**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 | Kate Overberg Wagoner | Stephen Kniffley  |
| Tammi Taylor | Beth Jordan | Chris Cordell |
| Kelly Dorman | Dyzz Cooper  | Mary Ann Jennings |
| Mary Carpenter | Michelle Sawyers | Carol Cecil |
| Jessica Ware | Sherry Postlewaite | Joy Varney |
| Mary Hajner | Vestena Robbins  | Clarissa Allen |
| Katie Kirkland | Kelli Root | Rashmi Adi-Brown |
| Lizzie Minton | Jennifer Warren  | Tracy Desimone |
| Amanda Metcalf  | Maxine Reid  |  |

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| 1. **SOC FIVE Action Planning: Goal 1, Objective 7: Respite Tracking- *Kelli Root***
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| Prior to 2020, DCBS did not have a formal way to track respite provider, which in turn led to low recruitment rates of respite families. * Workers can now identify respite-only providers and respite providers that are identified respite for a specific family.
* Allows workers to track background checks, yearly home visits, and training completion within the registry.
* Easy to identify medically complex and care plus respite providers
* Workers can search available respite providers across regions if needed and get worker contact.
* Currently 147 respite providers in the system
	+ Prior to this tracker system there were less than 20 respite providers identified across the state
* Current Respite tracking system was funded through previous SOC funds, so it was added as a goal to SOC FIVE

SOC FIVE Action Planning: Goal 1, Objective 7 states: “By the end of Year Three, the Respite Tracking and Monitoring System will be expanded to include providers who serve a population outside the foster care system.”Dee Dee- Current SOC respite providers must meet the same requirements as DCBS* One SOC FIVE provider is also a private childcare provider with trained respite providers. They report numbers but they don’t do any tracking
* SGMIT Members hope to expand awareness of formal and informal respite and how community can be a support to reduce out of home care.
	+ Respite is not Medicaid funded if we had more data, we could make the case to Medicaid that it should be under CD waiver
	+ Mary- looking at candidacy definition
	+ Sherry P.- Adoptive families that are considered ‘plus’ or ‘therapeutic home’ or ‘med plus,’ get access to respite days and reimbursement; this data might be useful to understanding respite reimbursement for families.
* Foster parents who temporarily care for and return children to the homes would be preferred as a respite by most parents/caregivers
	+ helping families identify supports is a great place to start

SGMIT members agreed to make a subcommittee of the SGMIT on this specific goal. Members who volunteered include: Carol Cecil, Kelly Dorman, Mary Carpenter, Dyzz Cooper, Amanda Metcalf and Michelle Sawyers * Bring in non-team members to help (providers)
* OCA volunteer system.
* The lead who developed the tracking system has since left EKU but Kelli will follow up with the department who assisted.

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| **Action Items** | **Person Responsible** | **Deadline** |
| Develop Respite Tracking Subcommittee* include Carol C, Mary C, Dyzz C, Amanda M, Michelle S
* invite non-SGMIT members to join
* Research Orphan Care Alliance current use of Respite
 | Kelly D. | January 2022 |
| Look at Medicaid’s Candidacy definition | Mary C. | April 2022 |
| Determine current rate for OOHC Respite Days | Sherry P. | April 2022 |
| Determine how DCBS Tracking System works | Kelli R. | April 2022 |
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| 1. **SOC FIVE Race Equity Change Team Update- *Dr. Steven Kniffley***
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| Dr. Steven Kniffley discussed review of Racial Trauma Overview Training and next two components of contract with SOC FIVE and how the S-GMIT can assist.**Racial Trauma Overview Training*** Implemented a pre/post survey on the Overview training
	+ approximately 300 people have completed with more completing the pre vs. post
* Internalized racism scale
* Two-part discrimination scale
	+ How they feel across 10 domains
		- Separate Scale for parents

**Training/Evaluation of Racial Trauma Therapy approach:*** Racial Trauma Manual- contains all the measures, activities
	+ Caregiver coaching
	+ Coping skills component
	+ Model is 16 sessions long- virtual training is ready
	+ About 16 hours long and provides access to the manual
	+ Looking to train 25 clinicians
	+ Pre-comprehensive evaluation to examine pre/post
	+ Staggered approach to get as close to a clinical trial as possible
	+ Wanted to start in January, however it will hopefully start in Feb.

