triggers Independent Assessors to reach out to providers and permanency staff. Permanency staff are expected to share information around CFTM with Independent Assessor to allow them to adjust their schedule to participate in CFTM.

There was a thought that the Department should promote accountability when CFTMs are not taking place as they should. It was confirmed that Operation leadership is aware of the expectation and should enforce it.

b. Independent Assessment/Reassessment – Tabled for next month
Providers were made aware that Mathew Skarbek's team is reaching out to providers to start out the reassessment of youth that went into QRTP October 1. Also, a TIP Sheet on reassessment will be put forth as a reminder on what to expect.

V. Runway Interruptions (Part II) – Jennifer Prior Discussion will be picked up at the next meeting

Next Meeting: June 24, 2022 (WebEx)