



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



REPORT TO THE COMMUNITY 2015-2016

OVERVIEW

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A LETTER TO STAKEHOLDERS

Dear Partners, Colleagues, and Friends,

As I reflect on the past year, I am again thrilled and amazed by all that has been accomplished. Connections' Wayne County System of Care continues to have strong partnerships and collaborations that strive to make a difference in the lives of children, youth and families.

I know that I have said it before but it's definitely worth saying again...the people within our System of Care are what truly make the difference. These people are those who work hard every day to transform the system to ensure children, youth and families have access to the services they need. These are the people I call upon each and every day to support some of our most vulnerable populations within our System of Care. These are the people who are willing to take risks in order to transform our system. Who are these people? They are YOU.

I am so thankful for the partners that make up Connections'. I'm proud to have the privilege to work side by side with each of you on a daily basis to improve the lives for the children, youth and families of Wayne County.

Thank you to EVERYONE who serves as a member of Connections' Wayne County System of Care. Making a difference in the lives of others!

Crystal Palmer

Director, Children's Initiatives

"If you want to be great and successful, choose people who are great and successful and walk side by side with them."

- Ralph Waldo Emerson



BACKGROUND

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.



Family Driven & Youth Guided

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



Community-Based

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



Culturally and Linguistically Competent

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

CONNECTIONS' GOALS

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



SYSTEM PARTNERS

- ◆ Detroit Wayne Mental Health Authority (DWMHA)
- ◆ Detroit Department of Health and Wellness Promotion
- ◆ Institute for Population Health
- ◆ Michigan Department of Health and Human Services–Wayne County
- ◆ Southeast Michigan Community Alliance
- ◆ Third Judicial Circuit Court of Michigan
- ◆ Wayne County Department of Health, Veterans and Community Wellness

COMMUNITY PARTNERS

- ◆ Black Caucus Foundation of Michigan
- ◆ Blanche Kelso Bruce Academy
- ◆ Catholic Social Services
- ◆ Child's Hope
- ◆ Children's Hospital of Michigan
- ◆ Easter Seals
- ◆ Educational Achievement Authority
- ◆ Family Alliance for Change
- ◆ Great Start Collaborative–Wayne
- ◆ Michigan Alliance for Families
- ◆ The Milestones Agency
- ◆ Neighborhood Service Organization
- ◆ Pathways Academy
- ◆ Save Our Children Coalition
- ◆ St. Joseph Mercy Health System

UNIVERSITY PARTNERS

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

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
- ◆ Detroit East Health Services
- ◆ Development Centers
- ◆ Gateway Community Health
- ◆ Growth Works, Inc.
- ◆ Hegira Programs, Inc.
- ◆ Integrated Care Alliance
- ◆ Lincoln Behavioral Services
- ◆ New Center Community Services
- ◆ Northeast Guidance Center
- ◆ Ruth Ellis Center
- ◆ Southwest Counseling Solutions
- ◆ Starfish Family Services
- ◆ The Children's Center
- ◆ The Guidance Center
- ◆ Wellplace, Michigan

PARTNERSHIPS

STRUCTURE & GOVERNANCE

HUMAN SERVICE COMMUNITY COLLABORATIVE

The Human Services Community Collaborative (HSCC) is the designated Multi-Purpose Collaborative Body for Wayne County. It is an action-focused inter-agency and collaborative body, comprised of members from both the private and public sector. Its membership consists of representatives from law enforcement, education, community mental health, substance use, child welfare, juvenile justice, hospitals, public health, human services, courts, and early childhood. The mission of the HSCC is to improve the development, financing, collaboration and delivery of inter-agency services that enhance quality of life, reduce disparities and provide opportunities for all children, families and communities. This fiscal year the HSCC partnered with the Wayne County Department of Health and Human Services and the County of Wayne Office of the Prosecuting Attorney to reconstruct the Mandatory Reporting memo with updates and further clarification on mandates for reporting abuse or neglect. This memo was distributed to the system to address the increase in instances of either non-reporting or lack of understanding the law when it pertains to reporting abuse or neglect. A Mandatory Reporting training facilitated by HSCC members is scheduled to occur in early 2017.

CHILDRENS SYSTEM TRANSFORMATION

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

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.

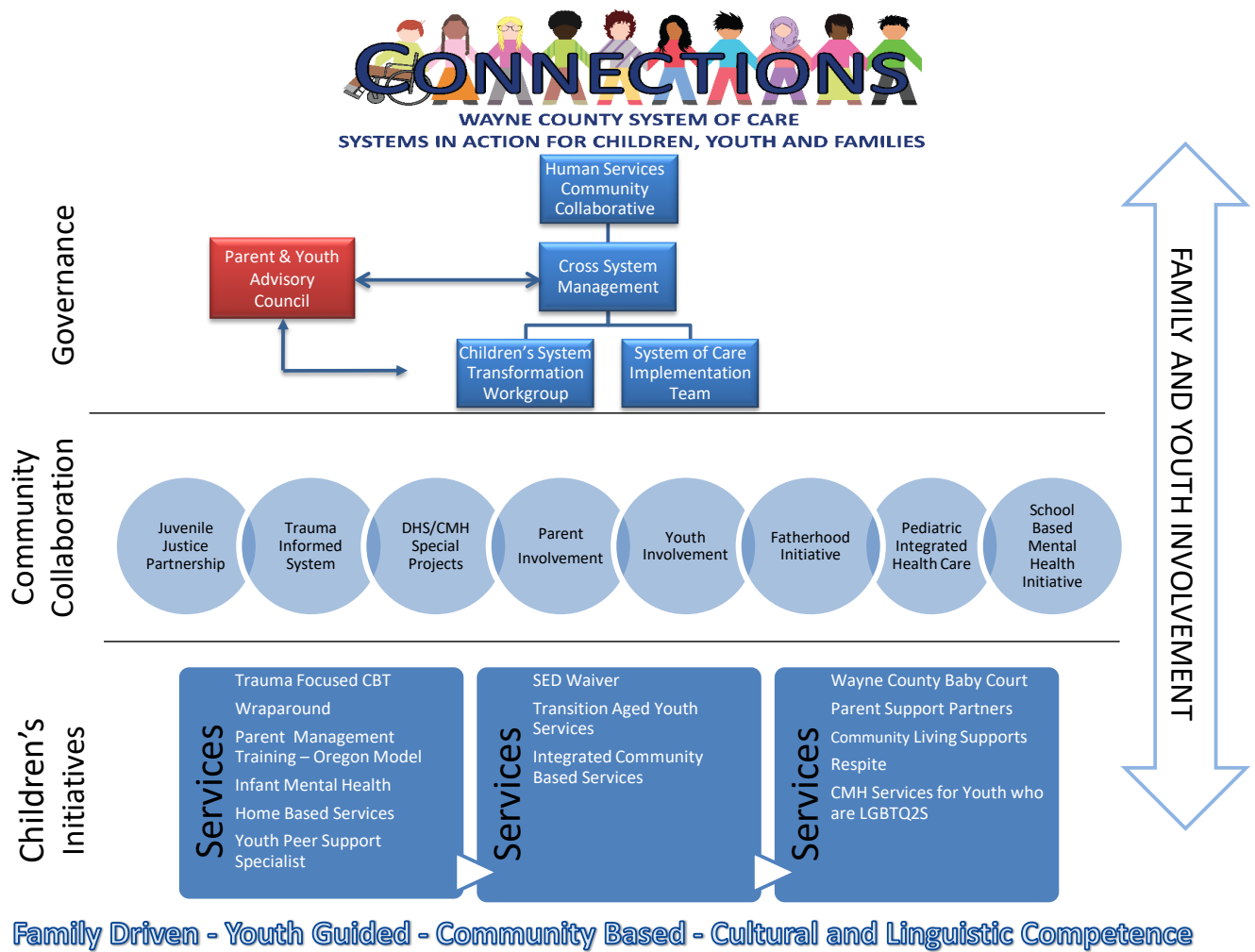
PARENT & YOUTH ADVISORY COUNCIL

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 the parent and youth "voice" within our 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 year, both councils and key SOC partners have come together to identify leaders within the established councils and other workgroups to develop a combined SOC Advisory Council who will 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 will begin transitioning into leadership roles in the SOC Advisory Council in January 2017. It is the goal to have a fully-functioning and parent and youth facilitated council by June 2017.

SYSTEM OF CARE IMPLEMENTATION

The Implementation Team 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.

