

FAMILY-DRIVEN ◊ YOUTH-GUIDED ◊ COMMUNITY-BASED ◊ FAMILY-DRIVEN ◊ YOUTH-GUIDED



CONNECTIONS

WAYNE COUNTY SYSTEM OF CARE

SYSTEMS IN ACTION FOR CHILDREN, YOUTH AND FAMILIES



COMMUNITY-BASED ◊ FAMILY-DRIVEN ◊ YOUTH-GUIDED ◊ COMMUNITY-BASED ◊ FAMILY-DRIVEN



2017

YOUTH-GUIDED ◊ COMMUNITY-BASED ◊ FAMILY-DRIVEN ◊ YOUTH-GUIDED ◊ COMMUNITY-BASED

REPORT TO THE COMMUNITY



**“Alone we can do so little;
together we can do so much”
— Helen Keller**

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Dear Community Members, Colleagues and Friends,



Welcome to Connections' 2017 Report to the Community. On behalf of the Detroit Wayne Mental Health Authority's Board Members and staff, we are committed to providing quality resources, programs and services to the people in Detroit and Wayne County. Thank you for your presence and support in learning more about the great efforts our Children's Initiatives team put into coordinating a System of Care that provides community supports and services to meet the needs of our young people with Serious Emotional Disturbances. We are proud of their work and look forward to building partnerships to create a more inclusive, stigma-free environment and set youth up for success in school, home, and throughout life.

Sincerely,

Herbert C. Smitherman, Jr., MD, MPH, FACP

Board Chairman

Dear Stakeholders,

As I look back over the past year, the only thing that's been consistent is change. Our Children's Systems of Care has definitely changed and transformed during this time. Change can be good and challenging but it can also be necessary.

The expansion of youth voice has definitely been a phenomenal change in our system this year. The youth have lead and partnered with others to lead more events than ever. This has been quite exciting to watch as it has evolved over time.



It has been a challenge to see the transition of Family Alliance for Change. Even though we know in our hearts, embedding Parent Support Partners in Community Mental Health Contract Provider Agencies is the best sustainable plan for this service, it's still hard to see our beloved Family Alliance for Change transform.

One thing that hasn't changed is the collaboration efforts. It still remains strong and the work would not happen without each and every one of you. I am proud to be a part of the Connections' Team.

Thank you to everyone who has contributed to our system of care efforts not only this year but years past also. We could not have transformed the system without you.

Crystal Palmer, LMSW
Director of Children's Initiatives

Connections' System of Care Approach

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.

BACKGROUND

Family Driven & Youth Guided

The strengths and needs of the child and family determine the supports and services a child and family receives, based on their feedback.

Community-Based

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

Culturally and Linguistically Competent

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



CONNECTIONS' GOALS

- 1 Increase access to services
- 2 Improve quality of services
- 3 Increase youth and parent voice
- 4 Improve quality of workforce

SERVICE PROVIDERS

- ◆ American Indian Health and Family Services
- ◆ Arab American and Chaldean Council
- ◆ Arab Community Center for Economic and Social Services
- ◆ Assured Family Services
- ◆ 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
- ◆ Development Centers
- ◆ Growth Works, Inc.
- ◆ Hegira Programs, Inc.
- ◆ Integrated Care Alliance
- ◆ Lincoln Behavioral Services
- ◆ New Center Community Services
- ◆ Northeast Guidance Center
- ◆ Ruth Ellis Center
- ◆ Southwest Counseling Solutions
- ◆ Starfish Family Services
- ◆ The Children's Center
- ◆ The Guidance Center
- ◆ Wellplace, Michigan

Community Partners

- ◆ Black Caucus Foundation of Michigan
- ◆ Catholic Social Services
- ◆ Child's Hope
- ◆ Children's Hospital of Michigan
- ◆ Easter Seals
- ◆ Family Alliance for Change
- ◆ Great Start Collaborative—Wayne
- ◆ Michigan Alliance for Families
- ◆ Michigan Association for Infant Mental Health
- ◆ The Milestones Agency
- ◆ Neighborhood Service Organization
- ◆ New Oakland Family Centers
- ◆ Pathways Academy
- ◆ Save Our Children Coalition
- ◆ St. Joseph Mercy Health System

PARTNERSHIPS

University Partners

- ◆ Eastern Michigan University
- ◆ Michigan State University
- ◆ University of Michigan
- ◆ Wayne State University
- ◆ Western Michigan University

GOVERNANCE & STRUCTURE

HUMAN SERVICE COMMUNITY COLLABORATIVE

The Human Services Community Collaborative (HSCC) is the designated Multi-Purpose Collaborative Body for Wayne County. The HSCC is the system-wide governing body for Wayne County's Connections System of Care. It is an action-focused, inter-agency 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. The HSCC continues to barrier bust issues and concerns that impact the lives of the children, youth and families collectively served by each system.

SYSTEM OF CARE IMPLEMENTATION

The Implementation Team is a governing body that provides oversight and direction for collaborative activities associated with the Substance Abuse and Mental Health Administration (SAMHSA) System of Care (SOC) Expansion Grant, and consists of select SOC leadership and grant employees. The Implementation Team provides oversight of the Annual Cultural and Linguistic Competency Summit, Cultural and Linguistic Competency Assessment-based policy changes, youth and parent involvement related to grant goals and activities, and ensures grant-tasks are completed in a timely fashion.



PARENT & 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 System of Care (SOC). In recent years Family Alliance for Change developed a Parent Advisory Council and Youth United developed a Youth Advisory Council to increase parent and youth involvement within the SOC. Members of both councils began as dedicated volunteers who were provided with trainings focused on empowering them to effectively engage in SOC workgroups and committees. In the last two years, leaders within the established councils and other workgroups have developed a combined SOC Advisory Council to provide guidance on policies and procedures impacting youth and parents throughout the System of Care. The mission of the SOC Advisory Council is to "Advise Connections: Wayne County System of Care, to advocate for youth and families receiving services in Wayne County, and inform system practices." Youth and Parents began transitioning into leadership roles in the SOC Advisory Council in January 2017, and soon after elected youth and parent co-chairs. The SOC Advisory Council has since become more youth and family-led with staff gradually transitioning to supportive roles.

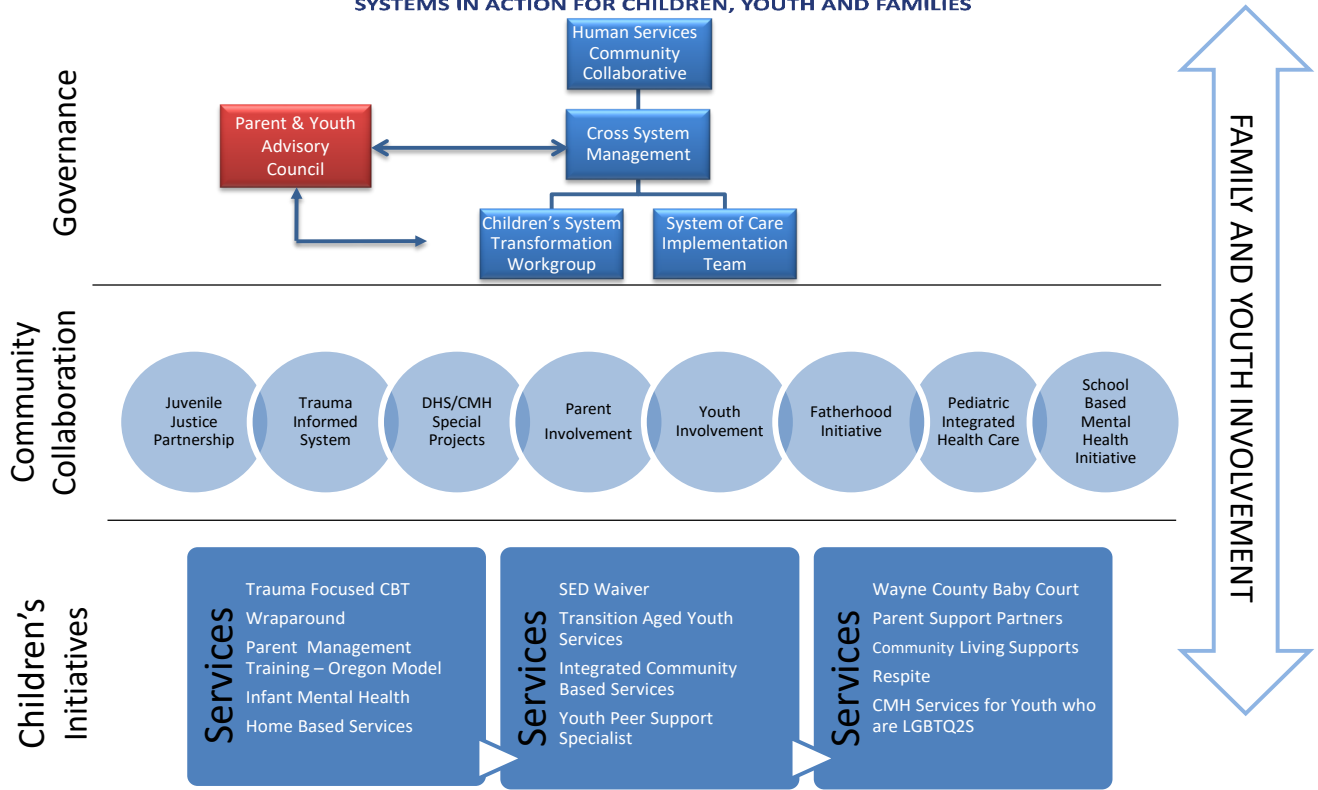
CHILDREN'S SYSTEM TRANSFORMATION

This is a task-oriented subcommittee focusing 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."

CROSS SYSTEM MANAGEMENT

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

SYSTEM OF CARE FRAMEWORK



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



SYSTEM OF CARE COMMITTEES

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

For the 11th year in a row, Connections received a **\$1.04 million** SOC Block Grant from the State of Michigan. Funds are used for specialty positions, programs designed to focus on system change, special projects, evaluation, advocating for parent and youth voice, and development of the workforce that serves children, youth and their families in Wayne County.



**SOC BLOCK
GRANT
\$1.04MIL***

In July 2013, DWMHA, in partnership with American Indian Health and Family Services (AIHFS) and The Guidance Center (TGC), was awarded a \$4 million, 4-year System of Care (SOC) Expansion Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). In May 2017, DWMHA was awarded a No Cost Extension, allowing grant work to continue until June 30, 2018 to ensure all grant activities are completed. A carryover request was approved in June 2017 for the amount of **\$274,743** with DWMHA matching funds **1:1** in the No-Cost Extension Year.



**SOC SAMHSA
EXPANSION
GRANT
\$549,486**

FUNDING

\$1,756,881

The Ethel and James FLINN Foundation has provided the Detroit Wayne Mental Health Authority **\$150,000** over two years for the implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) in Wayne County Schools. The grant period is from January of 2017 through December of 2018 with **\$75,000** each year. Development Centers was selected to implement the first cohort of CBITS intervention through the School Based Mental Health Initiative.



