

# COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM

Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

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## GRANTEE PROGRESS REPORT – SUGGESTED FORMAT

Grant Number: 6H79M092203-01M001      Project Name: System of Care Expansion & Sustainability Grant

Reporting Period: 9/30/2019 through 9/29/2020

### I. Goals of the Project

During the reporting period did you submit a [Change in Scope Request](#)? Yes  No

*If yes please describe*

The goals of the grant remain:

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

**Goal 2:** Improve availability of and access to high quality, culturally- and linguistically-competent, evidence-based/evidence-informed mental health services for the population of focus in the geographic catchments.

**Goal 3:** Implement strategies to promote & sustain the voice of children, youth, and their families with child welfare involvement at all levels of the system of care.

Have there been any barriers to meeting project goals? Yes  No

*If yes please describe*

Barriers in implementing activities are listed by goal.

**Goal 1:** Kentucky experienced an administrative and party change at the gubernatorial level in 2019. This resulted in changes in state agency leadership including Cabinet Secretaries, Department Commissioners, and Division Directors. As a result, there was a delay after the election until new agency leadership could be approached to provide information about and obtain commitment to the grant. Additionally, the establishment and fulfillment of grant-funded positions was delayed. Another barrier is the inherent complexity in coordinating and streamlining changes to two large state systems (behavioral health and child welfare). Differing paperwork requirements, language, and timelines impeded clear communication. Cross-agency problem solving through partnerships at both state and local levels are addressing these issues as they arise.

**Goal 2:** Fewer behavioral health agencies than anticipated applied to provide grant-funded targeted high-need services in Year One. A survey disseminated to potential applicants after the funding opportunity revealed that the uncertainty of service provision during the COVID-19 pandemic, as well as other pandemic-related concerns, served as the largest contributing factor to their lack of application for funds. Another implementation delay during the reporting period was child welfare staff implementing behavioral health and trauma screeners with the population of focus and subsequent referrals to behavioral health providers for functional assessments. Most notably, the

COVID-19 pandemic caused a major shift in the way child welfare and behavioral health agencies met youths' and families' needs and adding additional expectations during a time of such transition was not feasible. Another barrier in screening and referral was adjusting proper procedures and documentation between agencies for the in-home population, as current procedures for screening and referral only pertain to children/youth who are in out-of-home care.

**Goal 3:** The System of Care framework, and in particular the value of involving youth and families in all aspects of the decision making is a new concept to Kentucky's child welfare agency. This, combined with COVID-19 restrictions, led to delays in both educating partners about SOC values and expectations and difficulty accessing youth and families to engage in implementation activities.

What success have you achieved towards project goals during this reporting period?

**Goal 1:**

- Kentucky's State Grant Management and Implementation Team (S-GMIT) was developed and began working within the first month of grant award. Membership includes stakeholders from: Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Kentucky Department for Community Based Services (DCBS), Kentucky Department for Medicaid Services (DMS), University of Kentucky Human Development Institute (UK-HDI), Kentucky Partnership for Families and Children, Inc. (KPFC), transition-age youth with lived experience, parent representative with lived experience, and System of Care FIVE grant staff. A team charter was developed to detail the purpose, time commitment, membership, and communication protocol. The S-GMIT also created an action plan that maps out grant goals, objectives, and activities and drives the work of the team.
- Two Regional Kick-off events were held to inform and prepare the providers and stakeholders in the geographical area of the grant.
- The S-GMIT submitted a policy recommendation to address unnecessary custody relinquishment to the SOC Governing Body, the State Interagency Council (SIAC), for inclusion in their 2020 Annual Policy Recommendations to Governor Beshear and the Kentucky Legislative Research Commission.
- The first Secondary Traumatic Stress Breakthrough Series Collaborative was held for child welfare and behavioral health agencies in the geographical catchment.
- Kentucky hosted the 7<sup>th</sup> SOC Academy, the first ever virtually, with over 700 participants, including 40 child welfare staff in attendance. Additionally, seven workshops included a total of 10 presenters with lived experience as service recipients within the SOC.

**Goal 2:**

- Safety net funds were contracted to each of the four Community Mental Health Centers (CMHCs) in the geographic catchment to support streamlining and prioritizing access to the population of focus upon referral. Funds were also included for Regional Interagency Councils (RIACs), for which the CMHCs serve as the fiscal agent, to support activities related to the population of focus in their action plans.
- Children and youth in the population of focus were identified for and began receiving services from the CMHCs during the reporting period.
- A Notice of Funding Opportunity (NOFO) for the expansion of targeted high-need

services was disseminated to CMHCs and child welfare-contracted behavioral health providers during the reporting period. Two agencies were awarded funding through this process. The services funded through this first NOFO process included Intensive In-Home, Targeted Case Management via High Fidelity Wraparound; 24/7 Mobile Crisis, and Respite services.

