



CONNECTIONS

WAYNE COUNTY SYSTEM OF CARE
SYSTEMS IN ACTION FOR CHILDREN, YOUTH AND FAMILIES

Human Services Community Collaborative Operating Guidelines

October 1, 2021-September 30, 2023

Mission - To establish and maintain a barrier free continuum of services. Systems (Child Welfare, Juvenile Justice, Community Mental Health, Substance Abuse, Education, Public Health and Others) working together for the success of all Wayne County children and families.

Vision – “Enriching Lives through Collaboration”

Purpose - System collaboration to support children and their families on their path to success, health and wellness.

These adopted Operating Guidelines affirm our collective intent to fulfill Connections – Wayne County System of Care’s vision by:

- Developing and sustaining a full partnership with families and surrogate families by developing and implementing services in a way consistent with System of Care principles and values around consumer inclusion in the development and maintenance of a System of Care.
- Supporting access to community-based, individualized, strength-based, family-driven services that address the needs of children and families requiring services from multiple systems; services should be provided unconditionally and reflect sensitivity to and understanding of, the culture and ethnic characteristics of consumers and their families.
- Inviting and integrating local public and private serving agencies and other key stakeholders into the System of Care (e.g. family and youth support groups, faith-based community).
- Using the service delivery process to determine the unaddressed child, youth and family needs, systems’ issues and barriers to advocate to the State (MDHHS) for system change for resolution at the leadership level.
- Utilizing partnerships with regional universities and local agencies to identify and address training and technical assistance needs and provide pre-service and in-service training in the principles, values and practice of the System of Care with empirically based treatments and best practices.
- Ensuring that at-risk service funds, allocated to support the basic System of Care infrastructure, are utilized in a manner that promotes quality services consistent with System of Care Best Practices.
- Serving as a resource to children and families in resolving concerns, service issues, barriers, and/or gaps that cannot be resolved at the service delivery level.

System of Care Values and Principles

Values:

- Family- Centered and Youth-Guided
- Community-Based
- Culturally and Linguistically Competent

Principles:

- Availability and Access to a broad array of quality holistic services to the individual (behavioral, educational, emotional, physical, social and spiritual);
- Provide individualized services;
- Deliver services and supports in the least restrictive environment;
- Ensure families, other caregivers and youth are full partners in all aspects of services;
- Ensure Cross System collaboration among child serving systems;
- Provide service coordination/care management to ensure multiple services are coordinated and integrated;
- Provide developmentally appropriate mental health services that promote optimal social emotional health;
- Provide developmentally appropriate services and supports to facilitate transition to adulthood
- Incorporate and link prevention, early identification and intervention to improve long term outcomes;
- Incorporate continuous accountability mechanisms to track, monitor, and manage achievement of goals;
- Protect the rights of children, youth and families and promote effective advocacy efforts; and
- Provide services and supports without regard of race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, language, geography, immigration status, or other characteristic, and services should be responsive to these differences.

Human Services Community Collaborative Goals:

- Support the efforts of Connections Wayne County System of Care;
- Support the development of a structure for Wayne County that maintains the continued improvement of a cross-system continuum of care for children, youth and families;
- Develop a coordinated system of individualized decision making and treatment options for at risk, high needs children and youth in the least restrictive environment;
- Expand substance use disorder services for co-occurring youth under the age of 18;
- Enhance prevention supports and services within our system of care;
- Promote parent and youth involvement in policy, practice and treatment option development across all systems;
- Identify and develop a plan to address service gaps, barriers and capacity needs across the system;
- Identify methods to reduce service duplication and merge service efforts across children's systems in order to expand service availability to children or youth involved in multiple systems;
- Support the ongoing implementation of cross-system training;
- Create a social marketing communications plan that helps to further the understanding of System of Care across all systems and in Wayne County;
- Develop mechanisms to jointly fund services/projects that forward the System of Care goals;
- Conduct evaluations (process, outcome, and cost evaluation) of children's initiatives to support continuous quality improvement; and
- Update and maintain a Memorandum of Understanding between public partners.

