THIRD JUDICIAL CIRCUIT OF MICHIGAN

CLINIC FOR CHILD STUDY 2011 ANNUAL REPORT

THIRD CIRCUIT COURT
CLINIC FOR CHILD STUDY
2011 Annual Report

The ***Third Circuit Court Clinic for Child Study***

fosters relationships that empower court-involved youth and families to build healthy futures in their communities by providing an array of family-centered therapeutic services.

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Overview

The Clinic for Child Study is a department of the **Third Circuit Court**. The Clinic extends the continuum of care of the Detroit-Wayne County Community Mental Health Agency (D-WCCMHA) by providing mental health services to a population that is traditionally underserved: juveniles who have the dual concerns of delinquency and mental health. Given our unique focus**,** the Clinic has been able to utilize therapeutic jurisprudence to motivate youth and families to comply with mental health treatment**.** Our accreditation body, the Commission on Accreditation of Rehabilitation Facilities (CARF), has repeatedly recognized our success in balancing the needs of both mental health and the Court systems. After their most recent review of the Clinic in 2010, the CARF surveyors said of the Clinic:

> *"Treatment programs are clinically sound and make a difference in the lives of the persons served. The organization provides services for some challenging individuals other providers would be unwilling or unable to serve. This is clearly supported by abundant, thorough, and targeted assessments; very well-documented planning and clinical intervention; strategies and resources identified and implemented; and regular review of processes and needs in support of optimal outcomes."*

The following Clinic programs are accredited under the mental health umbrella of CARF: Assessment and Referral (adults, children and adolescents); Case Management/Services Coordination (children and adolescents); Outpatient Treatment (children and adolescents); and Intensive Family-based Services (children and adolescents).

In 2011, the Clinic was primarily funded by the Detroit-Wayne County Community Mental Health Agency (D-WCCMHA) with additional funding received from the Third Circuit Court and Department of Human Services. The Home-Based Unit is funded entirely through a contract with Gateway Community Health. The Clinic is responsible for complying with the rules and regulations of the Third Circuit Court, Detroit-Wayne County Community Mental Health Agency, Health Insurance Portability and Accountability Act (HIPAA), Mental Health Code, Gateway Community Health Inc, and the Commission on Accreditation of Rehabilitation Facilities (CARF).

Important Clinic Accomplishments/Updates

- Throughout 2011 the Clinic continued to adjust to servicing an all Medicaid population. This transition was a lengthy one; however, by the end of 2011 all challenges had been addressed.

- Casework Services staff conducted a one day information/discussion group on suicide. Thirty-two youth, along with some of their parents attended this session.

- Casework Services staff accompanied eight (8) consumers on a field trip to the African-American Museum.

- On July 6, 2011, Casework Services staff took 7 consumers on a cultural outing to see Charlotte's Web performed at the Hilberry Theatre. The purpose of the outing was for cultural exposure, practice of social skills, and to enhance thoughts on trust, humility, true friendship and self-sacrifice as presented in the play.

- The annual 3 on 3 Basketball Tournament was held on August 5, 2011. This was the ninth annual 3 on 3 Basketball Tournament, held at Belle Isle Basketball Courts. On this day it was an opportunity to provide the youth an opportunity to work together as a team and maintain self-discipline around peers while enjoying a recreational activity. There were 12 youth and 2 parents present for this event.

- In mid 2011 it was determined to convert the Status Offenders unit to a case management unit, in order to continue to serves the incorrigible population. The transformed unit will be called the Diversion Treatment Unit and will serve Medicaid youth involved in the Diversion Docket.

- In November, 2011 Clinic staff collected canned goods and other staples for Thanksgiving baskets for our consumers. Turkeys were also donated. Families were genuinely grateful for the baskets.

