SECTION A: Population of Focus and Statement of Need

A.1. Kentucky's rate of children and youth in out-of-home care reached a record high in late 2018, with nearly 1% of the state's total child population in placement. Transforming the child welfare system, including implementation of the Family First Prevention Services Act in October 2019, is a top governmental priority. As such, timing is opportune to integrate mental health services and supports throughout the child welfare system. Building a system of care that supports the comprehensive, coordinated delivery of mental health services contributes to the permanency, safety, and well-being of children and youth with child welfare involvement. This grant will build upon Kentucky's 30-year history of developing a comprehensive system of care (SOC) for children and youth (birth through age 21), who meet criteria for having a serious emotional disability (SED), and their families by expanding infrastructure and service delivery to those with child welfare involvement; hereafter referred to as the **population of focus**. For this project, child welfare involvement is defined as those families for whom a child abuse and/or neglect investigation results in a substantiation or services-needed finding. While the grant focuses on developing a statewide infrastructure to support the SOC approach, four (4) of the highest-need child welfare service regions of the state will serve as **geographic catchments** for service delivery. None of these local jurisdictions has received a prior SOC grant award. Implementation will be staggered across the project period. Cumberland and Two Rivers Child Welfare Service Regions will serve as Cohort 1 (Yrs 1 & 2), while The Lakes and Salt River Trail Child Welfare Service Regions will serve as Cohort 2 (Yrs 3 & 4). During the grant, families in 69 of Kentucky's 120 counties will be served. Table 1 displays selected demographic data for the population of focus within Kentucky and the four geographic catchments.

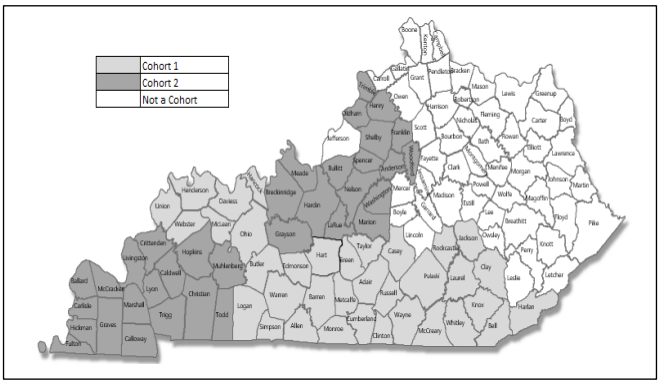

Table 1: Profile of Population of Focus and Geographic Catchments

	KY % (n)	Cumberland % (n)	Two Rivers % (n)	The Lakes % (n)	Salt River Tr % (n)
Population Counts					
Total population between 0-21 years[1]	1,243,816	119,623	151,494	114,879	171,499
% of population between 0-21 years old with child welfare involvement[2]	2.6% (31,908)	3.9% (4617)	2.6% (4002)	2.0% (2266)	2.5% (4367)
% By Race/Ethnicity (0-21 years with child welfare involvement)[2]					
White	76% (24,341)	92% (4,236)	80% (3,221)	68.4% (1,551)	77.8% (3400)
Black	8% (2594)	1% (42)	5.3% (213)	9% (207)	7.6% (333)
Two or more Races	9% (2912)	5% (228)	10.3% (413)	13.5% (308)	10% (436)
Other	7% (2061)	2.4% (111)	3.8% (155)	8.8% (200)	4.5% (198)
Hispanic[5]	4% (1343)	2.6% (121)	5.6% (225)	2% (44)	4.4% (192)
% By Gender (0-21 years with child welfare involvement)[2]					
Female	49.4% (15,769)	50.3% (2323)	50"% (2000)	48.6% (1102)	50% (2181)
Male	50% (15,802)	48.3% (2231)	50% (1987)	51.1% (1158)	49% (2136)
% By Indicators of MH Need					
Number between 0-21 years old with child welfare involvement estimated to have SED[3]	5% (1595)	5% (231)	5% (200)	5% (113)	5% (218)