- Funding was allotted for technology to expand implementation of standardized behavioral health and trauma screening and functional assessment for the population of focus. Currently, screening and assessment is only routinely conducted for children who are in out-of-home care.
- Grant funds were allocated to support a Quality Improvement Collaborative (QIC) via Kentucky's Building Bridges Initiative (KY BBI). In-state congregate care (residential) provider agencies that participated in a QIC with BBI National will serve as coaches and mentors to other Kentucky congregate care providers.

**Goal 3:**

- The SOC FIVE Grant enabled the DBHDID to hire a Family Engagement Specialist and also supported KPFC in creating Youth Leadership Coordinator, Family Leadership Coordinator, and Training Coordinator positions.
- The family and youth positions partner with DBHDID program administrators and Healthy Transitions grant staff to attend Regional Interagency Councils (RIAC) with the goal of providing support in recruiting and retaining parent and youth representatives across the state.
- KPFC SOC FIVE staff provided a variety of virtual cafés during the reporting period including cafés aimed at youth; parents; fathers; individuals in recovery; and the community in general. The cafés are based on a model outlined by the Center for the Study of Social Policy and used in the Strengthening Families framework.
- KPFC and the RIACs created and disseminated Healthy at Home Activity Kits and/or Mental Health Resource Kits to approximately 1778 families to support them with tangible items and community resource information during the COVID-19 pandemic.
- KPFC opened Regional Peer Support Centers that employ full-time Peer Support Specialists in the geographical catchment to provide a flexible array of services and supports to families that is not always available from peers employed by behavioral health provider agencies.

**II. Child and Family Services/Supports**

Have barrier(s) to enrollment been identified? Yes  No

*If yes please describe*

**Barrier:** As listed in project implementation barriers, some provider agencies reported that the onset of the COVID-19 pandemic and uncertainty about what this would mean for their organizations prevented them from applying for grant funds to support the expansion of targeted high-need services.

**How addressed:** Information gleaned from a survey of provider organizations, staff, and executive leadership during the first Notice of Funding Opportunity (NOFO) was used to modify the second NOFO that was disseminated early in Year Two of the grant to address identified barriers.

**Barrier:** The COVID-19 restrictions also led to fewer in-person opportunities for education and outreach related to grant expectations and activities.

**How addressed:** Agencies and grant staff regrouped and adjusted outreach to include more virtual opportunities and platforms.

**Barrier:** Initial discussions of implementation of the standardized screening and assessment tools with the population of focus revealed confusion with both DCBS frontline and central office staff as well as CMHC staff

**How addressed:** Grant staff facilitated further discussion with regional DCBS and provider staff and supported several workgroups at the state level. These groups mapped out best practices, clarified paperwork and documentation requirements, and supported rolling out the screening process in limited counties within the geographic area to allow potential problems to be identified so that changes can be managed with minimal disruption to implementation prior to region-wide roll-out.

Was a needs assessment done during this period? Yes  No

*If yes what was learned from this assessment*

[Click here to enter text.](#)

### **III. System Level Coordination/Infrastructure and Management Structure**

Have there been any [changes in leadership](#) since the previous report, or application if this is the first report? Yes  No

*If yes please describe*

Kentucky's election of a new Governor in 2019 resulted in numerous leadership changes across Cabinets, including the Cabinet for Health and Family Services (CHFS) that houses the state child welfare and behavioral health agencies. An interim Secretary for the CHFS was appointed in December 2019 and became permanent in May 2020. While the Commissioner of DBHDID remained following the gubernatorial change, the Commissioner of the DCBS (child welfare) was vacant from November 2019 to July 2020 with no interim named during this time. While these changes in leadership have been positive, it did result in a delay in decision making regarding management structures, such as co-location of Regional Implementation Specialists within DCBS local offices; strategic direction, such as halting of some transformation work that had been initiated under the previous administration; and implementation protocol, such as standardized screening of the population of focus (in-home) by child welfare staff. These delays impacted the initial implementation of the grant during Year 1. Additionally, the Project Director for the grant resigned in July 2020 and was refilled in October 2020.

