

Regional Grant Management & Implementation Team (R-GMIT)

10/23/20

hello

MY NAME IS

1. In your small group, please share your name, agency, and role.
2. Next while in your small group, answer the following questions:
 - Think about a time when you have you participated in a strong collaboration.
 - What were/are the benefits of cross collaboration?
 - What were/are the challenges?
3. We will come back together in a large group to discuss!



Grant Overview

- Substance Abuse & Mental Health Services Administration (SAMHSA)
- **System of Care Expansion & Sustainability Grant**
- Funded for up to 4 years at up to \$3,000,000 per year
- Awarded to Department for Behavioral Health, Developmental & Intellectual Disabilities
- Requires match/cost sharing
- Start date September 30, 2019

Grant Basics

- Established through federal law in the mid-1980s
- Created to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (**SED**), and their families
- Aimed at supporting implementation, expansion, and integration of the **SOC approach**
- Focused on both creating a sustainable infrastructure and providing behavioral health services and supports (hybrid)

Children's Mental Health Initiative

A **System of Care** is

- ✓ a spectrum of effective, community-based services and supports
- ✓ for children and youth with or at risk for mental health or other challenges and their families,
- ✓ that is organized into a coordinated network,
- ✓ builds meaningful partnerships with families and youth,
- ✓ and addresses their cultural and linguistic needs,
- ✓ in order to help them to function better at home, in school, in the community, and throughout life.

SOC Definition

The SOC should be:

- Youth- and Family-driven
- Community-based
- Culturally- and Linguistically-responsive
- Trauma-informed*

SOC Core Values

- Not an exact model to be replicated
- Not a single program, but a coordinated network of services across agencies
- Not a treatment or clinical intervention

What a SOC is NOT

- *Organizational framework* for system reform
- *Value base* for systems and services
- *A guide* to implement in a way that fits each state, tribe, territory, community
- *Flexible* for innovation
- *Adaptable based* on context and environment (political, administrative, fiscal)
- *Applicable* to different *age groups* (early childhood, youth and young adults of transition age), different *levels of need* (serious conditions, at risk), different *populations*, different child/youth and family-serving *ups*

What the SOC is = An approach

- Cannot just implement system-level changes and expect improved outcomes at the child and family level
- Practice changes are needed to improve child and family outcomes
- Must focus on increasing the effectiveness of services and supports by implementing evidence-informed and promising practices and practice-based evidence

System Change + Practice Change
= Improved Outcomes



Kentucky's Current Grant

SOC FIVE aims to improve behavioral health outcomes for children and youth (birth to age 21) *who meet criteria for SED and their families and who have child welfare involvement**.

Overarching Mission of SOC FIVE

**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.*

Child Welfare Involvement

Diagnosis (current version of DSM)

- a. Limitations have persisted for one year OR clinically determined will persist for one year without intervention in at least two of five life domains
- Self-care
 - Interpersonal relationships
 - Family life
 - Self-direction
 - Education
- b. Kentucky resident receiving residential treatment for an emotional disability through interstate compact,
- c. In DCBS custody and unable to maintain stable setting due to BH needs, OR
- d. Is under age 21, meets above criteria, and was receiving service prior to age 18 that must be continued for therapeutic benefit.

Purposeful alignment with Family First Prevention Services Act (FFPSA) and other child welfare transformation efforts

- Expansion of standardized behavioral health screening and assessment beyond out-of-home care population (Project SAFESPACE)
- Focus on Secondary Traumatic Stress among the child welfare and behavioral health provider workforce
- Supporting families to safely maintain their children and youth in the home
- Funds will support EBPs and targeted high-need services

