



**Cross System Management (CSM) Connections Operating Guidelines**  
Fiscal Year 2021-2023

**Mission:** To establish and maintain a comprehensive continuum of services across systems (Child Welfare, Juvenile Justice, Community Mental Health, Substance Abuse, Education, Public Health) which seek to expand diversity, equity and inclusion to youth and families we serve in Wayne County.

**Vision:** The System of Care partners and stakeholders will remain committed to serving children and youth in the least restrictive environment in order to achieve their defined success.

**Purpose:** To build and maintain a collaborative relationship between all public and private systems serving children, youth, and families in Wayne County, Michigan. To provide the necessary support to children, youth, and families so they have access to a barrier free continuum of services which are diverse, equitable and inclusive. This can be achieved when all systems work in partnership together.

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

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

## **System of Care Values and Principles:**

### **Values:**

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

### **Principles:**

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

### **Connections' Goals:**

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

**Cultural and Linguistic Competency Statement:**

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

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

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

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

**Stakeholder Membership:** Committed Partners, collectively known as Connections (Wayne County System of Care).

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

- Detroit Wayne Integrated Health Network (DWIHN)
- Wayne County Department of Health and Human Services (DHHS)
  - Children and Family Services Administration
  - Financial Assistance Administration
- Wayne County Third Circuit Court – Family Division, Juvenile Section
- Wayne County Department of Health, Human and Veterans Services
- Wayne Regional Educational Service Agency (RESA)
- Detroit Public Schools Community District
- City of Detroit Health Department
- Wayne County Public School Districts
- Department of Health & Wellness Promotion – Bureau of Substance Abuse

Membership will include at least the following representatives:

- Agency representatives included in the Memoranda of Understanding (MOU)
- Family Alliance for Change - Family Organization representative
- Representative of the non-profit Community Agencies (Treatment Providers, Prevention Providers, etc.)
- Representatives from the community at large (Foundations, Business, & Faith-Based, etc.)
- Youth United – Youth-Led Organization
- Physical Health Care representatives

#### **Attendance:**

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

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

**Committee Membership and Term of Office:**

All committees must have two (2) identified Co-Chairs. The CSM Co-Chairs will be appointed by the membership at the CSM Annual Meeting or as needed. The CSM Co-Chair agrees to serve a minimum term of two (2) years. The Membership must be comprised of a minimum of:

- Two (2) Parent Representatives
- Two (2) Youth Representatives
- System Partners (Child Welfare, Juvenile Justice, Community Mental Health, Substance Abuse, Education, Public Health)

**Duties of Co-Chairs and Committee Chairs:**

The duties of each Co-Chair (or designee) are described below:

Co-Chair (or designee) duties:

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

New Members will be decided upon by the Connections Cross System Management Group and should be reflective of identified service needs in the community. Any member of the collaborative may recommend new members. Recommendation should be made to the Co-Chairs, who will bring the recommendation to its full memberships for a decision.

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

**Resignation:**

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

Cross System Management Team (CSM) - comprised of Public and Private System Leaders, Parents, Youth, and Community-based agencies ensuring increased coordination, cooperation, and collaboration that will enhance exponentially the availability of services and impact of public investments in Wayne County's children and their families so that children and youth are served in the least restrictive environment in order to achieve their defined success.

The Cross System Management Team works to:

- Remove system-level barriers in policy, practice, or non-statutory definitions that impede cross-systems service delivery for Wayne County families.
- When necessary, execute intra-systemic policy revisions to allow for enhanced cross-systems collaboration and worker-level interfacing.
- Analyze System of Care outcome data to determine system-level hindrances to the achievement of expected performance targets or benchmarks.
- Discuss resolutions at the operational-level for barriers irresolvable by other Committees.
- Maintain an updated Memorandum of Understanding (MOU) between Systems.
- Make policy and practice recommendations to the Human Service Community Collaborative and/or State-level stakeholders.
- Determine the strategic direction of Connections.

Cross System Management Team will meet six (6) times a year set by body from 9:00-11:00am the following months:

- October
- December
- February
- April
- June
- August

Cross Systems Management Team will hold its Annual Planning meeting during the 3<sup>rd</sup> Quarter of the Fiscal Year.

#### **Standing Committees:**

Standing Committees will be chaired by key Connections staff responsible for the function of the committee within the System of Care. Co-Chairs will be selected by the membership.

