# 1. Welcome and 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 and for whom DCBS does not have custody. The population of focus also includes children and youth who have a planned reunification date within 60 days, as well as post adoptive families who are seeking behavioral health services for youth they have adopted.

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Amanda Metcalf |  | Jenny Thornhill |  | Mary Carpenter |  | Jess Clouser |
|  | Barb Greene |  | Jessica Ware |  | Michelle Niehaus |  | Felicity Krueger |
|  | Chris Cordell |  | John Broadus |  | Maxine Reid |  | Ashley Peercy |
|  | Beth Jordan |  | Josh Swetnam |  | Melinda Vise |  | Natasha Ulrich |
|  | Carmilla Ratliff |  | Kenneth Fletcher |  | Micah Blevins |  | Ayanna Coates-Hendricks |
|  | Carol Cecil |  | Katie Kirkland |  | Michelle Sawyers |  | Jamie Tipton |
|  | Clarissa Allen |  | Katy Mullins |  | Randa Bush |  | Mallory Bateman |
|  | Dakota Simmons |  | Kelli Root |  | Sherri Staley |  | Amanda Body |
|  | David Lohr |  | Kelly Bradshaw |  | Tammi Taylor |  | Danielle Khoury |
|  | Dee Dee Ward |  | Kelly Dorman |  | Tracy DeSimone |  |  |
|  | Dyzz Cooper |  | Leslie Hughes Burgess |  | Tevis Duncan |  |  |
|  | Jennifer Warren |  | Lizzie Minton |  | Vestena Robbins |  |  |

= Present  = Absent

# New Service for Child Welfare Involved Families: Intercept, Jamie Tipton, DCBS & Mallory Bateman, Intercept

Intercept started as a residential facility with a mission to help families through innovation. Intercept is an intensive in-home service that helps families who might be in danger of separation; seeing families on average 3 times per week (engagement is flexible based on the needs of families and children). The program meets families where they are; looking at barriers and assessing why those things are antithetical to their goals. Staff examine driving behaviors and look at what’s triggering those behaviors in their environment. There is some flexibility when it comes to which interventions are used, however they must be evidence-based practices. The program utilizes Guide Tree, a massive online resource that addresses a variety of referral issues. Intense instruction specialists are highly trained and carry low case loads (limited to 4 families) and are highly focused on services and supports for long term success.

* By design this is a short-term service, up to 4 months depending on what families need.
* 24-hour crisis line available to the families so they always have support to navigate any troubling issues after hours. Can dispatch a person to help as well.
* Community setting at home: staff go to court with our families and follow up with DCBS partners weekly, we really do our best to meet them exactly where they are.
* Serving counties who are no more than a 60-miles outside the radius from office locations; with plans to expand.
* Currently work with population through Title VI funding-- imminent risk for child placement and foster care, also working toward unification successful adoption, reunification etc. Currently in these DCBS Regions: Southern Bluegrass, The Lakes, Cumberland, and Jefferson.

**Age requirement**

Birth-17 [Once they reach 18, they can enter a program called Life Set. Life Set Specialists work with children to help them build the skills they need- especially skills in important life domains housing, parenting, working with them based on their needs. These clients also have access to crisis line]

**Exclusionary criteria**

Work with kids with behaviors of all kinds including suicide, homicidal ideations, sexually acting out or offending youth. Staff conduct assessments to determine if placement is safest option for the child/family.

**Discussion**

Is this a pilot? Yes, with plans to expand. For more information, please reach out to Jamie [Jaime.Tipton@ky.gov](mailto:Jaime.Tipton@ky.gov)

## Action Items

Task Description Person Responsible Deadline

Please share the information SGMIT ongoing

With others

# 2. Quarterly Updates, UKHDI Team & Implementation Specialists

SOC FIVE Services Intervention Pathway Update through December 2022

Katie Kirkland presented the quarterly update through the last Federal Fiscal Year Quarter (October-December 2022) using Continuous Quality Improvement (CQI) data that’s reported to us monthly by each region’s DCBS entities and Behavioral Health Providers (BHPs). We first compared numbers from the Model (expectations from the beginning of the grant) and to actual numbers using the monthly averages from October-December 2022. Then, we looked at the CQI data over time, going back to October 2020.

