# 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.

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| --- | --- | --- | --- | --- | --- |
|  | 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 |
|  | Stacey Brewer, Aetna |  | 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 |
|  | Cameron Galloway, Youth Rep |  | Brittany Pape, Seven Counties |  | Randa Bush, New Vista |
|  | Andrea Pike-Goff FRYSC |  | Stephanie Weaver, Seven Counties |  | Joey Jones- New Vista |
|  | Amy Jeffers, Pathways |  | Maggie Myers, FRYSC |  | Dakota Simmons, New Vista |
|  | Nichole Crenshaw B&G Haven |  | Dawn Mattingly, parent rep |  | Ken Fletcher UK HDI |
|  | Melissa Hayden, HOI |  | Stephanie Sikes-Jones |  | Ben Hoertz |
|  |  |  |  |  |  |

= Present  = Absent

# Data/Outreach and Overview of Numbers- Katie Kirkland, UK HDI

**Current Data Collection**

Thank you everyone for your time and attention to the monthly CQI reporting. We are condensing the data we focus on with the graphics.

**Outreach Discussion**

UK HDI explained how outreach is counted by SAMHSA and provided examples to clarify what could and could not be counted for outreach.  UK HDI and program staff encouraged stakeholders to continue submitting outreach even if they were not sure if it would meet SAMSHA criteria. The purpose of the presentation was to explain why something submitted may or may not be added to the counts of outreach.

**SRT DCBS April Data:** 0 Policy changes; 0 Outreach; 8 Screeners Completed; 7 youth referred for CANS Assessment

**Provider Data (April 2022)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Boys and Girls Haven | Communicare | New Vista | Seven Counties |
| Policy Changes | 2 | 0 | 0 | 0 |
| Individuals reached by Outreach Efforts (as reported) | 25 | 50 | 33 | 64 |
| Individuals reached by Outreach Efforts (to report to SAMHSA) | 25 | 0 | 12 | 24 |
| # Initial CANS | 7 | 3 | 0 | 6 |
| # NOT referred to services based on CANS | 0 | 0 | 0 | 2 |
| # Referred to Service based on CANS | 7 | 3 | 0 | 4 |
| # Youth receiving services after referral | 7 | 3 | 0 | 4 |
| # Baseline NOMS completed | 3 | 2 | 0 | 0 |

**\*\*UK HDI has 30 days to enter NOMS from interview date.**

**\*\*NOMs can be refused by the client, any part of the interview or the complete interview.**

**Providers still need to enter what information they have available even if the client refuses the interview-- this is done by selecting ‘No Interview Conducted’ and following the prompts of the tool.**

**Regional Intervention Pathway (Katie Kirkland, UK HDI)**

UK HDI presented a comparison of the service intervention pathway model created at the very beginning of the grant to current regional CQI numbers from October 2020 - April 2022

* SRT averages only 2.3 screeners per month: lowest of all regions.
* Completing 5.5 CANS average per month, which is the 2nd highest and more than the number of screeners (cases referred and CANS being completed w/o screeners).
* Baseline NOMs only average 3.5 for SRT (60%).

Boys and Girls Haven, Josh S.- We are seeing referrals without the screener; we still serve those clients.

**Bluegrass West RIAC Family Fun Day (Liz Moreland, LRC, New Vista)**

July 16th 10-2 pm in Franklin County at Elkhorn Middle School in Frankfort, open to all families in the community. Holding a few short brief workshops on youth mental health, reducing stigma, self-care.

Free food, prizes, vendors! More information will be provided by email from Liz.

**How can we increase the number of screeners? (DeDe Sullivan, DCBS)**

* Kelly is going to send reminder emails about the services
* Doing the screener process in the ongoing phase rather than investigation phase—review that at the end September
* Associates meet every month with supervisors, would be a great opportunity to reinforce SOC services
* Many services started in March, which can be overwhelming for staff
* 62% staffed in SRT Region

**Other ideas**

* Share the SOC FIVE services map with DCBS staff: [SOC FIVE Services (hdiuky.net)](https://map.socv.hdiuky.net/)
* Use the SOC FIVE brochure with families to explain process and benefits
* Collaborative meeting with DCBS staff, providers, and clients at the start of referral process
* Setting boundaries while also meeting families where they are

## Action Items

Task Description Person Responsible Deadline

N/A

# SRT Intervention Pathway, All Services Guidelines, and the referral process with a focus on the family-RGMIT Members

**Ideas for balancing family voice & choice while also understanding that DCBS has identified a need for a child (Joy Varney, Family Engagement Coordinator, DBHDID)**

* Identifying the strengths of the child and family
* Providing families as many choices as possible
* Involve families in decision making process as much as possible
* Transparency with families
* Examining our own biases

**Other Ideas discussed:**

* Engaging FRYSC where they can be a liaison
* Understand the power imbalance (DCBS/client) create anxiety for families
* New Vista- using peer support to engage families, however buy-in for services is a challenge
  + Creating consistent meetings to foster collaboration with DCBS
* Boys and Girls Haven- Acknowledging needs that have been identified [through DCBS findings] but engage them on where they want to go/ what they want to learn or accomplish
* Family representative- important to realize that parents are scared. Important to clarify that the goal is to help the whole family and demonstrate that they are listening to their clients.

## Action Items

Task Description Person Responsible Deadline

N/A

# Next Steps/Action Planning-RGMIT Members

Great ideas shared today; We are off to a great start! We do want to see more numbers because “the numbers” represent children in our region.

We need to meet families where they are by finding common ground, however the more engagement providers have with DCBS the better outcomes we can expect.

* Trying to blend client agendas and DCBS social worker agendas can be difficult; the team piece needs to be strengthened

Kelly is going to use the discussion today to create a tip sheet for family engagement for SOC FIVE to share with team.

## Action Items

Task Description Person Responsible Deadline

Kelly is going to create and share Kelly D. July 2022

a tip sheet on SOC FIVE engagement