# 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Kelly Dorman DBHDID |  | DeDe Sullivan, DCBS |  | Amy Jennings, Communicare |
|  | Dee Dee Ward, DBHDID |  | Sandy Mader, DCBS |  | Rhonda Walters, Communicare |
|  | Tammi Taylor, DBHDID |  | Denita Moore, DCBS |  | Judy LaRue, AOC |
|  | Maxine Reid, DBHDID |  | Melissa Farmer, DCBS |  | Josh Swetnam, B&G Haven |
|  | Noreen Priddy |  | Lizzie Minton, DCBS |  | Erix Delgado, KPFC |
|  | Kelly Bradshaw, DBHDID |  | Tena Oleson, DCBS |  | Dyzz Cooper, KPFC |
|  | Debbie Lorence- Aetna |  | Andrea Sheroan, Communicare |  | Deanna Frazer, KPFC |
|  | Stacey Brewer, Aetna |  | Nichole Gilkey, SAFY |  | Kerry Goodman, KPFC |
|  | Jessica Ware, UK HDI |  | Amanda Goodlett, Seven Counties |  | Amanda Metcalf, KPFC |
|  | Katie Kirkland, UK HDI |  | Jennifer Hardigree, Seven Counties |  | Leah Morris, UK TAP |
|  | Cameron Galloway, Youth Rep |  | Brittany Pape, Seven Counties |  | Randa Bush, New Vista |
|  | Andrea Pike-Goff FRYSC |  | Stephanie Weaver, Seven Counties |  | Joey Jones- New Vista |
|  | Amy Jeffers, Pathways |  | Maggie Myers, FRYSC |  | Dakota Simmons, New Vista |
|  | Nichole Crenshaw B&G Haven |  | Dawn Mattingly, parent rep |  | Ken Fletcher UK HDI |
|  | Melissa Hayden, HOI |  | Stephanie Sikes-Jones |  | Ben Hoertz |
|  |  |  |  |  |  |

= Present  = Absent

# Youth Thrive Presentation, Shannon Parker

Youth Thrive will be the same format as ‘Families Thrive’ but serves 9-26 years old and applies 5 protective factors

* Youth Thrive Initiative would like to unify language; many organizations are already using the protective factors and do not realize it!

Youth Cafés will be led by young people & give them an opportunity to address protective factors and select a theme with their peers

* Café agreements: speak from experience, speak using “I statement,” & maintain confidentiality

Contracted with Center for the Study of Social Policy (CSSP)

* Offering a Youth Thrive Overview anyone who interested can attend on Nov. 17th or 18th
* Later (TBD) a training of trainer opportunity for youth with lived experience
* Family Thrive resource guide available to help agencies integrate protective factors into their work with families

Awareness campaign from partners would be helpful to promote Youth Thrive and incorporating Youth Café’s into your work if possible.

* The youth supportive language is applicable for all of us who work with youth; what are some ways we can imbed the protective factor language into your work?

RGMIT ideas

* Voices of the Commonwealth might be an excellent partner (Youth with lived experiences) Pat Adams offered to make a connection for Youth Thrive initiative
* Coalition for Independent living
* MCO’s & Aetna SKY case managers might also be great contacts
* Youth DCBS Foster care; foster parents need to know about this initiative

Video Link: <https://youtu.be/dWimYXKDGvY>

Website: [Youth Thrive - Center for the Study of Social Policy (cssp.org)](https://cssp.org/our-work/project/youth-thrive/)

Contact: [shannong.parker@ky.gov](mailto:shannong.parker@ky.gov)

## Action Items

Task Description Person Responsible Deadline

N/A

# MST and Project Keepsafe, Home of the Innocents

Multisystemic Therapy (MST) Program wants to ensure it’s reaching the target population, so this is an opportunity to clarify information for referral sources and provide an overview of the program.

* MST is a prevention-based program that targets specifically high-risk children who have not been successful with other treatment modalities with the purpose of keeping those children in their home.
* Candidates are those with the most imminent risk of being removed from their home.
* Aged 12-17 years old, ongoing delinquent and antisocial behaviors or chronically defiant clients
* MST is a solution focused modality, teaching parents in a time limited way to help stabilize family situation (6 months max)
* High success rate, evidence-based model
* Intensive in the home (2-3 days a week) and a weekly basic report out to system partners (DJJ, DCBS)
* Outcome driven model provides quarterly report of outcomes to stakeholders

Main goals: Reducing criminology & parents gaining the skills to maintain longer term success

**Appropriate referrals**

* 12-17, with a caregiver (most interventions are targeted for parent) helps youth get connected to prosocial activities, jobs
* Most will have system involvement and “failed out” of traditional therapy
* Can only work with Medicaid clients

**Exclusionary criteria**

* Cannot be homicidal/suicidal, or be living independently, must be within the age criteria, cannot have severe mental illness (paranoia, schizophrenic) intellectual disabilities, can work through mild autism; if parents have substance use issues but functioning as a parent can offer both parent and client services.
* Parents receiving MST typically have unmet basic needs; so, the model is focused on increasing community support, resources. The program teaches parents how to advocate, set boundaries with their child & how to make connections with other parents
* We can serve families that we can reach within 90 minutes from the agency in Louisville.
* 24/7 on call for families—not a general hotline, it’s just for client families

Please send a referral or reach out with questions; staff can help determine if the referral is appropriate for services.

