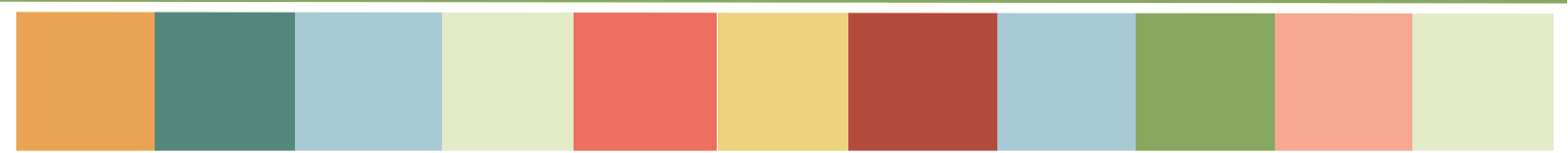


REPORT TO THE COMMUNITY 2014-2015



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



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Dear Partners, Colleagues, and Friends,

As I look back, it has been another terrific year and our accomplishments are truly a result of all our hard work. When I reflect on what has made the year successful, I realize it's the partnerships. There are many definitions of partnerships, but I think it's best defined as "a business entity in which two or more co-owners contribute resources, share in profits and losses, and are individually liable for the entity's action (thefreedictionary.com)."

ALL OF US— Child Welfare, Community Mental Health, Education, Juvenile Justice, Physical Health, and Public Health, are all CO-OWNERS of Connections Wayne County System of Care (SOC).

Your ongoing contributions allow us to persistently work toward our vision – a SOC which allows children, youth, and their families access to youth-guided, family-driven services provided by well-trained and qualified professionals.

I want to personally thank you and your teams for being CO-OWNERS of our SOC by always being willing to contribute resources, share in our accomplishments, strategize when we have system barriers, and ALWAYS being liable for transforming our system.

In partnership,

Crystal Palmer

Director, Children's Initiatives

BACKGROUND

Connections Uses the System of Care Approach

to serve children in Wayne County. System of Care (SOC) is not a program, but rather a spectrum of effective community-based services for children and youth with Serious Emotional Disturbance (SED) and their families. SOC is organized into a coordinated network of cross-system collaboration. This organization builds meaningful partnerships with families and youth and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life.



CONNECTIONS' GOALS

- 1) INCREASE ACCESS TO SERVICES
- 2) IMPROVE QUALITY OF SERVICES
- 3) INCREASE YOUTH AND PARENT VOICE
- 4) IMPROVE QUALITY OF WORKFORCE

SYSTEM OF CARE VALUES:

FAMILY-DRIVEN AND YOUTH-GUIDED

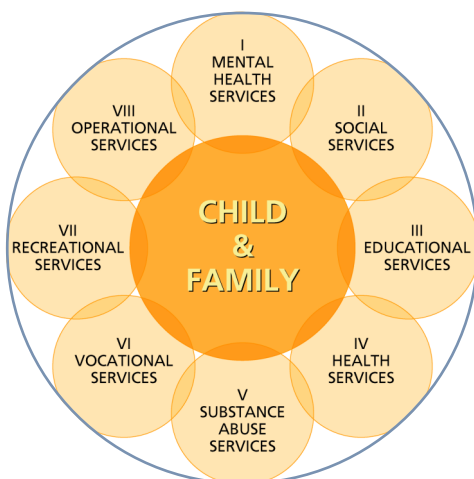
The strengths and needs of the child and family determine the supports and services a child and family receives.

COMMUNITY-BASED

The locus of services, as well as system management, rest within a supportive, adaptive infrastructure of processes, structures, and relationships with the community.

CULTURALLY AND LINGUISTICALLY COMPETENT

Agencies, programs, and services reflect the cultural, racial, ethnic, and linguistic differences of the population they serve. In order to facilitate access to and utilization of, appropriate services as a strategy to address disparities and achieve quality.



PARTNERSHIPS

Service Providers

American Indian Health and Family Services

Arab American and Chaldean Council

Arab Community Center for Economic and Social Services

Assured Family Services (formerly known as the Juvenile Assessment Center)

Black Family Development, Inc.

Bridgeway Services

CareLink Network

Center for Youth and Families

Clinic for Child Study

Community Care Services

Community Living Services

ConsumerLink Network

Detroit East Health Services

Development Centers

Gateway Community Health

Growth Works, Inc.

Hegira Programs, Inc.

Integrated Care Alliance

Lincoln Behavioral Services

New Center Community Services

Northeast Guidance Center

Pioneer Behavioral Health

Ruth Ellis Center

Southwest Counseling Solutions

Starfish Family Services

StarrVista

The Children's Center

The Guidance Center



System Partners

Detroit Wayne Mental Health Authority (DWMHA)

3rd Judicial Circuit Court of Michigan

Detroit Department of Health and Wellness Promotion

Institute for Population Health

Michigan Department of Health and Human Services—Wayne County

Southeast Michigan Community Alliance

Wayne County Department of Health, Veterans and Community Wellness

Wayne Regional Educational Service Agency (RESA)

Community Partners

Black Caucus Foundation of Michigan

Blanche Kelso Bruce Academy

Catholic Social Services

Child's Hope

Children's Hospital of Michigan

Easter Seals

Educational Achievement Authority

Family Alliance for Change

Great Start Collaborative—Wayne

Michigan Alliance for Families

The Milestones Agency

Neighborhood Service Organization

Pathways Academy

Save Our Children Coalition

Virtual Center of Excellence (VCE)

Vista Maria

Wayne Children's Healthcare Access Program (CHAP)

Wayne County Head Start

Youth United

University Partners

Eastern Michigan University

Michigan State University

University of Michigan

Wayne State University

Western Michigan University

SOC STRUCTURE

Governance



Human Services Community Collaborative:
The Human Services Community Collaborative (HSCC) is the designated Multi-Purpose Collaborative Body for Wayne County. It is an action-focused inter-agency and collaborative body, comprised of members from both the private and public sector. Its membership consists of representatives from law enforcement, education, community mental health, substance use, child welfare, juvenile justice, hospitals, public health, human services, courts, and early childhood. The mission of the HSCC is to improve the development, financing, collaboration and delivery of inter-agency services that enhance quality of life, reduce disparities and provide opportunities for all children, families and communities. Under the new leadership of co-chairs Veda Sharp (Detroit Wayne County Parent/Community Representative) and Crystal Palmer (Director of Children’s Initiatives for Detroit Wayne Mental Health Authority) the HSCC has re-engaged and rededicated their purpose to continued development of the collaborative that works for all child-serving systems. The HSCC is in the process of establishing their priorities for FY 15-16.

Cross-Systems Management Team

Members of this subcommittee make strategic decisions and inform policy regarding Connections. The team includes individuals with decision-making authority within their system.

Parent and Youth Advisory Council

Parent and Youth Advisory Councils are utilized to organize parents and youth who are, or have been, involved in our partners’ services, with the purpose of building a structure that represents parent and youth “voice” within our SOC. Members of both councils begin as dedicated volunteers who are provided with trainings focused on empowering them to effectively engage in SOC workgroups and committees. Family Alliance for Change has been developing a Parent Advisory Council whose focuses are identifying gaps in services and developing strategies to communicate with system partners. Youth United is developing their Youth Advisory Council whose focuses will be on certifying positive youth involvement sites, building partnerships and identifying resources for youth within the community, and being the voice for youth-guided services. In the next year, both councils will identify leaders in their councils to develop a combined SOC Collaborative Advisory Council to provide guidance on policies and procedures impacting services provided to Wayne County’s youth and families.

Children’s Systems Transformation Work Group

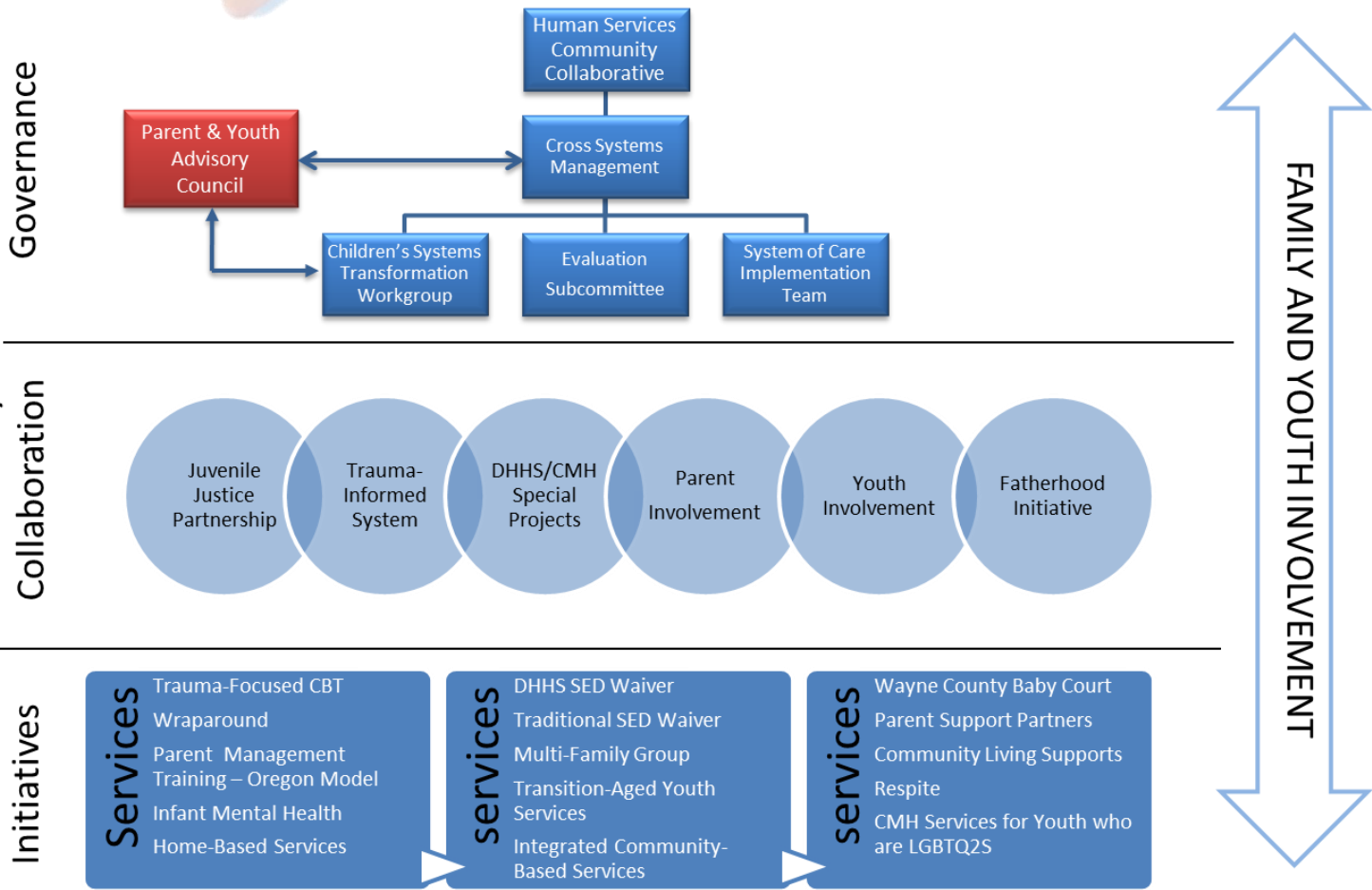
This subcommittee focuses on Evidence-Based/Promising Practices of Wayne County Children’s Initiatives and ensures the System of Care principle of a “flexible array of services & supports.”