Proposal Drivers

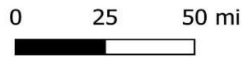
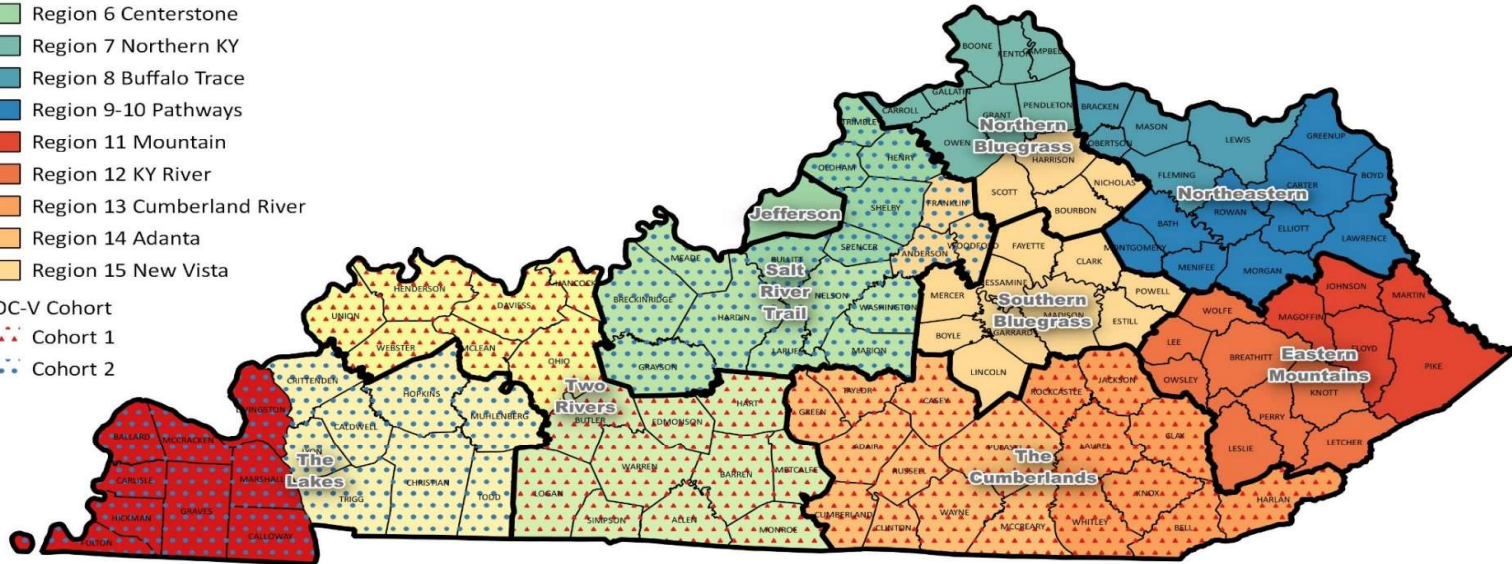
DCBS Service Regions, Community Mental Health Center Regions, and SOC-V Cohorts

CMHC Regions

- Region 1 Four Rivers
- Region 2 Pennyroyal
- Region 3 River Valley
- Region 4 LifeSkills
- Region 5 Communicare
- Region 6 Centerstone
- Region 7 Northern KY
- Region 8 Buffalo Trace
- Region 9-10 Pathways
- Region 11 Mountain
- Region 12 KY River
- Region 13 Cumberland River
- Region 14 Adanta
- Region 15 New Vista

SOC-V Cohort

- Cohort 1
- Cohort 2



Implementation Cohorts

- Dept for Behavioral Health, Developmental and Intellectual Disabilities
 - Project Director, Dee Dee Ward
 - Family Engagement Coordinator, Joy Varney
 - SOC Implementation Specialists (housed in DCBS regional offices), TBD
- Kentucky Partnership for Families and Children
 - SOC Family Leadership Coordinator, Amanda Metcalf
 - SOC Youth Leadership Coordinator, Dyzz Cooper
 - Training Coordinator, Melissa Elliot

