# Attendees

**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Kelly Dorman DBHDID |  | DeDe Sullivan, DCBS |  | Amy Jennings, Communicare |
|  | Dee Dee Ward, DBHDID |  | Sandy Mader, DCBS |  | Rhonda Walters, Communicare |
|  | Tammi Taylor, DBHDID |  | Denita Moore, DCBS |  | Judy LaRue, AOC |
|  | Maxine Reid, DBHDID |  | Melissa Farmer, DCBS |  | Josh Swetnam, B&G Haven |
|  | Joy Varney, DBHDID |  | Lizzie Minton, DCBS |  | Erix Delgado, KPFC |
|  | Kelly Bradshaw, DBHDID |  | Tena Oleson, DCBS |  | Dyzz Cooper, KPFC |
|  | Debbie Lorence- Aetna |  | Andrea Sheroan, Communicare |  | Deanna Frazer, KPFC |
|  | Taylor Breeding, KVC |  | Nichole Gilkey, SAFY |  | Kerry Goodman, KPFC |
|  | Jessica Ware, UK HDI |  | Amanda Goodlett, Seven Counties |  | Amanda Metcalf, KPFC |
|  | Katie Kirkland, UK HDI |  | Jennifer Hardigree, Seven Counties |  | Leah Morris, UK TAP |
|  | Dawn May, Parent Rep |  | Brittany Pape, Seven Counties |  | Randa Bush, New Vista |
|  | Cameron Galloway, Youth Rep |  | Stephanie Weaver, Seven Counties |  | Joey Jones- New Vista |
|  | Andrea Pike-Goff FRYSC |  | Maggie Myers, FRYSC |  | Dakota Simmons, New Vista |

= Present  = Absent

# Treatment Pipeline

UK HDI shared a data graphic showing numbers of clients at each step of the SOC FIVE ‘Treatment Pipeline’

Treatment Pipeline:

1. Substantiation/FINSA

2. DCBS Screening

3. Referral to Assessment

4. Assessment

5. Referral to Treatment

6. Treatment

7. NOMs/Client outcome measures

The original model showed monthly anticipated averages for each step of the pipeline (based on existing pre-pandemic DCBS data). The numbers from the original model were then compared to actual monthly rates for each step of the pipeline from October 2021- January 2022.

Comparing current data to the original model shows:

* We are missing DCBS data on numbers of substantiations/FINSA
  + The SOC FIVE Team is working on acquiring these data to complete the model.
* The number of screeners completed is four times the amount of people expected. However, the percentage from *screener* to *referred to assessment* is lower (32%) than the model (80%).
  + Clients are ‘screening out’ for services more than anticipated.
* The percentage from *referral to assessment* to *assessment* is lower (21%), than the model (50%).
  + Less clients are making it to the assessment than anticipated.
* The original model anticipated a 18% Screening to NOMs rate; currently, it is 2.5%
  + Client outcome data is limited

## Action Items

Task Description Person Responsible Deadline

N/A

# FACTS Sheet Discussion/CQI reports

Reviewed data on regional DCBS Intake numbers

* Substance Use major risk factor for the region
* 11-17 years old is a large group of children with substantiation/service need finding in the region 32%
* 0-5 years old (combined) also accounts for 40%
* Risk of harm/neglect most common type of maltreatment

## Action Items

Task Description Person Responsible Deadline

N/A

# Action Planning & Barrier Busting Implementing SOC FIVE in SRT

What are some potential barriers related to implementation in SRT?

(DCBS) reported collecting releases of information is a potential barrier due to workload and learning new process

* Docusign is costly/not widely accessible to DCBS staff but has been requested by frontline staff
* Working on training DCBS staff with tablets to be able to use those in the field
  + Staff report tablets do not work in rural areas/some prefer paper copies
  + RGMIT members made suggestions for encouraging technology use:
    - Reduced workload/improved work/life balance
    - Compare the DCBS experience to a doctor visit
    - KPFC utilizes a checkbox consenting to services & Docshub
    - KVC have tools that work offline to collect a signature
    - Using handwriting in OneNote (free training available on mypurpose for state employees)

Screener Liaison

* Tena Oleson, DCBS, will send referrals for CANs to providers

New Vista

* Joey Jones is current referral contact
* Dakota Simmons will be learning to be able to assist with referral process.
* Looking at utilizing Peer Support before the family in involved in services

Seven Counties

* Point of contact is Stephanie Weaver ([Sweaver@sevencounties.org](mailto:Sweaver@sevencounties.org)). She’ll receive all SOC FIVE referrals.

Boys and Girls Haven

* Josh Swetnam ([Jswetnam@boysandgirlshaven.org](mailto:Jswetnam@boysandgirlshaven.org)) is point of contact for all Intensive in-home referrals for SOC FIVE

Any questions on SOC FIVE process?

* New service delivery coming in at one time (KSTEP/SOC services), which can be hard to for DCBS to keep track of
  + New Interactive SOC FIVE service is being created and will be added to the SOC FIVE website.
  + The map will show SOC FIVE services by county with links for SOC FIVE referral contacts and information about each service

Why are so many children screening out?

* Lack of collateral information/not using collateral information in the screening process
* Impact of remote interviews/COVID limitations

Any areas of the treatment pipeline or lessons learned from Cohort 1?

* Several members mentioned involving peer support at the front end could help close the gaps from *referred for assessment* to actually receiving an assessment

Kelly B. Shared lessons from Two Rivers RGMIT:

* Providers created flags in their EHR system to capture clients who qualify for SOC FIVE services
* Interdepartmental meetings for providers to talk about services/promote services throughout agency

## Action Items

Task Description Person Responsible Deadline

Provide tipsheets to DCBS around technology, Kelly Dorman Ongoing

Services/resources and screeners

# Open Discussion & Future Topics

Follow up on goal setting for number of clients served:

* Providers hesitant to set a hard goal; all reported that they are prepared to accept and complete each SOC FIVE CANs referral received.
* Providers discussed how the referral process differs from out of home population in regard to accessing clients in KidNet
  + Data will push to KidNet once DCBS client screens in AND ROI has been entered by the DCBS worker

NOMS

* Please don’t forget to complete NOMs on any client who receives CANs and is referred to **any** treatment/services.

Partner Funding Opportunity has been released due April 8th

* Please share the opportunity for those not receiving SOC funds.

Attachment and Bio-Behavioral Catch up will be offered to all partnering providers

## Action Items

Task Description Person Responsible Deadline

Share Partner Funding Opportunity RGMIT April 8th