Evaluation Subcommittee

Members of this subcommittee determine evaluation criteria, work to standardize assessments and forms across Wayne County, review evaluation findings, and provide input and recommendations.

System of Care Implementation Team

This subcommittee provides oversight and direction for collaborative activities associated with the Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care (SOC) Expansion Grant, and consists of select members of SOC leadership and grant employees.



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

Committee Overview

- | | | |
|-------------------------------|------------------------------|---|
| Baby Court Steering Committee | Fatherhood Initiative | Children's Practice Standards Workgroup |
| CAFAS/PECFAS – MCPN | Home-Based Taskforce | Trauma Leadership |
| CAFAS/PECFAS – Provider | Juvenile Justice Partnership | Youth Involvement Committee |
| DHHS/CMH Special Projects | LGBTQ2S Taskforce | |
| Early Childhood Task Force | Parent Involvement Meeting | |

FUNDING

SOC Block Grant

Connections received a \$1.04 million block grant to expand the SOC for the 9th year in a row. Funds are used for specialty positions, programs designed to focus on system change, special projects, evaluation, and development of the workforce

SAMHSA SOC Expansion Grant

In July 2013, DWMHA, in partnership with American Indian Health and Family Services (AIHFS) and The Guidance Center (TGC), was awarded a \$4 million System of Care (SOC) Expansion Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The 3rd year of this grant began July 1, 2015.

Safe Schools/Healthy Students

The Safe Schools/Healthy Students (SS/HS) Initiative is an inter-agency (Michigan Department of Education and Michigan Department of Health and Human Services) federal grant program that promotes cross-collaborative efforts to address youth violence and promote wellness of children, youth, and families in communities. Local law enforcement, juvenile justice, social services, mental health agencies, and community organizations work in partnership to promote the mental

health of students, enhance academic achievement, prevent violence and substance use, and create safe and respectful school climates. These goals are achieved by assisting in efforts to plan and implement comprehensive and coordinated programs, policies, and service delivery systems. The purpose is the Education Achievement Authority (EAA) in Detroit was selected as a site for this grant. Connections has been working in collaboration with the Safe Schools/Healthy Students partners on various projects and initiatives, such as helping to build partnerships, linking and connecting the EAA to resources, expanding planning committee representation, and more. The partnership between Connections and SS/HS-EAA continues to be strengthened as we work together to ensure children, youth, and families' mental health needs are met.

Early Childhood Comprehensive Systems Grant (ECCS)

DWMHA partnered with Great Start Collaborative-Wayne on a project to participate in a learning community focused on developing Continuous Quality Improvement (CQI) plans and activities that address trauma and toxic stress in early childhood. Through this project several trainings were conducted to help early childcare workers and caregivers learn how to distinguish the signs of trauma and toxic stress from normative development.

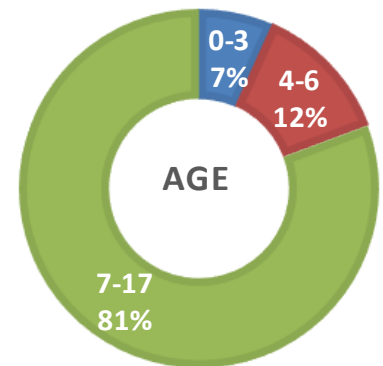
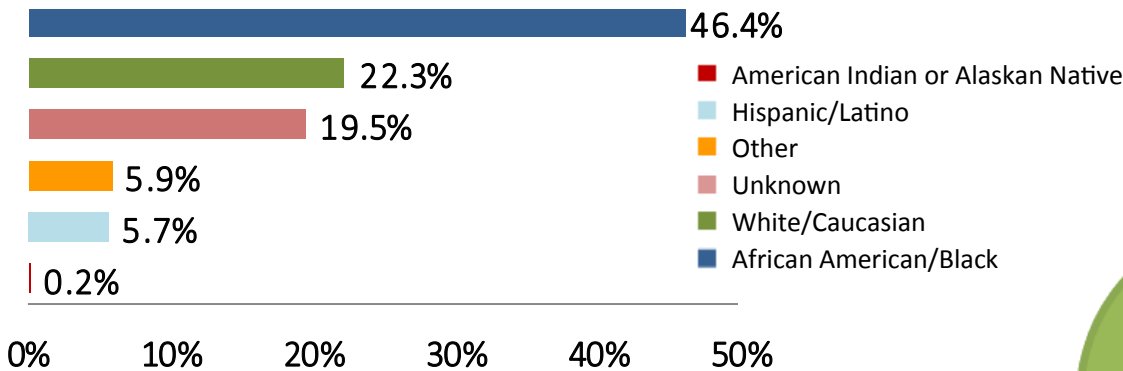
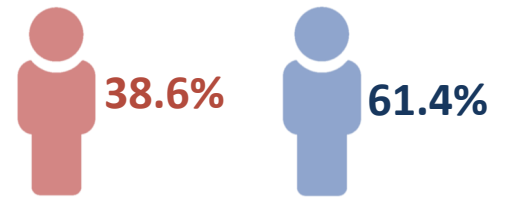
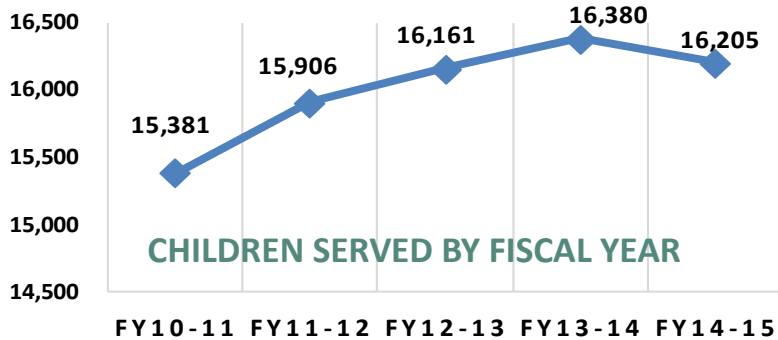
SAMHSA Detroit Trauma-Informed Project (DTIP)

The Children's Trauma Assessment Center has partnered with DWMHA with the support of SAMHSA funding to build a more trauma-informed community. The grant was in its 3rd year during FY 14-15 with a focus on sustainability of training efforts following the end of the project in FY 15-16.

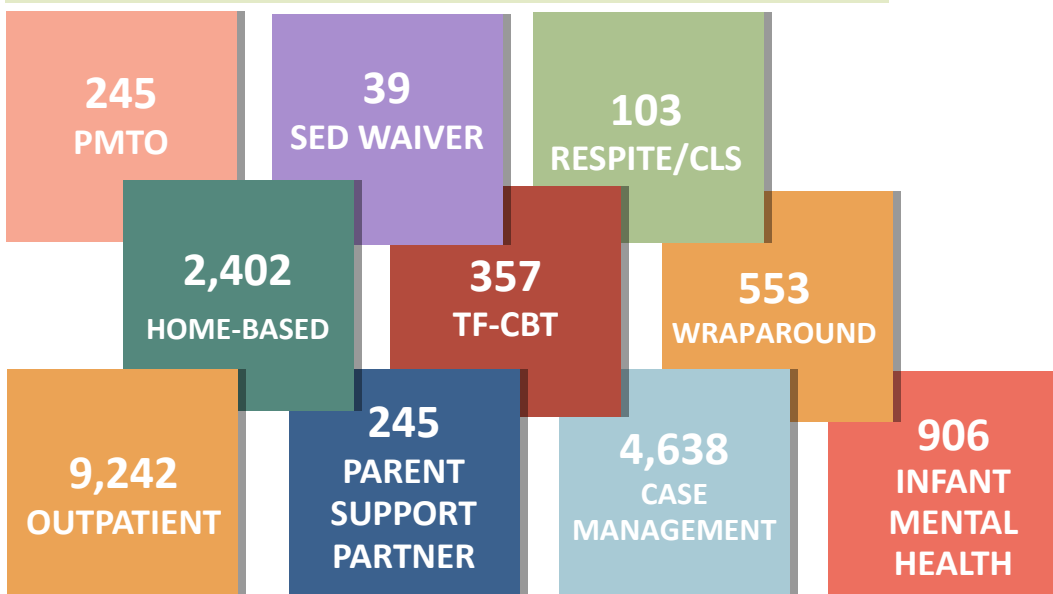


CHILDREN AND YOUTH SERVED

IN FY 14-15 CONNECTIONS SERVED 16,205* CHILDREN AND FAMILIES



SERVICES RECEIVED BY CHILDREN YOUTH AND FAMILIES*



*These numbers are based on claims data collected from MH-WIN Nov. 2015 which may have up to a 90 day lag. Demographic data reflects unduplicated cases. Services received are not unduplicated as youth may receive multiple services at once or over the course of the fiscal year.

YOUTH AND FAMILY INVOLVEMENT

Youth United

is a youth leadership initiative whose purpose is to promote youth voice and youth partnerships in Wayne County's System of Care (SOC). Youth United's Youth Advocates are involved in a variety of projects and activities aimed at moving Connections toward a Youth-Driven System of Care. Youth Advocates provide opportunities for youth to create youth-friendly environments throughout the Community Mental Health Contract Provider Network, as provide input on the development and implementation of services provided to children and youth.