Have there been changes in the membership or authorities of the Governance Council this period? Yes  No

*If yes please describe*

The SIAC serves as the governing body for the system of care and, as such, the SOC FIVE grant. The SIAC is comprised of Commissioners/Directors of all the major child-serving agencies, a family advocacy organization, a parent and a transition-age youth. At the time of award, the SIAC was chaired by the Commissioner of the child welfare agency (DCBS). As noted above, the Commissioner role was vacant for 9 months following the gubernatorial change. Thus, the SIAC was chaired by a designee until July 2020. New Commissioners were appointed for the Departments for Medicaid Services, Juvenile Justice, Public Health, Education, and the Office for Children with Special

Healthcare Needs. These leadership changes have occurred at various times requiring individualized orientations for each to the System of Care framework as well as the SOC FIVE grant. Grant staff provided an overview of the grant as well as monthly updates.

Describe any linkages that have been instituted this period that address the development of infrastructure in your community that are not through a formal MOU/MOA. While the SIAC and RIACs serve as state and local governing bodies for the system of care, state and regional teams have been created as supportive infrastructure for grant activities. These teams, referred to as the State Grant Management and Implementation Team and Regional Grant Management and Implementation Teams, S-GMIT and R-GMIT, respectively, are comprised of key staff from the Community Mental Health Centers and other behavioral health organizations, local DCBS offices, Family Peer Support Centers, and other key stakeholders to provide local grant management and implementation support. The S-GMIT has established a team charter and R-GMIT team charters are in development to clearly delineate the functions of these teams and their relationship to the SIAC and RIACs as well as other interagency bodies. Protocol have been established to ensure coordination, communication, and alignment of system of care activities.

#### **IV. Cultural and Linguistic Competence**

During this reporting period have you added additional services or policies to address CLC needs of the population being served? Yes  No

*If yes please describe*

- When SOC FIVE grant staff wrote the required Behavioral Health Disparities Impact Statement they intentionally collaborated with DBHDID and DCBS in order to create a statement that would support efforts in both agencies aimed at identifying inequities related to race, ethnicity, age, sexual orientation, language, gender identity, and other demographics.
- The S-GMIT includes ‘Focus on Equity’ as an agenda item at each monthly meeting. During the reporting period, it requested and received child welfare data that is disaggregated by race and age and reviewed it to identify disparities at various contact points in the child welfare system.
- The Cabinet for Health and Family Services (CHFS), and each of the Departments within it, place a priority on racial equity work during the reporting period. These efforts were shared at S-GMIT meetings to ensure that grant efforts complement the ongoing work of DBHDID and DCBS as well as the CHFS.

Share examples of efforts made during this reporting period to include diverse populations in site activities (i.e.: appropriate translation of material, etc...)

- During the reporting period, a state-level team was formalized. The team was created to identify and mitigate barriers related to children who are Deaf or Hard of Hearing and have child welfare involvement. Historically, these barriers for this population are addressed in a reactive way, oftentimes when the young person is in crisis. It is hoped that the team will identify and address system level barriers that will allow for a proactive approach.
- During the reporting period, KPFC began initial discussions with a certified Family

Peer Support Specialist (FPSS) to provide Nurturing Parenting Program (NPP) as well as Parent Cafés in Spanish. This FPSS is bilingual and has provided peer support services to families who speak Spanish in the past. The plan was stalled due to the COVID-19 pandemic, however with the official approval from NPP to offer groups virtually, the proposal will be revisited in Year Two.

Were any barriers identified that would impede appropriate CLC services? Yes  No

*If yes please describe how they are being addressed*

**Barrier:** DBHDID staff identified a need to change the way ‘child welfare involvement’ is defined in the CMHC client data set. The current definition is too broad to identify the population of focus, limiting the ability to disaggregate CMHC data for the population of focus by race.

**How addressed:** An ad hoc group will work on updating this definition in Year Two of the grant.

**Barrier:** Behavioral health does not have a universal process by which individuals seek and obtain services, so system involvement by race cannot easily be examined at system ‘contact points’ as it can with other systems such as child welfare and justice.

**How addressed:** The Behavioral Health Equity Action Planning Group within DBHDID is planning to disaggregate data by service category to identify whether any racial, ethnic, or other cultural groups are over- or under-represented in services across the continuum (e.g., inpatient vs. outpatient; more vs. less intensive services; community-based vs. out-of-home)

**Barrier:** DBHDID and DCBS do not currently collect gender identity or sexual orientation data for recipients

**How addressed:** DBHDID is updating its CMHC client data set effective SFY22 to include additional elements in order to capture better data about gender identify and sexual orientation of those served.

## V. Family and Youth Involvement

Have any barriers to family and/or involvement been identified? Yes  No

*If yes please describe how they are being addressed*

**Barrier:** Family and youth involvement at all levels of SOC is a newly emerging concept in Kentucky’s child welfare system.

