**Goal of the Grant:** to improve behavioral health outcomes for children and youth (birth through age 21) who meet criteria for SED and their families and who have child welfare involvement. For this project, child welfare-involved families are those for whom a child abuse and/or neglect investigation results in a substantiation or services-needed finding.

**Purpose of the GMIT:** interagency team responsible for management of the grant, oversight of state and local implementation activities, and ongoing communication with the system of care governing bodies.

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| **Attendees** | | |
| Dee Dee Ward | Kelli Root | Randa Bush |
| Kelly Dorman | Chris Cordell | Michelle Niehaus |
| Kelly Bradshaw | Vestena Robbins | Carmilla Ratliff |
| Tammi Taylor | Melinda Vise | Sherri Staley |
| Kelly Bradshaw | Mary Carpenter | Michelle Niehaus |
| Chris Cordell | Katie Kirkland | Amanda Metcalf |
| Christa Bell | Jessica Ware | Leslie Hughes |
| Clarissa Allen | Ayanna Coates-Hendricks | Jennifer Warren |
| Joy Varney | Tracy Desimone | Maxine Reid |
| Beth Jordan | Barb Greene | Carol Cecil |
| Jeremiah Pope |  |  |

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| 1. **SOC FIVE Year Two Review: Action Plan Updates (Dee Dee Ward, DBHDID)** | | |
| Year 2 Report captures progress on project goals   * 2 years left on the grant, it ends September 2023   Goal 1: Enhance Infrastructure to support Implementation, expansion and integration of the SOC   * Provided funding to 23 agencies * Completed strategic finance plan * Racial Equity Change Team * Racial Trauma Overview Trainings * Secondary Traumatic Breakthrough Series * Building Bridges Initiative   Goal 2: Improve availability and access to services   * Safety Net Funds received by Cohort 2 * MAP training * KPFC established Peer Support Centers in all SOC FIVE Regions * Changed DCBS involvement definition within CMHC data set   Goal 3: Promote & sustain the voice of children, youth and their families   * LEAD Lived experience authentically driven * Holding Hope presentation   Barriers:   1. Delays in expansion 2. Restricted in-person opportunities 3. DCBS screener referrals were made to outside providers (reaching out to those providers to collaborate) | | |
| Action Items | Person Responsible | Deadline |
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| 1. **SOC FIVE Year Two Review: Evaluation Update (Jessica Ware, UK HDI)** | | |
| The Annual Report is organized into three sections: 1. Policy Outcomes; 2. Infrastructure and Capacity Building, and 3. Clients Served.  Policy   * SIAC recommendation * Provider protocols on high need services * Respite referrals * Receiving, scheduling and tracking CANS assessment referrals   Infrastructure & Capacity Building Outcomes   * Cohort 2 Kickoff * 4,277 people engaged through outreach efforts both at the state and regional levels. * Secondary Traumatic Stress Breakthrough Series Collaborative (STS BSC) * Racial Equity Team * Health Equity Training Series * Racial Trauma Overview * RIAC Youth and Parent Survey   Expansion of High Need Services   * Notice of funding opportunities * Partner funding requests   Expansion of Peer Support   * Access across all SOC FIVE regions * Peer Support Evaluation   Implementation Progress  In Year 2, a total of:   * 503 DCBS screeners were completed, and 157 children/youth were referred for a CANS assessment based on the DCBS screener. * Behavioral Health Providers reported a total of 62 initial CANS assessments completed, * 61 children/youth were referred to mental health or related services after the CANS assessment, and * 59 children/youth received services after referral. * During this period, 66 baseline NOMs were completed.   Client Outcomes/NOMs data   * Analysis fo clients who had completed a baseline and 6-month reassessment as of early October 2021. A total of 24 children/youth had completed both a baseline and reassessment (with interviews conducted).   Behavioral Health Diagnosis  The top two primary diagnoses at reassessment (accounting for 55% of clients):   * Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (6) * Emotional disorders with onset specific to childhood (5).   Demographics   * Over half identified as female; the remaining identified as male. * All clients (100%) identified as white and not Hispanic or Latino.   GMIT member requested a breakdown of baseline and reassessment respondents by race, to have a discussion with the Racial Equity Team.. Jeremy (HDI)- cautioned that data disaggregated by race in small samples may be distorted and should be reviewed thoughtfully.  Age Group   * The highest percentage (41.7%) was age 5 to 9 years old. * The second-highest reported age group (29.2%) was 10 to 12 years old.   Functioning & Education   * Respondents were asked to rate the client’s overall health. “Very Good” was the top response: 37.5% at baseline and 50% at reassessment. * The survey asks how well the client was able to deal with their everyday life during the past 30 days; the item with the largest improvement was “I am [my child is] doing well in school and/or work.” * The NOMs asks how many days the child/youth was absent during the past 30 days of school. Overall, from baseline to reassessment, there were fewer reports of absences.   Social Connectedness   * At baseline and reassessment interviews, respondents are asked to indicate their level of agreement with various statements regarding Social Connectedness using a five-point scale (1-Strongly Disagree 2-Disagree 3-Undecided 4-Agree 5-Strongly Agree).   + From baseline to reassessment, the means improved for each statement, with the largest improvements reported for:   + “I know people who will listen and understand me when I need to talk” and   + “I have people that I am comfortable talking with about my [my child's] problems.”   