Youth United employs youth across 3 regions to drive projects and activities which focus on leadership training, stigma, and advocacy. This fiscal year, Youth United held its 1st Annual Rock Your Difference Conference with 49 participants. *Also this year, Youth United has been asked to lead Youth M.O.V.E. Michigan!*



In FY 14-15 Youth United Held:

3 ROCK YOUR DIFFERENCE Leadership Trainings
82 participants

5 Youth United Focus Groups
60 participants

Reach Out! Suicide Forum for Parents and Youth
49 participants

East Region Training

The East Region has facilitated trainings across Wayne County and Michigan for youth and stakeholders. Trainings range from 2 to 4 hours long, and include a variety of interactive activities and discussions. The East Region had several notable accomplishments in addition to regular youth trainings held in the last fiscal year. East Region facilitated trainings for youth involved in the Youth Assistance Program at Black Family Development, Inc. (BFDI). The East Region also assisted with the Responsibly, Influencing, and Creating Health (RICH) Living summer program where 6 youth interns were hired for the 8-week program and trained

on project management, implementation, and public speaking. Finally, the East Region created the Wayne County Youth Advocate Training Manual. This training manual consists of 11 trainings the youth felt were needed to be a successful Youth Advocate. The manual will be utilized to help certify Youth Advocates in the Wayne County area. Whether youth are working at an agency, or building up their resume, the manual will help them identify the skills needed to advocate for others as well as themselves.

East Region Available Trainings

Youth-Specific System of Care (SOC) 101
Youth Involvement in SOC
Your Role as a Youth Advocate
Mental Health Disorders in Youth and Navigating the System
Character and Relationship-Building
Outreach Safety in Youth Advocacy

Domestic Violence (focus on parental abuse by the youth)
Ethics and Boundaries in Youth Work
Communication Skills
Suicide Prevention: Signs and Triggers
Resume-Building and Job-Seeking
Peer Pressure and Conflict Resolution

Bullying
Leadership Decisions for Healthy Living
Cultural Competency and Working with LGBTQ2S
Facilitation and Public Speaking
Youth and Trauma



Central Region Advocacy

Youth United's Central Region focuses on promoting advocacy for youth in Wayne County. In pursuit of this goal, the Central Region ensures youth are present on committees, in a youth-friendly environment, and youth voices are being heard throughout Connections Wayne County SOC. Youth United Youth Advocates represent youth voice on more than 15 committees throughout Connections. This

year, Central Region's artistic expression brought smiles to participants, who listened to youth stories throughout the SOC. Central Region created poems based on life experiences such as suicide, graduation, race, sexual assault, teen pregnancy, and their own personal stories.

Central Region performed spoken word at the following events in FY 14-15:



The Children's Center Faces of Trauma event

Report to the Community

Detroit Wayne Mental Health Authority Board Meeting

Poetry Slam with The Guidance Center Kids-TALK CAC

The Children's Center Board Meeting

The Children's Center Client Graduation

Suicide Forum at Family Alliance for Change

Youth United's Rock Your Difference Leadership Trainings

Youth United's Stigma-Busting Bash

American Indian Health and Family Services' Sacred Bundles Event

Central Region Impacted the following activities in FY 14-15

Certification of Positive Youth Involvement Sites

Youth United developed a plan to certify positive youth involvement sites based on a conversation which took place the previous fiscal year with a national consultant. Youth United created a process that will allow them to work directly with agency staff to examine how youth are engaged within agencies across our SOC.

Youth Peer Specialists in Michigan

Youth United participated on a statewide workgroup that worked directly with National Consultant Patricia Miles to develop Michigan's Youth Peer Curriculum.

Imperfection is Perfection

Youth United conducted as self-esteem even in partnership with The Milestones Agency and ended the year with a Youth Empowerment and Leadership Conference.

Youth M.O.V.E.

Youth United became a local chapter of Youth M.O.V.E and began planning the re-launch of the Connections Youth Advisory Council. Members of the Youth Advisory Council will also serve as members of Youth United's local Youth M.O.V.E chapter.

Youth Input

Central Region held focus groups to assist in the development of Connections' Cultural and Linguistic Competency definition.

Client Name Survey

The Children's Centers Program Policy Committee conducted a survey to see how current recipients of services would like to be addressed in policy, standards, and other written materials. Youth Advocates assisted in administering the survey and developed a report to showcase the survey results. Based on the results of the survey, children and youth prefer the term "clients."

YOUTH AND FAMILY INVOLVEMENT

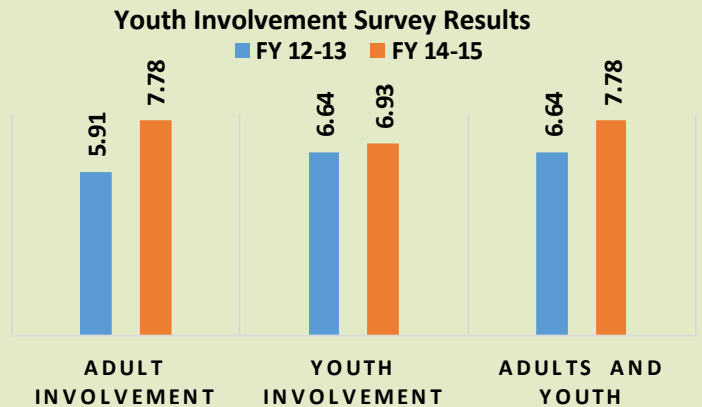
Evaluating Youth Involvement

In FY 12-13, an evaluation was conducted to assess where various provider agencies stood in recognizing the value of youth-adult relationships, understand how youth are being utilized within the System of Care, and identify areas for change. A follow-up evaluation was conducted this past fiscal year to provide a current understanding of how youth are being utilized within the System of Care, quantify improvements made in youth-adult relationships, and identify new areas for improvement.

Survey Results

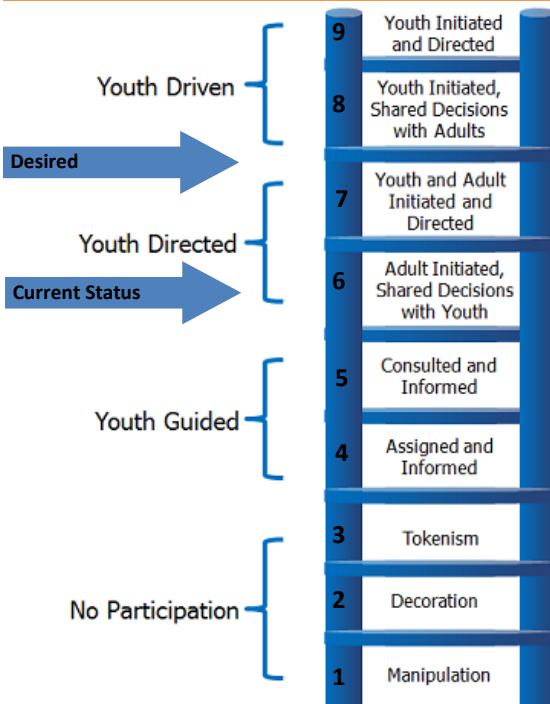
Hart's Ladder: The set of questions asks which level of Hart's Youth United is currently on (**result=6.67**), and which level should they be on (**result=7.92**). Results from the current survey were statistically different than the results for these questions in FY 12-13.

Youth Involvement Survey: The survey contains 3 subscales rated on a 10 point Likert scale, where higher scores mean greater positivity. Adult Involvement—measuring perceptions of how well adults work with youth; Youth Involvement—measuring perceptions of youth involvement in the system; Adults and Youth—measuring perceptions of how well youth and adults work together. Preliminary analysis of the 3 subscales showed that there were no significant differences between average responses given by youth or adults: therefore, results of all three subscales are an aggregate of and adult and youth responses.



Efforts implemented in FY 12-13 to improve Youth Involvement in Wayne County were successful. Ratings on all 3 subscales have increased since the survey was last administered in FY 12-13. The smallest improvements were in the Youth Involvement subscale. Greater improvements in this area could be seen by addressing barriers identified by youth and adults described below.

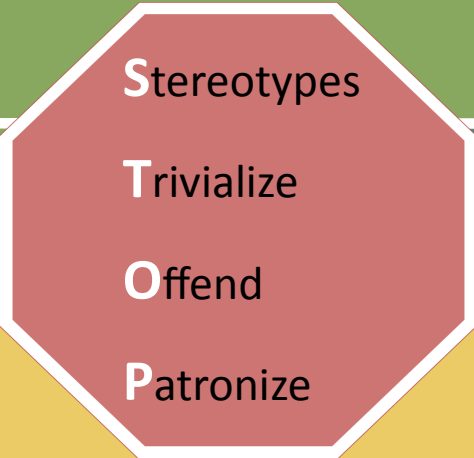
HART'S LADDER OF YOUTH PARTICIPATION



BENEFITS AND BARRIERS EXPERIENCED WORKING WITH YOUTH UNITED

Benefits		Barriers	
Youth	Adults	Youth	Adults
Skill building	Youth voice (improving programs)	Work Space	Accountability
Community involvement	Having youth work at the agency	Equipment	Difficult to set expectations
Working with a team	Watching youth develop skills	Transportation	Limited availability and locations
Resources and supports	Learning from youth	Communication	

Youth unanimously listed skill building as a benefit to working with Youth United, while adults unanimously listed the benefit of having youth input at their agencies. Youth reported similar barriers, while adults reported barriers that were more varied. A short discussion group with Youth United revealed the barriers experienced by adults to be mostly a result of the barriers experienced by the youth.



Northwest Region Stigma

I am NOT my mental illness



different. This stigmatizing response from peers may influence whether children and adolescents seek mental health services (Chandra and Minkovitz, 2007). 1 in 8 high school students would not seek services for mental health out of fear they would experience bias from peers (Hartman et. al., 2013). This makes the work to reduce stigma experienced by children, youth, and families of critical importance. Youth United works with youth in the System of Care, many of whom experienced stigma themselves, though most youth do not know what stigma is, or how to stop it. The Northwest Region works to increase awareness around stigma, how it can affect youth who have experienced it, and to prevent its spread. One of the

Youth United's Northwest Region focus is on decreasing the stigma associated with youth receiving community mental health services across Wayne County. Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those that they perceive as being

ways the Northwest Region works to accomplish these goals is by having youth across Wayne County sign an End Stigma pledge, a vow to reduce the stigma surrounding mental illness. This fiscal year, the Northwest Region collected **280 End Stigma pledges!**

Northwest Region Activities in FY 14-15

Stigma Busting Workshops: Youth participate in discussion and completed activities in order to learn about and how to stop the spread of stigma in Wayne County. Youth United held 2 workshops.