Total (0-21 years of age) receiving MH service at CMHC who have history of child welfare involvement[4]	33% (10,502)	43% (1988)	38.6% (1546)	20.3% (461)	34.4% (1505)
Mental health diagnosis/Ongoing medications for those with child welfare involvement[2]	9.5% (3037)	5.3% (246)	12% (485)	17% (387)	5% (226)
Data Sources: [1]KY State Data Center/2017 Census Estimates; [2]SACWIS;[3]Based on national prevalence estimate of 5%;[4]KY CMHC Client and Event Data System**;** [5]Hispanic is ethnicity (not a race category) counted in addition to race. NOTE: Kentucky does not currently maintain data on the number of transgender youth or youth sexual orientation for those with child welfare involvement nor is data on language spoken in the home tracked for this population.					

A.2. Statement of Need: Kentucky's greatest infrastructure need is service development. According to HRSA, counties in the geographic catchments are mental health professional shortage areas. Specifically lacking are mobile crisis, intensive in-home or reunification services, respite, therapeutic foster care, and high fidelity wraparound, hereafter referred to as targeted high-need services. As an early implementer of the Family First Prevention Services Act (FFPSA), Kentucky's compliance with the congregate care requirements will require extensive expansion of targeted high-need services. While the state child welfare agency has taken advantage of Title IV-E Waiver and other funds to support pilot projects aimed at addressing unmet mental health needs, the need remains high. Data retrieved from KY's State Automated Child Welfare Information System (SACWIS) indicates that **t**he number of children in congregate care is approximately 10% of the population in out-of-home care (OOHC); approximately 6% of children in congregate care is identified as meeting a Level of Care (LOC) 3, indicating that they could be most appropriately served in the community but are not due to inadequate availability of home- and community-based services; and at any point in time, about 50 children are lingering in inpatient hospitals after having been decertified by their Managed Care Organization (MCO) for not meeting criteria for this LoC due to lack of appropriate lower-level congregate and/or home- and community-based services. Another infrastructure need pertains to family and youth support services. There is a lack of family/parent education and support services, particularly in rural areas. While Kentucky has grown its family and youth support network for those with behavioral health needs, the inclusion of families involved with child welfare is sorely limited.

SECTION B: Proposed Implementation Approach

B.1. Goals and Objectives: Kentucky proposes to improve mental health outcomes for children and youth (birth through age 21), who meet criteria for SED, and their families by expanding the system of care (SOC) to better meet the needs of those with child welfare involvement. While none of Kentucky's prior system of care grants have prioritized the child welfare population, some initiatives using alternate funding sources have focused on improving mental health supports to children and families served by the child welfare system. Kentucky will build upon and expand these efforts through the below goals and objectives:

Table 2: Goals and Objectives
Goal 1: Enhance interagency infrastructure to support the implementation, expansion, and integration of the System of Care approach for the population of focus.