SYSTEM OF CARE FRAMEWORK



SYSTEM OF CARE COMMITTEES

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

FUNDING



SOC BLOCK GRANT

Connections received a **\$1.04 million** block grant to expand the system of care from the State of Michigan. Funds are used for specialty positions, programs designed to focus on system change, special projects, evaluation, and development of the workforce that serves children and families in Wayne County.

SAMHSA SOC Expansion Grant

In July 2013, DWMHA, in partnership with American Indian Health and Family Services (AIHFS) and The Guidance Center (TGC), was awarded a **\$4 million**, 4-year System of Care (SOC) Expansion Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The 4th and final year of this grant began July 1, 2016.

SAMHSA Detroit Trauma-Informed Project (DTIP)

SAMHSA Detroit Trauma-Informed Project (DTIP) The Children's Trauma Assessment Center has partnered with DWMHA with the support of SAMHSA funding to build a more trauma-informed community. The grant was in its 4th and final year during FY15-16 with a focus on sustainability of training efforts along with continuing to build and promote our Trauma-Informed System.

Safe Schools/Healthy Students

The Safe Schools/Healthy Students (SS/HS) Initiative is an inter-agency (Michigan Department of Education and Michigan Department of Health and Human Services) federal grant program that promotes cross-collaborative efforts to address youth violence and promote wellness of children, youth, and families in communities. Local law enforcement, juvenile justice, social services, mental health agencies, and community organizations work in partnership to promote the mental health of students, enhance academic achievement, prevent violence and substance use, and create safe and respectful school climates. These goals are achieved by assisting with efforts to plan and implement comprehensive and coordinated programs, policies, and service delivery systems. The Education Achievement Authority (EAA) in Detroit was selected as a site for this grant. Connections has been working in collaboration with the Safe Schools/Healthy Students partners on various projects and initiatives, such as helping to build partnerships, linking and connecting the EAA to resources, providing mental health services, youth engagement services, and more.

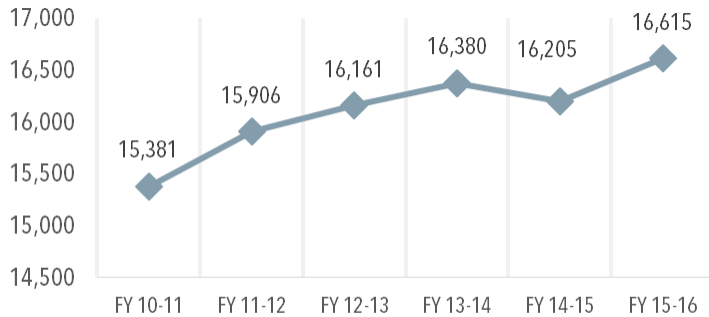


CHILDREN & YOUTH SERVED

Fiscal Year 2015-2016

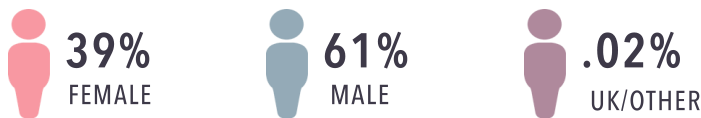
16,615 Children, Youth & Families Served

CHILDREN SERVED BY FISCAL YEAR

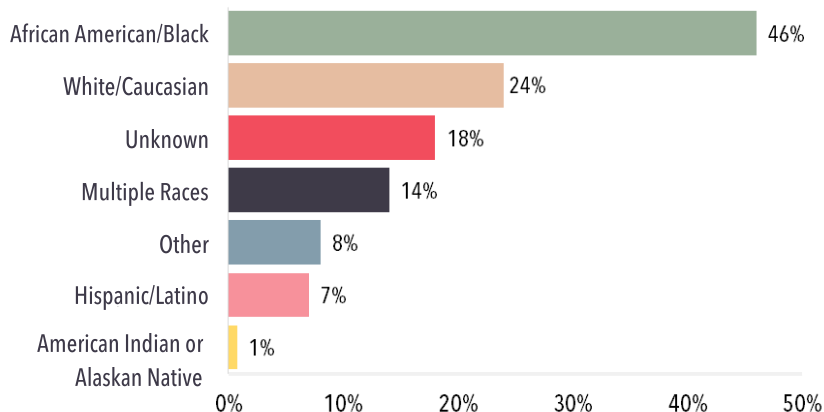


DEMOGRAPHICS, FY 15-16

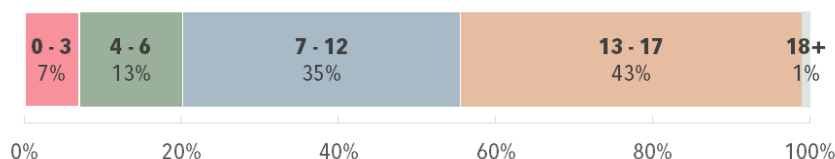
GENDER



RACE/ETHNICITY



AGE



SERVICES RECEIVED

2,465

Home Based

226

TF-CBT

9,278

Outpatient

209

PMTO*

5,261

Case Mgmt

54

SED Waiver

280

Parent Support

611

Respite/CLS

14

Youth Peer Support

548

Wraparound

927

Infant Mental Health

*Numbers based on program reporting or claims data collected from MHWIN in November, 2016. Claims may have a 90 day lag. Counts are not unduplicated, as individuals may receive more than one service.

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 is divided into three Regions, each with a key focus area:

- 1) Increase youth awareness of mental illness, and decrease stigma associated with mental illness
- 2) Train and educate youth and stakeholders on topics based on their identified needs
- 3) Identify new and existing outlets for youth to advocate for policy change.



AWARDS & RECOGNITION

In October 2015, Jasmine Boatwright, Youth Involvement Coordinator, won the **Dr. Gary M. Blau Professional of the Year** award at the Youth MOVE National Rock Star Award ceremony. This award is given to individuals who make an outstanding contribution to the improvement of youth, services and systems that support positive growth and development of young people who have lived experience in various child-serving systems.

Youth United received two **Excellence in Community Communications and Outreach Awards** (ECCO). ECCO showcases outstanding social marketing efforts of grantees that build community-based programs incorporating systems of care for children, youth, and young adults and their families. The **Youth United Reach Out Suicide Forum for Youth and Parents** received a Silver Award and the video **'Opening Minds Ending Stigma'** won a Bronze Award.

The Michigan Chapter of The National Academy of Television Arts and Sciences (NATAS) nominated "Opening Minds, Ending Stigma: A Young Person's Perspective" as a **nominee for the 2016 Michigan Emmy Awards**.

ORGANIZATION OF THE YEAR

In October 2016, Youth United won the Organization of the Year award and will be receiving this award at the November 2016 Youth MOVE National Rock Star Award ceremony.

MENTAL HEALTH AWARENESS DAY



In May, Youth United received a **Proclamation** from State Representative Brian Banks' office proclaiming **May 5th** to be **Wayne County's Children's Mental Health Awareness day**.

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.

EVENTS

Stigma Busting Workshops

These events are designed to help youth spread anti-stigma messages by discussing and doing activities based around stigma. This fiscal year, nearly **100 participants** attended **four workshops** at the Vista Maria "Dream Mentorship Program", Development Centers (attended by NAMI Kevin Fisher), Henry Ford High School, and Development Center's Cornerstone Program.

Stigma Busting Bash

The Stigma Busting Bash is an end of the year bash that is filled with activities to help spread awareness about the impact of stigma associated with mental health. The event was held at Vista Maria (**150 participants**) and Harper Woods Middle School (**20 participants**).

Culture Day in the Park

157 children, youth and families attended Youth United's Culture Day in the Park. The purpose of this highly anticipated event was to bring families and the community together to engage in a fun, positive, and educational celebration of diversity.

Halloween Bash

67 youth attended the celebration, which was a collaboration between Youth United & Vista Maria.

STIGMA PLEDGE

440 Youth, stakeholders, community leaders, and partners signed a pledge to end the stigma associated with mental illness.

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.



SOCIAL MEDIA

Youth United's Social Media presence continued to grow in FY16.



FACEBOOK PAGE

www.facebook.com/WCYouthUnited

168 Likes



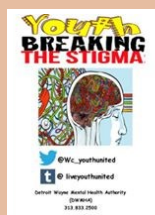
TWITTER

www.twitter.com/wc_youthunited

290 followers

INFORMATION CARDS

Brief informational cards were developed for key concepts about youth voice and involvement.



