**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 (22)** | | |
| Dee Dee Ward | Carol Cecil | Maxine Reid |
| Leslie Hughes Burges | Kelly Bradshaw | Jessica Ware |
| Amanda Metcalf | Dyzz Cooper | Clarissa Allen |
| Tracy DeSimone | Mary Hajner | Sherri Staley |
| Kate Overberg Wagoner | Chris Cordell | Michelle Niehaus |
| Chithra Adams | Vestena Robbins | Christa Bell |
| Beth Jordan | Joy Varney | Jennifer Warren |
| Ayanna Coates | Mary Carpenter | Joy Varney |
| Sherry Postlewaite | Jenny Thornhill | Katy Mullins |
| Ann Hollen | Katie Kirkland |  |

***Note: switching to Zoom platform for meeting starting in August***

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| 1. **Focus on Equity** | | |
| SOC FIVE Racial Equity Change Team:  GARE Tool   * Developed for local governments to use to add a racial lens being used in work. Could be used to look at activities being completed through SOC FIVE. * Leslie working on developing a training on GARE.   + We will be using the GARE as a part of the contract with Dr. Kelly Pryor and that will include trainings on implementing the GARE. * CORE Opioid response has a funding opportunity <https://nspirechange.org/empowering-communities-grant/>   + Please share with diverse community partners * Tena updated on the status of the contract with Dr. Stephen Kniffley which includes racial trauma awareness sessions open to all SOC partners (state-wide focus), A follow up opportunity for any agencies interested in implementing racial trauma therapy, as well as training racial trauma therapy for 12 and under. The contract is still under consideration by the Finance Cabinet. | | |
| Action Items | Person Responsible | Deadline |
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| 1. **R-GMIT Updates** | | |
| Regional GMIT CQI Metrics document (Oct. 2020- June 2021) was shared and discussed by Dr. Adams.   * Outreach is going well, biggest numbers in outreach. * Number of screeners are going up steadily * Looking at overall numbers, the intervention pathway is tight; what needs to be tightened is the connection between the two systems.   + Dee Dee noted the number of families who are denying CANS and asked a follow up question about screener validity over time; members clarified that if the client screens in, a new screener is unnecessary unless there was a major change in placement or new traumatic event. * Outside providers will be approached and invited to the GMIT as they are completing CANS on DCBS youth. * Numbers of youth who do not screen in for the CANS are currently not calculated and will have to be added to the CQI metrics. * No policy recommendations have been made by the RGMIT, Beth and Tena discussed creating prompts to help RGMIT members think through what could be considered a regulation or policy change. * Disaggregating Screener Data by Race: Dee Dee asked if race was a mandatory field and Mary C. and Tracy reported that they believed it was.   Leslie asked CMHC HR data to determine race of providers; members noted that we may not have this data in the HR dataset and that to request this information we would need each providers ID#s. Leslie clarified that she was thinking of the primary providers and also in terms of policy and practice issues and mentioned a training on providing behavioral health services to those of differing races and shared a relevant study:  [The Multidimensional Model of Broaching Behavior - Day‐Vines - 2020 - Journal of Counseling &amp; Development - Wiley Online Library](https://onlinelibrary.wiley.com/doi/abs/10.1002/jcad.12304#:~:text=Rodolfa%2C%202014).-,Day%2DVines%20et%20al.,impact%20the%20client%27s%20presenting%20concerns.)  Implementation Specialist updates:  Cumberland: Flyer for recruitment of family representation at RGMIT has been developed and shared.  Two Rivers: River Valley has updated and simplified their referral form and send an initial draft to Kelly after discussion with DCBS staff. | | |
| Action Items | Person Responsible | Deadline |
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| 1. Subcommittee Work & Updates | | |
| * Cohort 2 invites include TAYLRD (Paducah), CDWs/CDSs & FAIR teams * Learning Collaborative: Practicewise training opportunity will open up to all CMHCs, even those outside SOC FIVE regions. * Notice of Funding Opportunity for the regions will be shared, please share widely. * Unnecessary custody relinquishment committee met yesterday talked about barriers and purpose of the meeting, in the process of developing a charter, identified some who need to be invited. * LEAD in KY (2 meetings) so far very engaged and motivated group   Policy recommendations:   * In previous meetings members asked about telehealth regulations; Sherry (Medicaid) confirmed that anything that was telehealth pre-Covid will continue. * There is an existing workgroup focused on telehealth who are advocating for continued telehealth, we can request an update. * With the increase of screeners do we need to look at increasing support for increased workload?   + TWIST/KIDNET has been updated for out of home clients. Out of home referrals go directly to CMHCs through this automated process. * TCOM Conference Annual national Conference Oct 6-8 in Lexington $150/day   + Lizzy will be presenting on how we are using CANS data (Not to include SOC at this time) | | |
| Action Items | Person Responsible | Deadline |
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| 1. Agency Updates | | |
| * DCBS   + Cohort 1 has roll out plan that includes all counties by Sept. 1, 2021 * KPFC   + 2nd Annual Virtual Leadership finished recently; went very well   + Hired new staff for new regions * Medicaid * Continuing work on telehealth piece * MST pilot all MCOs are participating at least one other provider will join and will be independently evaluated. * Working on CBCHC (Certified Community Behavioral Health Clinics)   + KY is 1 of 8 states part of a federal demonstration. This demonstration is to establish a new provider type that meets rigorous certification criteria indented to increase quality & includes a prospective payment system. Still testing this model, but it looks promising. Kentucky has 4 candidate centers. * Managing things with DCBS * DBHDID * CORE grant opportunity (previously shared) * UK HDI * No further update | | |
| Action Items | Person Responsible | Deadline |
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**NEXT MEETING**: Thursday, August 19th at 1 p.m. ET