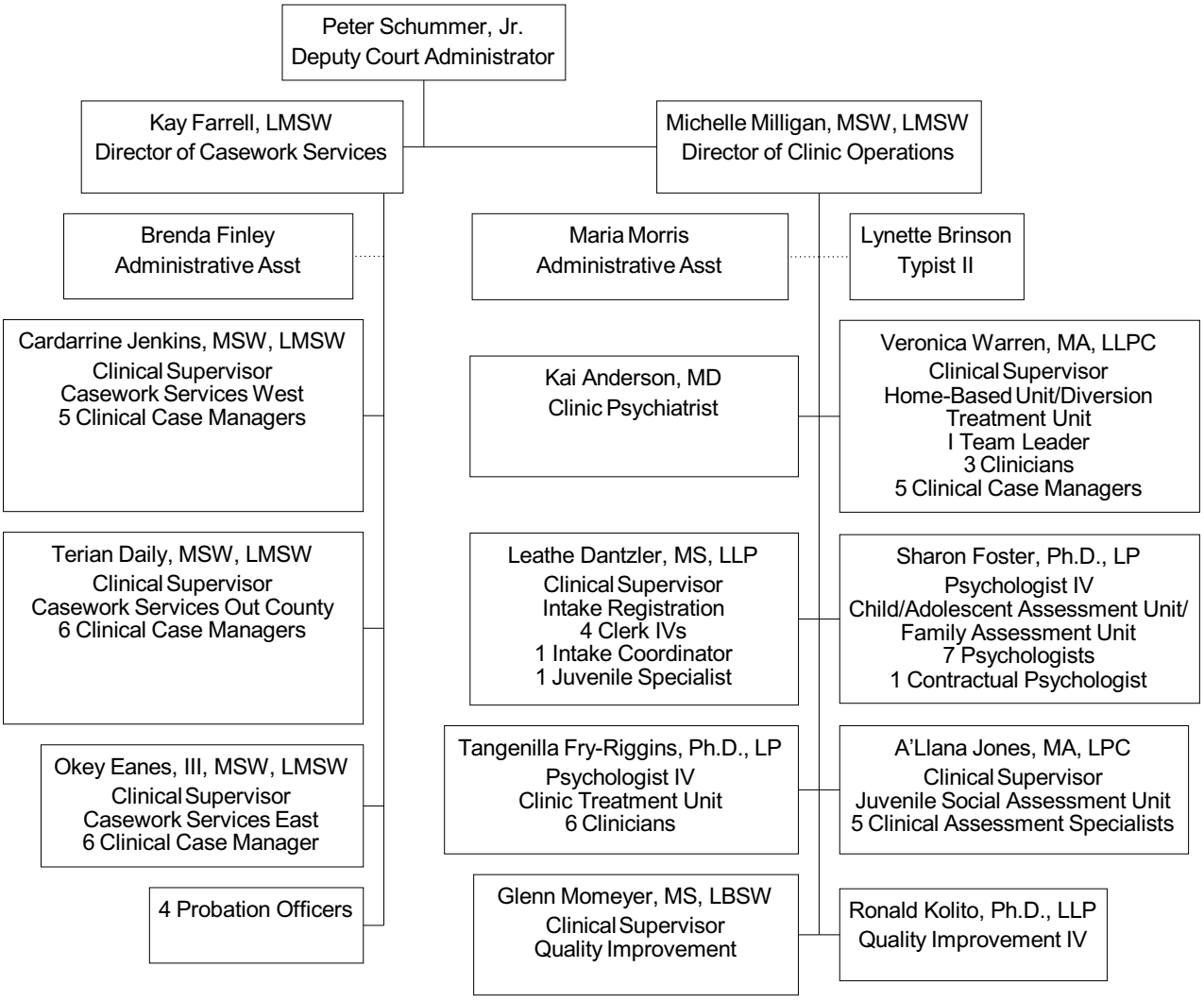
- During the December holiday season, employees from Chrysler once again shared their generosity with Clinic youth by providing a monetary gift to be used to purchase needed items for consumers.

- In collaboration with the Youth Development Commission, the Clinic continued the LifeSkills program for delinquent middle and high school youth. LifeSkills is an evidence-based program designed to equip participants with the skills to successfully navigate life. Groups focused on skills relating to self-image, self-improvement, decision-making, substance abuse, violence prevention, communication, media influence, social skills, assertiveness, conflict resolution, and anger/anxiety management. Two LifeSkills groups were held during 2011.

- The Clinic continued to work with the University of Miami Florida to maintain fidelity with the evidenced based treatment modality of Brief Strategic Family Therapy (BSFT) for the Clinic's Home-Based and Clinic Treatment Units. BSFT is a short-term, structured, problem-focused, and practical approach to the treatment of conduct problems, associations with antisocial peers, early drug use and accompanying maladaptive family interactions. BSFT has been shown to be an effective intervention for adolescent substance use and related behavior problems through the use of specialized engagement techniques and a focus on strengthening family relationships to discourage delinquent behavior and substance use.

- The Clinic began its participation with the National Institute for Trauma and Loss in Children (TLC) in their "Restoring Resiliency in Adjudicated Youth Exposed to Trauma" grant provided by the Flynn Foundation. Trainings were held for all staff in anticipation of beginning Trauma focused groups.