- ◆ **Youth Breaking the Stigma** provides youth with a clear youth friendly definition of what stigma is, including the different types and action steps for when they see someone being stigmatized.
- ◆ **Youth Involvement** highlights resources available to youth and provide tips on ways they can get involved in their community.
- ◆ **Youth Peer Support** highlights the resources available to youth and the benefits of youth peer support services.
- ◆ **Youth Culture Card** highlights resources available to youth and discusses the benefits of learning about different cultures.

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 2 to 4 hours and include a variety of interactive activities and discussions on topics that help youth to become comfortable with who they are and how they can make a change in the community.



TRAININGS

Rock Your Difference Leadership Training REBOOT

East Region's quarterly Rock Your Difference (RYD) Training is a four hour training that consisted of all new activities to help engage youth in talking about what type of leader they are, how to advocate, and how to stand out as a youth in the community. **94 youth** ages 14-25 attended the quarterly RYD Trainings this year.



College Readiness Workshop

This workshop was held to provide youth with tools and resources to apply for college and financial aid. Speakers included Stacey Boone from Detroit Regional Chamber, Cherice Redwine-Ferguson and Dr. Jamita Lewis from Henry Ford Academy. **18 youth** attended.

QPR (Question, Persuade, and Refer) Training

35 parents and youth were trained in the QPR suicide prevention techniques at Family Alliance for Change. The QPR program teaches how to recognize the warning signs of suicide and use skills to support people in crisis who are considering suicide.

Responsibly Influencing and Creating Healthy (RICH) Leadership Training

R.I.C.H Leadership is an 8 week training program for youth ages 14-18. Upon completion, youth will become **Certified Youth Advocates**. Youth attending the summer training went through the *Youth Under Construction* training curriculum. Participants were also charged with creating their own community project and engaging with community leaders during Leadership Café. **83% passed** training post-tests with 75% or better. The youth created and implemented a project, '**Release the Pressure**', to help spread awareness about the different types of peer pressure experienced by youth. Youth also presented a final presentation to the Youth Board for feedback.

TRAINING MANUAL

The *Youth Under Construction* training manual has been approved and is ready for distribution. The curriculum included lessons, activities, and pre and post-tests needed for youth advocacy certification.

Trainings in the manual include:

- ◆ System of Care (SOC) 101
- ◆ Youth Involvement in Systems of Care (SOC)
- ◆ Your Role as a Youth Advocate
- ◆ Strategic Storytelling
- ◆ Mental Health Disorders in Youth and Navigating the System
- ◆ Character and Relationship Building
- ◆ Ethics and Boundaries in Youth Work
- ◆ Outreach Safety in Youth Advocacy
- ◆ Cultural Competency and Working with LGBTQ2S
- ◆ Facilitation and Public Speaking
- ◆ Youth and Trauma





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.

ACTIVITIES

Candidate Forum

In partnership with The Children's Center and Michigan's Children, Central Region held a youth-led candidate forum, giving youth the opportunity to ask candidates running for state house of representatives questions. There were over **70 people** in attendance.

Youth Advisory Council

In January 2015 Youth United started a new youth advisory council, **Youth MOVE Detroit**. Youth sitting on this council are a collaboration of agency and community youth throughout Wayne County. They utilize their powers and lived experiences to express the need for change in their communities and in their own lives. The group has grown to a membership of approximately 20 youth in addition to Youth United Staff, with 10 committed to participating consistently. Meetings are held twice a month, giving youth opportunities to work on advocacy projects while continuing to build their leadership skills.

Open Houses

Central Region hosted three Youth United Open Houses with 70 youth and families in attendance. These Open Houses were geared toward recruiting for Youth MOVE Detroit.

POSITIVE YOUTH INVOLVEMENT SITES

Youth United has begun the process of certifying Positive Youth Involvement Sites in an effort to improve the quality of youth service delivery. Agencies who have committed to working with youth in order to create an environment where youth feel informed, consulted, valued and supported can earn the certification. To date, 42 youth have been surveyed at three agencies.

ART & EXPRESSION

Community Events

Members of the Central Region shared different forms of artistic expression at community events, including the annual Connections Report to the Community, Northwest Region's Stigma Workshop, Youth United's Open Houses, Michigan's Wraparound Conference, The NAMI Conference, The Children's Center Faces of Trauma event, Madonna University, and the University of Michigan—Ann Arbor.

Anti-Stigma Video

Open Minds, Ending Stigma, a video developed by Youth United, DWMHA, and the Ethel and James Flinn Foundation, was nominated for an Emmy award and awarded Bronze at the ECCO awards. The popular poem 'Reflections' was recited by the Central Region in the video.



In fiscal year 15-16, youth sat on **over 19 committees**, providing youth voice throughout Wayne County

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.



SUPPORTING FAMILIES

16 Parent Support Partners

3 New Service Providers

286 Families Served

REPRESENTING FAMILIES

Members of FAFC represent families and provide family voice in the System of Care.

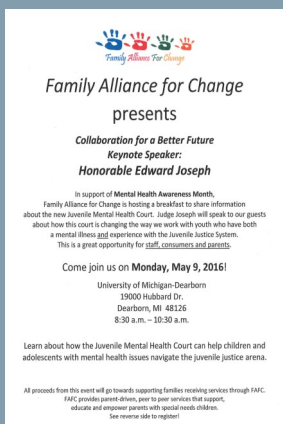
Parent Advisory Council: 12 parents

Cross Systems Management: 2 parents

Trauma Advisory Council: 12 parents

SOC Development Committee: 7 parents

COLLABORATION FOR A BETTER FUTURE



Family Alliance for Change held its first annual fundraiser breakfast in recognition of Mental Health Month with the support of the DWMHA and several community mental health service provider agencies. Invitations to attend the event went to a variety of professionals from the legal, mental health, education, political and State and local government arenas as well as members of the community. **48 individuals** were in attendance and **\$9,000 was raised**.

Hon. Edward Joseph of the Third Circuit Court served as the keynote speaker for the May 9, 2016 Collaboration for a Better Future event at the University of Michigan-Dearborn campus. His presentation served to introduce the attendees to Wayne County's new Juvenile Mental Health Court.

ACCOMPLISHMENTS

Events and Activities

- ◆ 67 parents and children attended a Parent to Parent Day
- ◆ 91 parents and children participated in the annual Easter Egg Hunt
- ◆ 83 children (44 in 2015, 39 in 2016) received new school uniforms
- ◆ \$9,000 raised at 'Collaboration for a Better Future' Fundraiser
- ◆ Future Stars held each Saturday

Ongoing Support Groups

- ◆ 42 parents attend family support groups
- ◆ 10 parents regularly attend the Dad's Support Group
- ◆ 25 parents attend Spanish support groups, held twice a month

Training and Advocacy

- ◆ 21 parents attended SOC training in June
- ◆ 22 parents attended newly reinstated Legislative Team Meetings
- ◆ Parent Forums are held quarterly
- ◆ Lead Awareness training was held in collaboration with the Greater Detroit Area Health Council and ClearCorp
- ◆ A Mentor/Mentee handbook was developed
- ◆ Parent Support Partners testified at the Joint Appropriations Subcommittee in Lansing regarding the FY2016-2017 Executive Budget Proposal for Behavioral Health, Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services.



MICHIGAN LEGAL SELF HELP RESOURCE CENTER OF SOUTHWEST DETROIT

In response to the number of families and individuals seeking answers for legal problems, Family Alliance for Change partnered with the Michigan Poverty Law Program and the Wayne County Legal Self Help Center to establish the Michigan Legal Self Help Center of Southwest Detroit.

Parent Support Partners (PSPs) were trained as Legal Self Help System navigators. Navigators do not provide legal advice but assist visitors in finding information on the Michigan Legal Self Help Website for help with certain civil matters including but not limited to child support, child custody, divorce, paternity, housing, protection orders, expungement, consumer debt, public benefits, income tax, individual rights, employment, and education. The new center began providing service to residents in late 2015 and has been well received by visitors to the facility.

The Legal Self-Help Center of Southwest Detroit is open to the public on Monday and Wednesday. Bilingual PSPs assist Spanish speaking visitors to navigate the website. Over twenty-five (25) visitors made use of the website at the FAFC office in fiscal year 2015/16.



