# 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 |[ ]  Joy Varney |
|[x]  Dyzz Cooper |[ ]  Debra Collins |[ ]  Amanda Miller |
|[ ]  Asia Barrett |[x]  Katie Kirkland  |[x]  Dee Dee Ward |
|[ ]  Amanda Metcalf  |[x]  Jessica Ware |[x]  Tammi Taylor |
|[x]  Kelly Minton |[x]  Greta Baker |[x]  Kelly Dorman |
|[ ]  Melissa McGowan  |[ ]  Laketa Gray |[x]  Kelly Bradshaw |
|[x]  Billy Fore |[ ]  Michelle Sawyers |[x]  Maxine Reid  |
|[x]  Bridget Rodgers  |[ ]  Eddie White |[ ]  Amanda Metcalf  |
|[x]  Stephanie Mullins |[x]  Jill Edwards |[ ]  Erix Delgado |
|[x]  Kenneth Fletcher |[x]  Sherri Estes |[x]  Carmilla Ratliff |
|[x]  Amy Jeffers |  |  |  |  |

[x]  = Present [ ]  = Absent

# Data Team & Evaluation, UK HDI

**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 services exist. The interactive map includes contact 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- 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.

**Current Data Collection- Katie Kirkland**

1. Update on CQI Outreach Form and Reporting
	1. Looking at two questions “Is there enough information” and “Does it meet the criteria”

**DCBS Data (April 2022)**

|  |  |  |
| --- | --- | --- |
| DCBS – All Regions | April 2022 | Percentages |
| DCBS Screeners Offered | 188 | N/A |
| DCBS Screeners Completed | 184 | 98% |
| Screened in for CANS | 89 | 48% |
| Referred for CANS Assessment | 43 | 48% |

|  |  |  |
| --- | --- | --- |
| Cumberland DCBS | April 2022 | Percentages |
| DCBS Screeners Offered | 136 | N/A |
| DCBS Screeners Completed | 136 | 100% |
| Screened in for CANS | 58 | 33% |
| Referred for CANS Assessment | 22 | 38% |

**Provider Data (April 2022)**

|  |  |  |
| --- | --- | --- |
| BHPs All Regions | April 2022 | Percentages |
| Initial CANS Completed | 37 | N/A |
| Referred to services/treatment based on CANS | 31 | 84% |
| Receiving services/treatment after referral | 28 | 90% |
| Baseline NOMs Completed | 17 | 61% |

|  |  |  |
| --- | --- | --- |
| Adanta | April 2022 | Percentages |
| Initial CANS Completed | 2 | N/A |
| Referred to services/treatment based on CANS | 2 | 100% |
| Receiving services/treatment after referral | 0 | 0% |
| Baseline NOMs Completed | 2 | N/A |

|  |  |  |
| --- | --- | --- |
| Cumberland River Behavioral Health | April 2022 | Percentages |
| Initial CANS Completed | 0 | N/A |
| Referred to services/treatment based on CANS | 0 | N/A |
| Receiving services/treatment after referral | 0 | N/A |
| Baseline NOMs Completed | 1 | N/A |

**Discussion: Barriers from referral to services**

Lizzie Minton started the conversation by discussing the lag that occurs between the screener to the cans. Providers mentioned a trend of barriers to getting the CANS completed. She would like everyone to focus on doing a good job in preparing families for the CANS and services provided, and listed the barriers as follows.

1. Providers say they’ll get a family on the phone or scheduled, but then that family won’t show up.
2. Sometimes they aren’t even receptive to scheduling, citing that families don’t answer calls or call back.
3. Another major barrier is seen with families not being aware of the referral.
4. Cited an example of one family feeling like they were being “set up” as “they and the worker, didn’t know what a CANS was.”

Stephanie Mullins explained that some of the barriers can be addressed when they are made aware of these issues as they occur.

1. They are providing guidance to her group that encourages workers to discuss the services with a brochure on hand (not just verbally) this also helps families better understand what to expect but also ensures that the information is given to them.
2. Often families who currently experience DCBS involvement generally have a lot going on and may not absorb or remember all the information given.
3. Sometimes it takes a long time to get to the CANS assessment which may also prove to be a barrier.

Billy Fore as well as others mentioned barriers with families being reluctant to have younger children participate in the CANS assessment. The group added that we should consider strategies that will encourage screener participation with the youngest portion of our population of focus.

Some other potential solutions to the barriers mentioned were encouraging communication and finding a way to keep track of “the WHY” when the CANS assessment is not completed. Additionally, members encouraged creating a video that would better explain the benefit of completing the CANS assessment and participating in the treatment process.

## Action Items

Task Description Person Responsible Deadline

 N/A

#  Positive Childhood Experiences (PCE), 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.
* 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 prioritize~~s~~ positivity and possibility; good mental health is not just the absence of adversity.

## Action Items

Task Description Person Responsible Deadline

 N/A

# RIAC

**Partner Funding Discussion – Wrapping up and will you apply for the next round?**

Jill Edwards mentioned their funds went toward Trauma Informed Training, and will apply again in the future

Shellie Mills explained that they finished the last round with 6 Blessing Boxes which provide supplies, pantry items, and resource guides. Also hope to keep partnering locations involved to keep the pantry stocked. Next RIAC will identify new action plans going forward which will dictate whether or not they apply again.

## Action Items

Task Description Person Responsible Deadline

N/A

# Agency updates

DCBS

* Met with providers for KSTEP in West and will start implementing on Monday. Still waiting on a provider for counties in the East.
* Participated in visioning sessions with community partners to discuss gaps in services and bulking up prevention efforts. Hopeful that all will continue participating in them.

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!
	+ Five spots are still available email Dyzz if interested

CRCC

* Summer programming is up and running, and they are excited to have in-person activities with the kids.
* Anticipating Joint Commission to begin a routine audit.
* Amy Gray was named the new Director of the Crisis Stabilization Unit. Reach out if anyone needs assistance with Children’s Crisis Services
* Trying to address staffing issues at all levels, which at last count indicated 100 vacancies across the organization.

ADANTA

* Going to be losing their ECMH specialist, which is a bit devastating as she had really been amazing. She really helped increase referrals for services for ECH population.
* Subsequently, they have been focusing on an upcoming training (June 24th) for therapists on techniques for delivering therapy to the preschool population that focuses on play therapy and other techniques

SOC FIVE

* Mentioned opportunity for ABC training for up to 2 clinical staff. It focuses on children from 0 to 1 and a half years old.
* A reminder that the next two rounds of partner funding have due dates of July 8 and October 10. Encourage anyone to apply as it’s an easy application and has a quick turnaround.

SGMIT

* Will be tomorrow and will focus on data, and Implementation Specialists will discuss barriers and ask for feedback from SGMIT.
* Discussions will also include 2 surveys HDI will be developing with Joy Varney and Vanessa Brewer
* Still looking into how to incorporate youth post-adoptive placement into the population of focus. Looking for members of an ad hoc subcommittee to facilitate this population’s inclusion within systems including TWIST, KidNet, DCBS, providers, etc.

## Action Items

Task Description Person Responsible Deadline

N/A

# Next Meeting: July 14, 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)