**CBITS
\$75,000**

The Race to the Top Early Learning Challenge (RTT-ELC) is a federal grant made to the state of Michigan which focuses on improving early learning and development programs for young children. Development Centers was selected by DWMHA to provide specialized consultation to meet the social-emotional needs of young children ages birth to five in child care, based on a history of providing similar services. The initial award of **\$88,813** was for one (1) FTE position to begin January 2017. Beginning in FY17-18, the grant will be expanded to **\$160,000** and two (2) FTEs, based on community need.



**RACE TO
THE TOP
\$88,813**

CHILDREN & YOUTH SERVED

Fiscal Year 2016-2017

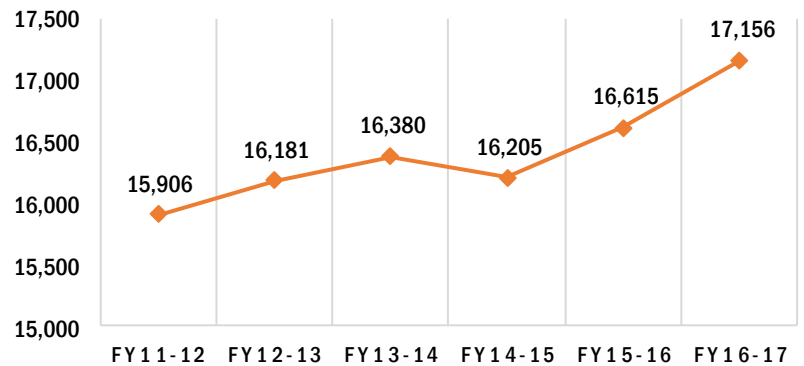
17,156 Children, Youth & Families Served

SERVICES RECEIVED*

2,730 Home Based	211 TF-CBT
9,504 Outpatient	63 PMTO
5,168 Case Mgmt	55 SED Waiver
265 Parent Support	722 Respite/CLS
16 Youth Peer Support	540 Wraparound
890 Infant Mental Health	

*Numbers based on claims data collected from MHWIN in October 2017. May not match program reporting as claims may have a 90 day lag. Counts are not unduplicated, as individuals may receive more than one service.

CHILDREN SERVED BY FISCAL YEAR

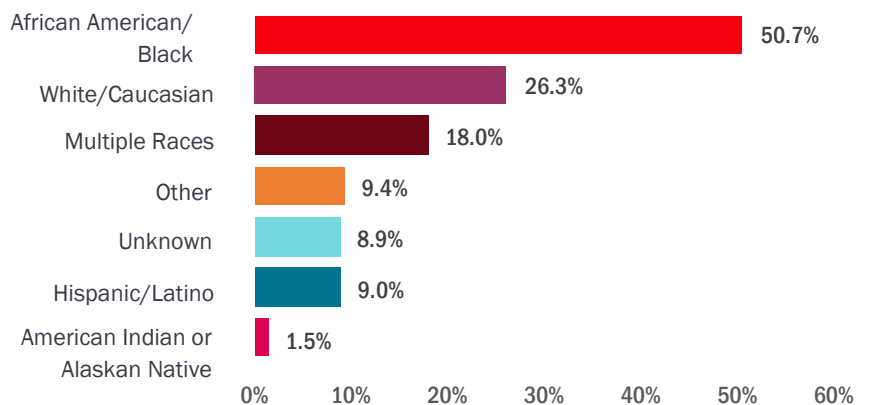


DEMOGRAPHICS, FY16-17

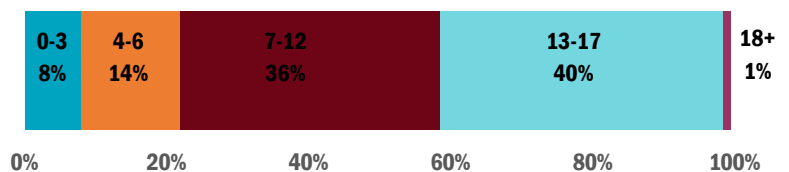
GENDER



RACE/ETHNICITY



AGE



Demographic data reflects unduplicated cases, although a child can be included in more than one race/ethnicity category. Age based on first claim of fiscal year.

YOUTH & FAMILY INVOLVEMENT

Youth United

Youth United is a youth-led initiative whose purpose is to promote youth voice and youth involvement throughout Connections (Wayne County System of Care).

Youth United has been promoting and supporting positive youth engagement and youth voice within Connections since its inception in 2003. Youth United staff advocate for change using personal experiences and the experiences of other System of Care youth. Youth Advocates participate on over **21 local and statewide committees**, plan community events, train young people on leadership and advocacy while continuing to raise awareness around the stigma attached to receiving mental health services.

3 Regional Youth Specialists

8 Youth Advocates

21 Local & Statewide Committees

ORGANIZATION OF THE YEAR

November 2016 Youth United received the organization of the year award at the Youth MOVE National Rock Star Awards.

1st ANNUAL YOUTH SPOTLIGHT AWARDS BANQUET

On September 22, 2017, the Youth Spotlight Awards were held at the Burton Manor Banquet Center to honor the significant contributions youth have made to help enhance our System of Care. The event was “An Evening of Excellence,” with networking, dinner and entertainment with Keynote Speaker Dr. Grenae Dudley, CEO of The Youth Connection.



“Rising Star” Award

Christopher Ghaskin (Youth Advocate for Youth United)

Youth Advocate “Achievement” Award

De’Anthony Jefferson (Youth Advocate for Youth United)

“Shining Star” Award

Marianna Campbell (President of Youth MOVE Detroit)

Adult Youth Champion “Excellence” Award

Shadawn Walker (Parent from The Children’s Center)

Youth Peer Support “Making a Difference” Award

Carly Steele (Youth from Development Centers)

Change Maker “Visionary Award”

Makayla Plaskey (Youth from Development Centers)

Leadership “Outstanding Leadership” Award

Fredrick Smith (Youth from Youth Connections)

Volunteerism “Service Excellence” Award

Stefan Lattimore Jr. (Youth from Assured Family Services)

“Outstanding Achievement” Award

A special award given to Youth United’s Regional Youth Specialist Brittany Horton



Certificates went out to all Youth MOVE Detroit members.

Christopher Ghaskin and Brittany Horton received **certificates for being employed with Youth United for 5+ years.**



Northwest Region

Focus: Awareness & Stigma

Stigma refers to the attitudes and beliefs that lead people to reject, avoid, or fear those that they perceive as being different. The Northwest Region works to decrease stigma associated with youth receiving mental health services.



COMMUNICATION & OUTREACH

Updated Youth United flyer

Youth United created a youth-friendly general flyer that is being distributed to schools within the community, and to agency partners.



Youth United Newsletter

Youth United distributed 3 publications that highlight important resources, activities and topics, identified by youth such as: money management tips, current job opportunities and current issues that impact youth.



“Reflections”

A book created for youth by youth including personal stories of current or previous youth consumers and motivational/inspirational quotes. A total of 89 personal stories were collected to publish in the book.



“Remind” Text Message Alert

Northwest Region is now using the Remind text message app to deliver reminders, upcoming events, and job opportunities to 318 youth and 91 stakeholders.



EVENTS

Stigma Busting Workshops

These events are designed to help youth spread anti-stigma messages through discussion and activities regarding stigma. This fiscal year 40 participants attended two workshops at Black Family Development, Inc. and The Children’s Center. An additional 639 Stigma Pledges were collected this fiscal year.

Stigma Busting Bash

The Stigma Busting Bash is an end-of-the-year bash filled with activities to help spread awareness about the impact of stigma associated with mental health. The event was held at Golightly Technical High School in Detroit, and Davis Aerospace Technical High School (also in Detroit) with 166 participants.

STIGMA PLEDGE

1359 Youth, stakeholders, community leaders, and partners have signed a pledge to end the stigma associated with mental illness since 2014.

I will not perpetuate or tolerate stigma of any kind. I will commit myself to changing the way society views people living with mental illness.

Pledge by: _____

Find out more about stigma: www.dwmha.com 800-241-4949

Pledge to End Stigma

I will treat others with dignity and respect.

I will work to end the stigma associated with mental health issues.

I will use my knowledge of mental health and stigma to educate others.

I will be a voice to educate others on stigma.

If I see or hear stigma being placed on others, I will speak up.

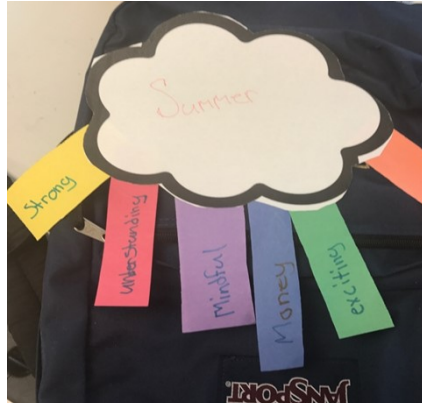
If I see someone in crisis, I will encourage them to seek help.

I will be an advocate for raising awareness of mental health issues.

East Region

Focus: Training

Youth United's East Region has facilitated trainings throughout all of Wayne County and Michigan for youth and stakeholders. Most trainings range from two to four hours and include a variety of interactive activities and discussions on topics that help youth become comfortable with who they are and how they can make a change in the community.



QUESTION PERSUADE REFER (QPR) TRAINING AND SUICIDE PREVENTION

Agencies interested in a Youth QPR training for youth ages 16 and up as well as adult staff can contact Brittany Horton (bhorton@dwmha.com)

East Region is collaborating with Clinical Practice Improvement and Wayne County Suicide Coalition to support suicide prevention efforts. Youth United provides Wayne County Suicide Coalition with youth voice and input on issues being discussed around youth suicide and suicide prevention across Wayne County.

Department of Health and Human Services Youth Conference Bullying and Suicide Prevention presentation had over **100 youth present**.

Youth United has assisted the WC Suicide Coalition with a *13 Reasons Viewing and Conversation for Youth and Parents* as well as provided support for a variety of suicide coalition events. There were **125+ youth and parents present**.

A workshop on Youth Involvement and Youth Peer Support was presented at the *Raising the Bar Conference* in July 2017 with **40 people** in attendance.

Back to School Family & Friends Suicide Awareness Day at Ford Field was held on September 201. Youth United had a resource and activity station for the Back to School event. **A total of 394 people attended the event.**



Youth Under Construction Manual

The manual has been distributed to the community and is being used to train youth around the county and state.

The Youth Under Construction Train the Trainers took place in June at American Indian Health and Family Services. **This training had 11 participants.** 10 of the participants passed with a 70% or better, and are now Wayne County Certified Youth Advocates.

There are plans to work with youth from American Indian Health and Family Services to ensure the manual is culturally appropriate for Native youth in FY17-18.

R.I.C.H. LIVING

“Responsibly Influencing and Creating Healthy Living” was revamped for the 2017 summer.

This year the program focused on mental, physical and social wellbeing. Each day consisted of presentations and/or interactive learning activities about healthy eating, stress relieving techniques, physical exercise, relationship building, good decision making and more.