Family Alliance for Change

A Division of Development Centers



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

Wayne County Fatherhood Initiative

ACCOMPLISHMENTS

Faces of Trauma 2

The WCFI collaborated with The Children's Center Consumer Council, Youth United, Kids-TALK and Family Alliance for Change on the "Faces of Trauma 2" event in February, 2016. The event sought to provide an overall view of trauma in its various forms and how to help individuals with the healing process. **32 adults and youth attended this event.**

Children's Mental Health Grand Rounds

Fatherhood was the focus of the September Children's Mental Health Grand Rounds with Rodgers A. Washington, MPA, presenting *Fatherhood, Building and Strengthening Your Child Through P.L.A.Y.!* This presentation had **96 attendees** and an overall satisfaction rate of 91%. The presentation focused on how P.L.A.Y. can be an integral part to fathers strengthening their relationships with their child, and looked into the contributions that fathers provide to their child's development utilizing this key skill.

Fatherhood Forum

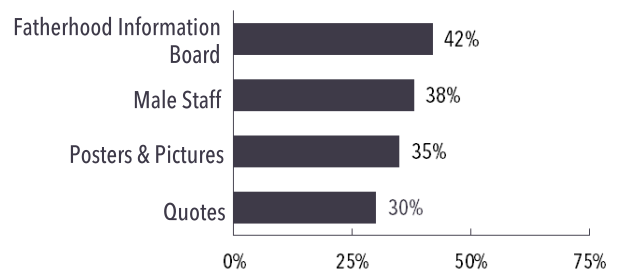
The 4th Annual Fatherhood Forum was held June 23, 2016 at Greater Grace Temple on the Northwest side of the City of Detroit. This event had **133 participants** and the general feedback from participants was positive.

FATHER-FRIENDLY AGENCIES

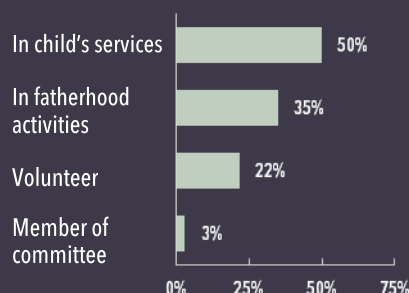
A three phase "How To Make Your Agency Fatherhood Friendly" process has been developed to help assist organizations with becoming or being more inclusive in how they engage fathers in the services their children receive. The process involves identifying fatherhood champions, training, direct consultation from the Fatherhood Initiative Coordinator, and surveying fathers/father figures for feedback on their engagement experiences. Following all three phases, an agency will be considered a "Certified Fatherhood Friendly agency" by the WCFI.

Feedback from the first 60 surveys from 4 agencies is highlighted below.

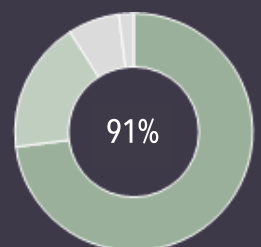
Agency Promotion of Male Caregivers and Fatherhood Activities



Self-reported Father/Father Figure Involvement



Importance of Father Figure Explained by Agency



Children's Mental Health Awareness Day



National Children's Mental Health Awareness Day seeks to raise awareness about the importance of children's mental health and to show that positive mental health is essential to a child's healthy development from birth.

On May 5, 2016, Connections held a **Mental Health Awareness Day Rally**, at Renaissance High School in Detroit. The purpose of this event was to highlight the constant resiliency of young people with mental health disorders. **This event had over 106 youth, families and community stakeholders in attendance.**

The rally included an **open mic artistic expression piece** with local hip hop artist Nique LoveRhodes. The rally also included resource tables, a photo booth, and a keynote presentation that highlighted the journey of a youth living with severe mental illness.

Ron Kelly, legislative assistant to State Representative Brian Banks, presented a **proclamation highlighting the observance and importance of Children's Mental Health Awareness day in the City of Detroit.** The proclamation was received by Detroit Wayne Mental Health Authority's Chief Medical Officer, Dr. Carmen McIntyre.



Youth Peer Support Specialists

Youth Peer Support is a **new** service that is provided by young people ages 18-26 who have 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.

GOALS

- 1) Support Youth Empowerment
- 2) Assisting youth in developing skills to improve their overall functioning and quality of life
- 3) Working collaboratively with others involved in delivering the youth's care

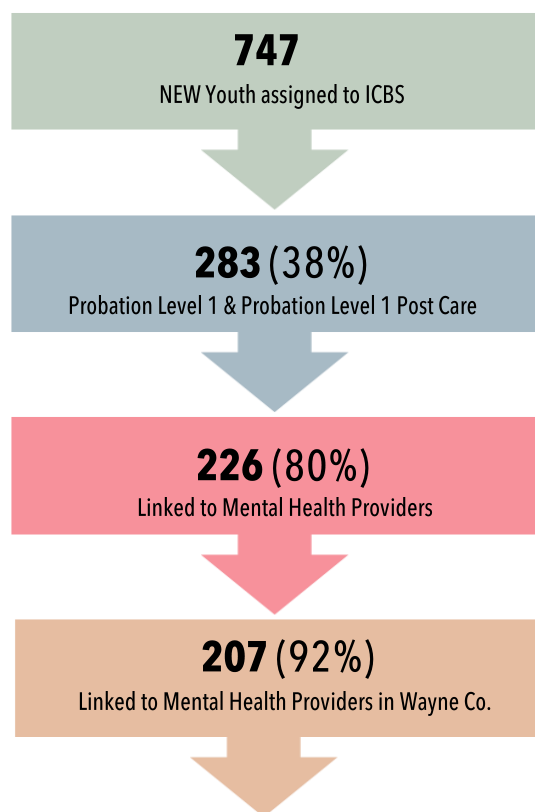
ACCOMPLISHMENTS

- ♦ **7 youth were trained** to be certified Youth Peer Support Specialists, representing **4 agencies**
- ♦ **14 youth** received Youth Peer Support services

CROSS SYSTEM YOUTH

Integrated Community Based Services

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



1,123 youth received ICBS Care Coordination in FY15-16

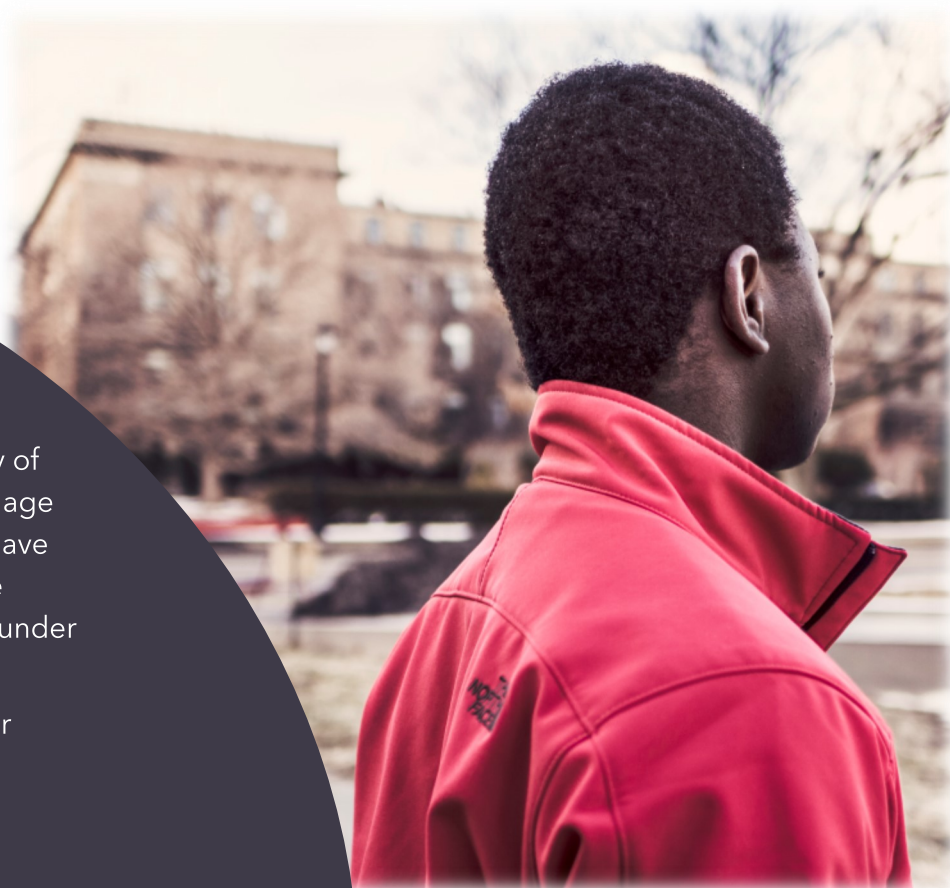
Probation Level 1 and Level 1 Post-Care youth were linked to treatment and support services in addition to or in lieu of mental health treatment, including:

- ◆ Outpatient substance abuse treatment
- ◆ Aftercare/relapse prevention groups
- ◆ Day treatment
- ◆ Youth Assistance Programs
- ◆ Wraparound
- ◆ Starr Commonwealth Detroit-Family Based Pilot Program
- ◆ The SAIT Program

SED Waiver

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

54 Youth received SED-Waiver services in FY15-16



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.