**How addressed:** Kentucky chose to be an early implementer of Family First Prevention Services Act (FFPSA) as part of its larger child welfare transformation effort. Activities of both those transformation efforts and SOC FIVE are supporting efforts to actively educate and engage families and youth in the process.

**Barrier:** RIACs continue to struggle with recruiting and retaining parent and youth representatives.

**How addressed:** SOC FIVE, Healthy Transitions grant, and DBH staff began providing RIACs with TA specific to identification and engagement strategies. They also initiated monthly peer discussions for existing parent and youth reps during the reporting period. These discussions explain expectations of them as RIAC members as well as support for parent and youth reps.

**Barrier:** There has been limited attendance by a family member or youth member not hired by a partner agency to serve on S-GMIT.

**How addressed:** Peer Support Center and SOC FIVE staff have planned recruitment strategies for Year Two.

## **VI. Evaluation**

Were there any barriers in implementing the evaluation this period? Yes  No

*If yes what steps are being taken to address these areas?*

Because regional community partners had to address the sudden challenges brought about by the COVID-19 pandemic in early spring, the implementation process, including data collection, was delayed. Key implementation metrics have been identified to address these emerging challenges, and these metrics will be reported at every Regional Grant Management and Implementation Team (R-GMIT) meeting.

How were the results and data being disseminated, with whom, and how is it being used for policy and or sustainability development this period?

An annual evaluation report has been developed. The report includes the policy, infrastructure, and client outcomes. The report will be shared with the State and Regional Grant Management and Implementation Teams at the next scheduled meetings. As part of the presentation, stakeholders will participate in a reflection activity to identify processes that need to be scaled for Cohort 2 and sustained for Cohort 1. Additionally, key implementation metrics will be reported at GMIT meetings.

Have the Annual Goals and Budget and all of the IPP indicators been entered into SPARS? Yes  No

*If no please justify*

[Click here to enter text.](#)

## **VII. Technical Assistance and Training**

*Describe training activities which have occurred in your community since the last report.*

- State GMIT members provided two kick-off events in the geographic catchment area, providing an overview of the SOC framework, the SOC FIVE grant, and their role in implementation.
- The SOC Academy in 2020 provided virtual training opportunities with the theme of *Strengthening Families . . . First*. While it was the seventh offering of SOC A, this was the first year it was offered virtually. Over 700 participants representing SOC agency partners, families, youth, and other interested parties attended.
- SOC FIVE and DBH staff attended a learning collaborative opportunity through University of Kentucky - Empowering Young People for Change
- The Family Engagement Specialist attended an intensive training offered by the University of Kentucky: Developing an Anti-Racist Mindset
- KPFC Staff provided trainings to approximately 595 caregivers and community members. Trainings included Challenging Behaviors, Communication Styles, Building Natural Support, CRAFT, Understanding Anxiety and Learning Coping Skills, Reactive Disorder, Beyond the ACES, Grief and Loss.
- SOC FIVE staff participated in Project Supporting Children of the Opioid Epidemic (Project SCOPE) offered by UK-HDI. Project SCOPE is a nationwide initiative to train interdisciplinary teams in high priority states on evidence-based practices in

screening, monitoring and interdisciplinary care for children impacted by Neonatal Abstinence Syndrome (NAS), trauma, or related exposure. This initiative builds provider capacity and closes gaps in access and delivery of quality education, treatment, and support services for young children, aged 0 – 5 and families. The SOC FIVE Family Engagement and Family Leadership Coordinators both participated and served as co-facilitators of regional discussion groups, using their lived experience and expertise to enrich the discussion and support the SOC value of being family- and youth-driven.

- The Racial and Ethnic Disparities (RED) Standing Committee of the SIAC hosted the *Justice for All: Moving from Protest to Policy* panel discussion series. To date, three panel discussions have been held with key state leaders, including Legislators, Cabinet Secretaries, Court Administrators, and Commissioners.

### **VIII. Sustainability**

Has your sustainability plan been developed/revised during this period? Yes  No

*If yes please describe*

Have you had a change in match fund allocations or sources this period? Yes  No

*If yes please describe*

[Click here to enter text.](#)

### **IX. Lessons Learned**

Please describe lessons learned or accomplishments your community has experienced this reporting period that you would like to share.

The most impactful lesson learned during the reporting period is that attempting massive system change during a worldwide pandemic is fraught with barriers that cannot be anticipated.

A significant accomplishment during the reporting period is the level of collaboration between the state child welfare and behavioral health agencies. It is a result of intentional inclusion across initiatives and at state and local levels. Without this, implementation would be impossible.

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If you have any questions regarding the preparation of this progress report please feel free to contact your Government Project Officer.

Revised 8/11/16