1A. The Grant Management and Implementation Team (GMIT) will submit a minimum of one policy recommendation per year to Kentucky's State Interagency Council (SIAC) for inclusion in the Annual Report to the Governor and Legislative Research Commission that will support the System of Care for the population of focus. 1B. Each Regional Interagency Council (RIAC) within the geographic catchments will maintain at least one activity in their Action Plan specific to the population of focus. 1C. By the beginning of Year Three, a Strategic Financing Plan will be created and implemented. 1D. State and Regional GMITs will meet at least monthly throughout the life of the grant. 1E. Each quarter, the State GMIT will collect, review, and report utilization management data to the SIAC, appropriate Child Welfare Transformation work groups, and other relevant entities to ensure that resources are invested at both the state and community levels. 1F. By the end of Year Three, the Respite Tracking and Monitoring System will be expanded to include providers who serve a population outside the foster care system. 1G. Each year, the State GMIT will review policy and regulations and conduct two continuous quality improvement activities designed to improve mental health service delivery.
Goal 2: Improve availability of and access to high quality, culturally- and linguistically-competent, evidence-based/evidence-informed (EB/EI) mental health services for the population of focus in the geographic catchments.
2A. By month 4, contracts will be executed with providers to develop targeted high-need services and with public behavioral health safety net providers (CMHCs) to give priority service access to the population of focus. 2B. By the end of the grant, 100% of families with a substantiation or services-needed finding will be referred for a mental health functional assessment. 2C. By the end of the grant, 1,458 children and youth will be served. 2D. Each year, the availability of targeted high need services will increase by 10%. 2E. In Year 1, the number of High Fidelity Wraparound facilitators will increase by 3 per DCBS service region and by 2 per service region in subsequent years. 2F. Each year, 15 System of Care Academy scholarships will be provided to students in the Public Child Welfare Certification Program (PCWCP) and other human services university training programs. 2G. Starting in Year 1, the grant will host at least two Learning Collaboratives per year in selected EB/EI practices, including those covered under the Family First Prevention Services Act (FFPSA). 2H. Each year, the grant will support at least 10 individuals to attend the National BBI Six Core Strategies training. 2I. In each year of the grant, the number of children and families in the population of focus receiving EB/EI practices will increase by 5%. 2J. Annually, contracted providers in the geographic catchments will conduct a Trauma-Informed Care Organizational Assessment and develop an accompanying action plan.
Goal 3: Implement strategies to promote and sustain the voice of children, youth, and their families with child welfare involvement at all levels of the system of care.
3A. Each year, KPFC Peer Support Centers will implement at least two targeted outreach and engagement strategies for birth, foster and adoptive parents and relative and fictive kin. 3B. Starting in Year Three, KY Youth MOVE and Voices of the Commonwealth will meet twice yearly to engage in a joint project to improve the voice of youth with SED and child welfare involvement and participate in at least one stigma reduction and one youth empowerment training. 3C. By the end of the grant, Kentucky will host at least two BBI Quality Improvement Collaboratives focusing on family and youth engagement within the provider community. 3D. Annually, KPFC Peer Support Centers will convene at least two family- and youth-led focus groups to inform child welfare transformation efforts. 3E. Each year, 15 System of Care Academy scholarships will be provided to youth and family members with lived experience in the child welfare system. 3F. By the end of the grant, provision of peer support services to the population of focus will increase by 10%. 3G. Each year, the number of individuals trained as Peer Support Specialists will increase by 7%.

Anticipated Number Served (Unduplicated): Kentucky anticipates serving the following number of members of the population of focus:

Year 1 (partial for Cohort 1)	Year 2	Year 3 (partial for Cohort 2)	Year 4	Total
156	338	443	548	1485

B.2. Implementation of Required and Allowable Activities

Provide culturally-and linguistically-competent (CLC), evidence-based mental health services: Kentucky will ensure the provision of required mental health services for the population of focus through contracts with licensed treatment providers in the participating geographic catchments. Public behavioral health safety net providers (i.e., CMHCs) serving the geographic catchments will receive a base allocation of grant funds to support prioritization of the population of focus for immediate access to services. For the required services that are nonexistent or limited, Notices of Funding Opportunity (NOFO) will be issued to increase access and availability. These targeted high-need services are: 24/7 emergency services, intensive home-based services, respite care, and therapeutic foster care services. Though not listed as a required service, Kentucky will also issue a NOFO to increase access to High Fidelity Wraparound (HFW) and use grant funds to support significant increases in the availability of youth and family peer support services, both of which are Medicaid-billable in Kentucky. Grant funds will support Learning Collaboratives to increase provider competency in the delivery of culturally competent, evidence-based/evidence-informed mental health services. The selection of evidence-based services will be informed by stakeholder input (e.g., families, youth, providers, payors) to ensure cultural and organizational fit and feasibility as well as sustainability. Kentucky will expand Building Bridges Initiative (BBI) training and Quality Improvement Collaboratives (QIC) to support the adoption of the SOC philosophy among more congregate care providers. Finally, clinical capacity within the child welfare agency will be enhanced by hiring Implementation Support Specialists.

