**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.

**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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| Attendees |
| |  |  |  | | --- | --- | --- | | Maxine Reid | Natasha Sanford | Hannah Tucker | | Katie Kirkland | Mary Hajner | Deborah Hampton | | Dee Dee Ward | Monica Hoskins | Billie Fore | | Shellie Mills | Denise Marlett | Chithra Adams | | Amanda Metcalf | Debra Collins |  | | Dyzz Cooper | Stephanie Mullins |  | | Greta Baker | Barb Greene |  | |

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| 1. **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. (Practice, Program, Policy levels) | | |
| Recruiting Family and Youth members:   * + Follow up Action Item – Youth Flyer     - Members wanted to further define ‘Transitional Age’ youth for the viewer     - Approximately 16-25     - Members did not want a Youth working on a project which would end within six months to be removed because they turned twenty-six years old     - Members assisted with editing the flyer including font, font color, typos and adding a contact | | |
| Action Items | Person Responsible | Deadline |
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| 1. Training Opportunities | | |
| Training Institute Workshops[**https://theinstitute.umaryland.edu/2021traininginstitutes/schedule/**](https://theinstitute.umaryland.edu/2021traininginstitutes/schedule/)   * May Workshops:   + The Coach Approach Model: A Workforce Development Strategy that Changes the Conversation   + Operationalizing the System of Care Approach in Juvenile Justice: Partnerships with Youth and Families   + Strategies for Certifying Parent and Youth Peer Support Providers   + Supporting Grandparent – and Kinship-Led Families   + Using Data for Equity: Creating Capacity for Data-Driven Decision Making * June Workshop Opportunities from Training Institute:   + **Operationalizing Family Engagement & Leadership: Foundational for Effective Systems of Care** Family Partnerships in Systems & Services   + **Integrating Effective Residential Interventions within Systems of Care** Residential Best Practices   + **Systems of Care: To Infinity & Beyond** Evolution of the Systems of Care Approach   + **Creating Models of Care for Indian Youth: Lessons from 20 Years of Circles of Care**   Systems of Care in Tribal Communities   * + **Implementing High Quality Early Childhood Mental Health Consultation** Trends, Research & Workforce Development   + **Transforming Residential Interventions: Data-Informed Practices** Best Practices & Tools | | |
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| 1. Data & Evaluation – Katie Kirkland | | |
| April’s CQI Metrics:   * Screeners completed - 12 * Referrals made for CANS - 4 * Number refused Screeners – 28 * Number of initial CANS completed – 1 * Number of children/youth referred to services/treatment based on CANS – 1 * Number of children/youth receiving services or treatment after referral – 1 * Number of baseline NOMs completed - 3   + DCBS staff clarified that the number of refusals for screeners was so high because many families reported that they already had services in place and want to remain with current providers.   + Members asked if the data is broken down by county and it is currently not. Pulaski and Laurel data are combined for the region.   + A question was asked about the families, for the youth who have services in place, if there is any follow-up with services reported. DCBS clarified that they do collateral contacts to ensure the family is actively receiving services.   + KPFC pointed out that is a great time to do a plug for peer support. Barb asked if they have provided enough information and resources. DCBS reported that they share the referrals and brochures with staff and clients in family preservation and that they have adequate materials to share.   + Katie (HDI) shared Behavioral Provider data. Barb noted KPFC is working with Adanta. The Cumberlands (BHP), wanted to make sure they have not missed any referrals since DCBS reported doing 4 referrals in April, but only 1 initial CANS assessment was reported as completed. Dee Dee reminded the team that clinicians have 30 days to refer to services and that discrepancies in numbers screened in/referred can be caused by this timeframe. (Debra Collins was able to clarify numbers for CRBH by email during the meeting). * **REMEMBER:** staff can refer families to BHP for CANS and services with OR without DCBS Screener in every county of the region. Utilize BH referral form, send to CMHC gatekeeper (not DCBS Gatekeeper). | | |
| Action Items | Person Responsible | Deadline |
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| 1. Service & Referral Updates (Accomplishments & Barriers) | | | | |
| * DCBS Screener – Ongoing staff will be completing screeners (This is a transition from the investigative team completing the screeners), Billy Fore met with Pulaski and Laurel counties. This change will begin June 21st. * Beginning June1, Rockcastle and Whitley County will implement screeners, then 3-4 counties will be added each month so within several months the whole region will be implemented. * Successes – There is a plan for expanding DCBS screening processes * Barriers – Many families already have services in place resulting in CANS refusal/denial. * Screener Brochure (for parents) Update –Maxine has the brochures in hand and will be delivering them over the next week. There is a need for the brochures to be available in Spanish. | | | | |
| **Action Items** | | **Person Responsible** | **Deadline** | |
| Arrange for delivery of brochures to DCBS offices | | Maxine | May 21st | |
| Have brochures available in Spanish | | Dee Dee | ASAP | |
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| 1. Other Agency Updates | | | | |
| v SOC FIVE  Ø  Regional GMIT Charter presented for discussion  Ø  Members reviewed the charter and agreed that it was complete  Ø  Community Partner meetings are going well  Ø  Maxine will be reaching out to local FRYSC  v DCBS  Ø  No additional updates   * CRBH   + Every year they have run a summer program, this year they are working with each individual school to match service needs. Transportation is the biggest barrier at this point due to Covid restrictions.   + Through RIAC they received money for the population of focus. This year a subcommittee was created and an activity box for families in SOC-FIVE services. The box will include games, activities, treats, conversation topics and resource materials. Up to 25 boxes will be created and will be on standby. * ADANTA   + Providing funds for 12-15 staff to attend SOC Academy planning to attend DCBS meetings to inform on services. They too will be providing bags with activities/items. * KPFC   + Hiring process to fill peer support positions in new regions.   + KPFC noted an increase in referrals for peer support services in the Cumberland Region.   + Leadership Academy is being planned for July/August. Please refer youth to Dyzz. Cafés are still active.   + Presented at CQI forums, shared lived experience with over 2,000 people and received great feedback. DCBS members requested a copy of the recorded training to share with other staff. | | | | |
| Action Items | Person Responsible | | | Deadline |
| Provide recording of Lived Experience Presentation to DCBS | Dyzz | | | May 30 |

**NEXT MEETING**: June 10, 2021 1pm EST