# 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]  Kelly Dorman DBHDID |[x]  DeDe Sullivan, DCBS |[x]  Susan Crider, Communicare |
|[x]  Dee Dee Ward, DBHDID |[ ]  Sandy Mader, DCBS |[x]  Judy LaRue, AOC |
|[x]  Tammi Taylor, DBHDID |[x]  Denita Moore, DCBS |[x]  Josh Swetnam, B&G Haven |
|[x]  Maxine Reid, DBHDID |[x]  Melissa Farmer, DCBS |[x]  Kerry Goodman, KPFC |
|[x]  Kelly Bradshaw, DBHDID |[x]  Lizzie Minton, DCBS |[x]  Dyzz Cooper, KPFC |
|[x]  Joy Varney- Aetna |[x]  Michelle Cunningham, Seven Counties  |[x]  Deanna Frazer, KPFC |
|[ ]  Stacey Brewer, Aetna |[x]  Andrea Sheroan, Communicare |[x]   |
|[x]  Jessica Ware, UK HDI |[ ]  Nichole Gilkey, SAFY |[x]  Michelle Chino, AOC |
|[x]  Katie Kirkland, UK HDI |[x]  Amanda Goodlett, Seven Counties |[x]  Valerie Frost, KYA |
|[ ]  Cameron Galloway, Youth Rep |[x]  Jacquelyn Craig, Seven Counties |[x]  Debbie Abreu, KYA |
|[ ]  Andrea Pike-Goff FRYSC |[x]  Caitlin Macy, Seven Counties |[x]  Randa Bush, New Vista |
|[ ]  Leah Morris, UK TAP |[x]  Jennifer Hardigree, Seven Counties |[x]  Jamie Kisselbaugh |
|[ ]  Nichole Crenshaw B&G Haven |[x]  Brittany Pape, Seven Counties |[x]  Brittany Barber, DBHDID |
|[ ]  Melissa Hayden, HOI |[x]  Stephanie Weaver, Seven Counties |[x]  Diane Gruen-Kidd,DBHDID |
|[x]  Beth Jordan, DBHDID |[ ]  Maggie Myers, FRYSC |[x]  Shelly Lambert, Lincoln Trail Health Department |
|  |  |[x]  Dawn Mattingly, parent rep |[ ]   |

[x]  = Present [ ]  = Absent

**Update- Randa Bush, New Vista**

Over the holiday, Liz Moreland, New Vista Resource Coordinator, passed away suddenly from a heart attack. She was a great model for collaboration across agencies and worked tirelessly to improve the system of care within the Salt River Trail Region. Her presence is deeply missed.

#  Vision and Regional Action Plan, Valerie Frost, KY Youth Advocates

Vision and Action planning is focused on community led primary prevention for children who are at risk of experiencing abuse and neglect. Last summer visioning sessions occurred in all 9 DCBS service regions. The initial action planning group reviewed court dockets and explored cases from DCBS exit point backwards to find ways to prevent escalation and coordinate efforts across the region to help reduce the number of calls for DCBS investigation. The group also discussed strengths and gaps within the region to create an action plan[[1]](#footnote-2) 30 survey responses were received from within the region related to the action plan. The action plan was screen shared and Kelly reminded the group that RGMIT will be reviewing this action plan on a quarterly basis.

**Will there be meetings outside this monthly meeting to work on these action plans?**

* Currently working on organizing teams for each strategy
* Identify 1-2 reps from each of the following groups to create a collaborative cohort: FRYSCs, KY-SPIN, peer support, mental health providers, faith-based community
* KYA is technical support, this group would identify the action items, do outreach to others in the community to help carry out the work
* Here at RGMIT, you can receive updates and offer insight

**Prevention Strategies [Salt River Trail Action Plan]**

1. **Establish the foundation for a region wide help-seeking framework with behavioral health as a focal point**

**Discussion**

Is there anyone not at the table who should be?

* Connecting families to FRYSC; many families are unaware of FRYSC resources
* CSDs shares resources have regional resource guide that can be shared
* Nikki with KY Advocates is a good contact; very passionate and knowledgeable
* Dr. White, with KY Health Department is actively working to increase the number of community health workers (CHW) and setting up certification. Medicaid will pay for CHWs.
	+ This role helps people navigate the behavior health system/increase health literacy.
	+ Community Health Workers: Laura Eirich, MPH and Dr. White at DPH Connie.White@ky.gov

**Ideas previously discussed for this strategy**

* Connect all Peer Support folks to FRYSC and School Social Workers and MH providers and Community MH providers, Faith Based, public health, libraries, local clinics
* Tapping into **KY-SPIN** and **peer support** to get families connected especially to behavioral health support for families who need to be walked through some of these processes
1. **Increase public awareness of community services and supports for families with diagnosed/suspected diagnosis children**
* Increase support referrals for parents of children with developmental and behavioral disorders by 10- 20%. Reduce stigma of help-seeking behavior

**Discussion**

* Increase training opportunities for providers to work with that population
* Increase referrals to KY-SPIN and KPFC to support parents with children on the autism spectrum
* The **KY Office of Autism** is housed within DBHDID.
	+ There is a statewide council with several subcommittees
* The **Office of Children with Special Health Care Needs** does a lot of work around autism
	+ Might still have a parent-to-parent support program.