**Overview of the totals for all regions** [monthly averages from October-December 2022]

* Screening averaged 200 per month, nearly 5 times the Model’s estimate.
* Assessment averaged 8% of Screening – below the estimated 40% of Screening.
  + (Please note: the number for Assessment was not far from the Model – 15, compared to 16.7. But the high Screening number drove down the percentage.)
* Referral to Treatment averaged fewer than the Model (12.3 compared to 13.3), but the percentage was a bit higher (82% compared to 80%).
* Treatment was higher than the Model (11.3 compared to 10.0, and the percentage exceeded the Model: 92% compared to 75%).
* The average for Baseline NOMs exceeded the Model (10 compared to 7.5). The percentage of NOMs/Treatment exceeded the model at 88% compared to 75%.
  + But the number of Baseline NOMs as a percentage of Screening was only 5% compared to 18%. Again, the much higher Screening number than what the Model anticipated drove down this percentage.

**Overview from each region** [monthly averages from October-December 2022]

* For Screening, Cumberland has the highest average number (110.3).
* For Assessment, Salt River Trail had the highest average number (6.3) and percent of Screening (28%), but each region’s percentage was lower than the Model’s 40%.
* For Referral to Treatment, Salt River Trail had the highest average (5.7). Two Rivers had the highest percentage (113%); Salt River Trail and The Lakes had 89% each – all 3 exceeded the Model’s rate of 80%.
* For Treatment, Salt River Trail had the highest average (5.7) and Salt River Trail and Cumberland each had a rate of 100% followed by Two Rivers at 89%.
* For Baseline NOMs, Two Rivers had the highest average (3.7) and the highest percentage of Treatment at 138%, followed by Salt River Trail’s average (3.3) and The Lakes’ percentage (133%).
  + Please note that NOMs might be done in a later month than Treatment is counted; that is an example of why percentages over 100 might occur.

Cumulatively, the Cumberland Region makes up the highest portion of Screeners, and Two Rivers makes up the highest proportion of Assessments, Referrals to Treatment, Treatment, and Baseline NOMs. \*Please keep in mind that in Cohort 2, DCBS screeners started in January 2022 in The Lakes region and in March 2022 in the Salt River Trail region.

**IPP Measure Change**

Due to changes in Federal reporting guidelines, the grant’s IPP (Infrastructure Development, Prevention, and Mental Health Promotion) Indicators will be measured differently starting with the second Federal Fiscal Year Quarter. This will affect the Federal reporting for January-September 2023. Currently, we collect three metrics from SOC FIVE providers:

* Initial CANS assessments completed
* Referral: Number of Referrals to Treatment based on the CANS
* Access: Number receiving treatment after referral based on the CANS

**We will still report the number of initial CANS assessments completed by SOC FIVE providers.**

But we now must start reporting the numbers for Referrals and Access **based on** **non-SOC FIVE providers**. This is because these metrics reported to SAMHSA must only include services received OUTSIDE the grant.

* We have found that the numbers of OUTSIDE Referrals and Access will need to be based on data Lizzie Minton can pull on the number of DCBS Referrals to non-SOC FIVE providers for initial CANS assessments and numbers of initial CANS assessments completed by non-SOC FIVE providers.

Regional Implementation Specialist Update

**Lakes Region, Tammi Taylor**

Two RIACS within the region, Pennyrile and Purchase. Each received $5K to assist population of focus

* **Pennyrile** created family engagement baskets that included information for families, activities, games as well as information on the dinner table project. Pennyrile plans to add advertising at bus stops with QR code for resources. LRC doing resource booths, and the parent rep is posting everything on social media
* **Purchase** region still working on what they want to do with $5K.

\*Both are planning to use Safety Net funds ($15K) on training for their staff

**Two Rivers Region, Kelly Bradshaw**

Did not get Safety net funds or RIAC funds in year 3; SOC FIVE region includes two RIAC regions

* **Barren River** attendance issues resulting in court involvement is at the forefront; the RIAC funded bus wrap for local buses to increase awareness on the importance of school attendance. The bus wrap also served as member recruitment tool for the RIAC. Barren River is going to maintain their initiatives, keeping truancy as the focus.
* **Green River** LRC, Melanie Ashworth, created Engagement Bundles – reading materials, etc. aimed to promote communications inside a family unit. Also contacted providers and educated providers on SOC FIVE pop of focus. Providers want to sustain engagement bundles.

