# 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.

|  |  |  |
| --- | --- | --- |
|[ ]  Chris Elmore |[ ]  Abigail Freeman |[ ]  Debbie Lorence  |
|[ ]  Jessica Humphrey  |[ ]  Robin Gregory  |[ ]  Chris Bentonwhite |
|[x]  Dyzz Cooper |[x]  Shelly Perdue |[ ]  Anne Embry |
|[ ]  Erix Delgado |[ ]  Katie Kirkland  |[x]  Dee Dee Ward |
|[ ]  Gayla Lockhart |[ ]  Jessica Ware |[x]  Tammi Taylor |
|[ ]  Kelly Minton |[x]  Felicia McKisic |[x]  Kelly Dorman |
|[x]  Micah Blelvins |[ ]  Katie Hopper |[x]  Kelly Bradshaw |
|[x]  Anita Mattingly |[ ]  Leslie Bentley |[ ]  Maxine Reid  |
|[ ]  ShaDonna Yates |[ ]  Joy Varney |[ ]  Amanda Metcalf  |
|[ ]  Tre Wright |[ ]  Kevin Garvin |[x]  Brooke Arnold |
|[ ]  Mary Kay Lamb |[ ]  Kenneth Fletcher |[x]  Lizzie Minton |
|[x]  Jon Michael Watkins |[x]  Amy Hutchinson |[x]  Michelle Sawyer |
|[x]  Eileen Grady |[x]  Beth Jordan |[ ]  Chandler Kinney |
|  |  |  |  | [ ]  | Brittani Roberts |

[x]  = Present [ ]  = Absent

**Housekeeping:**

Reminder Notice: Spirit of the RGMIT is to serve the purpose of the SOC FIVE grant—providing services to families to prevent removal from the home. We are here to learn from each other and share any new services available to help families. Please reach out to Kelly if you are unsure about your role within the RGMIT or attend an RGMIT meeting in another region to learn from your counterpart!

Presentations! If you have an SOC FIVE applicable presentation- Two Rivers RGMIT welcomes you to present in and to spread the word/network.

If you know of a program but do not quite have a presentation prepared- let me know! I’d be happy to team up and help put one together!

Possible Future Presentations Discussed:

* Brooke Arnold will be partnering with Community Collaboration for Children- Kelly will touch base with Brooke again in a few months about this
* Michelle Sawyers discussed tracking educational neglect data (truancy) in Warren County with help from Barren River RIAC
* AOC will be presenting regional data in November for other RGMITs, Michelle Sawyers will get back to Kelly about AOC presenting at the Two Rivers RGMIT in November as well

# Data Team & Evaluation, UK HDI Team

Jon Michael showed data for August and thanked everyone for recently reporting data. Jon Michael used the new CQI Dashboard. There is a link to it on the main page of the SOC FIVE website. Here is a direct link: <https://hdievaluationunit.clicdata.com/b/uDY9pnain9VA>.

**DCBS Data (August 2022)**

|  |  |  |
| --- | --- | --- |
| CQI Metric | All Regions | Two Rivers |
| DCBS - Screeners Offered | 187 | 18 |
| DCBS – Screeners Completed | 181 | 18 |
| DCBS – Screened in for CANS | 63 | 2 |
| DCBS – Referrals for CANS Assessment | 48 | 2 |

**Provider Data (August 2022)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CQI Metric | All Regions | LifeSkills | River Valley | Uspiritus |
| BHP\* - Initial CANS Assessments | 18 | 0 | 1 | 0 |
| BHP – Referred to Services based on CANS | 17 | 0 | 1 | 0 |
| BHP – Receiving Services after Referral | 17 | 0 | 1 | 0 |
| BHP – Baseline NOMs^ | 12 | 0 | 1 | 0 |

\*Note: BHP stands for “Behavioral Health Provider.”

^Note: Baseline NOMs are sometimes submitted after the month of the interview date. So, the number of monthly NOMs sometimes changes.

## Action Items

Task Description Person Responsible Deadline

 N/A

# Discussion: Barriers to Services for Families

**You** tell **me, what are we changing- and how can SOC FIVE staff be of assistance?**

Micah Blevins (High Fidelity Wraparound Coordinator—River Valley Behavioral Health) shared that communication with DCBS was a barrier at first because workers did not really know what wraparound was. She has started to overcome that barrier by getting out into the community and attending as many meetings as possible, getting face time with people and explaining what services they have to offer. She reported that communication with DCBS has improved since she started these efforts.