Cultural and Linguistic Competency Statement

Mental Health American (MHA) states, “A culturally and linguistically competent system not only incorporates skills, attitudes, and policies to ensure that it is effectively addressing the needs of people and families with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by disability, race, ethnicity, religion, language, and socio-economic levels, but also works towards incorporating a culturally humble approach that focuses on mutual respect and ongoing introspection and learning” (<http://www.mentalhealthamerica.net/positions/cultural-competence>, 2016). This service approach will be utilized in order to deliver appropriate services to culturally, ethnically, linguistically, and racially diverse populations in Wayne County. To further promote CLC values, Connections integrates Cultural and Linguistic Competency (CLC) into committee collaborations/partnerships. This value integration will set a standard and ensure a conscious and deliberate accountability process, creating systems that are more responsive to CLC.

The System of Care (SOC) supports the following Cultural and Linguistic Competency (CLC) tenets:

- **Diverse representation**
 - Invite others to the partnership that are inclusive of the population served in Wayne County; and
 - Ensure culturally diverse individuals from Wayne County communities are engaged in SOC at every level.
- **Respect for all involved**
 - Encourage opinions and ideas;
 - Solicit volunteers for Work/Task Groups;
 - Relay messages (bottom up & top down) supporting the vision;
 - Provide assistance and a supportive network; and
 - Embrace differences.
- **Work plans that are culturally and linguistically inclusive**
 - Promote and improve access strategies;
 - Identify best practices to ensure CLC progression;
 - Enhance efforts to integrate and implement CLC concept;
 - Maintain a common cohesive vision/message;
 - Promote CLC learning communities through communication and collaboration; and
 - Address developed (ing) issues that presents as a CLC barrier(s).
- **Deliverables with CLC language** (e.g. Limited English Proficient (LEP) individuals have access to translation services, familiarity with basic terminology, and/or increase awareness avoiding cultural and/or generalization/stereotyping)
 - Identify needed written materials for various languages;
 - Provide avenues/resources to obtain written materials in a timely manner;
 - Access to translators to “communicate effectively to diverse audiences” (Goode & Jones, 2004);
 - Incorporate the DWMHA – SOC CLC statement across system/service providers;
 - Share data/information across systems to ensure cultural and language preferential needs are documented;
 - Include Cultural and Linguistic Appropriate Standards (CLAS); and
 - Support quality collaborative services and supports.

- **Ongoing training component to increase cultural sensitivity**
 - Use of well validated tools to enhance CLC communication skills;
 - Set “guidelines to ensure skills and abilities to provide services to diverse populations” (Juvenile Justice and Delinquency Prevention Act of 1974-CLC); and
 - Ensure ongoing training around cultural competency, implicit bias, equity, inclusion and recipient rights.
 - Participate in the Cross Systems SOC 101 trainings to improve knowledge, beliefs, attitudes and practices.

Collaborative Membership: Stakeholders and Executive Leadership from systems represented throughout Connections Wayne County System of Care.

Collaborating members of systems comprised of leaders from a representation of Public Entities:

- Detroit Wayne Integrated Health Network (DWIHN)
 - DWIHN Youth Involvement Specialist
 - Family Alliance for Change Parent Involvement Manager
- Wayne County Department of Health and Human Services (DHHS)
 - Children and Family Services Administration
 - Financial Assistance Administration
- Wayne County Third Circuit Court – Family Division, Juvenile Section
- Wayne County Prosecutors Office
- Wayne Regional Educational Service Agencies (RESA)
- Detroit Public Schools Community District
- The Detroit Health Department
- Health, Human and Veterans Services
 - Juvenile and Youth Services Division
- Ruth Ellis Center
- Spectrum Human Services

Membership will include at least the following representatives:

- Agency representatives included in the Memoranda of Understanding (MOU)
- Family Alliance for Change - Family Organization representative
- Representative of the non-profit Community Agencies
- Representatives from the community at large (Foundations, Business, & Faith-Based, etc.)
- Youth United – Youth-Led Organization
- Substance Use Provider Representative
- Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) Provider Representative
- Physical Health Care representatives
- Federally Qualified Health Center
- Other family and youth-led organizations

New Members will be decided upon by the Collaborative Body and should be reflective of identified service needs in the community. Any member of the collaborative may recommend new members. Recommendation should be made to the Chair who will bring the recommendation to its full membership for a decision.

