**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 |
| |  |  |  | | --- | --- | --- | | Kelly Dorman DBHDID | Dede Sullivan, DCBS | Jacquelyn Craig, Seven Counties | | Dee Dee Ward, DBHDID | Denita Moore, DCBS | Jen Hardigree, Seven Counties | | Tammi Taylor, DBHDID | Tina Olsen, DCBS | Amanda Goodlett, Seven Counties | | Maxine Reid, DBHDID | Jennifer Warren, DCBS | Amy Jennings, Communicare | | Joy Varney, DBHDID | Jessica Ware, UK HDI | Rhonda Walters, Communicare | | Maxine Reid, DBHDID | Hannah Hyatt, UK HDI | Andrea Sheroan, Communicare | | Vestena Robbins, DBHDID | Josh Swetnam, Boys and Girls Haven | Barb Greene, KPFC | |  | Nicole Crenshaw, Boys and Girls Haven | Deanna Frazer, KPFC | | Andrea Pike-Goff, FRYSC |  | Kerry Goodman, KPFC | |  | Randa Bush, New Vista | Amanda Metcalf, KPFC | |  |  | Dyzz Cooper, KPFC | |

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| 1. **KIDnet and Twist Update- Lizzie Minton** | | |
| Lizzy Minton gave an overview of TWIST and KIDnet system to members   * Not a huge change adding a date and timeframe in the system   + Very few changes to KIDnet system * Referral form is in TWIST on the same screen as the screeners,   workers must mark that they have a release of information but do not need to upload   * DCBS will have access to their CANS summary report   Dee Dee Sullivan- we will need a tip sheet for our workers   * + Screeners will be a part of the Investigative process when they know they will be opening a case * One RMGIT asked: How do we know where the referral goes?   + DCBS selects the provider in the system—so we should be able to capture that from the management system * Referrals to specific providers selected in TWIST, services needed based on CANS assessment * CANS referrals to agency currently come from regional office * Seven Counties does not have access to TWIST (in process of interfacing KidNet to their system) * Will need to explore funding source to get referrals streamlined from TWIST to agencies (2022 Goal)   Process for out of home care currently: Liaison to make sure the referrals get processed. | | |
| Action Items | Person Responsible | Deadline |
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| 1. Implementation Discussion & Checklist Review- Dee Dee, Kelly & RGMIT | | |
| July safety net contract are already providing services.   * + If you already provide these services, you can start counting those clients and completing NOMs   March first—Implementing region wide, through the investigative mode.  Boys and Girls Haven Update   * Have not hired for the position yet, new staff will need to be trained in CANS   + Lizzie is hosting training on Jan 12, and will invite Josh’s staff   Seven counties, Communicare and New Vista staff have been CANS trained  Items were marked ‘not in place,’ ‘partially in place,’ or ‘fully in place’ on the checklist which was screenshared with members.   * Checklist will be used again as items move from ‘partially in place’ to ‘fully in place’. | | |
| Action Items | Person Responsible | Deadline |
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| 1. Identifying current population of focus for service- RGMIT | | |
| Q: Regular non-CANs client enters services and weeks go by before we realize they are in the population of focus; do we go on and do the CANs?  A: yes, you can go back 90 days you have 30 days to do the CANs with referral from DCBS  Go thorough EHR the past 90 days and filter SED diagnosis.  Starting in July 2022 A change is expected to happen in the providers’ systems that will make it easier to identify DCBS Involvement vs. Family support clients   * Identifying clients who meet the population of focus but were not referred from DCBS is a bit of a treasure hunt. * Jen H.—filtering SED and DCBS involvement in EHR system   + anyone can enter information into that system. * Kelly wanted to set realistic expectations   + By January how many kids would we expect to see- percentage of their cases/staff? * 770 DCBS numbers of in-home kids in the region   + Goals will depend on regional numbers * DCBS report shows how many active in-home cases and why they are open broken down by county   + Amanda G.would like that info for the RIAC * FRYSC have their own data set which will be valuable * Kelly encouraged providers to put a goal of clients served into the chatbox   + No consequences if goals are not met | | |
| Action Items | Person Responsible | Deadline |
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| 1. Active implementation/implementation Science- Dr. Robbins | | |
| Active implementation- concepts and approaches from implementation science—why are we doing things this way?   * Multiple disciplinary approach * 3 Types of Implementation   + Letting it happen (diffusion)   + Helping it to happen (dissemination)   + Making it happen (active implementation)   Dr. Robbins- the fact you have implementation specialists dedicated to your region is new and had not happened in the past; you all are a part of an expert implementation team.   * Building a cohesive team is vital * Dr. Robbins cited research in which compared “letting it happen” vs. Implementation team   + Those without an implementation team achieved 14% fidelity in 17 years   + Those with an implementation team were able to achieve 80% fidelity in just 3 years | | |
| Action Items | Person Responsible | Deadline |
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| 1. HDI Team & Data Training | | |
| Most of Salt River Team has been trained-- if you were unable to attend January dates are available.   * Kelly D. will share January dates via email today. * Please reach out to Jessica W. if you would like to sign up for a January date. * CQI emails will be sent out this week with data reporting instructions, please reach out with any questions. | | |
| Action Items | Person Responsible | Deadline |
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**NEXT MEETING**: **January @ 1:00 p.m. EST. ZOOM format**. **SOC Website**:

[Kentucky System of Care V – Improving Outcomes for Children, Youth, and YoungAdults with Mental Health Challenges and their Families (hdiuky.net)](https://urldefense.proofpoint.com/v2/url?u=https-3A__socv.hdiuky.net_&d=DwMF-g&c=jvUANN7rYqzaQJvTqI-69lgi41yDEZ3CXTgIEaHlx7c&r=vvdmQRqAiuDcGaPiU7F_XLazHk28PX23BPOJTCMBmeg&m=fH4FapPknOPJXNWyToXVHIflnd3tAQ4AMBaUAshD2-U&s=1GgSvgR-o0dUEsMiwWTPb7MdQFGknVmua3SCSqCSlcY&e=)

Housekeeping items

* Items outside of SOC FIVE I will include RGMIT list serve as FYI
* Themes for each RGMIT starting in January- BHP focus to ensure we all understand the services and where they are available
* February- highlight the youth and family