The CYPM focuses on:

- ◆ Reducing the number of youth crossing over and *becoming dually-involved*;
- ◆ Reducing the number of youth *placed in out-of-home care*;
- ◆ Reducing the use of *congregate care*;
- ◆ Reducing the *disproportionate representation of youth of color*, particularly in the crossover population.

ACCOMPLISHMENTS

A protocol that designs a coordinated prevention and treatment service approach for Wayne County crossover youth (dual wards and diversion youth with neglect petitions) is in the final stages of development. The pilot launch date is set for December 1, 2016, and full CYPM implementation is scheduled to begin March 1, 2017.

MOVING FORWARD

- ◆ A CYPM manual will be developed based on the protocol.
- ◆ A CYPM handbook for youth and families is being developed, with valuable input from a Parent Support Partner.
- ◆ A training workgroup has been established, with training set to begin in November 2016.



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 because of substantiated abuse and/or neglect. Baby Court is designed to increase reunification as an outcome and to reduce the time to permanency decisions.

As the initiative's program evaluation comes to a close, Baby Court continues to grow. Four trainings were held in 2016. A total of **74 case workers were trained** across the three Wayne County Department of Health and Human Services (DHHS) District offices and private agencies. As a result, **10 private agencies now have trained caseworkers** who can begin to take Baby Court cases. An additional **31 Infant Mental Health (IMH) clinicians were trained**.

An additional training was developed for parent attorneys and in collaboration with the State Court Administrative Office (SCAO), where approximately **60 Wayne County parent attorneys were trained**. Baby Court is now a centralized docket under one jurist and a new referral system is in place.

INTEGRATED CARE

SCREENING KIDS IN PRIMARY CARE PLUS (SKIPP)

SKIPP is a Pediatric Integrated Healthcare initiative that supports whole body health and wellness by embedding a Behavioral Health Consultant (BHC) specializing in Pediatrics into a Pediatric care team. The BHC introduces and supports the use of screening tools for patients up to adulthood, provides short functional assessments (CAFAS and PECFAS) for Mental Health level of care referrals, and provides psycho-education, action plans, referrals, and follow up visits for both identified mental health and physical health concerns.

Accomplishments

- ◆ SKIPP moved from Western Wayne Family Practice Centers to Oakwood Family Medicine Clinic in Westland on July 1, 2016. A Youth Friendly Environment Survey will be completed for the new site at Oakwood Family Medicine clinic with recommendations for engaging youth in health care.
- ◆ Participated in the clinic Back to School Drive for physicals and immunizations
- ◆ Held several lunch and learn events for clinic staff to address topics such as: pediatric integration in general, the role of the BHC in the medical practice, and school issues for the pediatric population.

839 Patients Served

114 CAFAS/PECFAS Assessments Completed

207 Mental Health Referrals

12 Care Coordination Consultations

6 Referrals for Crisis Assessments

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 on diagnoses, medications and psychotherapy interventions so that primary care providers can better manage patients in their practices. Support is available through “just-in-time” phone consultations to referring providers, with plans to expand to tele-psychiatry. Currently, **36 providers at 13 clinics** are enrolled in MC3. Additionally, a behavioral health consultant is embedded at Detroit Riverview Pediatrics, and to date has provided short term interventions and behavioral health referrals to over **125 children**. The MC3 initiative continues to reach out to new providers and increase awareness of the program in Wayne County.



SCHOOL BASED MENTAL HEALTH

Detroit Wayne Mental Health Authority recognized the need for additional mental health supports and resources within school settings. Therefore, dollars were set aside for community mental health contract providers to provide screening, prevention services, treatment, parent education and professional development to partnering schools.

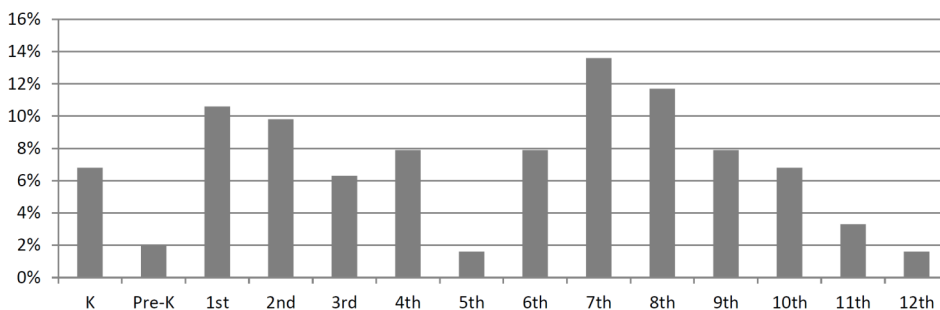
Behavioral health services are being provided by **13 DWMHA agency partners**, to students and families of **75 Wayne County public schools**.

DURING MAY, JUNE, & JULY 2016:

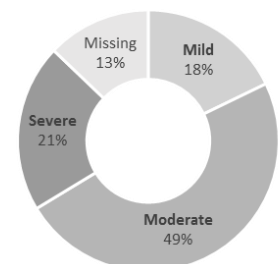
- 383** Children and youth received individual CMH services in the schools.
- 63** Trainings/workshops were provided to parents, teachers, and staff.
- 436** Parents attended the trainings/workshops
- 742** Teachers and staff attended the trainings/workshops



Grade Level of Children and Youth Receiving School-Based CMH Services



Diagnostic Severity of Children and Youth Receiving School-Based CMH Services



EDUCATION ROUNDTABLE

In February, an Education Roundtable was held with various professionals representing Wayne County schools. Participants listened to a keynote presentation followed by group discussions designed to solicit key information on the following topics:

- ◆ Challenges with behavioral/mental health experienced in the school setting
- ◆ Resources being utilized or are lacking to meet the challenges presented by behavioral/mental health
- ◆ Roles individual professions play in building behavioral/mental health services and supports in the school setting

138 school professionals took part in the Roundtable, representing school social workers and counselors, teachers, administrators, nurses, support staff, and behavioral health professionals.

SPECIAL POPULATIONS

LGBTQ2S



Connections partners with 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-attractational, transgender, questioning and two-spirited (LGBTQ2S) youth.

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).

Family Group Decision Making

In October 2015, REC launched the first two-year pilot of intensive intervention with families struggling to accept their LGBTQ2S youth based on the Family Group Decision Making model. This initiative is designed to engage, preserve, and support families with LGBTQ2S children that are under investigation by Child Protective Services (CPS) and at risk for entering the child welfare system. To date, training and support has been provided to more than **432 CPS workers** to improve their ability to identify issues of sexual orientation or gender identity in children ages 6-18 during an investigation. REC is also providing intensive long-term services to **20 families** following an investigation.

Outpatient Services

This program improves health and social outcomes of LGBTQ2S young people by providing a combination of mental health treatment modalities to consumers in a safe space, using a culturally sensitive trauma-informed approach. As a CareLink provider, Ruth Ellis Center may provide individual, family and group counseling to consumers age 7-30.



Health & Wellness Center

Ruth Ellis Center established the Ruth Ellis Health & Wellness Center (The Center), which includes integrated behavioral and primary care services. The Center will meet the critical unmet need of improving overall health and wellbeing outcomes for homeless LGBTQ2S consumers in Detroit and Highland Park, Michigan as a direct result of increased access to high-quality, culturally-competent health care. Primary health care services will be 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).

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

- ◆ Opened the Health and Wellness Center with Henry Ford Health System to provide integrated care
- ◆ Trained over **432 individuals** that statistically showed significant improvements in LGBTQ2S knowledge
- ◆ Family Acceptance Project Training with national expert Dr. Caitlin Ryan was attended by **170 individuals**
- ◆ Parent Support Partner is an active participant in the Family Group Decision Making Program
- ◆ Grand Rounds Training was completed in February with **209 Participants**

Cornerstone: Transition Age Youth

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

Program Expansion

In fiscal year 15-16, the Cornerstone model expanded to **five** sites. Three additional sites are in the pre-planning phase of implementation, and are in the process of arranging policies and internal infrastructure to support full implementation next fiscal year.