Third Circuit Court
Clinic for Child Study



12/31/11

Meetings/Affiliations/Awards

- **Monthly Quality Operations Technical Assistance Workgroup**
  The Clinic has participated in this workgroup since its inception in 2007. The goal of this group is to address quality improvement activities with its direct contractors. These meetings have been helpful in ensuring that the Clinic is meeting all the requirements of D-WCCMHA and MDCH.

- **Mayor's Task Force on Child Abuse**
  This task force is prevention oriented and looks for programs that are attempting to prevent child abuse from occurring/re-occurring. Currently, the task force has been focusing on providing grants to agencies whose focus is on child abuse prevention. The Clinic has continued to be an active member of this task force.

- **Children's Provider Meetings**
  Bi-monthly meetings held by D-WCCMHA in order to share information to all the system's children's providers.

- **Children's Systems Transformation Meetings**
  Bi-monthly meetings held with provider agency Directors and/or Children's Services Clinical Directors to ensure quality care is provided to children within the system.

- **Department of Community Health Recipient Rights Advisory Committee**
  Director of Clinic Operations, Michelle Milligan continues appointment to the Michigan Department of Community Health Recipient Rights Advisory Committee.

- **Department of Community Health Recipient Rights Appeals Committee**
  Director of Clinic Operations, Michelle Milligan continues appointment to the Michigan Department of Community Health Recipient Rights Appeals Committee.

- **Change Agent**
  Two Clinic staff is currently assigned the task of Change Agent. The Change Agent roles are to provide training and supervision in accordance with the principles of the Comprehensive, Continuous Integrated System of Care (CCISC) model. The CCISC model for organizing services for individuals with co-occurring psychiatric and substance abuse disorders (ICOPSD) is designed to improve treatment capacity for these individuals in systems of any size and complexity, ranging from entire states, to regions or counties, networks of agencies, individual complex agencies, or even programs within agencies. The model has the following four basic characteristics: System Level Change, Efficient Use of Existing Resources, Incorporation of Best Practices, and Integrated Treatment Philosophy. The Change Agents will be partnering with the existing Quality Improvement Committee in order to enhance dual diagnosis and treatment capacity/competency.

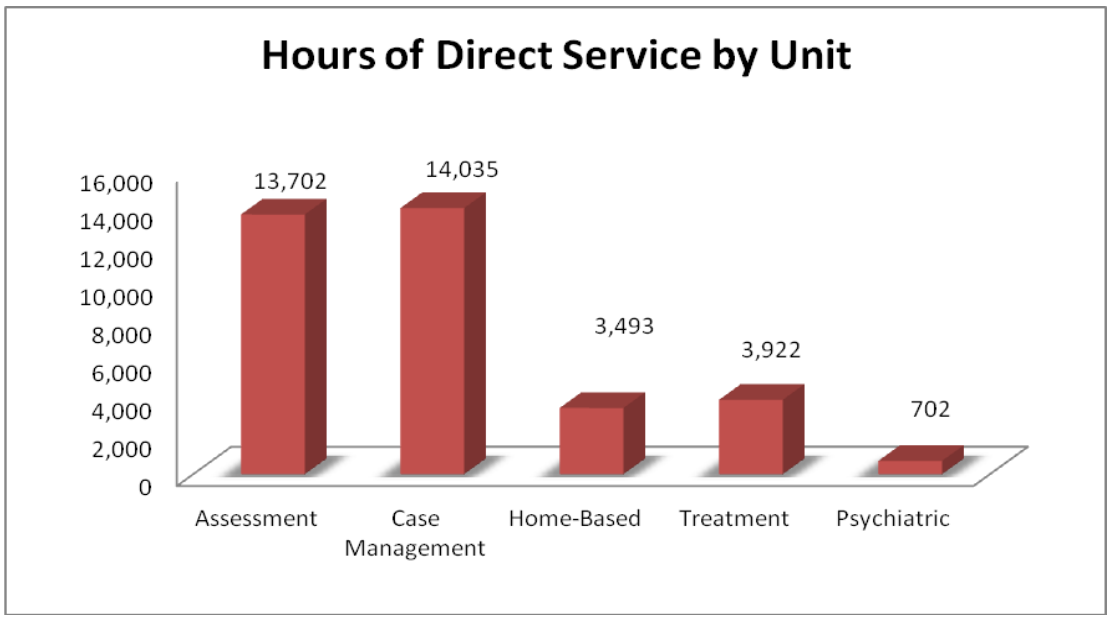
- A Clinic representative attends Gateway's Quality Management Committee meetings to ensure compliance with the Clinic's contract for Home-Based services with Gateway.