Participation in standing committees does not require collaborative membership. Collaborative members are encouraged to recommend non-members to committees as a way to expand future collaborative interest and membership.

Attendance

Members are expected to attend on regular basis, and when unable to attend, should send an alternate that has decision making authority and reporting abilities. Members shall notify one of the Co-Chairs (or designee) of their inability to attend a scheduled meeting at least 48 hours prior to the date of the meeting. Any member of the collaborative who is absent from three consecutive meetings shall be contacted by one of the Co-Chairs to determine interest in continued membership in the Human Services Community Collaborative.

- If unable to attend, notify Designee or one of the Collaborative Co-Chairs
- Unexcused absences are defined as failure to notify at least 48 hours prior to the scheduled meeting to one of the Collaborative Co-Chairs of your attendance.

Committee Membership and Term of Office

All committees must have two identified Co-Chairs. The Co-Chairs agree to serve a minimum term of two (2) years. Membership must be comprised of a minimum of:

- One (1) Parent Representative
- One (1) Youth Representative
- System Partners (Child Welfare, Juvenile Justice, Community Mental Health, Substance Abuse, Education, Public Health)

Duties of the Co-Chairs and Committee Chairs

The duties of each Chair, Co-Chair and/or Committee Chairperson are described below:

Co-Chair (or designee) duties:

1. Facilitate and chair meetings.
2. Develop the agenda.
3. Record attendance.
4. Create a work plan aligned with committee goals.
5. Sign any required documents (i.e. Stipend forms).
6. Call special meetings.
7. Complete written and/or verbal reports on committee activities.
8. Oversight of tasks established in meetings.
9. Appoint note taker to record the proceeding of the minutes.
10. Ensure the meeting begins and ends at the agreed upon time.
11. Create a binder to maintain a roster of committee membership, agenda, attendance, work plan, orientation packet, and evidence of correspondence and notes for all committee activities for auditing purposes.
12. Orientation of each new partner to the System of Care and to the respective committee.
13. Appoint committee member to address cultural competency needs and ensure the Cultural and Linguistic Competency guidelines are met.
14. Communicate to member any necessary information.
15. Maintain a copy of Human Services Community Collaborative Operating Guidelines.

Standing Committees

Standing Committees will be chaired by key Human Services Community Collaborative members responsible for the function of the committee with the collaborative. Co-chairs will be selected by the committee membership. Committee members shall nominate candidates and vote on the candidates for the Co-Chair positions using an electronic confidential survey system. Members can nominate and vote for themselves.

Resignation

Any member can resign at any time by giving written notice to one of the Co-Chairs. Such resignation shall take effect at the date of receipt of the written notice unless it specifies a later time for resignation to become effective. Existing committee members can nominate and vote an individual to fill a vacancy. Nominations will then be voted upon at the next scheduled meeting.

Cross System Management Team - comprised of Public and Private System Leaders, Parents, Youth, and Community-based agencies ensuring increased coordination, cooperation, and collaboration that will enhance exponentially the availability of services and impact of public investments in Wayne County's children and their families so that the children should be "at home, in school and able to achieve individually defined success in the community."

Other Committees

The Co- Chairs shall appoint Ad Hoc committees as needed to conduct the affairs of the Collaborative. Ad Hoc committees will be convened on a time-limited basis (no more than six (6) months to a year). All committees and will be reviewed yearly and recommendations for status made at the Annual Human Services Community Collaborative Meeting.

All committee membership will be reviewed annually in order to ensure commitment and update the membership sheets for committee binder.