Implementation Stage	Site
Continued Implementation Sites	Southwest Counseling Solutions Development Center
New Implementation Sites	The Children’s Center The Guidance Center Northeast Guidance Center
Pre-Planning Implementation Sites	Hegira Programs Starfish Family Services New Center Family Services

In July 2016, services for youth with a Serious Emotional Disturbance (SED) designation were extended until age 21, or until their designation is no longer necessary.

Policies and Procedures

The Children’s Practice Standard Task Force led the development of standardized processes and procedures for serving Transition-Age Youth. These standardized procedures guarantee work in tandem with the expansion of the Cornerstone model, and clarify expectations for enrollment and service delivery for young adults up to age 21.

All 8 Cornerstone sites established relationships with adult providers to aid in a smooth transition to adult services and collaboratively meet the needs of youth age 18-21.



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.

PMTO ACCOMPLISHMENTS

6 Agencies	4 Coaches
9 Clinicians	5 FIMPers (Fidelity Raters)
9 Trainees	

Early Childhood

Connections' early childhood initiatives focus on increasing access and improving practices to support young children age 0–6.

ACTIVITIES

- ◆ The Children's Practice Standards Task force developed recommendations for addressing barriers and improving access to services for children 0–6.
- ◆ Program details for Infant Mental Health (IMH) home visiting, and early childhood outpatient and home visiting for children age 4–6 were added to the Children's Services Handbook.
- ◆ The Infant Mental Health Home Visiting (IMH-HV) Evaluation Project is underway, collecting data from IMH providers throughout FY15–16. Lead by the University of Michigan, the evaluation will measure the effectiveness and impact of IMH services, as well as support efforts to establish IMH as an evidence based practice.
- ◆ Infant Mental Health clinicians were supported in training and credentialing efforts. Wayne County has the largest IMH workforce in the state of Michigan.

Suicide Prevention

SOS Training

Connections partnered with the Wayne County Regional Education Service Agency (RESA) to implement the SOS: Signs of Suicide curriculum. Participants at the December event included community mental health clinicians and prevention workers from three agencies, as well as social workers, counselors, teachers, and administrators from seven Wayne County school districts.

Question, Persuade, Refer (QPR) Trainings

A number of QPR trainings were held in FY15–16. This training teaches how to ask questions to determine risk among potentially suicidal persons, and reduce the risk through safety planning and referral. QPR was delivered for youth advocates and Youth Peer Support Specialists, and also offered in the youth track of the DWMHA Raising the Bar Conference.

Applied Suicide Intervention Skills Training (ASIST)

A two day ASIST workshop was held in partnership with American Indian Health and Family Services and the Virtual Center for Excellence. Participants learned skills to intervene and reduce the immediate risk of suicide.

Wraparound Model Fidelity

Wraparound is a team-based care planning and management process, based on guiding principles and values. The process is individualized to each family, making family perceptions of fidelity an important measurement. A series of focus groups were held with families receiving Wraparound services to solicit family and youth voice. Although organized by Systems of Care staff, the groups were facilitated by members of Youth United and Family Alliance for Change. Participants completed a fidelity survey and engaged in discussion about their experiences. 31 families from 9 of the 11 provider agencies participated in the groups.

Caregiver Overarching Themes

Caregivers discussed their experience in relation to the 10 Wraparound principles.

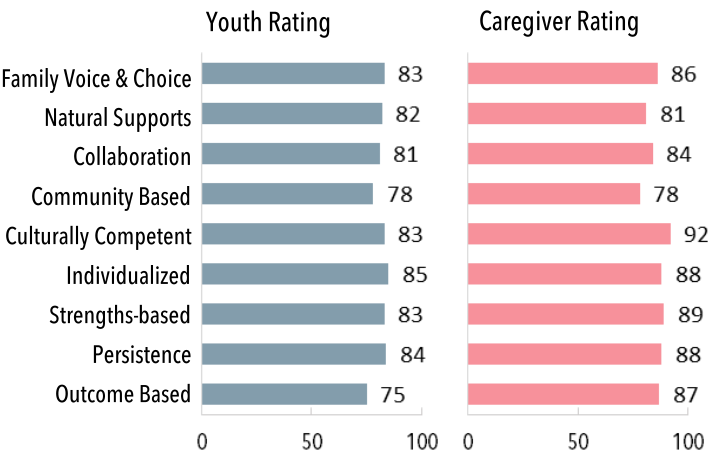


Youth Overarching Themes

The youth discussion was less structured, and youth described both positive and negative aspects of participating in Wraparound. Experiences varied by the individual. Some youth reported feeling supported by the facilitator, having their own voice in the process, and saw positive outcomes. Other youth felt the opposite and reported not feeling respected and disliking the team and meetings.

Perception of Wraparound Fidelity

Statements in the fidelity survey were grouped based on which of the 10 Wraparound principles they represented (no statements specifically addressed team-based). Each principle was given a grade out of 100. Though both youth and caregivers gave high ratings, caregivers rated fidelity to the Wraparound principles higher than youth.



Cultural and Linguistic Competency

Connections serves a diverse population of children and families. Cultural and Linguistic Competency Initiatives work to improve the quality of care they receive by ensuring mental health providers have an appreciation and understanding of the cultural and linguistic diversity of the populations they serve.

CLC CONFERENCE

DWMHA, WCSOC, and the Virtual Center for Excellence (VCE) collaborated to present a day and a half Children's Cultural and Linguistic Conference on April 27 and 28, 2016. **144 WCSOC providers and administrators** attended the conference that highlighted three different tracks, an Administrative track aimed at developing and sustaining an organizational commitment to CLC and two direct care tracks that promoted an understanding of social perceptions and personal bias, their impact on direct care, and practical solutions to eliminate adverse effects on therapeutic intervention. A youth track included workshops highlighting cultural/gender identity, stereotypes, and the impact on youth. The Michigan Roundtable for Diversity & Inclusion facilitated a scavenger hunt using the "We Don't Want Them" traveling art exhibit.

“We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color.”

- Maya Angelou

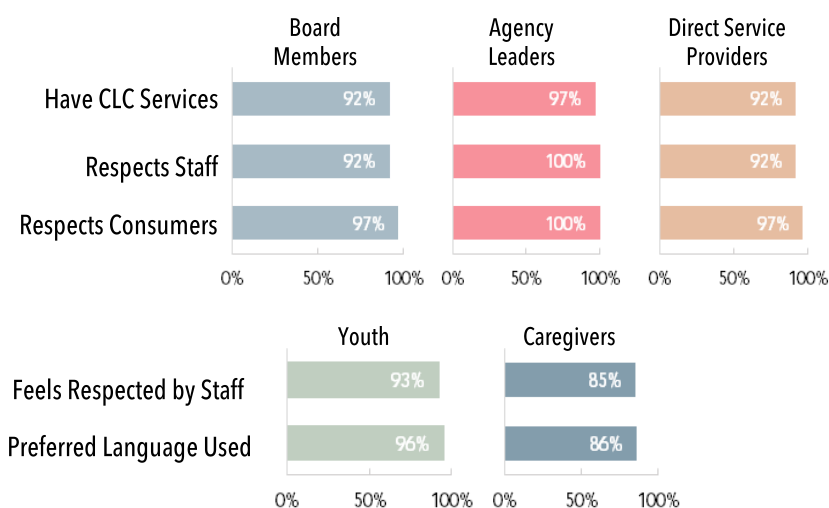
Principal Standard for Cultural and Linguistically Competent Services (CLAS):

“Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs” (DHHS, 2016).

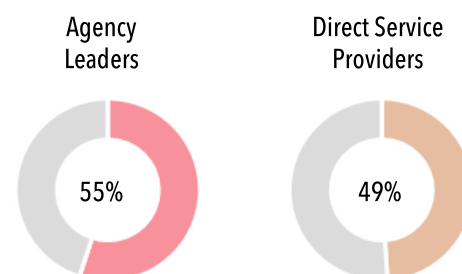
CLC ASSESSMENT

As part of the SOC expansion work, a Cultural and Linguistic Competency (CLC) organizational needs assessment was conducted among participating agencies/organizations. The multi-level assessment, adapted from existing standardized CLC assessment measures, provided both quantitative and qualitative data that highlights the strengths and challenges of the provision of Culturally and Linguistically Appropriate Services (CLAS). Surveys were tailored and implemented with 5 groups (board of directors, agency/organization leadership, direct service providers, parents/caregivers, and youth) and included questions on knowledge, perceptions, and experiences around CLC, including the extent to which culturally and linguistically competent services are provided. Data was collected between October 2015 and March 2016.