Children's System Transformation - membership includes leadership from Children's Initiatives and Public Partners. This body provides the operational oversight, the service array, and the following related activities:

- Assist with the integration of mandates or practices in the System of Care.
- Partner with the DWC (Detroit Wayne Connect) to support child/family-related workforce development activities.
- Oversight of the implementation of evidence-based and evidence-informed Children's Initiatives.
- Acts as an advisory body to the Cross System Management Team by identifying community needs/new services or gaps, designates task forces where appropriate, and provides input on planning and service that encompass collaboration of each system.
- Works with outside consultants to improve services for the children and families within Connections.
- Acts as an advisory body to the DWIHN Director of Children's Initiatives.
- Makes recommendations and/or if possible implements procedural changes to alleviate gaps in the system, service delivery, and/or barriers and reports back to CSM.

- Assists in the development and implementation of the Children’s Block Grant and DWIHN children’s system transformation efforts :
  - Increase Youth Involvement in policy and program development
  - Enhancing System of Care for Children
  - Enhancing services for children with SED
  - Increasing service capacity for children with SED
  - Improving access to care for children in JJ with SED

Systems of Care Advisory Council - Identifies and addresses system-level issues, by becoming actively involved in leadership and decision-making groups. Advises system partners on issues identified through focus groups, personal experiences, surveys, policies implemented, and approaches being utilized.

LGBTQIA2S+ Task Force – Seeks to strengthen the provision of care, improve permanency outcomes, and increase positive outcomes for youth who identify as LGBTQ2S in Wayne County enrolled in the Child Welfare and Delinquency system.

Parent Involvement – Seeks to troubleshoot issues related to Parent Support Partners and parent involvement in system of care.

Crossover Youth Practice Model Implementation Team – Oversees Wayne County’s planning and execution of Georgetown’s national Crossover Youth Practice Model as one (1) of three (3) state sites. Under monthly consultation with Georgetown’s Center for Juvenile Justice Reform, responsible for carrying out this cross-system/integrated care model to streamline services for youth simultaneously engaged in Community Mental Health, Juvenile Justice/Diversion, Child Welfare, and often facing unique academic needs. The partnership model’s intended outcome is to ensure the best interest of each youth and family, while collaboratively achieving a permanent family placement/supportive relationship for the youth within a designated time frame.

Youth Involvement – Seeks to ensure youth involvement and youth voice throughout Connections and its collaborative partners. Develops and implements a work plan that seeks to move Connections toward a Youth-Driven System of Care for Wayne County.

#### **Other Committees:**

The Co-Chairs shall appoint Ad Hoc committees as needed to conduct the affairs of the Collaborative. Ad Hoc committee will be convened on a time-limited basis (no more than six (6) months to a year).

All committees will be reviewed yearly and recommendations for status made at the CSM Annual Meeting.

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

#### **Meetings:**

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

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

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

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

**Quorum:**

The simple majority of more than 50% of the membership of the Cross System Management Team must be in attendance for a quorum. A simple majority is calculated by The Collaborative will not hold a vote without parent and youth representation present.

**Decision-Making and Voting:**

The Collaborative will strive to reach decisions by consensus. In the event that consensus is not achieved, decisions will be made by majority vote. Any member may call for a vote. Each member present will have one (1) vote through the formally designated person or formally designated substitute. However, each organization may have only one (1) vote per organization. Members may designate a person from their office or organization to represent them at meetings who has decision making authority for Children’s Initiatives.

**Conflict of Interest:**

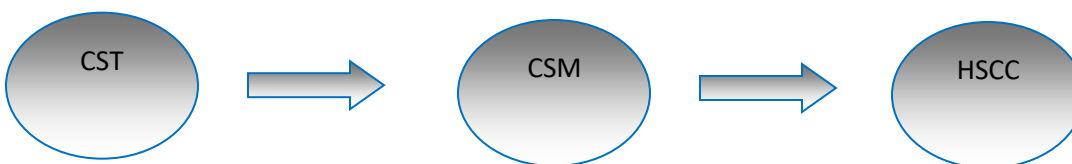
Members shall recuse themselves of any vote when they have a conflict of interest, including, but not limited to direct financial stake in the outcome of a decision.