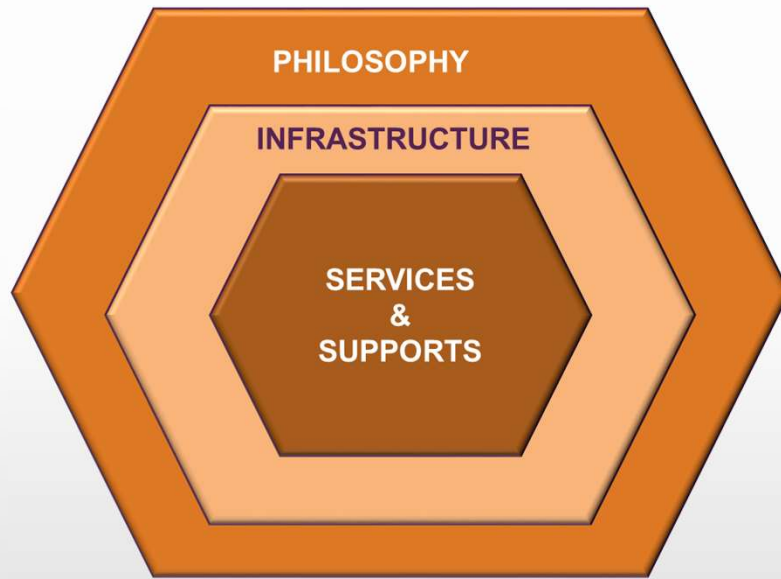
SOC FIVE funded staff

- September 2019, DBHDID received Notice of Award
- October 2019, State GMIT began meeting bimonthly
- February 2020, SOC FIVE Regional Kick-off Meetings were held in each of the two Cohort One DCBS Service Regions
- March 2020, COVID-19 forced changes in implementation activities and timeline
- April 2019, first Notice of Funding Opportunity was distributed for targeted high-need services
- Spring – Summer 2020, grant staff and state team hosted calls with regional CMHC and DCBS peer groups
- Spring – Summer 2020, RIACs in Cohort One begin work on Action Plan goal specific to population of focus and receive TA from SOC FIVE staff
- October 2020, second NOFO distributed
- October 2020, Regional GMITs begin meeting

Timeline to date

Success will require collaboration among state and regional child welfare and behavioral health staff, youth, families, and other partners.

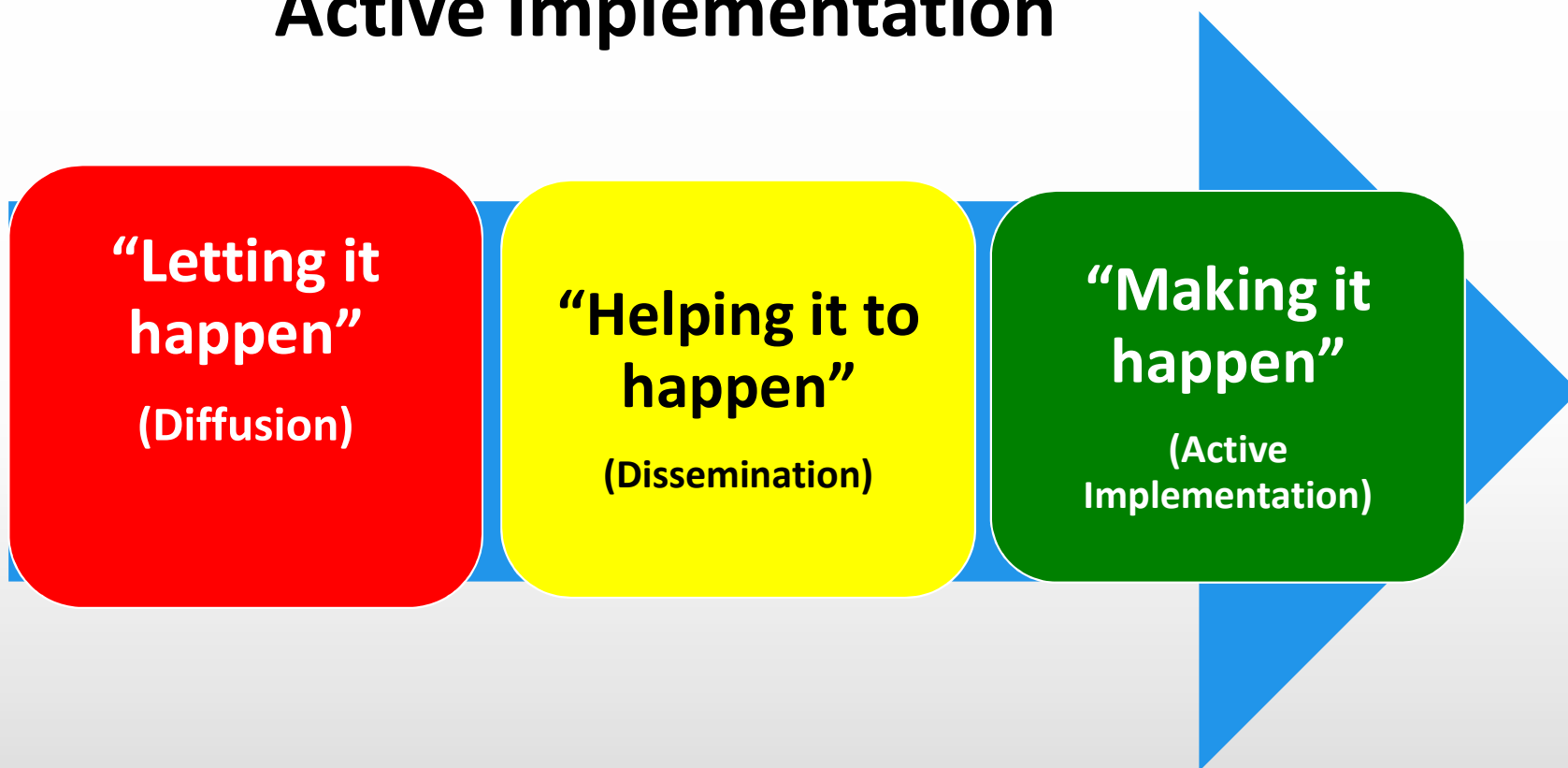
Collaboration: A primary focus of all goals