**Salt River Trail, Kelly Dorman**

3 CMHCs in the region received mental health funding

* **Lincoln trail** RIAC resource bags included engagement tools as well as county-based resources. DCBS let us know that substance use is issue within the region. The RIAC partnered to create an online podcast on parents with substance use issues spoken from children’s perspective. DCBS requested 300 resources to serve families.
* **Salt River** focused on youth dealing with substance use issues. Incorporated feedback to ensure hygiene products distributed by the RIAC are appropriate for black youth. More community wide events in Trimble co are being planned. Plan to target at-risk youth with softball signups as an opportunity to share resources. Surveyed high school seniors on what skills they need to know i.e., how to cook a meal etc. 89 students will be able to get a credit through an event with partners learning various skills, participating in mock interviews, etc. Public library is also offering to help secure birth certificates.
* **Bluegrass West** did very tailored online resource directory promoted through social media; CMHC partnered with a Title I school to offer parent university. Planning an event for Anderson County as well as Woodford County. Safety net funds will be used for training and liaisons for SOC FIVE specific services **\***If you want to teach a senior some skills in Trimble co., please reach out to Kelly!

**Cumberland, Maxine Reid**

Received funding through partner funding application

* **Cumberland Valley** put together family engagement bags; community partners added even more funds to expand the reach. They also did blessing boxes targeted for counties who did not have access to food banks; partnered with churches to fill boxes with food and hygiene products and spreading the word about the RIAC partnering to strengthen families. Over 300 people come to their events targeting the population of focus.
* **Lake Cumberland** used funds to secure a presentation by Dr. Kniffley at Campbellsville Independent School district to talk to youth of color and parents to bring awareness to issues within the school. Also purchased (2) 2nd Second Step Learning Kits for local schools to share through Family Resource Centers.

KPFC Quarterly Update, Jessica Ware

Jessica presented on the KPFC Peer Support Data for the 4th Quarter of 2022 (Calendar Year: October, Nov. & Dec). —An update of service utilization and impact surveys through December 2022. The presentation focused on comparing SOC Customers to non-SOC customers served through KPFC. Region of referral, referral source and services provided were all presented. FES/YES responses were limited to a few new entries over the quarter, UKHDI is working with KPFC to make the tool work best for them.

**Key Takeaways**

665 referrals have been made for KPFC peer support from December 2020 to December 2022​

* KPFC offers: Peer Support, Nurturing Parenting, SMART Recovery, Support groups, Team meeting support,  Training and Leadership​
* Of the 665 referrals made to the peer support center, 410 entered services (61.7%)​
* To date, 3,434 sessions have been recorded in which 6,408 services of different types have been utilized. ​

From December 2020-December 2022, nearly half (47.4%) of KPFC referrals  have been identified by KPFC to be in the SOC FIVE population of focus\* ​

* 46.4% of all Peer Support referrals come from DCBS​
* 59% of DCBS referrals made in the past two years were for those in the SOC FIVE population of focus\* (active, ongoing in-home DCBS cases)​

Update on NOMs Disparity Dashboard & Reassessment Analysis, Jess Clouser

UKHDI have added DCBS data for a comparison population. We now have information from 267 baseline NOMs interviews (this is based on a January 23 SPARS download).

**Demographic breakdown**

* Since the last update, we have an additional 44 baseline interviews, but the Race and Ethnicity distribution is about the same: 78.28% White; 7.12% Two or More Races; 4.87% Hispanic or Latino; 5.62% Black or African American; 3% None of the above, Refused, or Missing Data; and 1.12% Asian. \*All Race and Ethnicity categories are mutually exclusive.

When comparing to DCBS’ data of children with ongoing in-home case open (September 30, 2019-December 31, 2022), our NOMS participants are similar with modest differences

On Gender data, note that the NOMs data is self-identified gender but DCBS and KDE data are biological sex.

* SOC FIVE population closely resembles state data and DCBS data.