A total of **29 youth** participated for both sessions: July 10th through the July 21st had **7 youth participants** and July 31st through August 11th had **22 youth participants.**

At the end of each session participants who completed the full program received a certificate of participation, a letter to receive a free 7 day full access pass to the Boll Family YMCA, a gym bag that included a yoga mat, 3 lb weight, stress ball, exercise ball, and a jump rope, and a \$50 stipend.

R.I.C.H. Living Vendors and Presenters

Detroit Yoga Lab ◊ Gleaners, Health and Nutrition Institute ◊ MSU Extension Program ◊ Henry Ford Youth Wellness Ambassadors ◊ Southwest Counseling Solutions Cornerstone Program ◊ Zumba Instructor: Nicole Srabain ◊ Spirit Farm and Community Garden ◊ Personal Trainers: Al McGlocton, Troy Woods, and Andre Tinsley ◊ Healthy Food Prep: Alisha Kiovanni ◊ Culinary Clique ◊ Boll Family YMCA.

Central Region

Focus: Advocacy

Youth United's Central Region focuses on promoting advocacy for youth by ensuring youth representation on committees, promoting youth-friendly environments, and guaranteeing youth voices are being heard throughout the System of Care.

ART AND EXPRESSION

Workshop

Central Region partnered with Northwest Region to create a workshop to teach youth how to advocate and decrease stigma using artistic expression. The Artistic Expression workshop was held at the 3rd Annual Faith Based Conference in August 2017.



XtrasComic Book



Youth United partnered with Esteem Multimedia to provide a peer review of the Xtras comic book script. The comic book is based on youth who have challenges (i.e. ADHD, Asperger's Syndrome, OCD and more), and they use their challenge as a superhero power. Youth MOVE Detroit (Youth United's advisory council), also provided feedback. Central Region participated in interviewing and finding an illustrator. The comic book was completed in FY16-17 and a comic book release party was planned for the beginning of FY17-18.

Open House

June 24, 2017, Youth United partnered with The Children's Center's 21st Century program and held a Skating Party Open House with over **150 people in attendance**. The Open House was geared towards engaging youth in activities and recruiting more youth to join Youth MOVE Detroit. Youth from the advisory council helped with ideas, planning, and shared roles at the Open House. Resources, t-shirts, and food were provided. It was a very successful event and everything was free.

Engage DWMHA Board

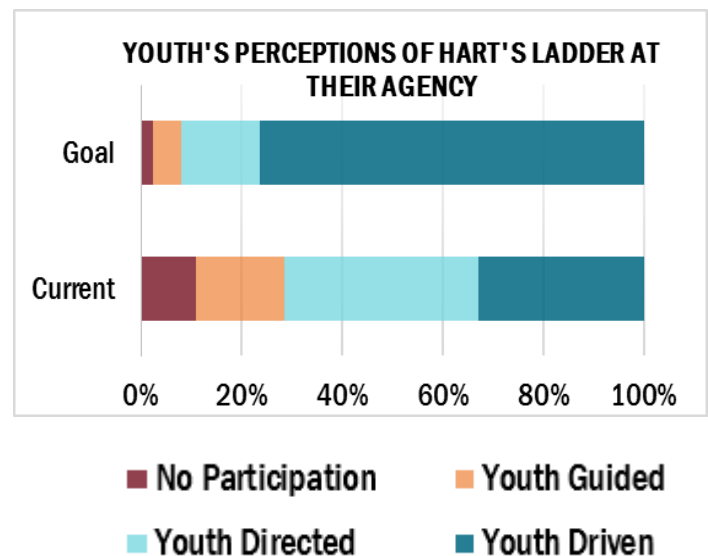
Central Region has been attending the monthly board meetings to listen, provide feedback as needed, share resources, and build a relationship with DWMHA's Board members to better advocate on behalf of Wayne County youth and families.

Certifying Positive Youth Involvement Sites

Youth United has continued the process of certifying Positive Youth Involvement Sites in an effort to improve the quality of youth service delivery. To date, **132** youth have been surveyed at **six** agencies. Youth consumers chose their level of agreement on the 13 survey questions. They were also asked to rate on Hart's Ladder of Youth Participation where they thought their agency was now, and where their agency should be. "No Participation" represents the lowest level of youth involvement, and "Youth Driven" represents the highest level.

Survey Responses

	% POS	%NEG
The services I am receiving are easy to get to	79.5%	21.3%
I can attend appointment times that work for me	80.3%	20.4%
The waiting rooms and appointment rooms are welcoming	84.0%	18.2%
The agency has brochures and posters with information young people want	76.5%	25.0%
Agency staff are open-minded--they do not judge me	86.3%	17.4%
The amount of time I spend waiting for my appointment isn't too long	64.4%	37.9%
Agency staff use language I can understand	89.4%	11.4%
Agency staff involve me in making decisions about what will happen next	83.2%	18.2%
My thoughts and feelings are taken seriously	89.4%	14.0%
Agency staff have the time to let me express my problems in my own words	87.1%	14.4%
I get help for the things I want to get help with	84.1%	17.4%
I am able to raise concerns that I have	88.6%	12.1%
I am included in decisions about my treatment	85.7%	15.2%
OVERALL	83.0%	18.7%



Youth Advisory Council

Youth MOVE Youth MOVE Michigan is a collective of youth leaders across the State of Michigan that come together to raise awareness on youth related issues such as mental health, bullying, leadership and advocacy.

MEETINGS

Youth MOVE Face-to-Face

Quarterly Face-to-Face meetings provide opportunities for youth leaders from across Michigan to come together, brainstorm and plan activities while building relationships with youth from other counties. Counties rotate hosting Face-to-Face meetings so that youth can have the ability to get familiar with different areas in Michigan. This year there were two Face-to-Face meetings with a total of **33 participants from across the state.**

Coordinators Calls

Every second Thursday of each month, coordinators come together to ensure the work of the young people is being supported. This group provides technical assistance to each other while identifying additional statewide opportunities.

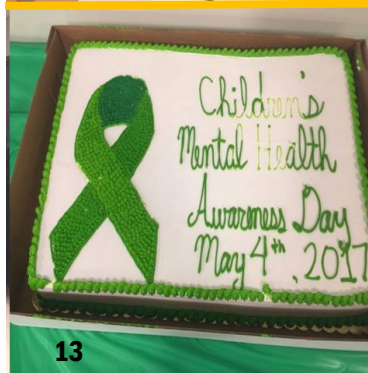
Youth Calls

Youth participate in monthly youth calls, during which young people discuss youth-related issues and assist with planning statewide activities.

ACTIVITIES

In an effort to highlight and expand the accomplishments of Youth MOVE Michigan, the group presented at the National Federation of Families Conference in November 10, 2016 through November 13, 2016, and the Statewide Children's Administrators meeting on June 9, 2017.

On August 17, 2017 Youth MOVE Michigan hosted the first Statewide Youth Summit at the RAMADA INN in Lansing, Michigan. **57 individuals** participated, with more than **30 in attendance from Wayne County.** Professional motivational speaker Jonathan Edison gave the keynote, motivating young people to become leaders, create clear career plans and discussed the importance of surrounding themselves with positive people. Youth attended workshops that discussed the effects of bullying and suicide, provided tools/techniques for positive youth advocacy and leadership, and practiced healthy self-care and resiliency.



Children's Mental Health Awareness Day

Youth United planned two Mental Health Awareness Day Events

On May 4th, 2017, Youth United hosted a watch party at DWMHA for staff and visiting consumers. The watch party live streamed the event held at Michigan's State Capitol. The event was themed "May the Fourth Be With You." The event included the Michigan Department of Health and Human Services (MDHHS), Lieutenant Governor Brian Calley, youth, families and more. **This event had 66 employees and consumers in attendance.**

On May 23rd Youth United held a community Children's Mental Health Awareness Day event with the help of a dedicated planning committee that included staff of local CMH Agencies, youth and parents. The event was held at Claude Allison Park and included performances from local hip hop artists and System of Care consumers. There were informational presentations highlighting family and youth driven programs and accessing CMH services. Families participated in mental health fact or fiction, bounce houses, dancing, and much more. There were **96 youth, families, and community stakeholders at this event.**

Wayne County Fatherhood Initiative

The mission of the WCFI is to support healthy families through nurturing fathers and male caregivers.



Fatherhood Program

Fatherhood Specialist, John Miles, facilitated the Dad's Group under the National Fatherhood Initiative's 24/7 Dad program. This 12-week program began September 23, 2017. Referrals for fathers willing to participate in the Fatherhood Program have increased through the Parent Support Partner service. Fathers are increasingly engaged in one-to-one support. Currently, one Wayne County dad is involved in the 24/7 Dad Program.



ACCOMPLISHMENTS

Faces of Trauma 3

This year's "Faces of Trauma 3," held in February, added the subject of how dads are affected by trauma to its focus. WCFI collaborated with The Children's Center Consumers Council and Youth United to present this year's event. Attendance more than doubled from last year **with 80 adults and youth in attendance.**

Fatherhood Forum

"Diverse Dads: Creating a Culture of Acceptance" was the focus of the 5th Annual Fatherhood Forum, held on June 23, 2017 at Greater Grace Temple. The various workshops and presentations highlighted the importance of celebrating the diversity of fatherhood. This year's Fatherhood Forum had **120 individuals attend**, with representatives from over 30 organizations across Wayne County, Washtenaw County and Genesee County. **20% of attendees were male.**



CyberSecurity

WCFI, The Children's Center and Wayne County Community College collaborated to host a CyberSecurity workshop at TCC in September, 2017. Presented by Terrance Campbell, MA Ed, MSISM, WCCCD Cybersecurity Program Director. This workshop introduced **15 attendees** to one of the fastest growing fields, Cybersecurity.

Mr. Campbell gave an overview of:

- ◆ How network sites such as Facebook, Snapchat and Twitter are compromised daily
- ◆ How companies like Target and Equifax being hacked through malware attacks and personal information being compromised
- ◆ An estimated 1.5 million cybersecurity jobs will be unfilled by 2019
- ◆ The relationship between everyday gaming skills and skills required for Cybersecurity professionals



FATHER FRIENDLINESS

Black Family Development, Inc. is in the second phase of "Assessing Father Friendliness of Your Organization." This phase is designed to measure agency buy-in to supporting a fatherhood program. BFDI Fatherhood Champion, Furqan Khaldun, has surveyed leadership at his agency and is currently reviewing data.

Family Alliance For Change

Family Alliance for Change (FAFC) is a parent driven, peer-to-peer service with the objectives of supporting, educating and empowering parents with special needs children to meet their family's goals. FAFC provides a family/youth friendly atmosphere where family support, advocacy, referrals, resources and education are offered to all Wayne County Families.

270 Referrals from CMHs

294 Families Served

14 Parent Support Partners

ACCOMPLISHMENTS

Events and Activities

761 people attended FAFC community events including: Autumn Fest, Easter Egg Hunt & Santa Day.

585 families received support services, such as Thanksgiving baskets.

222 children received new school uniforms.

116 youth were engaged in the Future Stars Program, which prepares children and youth age 8-13 years, to take on leadership roles throughout the SOC.

Ongoing Support Groups

119 Spanish speaking parents attended Spanish speaking support groups.

Training and Advocacy

113 parents were trained to be an advocate for other families, and their own families.