34 participants

Stigma Busting Bash: An end-of-year event was filled with activities to help spread awareness about the impact of stigma associated with mental health.

111 attendees

Halloween Art Workshop: One of the main objectives of Youth United is helping youth learn to express themselves and be their own advocates. In the spirit of this (and Halloween!), Youth United held a workshop about expressing yourself through art.

31 participants

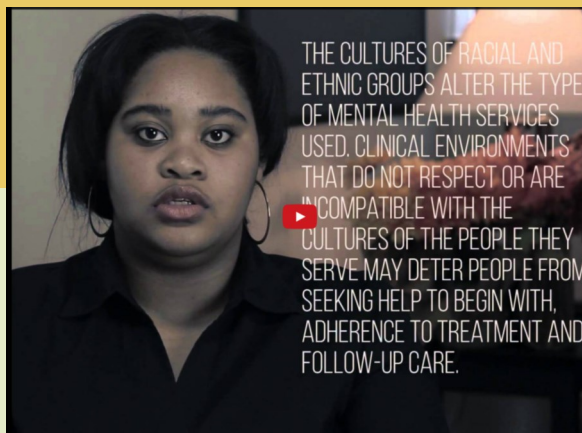
8 Twitter conversations, topics including:

- ◆ Why is self-esteem important?
- ◆ Police brutality against teens
- ◆ What do we know about bullying?
- ◆ Living a healthy lifestyle
- ◆ Breast Cancer Awareness

TWO ANTI-STIGMA VIDEOS WERE DEVELOPED IN FY 14-15

Resilience

This video introduces the personal stories of 3 youth consumers currently or previously engaged in mental health services. It highlights the youth's personal challenges, how they overcame them, and the stigma attached to receiving services.



Opening Minds, Ending Stigma is a video developed in partnership with Detroit Wayne Mental Health Authority/Youth United and the Ethel and James Flynn Foundation. This video introduces the personal stories of consumers currently or previously engaged mental health services (both youth and adult). This video also highlights consumers who have at some point felt they were being treated differently based on society's negative attitudes and beliefs towards those with mental illness.

YOUTH AND FAMILY INVOLVEMENT

Children's Mental Health Awareness Day 2015

On May 7, Youth United and Detroit Wayne Mental Health Authority's Children's Initiatives Team lead the Children's Mental Health Awareness Day project. Representatives from Youth United facilitated the Creating

Community Solutions Text Talk Act conversations. This provided a platform for community members (both youth and adult) to have open and honest conversations about mental illness and how it affects communities. The project gave

participants the opportunity to sign a pledge to end stigma, watch Youth United's Resilience video, and participate in a social media campaign where participants took pictures wearing socks with green ribbons on them, to promote mental health awareness. Thank you to our system partners who participated by hosting activities at their sites!



Wayne County Fatherhood Initiative

Accomplishments

- ◇ 3rd Annual Fatherhood Forum
236 attendees
- ◇ Strong Fathers, Strong Families
Panel Presentation
20 participants
- ◇ 28th Annual Post-Partum
International Conference
Panelist
25 attendees
- ◇ Michigan Statewide Wrap-around
Conference Presentation
15 attendees
- ◇ Detroit Wayne Mental Health
Authority 1st Annual Raising the
Bar Conference Presentation
2 presentations

The Wayne County Fatherhood Initiative's mission is to support healthy families through nurturing fathers and male caregivers. The Initiative continues to advance the

message of fathers' importance in improving outcomes for children and families. The Wayne County Fatherhood Initiative is collaborating with Wayne State University and the University of Michigan to look into the dynamic of building a strong connection with fathers and their children from conception throughout the early years. The Initiative has also begun to research national best practices for engaging fathers in System of Care, specifically in terms of seeking and utilizing input from fathers to enhance service delivery.





Family Alliance for Change
A Division of Development Centers

Family Alliance for Change (FAFC) is a division of Development Centers.

FAFC leads the Parent Involvement Initiative in Wayne County. Parent Support Partners are provided at 12 Community Mental Health Contract Providers, including special populations at the Ruth Ellis Center and American Indian Health and Family Services. FAFC facilitates System of Care trainings, cultural and linguistic events, and support groups. In addition, parents act as leaders in the community through the SOC Parent Advisory Council and Parent Trauma Advisory Council, and sit on dozens of other committees throughout the SOC. FAFC has raised the bar for parent opportunities with legislative contacts and system collaborative partners to give "voice" to children and youth throughout Wayne County.

FY 14-15 FAFC staff



Supporting the Community

Family Alliance for Change is a strong fixture in the community. In addition to providing support services, FAFC hosts many events throughout the year to engage families. Hundreds of parents and children participated in Autumn Fest, Santa Day, an Easter event, the Connections Community Picnic, and the End-of-Summer Bash. In addition, FAFC helps build cultural awareness through events like a trip to the Arab American National Museum, an Underground Railroad event, and the English and Spanish Tea Party. Finally, FAFC held an event to spread Suicide Prevention awareness.

25 System of Care Training Graduates

65 System of Care Committees With Parents

13 Parent Support Partners

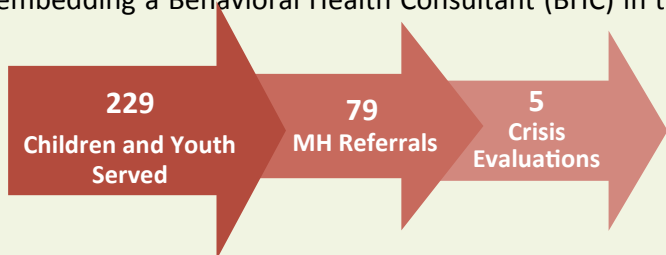
266 Families With Parent Support Partners

INTEGRATED CARE

IT'S A FACT: 27% of youth aged 7-17 with SED are also co-morbid for asthma, obesity, or diabetes in Wayne County

Screening Kids in Primary Care Plus (SKIPP)

SKIPP is a SOC initiative related to Pediatric Integrated Healthcare. The project breaks down silos of care for children by embedding a Behavioral Health Consultant (BHC) in the pediatrician's medical team to provide mental health consultation, resources, screenings, psycho-education, and action plans for pediatric patients. The BHC determines level of care for mental health services and works to ensure patient entry into the correct system for mental health care as needed. This fiscal year, the BHC has had **1052 initial or follow-up patient contacts**.



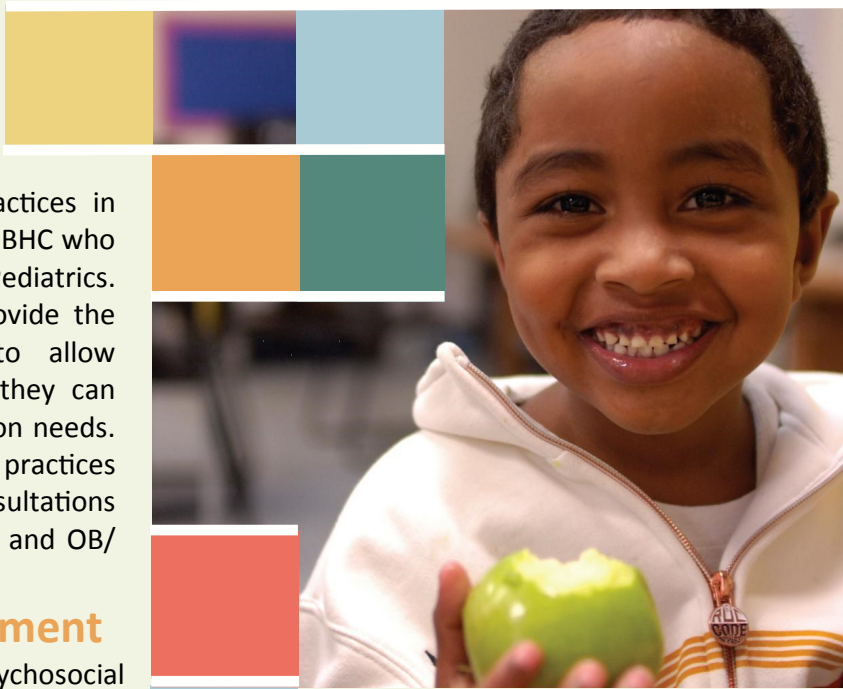
Michigan Child Collaborative Care (MC3) Program

DWMHA and the University of Michigan MC3 program have teamed up to provide a tele-psychiatry consultation model to pediatric practices in Wayne County. The partnership currently provides 1 BHC who is placed on the medical team at Detroit Riverview Pediatrics. The BHC and the MC3 team work together to provide the education, support, and technical assistance to allow physicians access to a pool of psychiatrists who they can consult with for patient mental health and medication needs. The MC3 program is currently seeking out additional practices interested in receiving same-day psychiatric consultations from the University of Michigan's team of pediatric and OB/GYN psychiatrists.

DWMHA Integrated Health Assessment

The Integrated Health Assessment (IHA) is a bio-psychosocial assessment developed by DWMHA with extensive feedback from committees and providers throughout the system. The purpose is to provide organizations with a comprehensive assessment covering both behavioral and physical health concerns, as well as create continuity in the data being collected at intake. The IHA is currently being implemented across Wayne County. To date, several Connections partners and committees have contributed to the development of this assessment.

- ◆ *Trauma Leadership:* Inclusion of Trauma Symptom Checklist.
- ◆ *Practice Standards Taskforce:* Inclusion of the CRAFFT for substance use.
- ◆ *Ruth Ellis Center:* Inclusion of non-stigmatizing language for LGBTQ2S youth.
- ◆ *Early Childhood Task Force:* Assistance for assessments pertaining to children 0-6 years.



RE-ENGAGED: WAYNE CHAP

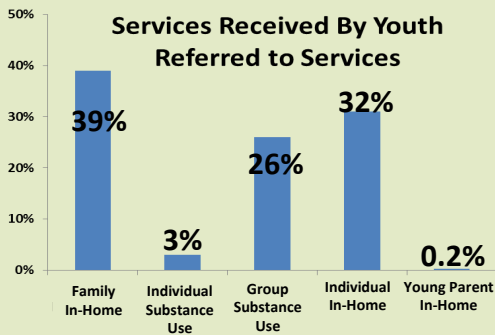
Wayne Children's Healthcare Access Program (CHAP) is committed to improving the health of the children in Detroit and Wayne County by helping parents and their children get the most out of their relationship with their pediatrician or family physician. WCHAP provides health education to families, helps doctors improve the quality of their care, and acts as a voice for issues affecting children's health.

