**SOC-5 Cumberland Regional GMIT Meeting**

**11/23/20 at 2-4 p.m.**

Highlighted = tasks to be completed

**Welcome & Introductions**

Attendees:

|  |  |  |
| --- | --- | --- |
| Dee Dee Ward SOC 5 | Chithra Adams UK HDI | Kelly Minton KPFC |
| Dyzz Cooper SOC 5 | Sherri Estes-ADANTA | Mary Hajner, UK HDI |
| Bobbi Jones – CR RPC | Kasey Slagle – KPFC | Barb Greene KPFC |
| Greta Baker – CRBH | Bridgett Rogers - CRBH | Stephanie Mullins DCBS |
| Charlotte McGarrah DCBS | Joy Varney SOC 5 | Katy Mullins DCBS |
| Kelvin Bailey ADANTA | Carol Cecil | Amanda Metcalf |
| Carol Cecil KPFC | Tena Robbins | Katy Kirkland UK HDI |
| Billy Fore DCBS | Sherri Estes ADANTA RPC | Jennifer Warren DCBS |
| Shelli Mills CRBH | Denise Marlett CRBH | Jessica Ware UK HDI |
| Natasha Sanford ADANTA |  |  |

**Screener/CANS Roll Out**

* **DCBS Screener Process**
* Complete initial CANS within 30 working days
* CQI specialist will run report for in-home cases
* Determined all youth in the home to be screened.
* Laurel and Pulaski counties to pilot.
* Work-around needed since TWIST is not built to pull …in-home cases.
  + IT working on it.
* DCBS just print the report and write “in-home” on the top for now, before the send CMHCs.
* **Referral Process**
* Discussed whether there is a difference with release of information for in-home versus out-of-home.
  + For in-home, caregiver would have to give approval for treatment.
  + Discussed situation where refuses.
    - For SAMSHA, don’t have to document it, but for Implementation, need to track and see if we’ll need to regroup.
  + If the family denies, Billy confirmed it’s sent to a follow-up team and other services are routed.
* DCBS Screener will go through Debra Collins. She will send referrals to Kelvin Bailey of ADANTA and Bridget Rogers for CRBH.
* **CMHC CANS Process**
* CANS = Child and Adolescent Needs and Strength assessment
* Discussed needing to explain to families.
  + Need to have talking points about what the screener is and an explanation of the CANS assessment.
  + Carol Cecil reported they had created a brochure (as part of the grant) that could be presented to parents – needs editing to include in-home.
* CANS can be done for youth whether they have a DCBS case or not and whether they have a screener or not.
* Discussed whether to ask private provider to do the CANS.
* **Data & Evaluation**
* Discussed data points and what to document.
  + Completed screeners.
  + Completed referral for CANS.
  + Completed CANS.
  + Completed NOMS.
  + Refusals by families.
* HDI tracks and sends reminders (reassessment eligibility notifications).
* NOMs = National Outcome Measures tool.
  + Completed by child or caregiver.
  + Asks about health, function, employment, housing, substance abuse, social connectedness.
  + Done at intake and every 6 months.
* Kelvin Bailey discussed concern about whether the staff were doing the NOMs. They have been tracking the CANS but not the NOMs.
  + HDI will provide Kelvin the Consumer IDs of completed NOMs so he can compare to CANS.
    - HDI will continue to provide this list every Monday.

**Family & Youth Involvement**

Regional GMIT Goal Summary - 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.

* Levels of SOC: practice, program, policy
  + Practice includes peer support staff
  + Program includes Region GMIT
* There was discussion on how to get child welfare-involved families to the table.
  + More difficult because of allegation that parents have maltreated the child.
* Barb Greene from KPFC reported that as quickly as they can get referrals, peer support specialists are “ready to roll.”
* Peer support specialists can be the bridge to help families know about getting services.
* Having peer support with lived experience as the point of entry helps the family get over people being in their lives and helping them navigate the system.
* Peer Supports are trained in SMART recovery.
* Families are surveyed 6 months after stopped receiving services.
* Don’t require Diagnosis to qualify.
* Can be referred by anyone or self-referral.
* Billy will check to see when he can add KPFC Peer Support Center presentation to FSOS Agenda in January or February.
* Kelvin agreed to get the word out to staff about Peer Support services
* Barb has Peer Support brochures and can be contacted with any questions regarding Peer Support and Peer Support services.

**Grant Funded Services Update**

Hi-fidelity wraparound, intensive in-home, respite, and 24/7 mobile crisis.

* Discussed whether all these services need to complete a CANS.
* **KPFC** (Carol Cecil and Barb Greene)
* Peer support specialists are certified; entering their names into TWIST.
  + They start November 30.
  + They started at 10-20 hours per month; now, they’ll work 37.5 hours per week.
  + They’ll be at the COPE House (CR) 3 days/week and ADANTA 2 days/week.
  + A lot [was done on] figuring out how to get referrals going.
* Thought had to rewrite training to do leadership academy virtually, but it was approved.
* SMART recovery = Self Management and Recovery Training
  + Website: smartrecovery.org
  + Serve people who might be using and family/friends
  + Powerful support group for loved ones of people suffering from substance abuse.
  + For any addiction.
* **Cumberland River Comprehensive Center** (Denise Marlett and Bridgette Rogers)
* Met weekly with sub-team and came up with referral process.
  + How to handle internally
  + 7 days to set an appointment to get NOMs done and refer to peer support.
  + Designated data entry coordinator to ensure:
    - Therapists are staying on deadlines
    - Social worker and clinician start having communication
    - Complete the CANS and NOMs within 30 days.
      * Trying to give families some time for assessments because families are in crisis.
  + Set up cost centers to track data on services provided for grant.
  + Defining roles and chain of referral process:
    - Responsibilities of clinician, data entry coordinator, etc.
* Presenting at community partners meeting in February.
* **ADANTA** (Kelvin Bailey)
* Working on identifying SOV-5 kids
* Report tracking SED status
* Didn’t have cases with DCBS involvement
* Stopped clinicians who were calling families to ask if had DCBS involvement
* Looking forward to getting referrals from DCBS
* Going to implement 7-day deadline from referral to initiation
* Staffing issued:
  + Down a facilitator; supervisor taking on caseload
  + In desperate need of another high-fidelity caseworker
    - Dee Dee will share job announcement on listserv.
* **Other** (Dee Dee Ward)
* NOFO opportunities in process.
  + Hope to have more information in January
  + NOFO goes to all behavioral health agencies to target high-need services (high-fidelity wraparound, etc.)
* Evidence-based practice selection committee:
  + Hoping to have a meeting to discuss

**Schedule Next Meeting**

* Next meeting scheduled for December 21 at 1-3 p.m.