**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 |
| |  |  |  | | --- | --- | --- | | Dee Dee Ward | Dyzz Cooper | Leslie Hughes Burgess | | Maxine Reid | Mary Hajner | Billie Fore | | Katie Kirkland | Denise Marlett | Jessica Ware | | Shellie Mills | Debra Collins | Amanda Miller | | Amanda Metcalf | Stephanie Mullins | Monica Hoskins | | Greta Baker | Barb Greene | Joy Varney | | Bridgett Rogers | Mary Hajner | Jill Owens | |

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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:   Barb shared that there are two youth and one parent who are advancing into leadership roles. One specifically came as SOC FIVE client in Cumberland Region. Family recruitment flyer was previously shared with the team since no feedback was received from the team; the document will be shared/distributed as is. | | |
| 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/)   * August Workshop Opportunities from Training Institute * Implementing Mobile Response and Stabilization Services * Coordinating Systems to Meet the Needs of Children and Families Impacted by the Opioid Crisis * Strategies for Implementing and Expanding Effective Youth Peer Support Services * Implementing Intensive Home-Based Treatment * A Culture & Practice Change Effort Around Serving LGBTQ+ Youth and their Families | | |
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| 1. Data & Evaluation – Katie Kirkland | | |
| June’s CQI Metrics:  **DCBS Data**   * Policy Changes - 0 * Outreach – 242 (total number of people involved with workers discussing screeners with families and children) * Screeners completed – 87 * Referrals made for CANS – 24 (63/87 did not screen in for the CANS) * Number refused Screeners – 23 either denied the screener OR the CANS after the screener. * Debra stated that she would be able to separate the 23 refused:   + 7/23 denied CANS     - 16/23 denied the screeners * DCBS reported that screener brochures are being utilized with clients * Peer support might be able to get families engaged on the front end to help families. * Joy stressed the need to recognize parent voice. * Barb suggested we look at denials by percentages for more insight. * Billy F. suggested denials for screener seems high and is curious if delivery from frontline staff plays a role. * Denied screeners were, for the most part, children already receiving services. * Shellie Mills asked where families are going for services. * Debra Collins reported:   + 3 went to CRV   + 3 went to Adanta   + 5 to Somerset   + 3 to Entrust   + 3 were held for behavioral health forms   Private providers did approximately half of the assessments. Dee Dee will discuss with the grant management team about reaching out to private providers about assessments completed.   * Leslie asked if the data will be disaggregated by race.   + Leslie asked if Race is collected on the NOMs; Katie answered, yes.   + Race is not always collected in TWIST. Billy Fore asked if the screener collects race information and suggested that it might be added to the referrals. Leslie will follow up with Dave Gutierrez * Members asked for clarification on why the screener is voluntary   + Stephanie Mullins explained that DCBS doesn’t have parental rights to dictate services for children not in custody. This is considered a service and parents have the right to deny their children this service.   + RGMIT Members discussed making the DCBS process less punitive and more engaging; noting that if the screener is mandatory the screeners might be invalid and that we must protect parental choice.   + Dee Dee noted the intention of moving the screeners to ongoing team was to allow a more focused, slowed down approach to getting the families services needed to keep youth in-home.   **BHP Provider Data for June**   * Number of Policy Changes = 0 * Number of Outreach Efforts = 20 reported by Adanta and 30 reported by CRV. * Number of initial CANS completed – 0 * Number of children/youth referred to services/treatment based on CANS – 0 * Number of children/youth receiving services or treatment after referral – 0 * Number of baseline NOMs completed – 1 from Adanta * Katie screen-shared the SOC FIVE Services Intervention Pathway and reminded everyone that the NOMs needs to be completed within 7 days of the client receiving service(s) based on a referral from the CANS. Also, we need to track all services—high-need and services that are not high need (like group).   **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. Monthly Service Delivery Update | | | | |
| **DCBS:**   * **Which new counties are you implementing this month?**   Knox, Clay, Casey and Taylor   * **How many counties are currently completing screeners?**   Laurel, Pulaski, Rockcastle, Whitley, Knox, Clay, Casey, and Taylor (8 counties total)   * **How are frontline staff responding?**   Increase on workload causes some delays but Debra provides support and reminders for staff to help them submit screeners within the timeframe.   * **Anything we can do to help?**   Debra is doing a great job but she may need support as counties are added and her workload increases. SOC team needs the new community partner list so we can continue attending those.  **BPH: (CRV)**   * **How is staffing for SOC FIVE services?**   No turnover, Bridgett is back from maternity leave; only issue is getting referrals.   * **Any policy changes?**   No policy changes reported this month.   * **Outreach:**   RIAC agenda always discussing SOC V Community event in Whitley County discussed SOC V services. Two referrals received this week (siblings)  SOC FIVE kits for clients are ready to give out to families. | | | | |
| **Action Items** | | **Person Responsible** | **Deadline** | |
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| 1. Other Agency Updates | | | | |
| v SOC FIVE  Cohort 2 Kickoff – Invited everyone to register/join as they can; may be asking some people to help with presentations:   * + July 29 – 1st day (full day) with both regions – Keynote speaker   + August 4-5 – The Lakes (1.5 days)   + August 11-12 – Salt River Trail (1.5 days) * Dee Dee asked for the group to share any policy recommendations that would benefit the population of focus to send to SIAC and ultimately to the Governor.   v DCBS  Ø Shared new kinship program for relative and fictive kin caregivers: KIN VIP Support Group, a virtual support group open to anyone across the state.   * CRBH   + No further update * ADANTA   + No update available * KPFC   + Strategizing engagement with families, leadership academy starting this month; gift baskets have been prepared   + Please send referrals: [referrals@kypartnership.org](mailto:referrals@kypartnership.org) * RIAC   Collaborating with FAIR team | | | | |
| Action Items | Person Responsible | | | Deadline |
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**NEXT MEETING**: August 12, 2021 1pm EST