Table 3. Required Mental Health Services (*=Targeted High-Need Services)	
Diagnostic and Evaluation Services	Expand use of the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) among all contracted providers to inform mental health treatment planning and child welfare case planning
Outpatient services	Existing Public Behavioral Health Safety Net Providers (CMHCs), Behavioral Health Service Organizations, Multi-Specialty Groups
24/7 emergency services*	Notice of Funding Opportunity
Intensive home-based services*	Notice of Funding Opportunity
Intensive day treatment services	Conduct gap analysis; Collaborate with CMHCs, KY Department of Education, and KY Educational Collaborative for State Agency Children to address identified gaps
Respite care*	Notice of Funding Opportunity; Respite Tracking and Monitoring System will be expanded
Therapeutic foster care services*	Notice of Funding Opportunity
Transition Services	Coordinate with existing programming for transition-age youth available through Healthy Transitions Grant, CMHC, child welfare, KY Youth MOVE, and KPFC
Recovery Support Services	Supported Employment/Supported Education, Youth Drop-In Centers, Peer Support Services available through the Behavioral Health Safety Net Providers (CMHCs)

Implement reporting and monitoring processes: The Evaluation Unit at the University of Kentucky Human Development Institute (UK/HDI) will provide evaluation and performance assessment support. The Evaluation Unit will work in partnership with the Office of Health Data and Analytics within the Cabinet for Health and Family Services and data analysts within the state behavioral health, child welfare, and Medicaid agencies to generate standing and ad hoc reports for use by the Grant Management and Implementation Team, the State and Regional Interagency Councils, and Child Welfare Transformation Work Groups. Quarterly reports will allow for frequent monitoring and management of grant expenditures, matching funds, achievement toward grant goals and objectives, service utilization (including disaggregated data to identify disparities), program performance measures, and child and family outcomes.

Promote and sustain youth and family participation that engage and involve families and youth: Kentucky will build upon its rich history of involving youth with mental health needs and their families at all levels of the system of care. Grant funds will expand support to Kentucky Partnership for Families and Children (KPFC; Kentucky's SAMHSA-funded statewide family network grantee) and Kentucky Youth MOVE (KYM; state chapter of Youth MOVE) to more fully integrate families and youth with child welfare involvement into the statewide family and youth support network. Specifically, grant funds will support KPFC and its Regional Peer Support Centers to target outreach and engagement activities to birth, foster and adoptive parents, and relative and fictive kin as well as focused efforts on fathers and paternal family members to increase involvement in the development, implementation, and evaluation of the SOC at state and local levels. KPFC and KYM will also provide training and coaching to support youth and family leadership development as well as expansion of family and youth peer support services. In addition, the number of family and youth peer support specialists accessible to families served in specific child welfare-operated programs, (e.g., START, KSTEP, & TAP) will be increased. KYM and Voices of the Commonwealth, a youth advisory board for foster care alumni, will work in partnership to engage in youth-directed activities to reduce mental health stigma and increase youth empowerment.

Develop or enhance an existing Governance Structure/Board. The statutorily-mandated State Interagency Council for Services and Supports to Children and Transition-Age Youth (SIAC) and its 18 regional counterparts, the Regional Interagency Councils (RIACs), serve as the governing body for Kentucky's System of Care at the state and local levels, respectively. The SIAC is comprised of Commissioners of all major child- and transition-age youth-serving state agencies as well as a family-run organization, a parent and a youth representative. The Commissioner of the Department for Community-Based Services (DCBS), Kentucky's child welfare agency, currently chairs the SIAC, which is opportune given current child welfare transformation efforts and this grant opportunity. Child welfare is a mandated member of the Regional Interagency Councils and, in many areas, serves as the Chair. Feedback loops will be established to ensure at least quarterly communication between the SIAC and RIACs and State and Local GMITs. Current SIAC priorities include improving the social and emotional health and well-being of children and youth, promoting SOC awareness across the state, and reducing racial disparities. These priorities align with the goals and objectives of this grant and are critical to their realization. The SIAC is charged to provide annual policy recommendations to improve the System of Care and, as such, will be required to submit at least one recommendation relevant to the population of focus each year of the grant. RIAC priorities are individualized to their respective geographic areas. Each RIAC in the geographic catchments will implement at least one activity in their Action Plans specific to the population of focus.