Meetings

All committees will hold regularly scheduled meetings, no less than six (6) per year. The Committee membership will determine meeting days, times, and location. The Committee Co-Chairs (or designee) will notify members of any changes in meeting location, date, and time at least one (1) week prior to the scheduled meeting. All committees will have cultural competence as a standing agenda item to ensure informed culturally competent, data decision making. However, each organization has only one (1) vote per organization.

Special Meetings require a 48-hour advanced notice including the subject matter for the meeting.

Teleconferencing can be utilized as a source for committee attendance with prior planning.

Technology can be used to improve the efficiency of committee business (i.e. email, go-to meeting, conference call, etc.).

Quorum

The simple majority of more than 50% of the membership of the Human Services Community Collaborative must be in attendance for a quorum. The Collaborative will not hold a vote without parent and youth representation present.

Decision-Making and Voting

The Collaborative will strive to reach decisions by consensus. In the event that consensus is not achieved, decisions will be made by majority vote. Any member may call for a vote. Each member present will have one (1) vote through the formally designated person or formally designated substitute.

Conflict of Interest

Members shall recuse themselves of any vote when they have a conflict of interest, including but not limited to direct financial stake in the outcome of a decision.

Business of Human Services Community Collaborative

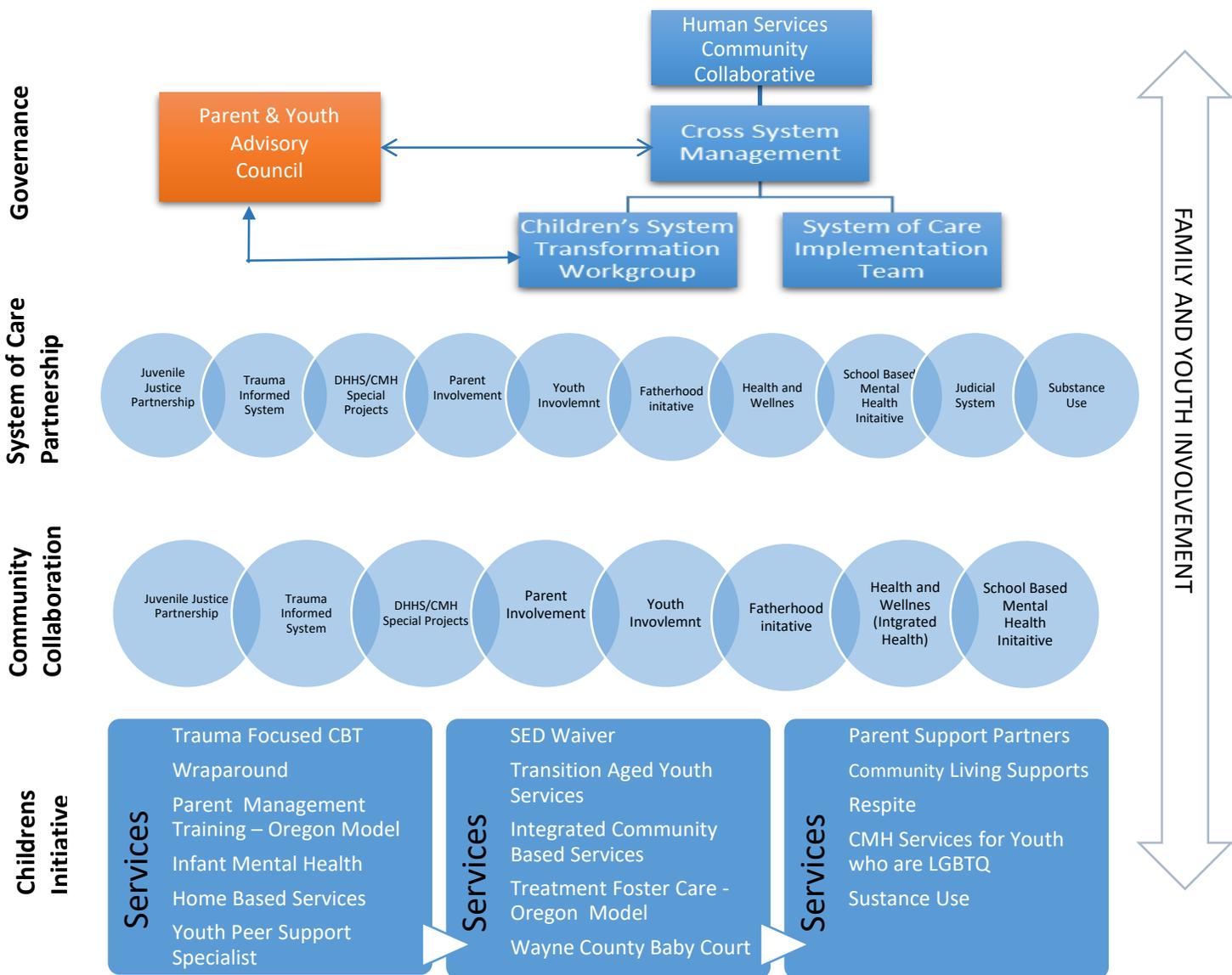
All business of the Collaborative, with the exception of emergency business, shall be presented to the members for discussion.

