# 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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ☒ | Amanda Gehring | ☐ | Lynette Ponder | ☒ | Mary Carpenter | ☒ | Jess Clouser |
| ☒ | Amanda Metcalf | ☐ | Jenny Thornhill | ☒ | Michelle Niehaus | ☐ | Felicity Krueger |
| ☐ | Barb Greene | ☒ | Jessica Ware | ☐ | Melinda Vise | ☐ | Natasha Ulrich |
| ☒ | Beth Jordan | ☐ | Josh Swetnam | ☒ | Maxine Reid | ☐ | Ashley Peercy |
| ☐ | Brittany Roberts | ☐ | John Broadus | ☐ | Micah Blevins | ☒ | Clarissa Allen |
| ☒ | Carmilla Salyers | ☐ | Kenneth Fletcher | ☒ | Michelle Sawyers | ☐ | Jamie Tipton |
| ☒ | Carol Cecil | ☒ | Katie Kirkland | ☐ | Randa Bush | ☐ | Mallory Bateman |
| ☒ | Chris Cordell | ☒ | Katie Scheuer Hopper | ☐ | Sherri Staley | ☐ | Amanda Body |
| ☒ | Chelsea Harrod | ☐ | Kelli Root | ☐ | Tammi Taylor | ☐ | Danielle Khoury |
| ☐ | David Lohr | ☒ | Kelly Bradshaw | ☐ | Tracy DeSimone | ☐ | Ruthie Sizemore |
| ☒ | Dee Dee Ward | ☒ | Kelly Dorman | ☐ | Tevis Duncan | ☐ | Shellie Mills |
| ☒ | Dyzz Cooper | ☒ | Leslie Hughes Burgess | ☒ | Vestena Robbins | ☐ | Ciara Jackson |
| ☐ | Jennifer Warren | ☒ | Lizzie Minton |  |  |  |  |

☒ = Present ☐ = Absent

**\*Dee Dee welcomed everyone and noted how on August 1, screeners went live statewide.**

# UK HDI- CQI and Peer Support Data Presentation

**CQI data, Katie Kirkland**

* 4,531 DCBS Screeners were Completed (96% of the 4,710 Screeners offered)
* 2,112 children and youth “screened in” for the CANS assessment (47% of the total 4,531 for whom DCBS Screeners were Completed)
* 1,258 children and youth were Referred for a CANS Assessment based on the DCBS screener (60% of the 2,112 who “screened in” for the CANS assessment)
* 382 Initial CANS Assessments were completed (30% of the Number of Referrals DCBS regions reported sending for CANS assessments)
* As of June 30, 299 Baseline NOMs were completed (78% of the number of Initial CANS assessments completed)

**Outreach**

Through June 2023, we reported a total of:​

* 49 Policy Changes
* 16,357 individuals had been contacted through Outreach Efforts

**Disparity Dashboard, Jess Clouser**

The goal of this dashboard was to monitor the demographic characteristics of clients served by the SOC FIVE grant (i.e., those receiving baseline NOMs), those receiving 6-mo reassessments, and those being discharged and assess whether we were seeing any disparities or disproportionalities in any of those groups.​ We created a dashboard and provided quarterly updates at SGMIT, RGMITs and sometimes on provider touch base calls.

* From October to July, the percent of clients who were Eligible and Received their 6-month Reassessment and were non-White increased from 11% to 20%.
* From October to July, the percent of clients who were Discharged before their 6-month Reassessment Eligibility Window Opened and were non-White increased from 34% to 38%.​
	+ - When we began tracking and currently, they are overrepresented in both time points.

RGMIT meetings include a CANS Cultural Factors Domain overview. Because the CANS assessments will continue, for sustainability, we've advised providers to examine those responses as they contemplate ways to make their operations more equitable.

**Discussion**

Dee Dee and Kelly D. shared how the data was helpful both with providers and in RGMIT discussions.

Michelle N. asked if we know how the providers answered the CANS cultural factors domain and if we could compare how well they engaged families culturally. Lizzie M. acknowledged this is a potential area for growth for providers.

**KPFC Peer Support Evaluation**

SOC FIVE supports KPFC peer support centers by spreading the word about peer support services, reducing the need for high-cost services, increasing engagement of families and empowering people to create and work toward their own goals. The organization has also built a diverse referral base. Jessica shared statewide data on referrals, services accessed and specific comments from satisfied customers summarized below.

Looking cumulatively at the data through June

* 5,724 Peer Support sessions were recorded in which 10,642 services of different types had been utilized. ​Peer Support sessions are tailored to the customer's current needs at the time of contact, meaning multiple types of services can occur in a single session.
* 66.3% (that’s 605) of 913 customers initiated services after referral. This indicates that a majority of individuals who were referred to Peer Support found it beneficial and chose to engage in the services offered. It also highlights the effectiveness of referrals in connecting individuals with the support they need. ​

**Family Empowerment**

Participants in peer support services are offered an interview at baseline and after 3-months of receiving peer support services where they are asked questions about their feelings of empowerment.

* Family domain mean scores at baseline and reassessment moved from 3.59 to 3.78, both between Sometimes and Often. This change reflected a 5.3% growth.​
* Services domain mean scores at baseline and reassessment moved from 3.43 to 3.54, both between Sometimes and Often. This change reflected a 3.2% growth.​
* Community domain mean scores at baseline and reassessment moved from 2.48 to 2.76, both between Seldom and Sometimes. **Scores in this domain were lowest but reflected the most growth at 11.3% growth.**​

The statement with the most positive change from baseline to 3-month reassessment was in the ‘Community’ domain for the statement  *“I help other families get the services they need.”*

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**Satisfaction Surveys**

KPFC created and implemented their own customer satisfaction survey last year that asks current and former customers their level of agreement with 9 statements about their experience with the peer support centers. So far 104 customers have responded to the survey.