21 parents attended an SOC training in June 2017.

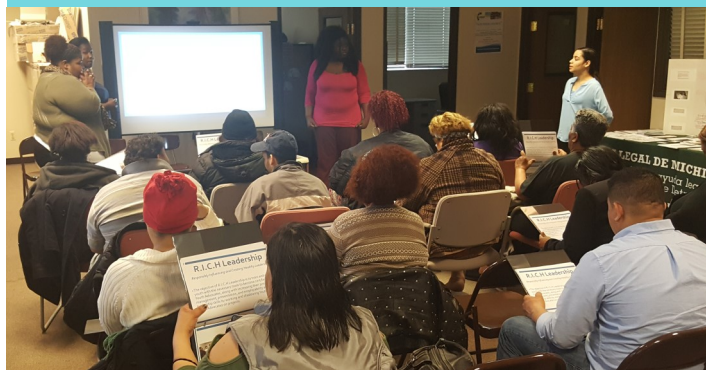
25 parents attended newly reinstated Legislative Team Meetings.

7 parents testified to the Michigan Legislature on funding for children's services.

121 parents participated at FAFC Parent Advisory meetings.

196 parents attended quarterly Parent Forums that gave parents and caregivers first hand access to a panel of representatives from the mental health, education, child welfare, juvenile justice, court and financial maintenance systems.

62 Wayne County residents were served by the Bi-lingual Help Center, and FAFC collaboration with the Michigan Poverty Law Center & State Bar Association.

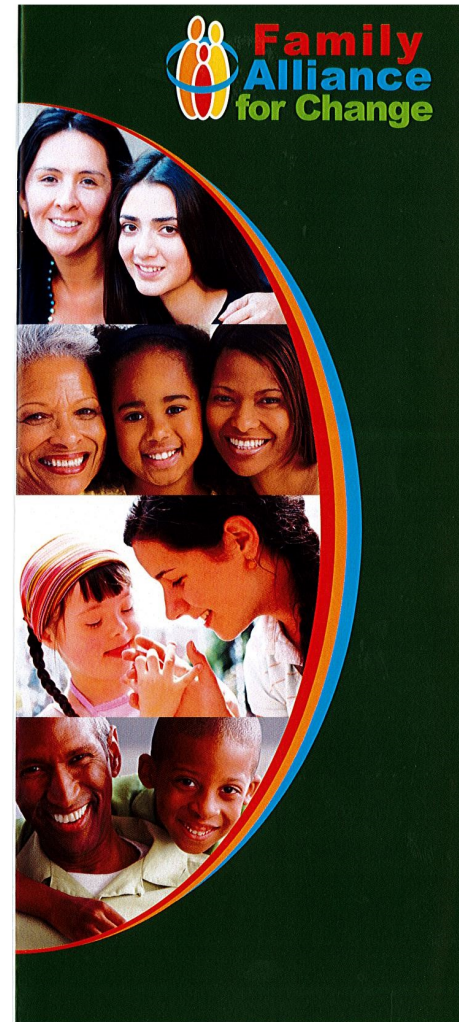


FAMILY ALLIANCE FOR CHANGE TRANSITION

For the last six years, FAFC has been the primary voice for parents at many levels within Wayne County systems. Beginning September 1, 2017, FAFC services were restructured to create a more effective and efficient program model. The System of Care work will continue with the *Parent Involvement Resource Center*, and Parent Support Partners (PSPs) will continue to be placed in local CMH providers across the county. CMH agencies will employ the PSPs, fully integrating them in their organization. Having PSPs on staff will assure better access to services for all consumers, improve coordination of services including but not limited to treatment, training, quality oversight, and record keeping. PSPs employed by providers will help meet an overall goal of parent voice and involvement, but at an organizational level.

Parent Involvement Resource Center

A small cadre of Family Alliance for Change staff will make up the new Parent Involvement Resource Center (PIRC) under the auspices of Southwest Counseling Solutions. The purpose of the PIRC is to provide the parent voice for Detroit Wayne Mental Health Authority (DWMHA) and serve as the parent liaison to the Department of Health and Human Services. The PIRC will also work with DWMHA to ensure PSP model fidelity, provide the System of Care (SOC) parent training, recruitment, technical assistance, and support for Wayne County PSPs and the CMH providers who employ PSPs.



CELEBRATING COLLABORATION
with special guest Justice Richard Bernstein
Tuesday, September 12, 2017
8:30 a.m. – 10:30 a.m.



A Partnership with Southwest Solutions

COLLABORATION FOR A BETTER FUTURE

Family Alliance for Change held its 2nd Annual fundraiser breakfast at the University of Michigan Dearborn in recognition of Mental Health Month with the support of DWMHA and several CMH agencies. Invitations to attend the event were sent to legal, mental health, and education professionals, as well as individuals from the State and local government. **70** people attended the event and **\$9,500** was raised.

Justice Richard Bernstein served as the keynote speaker. Justice Bernstein is the first blind justice elected to the Michigan Supreme Court. His presentation focused on the importance of breaking down stereotypes that often hinder families with mental illness or other challenges.

CROSS SYSTEM YOUTH

Baby Court



The Wayne County 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. Baby Court is designed to increase reunification as an outcome, and to reduce the time to permanency decisions. One goal for Baby Court is to hire a coordinator. State level advocacy is happening to create pathways to fund this position.

ACCOMPLISHMENTS

- ◆ In FY 15-16 the decision was made for Baby Court to become a specialized docket. **This process was implemented in FY16-17.**
- ◆ A flow chart for the Baby Court referral process was developed in April 2017.
- ◆ The Baby Court project continues to grow under the leadership of Referee Kathleen Allen.
- ◆ A training for caseworkers and Infant Mental Health clinicians was offered in FY16-17, increasing capacity to provide Baby Court services.

21 New Baby Court cases in FY16-17

5 Reunifications

3 Removed from docket

Crossover Youth Practice Model

Youth fluctuating between the child welfare and juvenile justice systems are commonly referred to as “crossover youth.” The Crossover Youth Practice Model (CYPM), developed by Georgetown University’s Center for Juvenile Justice Reform (CJJR), addresses the unique needs of these youth, while reducing cross-system involvement.

CYPM GOALS: REDUCING

- ◆ Number of youth placed in out-of-home care
- ◆ Use of congregate care
- ◆ Disproportionate representation of youth of color, particularly in the crossover population
- ◆ Number of youth crossing over; and becoming dually-adjudicated



ACCOMPLISHMENTS

- ◆ A pilot project was launched in December 2016
- ◆ A training series was completed prior to the launch of the pilot program
- ◆ Five youth have been identified since the project was officially launched on March 1st 2017
- ◆ A brochure and a manual were finalized with input from a Parent Support Partner
- ◆ The CYPM implementation team has been meeting monthly since launch to trouble shoot barriers and otherwise support the program

Juvenile Mental Health Court



PROGRAM OVERVIEW

The Juvenile Mental Health Court (JMHC), supervised by Judge Edward J. Joseph, is a problem solving court that combines judicial supervision with community mental health and other support services in an effort to reduce court contact and improve the quality of life for program participants.

MISSION

The mission of the 3rd Circuit Court's Juvenile Mental Health Court is to identify youth with mental health issues and divert them from the formal court docket; to connect youth and their families to appropriate services in the community; to reduce the number of youth with mental health issues who reoffend; to increase adherence to appropriate services for mental health issues by using a multidisciplinary team approach to develop and monitor service plans and compliance.

SERVICES OF JMHC

Youth and their families have weekly status review hearings and the Judge closely monitors JMHC cases. The Judge rewards progress through the program with various incentives, such as treats from a gift basket in the courtroom, gift cards, and extra privileges. Graduated sanctions are used by the Judge for non-compliance, such as loss of privileges, community service, tether, and short stays at the Juvenile Detention facility.

Provided by Clinic for Child Study	Provided by Court's Case Management Team	98	Total youth accepted into JMHC since January 2016
Clinical assessments	Drug testing		
Home-base therapy	Assessments	4	Graduates since January 2016
Medication reviews	Treatment Referrals		
Anger management groups	Case management	18	Pending admissions to JMHC
Groups for LGBTQ2S groups	Community support services		
Mental health education		25	Active cases



Integrated Community Based Services

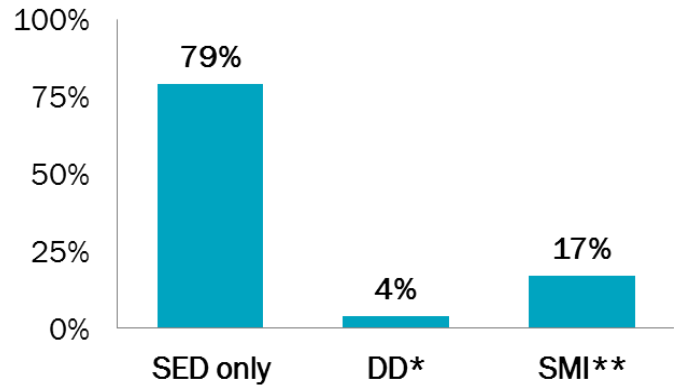
Integrated Community Based Services (ICBS) is a collaborative partnership between Community Mental Health and Assured Family Services to ensure Juvenile Justice clients receive all services available to them, conducive to meeting their developmental needs.

622 youth received ICBS Care Coordination in FY16-17

Probation Level 1 and Level 1 Post-Care youth were linked to treatment and support services, in addition to, or in lieu, of mental health treatment, including:

- ◆ Outpatient substance abuse treatment
- ◆ Aftercare/relapse prevention groups
- ◆ Day treatment
- ◆ Youth Assistance Programs
- ◆ Wraparound Services
- ◆ Starr Commonwealth Detroit Family Based Pilot Program
- ◆ The Sexual Awareness Information and Treatment (SAIT) program

556 youth were new in FY16-17



*most of these youth also meet SED or SMI eligibility criteria
 **some of these youth are 18-21 and still provided with children's CMH services under EPSDT

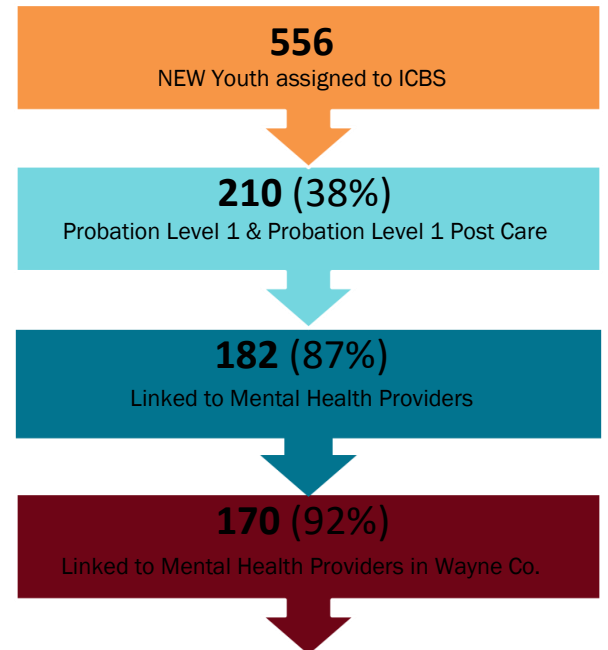
SED WAIVER

The SED Waiver program provides an array of community mental health services to youth age 0–21 involved with child welfare, have been adopted through child welfare, or are seeking community mental health services under Medicaid.