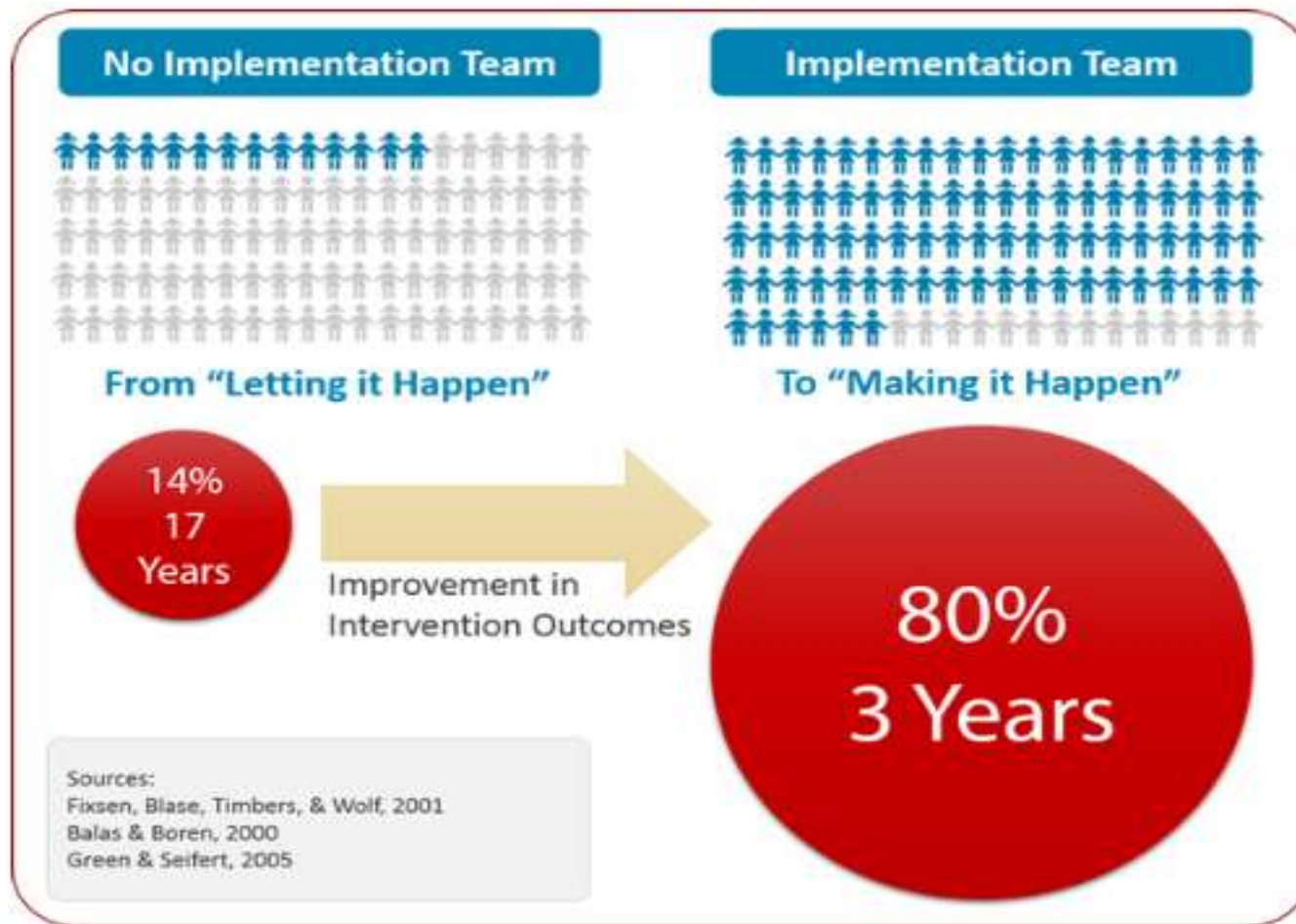
Overarching Grant Goals



Active Implementation



Importance of Implementation Teams



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

- 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.
- 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.
- State and Regional GMITs will meet at least monthly throughout the life of the grant.
- 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.
- 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, evidenced based/evidence informed (EB/EI) mental health services for the population of focus in the geographic catchments.

Population of Focus

- Children and youth (birth to 21)
- Meet criteria for Serious Emotional Disability (SED),
- Child welfare involved families: A child abuse and/or neglect investigation resulting in a substantiation or services needed finding; in-home case/DCBS does not have custody

Family First Prevention Services Act and System of Care Five Intersection

- Family First candidacy definition and System of Care Five target population align (in home case, child not in DCBS custody)
- Collaborating with agencies to address areas of needs or gaps
- Evidenced based practices delivered through in-home services (FPP, IFPS, FACTS, KSTEP, START)
- Family and child driven approach

Regional GMIT Activities

- Children and Youth in population of focus and implementation regions will receive standardized screening related to trauma, mental health, and substance use.
 - Individuals who meet established thresholds will be referred for an mental health functional assessment.
 - CHFS and GMIT members to develop and establish procedures for implementation.
- Regional behavioral health providers funded by the grant will participate in EB/EI Learning Collaboratives that correspond with contracted services.
- The regional GMIT will ensure the provision of culturally- and linguistically-competent (CLC), evidence-based *required*¹ mental health services.
- Local DCBS and contracted behavioral health provider agencies in the geographic catchments will conduct Secondary Traumatic Stress Informed Organizational Assessment (STSI-OA) and develop an accompanying action plan.