**Business of Connections:**

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

**Conflict Resolution:**

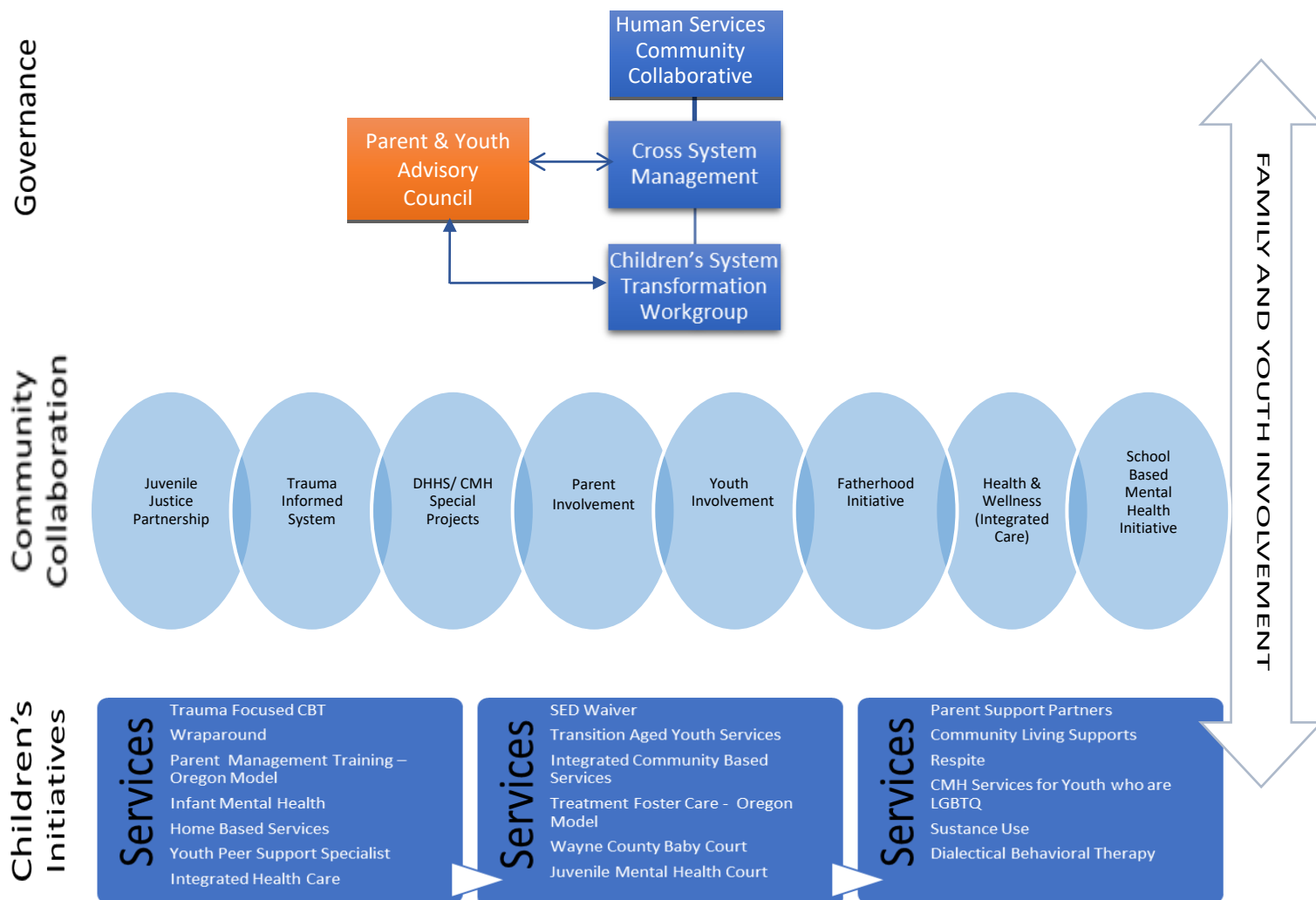
Conflicts between members of a Collaborative Committee should try to be resolved through open and honest discussion. In the event that an agreement cannot be reached within the specific committee, the Chair or Co-Chair may bring the issue/concern before the following committees in the order outlined below for resolution:







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



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

### Guidelines Review/Amendments

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

The Operating Guidelines shall be signed and dated to indicate review and/or revision.