Perceptions of Care   * At reassessment interviews, respondents are asked about the services they or their child received during the past 30 days, the people who provided it, and the results. They are asked to indicate their level of agreement with a list of statements. Response options are (1-Strongly Disagree, 2-Disagree, 3-Undecided, 4-Agree, 5-Strongly Agree).   + All statements scored a mean of 4.7, except for two, which scored 4.6: “Staff was sensitive to my cultural/ethnic background” and “I helped to choose my [my child's] treatment goals.”   Funding Sources   * At baseline and reassessments, grantee staff report which type of funding source(s) was (were)/will be used to pay for the services provided to the consumer since their last interview. They are to check all that apply.   + At baseline, 100% reported Medicaid, and an additional 20% reported state funding and consumer private insurance (6.7%).   + At reassessment, 90.9% reported Medicaid and 7.7% reported current SAMHSA grant funding.   Services Received   * At reassessment, grantee staff are asked to identify the services their project provided to the consumer since his/her last NOMs interview. This includes CMHS-funded and non-CMHS-funded services.   + The highest reported service received was Mental Health Services (82.6%), followed by Treatment Planning or Review (65.2%), and Family Services (63.6%).   GMIT members asked:  What is considered a ‘family service’  Katie/Jessica- it is at the discretion of the staff completing the NOMs  Vestena- There are supplemental documents to the tool which outline examples of those services.  HDI will provide more context in future meeting. | | |
| Action Items | Person Responsible | Deadline |
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| 1. **Peer Support Services across Cohorts 1 & 2**   **(Barb Greene, KPFC & Katie Kirkland, UK HDI)** | | |
| HDI presentation on Peer Support   * HDI began an evaluation of Peer Support Centers in 2021 (Year 2 of the SOC FIVE grant). * Two components of this evaluation are 1. understanding the services utilization and 2. how it impacts family and youth empowerment.   Note from HDI:  We would like to give KUDOS to Barb and her staff – installing new data systems, processes, and forms is a very difficult task for any organization and KPFC has done an amazing job!  The Evaluation Team will continue to work with them to revise and refine these forms and processes as we collectively use and learn more about how data collection impacts outcome analysis…  Services Utilization   * We are currently working on the quarterly report with data through December. So, we will be presenting some of the preliminary data from that. * The total number of clients served from December 22, 2020 to December 27, 2021 is 143. * Of the 143 clients, there are 68 SOC FIVE clients receiving Peer Support Services.   + Clients who are in pending status may be in the process of moving into SOC FIVE status. * Most clients are receiving services in the Cumberland Region.   Family Empowerment   * Our quarterly report also contains data on Empowerment; again, we are currently working on the quarterly report through December. So, we are presenting some of the preliminary data from that. * To assess the impact of services, the Family Empowerment Scale (FES) is administered to family members at the start of services and every three months. * The FES contains three domains: Family, Service System, and Community. * We received 25 Intake responses in 2021; 24 responded to the domain questions. * Peer support specialists collected 18 reassessments in 2021: twelve 3-month reassessments, five 6-month reassessments, and one 9-month reassessment. * 22 of the 25 identified as White Non-Hispanic. * 19 are female, 6 are male * Of the three domains, the Family domain had the highest overall mean score (3.52). * For the Service domain, the Overall Mean score was 3.38. * The Community Domain has the lowest overall domain mean (2.35).   Current Data and Sustainability Discussion   * Comment: Parents often need services as badly as their children do * Sibling groups are not captured well; may need to discuss further * Carol C.- Re: Sustainability- we must continue to collect data/evidence for the services. * Comment: peer support should be the first tool used in the toolbox * Barb suggested that Peer Support be included on DCBS plans   Requested data points:  1. Where referrals are coming from  2. Ages of children receiving services.   * GMIT Members commented in the incredible value of peer support services for their clients. * GMIT members were asked to think of relevant data points and send follow ups to Jessica and Dee Dee   GMIT will continue to review Peer Support data and engage in follow up discussion on PSC Sustainability | | |
| Action Items | Person Responsible | Deadline |
| Continue working on data to support expansion and sustainability | KPFC & HDI | Ongoing |
| Provide updates to GMIT for support/brainstorming/action development | Eval Subcommittee | Ongoing |

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| 1. Agency Updates | | |
| No time remaining for Agency Updates, please see updates shared in the agenda, listed below:   * [Many Pathways to Recovery](https://us02web.zoom.us/meeting/register/tZEkfuutqz4sHdV8keyIJi99rX-3RTmpxwAv) – One Size does NOT Fit All – Feb 4th, 2022 * [January SIAC Meeting](https://us02web.zoom.us/j/81713598679?pwd=bWVHNFU5dk5jc3VBZkVscVhPRHNOUT09) 1/26/22 from 2-4pm – Lt. Governor will be in attendance | | |
| Action Items | Person Responsible | Deadline |
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Next Meeting: February 11, 2022 via Zoom: [February S-GMIT Meeting](https://us02web.zoom.us/j/82154195143?pwd=anYrVjlJRXQ4ejgxaDRYeDFCQ0IrUT09)