55 Youth received SED waiver services in FY16-17

50 New CMH clinicians trained on the SEDW

2 New sites providing the waiver, bringing the total to 5



INTEGRATED CARE

Screening Kids in Primary Care Plus (SKIPP)

A Masters-level Social Worker is embedded as a Behavioral Health Consultant (BHC) at Beaumont Westland Family Medicine Clinic to support integrated health care. The BHC provides the following services: brief interventions to patients, psycho-education, referrals, resources and action plans for behavioral health, and health behavior needs. Integration efforts are transforming the clinic, the patients, and physicians' patient care, huddles, integrated workflows, and mental-health-focused Lunch and Learns (including suicide prevention), helping parents with school issues and trauma training provided for all staff.

ACCOMPLISHMENTS

- ◆ Training was provided to new Residents on the social determinants of health, integrated health care, health behaviors and ADHD
- ◆ Integrated health care specific workflow was created from patient entry to exit, which included front desk staff, Medical Assistants, Residents, supervising Physicians, and office management
- ◆ Introduced improved screening tools

499	Patients Served
34	CAFAS/PECFAS Assessments
199	Mental Health Referrals
40	Care Coordination Consultations
5	Referrals for Crisis Assessments



Patient Satisfaction Survey

100% of respondents agree or strongly agree with the following statements:

'We are providing improved care to patients and families'

'My job satisfaction is positively impacted.'

'I feel like the BHC has information and resources that fit my needs '

'I am comfortable receiving behavioral health services at this clinic '

'I would recommend having a BHC as part of the medical team to others in my profession.'

Michigan Child Collaborative Care (MC3)

The MC3 program provides psychiatry support to primary care providers in Michigan who are managing patients with mild to moderate behavioral health problems. This includes children, adolescents, young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum with children up to a year. Psychiatrists are available to offer guidance to Physicians on diagnoses, medications and psychotherapy interventions so primary care providers can better manage patients in their practices. Support is available through "just-in-time" phone consultations to referring providers. Currently, **157 providers** at **27 clinics** are enrolled in MC3. Additionally, a behavioral health consultant is embedded at Detroit Riverview Pediatrics and Universal Pediatrics and has provided short term interventions and behavioral health referrals to over **102 children**. The MC3 initiative continues to reach out to new providers and increase awareness of the program in Wayne County.

Pediatric Integrated Healthcare Workgroup

The Pediatric Integrated Health Care work group is a sub-committee of the Cross Systems Management leadership collaborative for children's service providers in Wayne County. Committee membership is comprised of children's service providers and system partners currently working toward having an integrated model of mental and physical care for their patients. The focus of the group is to create a model for managing physical health issues that impact pediatric patients (specifically diabetes, obesity, and asthma), identifying barriers, system problem solving and advocating for changes in order to create a cohesive integrated health care model for all children's providers.



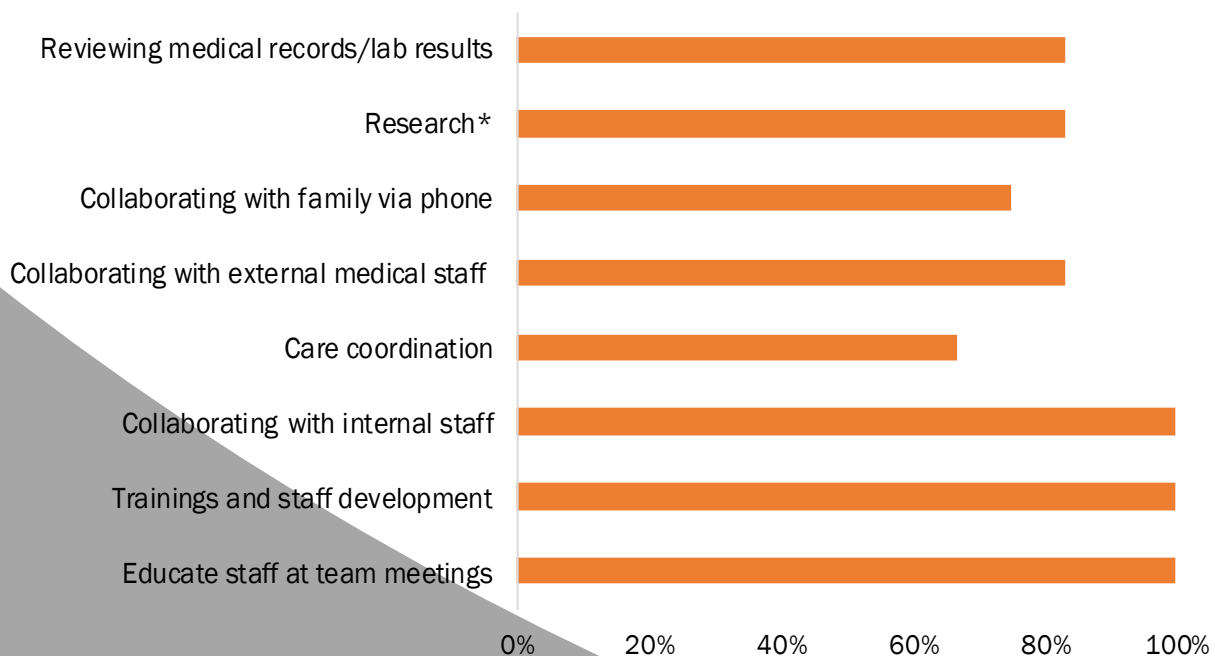
PEDIATRIC INTEGRATED HEALTH CARE AGENCY ASSESSMENT

Connections continues to support Wayne County Children's Mental Health providers move to an integrated service delivery approach. A survey was sent out over the summer to assess the current approaches to serving children and youth with asthma, diabetes, obesity and/or ADHD. **17 agencies** participated in the survey. It was found that agencies without a clinic experience challenges providing resources above and beyond mental health traditional services. The most common challenges included communicating with primary care staff, providing education/training to families, and getting families to follow-up with primary care. A brief follow-up to the survey was sent out in September to better understand the type and amount of services provided to youth, which agencies are unable to re-coup costs for. **12 agencies** provided feedback for the follow-up questions. The PIHC committee will be sharing the results of the survey with Executive Leadership to discuss next steps.

ESTIMATED RANGE OF OCCURENCE IN WAYNE COUNTY

11%-40%	ASTHMA
0%-15%	DIABETES
0%-60%	OBESITY
13%-90%	ADHD

SUMMARY OF UNBILLABLE SERVICES



*Research is defined as looking up/researching programs, resources, and psycho-education material

SCHOOL BASED MENTAL HEALTH

The School Based Mental Health Initiative (SBMHI) continues to support coordination and delivery of direct school-based services via Community Mental Health Providers across Wayne County. Services offered by CMH providers include: assessments, individual and group therapy, crisis intervention, targeted case management, parent education groups, and professional development for educators. Behavioral health services are provided by [13 DWMHA agency partners](#) to students and families of [72 Wayne County Schools](#).

FROM OCTOBER 2016 THROUGH JULY 2017

- 2,133** Students received prevention/intervention programming
- 712** Children and Youth received individual CMH services in schools
- 148** Trainings/Workshops were provided to parents, teachers, and staff.
- 1,537** Parents attended the trainings/workshops
- 904** Teachers and staff attended the trainings/workshops

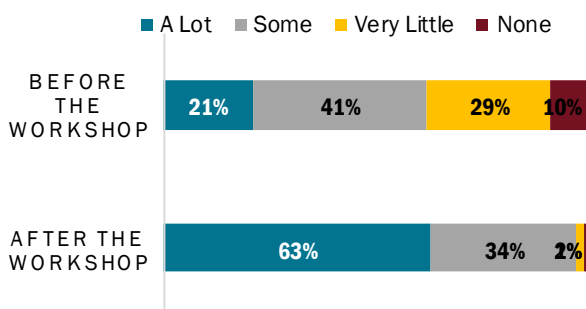
COGNITIVE INTERVENTION FOR TRAUMA IN SCHOOLS (CBITS)

Trauma can manifest itself in many different areas including, but not limited to, disruption in sleeping and eating habits, focus, attention and concentration, social problems and behavioral challenges. Such challenges often go unaddressed in the school setting due to the limited trauma-related training school teachers, staff and administration receive. In schools and classrooms trauma can often mirror symptoms of other mental health challenges including restlessness, inattention, shutting down or explosive behavior. CBITS is a skills-based group, with the goal of reducing trauma symptoms, depression, and anxiety among young people who have experienced trauma. Development Centers' School Based program, through partnership with the Detroit Wayne Mental Health Authority (DWMHA) and the Ethel and James FLINN Foundation, will be implementing CBITS in the 2017-2018 school year and the Detroit public high schools.



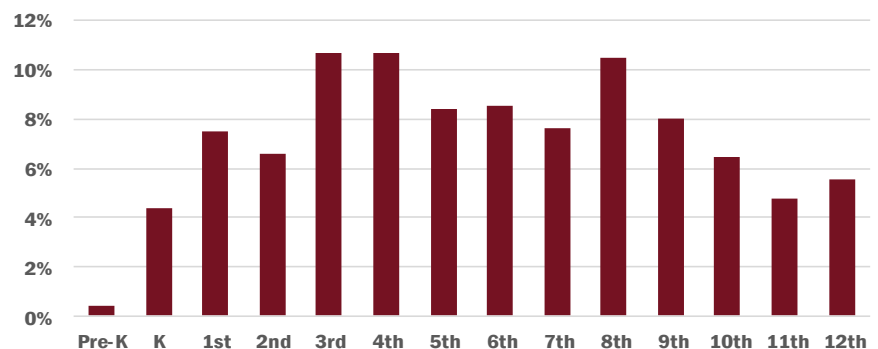
Knowledge of Training Topic

All trainings/workshops combined



Grade Level of Students

Receiving School-Based CMH Services



TRAUMA INFORMED CARE

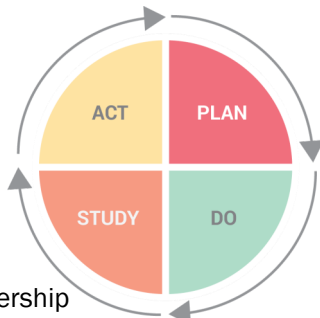
The FY16-17 Trauma-Informed initiatives in Wayne County focused on Secondary Traumatic Stress, new system partner engagement and working to sustain regular system trainings after the completion of the SAMHSA funded Detroit Trauma Informed Project (DTIP).

SECONDARY TRAUMATIC STRESS

Connections System of Care provided staff from partnering organizations the opportunity to participate in an anonymous survey to engage in self-assessment to determine the impact of Secondary Traumatic Stress (STS) in their organization. The assessment was combined with an overall trauma-informed organizational change framework to support strategic planning in specific areas of need.