<http://wchap.org/>

CROSS-SYSTEM CHILDREN AND YOUTH

Juvenile Justice

All youth entering the Juvenile Justice system are screened and assessed by Assured Family Services (formerly the Juvenile Assessment Center). 2,008 youth were assessed in FY 14-15, with 714 youth referred to CMH services—35% of the total population (a decrease from the previous fiscal year).



Integrated Community Based Services (ICBS)

ICBS is a collaborative partnership between Community Mental Health and Juvenile Justice to ensure that Juvenile Justice clients receive all services available to them, conducive to meeting their developmental needs.

504 youth were identified as SED through this program and linked to MH services.

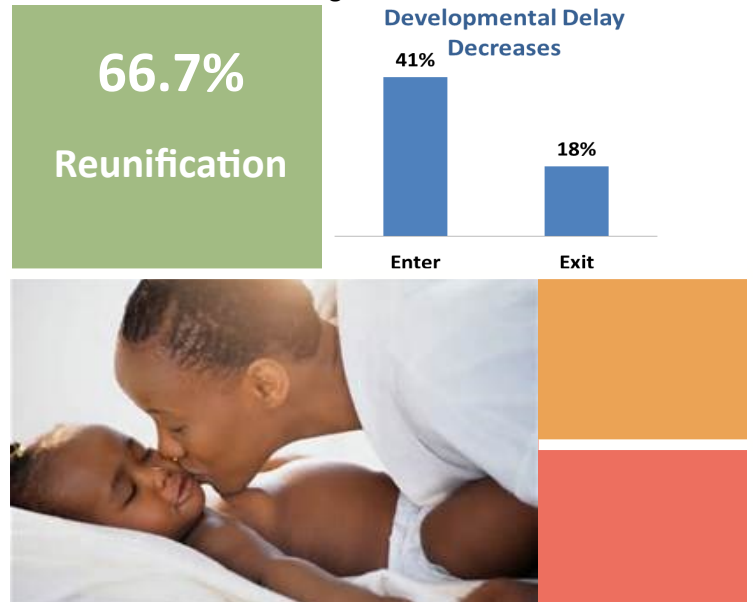
SED Waiver

The SED Waiver (SEDW) provides community-based Wraparound services to children and youth in foster care, who are at risk of psychiatric hospitalization. Child welfare and CMH continue to partner to train child welfare staff and private agencies on the SEDW. The Children's Initiatives Coordinator serves as a CMH support to MDHHS workers when situations arise and CMH intervention is needed.

39 youth were served

Baby Court

Baby Court is a specialized focus within the judicial process providing Infant Mental Health services for infants and toddlers under the jurisdiction of the Family Court because of substantiated abuse and/or neglect. Baby Court is designed to increase reunification as an outcome and to reduce the time to permanency decisions. To date, **34 parents and their 42 infants** have received Baby Court services. Of these, 8 cases remain open. Parents who have been through Baby Court are **more sensitive and responsive** to their infants, and **display more positive affect** toward their children during interactions.



Crossover Youth Practice Model

Last year, the Director of Children's Initiatives and representatives from the 5 Care Management Organizations, Assured Family Services, Community Mental Health, and Child Welfare, attended a 7-day training at Georgetown Training Institutes to begin plans to launch the Crossover Youth Practice Model (CYPM). The CYPM aims to improve outcomes for youth who are involved in both Juvenile Justice and Child Welfare. The Wayne County CYPM implementation team meets monthly. Additional meetings are held by 6 workgroups.

Goals

- ◆ Reduce length of stay in out-of-home placement
- ◆ Reduce number of youth that are placed into foster care from their homes
- ◆ Reduce number of youth crossing over and becoming dually-adjudicated
- ◆ Reduce the disproportionate representation of youth of color, particularly in the crossover population
- ◆ Improve the quality of life for all youth

Identified Population

- ◆ Youth in foster care that subsequently receive an incorrigibility petition that is accepted
- ◆ Youth in foster care that have a delinquency petition filed with the prosecutor
- ◆ Youth currently adjudicated by the delinquency system that have a history of involvement with the child welfare system that were placed in foster care

SPECIAL POPULATIONS

Transition-Age Youth

are young adults aged 16 to 21 who are transitioning out of child/adolescent services and into adult services or the community.

- ⇒ Transition-Age Youth are the most underserved population in Wayne County, following those who are experiencing homelessness
- ⇒ Transition-Age Youth are more likely to be involved in the justice system than other populations
- ⇒ Youth with diagnoses that don't have an adult equivalent (like ODD) are the least likely to transition into adult services successfully
- ⇒ The earlier a youth enters services, the more likely they are to transition successfully

-Wayne State University-Project Care (2013)



Cornerstone Model Replication

Adapted from the Transition to Independence Process (TIP), Cornerstone is an evidence-supported practice, which provides a bridge for transition-age youth to adulthood. The ultimate goal of Cornerstone aims to help young people improve overall functioning and quality of life while maintaining a consistent relationship between service providers and youth during their transition years. The Cornerstone Model affords youth the necessary training and treatment interventions that are essential to successful transition to independent adulthood and navigation of a behavioral health system that is often complex and difficult to access.

Southwest Counseling Solutions

Since 2009, Southwest Counseling Solutions has provided Transition Age Youth programming for Youth and Young Adults with Serious Emotional Disturbances (SED) and Severe Mental Illness (SMI).

FY 14-15 Accomplishments

- ◆ Provided Transition Services to **61** youth and young adults
- ◆ Provided Training and Technical Assistance for replication of Cornerstone Model across Wayne County
- ◆ **70.73%** improved or achieved their treatment plan goals
- ◆ **93.94%** of consumers expressed satisfaction with Cornerstone Services



In FY 14-15

- ◆ **6** New Cornerstone sites were engaged
- ◆ Youth Peer Support Specialists were approved as a Medicaid-reimbursable service
- ◆ Implementation plans were completed by 6 new sites for a Cornerstone pilot
- ◆ Support for Transition-Age Youth included as a central topic for Children's Practice Standards Task Force. This workgroup will establish guidelines and processes for serving 18-21 year-olds in our system

Development Centers

Development Centers has successfully sustained the Cornerstone model with 62 youth served since its start in January 2013. In FY 14-15, clinicians have referred **26** youth as a part of their Individual Plan of Service (IPOS).

As of June 2015, the **Ansell Casey Life Skills (CLS)**, a self-assessment tool used to assess readiness for independence, has been utilized. The assessment is administered every 4-6 months. The CLS is a free tool that assesses competencies and behaviors youth will need to achieve their goals in the long term. Areas evaluated by the CLS assessment include daily living activities, safety, budgeting and paying bills, work & study habits, and more. Based on the most recent assessment, the need to review and provide lessons on personal safety more frequently was identified.

LGBTQ2S Youth Are Disproportionately Affected By:

Homelessness

20-40% of homeless youth identify as LGBTQ2S
-The National Gay and Lesbian Task Force

Bullying

86% of LGBTQ2S youth report being harassed at school, compared to 27% of all students
-violencepreventionworks.org

Family Rejection

- ◆ Of the LGBTQ2S youth experiencing homelessness, **68%** cite family rejection as the main factor, making family rejection the leading cause of homelessness for LGBTQ2S youth
 - ◆ High levels of family rejection put LGBTQ2S youth at risk for negative mental health outcomes:
 - ◆ 8.5 times more likely to attempt suicide
 - ◆ 6 times more likely to be depressed
 - ◆ 3.5 times more likely to use an illicit substance
 - ◆ 3.5 times more likely to engage in high-risk sexual behaviors
- familyproject.sfsu.edu/home



LGBTQ2S Youth

Ruth Ellis Center

The Ruth Ellis Center (REC), incorporated in 1999, is a youth social services agency that serves the needs of runaway, homeless, and at-risk youth. The mission of the REC is to “provide short and long-term residential safe space and support services for runaway, homeless, and at-risk lesbian, gay, bi-attractional, transgender, questioning and two-spirited youth.” While the Center emphasizes serving LGBTQ2S, no youth, regardless of gender identity and/or sexual orientation, is turned away or denied services. This year the Ruth Ellis Center, with **over 700 unique contacts**, served youth through street outreach, outpatient community mental health services, youth leadership programming, and residential foster care. The REC also launched the first ever **Family Group Decision Making** program that is specific to LGBTQ2S youth and their families. This home-based program, through Wayne County Department of Health and Human Services, works to preserve families while building family support for their child's LGBTQ2S identity. The Ruth Ellis Center is working with Family Alliance for Change to connect families to a Parent Support Partner who specializes in working with families who have LGBTQ2S children.

LGBTQ2S Workgroup FY 14-15 Topics and Accomplishments

- ◆ Incorporation of LGBTQ2S-friendly feedback into the DWMHA Integrated Health Assessment
 - ◆ Expansion of Parent Support Partner Services to the Ruth Ellis Center
 - ◆ Training topics for SOC
 - ◆ Addressing access to care barriers for LGBTQ2S youth experiencing homelessness
 - ◆ Special population recommendations for Pioneer Central Access Center
 - ◆ Implementation of the training: Identifying LGBTQ2S Youth at Risk for Family Rejection & Related Clinical Needs: Using the Family Acceptance Project (FAP) risk screener in Assessment and Care
- 79 clinicians trained**

SERVICE QUALITY



Infant Mental Health (IMH) Home-Visiting (HV) Evaluation

New State legislative standards (P.A. No. 291-Voluntary Home-Visiting Programs) require additional evaluation with measurement of impact on key benchmarks in order to sustain eligibility for state-funded reimbursement for IMH services. During FY 14-15, plans were developed by The Michigan Infant Toddler Research Exchange (MITRE), led by faculty from the University of Michigan's Women and Infant Mental Health Program, in partnership with MDHHS, the Michigan Association for Infant Mental Health (MI-AIMH), and DWMHA to meet this need by conducting two quasi-experimental design studies. The first study will be carried out exclusively in Wayne County during FY 15-16. DWMHA will

share all IMH-HV data from clients seen at any of the 9 agencies serving infants aged 0-3 years with U of M. As part of the standard of care, clinicians will perform assessments every 3 months for all IMH-HV cases using the following measures: Parenting Stress Index-Short Form (PSI-SF), Devereux Early Childhood Assessment (DECA), Patient Health Questionnaire (PHQ-9), and Edinburgh Ages and Stages Questionnaire (ASQ).

