**Lakes Regional GMIT Meeting**

**(Grant Management & Implementation Team)**

**June 21, 2022 @ 1:30 PM via Zoom**

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| Attendees  **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. |
| |  |  |  | | --- | --- | --- | | **SOC FIVE Staff** | **DCBS** | **Four Rivers Behavioral Health** | | Tammi Taylor, The Lakes Implementation Specialist | Renee Buckingham, SRA | Leah Fondaw, Director | | Dee Dee Ward, DBHDID Project Director, SOC FIVE | Sarah Andrus, SRAA (West) | Wendy Lay, Children’s Services Director | | Kelly Dorman, Salt River Trail Implementation Specialist | Lauren Patterson, SRCA (West) | Sarah Trover, Youth & Transition Services | | Maxine Reid, Cumberland Implementation Specialist | Susan Rudd, CPS Specialist (East) | Shelley King, LRC | | Joy Varney, Family Engagement Coordinator | Jennifer Polo, CPS Specialist (West) | Hannah Brooks, Early Childhood | |  | Melanie Rose, CQI Specialist | Ashlee Brockwell, Early Childhood | |  | **Amy Cox, UK TAP** | Liz Meggs | |  |  |  | | **Kentucky Partnership for Families & Children (KPFC)** | **UK HDI SOC FIVE**  **Evaluation Team** | **Pennyroyal Center** | | Kayla Harmon, Peer Support Specialist | Jessica Ware | Michael Daniel, Children’s Services Director | | Amanda Metcalf, Family Leadership Coordinator | Kenneth Fletcher | Serena Eldridge, LRC | | Dyzz Cooper, Youth Leadership Coordinator |  | Rachel Howard | | **AOC** |  | Tameika Thomas, Prevention | | Brooke Kirk |  |  | |