- CMHCs received funds to support and expand behavioral health services in their respective regions for the population of focus.
 - CHMCs and DCBS and other GMIT members will work collaboratively to identify children in the population of focus and identify areas of gaps in services.

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.

The regional GMIT will connect families to the KPFC Peer Support Centers.

The 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.

KPFC Peer Support Centers will convene at least two family- and youth-led focus groups to inform child welfare transformation efforts.

The regional GMIT and contracted behavioral health providers will promote and sustain youth and family participation at all levels of the system of care (i.e., youth and family participation on the GMIT and other agency committees, as peer support specialists, evaluation and budget decision-making bodies).

1. R-GMIT: Connect Amanda, Dyzz and KPFC's Peer Support Coordinators to parents being served that meet the grant population of focus.
2. Allow Dyzz and Amanda to train your RIAC and R-GMIT on their lived experience and on family- and youth-driven practices.
3. Identify at least one person from your R-GMIT to also participate on KPFC's family- and youth-driven workgroup.
4. Refer parents and transition age youth being served by family/child-serving agencies to KPFC's Peer Support Centers.
5. Continue to welcome Dyzz and Amanda in attending RIACs.
6. Allow Dyzz and Amanda to participate on R-GMIT until parent and transition age youth leaders can be identified, trained and supported.
7. Be the "go between" for KPFC's Peer Support Centers, Dyzz and Amanda by sharing KPFC fliers re: family and youth opportunities.
8. Encourage families and transition age youth in attending national and state-level conferences (System of Care Academy, Federation of Families for Children's Mental Health, etc.)
9. Ensure that peer support services are available for families and transition age youth that need it or request it.