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

Name	Organization	Signature	Date
Trinilda Johnson, Co-Chair	Assured Family Services	<small>DocuSigned by:</small> <i>Trinilda Johnson</i>	10/12/2021
LaTonya Shelton, Co-Chair	Black Family Development, Inc.	<small>DocuSigned by:</small> <i>LaTonya Shelton</i>	10/12/2021
Assma Khatib	ACCESS	<small>DocuSigned by:</small> <i>Assma Khatib</i>	10/14/2021
Carmen Sarafa	Arab American Chaldean Council	<small>DocuSigned by:</small> <i>Carmen Sarafa</i>	10/13/2021
Carlynn Nichols	The Children's Center	<small>DocuSigned by:</small> <i>Carlynn Nichols</i>	10/13/2021
Sallie Smith Brown	Assured Family Services	<small>DocuSigned by:</small> <i>Sallie Smith-Brown</i>	10/12/2021
Kenyatta Stephens	Black Family Development, Inc.	<small>DocuSigned by:</small> <i>Kenyatta Stephens</i>	10/14/2021
		<small>DocuSigned by:</small>	
Sue Shuryan	Bridgeway Services	<small>DocuSigned by:</small> <i>Sue Shuryan</i>	10/13/2021
Michelle Rowser	Insight Youth and Family Connections	<small>DocuSigned by:</small> <i>Michelle Rowser</i>	10/12/2021
Alisha Lyte	Central Care Management Organization	<small>DocuSigned by:</small> <i>Alisha Lyte</i>	10/14/2021
Michelle Milligan	Clinic for Child Study	<small>DocuSigned by:</small> <i>Michelle Milligan</i>	10/14/2021
Cynthia Jackson	Northeast Integrated Health/CNS Healthcare	<small>DocuSigned by:</small> <i>Cynthia Jackson</i>	10/13/2021
Susan Kozak	Community Care Services	<small>DocuSigned by:</small> <i>Susan Kozak</i>	10/22/2021
Nanette Wade	Development Centers	<small>DocuSigned by:</small> <i>Nanette Wade</i>	10/21/2021
Theresa Korroch	Lincoln Behavioral Services	<small>DocuSigned by:</small> <i>Theresa Korroch</i>	10/12/2021
Lynette Wright	Department of Health and Human Services	<small>DocuSigned by:</small> <i>Lynette Wright</i>	10/13/2021

NAME	ORGANIZATION	SIGNATURE	DATE
Cassandra Phipps	Detroit Wayne Integrated Health Network	DocuSigned by: Cassandra Phipps	10/13/2021
Sherri Ruza	Detroit Wayne Integrated Health Network	DocuSigned by: Sherri Ruza	10/13/2021
Bianca Miles	Detroit Wayne Integrated Health Network (Youth Involvement)	DocuSigned by: Bianca Miles	10/14/2021
Greg Lindsey	Detroit Wayne Integrated Health Network (SUD)	DocuSigned by: Greg Lindsey	10/22/2021
Carol Zuniga	Hegira Health Inc.	DocuSigned by: Carol Zuniga	10/22/2021
Jerry Peterson	Ruth Ellis Center	DocuSigned by: Gerald W. Peterson	10/13/2021
Marquita Felder	Southwest Counseling Solutions	DocuSigned by: Marquita Felder	10/13/2021
Debora Martinez	Southwest Counseling Solutions/Family Alliance For Change	DocuSigned by: Debora Martinez	10/14/2021
Kimberly Alabi-Isama	TEAM Wellness	DocuSigned by: Kimberly Alabi-Isama	10/12/2021
Theresa Holtrop	Wayne CHAP-Kids Health Connection	DocuSigned by: Theresa Holtrop	10/14/2021
Cecily Hoagland	Wayne County Department of Health, Human and Veteran Services	DocuSigned by: Cecily Hoagland	10/22/2021
Tracy Wyman	The Guidance Center	DocuSigned by: Tracy Wyman	10/14/2021
Kim Hinton	The Guidance Center	DocuSigned by: Kim Hinton	10/14/2021
Janis Kaufman -	Neighborhood Service Organization		
Marisa Nicely	Starfish Family Services	DocuSigned by: [Signature]	10/14/2021
Dr. Markita Hall	Wayne RESA	DocuSigned by: Dr. Markita Hall	10/14/2021
Jennifer Sibel	Growth works	DocuSigned by: Jennifer Sibel	10/22/2021

[] Approval – Date- \_\_\_\_\_ [] Revision – Date- \_\_\_\_\_ [] Review – Date- \_\_\_\_\_