Develop and implement a strategic financing plan: The applicant agency has extensive experience creating financial maps of behavioral health expenditures across child-serving agencies, having completed such maps for purposes of other grants. However, what has lacked in previous iterations is a strategic financing action plan. Grant funds will allow Kentucky to update its latest financial map and implement corresponding financial strategies. Again, timing is opportune, as the DCBS was charged by the legislature to make recommendations for performance-based contracting as part of its child welfare transformation efforts; Medicaid Managed Care Organization Requests for Proposals are being revised; and supporting the behavioral health needs of the child welfare-involved population is a priority goal within the

DBHDID. Grant funds will be used to secure the expertise of a SOC financing consultant to guide the development of the financial map and subsequent strategic finance plan.

Other Allowable Activities: Kentucky has a rich history of *collaboration* among child and youth-serving agencies and youth and family advocacy and support organizations that will be enhanced and strengthened through this project. Key personnel for this grant are involved with other relevant federal funding streams in the state (i.e., Statewide Family Network, MH Block Grant, Healthy Transitions, Clinical High Risk for Psychosis, Project AWARE, Title IV-E Waiver, FFPSA, Medicaid, and State Opioid Response). Coordination and alignment of activities to ensure maximization of federal funds is a function of the State and Regional Interagency Councils that serve as the governing bodies for the SOC. While *collaborative partnerships* across child and youth-serving agencies exist, this grant will allow for partnerships to be strengthened by supporting joint planning efforts and the inclusion of new partners into the SOC, particularly congregate care and hospital providers through an expansion of Kentucky's BBI efforts. Funds will be used to expand technical assistance opportunities for these early adopters as well as to support additional community and congregate care providers to engage with the Kentucky BBI State Team. Kentucky will also engage in extensive *review and revision of policies and regulations* to improve service delivery for the population of focus. While policy and regulation review and revision is already occurring as part of child welfare transformation efforts, ensuring that changes to state and local behavioral health policies and regulations, including Medicaid, will need to be purposeful and intentional. Thus, the establishment of policy and practice feedback loops between and among the GMIT and provider community will be critical to addressing implementation barriers in a timely manner.

B.3. Timeline: Service delivery will begin no later than six months after grant award.

Table 4: Timeline for Required and Key Activities

Key: PI (Principal Investigators)/PD (Project Director)/FEC (Family Engagement Coordinator)/FLC (Family Leadership Coordinator)/YLC (Youth Leadership Coordinator)/TC(Training Coordinator)/KPFC (KY Partnership for Families and Children)/KYM (KY Youth MOVE)/SOC IS (System of Care Implementation Specialists)/HFW IS (High Fidelity Wraparound Implementation Specialists)/E (Evaluator)/SME (Subject Matter Experts)/GMIT (Grant Management & Implementation Team)/RA (RIAC Administrator)/SA (SIAC Administrator)/SFC (Strategic Financing Consultant)/SP (Service Providers)

	Year 1						Year 2		Year 3		Year 4	
Key Activity (Responsible Staff)	1-2 mo.	3-4 mo.	5-6 mo.	7-8 mo.	9-10 mo.	11-12 mo.	13-18 mo.	19-24 mo.	25-30 mo.	31-36 mo.	37-42 mo.	43-48 mo
Recruit/hire/orient new staff (PI/SME)	x											
State and Regional Meetings and Performance Assessments (GMIT)	x	x	x	x	x	x	x	x	x	x	x	x
NOFO & Provider Selection (PI/SME/PD/FEC)	x	x							x			
Submission of Annual SOC Report & Recommendations (GMIT/SA)							x		x		x	
RIAC Action Plan Update (RA)			x				x		x		x	
Execute provider and other partner contracts (PI/PD/FEC)	x	x	x				x		x		x	
Service delivery to population of focus (GMIT/Providers)			x	x	x	x	x	x	x	x	x	x
Learning Collaboratives (PI/PD/FEC/TC/SOC IS)		x	x	x	x	x	x	x	x	x	x	x
BBI Training in Six Core Strategies (TC/SOC IS/FLC/YLC)				x				x		x		x