Questionnaire topics included:

- ◆ Resilience building
- ◆ Safety
- ◆ Policies
- ◆ Leadership Practices
- ◆ Organizational Practices
- ◆ Evaluation and Monitoring



During the Trauma Leadership Stakeholder's Breakfast held on March 30, 2017, Stakeholder's reviewed the results of the STS assessment. In preparation for receiving individualized agency results from the survey, a group learning session was held using the **Plan, Do, Study, Act** model. Agencies were tasked to use this model to address their survey results. Discussion of this project will move to the Trauma Leadership Team Meetings.

Survey Responses

	%POS	%NEG
The organization promotes resilience-building activities that enhance (basic knowledge of STS, a sense of hope, healthy coping strategies, etc.)	77.8%	18.9%
To what degree does the organization promote a sense of safety?	71.9%	24.0%
How STS informed are organizational policies?	64.9%	26.6%
How STS-informed are the practices of leaders (executive directors, CEOs, COOs, administration, etc.)?	73.4%	25.5%
How STS-informed are other routine organizational practices?	60.5%	32.4%
How well does the organization evaluate and monitor STS policies and practices?	54.8%	35.4%

Items may not sum to 100% due to missing responses.

FY16-17 TRAININGS

Trainings in the community

597 community partners (teachers, social workers, foster parents, college students, medical staff and victim advocates) received **26 trainings** on the following topics:

- Kids-TALK Services
- Mandated Reporting
- Child Maltreatment
- Darkness to Light Stewards of Children
- Abusive Head Trauma
- Infant Safe Sleep Practices

402 system partners (including Wayne County DHHS, law enforcement agencies, Office of the Attorney General, school and medical personnel, and faith based communities) received **25 trainings on:**

- Trauma 101
- Adverse Childhood Experiences
- Secondary Traumatic Stress
- Lunch and Learns on Several Topics

Trauma Focused Cognitive Behavioral Therapy

7 agencies participated in two TF-CBT cohorts

Cultural and Linguistic Competency Summit

Two trauma-specific trainings were offered at the June Cultural Linguistic Competency Summit.

- Historical Trauma with American Indians and Alaskan Natives had **21 participants**
- Oppression, Trauma, and Social Determinants of Health had **27 participants**

Secondary Traumatic Stress Agency Self-Assessment Participant Summary

System Involvement By Agency Role	#	%
Administration (Officers, HR, QI, Directors)	89	12%
Direct Service Provider	437	60%
Program Manager/Supervisor	114	16%
Support Staff (including Front desk and Finance)	90	12%
Grand Total	703	

Participants in the survey came from multiple systems including: Mental Health, Physical Health, Juvenile Justice, Child Welfare and Education.

SPECIAL POPULATIONS

LGBTQ2S

Connections partners with the Ruth Ellis Center (REC), a social services agency with a mission “to provide short-term and long-term residential safe space and support services for runaway, homeless and at-risk lesbian, gay, bi-attractional, transgender, questioning and two-spirited (LGBTQ2S) youth.”



Health and Wellness Center

The Ruth Ellis Center established the Ruth Ellis Health & Wellness Center, which includes integrated behavioral and primary care services. The Center meets critical unmet need of improving overall health and wellbeing outcomes for homeless LGBTQ2S consumers in Detroit and Highland Park, as a direct result of increased access to high-quality, culturally-competent health care. Primary health care services are provided under a service agreement with Henry Ford Health System (HFHS), School Based and Community Health Program (SBCHP) and the HFHS Global Health Initiative (GHI).

- The Health and Wellness Center is now open two days a week, every Monday and Wednesday
- The Ruth Ellis Center is working with Matrix Human Services to provide free testing twice a month on the first and third Monday
- Henry Ford Health System’s Infectious Disease Department comes to the Health and Wellness Center once a week to ensure the youth are getting the care they need
- The clinic employs a Behavioral Health Therapist that specializes in transgender health care
- The Ruth Ellis Center is currently serving over **140 youth** for integrated services

The Ruth Ellis Center currently offers four core services:

- (1) Ruth’s House (residential housing program)
- (2) Second Stories Drop-In Center
- (3) REC Health and Wellness Center
- (4) Family Group Decision Making (FGDM)*

LGBTQ2S TASK FORCE

The LGBTQ2S Task Force seeks to strengthen the provision of care, improve permanency outcomes, and increase positive outcomes for youth who identify as LGBTQ2S.

Accomplishments

- A Children’s Mental Health Grand Rounds was provided on LGBTQ Identity and How to Keep Youth and Families Safe, with **120 participants**
- Ruth Ellis Center completed SOGIE (Building Safety with Families and Youth) Training for **220 Wayne County Child Welfare Workers**
- Technical Assistance and Quarterly Trainings were provided to **677 Participants**

*FGDM is a family preservation program that aims to help LGBTQ children and youth who may be at risk for removal from their families by the State (Child Protective Services) due to evidence of parental mistreatment as a result of 23 sexual orientation, gender identity, and/or gender expression.



Cornerstone is an evidence-supported practice which provides a bridge for youth and young adults age 16 – 21 as they transition into adulthood.

CORNERSTONE TRANSITION AGE YOUTH

Accomplishments

DC

Experienced improved group engagement. Also, implemented pre-post survey to assess the understanding of group topics before and after sessions.

NEGC

Welcomed a new YPSS. The Youth participated in Lemonade day at the Eastern Market. There were youth who obtained a high school diploma, enrolled in job corps and transitioned to community college.

SWCS

Implemented a Youth Advisory Council in 2017. Four youth attended the ACMH Leadership Camp in Jackson and several youth started their first semesters in college.

TCC

Obtained a \$7000 grant. The youth participated in a mock interview, yoga, mindfulness, and a cooking class.

6 Agencies utilizing the Cornerstone model. **4** had active cases in

3 New staff trained in the TIP

125 Total Youth participating in a Cornerstone program

113 Total group sessions throughout FY16-17

6 Certified Youth Peer Support

35 Youth served by a Youth Peer Support Specialist with an active



YOUTH PEER SUPPORT SPECIALISTS (YPSS)

Youth Peer Support is a service provided by young people ages 18-26 with lived experience receiving mental health services, and who are willing and prepared to use their experience to support others. Youth Peer Support Specialists provide support to qualifying youth through shared activities and interventions. This Medicaid billable service can be provided individually or in a group setting.

Accomplishments

- **10 total YPSS** certified in Wayne County; **6 currently employed** across **4 agencies**
- 1 new agency (Starfish Family Services) added to service provider agencies and 1 additional agency (The Guidance Center) recruiting their own YPSS.
- SOC Special Projects Coordinator and Youth Involvement Coordinator presented at the Raising the Bar conference about YPSS and Youth involvement to **40 attendees**. The presentation discussed the formalization of youth voice in the System of Care. The talk highlighted the value of youth voice, discussed how youth voice was organized in Wayne County, and reviewed YPSS as a Medicaid billable service.

EPSDT

Prior to FY16-17 when youth reached the age of 18, their designation was automatically switched from Serious Emotional Disturbance (SED) to Serious Mental Illness (SMI). Many SED diagnoses did not translate to adult SMI criteria creating a service gap. Through Connection's work with transitional age youth, Children's Initiatives staff began to work collaboratively with a State task force to establish guidelines to ensure a continuum of care for 18-21 year olds. As a result, a memo was issued in July 2016 informing the community of a new policy to extend the SED designation up to age 21 where medically necessary. **This policy came into effect at the beginning of FY16-17.**

A decision tree was developed for Central Access to identify youth who would best benefit from SED service array. **Over 100 provider network staff were trained** in the process for keeping 18-21 year olds in children's services. **To date, 190 youth have been identified that fit EPSDT criteria.** Through the new EPSDT policy, these 190 youth were allowed to keep their SED designation and continue to receive uninterrupted services until age 21.

IMPROVING SERVICE QUALITY

Parent Management Training-Oregon (PMTO)

The 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.

ACCOMPLISHMENTS

6 Agencies **96** Individual families served
16 Clinicians **21** Group families served

Training

There were two State trainings held in FY16-17 where **8 new clinicians** were trained in PMTO.

Coaching

Coaching is provided to certified clinicians and clinicians in training in individual and group format. Group coaching is done regularly throughout the fiscal year. Individual coaching is provided regularly to trainees, and only if needed for certified individuals.

3 PMTO coaches provided:

- **39 individual** coaching sessions
- **9 group sessions**

Fidelity Implementation (FIMP)

During this process, tapes are reviewed and rated by a specialist for PMTO certification and recertification. FIMP is based on a 9 point scale in 5 categories, with an average of 6 needed to pass. The FIMP raters have monthly calls and reliability tests to make sure they are consistent with fidelity. Wayne County contributes **4 FIMPers** to this process.

Client Accomplishments

A parent was able to participate in the PMTO Family Assurance day in Kalamazoo. This was a new event for PMTO parents who have completed PMTO to talk to state leaders about their successes, what they liked about the program, and changes that they would like to see.

“One parent reports that she can’t believe the change in her daughter after focusing on encouragement. It has improved communication overall!”



DWMHA NCQA Project

Detroit Wayne Mental Health Authority is pursuing accreditation by the National Council on Quality Assurance (NCQA). Children’s Initiatives is contributing to this process by providing a Quality Improvement project focusing on the Caregiver Wish List (CWL).

The goal is for 100% of caregivers participating in PMTO services to have documented CWL scores in the online Functional Assessment Systems by the end of the fiscal year. An initial assessment of the CWLs completed showed that only 38% of families participating in PMTO had a documented completed CWL assessment. During the 1st re-measurement period 14 new families began PMTO. Each family received a CWL, for 100% completion. Children’s Initiatives will provide a report for the 2nd re-measurement period early in the next fiscal year.

38% → **100%**

Early Childhood

Connections' Early Childhood Task Force's focus is on increasing access and improving practices to support young children age 0–6.

IMH ENDORSEMENT

All Community Mental Health Services Program staff or contract provider staff delivering home-based services for infants and young children, birth to 47 months, and staff providing Prevention-Direct Services Models (Infant Mental Health, Child Care Expulsion Prevention) must have, as a minimum, the Michigan Association for Infant Mental Health (MI-AIMH) Endorsement®, Level II (Infant Family Specialist), with Level III (Infant Mental Health Specialist) preferred. Each endorsement level requires hours of specialized training, or coursework specific to IMH competencies.

Level	Title	Hours Required
Level II	Infant Family Specialist	50
Level III	Infant Mental Health Specialist	75
Level IV	Infant Mental Health Mentor	90

In Wayne County

- **73 IMH clinicians** in our system are currently endorsed at a Level II or higher
- There are **7 IMH Mentors** with Level IV who are providing reflective supervision to IMH staff
- **52 IMH clinicians** in our system are currently providing services under the IMH waiver and working toward their endorsement

PARENT-CHILD INTERACTION THERAPY

Parent-Child Interaction Therapy (PCIT) is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Three agencies participated in the cohort one training in May 2017.

