# 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.

|  |  |  |  |
| --- | --- | --- | --- |
|[x]  Amanda Metcalf |[x]  Dee Dee Ward |[x]  Kelly Dorman |[ ]  Traci DeSimone |
|[ ]  Barb Greene |[x]  Dyzz Cooper |[x]  Leslie Hughes |[ ]  Veronica Sears |
|[x]  Beck Whipple |[ ]  Jennifer Warren |[x]  Lizzie Minton |[x]  Vestena Robbins |
|[x]  Ben Hoertz |[x]  Jenny Thornhill |[ ]  Mary Carpenter |[ ]   |
|[ ]  Beth Jordan |[x]  Josh Swetnam |[x]  Maxine Reid |[ ]   |
|[ ]  Brandy Kelly Pryor |[x]  Joy Varney |[ ]  Melinda Vise |[ ]   |
|[x]  Carmilla Ratliff |[ ]  Kate Overberg Wagoner |[x]  Micah Blevins |[ ]   |
|[ ]  Carol Cecil |[x]  Katie Kirkland  |[x]  Michelle Niehaus |[ ]   |
|[x]  Chris Cordell |[x]  Kenneth Fletcher |[x]  Michelle Sawyers |[ ]   |
|[ ]  Christa Bell |[ ]  Katy Mullins |[x]  Randa Bush |[ ]   |
|[ ]  Clarissa Allen |[ ]  Kelli Root |[ ]  Sherri Staley |  |  |
|[x]  Dakota Simmons |[x]  Kelly Bradshaw |[ ]  Tammi Taylor |  |  |

[ ]  = Present [ ]  = Absent

# Housekeeping & Follow Up

**May Notes**

May’s meeting notes were sent out yesterday if no changes need to be made, they will be posted soon on the SOC website.

**Post Adoptive Placement Preservation Services**

Still looking for members for the post-adoptive preservation services ad hoc committee. Lizzie, Beth, Carol, and Tammi have signed on to participate. Still hopeful to add someone with lived experience, and a provider or two (Josh Swetnam volunteered to be added in meeting).

## Action Items

Task Description Person Responsible Deadline

N/A

# 988 Begins – “What Is 988?” Beck Whipple

988 – A Behavioral Health Crisis Line:

 “Someone to talk to, someone to respond & a community to support.”

The National Suicide Prevention Lifeline is changing its phone number from 1-800-273-8255 to 988 and hopes to go live by July 16th. The change in the number dates to August of 2018 when the National Suicide Hotline Improvement Act (H.R. 2345) became law. This directed the FCC and SAMHSA to report on the feasibility of designating a 3-digit dialing code for the lifeline.

The lifeline provides local, customized support and nationally standardized best practices through its network of local crisis centers. Lifeline centers are localized support that are effective when supporting callers in emotional distress and suicidal crisis. The lifeline focuses on de-escalation (in Kentucky 80-85% of calls are de-escalated over the phone). Additionally, since the centers are local, callers are connected with someone that’s part of their local community ensuring those that call are connected to someone that’s familiar and able to refer callers to local services if needed.

In Kentucky the NSPL has 13 CMHC’s that are Lifeline-affiliated call centers, and they respond to callers 24/7/365. Thankfully all but 14 counties in Kentucky are covered by in-state backup as Kentucky saw a 76% increase in the volume of calls answered in-state from 2019-2021.

The Suicide & Crisis Lifeline 988 is creating a collaborative relationship with 911. With the hope that calls to 911 will get transferred or diverted to 988 when appropriate.

Currently, this July 16th rollout is not being marketed to the public, but rather to partners in service. Some content is available on the website [www.samhsa.gov/find-help/988/partner-toolkit](file:///C%3A%5CUsers%5Cjrwa240%5CDownloads%5Cwww.samhsa.gov%5Cfind-help%5C988%5Cpartner-toolkit) and Beck encourages everyone to update the information that they distribute that may contain the old number. They won’t be fully marketing to the public until 2023. Feel free to reach out to beck.whipple@ky.gov for access to materials or to request presentations on this material to staff.

## Action Items

Task Description Person Responsible Deadline

N/A N/A N/A

# Survey Development, Jessica Ware, UK HDI

An overview of survey tools being used to support RIAC was shared.

**RIAC Youth and Parent Representative Satisfaction Survey**: Tool administered to RIAC youth and parent reps twice annually to collect feedback. The goal is to understand what’s working well and to find opportunities for growth.

* The tool consists of questions on role, length of service, attendance, professional development opportunities, and 15 agreement questions and qualitative questions to be able to provide input.
* Responses are confidential and not shared with RIAC leaders or members.

**RIAC Community Needs and Outreach Survey:** Tool (currently in draft form) to be piloted with four RIACS. The tool will be administered to those participating in RIAC outreach or receiving RIAC resources to

* Get connected to the RIAC and supports for those interested in advocacy
* Be able to provide feedback on which systems/system issues (education, childcare, access to services) are most important and how satisfied they are with community response to each.
* Results can inform/help drive RIAC work

Vestena Robbins mentioned that local health departments do a community needs assessment, and it may be helpful to reach out to someone in public health to see if their assessments can be helpful or even serve as something supplemental to this effort.