BBI QIC(TC/SOC IS/FLC/YLC)							x	x			x	x
Strategic Financing Map, Plan Creation and Implementation (PI/PD/SFC/GMIT)					x	x	x	x	x	x	x	x
Respite Provider Tracking & Monitoring System (GMIT)									x	x	x	x
Policy and regulation review & CQI (GMIT/SME/E/FLC/YLC)						x		x		x		x
System of Care Academy (SA)					x		x			x		x
TIC Organizational Assessment & Action Plan (SME)						x		x		x		x
Family and Youth Outreach (KPFC/KYM/FLC/YLC)				x	x	x	x	x	x	x	x	x
Youth-driven activities (KYM)							x	x	x	x	x	x
Family and Youth-led discussions to inform child welfare transformation (FLC/YLC/FEC/KPFC/KYM)					x		x		x		x	
Peer Support Leadership Academy and Core Competency Training & Coaching (KPFC/KYM/TC)					x	x	x	x	x	x	x	x
Develop/review evaluation plan (E)	x						x		x		x	
Collect project data(E)	x	x	x	x	x	x	x	x	x	x	x	x
Disparities impact statement (E)	x											
Virtual Grantee Meeting (GMIT)				x					x			
Annual progress report (PD/E)						x		x		x		x

Section C: Staff and Organizational Experience

C1. KDBHDID: The applicant, KDBHDID, is the single state agency for developing and administering programs for the prevention, detection, and treatment of behavioral health (mental health and substance use), and developmental/intellectual disabilities (D/ID) and contracts with 14 regional CMHCs to deliver services across the lifespan. It has a long record of accomplishment of administering state-level SAMHSA grants, including four previous System of Care grants. KDBHDID will house the Principal Investigators, the Project Director, and the State Family and Youth Leadership Coordinators who will focus on state-level interagency policy and procedure development and support. **Local CMHCs:** Four CMHCs are included in the Cohort 1 child welfare service regions: River Valley Behavioral Health, LifeSkills, Inc.; The Adanta Group, and Cumberland River Behavioral Health, and five CMHCs in Cohort 2: Four Rivers Behavioral Health; Pennyroyal; Centerstone Kentucky; Communicare, Inc.; and Bluegrass.org. Six CMHCs have experience implementing SAMHSA grants, including System of Care, Adolescent Treatment, Healthy Transitions, and Clinical High Risk for Psychosis grants. All of the CMHCs have strong relationships with child welfare collaboratives, the most recent being Project SAFESPACE, a Children's Bureau Trauma grant that focused on implementing a continuum of evidence based screening, assessment, treatment, and case planning for children and youth in out-of-home care. This grant will build upon and expand the work of SAFESPACE to include children, youth, and families with child welfare involvement who have not yet entered out-of-home care. The CMHCs will serve as the public behavioral health safety net, as well as have an opportunity to apply to provide targeted high-need services. **UK/HDI:** The Evaluation Unit at the University of Kentucky/Human Development Institute (UK/HDI) will serve as the evaluator for this project. It has collaborated with the KDBHDID on several SAMHSA grants including State Youth Treatment, two Healthy Transitions grants, and several Transformation Transfer Initiatives. The staff has extensive experience with federal evaluation requirements.

The Kentucky Partnership for Families and Children, Inc. (KPFC): KPFC is Kentucky's chapter of the Federation of Families for Children's Mental Health and has worked with KDBHDID for many years on all of its previous SOC grants and other SAMHSA grants and initiatives. It will employ the SOC Family Leadership Coordinator and serve on the Grant Management and Implementation Team. **Kentucky Youth MOVE (KYM):** KYM, a chapter of Youth MOVE National, is a council comprised of 18 youth between 14-26 years old with behavioral health needs. KYM goals include: reducing stigma related to behavioral health; improving youth leadership skills; providing a united voice to advocate on behalf of other youth with behavioral health disabilities; and serving as a support group to peers with lived experience.