Kelly Bradshaw reminded everyone about the SOC FIVE Power Hour. This is a monthly learning session on SOC FIVE to new DCBS staff, hosted every third Thursday of the month at 12:00 PM (CST). Staff from any BHP is welcome to help Kelly present. DCBS has also requested this become part of their new staff orientation.

## Action Items

Task Description Person Responsible Deadline

N/A

# Positive Childhood Experiences (PCEs)

Kelly Bradshaw presenting in place of Amy Jeffers.

* Adverse Childhood Experiences (ACEs) include trauma experienced in childhood such as abuse, neglect, family member struggling with addiction, losing a parent
* ACEs are common—61% of surveyed adults have had at least one ACE before age 18, and nearly 1 in 6 have had four or more types of ACEs
* Women and several racial/ethnic minority groups were at greater risk for experiencing four or more types of ACEs
* 3 Realms of ACEs: household (divorce, neglect, abuse, parental mental illness, etc.), community (poverty, food scarcity, discrimination, etc.), and environment (natural disasters, pandemic, climate crisis)
* If you have a high ACE score, are you doomed?
* Positive Childhood Experiences (PCEs) associated with lower risk of depression or poor mental health and a higher probability of healthy adulthood interpersonal relationships
* Both positive and negative experiences in childhood have a lifelong impact, and PCEs can mitigate the effect of ACEs
* Kelly shared a personal story of a client she worked with who is doing well now despite not coming from a super great situation, and she credits that to her PCEs
* Examples of PCEs include being able to talk to family members about feelings, feeling safe and protected by an adult in the home, or having at least 2 nonparent adults taking a genuine interest
* COVID has decreased opportunities for these experiences, especially for children who didn’t have these opportunities before COVID
* Every moment matters, every interaction with a young person can change the trajectory caused by ACEs, and we must be *deliberate* about providing PCEs
* PCEs—reframe the dialog; prioritize possibility; is solution, healing, and engagement oriented; transformational resilience; optimize whole health and quality of life
* “Through Any Door” competencies: might look different for every kid (it might be sports for one, and writing for another), help kids find that!
* Engagement with youth is key! Help kids navigate through the steps of good mental health, work with them, help them find solutions instead of passing off their problems to others. If a child comes to you with a problem, don’t simply them to just go ask their mom! Maybe talk to them about a good way to approach their mom instead, be a part of that process and show them you care!
* HIGH adversity does NOT mean you are “broken” or “doomed!”—LOW adversity does NOT mean you are “well” or “in the clear!”
* It is not just the absence of ACEs that lead to healthy adults—greater acceptance of negative feelings and experiences is correlated with higher levels of well-being and mental health
* Kids may experience ACEs for many reasons, some of those beyond anyone’s control, and families can provide PCEs to help counteract those ACEs
* “EVERYTHING YOU SAY AND DO CREATES AN IMPACT”
* Everyone here on the RGMIT is part of the “DO”—we help families by providing tools and information, by giving parents the resources they need to help their children thrive
* Some advice for parents:
	+ Don’t assume a child is doing fine just because they are not showing obvious signs of distress
	+ Listen carefully, put electronics down, give your full attention
	+ Some children and most teenagers are not comfortable maintaining eye contact when discussing feelings—riding in the car might be a good place to talk
	+ Offer compassionate empathy rather than solutions
	+ Breathing in the same room together is not the same as connecting
	+ Let the child’s questions guide you
	+ Keep your rituals and traditions going
	+ Say the words, don’t assume they know you care
* Everyone has a role to play in presenting ACEs and promoting PCEs. We can help kids develop the tools they need to persevere through ACEs, because we can’t always control everything.
* **What can we do through out work to increase PCEs?**
	+ Be the person that you needed at that age
	+ Just listening is BIG!
	+ Don’t blame families when discussing ACEs, but instead try to promote PCEs to help mitigate
	+ People make mistakes and situations are sometimes out of our control, raise families up instead of tearing them down
	+ Build connection—families are often looking for understanding and want to feel as though they have options from providers to find a solution that works for them instead of being forced into something
	+ Highlight the positive and encourage, not discourage. A family might be going through a rough time, but that doesn’t mean a family isn’t trying their best and doesn’t love their children.