* 87% of participants either agreed or strongly agreed that peer support services helped them achieve their goals.
* 85% of survey participants reported that receiving peer support services encouraged them to use their expertise to help others.

​**Discussion**

Jess – fostering empowerment ties so closely to KPFC mission. UKHDI conducted a poll with peer support specialists on the administration of the FES and YES and received valuable feedback.

* Tena – there might be other measures that get to empowerment in a more nuanced way.
* Jessica - we're taking a look at the Protective Factors Survey.
* Carol - considering FAST, but the tool appears to be more cumbersome.
* Tena - we could check with UConn to see if they have any tools to recommend.

## Action Items

Task Description Person Responsible Deadline

Please share the information SGMIT ongoing

# Agency Updates

**State Interagency Council**

The SIAC and standing committees play a crucial role in ensuring service equity and outcomes for children with mental health issues. They meet monthly, with meetings open to the public. Four standing committees are currently working on their goals.

* **Racial, Ethnic & Equity Disparities (REED)** – working on SIAC goal area around developing compassionate workforce to work on intersectionality of issues to increase service equity/outcomes. **Next meeting Sept 20 at 10-11.**
* **Disability Standing Committee**—prepping standing doc to share w/ SIAC – **Sept 22 is next meeting from 11-12**
* **Service Array Committee** – taking lead on CARE pathway analysis. That information will feed into the development of a Children’s Behavioral Health Plan.
* **Social and Emotional Health & Well-being Committee—**very well attended. Been working over years in operationalizing recommendations from taskforce (SIAC charged). Have finished work around recommendations but given a charge from Juvenile Justice (JJ) committee on JJ mental health. Will work on promotional activities that can be extended to kids w/ justice involvement.
* **Please reach out to Tena or** **Lea.Taylor@ky.gov** **if interested in joining.**

**RIAC**

The RIAC, or Regional Interagency Council, is missioned to: Promoting healthy children and transition-age youth across Kentucky: Building a collaborative system of care to promote children’s and transition-age youth’s social, emotional and behavioral well-being where they live, learn, work, and play.RIACs made significant accomplishments increasing attendance and participation by community agencies and parent/youth representatives. Parent and Youth representative satisfaction surveys have shown a reduction in stress levels and an increase in support for representatives. **Initiatives created as a result of the satisfaction survey include:**

* A Parent and Youth Guidance Document for Onboarding Process
* KPFC monthly networking calls for parent and youth representatives
* Increased funding for youth councils, and representation.

The RIACs have also developed a Community Survey, which helps gather information about services available, accessibility, and needs. Results help guide RIACs and develop regional action plans.

* Contact VanessaC.Brewer@ky.gov for information about the RIAC in your area.

**Maxine reminded members that the Cumberland grant-end meeting is next week, September 14, in Corbin, and the Salt River Trail meeting is scheduled for September 18th in Shepardsville. Please consider joining!**

**Administrative Office of the Courts**

Michelle Sawyers, reported on the KY Judicial Commission Town Halls and discussed the need for more experienced individuals to share their experiences in navigating courts at the Town Hall Meetings scheduled around the state. Carol suggested that virtual options could help recruit more parents and Michelle reported there were a few options to make your voice heard if you could not attend in person.

Michelle also discussed DNA work from the commission, statewide mapping, and work from CDW and Juvenile Justice to strengthen communities and reduce OOH placement. She emphasized the importance of collaboration with others, like the DCBS Prevention Collaborative. Beth discussed the screening and assessment for kids with DJJ involvement, highlighting the importance of judges as change agents.

Contact JCMH@kycourts.net or Michelle.Sawyers@kycourts.net for more information.

**Department for Community Based Services (DCBS)**

Mary Carpenter (DCBS) reported that the Regional Prevention Collaborative is collaborating with RIACs to align efforts with parent and youth representatives. They implemented a Community Response pilot in four counties, expanding to Brighton Center in NKY with a federal grant. DCBS is in discussions with a Foundation to invest in primary and secondary services, building prevention hubs. Amanda Body, director of the new Division of Prevention and Community Well-Being, is building staff and capacity, engaging with providers, and addressing legislative proposals related to unnecessary custody relinquishment due to behavioral health treatment.

Contact vfrost@kyyouth.org for more information on the Prevention Collaborative in your area.

**Alternative Response (AR) Update (DCBS)**

Chelsea Harrod discussed the Alternative Response model, which involves DCBS frontline workers with low-moderate risk of maltreatment calls that meet criteria. The first implementation site is set for September 18 in the Northeastern service region, and the model is expected to roll out in the Two Rivers region in October. The focus of Alternative Response is on engagement, and safeguards are in place if the pathway needs to be increased to traditional.

**Discussion**

* Team members asked if the staff shortage would impact implementation. Chelsea explained that funding was received to hire for implementation. It’s estimated that 40% of calls will be referred for AR.
* KPFC Peer support centers have been trained in two regions, and the program will be filtered in with peer support through contracts with DCBS and BH.
* Data analysis was discussed to identify red flags and reasons for pathways to switch, and Katie Scheuer Hopper is excited to see a new way for DCBS to engage with people in crisis.

## Action Items

Task Description Person Responsible Deadline

Please share the info with others SGMIT ongoing

**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/)