# 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.

|  |  |  |
| --- | --- | --- |
|[x]  Denise Marlett |[x]  Kelvin Bailey |[x]  Shellie Mills |
|[x]  Lizzie MInton |[ ]  Monica Hoskins |[x]  Joy Varney |
|[x]  Dyzz Cooper |[x]  Debra Collins |[x]  Amanda Miller |
|[x]  Asia Barrett |[x]  Katie Kirkland  |[x]  Dee Dee Ward |
|[x]  Amanda Metcalf  |[x]  Jessica Ware |[x]  Tammi Taylor |
|[x]  Kelly Minton |[x]  Greta Baker |[x]  Kelly Dorman |
|[ ]  Melissa McGowan  |[x]  Laketa Gray |[x]  Kelly Bradshaw |
|[x]  Billy Fore |[x]  Michelle Sawyers |[x]  Maxine Reid  |
|[x]  Bridget Rodgers  |[x]  Joy Varney |[x]  Amanda Metcalf  |
|[ ]  Stephanie Mullins |[ ]  Kevin Garvin |[x]  Erix Delgado |
|[x]  Kenneth Fletcher |[x]  Eddie White |[x]  Jill Edwards |
|[x]  Maggie Myers |  |  |  |  |

[x]  = Present [ ]  = Absent

# Data Team & Evaluation, UK HDI

**Current Data Collection**

1. Currently working on the new graphical representation of the data for presentation at these meetings.

**DCBS Data (March 2022)**

|  |  |
| --- | --- |
|  | March 2022 |
| Policy Changes | 0 |
| Individuals reached by outreach | 353 |
| # DCBS Screeners Completed | 208 |
| # Of children/youth for whom the parent/guardian refused DCBS Screener  | 0 |
| # Of children/youth referred for a CANS based on DCBS Screener | 22 |
| # Of children/youth who did not screen in for the CANS | 141 |
| # Of Children/youth for whom the parent/guardian refused or denied the CANS Assessment | 19 |

**Provider Data (March 2022)**

|  |  |  |
| --- | --- | --- |
|  | ADANTA | CRBH |
| Policy Changes | 0 | 0 |
| Individuals reached by outreach | 145 | 30 |
| # Initial CANS | 0 | 0 |
| # NOT referred to services based on CANS | 0 | 0 |
| # Referred to Service based on CANS | 0 | 0 |
| # Youth receiving services after referral | 0 | 0 |
| # Baseline NOMS completed | 1 | 0 |

**Group Discussion: Barriers from referral to services**

1. Maxine asked the RGMIT providers if they have experienced issues starting services with families referred by DCBS. Bridget R. explained in detail how some of their referrals may not receive services. Kelvin B. agreed that this occurs for ADANTA as well and noted that sometimes they receive a referral for a CANS that lists another agency from whom the family is receiving services. Both providers shared protocols including following up with the Screener Liaison (Debra C.) who follows up with workers directly, as well as sending letters after so many attempts to reach the family by phone. The group discussed other possible ways to close the gap between referrals and CANS.
	1. Contact in other ways besides phone calls (however this could be tricky).
	2. Peer support at CANS
	3. ‘Warm Transfers’ from DCBS to care providers.

## Action Items

Task Description Person Responsible Deadline

 N/A

#  Lived Experience Panel, Amanda Metcalf

Amanda Metcalf (KPFC) led a panel consisting of 4 individuals (1 youth and 3 caregivers) with lived experience navigating the child welfare system and seeking services for themselves or their family members. Discussion centered around the following questions posed to the panel.

 **“What are some of the barriers you faced as a family seeking services?”**

* 1. Explanation of what the services are and what they provide. There is a lack of understanding by those being presented with the options for services. Understanding both why they need services and what they are providing.
	2. Difficulty navigating the system.

**“How can DCBS and providers help support you? What would have made the experience easier?”**

* 1. Having a specific individual point of contact, someone who can answer questions about available services as opposed to being handed a long list of names and contact information about services you might not understand.
	2. DCBS staff projecting a more empathetic foot forward. There was detailed concern that it feels like the person called out to help with an individual’s case/situation is a person you just say yes to. A feeling that they aren’t a person you call for help but rather just someone that you should do whatever they tell you to do so you don’t get in any trouble.

**“Did you ever feel like you couldn’t get help?”**

1. Panelists were concerned that admitting they needed help would be scrutinized. They felt as though they were under a microscope and saying ‘no’ or asking for help were not viable options.
2. Explained that there’s a stigma with DCBS (even if unfair/incorrect) that creates fear among those who need services. (One example given was needing food. If a person needs it, they don’t feel comfortable asking for help, for fear that there’s a perception that they’re incapable of providing for their child).

**“Were you aware of services before you were involved? And how can we make them better?”**

1. No one was aware of services prior to getting them.
2. The group recommended other ways to let the community know these services exist. Examples ranged from using videos instead of literature. Suggestions of more concentrated efforts of where advertisements should be placed (Wal-Mart vs a doctor’s office).

 **“If someone said your family has to fill out this assessment, would you be honest?”**

1. Panel all agreed that they would not be honest.
2. Explained that this dishonesty can often impact data evaluations. “The longer you work with them, the more honest you become.”

**Discussion Takeaways:**

* Make sure we are providing “a good why”.
* Strive for good communication throughout the process.

## Action Items

Task Description Person Responsible Deadline

 N/A

# FRYSC Mental Health Services and Activities Update, Maggie Myers

FRYSC provide a school-based family support network to help students overcome non-academic barriers.

* Coordinating referrals to agencies.
* Creating social emotional learning curriculum.

**GEAR Funds**

* Funds awarded focused on one of two areas of need. (Student and family mental health).
* One district used funds to provide training to ALL school staff in Mental Health First Aid and Crisis Intervention services.
* Other districts used funds to hire on site mental health support staff.

**Ray of Sunshine Program**

* Focus on adolescent suicide prevention.
* Shared with all students.
* Focus on peer check in system.
* Centers have comprehensive, year-round referral system that can be initiated by anyone inside or outside of the school system (students, teachers, parents, community leaders, etc.)

## Action Items

Task Description Person Responsible Deadline

N/A

# Agency updates

KPFC

* Youth and Parent Conference June 17-19. $25 Registration fee per person or family.
	+ Event has a superhero theme so be sure to dress up as your favorite Superhero!
* May 13th first LGBTQ+ support group meeting.
* New KPFC referral form goes live May 16thHere is the link to the new referral form for peer support services, please share with everyone: <https://app.smartsheet.com/b/form/7fed5a48a978493888fdf25eef4278e7>

## Action Items

Task Description Person Responsible Deadline

N/A

# Next Meeting: June 9, 2022 @ 1pm EST ZOOM format

# Kentucky System of Care V – Improving Outcomes for Children, Youth, and Young Adults with Mental Health Challenges and their Families (hdiuky.net)