## Action Items

Task Description Person Responsible Deadline

N/A

# SOC FIVE Treatment Pipeline Update, Katie Kirkland, UK HDI

The presentation examined how all regions (both collectively and individually) are performing along the services intervention pathway. Continuous Quality Improvement (CQI) data that was reported by DCBS and Behavioral Health Providers (BHPs) in each region was compared to targeted expectations cited from a model that was created at the beginning of the grant. The presentation included both recent data as well as cumulative data over time from October 2020 through April 2022.

Recent data examined included averages of CQI data that had been reported for January through April 2022. These monthly averages were compared to the model’s estimates that were divided by 12 to create monthly targets.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Steps In Treatment Pipeline | Model | All Regions | Cumberland | Two Rivers | Salt River | TheLakes |
| Screening | 41.7 | 197.3 | 152.0 | 23.8 | 2.3 | 19.3 |
|  |  |  |  |  |  |  |
| Assessment | 16.7 | 18.3 | 3.3 | 6.8 | 5.5 | 2.8 |
| Assessment/Screening | 40% | 9% | 2% | 29% | 239% | 15% |
|  |  |  |  |  |  |  |
| Referral To Treatment | 13.3 | 17.3 | 3.3 | 6.5 | 5.8 | 1.8 |
| Referrals/Assessment | 80% | 95% | 100% | 96% | 105% | 64% |
|  |  |  |  |  |  |  |
| Treatment | 10.0 | 16.0 | 2.5 | 6.3 | 5.8 | 1.5 |
| Treatment/Referrals | 75% | 92% | 76% | 97% | 100% | 83% |
|  |  |  |  |  |  |  |
| Baseline NOMs | 7.5 | 13.5 | 3.0 | 7.0 | 3.5 | 0 |
| Baseline NOMs/Treatment | 75% | 84% | 120% | 111% | 60% | 0% |
| Baseline NOMs/Screening | 18% | 7% | 2% | 29% | 152% | 0% |

As seen in the attached table, as well as in the time-series data (presented in line charts) the combined data for “All Regions” is exceeding expectations in a lot of ways. Discussion from implementation specialists followed the presentation to address different barriers that people are seeing across the pathway.

**Cumberland Region, Maxine Reid**

Maxine Reid mentioned that they’ve noticed some families are being sent to outside providers, and those providers have been contacted and are willing to work with us but just need to figure out the billing piece. Another major barrier they are noticing is that a provider will reach out to a family that has been given a referral, but the family will not follow through. One potential solution they’re trying to implement is before reaching out to the family, they will reach out to the DCBS worker assigned to the family to get some assistance with following up. Ultimately, they’d like to shift the focus to push for more follow through to ensure both families and workers are not just going through the motions.

**Two Rivers Region, Kelly Bradshaw**

 Kelly Bradshaw has been trying to “infiltrate the pipeline” with information. Trying to spread the word, citing that DCBS doesn’t have to be the only source. She has been speaking with RIACs and began hosting a monthly “road show” every third Thursday at noon. The purpose is to ensure new staff are informed of services within the first month of employment. Ideally this will help address the barrier of employment turnover.

**Salt River Trail, Kelly Dorman**

Kelly Dorman explained that they are struggling to get a screener process going, sometimes referrals go directly to providers instead of the liaison. Early numbers may have been skewed since some providers had a backlog of several active clients when their cohort began. They will be meeting with DCBS supervisors on a quarterly basis to clear up any issues.

## Dee Dee Ward highlighted two barriers and shared solutions developed through Regional GMIT discussions:

## Screener numbers are way more than expected and referral numbers are lower than expected.

## Encourage DCBS staff to complete screeners correctly.

## Ensure families are provided the SOC FIVE brochure

## Ensure KPFC and peer support staff have access to brochures and can talk to families about SOC processes.

##  Families are declining CANS after referrals made.

## DCBS supervisory staff are working to ensure workers name is provided with referral for assessment so providers can contact the worker and ask them to prompt family that they’ll be getting contacted.

## Sometimes there is a lag time from when the referral is sent, and the provider contacts the family. More explanation on front end from DCBS staff helps to smooth transition to service provision.

## Action Items

Task Description Person Responsible Deadline

 N/A

# Agency Updates

* DCBS
	1. Thriving families regional convenings are helping identify a plan for prevention in each region
	2. Next week is Elder Abuse Awareness Day is June 15th (be sure to wear purple!)
	3. Wheels To the World – Trying to remove transportation barriers to foster youth. Partnering with others to help young people have access to services or even vehicles.
* CMHC/Provider (Boys and Girls Haven)
	1. Josh S. reported therapist is getting EMDR trained. They also have a long waitlist so are subsequently looking to add some staff to help fulfill their current needs.

**Next Meeting:** July 8th, 2022,via Zoom: [July S-GMIT Meeting](https://us02web.zoom.us/j/82154195143?pwd=anYrVjlJRXQ4ejgxaDRYeDFCQ0IrUT09)

**Notes:** [Kentucky System of Care V – Improving Outcomes for Children, Youth, and YoungAdults with Mental Health Challenges and their Families (hdiuky.net)](https://socv.hdiuky.net/)