New clinicians are on board to expedite referrals.

Waitlist functions to serve the most in-need clients, with more clinicians we can serve more families

\*This model is intended to prevent disruption, if a decision is being made to remove the child from the home, they would not be a good candidate.

Referral email address: [mstreferral@homeoftheinnocents.org](mailto:mstreferral@homeoftheinnocents.org)

Whitney Estes, MST Supervisor: [westes@homeoftheinnocents.org](mailto:westes@homeoftheinnocents.org)

**Project Keepsafe**

Free to the community, grant funded program

Licensed foster care home accepts children in their home while a parent is undergoing substance use treatment, mental health treatment or medical health treatment; parents retain custody of their child while they receive care. Not respite but can be short term anywhere from 3 days to 6 months; very high return rate (95%); the goal is to keep children in their homes.

## Action Items

Task Description Person Responsible Deadline

# Visioning Update for SRT, Pam Tunage

**Thriving Families, Safer Children**

Prevention is historically one of the least funded areas; this is changing

**Salt River Trail Data**

* Count of intakes for the region 16,805, however only about 35% move to ongoing case management
* Primary factor prompting consultation: Substance Use, poor parenting & family violence
* Recommending Services: Substance use treatment followed by mental health treatment
* When the investigation is completed, relevant safety factors: 56% substance use
* 60% have family violence, remember families can have multiple safety risk factors
* Types of Maltreatment: basic neglect/risk of harm can include a lot of behaviors (2nd highest), physical harm (3rd highest)
* Of the children in the custody of or committed to the cabinet, 20% are placed with relatives that are also in custody

Thriving Families, Safer Children aims to change the narrative, so that we acknowledge that every family needs help sometimes—highlights the universalism of health, poverty, mental health etc.

**DCBS identified goals as a focus of their Thriving Families, Safer Children work**

* Network of community-based services prevention supports
* Creation of formalized structures to serve families “screened out” by DCBS
* Differentiating poverty and neglect
* Statewide collaborative primary/secondary prevention plans
* Creation of a parent advisory council (client driven)
* First Steps Utilization data shows primary referrals are physicians and DCBS, would be ideal to see other referral sources, need people to know about services

SRT RGMIT: How can this serve Salt River Trail best?

More information will be distributed through Kelly. If interested, please reach out to Kelly.

## Action Items

Task Description Person Responsible Deadline

# Data & Dashboard, UK HDI Team

**Current Data Collection- Katie Kirkland**

1. Katie showed data for June and thanked everyone for recently reporting data for July.

**DCBS Data (June 2022)**

|  |  |  |
| --- | --- | --- |
| DCBS – All Regions | June 2022 | Percentages |
| DCBS Screeners Offered | 155 | N/A |
| DCBS Screeners Completed | 143 | 92% |
| Screened in for CANS | 54 | 38% |
| Referred for CANS Assessment | 32 | 59% |

|  |  |  |
| --- | --- | --- |
| Salt River Trail DCBS | June 2022 | Percentages |
| DCBS Screeners Offered | 3 | N/A |
| DCBS Screeners Completed | 3 | 100% |
| Screened in for CANS | 3 | 100% |
| Referred for CANS Assessment | 3 | 100% |

**Provider Data (June 2022)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Boys and Girls Haven | Communicare | New Vista | Seven Counties |
| Policy Changes | 0 | 0 | 0 | 0 |
| Individuals reached by Outreach Efforts (as reported) | 46 | 8 | 22 | 0 |
| Individuals reached by Outreach Efforts (to report to SAMHSA) | 46 | 8 | 22 | 0 |
| # Initial CANS | 8 | 2 | 0 | 2 |
| # NOT referred to services based on CANS | 0 | 0 | 0 | 0 |
| # Referred to Service based on CANS | 8 | 2 | 0 | 2 |
| # Youth receiving services after referral | 8 | 2 | 0 | 2 |
| # Baseline NOMS completed | 0 | 0 | 0 | 0 |

Members asked about NOMs for those who are receiving services but not completing NOMs if that was due to families not complying or is there a training need.

* Seven counties clarified respite care does not need CANS and NOMs and Dee Dee confirmed that was not needed if they are not referred to longer term services
* Boys and Girls Haven explained that staff were overwhelmed and were able to catch up NOMs

Kelly will reach out to DCBS offices with Providers to support DCBS workers completing the screeners

**Updates**

* Boys and Girls Haven is onboarding Community Support Associates. The posting received a lot of responses! CSAs work in coordination with case managers and will serve SOC Families
* Kelly shared the KY Behavioral Health Dashboard that shows social determinants of health data, demographics, and behavioral health needs by county. Useful for research or grant writing: <https://reacheval.shinyapps.io/KentuckyNeedsAssessmentProject/>

## Action Items

Task Description Person Responsible Deadline

Kelly will reach out to DCBS offices with Kelly D. September 2022

Providers to support DCBS workers

Completing the screeners