Perceived Quality of Care



Knowledge of CLC Standards



TRAUMA INFORMED CARE

With the support of SAMHSA, the Children's Trauma Assessment Center and Connections have partnered to build a more trauma-informed community. The initiative has involved numerous trainings for staff, system partners, community members, and families, as well as the implementation of trauma-informed screening, assessment, and treatment practices.

TRAUMA LEADERSHIP

Trauma Leadership is a Connections System of Care meeting for all Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) supervisors intended to centralize and coordinate trauma informed care in our system, as well as standardize use of the TF-CBT model and share resources.

The 3rd Circuit Court is facilitating an ACES Casey Subcommittee that meets monthly to work on trauma informed initiatives within the court system and Connections is a partner at the table.

FY 15–16 TRAININGS

In addition to the online trauma-specific training accessible from the Virtual Center for Excellence (VCE), six training opportunities focusing on trauma were offered during the fiscal year.

Training Location / Topic	# Trained
Orchards Children's Services	20
Trauma Town Hall	83
Detroit Clinical Scholars (2 cohorts)	35
Wellplace, MI	15
Building Capacity of TF-CBT	17
Paper Tigers Viewing and Discussion	50

Trauma-Focused CBT

The number of children receiving the evidence-based TF-CBT treatment increased from **22** to **226** this fiscal year.

EDUCATIONAL MATERIALS

A series of printed materials were developed and distributed to the community. The materials help readers understand trauma and are tailored to clerical staff, teachers, and caregivers.



SELF CARE TOOLS & STAFF SUPPORT

An Overview of Resources

SELF CARE TOOLS

STAFF SUPPORT

RESOURCES

TOOLKIT

TOOLKIT

TOOLKIT

TOOLKIT

TOOLKIT

TOOLKIT

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TOOLKIT

A Self Care and Staff Support toolkit was also developed to address secondary trauma among professionals. The guide includes assessments,

resources, and strategies to create a culture of wellness in the workplace that acknowledges and addresses secondary trauma.



PAPER TIGERS

In August, DWMHA and Wayne RESA hosted a screening of *Paper Tigers*, a documentary of a trauma-informed school in the state of Washington. 50 individuals attended the screening, which was followed by a facilitated group discussion about how to promote trauma-informed educational settings in Wayne County.



The System of Care Expansion grant is a partnership between Connections and American Indian Health and Family Services (AIHFS) that focuses on providing Cultural and Linguistic Competency (CLC) throughout Wayne County while expanding the SOC through building partnerships and empowering youth and family voice. This grant is in its fourth year and final year of implementation and has had many successes over the last fiscal year.

As the SOC Expansion grant enters its final year, Connections, AIHFS, and its partners are looking forward to future successes while creating sustainability and providing culturally relevant services throughout Wayne County's System of Care.



YEAR 3 SYSTEM OF CARE EXPANSION GRANT

WHEN WE WORK TOGETHER THEN WE ARE WISE

"Pii Maamwinokiyaang Miidash
Nibwaakaayaang"

KEY ACCOMPLISHMENTS

- ◆ AIHFS received **CARF accreditation** and **completed empanelment** process through DWMHA as of September 29th, 2016.
- ◆ **723 individual people** received training in year three in topics such as ICWA (Indian Child Welfare Act), Cultural Competency, and Gender Identity and Expression.
- ◆ AIHFS and Connections have served **370 AI/AN youth** since the grant began in July 2013.
- ◆ A **social marketing plan** for AIHFS and partner agencies has been developed and used to promote awareness about Connections and its partner agencies.
- ◆ **13 agencies, 208 youth, and 349 family members** participated in the CLC Assessment, a survey examining the cultural and linguistic competences of agencies involved in Connections

YEAR 4 GOALS

With the grant funding coming to a close, the final year will focus on building the capacity to sustain current activities in the future. Other goals include increasing the number of AI/AN children and youth served to 500 with 20 involved in AIHFS's Wraparound program, and expanding Cultural and Linguistic Competency efforts with SOC partners.



WORKFORCE DEVELOPMENT

2,419 QUALIFIED CHILDREN'S MENTAL HEALTH PROFESSIONALS

TRAINING BY TOPIC		
Topic	Number Trainings	AVG Attendance
Early Childhood	13	40
Grand Rounds	9	252
Co-Occurring	1	35
Trauma	6	18
Fatherhood	1	133
CLC Conference	1	144

NEW: YOUTH PEER SUPPORT SPECIALISTS

7 youth completed the Youth Peer Support credentialing training through the Michigan Department of Health and Human Services (DHHS)

CAFAS TRAINING

- ◆ 14 Trainers
- ◆ 18 Trainings
- ◆ 403 Staff Trained
- ◆ Pass Rate: 97.3%

PECFAS TRAINING

- ◆ 9 Trainers
- ◆ 10 Trainings
- ◆ 262 Staff Trained
- ◆ Pass Rate: 100%



ONLINE TRAININGS

Additional child-focused trainings were made available online through the VCE.

Child Sex Trafficking in America:
888 completed

Developing Cultural Competence in Systems of Care:
250 completed

Gender Identity/Expression in Children & Youth: Basics for Addressing Cultural Aspects:
324 completed

Therapeutic Resistance: Effective Techniques for Adolescents & Adults (Parts 1–5)

Part 1: *256 completed*
Part 2: *182 completed*
Part 3: *147 completed*
Part 4: *119 completed*
Part 5: *112 completed*

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 outcome analysis included 571 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 818 children whose most recent assessment was during FY16. 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/PECFAS uses several outcome indicators including a reduction in score >20 points, reduction in the number of severe/moderate impairments, and reduction of score in certain subscales. Outcomes were calculated for 7,885 children whose most recent assessment was during FY16.

LENGTH OF STAY

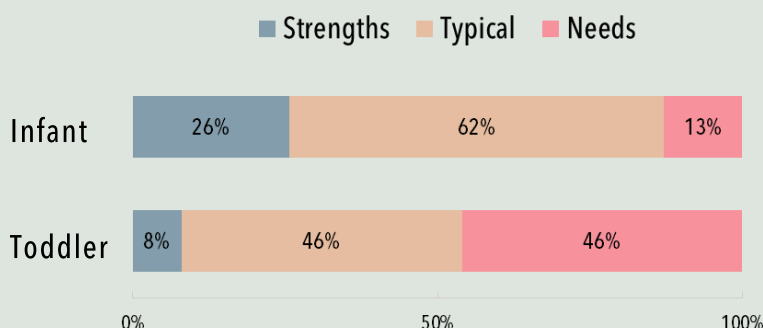
INITIAL TO MOST RECENT ASSESSMENT

Infants & Toddlers 0-3:	8.1 months	(.1–34)
Children Age 4-6:	8.7 months	(.1–59)
Children & Youth 7-21:	14.6 months	(.1–169)

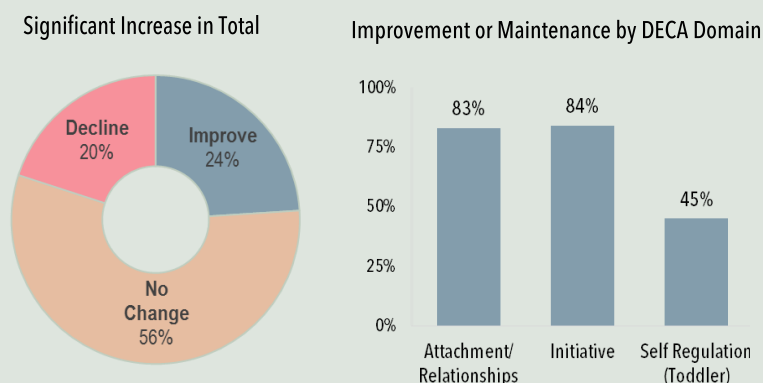


Infants & Toddlers (0–3)

