# 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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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Amanda Metcalf |  | Jenny Thornhill |  | Mary Carpenter |  | Jess Clouser |
|  | Barb Greene |  | Jessica Ware |  | Michelle Niehaus |  | Stephanie Sikes-Jones |
|  | Chris Cordell |  | John Broadus |  | Maxine Reid |  | Eileen Grady |
|  | Beth Jordan |  | Josh Swetnam |  | Melinda Vise |  |  |
|  | Carmilla Ratliff |  | Kenneth Fletcher |  | Micah Blevins |  |  |
|  | Carol Cecil |  | Katie Kirkland |  | Michelle Sawyers |  |  |
|  | Clarissa Allen |  | Katy Mullins |  | Randa Bush |  |  |
|  | Dakota Simmons |  | Kelli Root |  | Sherri Staley |  |  |
|  | David Lohr |  | Kelly Bradshaw |  | Tammi Taylor |  |  |
|  | Dee Dee Ward |  | Kelly Dorman |  | Tracy DeSimone |  |  |
|  | Dyzz Cooper |  | Leslie Hughes Burgess |  | Tevis Duncan |  |  |
|  | Jennifer Warren |  | Lizzie Minton |  | Vestena Robbins |  |  |

= Present  = Absent

# Welcome and Introductions

Dee Dee Ward DBHDID, SOC FIVE Project Director, welcomed everyone on the call and asked members to introduce themselves. Members responded to a poll – “who would win? A horse-sized duck or 100 duck-sized horses?”

# Housekeeping

* We have a family representative for our meetings, but our youth rep has been unable to attend. Thoughts, ideas suggestions?
  + Dyzz suggested pulling a regional rep to join SGMIT
  + If you know of anyone specifically, please let me or Dyzz know.
* Post Adoptive Placement Stability Services meeting begins at 2:30 – some of you are attending that meeting and will need to leave this meeting, that is not a problem.

## Action Items

Task Description Person Responsible Deadline

N/A

# Quarterly KPFC Peer Support Data- Jessica Ware, UK HDI

Jessica presented on the KPFC Peer Support Data for the 3rd Quarter of 2022 (Calendar Year: July, Aug. & September). —An update of service utilization and impact surveys through September 2022. The presentation focused on comparing SOC Customers compared to non-SOC customers served through KPFC, region of referral, referral source and services provided were all presented. FES results showed no negative changes in statements compared to previous quarters.

**Key Takeaways**

* A total of 582 referrals have been made for KPFC peer support since December 18, 2020.
* To date, 271 individuals have been identified by KPFC to be in the SOC FIVE population of focus (46.6% of all KPFC referrals).
* In the third quarter of 2022, 110 referrals were made for peer support. Of those, 76 were for those in the SOC FIVE population (69%).
* This quarter, the greatest number of referrals for those in the SOC FIVE population were from DCBS (54). 70% of all KPFC referrals from DCBS this quarter were for those in the population of focus.
* In the third quarter of 2022, 594 peer support sessions occurred in which 1,055 services were provided.

**Discussion**

* SGMIT members asked about youth’s ability to advocate and give opinions about their services. It reads that they want to but don’t have avenue.
  + It’s hard to infer. Maybe this means that they don’t have the opportunity.
* Family Involvement Surveys done each year give some info – survey providers and families, for example the MSHIP survey required for admin and there’s a youth version.
* New Vista conducts annual satisfaction surveys at a set time each year. There are some populations of interest/focus

**Barb, KPFC Peer Support**

There’s not one specific thing everyone does; different CMHCs have different methodologies. Suggested focus group/poll of DCBS workers to understand areas of improvement for peer support. KPFC also conducts satisfaction surveys for both the referral agency/the customer to collect more feedback. Currently seeking a peer support specialist in the Cumberland Region.

# Quarterly SOC FIVE Data – Katie Kirkland, UK HDI

Katie presented on the SOC FIVE Services Intervention Pathway—an update through September 2022. The presentation focused on comparing monthly averages from the most recent Federal Fiscal Quarter (July-September 2022) against the Model (expectations from the beginning of the grant). The presentation used Continuous Quality Improvement (CQI) data reported to HDI monthly by each region’s DCBS entities and Behavioral Health Providers (BHPs); numbers on baseline NOMs (National Outcome Measures) completed were also reported.

First, Monthly Averages for All Regions (the sum of data across all regions) were compared against the Model.

