**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 | Katie Kirkland | Billy Fore | | Maxine Reid | Bridgett Rogers | Tina Morrow | | Shellie Mills | Denise Marlett | Lizzie Minton | | Kelvin Bailey | Debra Collins | Melissa McGowan | | Stephanie Mullins | Greta Baker | Jessica Ware | | Barb Greene | Sherri Estes | Kelly Dorman | | Laketa Gray | Dyzz Cooper | Tammi Taylor | | Joy Varney | Amanda Metcalf | Beth Jordan | | Kelly Minton | Michelle Sawyers |  | |

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| 1. **Expansion of KSTEP, Billy Fore, Melissa McGowan, DCBS** | | | | | |
| KSTEP overview:  KSTEP criteria:   * Caregiver substance use identified/places children’s safety at risk * children in the home 1-10 years old * Active DCBS investigation (not ongoing)   KSTEP goals/accomplishments:   * Prevent child removal from the home * Provide quick access to services * 95% children remain safely in the home   Melissa M. CQI Specialist shared regional DCBS intake data with the team   * Team members asked questions about emotional abuse criteria   + Determined through assessments with qualified MH specialist   + Need for assessment providers in the region and further criteria   + Potential for DCBS policy change through the grant   Regional data specific to in-home population intakes will be reviewed at upcoming meeting with DCBS/UK HDI | | | | | |
| Action Items | Person Responsible | | Deadline | | |
| DCBS staff will review emotional abuse substantiation criteria to be able to discuss assessment needs with CMHCs | Stephanie Mullins | | April 2022 | | |
| 1. CQI Update, Kelly Dorman | | | | |
| Kelly is working with DCBS CQI teams, DCBS staff to discuss monthly In-home case report  Reports indicate:   * County data * #s of youth involved in cases * #s Families referred * Demographics   The team is reviewing information that is available and plan to discuss available data with UK HDI  Kelly will share an update with the team on available data and how it might inform RGMITs/Evaluation of SOC FIVE. | | | | |
| Action Items | | Person Responsible | | Deadline |
| Kelly will update the RGMIT next month on CQI discussions | | Kelly D. | | April 2022 |

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| 1. **Data & Evaluation – Katie Kirkland** | | | | | |
| DCBS Data for February:   * Policy Changes = 0 * Outreach = 224 * DCBS Screeners completed = 131 * Number of refusals/denials of the DCBS Screener = 0 * Referrals made for CANS = 18 * Number who did not screen in for the CANS = 92 * Number who refused/denied CANS = 14   BHP data for February:   * **Number of Policy Changes:**   0 (Adanta), 0 (CRBH)   * **Number of individuals reached through Outreach Efforts:**   430 (Adanta), 30 (CRBH)   * **Number of initial CANS assessments completed**:   3 (Adanta), 6 (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:**   3 (Adanta), 6 (CRBH)   * **Number of children/youth receiving services or treatment after referral:**   2 (Adanta), 6 (CRBH)   * **Baseline NOMs completed:**   3 (Adanta), 1 (CRBH)  Members asked about the numbers of youth ‘screening out’ for services   * In-home population has less client service needs and more family needs   + DCBS reported staff having trouble understanding how CANS benefits younger children and families   + DCBS Reached out to Bridgett R.(CRBH) who shared how the CANS benefits young children through collaboration with caregivers to either prevent child removal or reunify children w/parent   + Dee Dee asked if early childhood consultants with CRBH and Uspiritus would be willing to discuss further with DCBS staff     - Providers shared names of consultants and Stephanie M exchanged email to facilitate scheduling/information sharing   CRBH asked about referrals with multiple children in the home   * DCBS staff reported that in most circumstances, families with multiple children are referred to one provider unless there is a unique need of an individual child or if services are already in place for an individual child | | | | | |
| Action Items | Person Responsible | | Deadline | | |
| Stephanie M. will share email from CRBH that cites clinical benefits of CANS for younger population of focus with others so the information can be shared in other regions. | Stephanie | | April 2022 | | |
| CRBH staff, Uspiritus staff and Stephanie M. will schedule meetings/facilitate further discussion with DCBS staff | Stephanie M./CRBH staff/Uspiritus staff | | June 2022 | | |
| 1. **Racial Equity Change Team, Tammi Taylor** | | | | |
| Five-minute video available that provides overview on Racial Trauma Therapy Training.   * Although a price is listed for the training on some program materials, costs are covered through the SOC FIVE grant * Looking for presenters on racial equity, please share any ideas | | | | |
| Action Items | | Person Responsible | | Deadline |
| RGMIT members will share ideas via email to Tammi on potential presenters for the group | | RGMIT | | ongoing |
| RGMIT members will follow up with any questions on Racial Trauma Trainings | | RGMIT | | ongoing |

