**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 | Sherri Estes | Billy Fore | | Maxine Reid | Bridgett Rogers | Leslie Hughes | | Shellie Mills | Denise Marlett | Tammi Taylor | | Kelvin Bailey | Debra Collins | Amanda Miller | | Stephanie Mullins | Beth Jordan | Monica Hoskins | | Barb Greene | Jill Edwards | Kelly Dorman | | Laketa Gray | Dyzz Cooper | Tammi Taylor | | Joy Varney | Amanda Metcalf | Kelly Bradshaw | | Kelly Minton | Amanda Metcalf | Jessica Ware | | Asia Barrett | Katie Kirkland | Jeremy Pope | |  |  | Katie Kirkland | |

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| 1. **KPFC Peer Support Update/Discussion** | | |
| KPFC Peer Support Specialists are advocates for lived experience   * https://kypartnership.org/ * Operating 6 peer support centers * Spent 1st year on infrastructure (for example, hiring staff--12 staff total); spent a lot of time on planning and implanting services. * 50% funding from block grant and 50% SOC FIVE funds * Cumberland region has done a wonderful job referring families to peer support * 50% are SOC FIVE clients (children in home); almost half of clients having children in out-of-home placement. * Creating direct referral online (Coming soon) * Biggest barrier is making initial contact with families   Discussion:  Maxine- would be interested to see/share more data with the team  Barb- Please let us know what you would like to see  Dee Dee – disaggregate data by race and age of child  Leslie Hughes asked in the chat: if data will be presented disaggregated by race/ ethnicity now that TWIST and KIDnet are integrated.  Beth Jordan: We will most likely have to wait until the number is high enough to disaggregate without being able to tell who the children are.”  Barb noted how we should have the 2021 report with some information in time for the next R-GMIT.  R-GMIT members also requested ages of referrals. But the referral is usually with the parent.  Billy Fore- I like the idea of disaggregating the data by referral source and for DCBS, would be interesting to see how many families and youth are referred from local offices, so we can follow up with an office if they are not utilizing the service.   * Also, for DCBS purposes, what trends are you seeing as to barriers for contacting families? For example, DCBS not including correct contact number, delay in DCBS following up with peer support, etc.   Barb noted she would like to see Peer Support get added to the plan of recommended referrals.   * Peer Support Specialists have been requesting a copy of the plan from the DCBS workers; most workers are sharing this information.   Dee Dee- Why are youth referrals so few?  Barb- 14 above is appropriate for youth peer services, many referrals are for children younger than 14  Barb- When KPFC gets a referral we [KPFC] try to identify their DCBS plan.   * Being on the plan would make a huge difference.   + Kelly M.- has been able to get the plan from the DCBS workers   Dee Dee- Do you have a cap on caseloads?   * Kelly & Asia have 24-25 cases currently. There is no cap on caseloads. The amount of contact depends on the client’s unique situation. * At this point we [KPFC] have not turned any referral away.   Recruiting Family and Youth members Update   * Cumberland RGMIT now has a parent representative, Laketa G. * Please continue to search for possible representatives within the region.   + We still need an alternate and a youth representative. | | |
| Action Items | Person Responsible | Deadline |
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| 1. **Data & Evaluation – Katie Kirkland** | | | | | |
| DCBS Data for December:   * Policy Changes = 0 * Outreach = 294 (speaking with families about completing screeners) * DCBS Screeners completed = 161 * Number of refusals/denials of the DCBS Screener = 0 * Referrals made for CANS = 53 * Number who did not screen in for the CANS = 91 * Number who refused/denied CANS = 13   Debra C. (DCBS) reported: 13 referrals CRBH & 13 referrals to ADANTA, the remaining 27 referrals went to Non-SOC FIVE providers  BHP data for December:   * **Number of Policy Changes:**   0 (Adanta), 0 (CRBH)   * **Number of individuals reached through Outreach Efforts:**   48 (Adanta), 110(CRBH)   * **Number of initial CANS assessments completed**:   0 (Adanta), 5 (CRBH)   * **Number of children/youth NOT referred to services or treatment based on CANS:**   0 (Adanta), 0 (CRBH)   * **Number of children/youth referred to services or treatment based on CANS:**   0 (Adanta), 5(CRBH)   * **Number of children/youth receiving services or treatment