Michelle Cunningham and Kerry Goodman offered to join the strategy team

1. **Strengthen trauma informed practices to increase meaningful and responsive interaction between community members, clients, and providers**

**Discussion**

* Craft trauma-training messaging for different community populations (health care workers, police officers, school personnel
* Brittany Barber, DBHDID, shared that DBHDID provides trauma informed training (train the trainer model), it’s free and can be provided virtually. Please look for Save the date for March emailed by BrittanyA.Barber@ky.gov
	+ If this group wants someone to provide an overview training, Brittany can provide a list of individuals who have been trained in the SRT region.

Josh S. and Dr. Goodwine offered to join the strategy team

## Action Items

Task Description Person Responsible Deadline

Contact Kelly to join a strategy team RGMIT Members ongoing

If you have not already

Continue to share ideas/potential partners RGMIT Members ongoing

# Family First and Evidenced Based Programs, Melissa Farmer, DCBS

Family First was enacted in 2018 via a federal act. Family First implementation is focused on keeping children safety in their home where possible. In 2019, KY began implementing Family First by enhancing primary prevention prior to removal and expanded Family preservation services.

* Completed a thorough review of services for family preservation.
	+ The region currently utilizes trauma focused CBT and Homebuilders (among other EBPs)
* Sobriety training available called START-not yet available in SRT.
* Another program available in the region is called KSTEP (Kentucky Strengthening Ties and Empowering Parents), which involves intensive in-home services aimed at keeping children safely in the home with parents who struggle with substance use
* The other facet of Family First is Kinship care [relative and fictive kin]--supporting families who keep affected children out of foster care.
* Prevention services/Assessment Tools
	+ Assessing children for placement [group homes, etc.] helps identify child specific needs so we can identify strategies to keep them in a family setting if possible.

**Discussion**

* SOC was written with this population and focus in mind.
* This is the 1st time Feds have given money to keep kids in the home. Really seeing some benefits to families.

## Action Items

Task Description Person Responsible Deadline

Please share information w/others RGMIT ongoing

# Certified Community Behavioral Health Clinics (CCBHCs), Jacquelyn Craig, Seven Counties

**What’s A CCHHC?**

CCBHCs are specially designed clinic that provides a comprehensive range of mental health and substance use services.

* Serve anyone who walks through the door, regardless of their diagnosis and insurance
* Meet stringent criteria regarding access, quality reporting staffing and coordination
* Receive flexible funding to support the real cost of expanding services
* CCBHC’s have dramatically increased access to mental health and substance use disorder treatment

**CCBHC Model**

* Originally implanted in an eight-state demonstration in 2017
* Today more than 500 CCBHCs are operating in 46 states
* The model will be expanded nationwide with planning grants

**SAMHSA developed criteria**

* Includes: staffing, availability and accessibility of services, care coordination, scope of services, quality and other reporting, organizational authority and governance (consumer representation in governance)

**Evidenced Based Practices**

* 10+ EBPs [List included in PowerPoint that will be shared]

**Access & Availability of Services**

* Routine- 10 days, Urgent- 1 day, Emergent- 3 hours
* Sites to have evening and weekend hours available (no waitlists)
* For transportation to rural sites, we have purchased vans and employed drivers

**Care Coordination**

* Coordinates care across the spectrum of health services including access to high quality physical health (acute/chronic) and behavioral health care as well as social services, housing, educational systems, and employment opportunities

**Discussion**

## The premise is that we will see clients get healthier faster and stay healthier for longer with this model.

* The PowerPoint will be shared with the team if you have any questions please reach out

**With the focus on integrated health, is there any specific focus on screening for or raising awareness of eating disorders?**

Not sure, Seven Counties will provide follow up information on this.

**What does the client governance piece look like for Seven Counties?**

Client participation in how services are administered, ensure consumer representation. Bullitt County, for example, had an advisory board that involved consumers

## Action Items

Task Description Person Responsible Deadline

Please share the information w/ others RGMIT ongoing

#  Statewide Children’s Behavioral Health Plan, Beth Jordan, DBHDID

DCBS, DJJ and SIAC are contracting with Innovation Institute [ <https://inDecations.socialwork.uconn.edu/> ] to support the development of a statewide behavioral health plan. The goal is to create a blueprint for the service continuum; to avoid client mismatch of services and align the ‘pathway to treatment’ across agencies.