C2. Key Personnel

Table 5. Key Personnel

Position	Role	Effort	Qualifications
Project Director TBD DBHDID	Liaison with SAMHSA; meet reporting requirements; provide daily oversight; oversee implementation of project activities; support SOC expansion and sustainability.	1.0	Master's degree in a human services or related field and five years experience, preferably working with families and children with SED and involved with the child welfare system; experience managing grant projects; experience implementing large-scale systems change efforts
Family Engagement Coordinator TBD DBHDID	Develop state family support network; family leadership, support policy development; ensure presence of family voice on a state level.	1.0	Parent of child who received or is receiving services to address a mental health challenge present (lived experience as a parent); Bachelor's degree or four years related experience.
Principal Investigator, Beth Jordan DBHDID	Provide oversight and coordination of all SOC activities operated through the KY Division of Behavioral Health. Responsible for completion and submission of grant reports in a timely manner. Coordinate with related efforts within Kentucky's child welfare system.	.40	Manager, Children's Behavioral Health and Recovery Services Branch, DBHDID; over 20 years in children's behavioral health at state mental health authority; PD and/or PI on four SOC grants; Co-PI on 2014 Healthy Transitions Grant; PI on 3 Transformation Transfer Initiatives; 5 years providing outpatient services to children, youth, and families; Masters in clinical psychology; Graduate certificate in children's mental health.
Principal Investigator Vestena Robbins, DBHDID	Provide oversight and coordination of SOC activities between and amongst DBHDID and other state agencies. Provide guidance on implementation infrastructure development and systems change strategies. Liaison for policy and financial strategy within CHFS and other state agencies.	.25	Executive Advisor, DBHDID; over 25 years in behavioral health services research, evaluation, program administration, and policy; ED and/or PI on four SOC grants; PI on 2 CSAT Adolescent SUD grants; PI on 3 State Opioid Response Grants; PI on 3 Transformation Transfer Initiatives; 5 years as elementary school counselor and early childhood educator; PhD in Child and Family Policy; Graduate Certificate in Children's Mental Health.
SOC Family Leadership Coordinator, TBD KPFC	Partner with the Family Leadership Coordinator; expand existing state and local family support networks to include those with child welfare involvement; encourage, recruit and train families served by child welfare on SOC values and principles	1.0	Parent of a child that is receiving, or has received, services for a behavioral health need and had child welfare involvement. 4 years family leadership experience.

SOC Youth Leadership Coordinator, TBD KPFC	Partner with the Youth Leadership; expand existing state & local youth leader/support networks to include those with child welfare involvement; encourage, recruit and train youth served by child welfare on SOC values and principles	1.0	Young adult who received services for a behavioral health needs under the age of 18 and had child welfare involvement. 4 years youth leadership experience.
Training Coordinator, TBD KPFC	Identify and recruit trainers; coordinate all training logistics; recruit training participants for grant-funded training events	.5	Bachelor's degree in human services or a related field; high level organizational skills; attention to detail; strong coordination skills; experience with instruction or training; knowledge of adult instructional and learning theory and principles; knowledge of training methodologies.
Implementation Specialists, TBD DBHDID	Co-locate in DCBS Service Region offices; support expansion & implementation of high need services in selected providers; provide technical assistance and coaching to child welfare & behavioral health staff	2.0	Master's Degree in a human services field or related field; Direct care and/or management experience working with children and youth with behavioral health needs; Requires extensive knowledge of System of Care philosophy and practices; knowledge of implementation science principles and practices.
High Fidelity Wraparound Implementation Specialists, EKU	Provide training, coaching & fidelity monitoring to support effective implementation of High Fidelity Wraparound; Report progress and identify systemic barriers to implementation for solutions to GMIT	2.0	Master's Degree in a human services field or related field; Direct care and/or management experience working with children and youth with behavioral health needs; Experience providing HFW preferred.
Subject Matter Experts: Child Welfare – Jessica Brown, Jennifer Warren, Natalie Kelly; Medicaid – Ann Hollen; Cultural and Linguistic Competency – Michelle Niehaus; Child Welfare Data/SACWIS – Chris Cordell; Trauma Informed Care - Brittany Barber; Emergency Services – Christie Penn; SIAC – Lea Taylor; RIAC – Vanessa Brewer.			