To summarize these 3 components: 1)Training, 2) support to clinicians on the assessment tools 3) Training 25-50 clinicians who will work closely with him/his team. * SGMIT can assist by sharing this information with clinicians about the assessment tools and the full training and evaluation to be conducted in February 2022.
 |
| **Action Items** | **Person Responsible** | **Deadline** |
| Develop advertisement discussing next two opportunities | Dee Dee & Carmilla | January 2022 |
| Disseminate RTT opportunities with colleagues and community partners. | S-GMIT | March 2022 |
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| 1. **BBI Quality Improvement Collaborative: Year One Wrap up/Year Two expansion Proposal- *Sherry Postlewaite,******Rashmi Adi-Brown***
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| Update on Building Bridges International & Background information:* the goal of BBI was to examine strategies to improve outcomes for residential clients, including getting youth engaged in residential treatment
* 4 mentees who became mentors
* COVID took away person to person but it strengthened agency to agency
* Following the agencies and we want to continue that and make it sustainable
* KY BBI has worked well

Sherry P.- Proposed the participants develop their own quality improvement collaborativeRashmi-- Facilitator * In 4 cohorts *everyone* learned from *everyone*
* Made use of detailed action plans for each of our groups which were actively followed up on monthly
* Requesting to continue with third cohort
	+ focusing on family/youth engagement and aftercare
	+ asking ourselves what can we be doing better?

Kaz - Life Connection* Wanted to focus on family engagement and making families comfortable. Began offering gas and lunch cards to facilitate family engagement, made surveys and materials that were easy to read and follow
* All participants are doing the same work which gave opportunities to connect and share and get out of the box.

Request for continued funding was voted on my SGMIT members via Zoom poll- all votes were in favor of continued funding.  |
| Action Items | Person Responsible | Deadline |
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| 1. **KIDnet Update: Screener/CANS data entry for youth NOT in DCBS custody- *Lizzie Minton***
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| Finished changes to production last week and the changes will go into effect by Monday Dec. 20th in the regions implementing SOC FIVE. This change connects TWIST and KIDnet data entry systems. There was a lot of thought and time dedicated to ensuring privacy and appropriate releases of information that dictate when data is exchanged.Lizzie- how do we disseminate this change/update?* Created a tip sheet and a video for providers
* Agencies that complete the CANS— it will only go back to TWIST – they both have releases to send information
* If release is withdrawn; that client is pulled from KIDnet
* End of the release is stored in KIDnet and the clinician can see that
* In KIDnet it populates the start date—agencies who are entering info into KIDnet will now get information
* Adding client is recommended even if their first and second CANS are not tied together—possible matching but it must be entered exactly the same.
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| Action Items | Person Responsible | Deadline |
| Disseminate tip sheet and video of changes to KIDNet to providers | Lizzie M. | January 2022 |
| Develop TWIST update info and email to Cumberland and Two Rivers Regions’ DCBS | Lizzie M. | January 2022 |
| Add this discussion to R-GMIT agenda for ALL Regions | Regional Implementation Specialists | January 2022 |

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| 1. Agency Updates
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| * DCBS
* No further update related to prevention
* Efforts focused on disaster relief this week and checking in with staff in Western KY
* Accomplishments of the year and expanding prevention services will be priority for next year
* Received approval of IV-E prevention plan amendment last week.
* KPFC
* Attachments were added to the chat on upcoming monthly webinars
	+ Attachments will be uploaded to the SOC website
	+ Youth cafe Flyer can also be found on the SOC website
* Connecting to youth through Discord
* Planning to give ‘Holding Hope’ presentation for KY SPIN - one for employees and one for families and youth
* 37 youth have registered for (YALA)
* KY Leadership academy training in January
* AOC
* New Executive Officer is settling into her new role
* In contact with Western KY staff and those affected by the tornadoes
* Necco- offering respite care as an alternative to detention
* DBHDID
* No further update
* SOC FIVE
* Regional Implementation Specialists are meeting at DCBS Regional meetings and with individuals from DCBS.
* UK HDI
* Our supervisor, the Division Director of Evaluation, Dr. Adams has accepted a new position. In the interim, Jeremy Pope will join the team to assist with SOC FIVE evaluation; he is familiar with the project and brings a lot of experience.
* We continue to provide Technical Assistance to Cohort 1.
* We are conducting data training sessions (on CQI and NOMs) for Cohort 2; we have held sessions this week and will offer more sessions the week of January 10.
* We continue to provide, collect, and report monthly CQI metrics and will begin collecting Cohort 2 data for this quarter at the end of December.
* We continue to do the project evaluation related to Peer Support centers
* We completed the SOC FIVE Year 2 Annual Evaluation Report, which reports progress on policy, infrastructure and capacity building outcomes and contains a reassessment analysis.

*\*\*\* Meeting date and time were voted on via email survey and the results showed favor for the second Friday of the month at 10 a.m. EST* *This change will go into effect in January and new Zoom invites will be sent.*  |
| Action Items | Person Responsible | Deadline |
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**NEXT MEETING**: Friday January 14th at 10 a.m. EST via Zoom: <https://us06web.zoom.us/j/83311064915?pwd=YXpseHphVmRGUkFrYUFSK21mdXBXUT09>