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| 1. Family and Youth Involvement | | |
| Joy V. reported on outreach efforts planned through Cumberland RIAC   * Resource booths for CMHC, DCBS offices * Creates opportunities to share resources * Promoting advocacy/empowerment of families * Hope to also recruit potential RGMIT family/youth representatives * Implementing a strength-based survey (in consultation w/UK HDI, RIAC leadership/members/peer support) to collect region specific areas of need/support * Hope to create a survey product/model that can be used in other regions for outreach   Amanda M. (KPFC) reported that in May she will be facilitating a panel with youth and parents   * Please think about questions you’d like to ask the panel that will enhance RGMIT ability to support families and youth in the region | | |
| Action Items | Person Responsible | Deadline |
| Progress on Cumberland RIAC outreach will be shared with the team | Joy | April 2022 |
| Consider and submit questions for Family/Youth panel in May | RGMIT | May 2022 |

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| 1. Agency Updates | | |
| * SOC FIVE   + Partner funding opportunities announcement released, please share   + EB learning initiative: Attachment Behavioral catch-up Training opportunities will be shared   + SOC FIVE Service Mapping: Interactive map created in partnership with HDI will show SOC services by county to facilitate DCBS referrals.     - County specific information has been requested, due March 18th * State GMIT   + Tomorrow meeting at 10 am, please join if able.     - On the agenda: State-wide activities occurring on: Social Workers Month, Child Abuse Prevention Month [April], MH Awareness Month [May] * DCBS   + Mask mandates lifted, state of emergency expected to be lifted in April, meaning ongoing case visits will be in person as well as other meetings across the state   + New program: Youth Villages/Intercept     - serves in home population     - Reduces out of home placement     - Children 0-17       * Potential SOC FIVE collaboration * CRBH   + Still working under state of emergency which allowed telehealth     - Anticipate loss of clients   + Ongoing staffing issues * ADANTA   + Ongoing staffing issues   + Removed mask requirement, staff discretion   + Prepping for ‘Child Abuse Prevention Month’ * KPFC   + Cafés are available in March (Youth)being done monthly     - <https://kypartnership.org/events/youth-cafe-5/>   + Cumberland region is top referral source for peer support mostly coming directly from DCBS but coming from other partners as well   + Holding hope presentations have been given at most RGMITs   + KPFC will be doing a different webinar each month.     - <https://kypartnership.org/events/> * AOC   + Preparing presentation to state GMIT on Racial Equity [May 2022] * FRYSC   + FRYSC week at the legislators   + Still having quarterly meetings, people are invited to present/attend * RIAC Update (SOC Funding)-   + Updating resource guide- looking at creating a website to connect those services   + Blessing boxes around the community- getting donations   + Parent and youth booth- outreach   + Question Persuade and Refer Training offered | | |
| Action Items | Person Responsible | Deadline |
| Stephanie M. will provide update on program Intercept/Youth Village program | Stephanie | April 2022 |
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**NEXT MEETING: April 14, 2022, at 1:00pm EST** (ZOOM Format)

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

**Information shared in the chat:**

X. Risk of Harm (Neglect) Legal Rationale Acceptance Criteria KRS 600.020(1)(a)(3)"Abused or neglected child" means a child whose health or welfare is harmedor threatened with harm when:(a) His or her parent, guardian, person in a position of authority or specialtrust, as defined in KRS 532.045, or other person exercising custodialcontrol or supervision of the child: 3. Engages in a pattern of conduct that renders the parent incapable ofcaring for the immediate and ongoing needs of the child including,but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005;922 KAR 1:330Section 2(4)(b) Investigate or conduct a FINSA upon receipt of a report that alleges neglect of a child perpetrated by a caretaker that may result in harm to the health and safety of a child in the following areas:8. At risk of harm due to an act described at KRS 600.020(1), if a child is:c. Permitted to use drugs or alcohol under circumstances that create a risk to the emotional

[Stephanie Mullins, DCBS]