Parent Management Training-Oregon Model

5 PMTO Coaches

12 Certified PMTO Therapists

7 PMTO Trainees



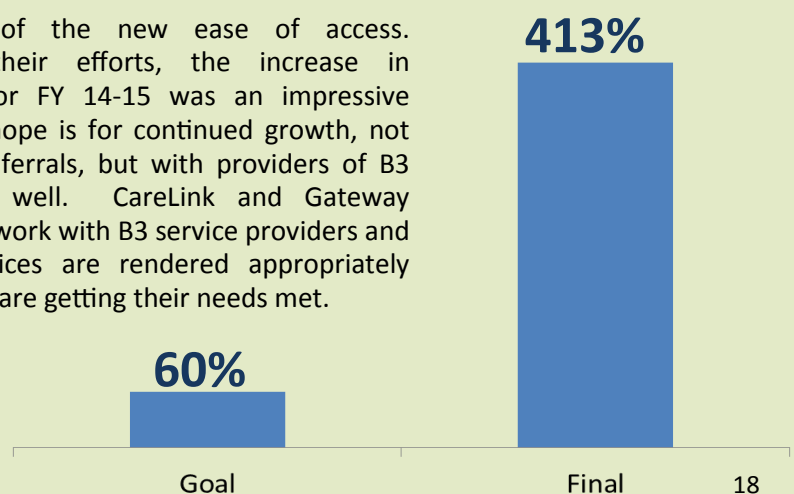
Parent Management Training-Oregon model (PMTO) is an evidence-based intervention to help parents and caregivers manage the behavior of their children. Tailored for serious behavior problems for youth from preschool through adolescence, PMTO empowers parents as primary treatment agents to promote and sustain positive change in families.

In partnership with MDHHS, The Children's Center (TCC) was chosen as 1 of 2 places in the State of Michigan to participate in a pilot called PTC-R (Parenting Through Change-Reunification). Parents attending the group had the goal of being reunited with their children. The Wayne County group started with 8 parents and ended with 6 parents. Out of the 6 parents, 5 have already been reunited with their child. CAFAS and PECFAS results of the 2 groups show a statistically significant **decrease in the total CAFAS score from pre to post of 28 points**. Currently, **3 clinicians at TCC** have been certified in PTC-R and **1 clinician at Southwest Counseling Solutions** was trained in PTC-R this fiscal year.

Medicaid B3 Services

In FY 13-14 a subcommittee was created between CareLink Network, Gateway Community Health, DWMHA and various Community Mental Health (CMH) Contract Providers in an effort to create awareness and increase service utilization of the Medicaid B3 services by at least 60% in the following fiscal year. The subcommittee successfully revised the method for accessing these services down to the creation of new forms to ensure a seamless referral process. The subcommittee conducted several presentations with different CMH contract provider agencies to spread

awareness of the new ease of access. Following their efforts, the increase in utilization for FY 14-15 was an impressive 413%. The hope is for continued growth, not only with referrals, but with providers of B3 services as well. CareLink and Gateway continue to work with B3 service providers and ensure services are rendered appropriately and families are getting their needs met.

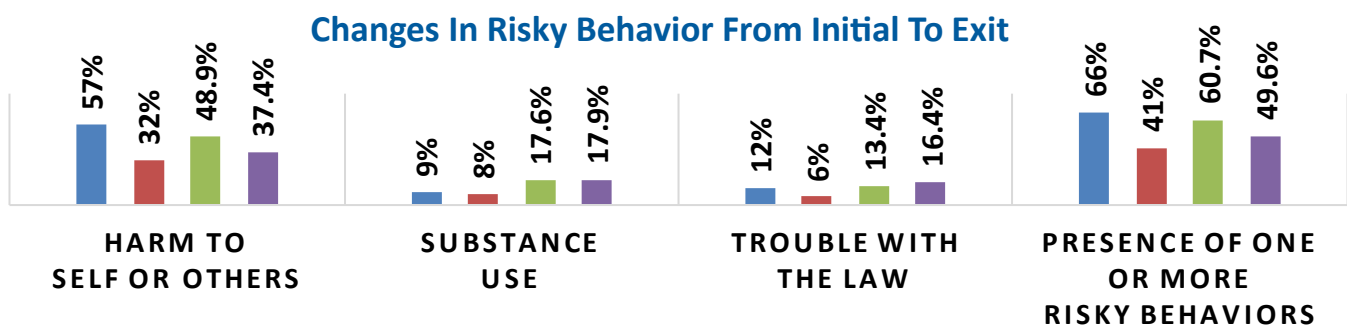
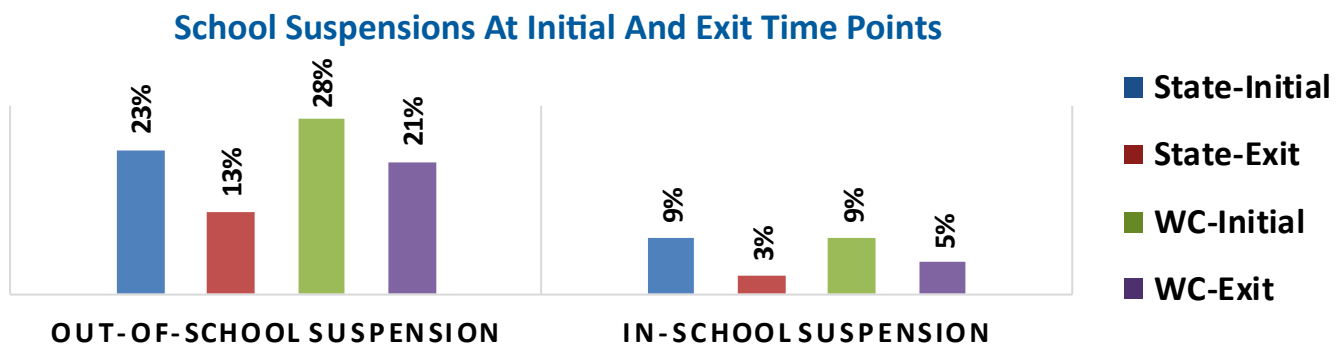
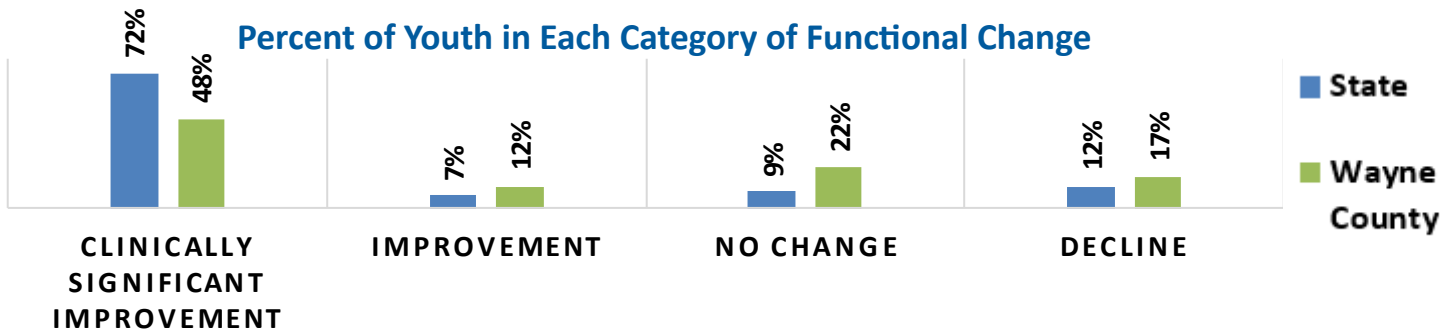


Measuring Wraparound Fidelity

During the 4th quarter of FY 14-15, a series of Wraparound focus groups were held at various CMH contract provider sites. All 11 Wraparound provider agencies and the families they serve were invited to participate in the focus group. In order to identify and highlight areas of excellence and needs for growth, families answered questions about Wraparound model fidelity, based on the 10 principles of Wraparound and filled out a brief survey. Focus groups were organized by the Children’s Initiatives Coordinator and SOC Research and Evaluation Projects Manager, and facilitated by Youth United members and Family Alliance for Change staff. 31 families from 9 of the 11 agencies were able to participate. Based on identified areas of need, trainings will be developed for Wraparound Supervisors and Facilitators during FY 15-16.

Family Status Report

An initial Family Status Report (FSR) is completed by the Wraparound facilitator each quarter a family is receiving Wraparound. The reports are entered into a Red CAP database kept by the Michigan State Wraparound Evaluation Project (WEP). The FSR collects dozens of indicators across a wide range of variables examining strengths and risks in the family. The data can be used to track the effectiveness of services at the family and County level. Below is a selection of indicators comparing the first 3 quarters of FY 14-15 to State data provided by the WEP. In the first graph, Clinically Significant Improvement in CAFAS Scores is a decrease of ≤ 20 points.



TRAUMA-INFORMED SYSTEM OF CARE

Detroit Trauma-Informed Project



For the last several years Connections has partnered with the Children's Trauma Assessment Center (CTAC) through the Detroit Trauma-Informed Project (DTIP) grant to provide training and support to staff throughout Wayne County. By the end of FY 14-15, all child-serving agencies were utilizing the Trauma Symptom checklist. A survey conducted in the 2nd quarter of this fiscal year showed a variety of trauma-specific services being provided across Wayne County, in addition to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Connections continues to provide training for Trauma 101,

Secondary Trauma, and Intergenerational Trauma through CTAC. With the DTIP grant coming to an end in FY 15-16, Dr. Jim Henry has recorded both his Trauma 101 and Secondary Trauma trainings to aid in the sustainability of training efforts. Both are now available online through the VCE.

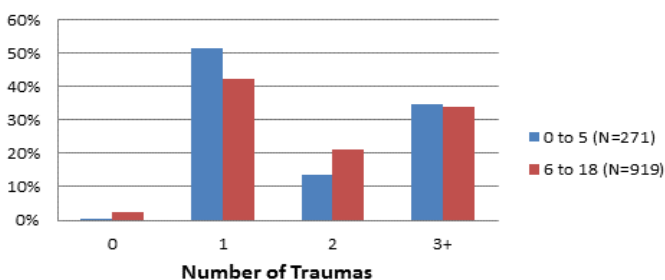
Kids-TALK Children's Advocacy Center (CAC)

During the FY 14-15 fiscal, Kids-TALK CAC administered the Trauma Checklist to 1190 youth who came to the center for a forensic interview and/or therapy services. Analysis of the checklist shows that youth who have experienced a greater number of traumas exhibit more concerning behaviors, moods, and school/attachment issues. Children and youth identified as having trauma through these screenings are encouraged to enroll in mental health services.