Conflict Resolution

Conflicts between members of the Collaborative should be resolved by the conflicting members through open and honest discussion.

Guidelines Review/Amendments

These Operating Guidelines are to be reviewed at the Annual Human Services Community Collaborative Meeting. These guidelines may be amended or repealed and new guidelines may be adopted, with an affirmative vote of two-thirds of the membership at the Annual Human Service Community Collaborative Meeting.



Family Driven - Youth Guided - Community Based - Cultural and Linguistic Competence

By signing below, I agree to uphold the agreement outline in this document and support the ongoing development of Connections System of Care for children and their families in Wayne County:

X *Carmen McIntyre Leon, MD*

Carmen McIntyre Leon, MD, Co-Chair
Chair Comm. Affairs, Wayne State

X *Shirley Mann Gray*

Shirley Mann Gray, LMSW, Co-Chair
Director, Maternal Child Health, Detroit Health Dept.

X *Cassandra Phipps LPC, LLP, CAADC*

Cassandra Phipps, LPC, LLP, CAADC
Director Children's Initiatives, DWIHN

X *Sherri Ruza, LMSW*

Sherri Ruza, LMSW
System of Care Manager, DWIHN

X *Lynette Wright*

Lynette Wright
Director, Infant Maternal Child health, MI. Dept. Health & Human Services

X *Jerry Peterson*

Jerry Peterson
Executive Director, Ruth Ellis Center

X *Robert Heimbuch*

Robert Heimbuch
Chief, Juvenile Division, Wayne County Court

X *Hon. Edward Joseph*

Hon. Edward Joseph
Third Circuit Court

X *Daveda Colbert*

Daveda Colbert, Ph.D.
Superintendent, Wayne RESA

X *Cynthia Cook*

Cynthia Cook, Ph.D.
School Health Consultant, Wayne RESA

X *Cecily Hoagland*

Cecily Hoagland
Wayne Health, Human, Veteran's Services

X *Genise High*

Genise High, MA, CAADC
Program Director, Spectrum Child and Family Services

X *Alethia Carr*

Alethia Carr, RD, MBA
SE MI. Perinatal Quality Improvement Coalition

X *D'Anne Franklin LMSW*

D'Anne Franklin, LMSW
Social Work Manager, Children Hospital

X *Genetta Y. Hatcher*

Rev. Dr. Genetta Hatcher
The Room Church

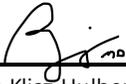
X *John Miles*

John Miles
Wayne County Fatherhood Coordinator

X *Bianca Miles, LLMSW*

Bianca Miles, LLMSW
Youth Involvement Specialist, DWIHN

X



Rebecca Klisz-Hulbert, MD
Professor, Wayne State