SECTION E: Data Collection and Performance Measurement

Table 6. Performance Measurement		
Performance Measure (Abridged)	**Data source**	**Data Collection Frequency and Responsible staff**
No. of policy changes	Documents	Every 3 mos. Evaluator & GMIT
No. of youth/family members receiving mental health services	Provider database	Aggregate data reported by site staff to evaluator
No. of individuals contacted through program outreach		
No. of individuals referred to mental health services		
No. of individuals receiving services after referral		

Table 7. Performance Assessment Data Collection Plan

Objectives	**Data Source**	**Frequency**	**Analysis**
1A. GMIT submit policy recommendation per year to SIAC for Annual Report	Documents	Quarterly	Content analysis of documents to examine if the related objective was not met/met/in progress. Additional analysis to examine how the objective was met and the alignment between program and policy plans
1B. RIACs activity in Action Plan	Documents	Quarterly	
1C. Strategic Financing Plan by Year 3	Documents	Quarterly	
1D. State & Regional GMITs meet monthly	Meeting minutes	Monthly	

1E. State GMIT collect, review, & report utilization management data	Reports and meeting minutes	Quarterly	Content analysis of documents to examine if the related objective was not met/met/in progress.
1.F Respite Tracking and Monitoring System expansion	System review	End of Yr. 3; periodically	
1G. GMIT review policy & regulations and conduct two CQI activities	Documents and reports	Biannually	
2A. Contracts executed for targeted high-need services and (CMHCs)	Document	End of 4 months	
2B.Families with a substantiation or services-needed finding referred functional assessment	Provider database NOMs	Ongoing	Frequency analysis of aggregate data to examine changes in referral and service utilization by population focus hange over time analysis to examine employment, mental health, hospitalization outcomes
2C. By the end of the grant, 1,458 children and youth will be served.			
2D. Targeted high need services will increase by 10% annually			
2E. Annual increase in number of HFW facilitators.	Training registration and eval forms (including follow up)	End of training and 30 day follow-up	Descriptive, t-test to examine changes in knowledge and confidence
2F. System of Care Academy scholarships for students			
2G. EB/EI Learning Collaboratives			
2H. BBI 6 Core Strategies training.			
2I. Annual 5% increase in number of children and families receiving EB/EI.	Provider database, NOMS	AT intake and every 6 mos., till discharge	Change over time analysis to examine employment, mental health, hospitalization outcomes
2J. Provider TIC Organizational Assessment and action plan.	TIC	Baseline and follow up	Change over time analysis on TIC implementation practices
3A. KPFC PSCs implement at targeted outreach & engagement strategies.	Provider database	Ongoing	Frequency
3B. KY Youth MOVE and VOC project and participation in training.	Document	End of training and 30 day follow-up	Descriptive, t-test to examine changes in knowledge and confidence
3C. Host at least 2 BBI Quality Improvement Collaboratives.	Training registration and eval forms (including follow up)		
3D. Family- and youth-led focus groups to inform transformation efforts.			
3E. System of Care Academy scholarships for youth & family members.			
3F. 10% increase in provision of Peer Support services	Provider database, NOMS	Ongoing	Changes in utilization and perception of care
3G. Annual 7% increase in number trained as Peer Support Specialists.	Registration and Eval forms	End of training & 30 day follow up	Descriptive, t-test to examine changes in knowledge and confidence

Performance Assessment Process: An implementation progress report detailing the extent to which objectives are met will be shared with the state GMIT every 3 months. Additionally, an internal grant progress dashboard will be disseminated and discussed at the GMIT team meetings. Annual reports detailing results of changes in family and youth outcomes-- in employment, education, crime/criminal justice involvement, stability in housing, mental illness symptomatology, social support connectedness, and perceptions of care. Annual reports will also include workforce development outcomes. As a part of presentation and discussion of evaluation findings, includes interpreting the findings within program context and co-developing strategies of program improvement.