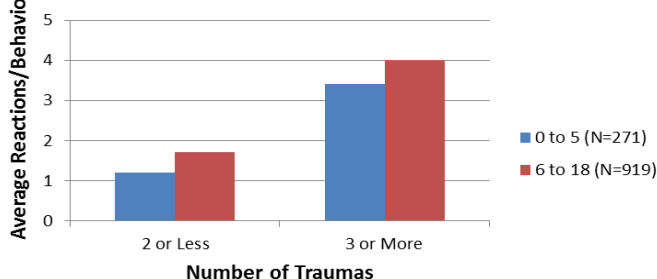
Conducted
32
Trauma
Specific
Trainings in
FY 14-15



Traumas Identified by the Trauma Checklist at Kids-TALK CAC



Reactions/Behaviors Exhibited by Number of Traumas Experienced

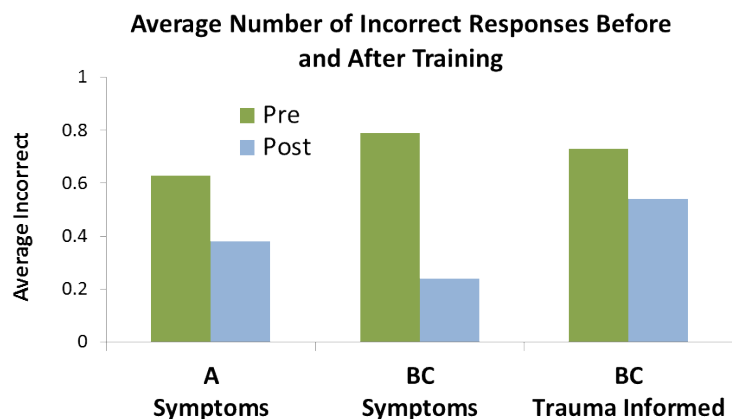
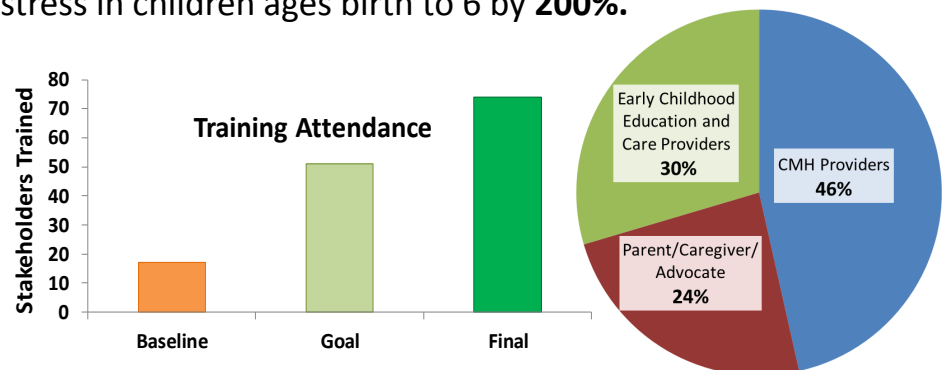


Trauma Leadership Accomplishments

- ◆ 2 Recorded Trauma Trainings from Dr. Jim Henry
- ◆ Creation of the Crisis Response Card
- ◆ Connections held 2 Trauma Stakeholder Leadership Meetings
- ◆ Partnership with Great Start Collaborative-Wayne on ECCS grant
- ◆ **48 new** clinicians trained in Trauma-Focused Cognitive Behavioral Therapy

Early Childhood Comprehensive Systems (ECCS) Grant

Understanding that many partners and families are not aware of the impact of trauma and toxic stress in early on early childhood development, DWMHA partnered with Great Start Collaborative-Wayne with the goal of increasing the awareness of symptoms of early childhood trauma. The specific aim of the project was to increase the number of stakeholders who participate in training on how to screen for trauma and toxic stress in children ages birth to 6 by **200%**.



The above graph depicts the average incorrect responses for before and after training. Session A was tailored to Qualified Community Mental Health Contract Providers. Sessions B and C were for a combination of Early Childhood Education and Care Providers, Parents, Caregivers, and Advocates. Knowledge of trauma symptoms and trauma-informed care, showed statistically significant improvement across all sessions.



Has your child experienced violence, abuse or neglect, or a significant loss?

TRAUMA SERVICES FOR CHILDREN, YOUTH AND FAMILIES

Crisis Response Card

Front

EXPANSION GRANT



When We Work Together, Then
We Are Wise

“Pii Maamwinokiyaang Miidash
Nibwaakaayaang”

This partnership between Connections and American Indian Health and Family Services (AIHFS) continues to focus on system-level change for children, youth, and their families in Wayne County, as well as increasing Cultural and Linguistic Competency (CLC), and empowering Youth and Family voice throughout Connections Wayne County System of Care.

Year 2 Accomplishments:

- ◆ Wraparound services have been implemented at AIHFS
- ◆ AIHFS began accreditation efforts to continue to build capacity
- ◆ The Advisory Council Development Committee continues to make progress toward a countywide SOC Parent/Youth Advisory Council through ongoing recruitment efforts, development of training guidebooks, and leadership trainings
- ◆ The CLC Assessment survey is complete and implementation will begin in the first quarter of FY15-16
- ◆ Several CLC trainings have been conducted, resulting in production of new online trainings through the partnership with The Guidance Center and the Virtual Center of Excellence (VCE)
- ◆ Youth and Family involvement in the SOC continues to increase with the continued development of Youth United and increased utilization of Parent Support Partners within the SOC

Goals for Year 3:

- ◆ Increase the number of children, youth, and families involved in all aspects of Connections Wayne County SOC
- ◆ Continue to define, develop, and implement CLC practices within Wayne County's SOC
- ◆ Continue to increase capacity for Wraparound services at AIHFS
- ◆ Continued implementation of ongoing education, training, and assessment for children, youth, and service providers
- ◆ Increase the number of agencies/organizations and communities that demonstrate improved readiness to implement CLC practices

WORKFORCE DEVELOPMENT

**Now Available
at VCE online!!**

Commitment to Quality

With such a large service population, it's no surprise that Wayne County has the largest children's mental health workforce in the state of Michigan.

This past fiscal year included some exciting initiatives developed to boost the workforce in Wayne County. The Children's Practice Standard's Task Force was established with the goal to develop a Practice Standards Manual for service delivery in our system. The manual will have an emphasis on special populations for Transition-Age Youth and Co-Occurring. Additionally, Connections developed new partnerships with Easter Seals, Vista Maria, and Great Start Collaborative-Wayne. Connections team members also continue to participate on statewide workgroups for continuous quality improvement such as Baby Court and the CAFAS Super Users.

WAYNE COUNTY HAS

1537

QUALIFIED CHILDREN'S MENTAL
HEALTH PROFESSIONALS

New Online Children's Training Available

This fiscal year, 5 additional child-focused online trainings were made available through the VCE:

- ◆ *Child Sex Trafficking in America*
39 completed
- ◆ *Developing Cultural Competence in Systems of Care*
159 completed
- ◆ *Gender Identity/Expression in Children & Youth: Basics for Addressing Cultural Aspects*
111 completed
- ◆ *Therapeutic Resistance: Effective Techniques for Adolescents & Adults (PARTS 1 THROUGH 5)*
 - Part 1—**264 completed**
 - Part 2—**199 completed**
 - Part 3—**163 completed**
 - Part 4—**146 completed**
 - Part 5—**134 completed**

CAFAS & PECFAS GUIDEBOOK



2015

Children's Training By Topic*

Topic	Number Trainings	AVG Attendance
Early Childhood	7	30
Grand Rounds	10	224
Juvenile Justice	1	314
Practice-Specific	1	92
Co-Occurring	5	30
Trauma	7	74
Fatherhood	1	165
System of Care	1	30

* Attendance for trainings held through the VCE only. Additional trainings are held on similar topics throughout the county.

CAFAS/PECFAS

CAFAS

14 Trainers
11 trainings with 360 participants
Pass rate: **95.9%**

PECFAS

7 Trainers
7 Trainings with 113 participants
Pass rate: **100%**

OUTCOMES

Measuring Outcomes

Measuring success in behavioral health programs can be challenging, especially when working with children and youth. Wayne County uses 3 assessment tools to evaluate functioning and monitor progress throughout treatment.

Children 0-3:

The Devereaux Early Childhood Assessment (DECA) is used to measure social and emotional functioning in domains depending on the child's age, including initiative, attachment, self-regulation, self-control, and behavioral problems. Scores from each domain are summed into a total score. Children scoring at or below 40 are considered to have at least one "Areas of Need," between 41-59 are considered to be "Typical," and 60+ have above average "Strengths."

Children 4-6:

The Preschool and Early Childhood Functional Assessment Scale (PECFAS).

Youth 7-17:

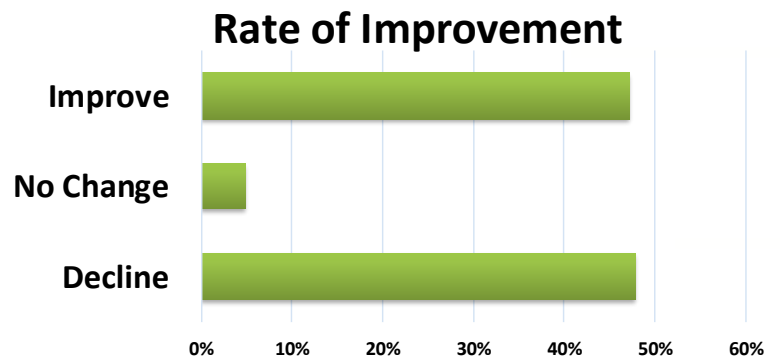
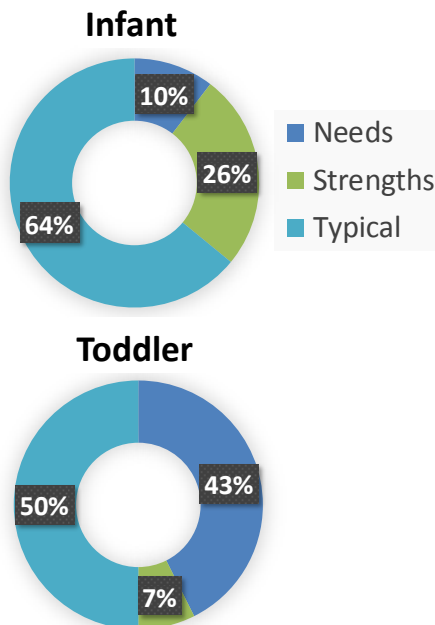
The Child and Adolescent Functional Assessment Scale (CAFAS) for children 7-17.