* Encompassing High Fidelity Wrap, the work of the Service Array (SIAC), and care pathways (service continuum), and looking to add support for newer systems for Mobile Crisis i.e., Mobile Response Stabilization Services (MRSS)[[2]](#footnote-3)
* The plan will include standards and address family accessibility
* Looking at integration with private insurance

Focus groups, data requests, and analysis forthcoming; DBHDID will potentially be reaching out to those in this group to gather more information

## Action Items

Task Description Person Responsible Deadline

Please share information w/others RGMIT ongoing

# Data and Evaluation, Katie Kirkland, UKHDI

**Current Data Collection- Katie Kirkland**

Katie reported CQI data for December and showed past data from November using the CQI Dashboard (<https://hdievaluationunit.clicdata.com/b/uDY9pnain9VA>).

**DCBS Data (December 2022)**

|  |  |  |
| --- | --- | --- |
| Salt River Trail DCBS | Dec. 2022 | Percentages |
| DCBS Screeners Offered | 20 |  |
| DCBS Screeners Completed | 18 | 90% |
| Screened in for CANS | 16 | 89% |
| Referred for CANS Assessment | 16 | 100% |

**Provider Data (December 2022)**

|  |  |  |
| --- | --- | --- |
| Boys and Girls Haven | Dec. 2022 | Percentages |
| Initial CANS Completed | 2 |  |
| Referred to services/treatment based on CANS | 2 | 100% |
| Receiving services/treatment after referral | 2 | 100% |
| Baseline NOMs Completed | 2 | 100% |

|  |  |  |
| --- | --- | --- |
| New Vista | Dec. 2022 | Percentages |
| Initial CANS Completed | 0 |  |
| Referred to services/treatment based on CANS | 0 | N/A |
| Receiving services/treatment after referral | 0 | N/A |
| Baseline NOMs Completed | 0 | N/A |

|  |  |  |
| --- | --- | --- |
| Communicare  | Dec. 2022 | Percentages |
| Initial CANS Completed | 2 |  |
| Referred to services/treatment based on CANS | 0 | N/A |
| Receiving services/treatment after referral | 0 | N/A |
| Baseline NOMs Completed | 0 | N/A |

|  |  |  |
| --- | --- | --- |
| Seven Counties  | Dec. 2022 | Percentages |
| Initial CANS Completed | 4 |  |
| Referred to services/treatment based on CANS | 4 | 100% |
| Receiving services/treatment after referral | 4 | 100% |
| Baseline NOMs Completed | 1 | 25% |

**Discussion**

* We do meet in regular touch base calls as well; great strides have been made internally talking to DCBS/each provider addressing issues.
* SRT has a new liaison who is adapting well to their role and keeping a log of referrals.

## Action Items

Task Description Person Responsible Deadline

N/A

# Takeaways & Agency Updates

**Member takeaways from today**

* KY has a lot on the way which is really exciting. Seeing these presentations is helpful for those on the front line.
* Uplifting to hear about all the services and initiatives. Helpful to know so we can integrate these initiatives into action plans.
* There is a vast variety of services that are able to be provided to families to help support them in meeting their needs

**Updates/Announcements**

**“Turn the Tassel”**

Trimble County RIAC will be co-hosting with the Trimble County Library a "Turn the Tassel" event on May 12th at the Trimble County High School from 9am-11am. We will also attend the Community Day Event on April 15th at the Trimble County Park. We are expecting 300 families at the April event and all 89 Seniors at the Turn the Tassel event. Our goals for each event are to 1. link families and youth to resources identified from the need’s assessments in the areas of mental health, physical health, substance misuse, financial supports, recreational engagement for families, food resources/basic needs etc. 2. to help support youth in accessing resources, educational goals/supports and employment opportunities identified by them following a survey initiated from the FRYSC in 2021-2022.

**Community Needs Survey**

Closes tomorrow, please take the survey if you have not yet! <https://uky.az1.qualtrics.com/jfe/form/SV_3JblX5xAEyURz02>

**Seven Counties Announcement**

Jen Hardigree is now the VP for Rural Services of Seven Counties, Congrats Jen!

## Action Items

Task Description Person Responsible Deadline

N/A

The SOC FIVE website (<https://socv.hdiuky.net/>) has links to the SOC FIVE Service Map (<https://map.socv.hdiuky.net/>) and the SOC FIVE CQI Dashboard (<https://hdievaluationunit.clicdata.com/b/uDY9pnain9VA>).

1. attachment emailed with today’s meeting agenda. [↑](#footnote-ref-2)
2. MRSS is delivered to any young person under the age of 21, who is experiencing escalating emotional symptoms, behaviors, or traumatic circumstances that have impacted their ability to function within their family, living situation, school, or community. [↑](#footnote-ref-3)