Clinician Noted Highlights

- ◆ Families seeing notable improvements and outcomes within treatment
- ◆ Caregivers learning alternate methods to respond to negative behaviors
- ◆ Clinicians seeing results of their interventions
- ◆ Concrete and structured methods of interventions.

16 Families began PCIT in FY16-17

6 PCIT Clinicians



RACE TO THE TOP

Development Centers Early Childhood and Family Services division employs **3 consultants** (one full time, two part time) for this program. Since January 2017, the three consultants have been provided with state-based training focusing on assessment, observation, social-emotional development of children 0-5 and training support for home and center-based child care providers.

The consultants have provided consultation for providers, as well as outreach and trainings to the community, including groups of home providers. Consultants are able to:

- Discuss available services
- Provide information on a variety of topics (e.g., typical development, attachment, and behavioral strategies)
- Programmatic consultation, which focuses on increasing knowledge of overall social and emotional development and how to bring that content and awareness into classrooms/homes.
- Individual or targeted consultation when a child is identified as needing additional support

In the first 9 months, there have been:

27 Referred providers

4 Children receiving targeted assessment and consultation

1 Referred to mental health services

Wraparound

Wraparound is a team-driven and family-led process involving the family, child, natural supports, agencies and community services. The process is individualized to each family and supports build on strengths to meet the needs of children and families.



ACCOMPLISHMENTS

All 10 Wraparound provider agencies have been re-enrolled at the State level to provide Wraparound to families in Wayne County.

A plan was created to have quarterly brown bag trainings in the following fiscal year. These will be mandatory trainings delivered by Wraparound supervisors. Topics will be based on needs identified by the Wraparound Project Team.

The national Wraparound consultant Pat Miles visited in July, 2017. The consultant provided technical assistance to American Indian Health and Family Services, met with FAFC to assist with the transition, and met with Youth United, where they had the opportunity to share their accomplishments and discuss the ongoing development of YPSS. The consultant also provided a training with Supervisors and Facilitators on Boundaries with a special focus on technology, specifically using it with family and youth involvement with social media.

41

Wraparound Facilitators

550

Total Children and Youth Served

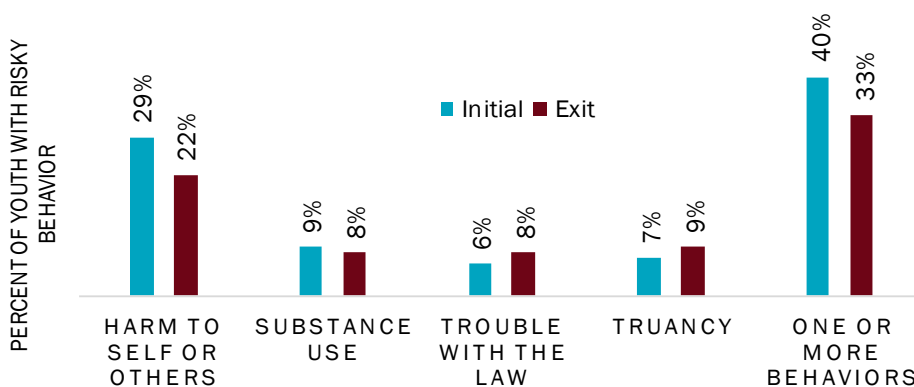
205

New Cases in FY16-17

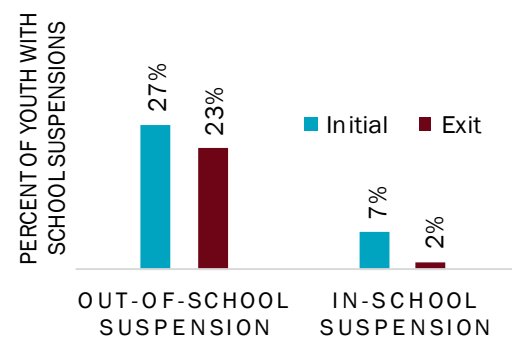
Family Status Report

An initial Family Status Report (FSR) is completed by the Wraparound facilitator for each quarter a family receives Wraparound. The reports are entered into a RedCap database kept by the Michigan State Wraparound Evaluation Project. 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 examining changes from initial to exit for 243 Wraparound children and youth from October 1, 2015-June 30, 2017.

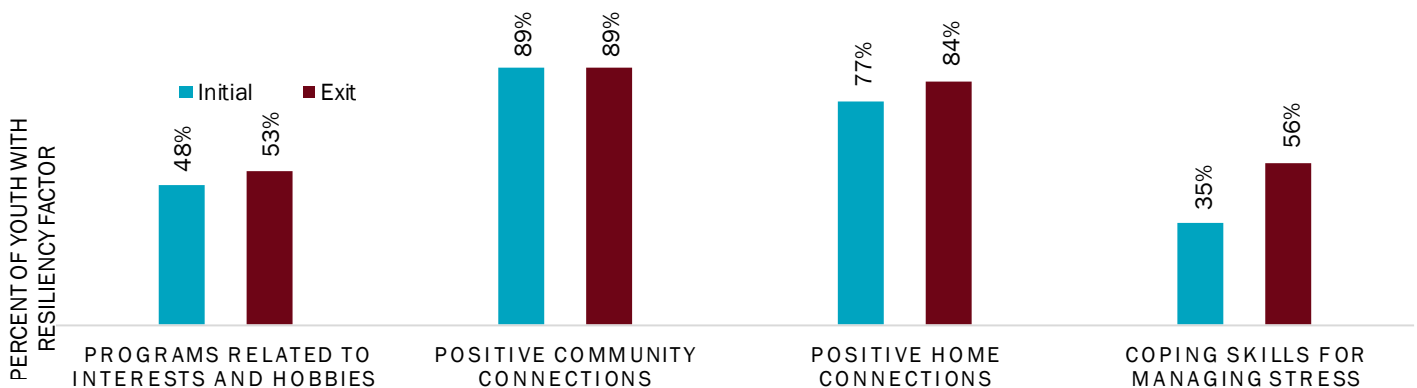
CHANGES IN YOUTH RISKY BEHAVIOR



SCHOOL SUSPENSIONS



RESILIENCY FACTORS



Cultural and Linguistic Competency

CLC SUMMIT

The Children’s Cultural and Linguistic Competency Summit: Paradigm Shifts in Cultural and Linguistic Competency in Children’s System of Care occurred on June 21, 2017. This one-day summit provided attendees with an opportunity to learn more about various topics related to cultural and linguistic competency and earn 4.0 CEUs.

Keynote Speaker, Jerry Peterson, Executive Director of the Ruth Ellis Center, started the day with *“The Importance of Racial and Economic Equity in Organizations and Services,”* Attendees then choose two breakout sessions from **8 potential topics such as:**

- ◆ Cultural Competency and Communication
- ◆ Social Identity, Power and Oppression (Parts I & II)
- ◆ Working with Arab Americans
- ◆ Historical Trauma
- ◆ Detroit’s Historical Impact on Implicit Bias
- ◆ Youth Involvement
- ◆ Oppression, Trauma, and Social Determinants of Health

The closing plenary presented by University of Michigan’s Sandra Momper, PhD., was *“Conducting a Cultural and Linguistics Competency Assessment of the Detroit Wayne Mental Health Authority: The Process, Results, and Observations,”* giving attendees a real look at cultural and linguistic competency within our System of Care. **94 MH related workers attended the summit.**

CLC ASSESSMENT

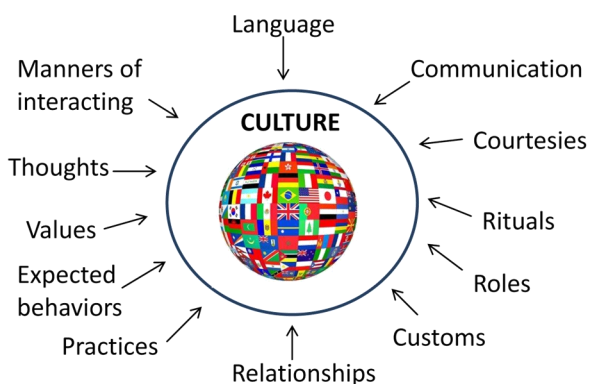
During February and March 2016, survey data to assess the perception of cultural and linguistic competency was collected from the Wayne County System of Care to assess Cultural and Linguistic Competence (CLC) in service provision, procedures, and policies.

In January 2017, the CLC Assessment Executive Summary was released to the SOC. In June 2017, participating agencies received individual reports detailing their agency’s specific results from the CLC Assessment.



Recommendations from Leadership and Next Steps

- ◆ Provide culturally-specific and CLAS Standards implementation trainings
- ◆ Place greater emphasis on policy change related to sexual orientation and gender identity and expression
- ◆ Address barriers to accessing interpreters and language services
- ◆ Agency specific recommendations such as increasing data collection to document CLC need, include CLC in staff evaluations, and creating recruitment strategies for bilingual and diverse staff
- ◆ Update the SOC Operating Guidelines and SOC Orientation packet with the CLC Assessment in mind



WHEN WE WORK TOGETHER THEN WE ARE WISE

“Pii Maamwinokiyaang Miidash
Nibwaakaayaang”



Year 4 System of Care Expansion Grant

The System of Care (SOC) Expansion grant is a partnership between Connections and American Indian Health and Family Services (AIHFS) that focuses on expanding Wayne County’s System of Care, increasing Cultural and Linguistic Competency throughout the SOC, and promoting youth and family voice. While originally a four-year off-the-shelf grant ending on June 30, 2017 the grant was awarded a one-year No Cost Extension to complete the original goals of the grant.

ACCOMPLISHMENTS

- ◆ **963 people** received training in year four on topics such as such as Indian Child Welfare Act, Circles of Care, trauma, gender identity and expression, cultural and linguistic competency, and other trainings.
- ◆ **11 grant staff, youth, and parents** attended the Annual NICWA Conference and All-Grantee meeting where a graduation ceremony was held for our grant and other SOC grantees.
- ◆ AIHFS and Connections have served **385** AI/AN youth since the grant began in 2013.
- ◆ **5 policy changes have occurred this grant year** to improve best practices surrounding cultural and linguistic competency and serving youth with SED.
- ◆ NICWA provided on-site TA to grant staff in January and May 2017 to increase knowledge and skills in working in a culturally responsive System of Care.
- ◆ In May 2017, Terry Cross presented “*Implementing National Culturally and Linguistically Appropriate Services (CLAS) Standards*” to **53 community workers**.
- ◆ A formal sustainability plan was created in October 2016 and implementation has begun.
- ◆ The CLC Assessment Executive Summary and individual agency reports have been completed and disseminated.
- ◆ In January 2017, the SOC Youth and Family Advisory Council hosted an SOC Orientation resulting in **25 new members**. The council is now facilitated by a parent co-chair.
- ◆ AIHFS youth have expressed interest in creating a Tribal Youth MOVE Chapter housed at AIHFS. This is in the planning stages.
- ◆ Mandated SOC 101 Training for all CMHPs by including SOC 101 in Core Competency training.
- ◆ IPOS Core Competency training was revised to include skill-based knowledge on collecting demographic data accurately and the clinical significance of such data.