after referral:**   0 (Adanta), 5 (CRBH)   * **Baseline NOMs completed:**   0 (Adanta), 0 (CRBH)  Dee Dee- Adanta’s reporting showed 13 CANS referrals in Dec- numbers are not matching DCBS report out of referrals   * Kelvin- numbers are not matching; will have to take a second look at what may have occurred. * Kelvin- Having difficulties with KidNet and reported that to Lizzie * Bridgett Rogers voiced concern about only 2 NOMs being completed for the quarter, compared to CRBH’s reported 13 children/youth receiving services or treatment after referral. She said she will follow up with clinicians. Katie offered to do NOMs training if that would help. Bridgett asked how far back they could go to do NOMs like in this case. Katie will check.   Billy F. (DCBS barriers/discussion)   * Some offices are understaffed-- some screeners are overdue, but we are working to get them taken care of as soon as possible. * No request for TA at this time | | | | | |
| Action Items | Person Responsible | | Deadline | | |
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| 1. Annual Progress Report Year 2- Dee Dee Ward | | | | |
| * Dee Dee shared a PowerPoint reviewing progress toward SOC FIVE Year 2 goals. * Progress made for each goal including:   + Policy   + Enhance Interagency infrastructure/Capacity building     - Cohort 2 Kickoff   + Partner Funding opportunities to support the population of focus | | | | |
| Action Items | | Person Responsible | | Deadline |
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| 1. SOC FIVE Refresher | | |
| * Not everyone on RGMIT was able to attend original kickoff; new people have also joined the team. It has been more than a year since initial kickoff and trainings, therefore, a refresher course on SOC FIVE related topics may be very helpful/beneficial. * A survey will be sent out to prepare for a SOC FIVE refresher * Please share topics or items that would be helpful to review | | |
| Action Items | Person Responsible | Deadline |
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| 1. Agency Updates | | |
| * SOC FIVE   + Part 2 & Part 3 of Dr. Kniffley’s training will be January 28th and mid Feb.     - an email will be sent by Dee Dee containing more information     - Seeking 50 clinicians to participate in Racial Trauma Therapy pilot   + COVID policy- still hybrid   + System of Care Academy has extended presentation deadline * DCBS   + State of Emergency is expected to end on the 15th     - social workers working out of state will be returning to KY offices   + West side of Cumberland region need SUD provider (for KSTEP)     - CRBH did not have capacity based on the program criteria including:       * quick access to treatment within 24 hours       * Weekly reports       * Providing drug screening   Shellie M. will follow up with SUD unit director to see if circumstances may have changed making it possible for CRBH to participate.   * CRBH   + Bridget moving to clinical role   + OSHA mandate on vaccination concern   + Policy revisions based on early childhood referrals being received   + RIAC- in process of determining how they want to spend the funds     - Subcommittee will meet later this month * ADANTA   + Trying to rebuild staff between contract positions   + For SOC FIVE, working enhancing services for the population of focus   + Jill E.- RIAC- meeting tomorrow to discuss what we want to do with grant funds   + Some ideas included reaching out to Dr. Kniffley to talk to local schools about racial trauma.     - * + Have not heard back at this time. * KPFC   + Next Café is in February (Youth)being done monthly     - https://kypartnership.org/events/youth-cafe-5/   + Game night conducted on Discord     - https://discord.com/   + Parent Cafés will be a part of a state-wide support group in early Feb   + KPFC will be doing a different webinar each month.     - <https://kypartnership.org/events/>     - February will be "The Many Pathways to Recovery" and it will be facilitated by Amanda M.     - Please feel free to share this with your families and community partners.   + Family Leadership Academy at the end of February – register on website – scholarships available.   + In February, having Youth and Family peer support training. * AOC   + No update available * FRYSC   + No update available | | |
| Action Items | Person Responsible | Deadline |
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**NEXT MEETING: February 10, 2022 at 1:00pm EST** (ZOOM Format)

**Please see SOC FIVE Internal Website for meeting notes:** [**https://socv.hdiuky.net/**](https://socv.hdiuky.net/)