TOTAL PROTECTIVE FACTORS AT INITIAL



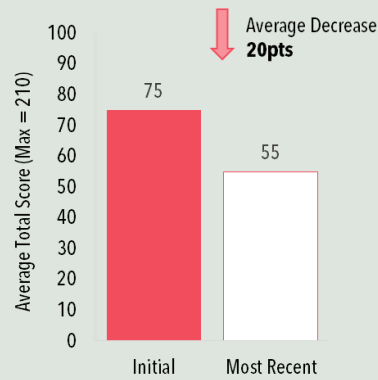
SOCIAL & EMOTIONAL IMPROVEMENT



Children (4–6)

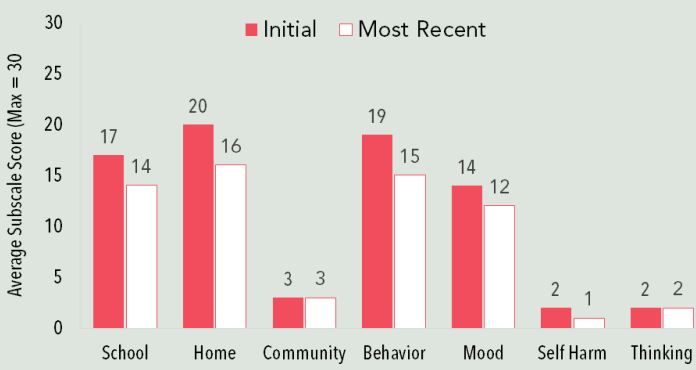
TOTAL SCORE CHANGE

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



SUBSCALE SCORE CHANGE

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



AT THEIR MOST RECENT ASSESSMENT:

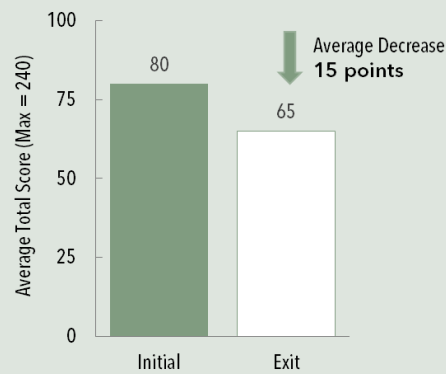
37% of children had a *reduction in Total Score of 20 or more points*

43% of children with severe impairment on at least one subscale at intake had *no severe impairments*

Children & Youth (7–21)

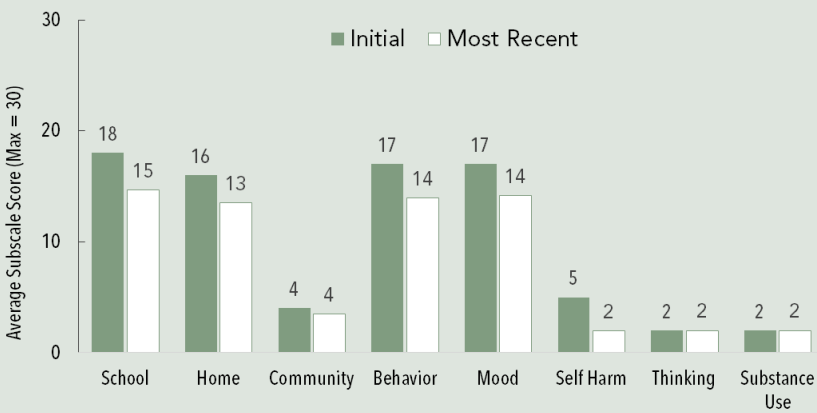
TOTAL SCORE CHANGE

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



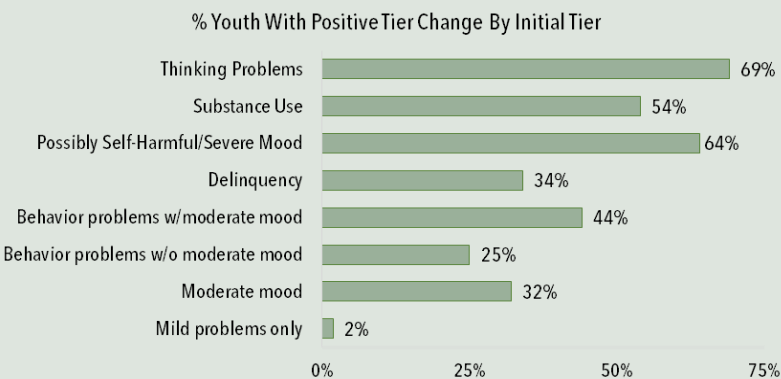
SUBSCALE SCORE CHANGE

Subscales measure functioning on 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.

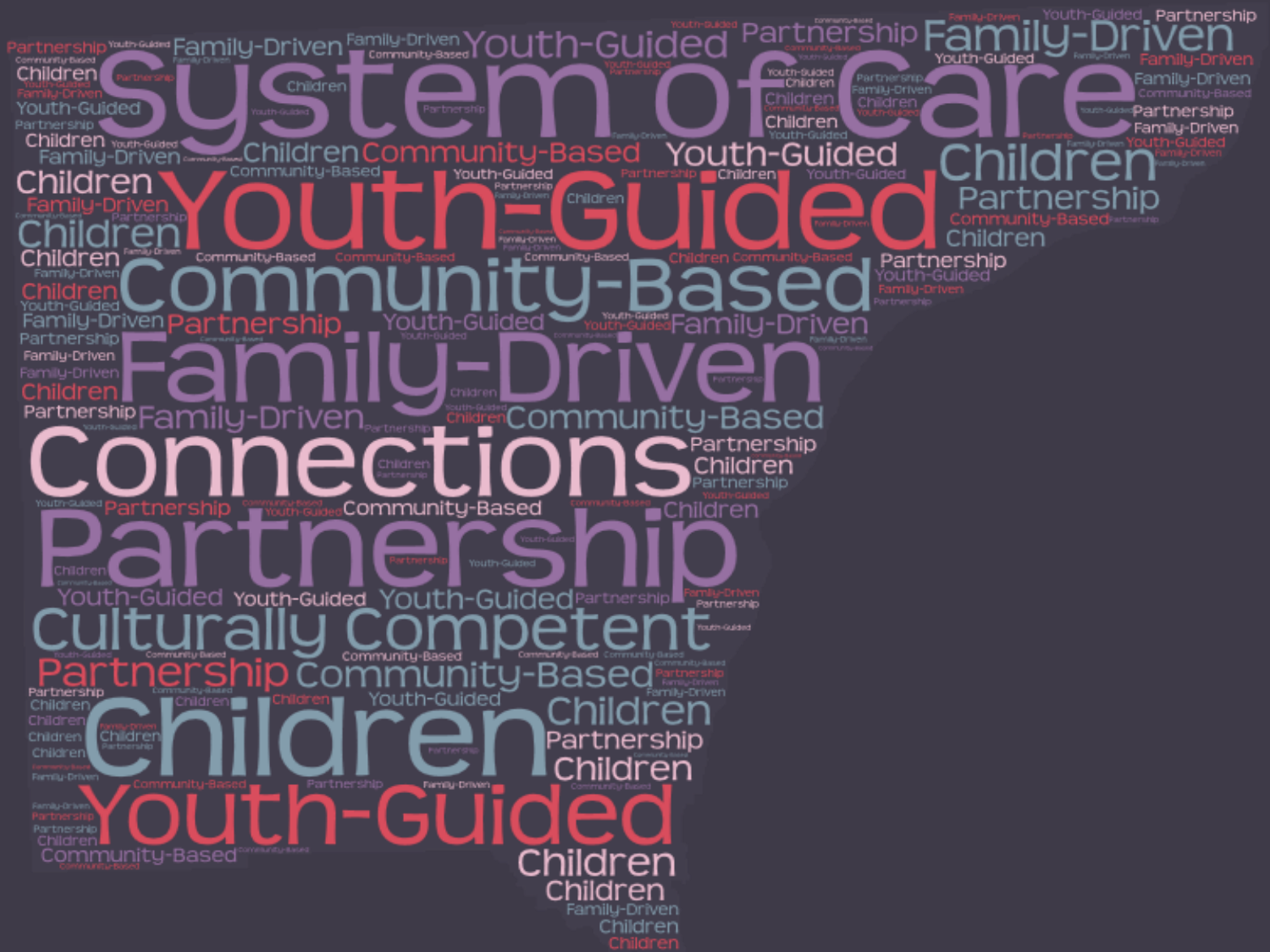


At their most recent assessment:

45% of children & youth had a *reduction in Total Score of 20 or more points*

53% 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