Both the CAFAS and PECFAS assess functioning across critical life subscales and yield both a total score and subscale scores. CAFAS/PECFAS uses several outcome indicators including a reduction in score >20 points, reduction in the number of severe/moderate impairments, and reduction of score in certain subscales. "Improvement on Any Indicator" designates functional improvement in at least one of the three indicators.

Infant Mental Health (IMH)

Children entering services after 24 months show greater deficits in social and emotional functioning. In a sample of children with an average length of stay of 9.3 months, the average rate of improvement across all ages was **47%**.

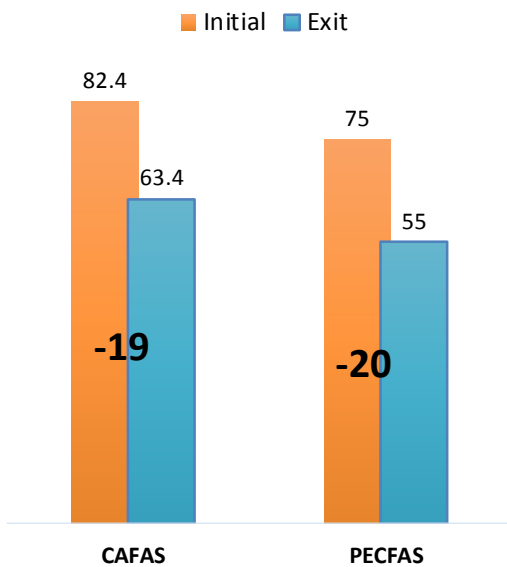
906 Children aged 0-47 months received IMH services



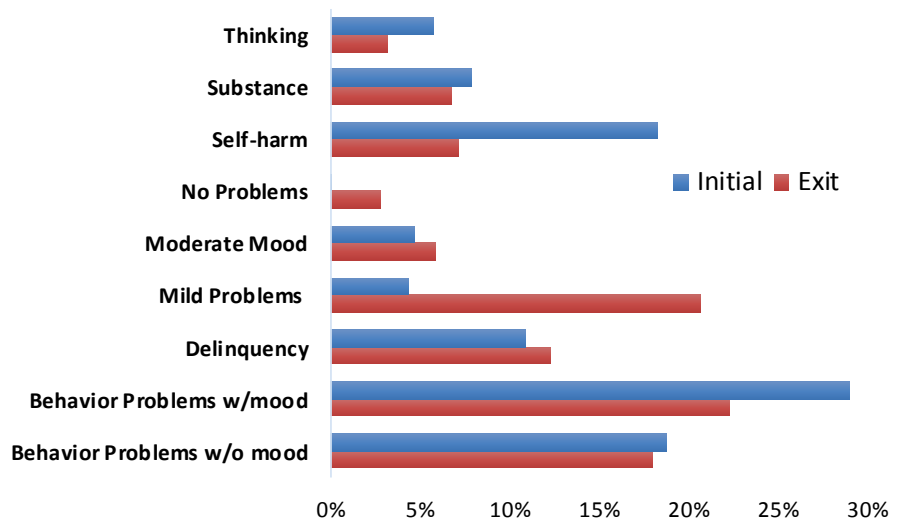
Children And Youth

Children 4 years and older are assessed using the PECFAS or CAFAS. Any child or youth with an Exit assessment during FY 14-15 was included in the analysis. Length of stay for PECFAS-age children (ages 4-7) was 9 months, while the average length of stay was 14 months for CAFAS-age children and youth (ages 7-17).

Scores From Initial To Exit



Percent of Youth On Each Tier At Initial And Exit

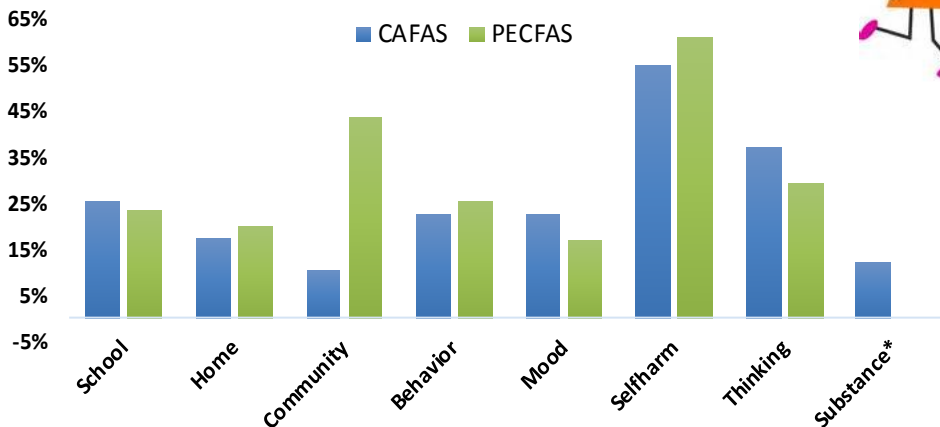


Children and youth who received a **CAFAS last fiscal year had an Initial Total Score of 82.37 out of 240 possible points** on average, and children who received a **PECFAS had an average Initial Total Score of 75 points out of a possible 210 points**. At discharge from services, the average reduction in score was very similar, at **19 points for children and youth who received a CAFAS** and **20 points for children who received a PECFAS**.

In addition to total scores and subscale analysis, the computer-based CAFAS scoring provides an additional analysis of subscale scores in Terms of CAFAS tiers based on severity of functioning. Changes in the distribution of youth across the tiers shows a reduction in the severity of functioning from Initial to Exit. This is exemplified in the decreased percentage of youth on high severity tiers such as Thinking and Self Harm, with a concurrent increase in the percent of youth on less severe tiers such as No Problems and Mild Problems.

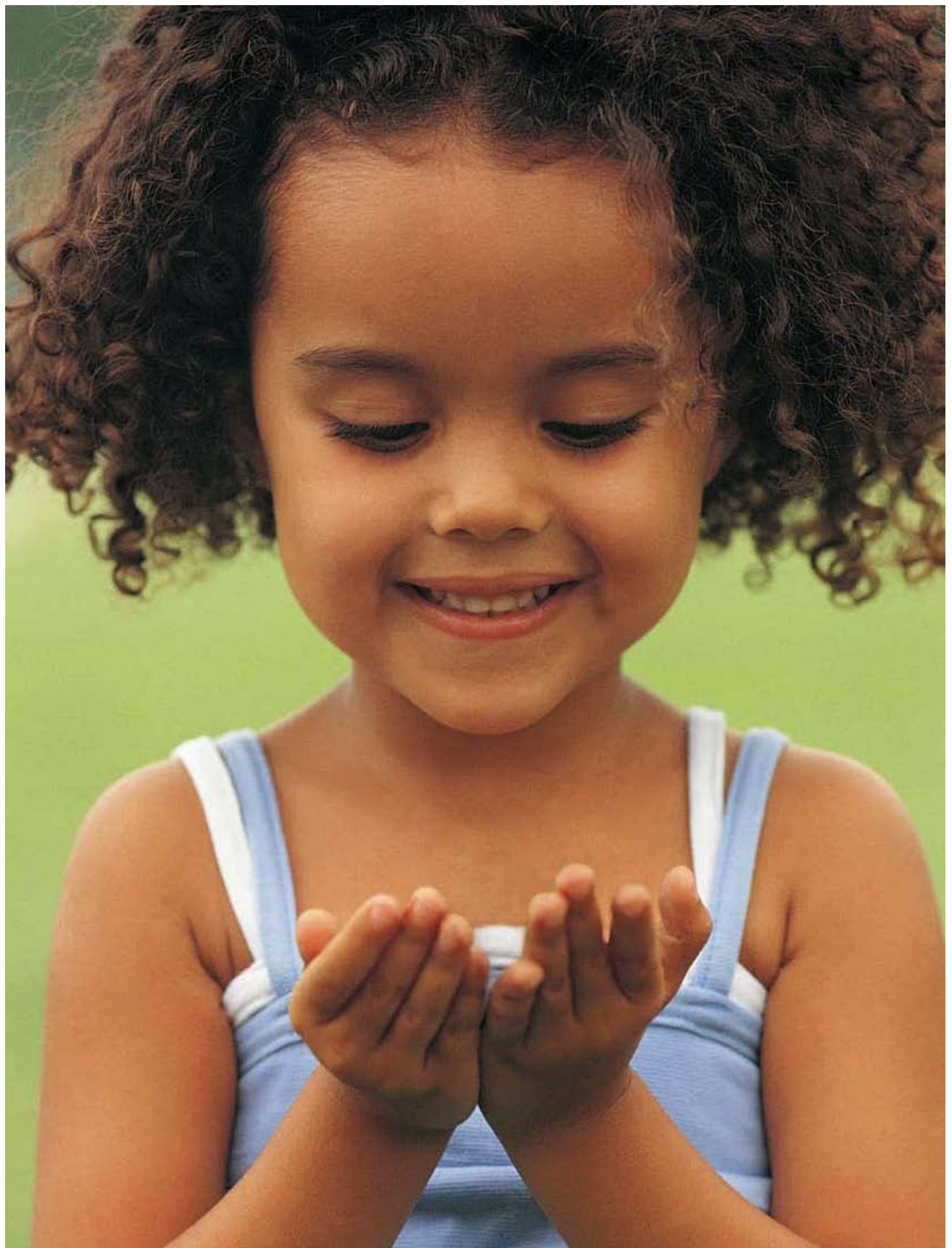


Percent Reduction In Subscales From Initial to Exit



On average, scores were reduced across all subscales for both CAFAS and PECFAS assessments. **Community scores** were reduced by **44% on averages** for PECFAS assessments and **Self-harm** showed a greater than **50% reduction** for both CAFAS and PECFAS.

*PECFAS does not have a subscale for substance use.



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