Q&A

You have

Questions

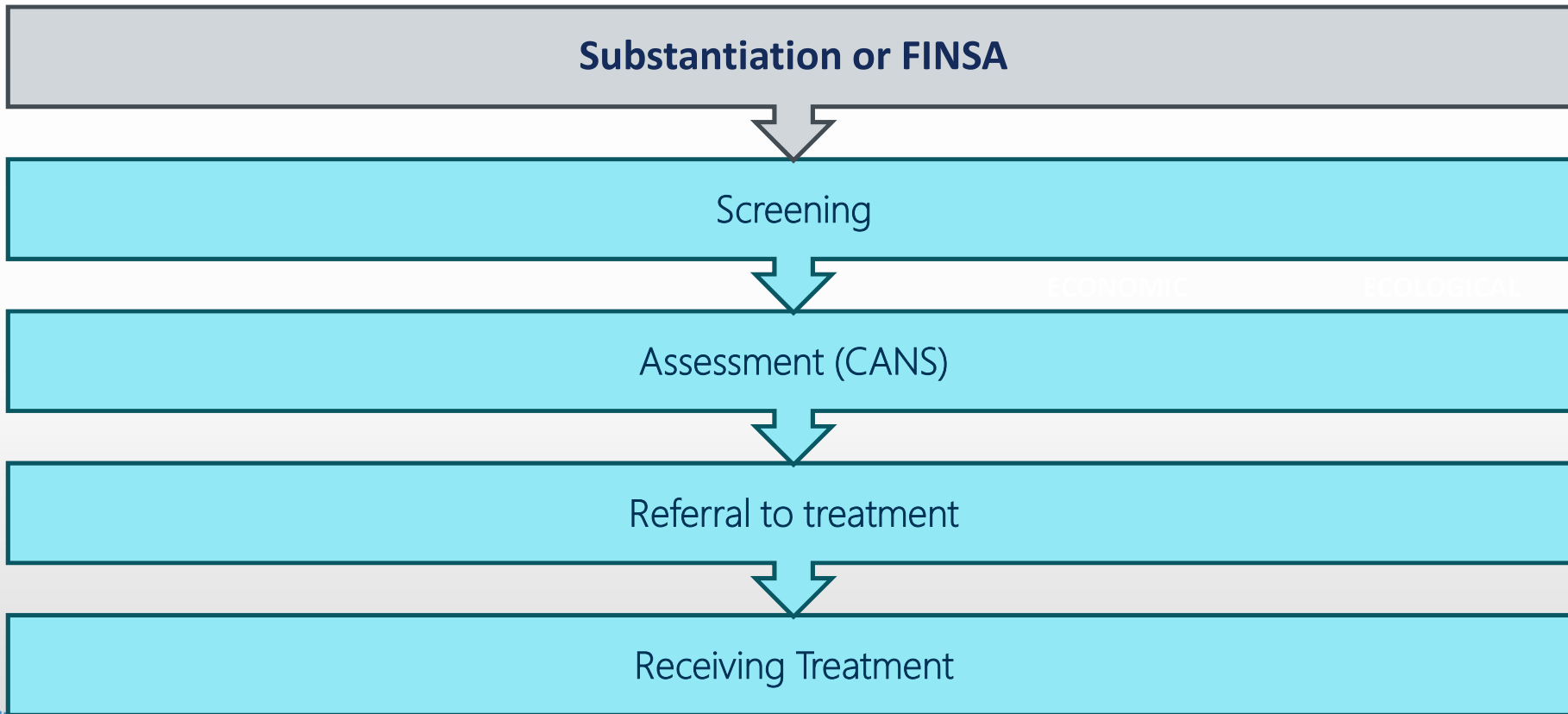
We have

Answers

R-GMIT First Item of Business

- **Grant Activity: Children and Youth** in population of focus and implementation regions will receive standardized screening related to trauma, mental health, and substance use. Individuals who meet established thresholds will be referred for an mental health functional assessment.
 - CHFS, Provider Agencies, and GMIT members to develop and establish procedures for implementation.
 - Current procedure for youth in OOHC.
 - Transfer to Youth In-Home with open DCBS case.
 - Determine implementation strategy.

Intervention Pathway



Schedule Next Meeting

Poll