**Racial and Ethnic Disparities in Reassessments Rates: 6-month analysis**

**Clients** **who were eligible for a 6-month reassessment and received one**

* White (Non-Hispanic) representation was 83% compared to 78% of baseline NOMs.
* Black or African American representation is lower (1.2% compared to 5.62% of baseline NOMs)
* Refusals were less common at reassessment (1.2% compared to 3% of baseline NOMs)

**Clients who were** **discharged before their reassessment eligibility window opened**

* White (Non-Hispanic) totaled 61.7%--this was lower than the 78% of baseline NOMs.
* The representation was higher for Two or More Races (12.8% compared to 7.1% of baseline NOMs).
* Overall, the group was more diverse than those who received the 6-month reassessment.

**Racial and Ethnic Disparities in Discharge Status (reason for discharge)**

* The most common Discharge Status for White (non-Hispanic) is Mutually Agreed Cessation of Treatment, followed by No Contact within 90 Days of Last Encounter.
* The most common Discharge Status for Black or African American and Hispanic or Latino is Withdrew From/Refused Treatment.
* The most common Discharge Status for Asian is Other (that is the only reported category).
* The most common Discharge Status for Two or More Races is Other.
* The most common Discharge Status for NOMs with Missing Data on Race and Ethnicity is Mutually Agreed Cessation of Treatment.

We added a question to the Qualtrics survey we use to collect the new NOMs from providers beginning December 10 to ask for context around Discharge Status. Here are some sample responses we received for Context around Discharge Status:

* No Contact 90 Days
  + Client did not continue services in the county that the client resided in.
  + Crisis services only provided. Family declined additional/ongoing services.
* Withdrew
  + Non-compliant with scheduling and keeping scheduled visit. Was discharged with option to return when ready.
  + Stopped keeping appointments and did not respond to office/clinician follow up attempts.
  + Last communication with client, family became upset and ceased any and all interactions with agency. Never answered follow up attempts.
* Other
  + Client was referred to services in another county. No documentation showed that client received any other services other than CANS and NOMS.
  + Consumer went to Job Corps leading to their discharge from services.

**Action Plan Status**

We have not yet begun sharing the Disparity Dashboard at provider Touch Base meetings.

We will continue to monitor and share this information. We have been reviewing the Discharge Status and Context responses to confirm the accuracy of responses with providers in Touch Base meetings.

**Discussion**

**Do we keep KDE data?**

Members indicated DCBS data serves this dashboard best. However, others like seeing the comparison between the general population and DCBS population

**We are comfortable sharing this, do we want to add this to the project webpage?**

SOC website seems to be the best place to house this information

## Action Items

Task Description Person Responsible Deadline

Please share the information SGMIT ongoing

With others

# 3. SOC FIVE Updates

**RIAC Community Survey**

* Stopped data collection Jan 31. UKHDI reported over 500 surveys completed across the state with over 50 people providing contact information so they can learn more about their local RIAC. Vanessa Brewer is passing on that information to RIAC leadership.

**Next SOC Grant Application**

New grant application is in the works. Not as much available for infrastructure however the population has a broader reach as it’s targeted for those *at risk for* SED.

## Action Items

Task Description Person Responsible Deadline

Please share the information with others SGMIT ongoing

# 4. Agency Updates

DBHDID

* Commissioner Morris accepted a new role working with a national technical assistance provider. Stephanie Craycraft is the acting commissioner

KPFC

* [Dates are scheduled for the planning committee](file:///C:\Users\deedee.ward\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\UMD6Q26F\Planning%20Committee%20flier.pdf) for Children’s Mental Health Acceptance Week for those who would like to join
* 17th annual Parent Youth Leadership Conference which will be held in Lexington this June
* Just finished virtual parent leadership academy, another coming up in April and in May
* KY SEAT and peer support center went to the capital for children’s advocacy day
* Next Youth Café is March 2nd please share [the flyer](file:///C:\Users\deedee.ward\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\UMD6Q26F\Youth%20Cafe%20(2)%20(1).pdf) to help increase attendance.

Parent Representative

* Ayanna is excited to rejoin the SGMIT and is adjusting back into her role

Boys and Girls Haven

* Partnership with Catholic Charities in Louisville is looking for partners to help with [Common Table](https://cclou.org/commontable/) which trains young adults in culinary arts. Also providing trauma training at no cost, please share with behavioral health providers who might be interested in working with those who have suffered trauma.

## Action Items

Task Description Person Responsible Deadline

n/a

**Next Meeting: March 10, 2023**, 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)