NO COST EXTENSION GOALS

- ◆ Complete the contracting process with Carelink and evaluate the Access Center intake process specific to the AI/AN population
- ◆ Increase sustainability and capacity for AIHFS to continue grant-work post-award
- ◆ Focus on youth involvement and increasing youth voice at AIHFS and throughout Connections
- ◆ Continue to assess and modify the social marketing plan devised in years three and four
- ◆ Increase the number of AI/AN children and youth served through this grant to at least 500

WORKFORCE DEVELOPMENT

CAFAS and PECFAS

This fiscal year, the provider network stepped up and the entire year of CAFAS/ PECFAS trainings were completed **with all volunteers**. Because of their hard work, there were no gaps in training. FY17-18 will see this process transitioned to centralized management through DWMHA's Workforce Development team.

CAFAS Training

- ◆ 14 Trainers
- ◆ 1 to be trained
- ◆ 6 CAFAS Initial trainings provided
- ◆ 12 CAFAS Boosters

PECFAS Training

- ◆ 12 Trainers
- ◆ 2 to be trained
- ◆ 4 PECFAS Initial trainings provided
- ◆ 4 PECFAS Boosters

Core Competencies

1 Train the Trainer was held in July 2017 with 2 new segments:

- ◆ SOC 101
- ◆ CAFAS and PECFAS Overview

CHILDREN'S MENTAL HEALTH GRAND ROUNDS TRAINING SERIES

Building Religious and Cultural Competency with Muslim Clients

Oct 2016 Dr. Sameera Ahmed

Juvenile Justice

Nov 2016 Shaun Cooper, PhD., LP

Your Work and the Family Acceptance Project: Working with LGBTQ youth and their Families

Jan 2017 Jessie Fullenkamp, LMSW

Introduction to Youth Peer Support in Michigan

Feb 2017 Kristina Dristy, BS

Introduction to Restorative Practices Overview

Mar 2017 Keisha N. Allen, BA

Parent Engagement

Apr 2017 Krista M. Clancy, M.S., LLP, BCBA

Implementation Strategies to Achieve the National CLAS Standards

May 2017 Terry L. Cross, MSW, ACSW, LCSW

FitKids 360 Treatment Model for Overweight & Obese Youth

Jun 2017 Teresa Holtrop, MD, FAAP & Amy Mnich, LLMSW

Status Offenses and Children's Mental Health Services in Wayne County

Jul 2017 Lindsay Yeager Carr, PhD, LP assisted by Wendy Lawson, M.Ed, LBSW

Engagement From Beginning to End

Aug 2017 Daicia Price, LMSW

School-Based Mental Health Services: A Comprehensive Community Centered Approach

Sept 2017 Rebecca Nieman, LMSW, Candace Ziglor, LLMSW and Krista Wielard, LLMSW

Outcomes

MEASURING OUTCOMES

Infants & Toddlers Age 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 and normed by age. 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”. Positive outcomes result from an increase in total protective factors, both overall and in individual domains. The FY16-17 outcome analysis included 435 children with more than one completed assessment.

Children Age 4–6

The Preschool and Early Childhood Functional Assessment Scale (PECFAS) is used to measure functional change for preschool age youth. This assessment is an adaptation of the CAFAS, differing only in the modification of items and a lack of the Substance Use subscale. Outcomes were calculated for 1,289 children whose most recent assessment was during FY16-17. To be included, children must have had more than one completed assessment for comparison.

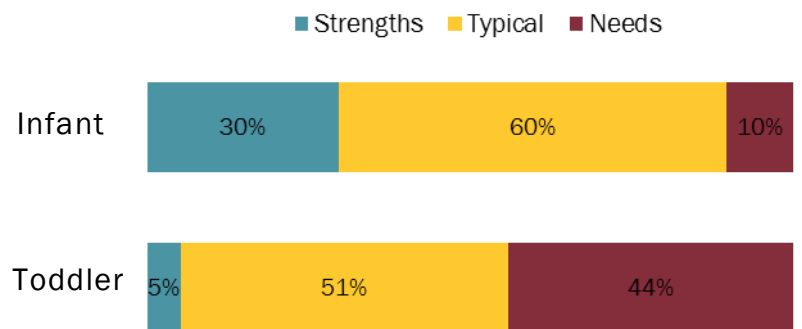
Children & Youth Age 7–21

The Child and Adolescent Functional Assessment Scale (CAFAS) is for children 7-17. Both the CAFAS and PECFAS assess functioning across critical life subscales and yield both a total score and subscale scores. Subscales are rated from 0 (no impairment) to 30 (severe impairment). CAFAS 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. Outcomes were calculated for 3,252 children who exited services in FY16-17.



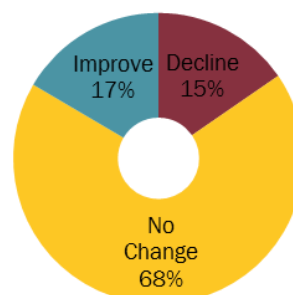
Infants & Toddlers (0–3)

TOTAL PROTECTIVE FACTORS AT INITIAL

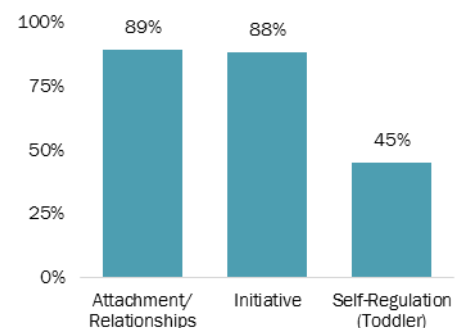


SOCIAL & EMOTIONAL IMPROVEMENT

Significant Increase in Total Protective Factors



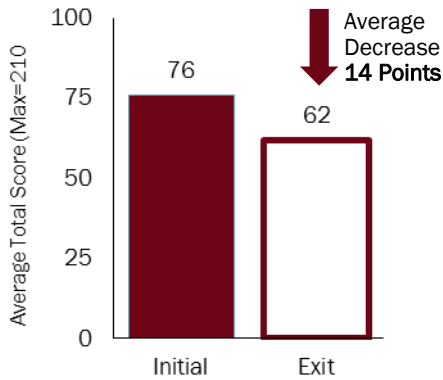
Improvement or Maintenance by DECA Domain



Children (4–6)

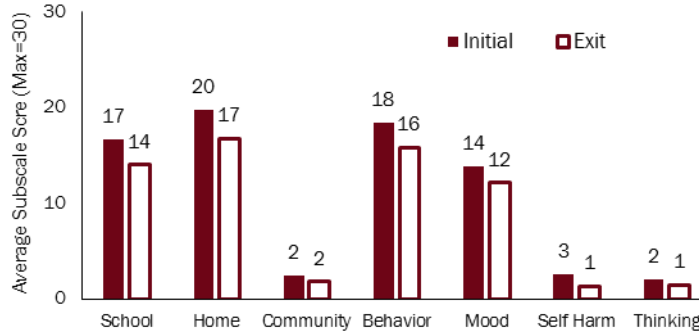
TOTAL SCORE CHANGE

The PECFAS total score ranges from 0–210 and measures overall functional impairment. A 20 point reduction is considered meaningful improvement.



SUBSCALE SCORE CHANGE

Subscales measure functioning in key life domains, and range from 0 (no impairment) to 30 (severe impairment) on that subscale.



AT THEIR MOST RECENT ASSESSMENT:

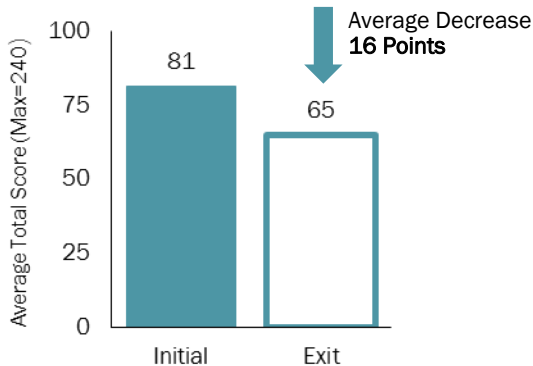
42% of children had a *reduction in Total Score of 20 or more points*

48% of children with severe impairment on at least one subscale at intake had *no severe impairments*

Children & Youth (7–21)

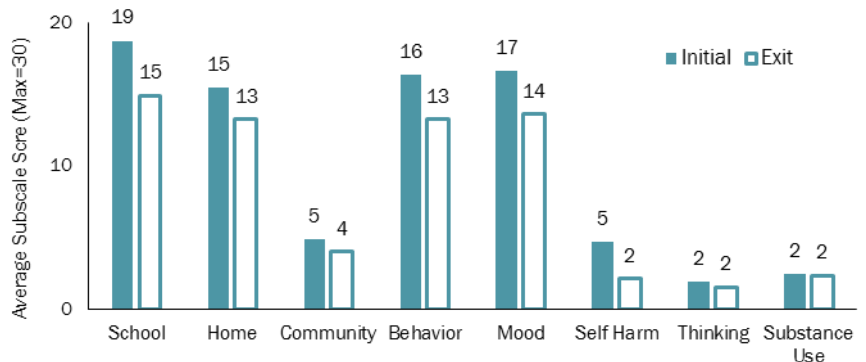
TOTAL SCORE CHANGE

The CAFAS total score ranges from 0–240 and measures overall functional impairment. A 20 point reduction is considered meaningful improvement.



SUBSCALE SCORE CHANGE

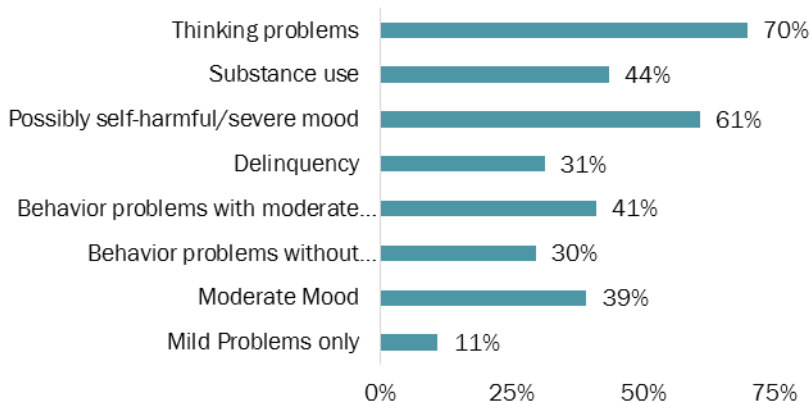
Subscales measure functioning in key life domains, and range from 0 (no impairment) to 30 (severe impairment) on that subscale. The CAFAS has an additional Substance Use subscale.



TIER CHANGE

Subscale scores on the CAFAS are used to create hierarchical profiles called Tiers, ranked based on the type and severity of need, with Thinking problems ranked as the most severe and Mild Problems as the least. A decrease in tier severity is considered a positive outcome.

% Youth With Positive Change By Initial Tier



AT THEIR EXIT ASSESSMENT:

46% of children & youth had a *reduction in Total Score of 20 or more points*

44% of children & youth with severe impairment on at least one subscale at intake had *no severe impairments*

42% of children & youth had a decrease in Tier Severity



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

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