Amy Jeffers will be at the November RGMIT for Q&A

Anita Mattingly commented that parents really need an advocate outside of DCBS, because she did not feel supported or receive any help from DCBS, she felt scorned and judged. Parents really need help and encouragement if their children are to benefit. Kelly thanked Anita for her input and noted the importance of youth and family advocates. Their input is vital in achieving the goals of SOC FIVE, which include improving the system for families, and broadening the opportunities and programs available to help families where they are.

## Action Items

Task Description Person Responsible Deadline

N/A

# Racial Equity Change Team

RECT is currently working on a new action plan. The team meets the last Wednesday each month, 12:00 PM (CST). Please reach out to Tammi Taylor (tammi.taylor@ky.gov) if you are interested in joining the team or want to attend a meeting—now is a great time to join!

Dee Dee shared the Youth Racial Trauma Therapy Training with Dr. Kniffley. The training covers a therapy approach focused on race-related stress and trauma impacting youth aged 6-12. The virtual self-paced training is currently available for free, both in Kentucky and outside the state. The 6-hour training must be completed within 30 days and includes 6 months of consultations with Dr. Kniffley and his team. Reach out to Dee Dee (deedee.ward@ky.gov) for more information.

## Action Items

Task Description Person Responsible Deadline

N/A

# Family and Youth Involvement

Parent and Youth representatives will be reimbursed for their time at the state GMIT, if you are interested in attending these 2-hour meetings as a youth or parent representative, please reach out to Kelly and she will send you the meeting information and invite.

Please share events/trainings we can invite our youth/parent reps with the group.

Dyzz Cooper shared upcoming events at KPFC:

* Youth Café for transitional age youth (13-26) hosted first Thursday of every month, 5:00 PM (EST)
* Peer Support Specialist Trainings—reach out to KPFC for more information
* See KPFC website for additional events

Anita Mattingly expressed concern over the lack of support groups available where she lives and is interested in trainings at some point in the future. Kelly Bradshaw would like to see Anita possibly lead a support group, or teach hobbies as a coping skill, and will send Anita any relevant trainings she comes across. Kelly will also send Anita the SGMIT invite.

Beth Jordan shared the SOC Learning Series October Workshops, contact Beth.Jordan@ky.gov for more information.

Dee Dee asked if the LEAD KY (Lived Experience Authentically Driven in KY) group was at a place to start sharing and recruiting members. Dyzz reported that the group is getting close but not quite there yet, they are in a holding pattern right now. Dee Dee suggested they could present in a few months then, maybe January or February.

## Action Items

Task Description Person Responsible Deadline

Share trainings and events that we can RGMIT members ongoing

invite our representatives to

Reach out to Kelly if you are interested in Parent/Youth Reps ongoing

attending State GMIT in addition to RGMIT

# RIAC SOC FIVE Funds

* 1. Barren River
		1. Truancy focused efforts, last month Anne shared pictures of the bus messaging in English and Spanish. The advertisements will run locally until January 31, 2023
		2. Will present more at SGMIT about SOC FIVE funds
	2. Green River
		1. The TAY coordinator is going to be involved in the RIAC, new LRC
		2. Purchased at home parent kits—will participate in report out at SGMIT

## Action Items

Task Description Person Responsible Deadline

N/A

# Agency Updates

**DCBS**

* n/a

**KPFC**

* n/a

**River Valley Behavioral Health**

* n/a

**Uspiritus**

* n/a

**Lifeskills**

* n/a

**SOC FIVE**

* n/a

**Other Updates**

* Michelle Sawyer shared that all judges and circuit court clerks were invited to workshops covering current legislation regarding domestic violence (for example, withholding a pet is now considered a form of domestic violence)
* October SGMIT—Stephanie Sikes Jones (and maybe Dyzz) will present on adultism
* Next SIAC meeting is October 26 at 10 AM
* Interested in SGMITs and/or info on SIAC? Reach out to Dee Dee (deedee.ward@ky.gov)

## Action Items

Task Description Person Responsible Deadline

N/A

# Next Meeting: November 7, 2022 @ 9am CST ZOOM format

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