* The following monthly averages were above the Model:
  + Screening: 207.3 compared to 41.7
  + Treatment: 11.7 compared to 10.0
  + Baseline NOMs: 10.7 compared to 7.5
* The following monthly averages were below the Model:
  + Assessment (11.7 compared to 16.7)
  + Referral to Treatment (12.0 compared to 13.3)
* Percentage-wise, the following rates exceeded the Model:
  + Referral to Treatment/Assessment (103% compared to 80%)
  + Treatment/Referral to Treatment (97% compared to 75%)
  + Baseline NOMs/Treatment (91% compared to 75%)
* The following rates were below the Model:
  + Asset/Screening at 6% compared to 40%
  + Baseline NOMs/Screening at 5% compared to 18%

Here are some highlights from the regions’ numbers:

* The Cumberland Region had the highest monthly average for Screening (at 140).
  + Cumberland’s screenings are a substantial portion of the high screening number for All Regions.
* The Two Rivers region’s rate of Treatment/Referral to Treatment exceeded the Model at 100% compared to 75%, and rate of Baseline NOMs/Treatment was at 100%, compared to 75% for the Model.
* The Salt River Trail region’s following rates all exceeded the Model:
  + Assessment/Screening at 49%
  + Referral to Treatment/Assessment at 94%
  + Treatment/Referral to Treatment at 106%
  + Baseline NOMs/Treatment at 111%
  + Baseline NOMs/Screening at 54%
* The Lakes region’s rate of Referral to Treatment/Assessment was 233%, and the rate of Baseline NOMs/Treatment was 100%.

**Discussion**

* Dee Dee noted the high number of Screeners vs Assessment was partially due to so many referred to non-SOC providers
* Referrals for peer support are more frequently occurring after service referral, peer support can be useful for explaining services and helping families feel more comfortable accessing services.
* Overall, pleased w/ numbers but wish we had more assessments and NOMs.
* Dee highlighted the Cumberland Region, where screening all the youth has become the norm, this lets us know it can be done in other regions as well.

# SOC FIVE Disparity Dashboard – Eileen Grady, UK HDI

Eileen showed the SOC FIVE disparity dashboard with incorporated feedback from the RECT. The two purposes of the dashboard are to 1) assess disparity of people served and 2) assess disparity in those who receive NOMs reassessments. (NOMs Data updated as of October 3, 2022)

Race and ethnicity categories are mutually exclusive. Compared baseline NOMs to KDE data (used as our pop estimate)

**Focusing on disparities within 6-mo reassessment rates**

* Look at those eligible (150 days and not discharged) – 62 total; 89% White (Non-Hispanic), compared to baseline NOMs which is 77%
* Of those Eligible but did not receive the 6-month reassessment, 3 of 4 identified as White (Non-Hispanic)
* Of those Eligible but were discharged and did not receive their 6-month reassessment, 88% White (Non-Hispanic)

Also, of those Discharged before their eligibility window opened, only 66% identified as White (Non-Hispanic)

When compared to [Baseline NOMs data where White (Non-Hispanic) comprises 77%] White (Non-Hispanic) are overrepresented in the group Eligible and received the 6-month reassessment (at 89%) and underrepresented in the group that was discharged before their eligibility window opened (at 66%).

**Discharges**

Discharge Status – please note the # non-White (non-Hispanic) respondents is small

Mutually agreed cessation = largest % for White (non-Hispanic)

No Contact w/in 90 days is a large reason for both groups.

HDI plans to ask more information of providers for additional context around discharge by adding additional questions to the NOMs Qualtrics survey. HDI then asked the group to please share ideas about who to share the dashboard with.

**Ideas for sharing Disparity Dashboard**

* Touchbase calls with providers
  + Those closest to the issue; can make changes in real time.
* RGMITs
  + Can assist by addressing regional issues [once identified though discussions w/providers]
* SIAC
  + If it’s determined that policy is a barrier, SIAC can assist in that capacity.
  + HDI/SGMIT could present [in the future] to SIAC about how issues are identified and resolved through the use of the dashboard
* Those receiving peer support might be able to provide insight
  + Potential focus group/survey

## Action Items

Task Description Person Responsible Deadline

N/A

**Next Meeting:** December 9, 2022, 10:00am – 12:00pmvia Zoom: [State GMIT Meeting](https://us02web.zoom.us/j/82154195143?pwd=anYrVjlJRXQ4ejgxaDRYeDFCQ0IrUT09)

**Reminder:** You can find notes for all GMIT meetings as well as the CQI Dashboards and Interactive Map on the SOC FIVE Website**:** [**https://socv.hdiuky.net/**](https://socv.hdiuky.net/)

Family & Youth Reps complete for meeting time reimbursement: [**https://www.surveymonkey.com/r/Attend\_Meeting**](https://www.surveymonkey.com/r/Attend_Meeting)