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| **Parent & Youth Panel (facilitated by Amanda Metcalf)** |
| Parents and youth shared life experiences and answered questions about barriers to accessing services  **How difficult was it to access services in your area?**   * Youth- felt like they had no choice, didn’t know what services I needed. They had little notice or explanation for why services are happening. * Parent- you don’t know where all the services are, overwhelming trying to decide which services you/your child needs. * There are services, even in a small town, but they are often hidden in plain sight until your family is in crisis or becomes system involved. * Limited choice in therapists/providers   **What are some barriers you experienced while seeking services?**   * Judgement (coming from rural areas, being perceived as poor or less educated) * Awareness/education about services * Not feeling heard by providers * Continuous change in therapists   **Who was your biggest supporter while you were in the system?**   * Peer support * Wrap Around Case Manager * Therapist pointed out natural supports that I did not realize   **What do you want partners and those working in the system to know about system involved youth and families?**   * Families are struggling and need to be heard * Families are terrified and do not process all the information presented to them by DCBS   + Being patient, knowing parents are overwhelmed * No choice in services; you can ask questions if your worker is open to answering questions. Likely to take all suggestions out of fear. * Parent felt like they had to listen and afraid to speak or ask for help * In initial meetings no one discussed recovery; you get a plan or list of tasks or a diagnosis from a provider, but no focus on recovery/hope for the situation at hand.   **How can we get the word out about services/supports to parents/youth in our communities?**   * We don’t hear the success stories in the community or in the news. We should promote successes in the community. * Television in community waiting rooms could promote those stories, such as CMHC, DCBS, medical providers, etc. * Detention Centers   **Any questions/comments?**  Families denying that there is a problem occurs often at DCBS, which makes sense because families are afraid—how could DCBS mitigate this defensiveness?   * Approaching in a non-punitive way, offering supports & resources for the needs of the family/parent. * Removing judgement and making room for communication—reiterating that they are here to help. Letting parents know there are others like you and this is what helped.   How can you reach out to an aged-out youth you believe needs help?   * Start with a conversation to build a connection * Authenticity helps  |  | | --- | | **Presentation: Positive ACES, Amy Jeffers** | | **PCE refers to Positive Childhood Experiences**   * ACE (adverse childhood experiences) have a huge impact on growing youth and leads to other negative impacts further in their lives. * PCE Study 2019, which showed that PCEs can mediate ACE. However, research is new in this field. Examples include felt safe at home, enjoyed community traditions, felt heard by a family member/friend, etc. * Call to action: we must be deliberate about providing PCEs * Every moment matters and anyone can make a difference in a child’s life. * Key points: Reframe dialogue, PCEs prioritizes positivity and possibility; good mental health is not just the absence of adversity. |  |  |  |  | | --- | --- | --- | | **Action Items** | **Person Responsible** | **Deadline** | | N/A |  |  | | Data, Evaluation & Interactive Map | | | | **SOC FIVE Service Map- Jessica Ware**  UK-HDI showcased a digital interactive service map for all of SOC FIVE regions. The map will serve DCBS workers, grant partners, and program evaluators in all regions by helping identify where SOC FIVE services exist. The interactive map includes contact, referral forms, information for providers as well as definitions of the services that may be provided. This web-based tool can be easily accessed from any device (mobile, tablet, etc.) Please click the info button to submit a request to update something on the map. The map can be accessed on the SOC Five website: <https://socv.hdiuky.net/>  **Outreach Presentation & Lakes Region Data- Kenneth Fletcher**  UK-HDI explained how outreach is counted by SAMHSA and provided examples to clarify what could and could not be counted for outreach.  UK-HDI and program staff encouraged stakeholders to continue submitting outreach even if they were not sure if it would meet SAMSHA criteria. The purpose of the presentation was to explain why something submitted may or may not be added to the counts of outreach.   |  |  |  | | --- | --- | --- | | Lakes DCBS | April 2022 | Percentages | | DCBS Screeners Offered | 29 | N/A | | DCBS Screeners Completed | 29 | 100% | | Screened in for CANS | 16 | 55% | | Referred for CANS Assessment | 11 | 69% |  |  |  |  | | --- | --- | --- | | Pennyroyal | April 2022 | Percentages | | Initial CANS Completed | 5 | N/A | | Referred to services/treatment based on CANS | 1 | 20% | | Receiving services/treatment after referral | 1 | 100% | | Baseline NOMs Completed | 0 | 0% |  |  |  |  | | --- | --- | --- | | Four Rivers | April 2022 | Percentages | | Initial CANS Completed | 2 | N/A | | Referred to services/treatment based on CANS | 2 | 100% | | Receiving services/treatment after referral | 2 | 100% | | Baseline NOMs Completed | 0 | 0% | | | | | **Action Items** | **Person Responsible** | **Deadline** | | Increase number of screeners/CANS/NOMS | DCBS/CMHC | Ongoing |  |  |  |  | | --- | --- | --- | | Progress/Opportunities for Improvement, RGMIT | | | | Some screeners not being completed due to child already receiving services.   * Dee Dee advised that if a case if being opened and the child is already receiving services, the worker should consider the events that occurred for the case to be opened when determining if a screener should be completed. For example, providers who have an existing client who becomes ‘in the population of focus’ would administer a CANS to determine if services need to be adapted to better meet the needs of the child/family; and begin collecting NOMs.   DCBS: Four Rivers told a parent they would not do a CANS assessment for a child if they would not be receiving services.   * This is the providers choice to do the CANS or not depending on the family’s willingness for services. * Parents can utilize the provider of their choice | | | | **Action Items** | **Person Responsible** | **Deadline** | |  |  |  | | **SOC FIVE Funding Opportunity, Maxine Reid** | | | | Application is on the SOC website <https://socv.hdiuky.net/> and has been shared previously, please share with partners   * CMHCs from Cohort 2 cannot apply due to receiving funding * One-time start up activities aimed at the population of focus * Average $5,000 award * Expanded to include mental health and substance use * Can be spent on materials, staff training (for example EMDR training approved in the past) * **Due July 8, 2022** | | | | **Action Items** | **Person Responsible** | **Deadline** | | Share Partner Funding Opportunity | RGMIT Members | Ongoing |  |  | | --- | | Agency Updates | | **Four Rivers:**  Trauma focused behavioral health training upcoming |   **NEX Next Meeting**: **July 19,2022 @ 1:30-3:30 CST via ZOOM format**  **SOC SOC FIVE Website**: [(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=) |