- A Clinic representative attends Gateway's Evidence-Based Treatment Committee monthly meeting. This committee's mission is to assist and coordinate evidence-based treatment models being implemented by Gateway providers.

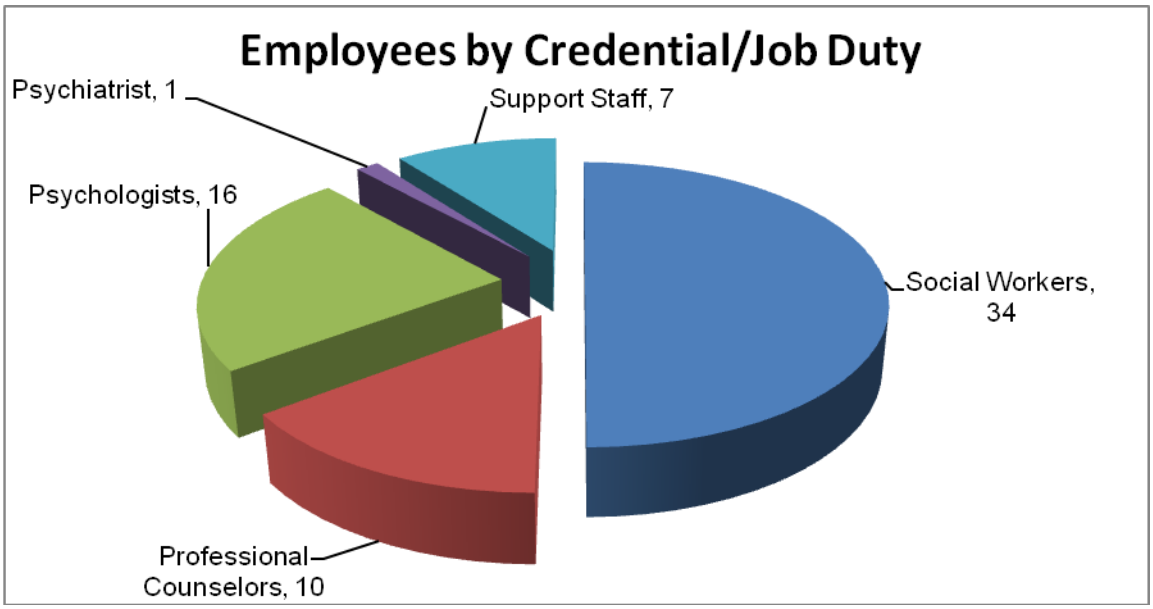
Service Delivery Units

The Clinic for Child Study provides an array of services through seven distinct service delivery units. These are: Child/Adolescent Assessment Unit (CAAU), Clinic Treatment Unit (CTU), Casework Services Unit (CWS) (formally the Intensive Probation Unit), Diversion Treatment Unit (DTU), Family Assessment Unit (FAU), Home-Based Unit (HBU), and Juvenile Social Assessment Unit (JSAU).

During 2011, the Clinic provided 35,854 hours of direct service on behalf of consumers and their families.



The following provides information about the number of individuals that are employed across professions.



Child/Adolescent Assessment Unit (CAAU)

The **Child/Adolescent Assessment Unit (CAAU)** provides psycho-diagnostic evaluations, recommendations, reports and expert witness testimony to the Court. Cases assigned include evaluations of adjudicated delinquents for disposition, assessments of parents of adjudicated delinquents, as well as competency, criminal responsibility, and Miranda assessments. In late 2011 the Clinic discontinued the blending of the psychosocial history completed by a clinical assessment specialist (CAS) and the psychological testing completed by the CAAU psychologist. This change was facilitated due to changes in the Court's dockets. In addition, psychologists may also complete evaluations of abused/neglected children and/or their parents as well as conduct assessments to assist the Casework Services Unit, Clinic Treatment Unit, Diversion Treatment Unit and Home-Based Unit with treatment planning.

CAAU continues to look at different testing tools to ensure that the Clinic uses the most appropriate testing protocols for the populations that we serve.

Clinic Treatment Unit (CTU)

The **Clinic Treatment Unit (CTU)** provides comprehensive therapeutic interventions for Court involved youth including individual, group, and family treatment. Consumers include adjudicated youth and those legally classified as "Plea Under Advisement" (PUA). CTU consists of a flexible and dynamic team of clinicians who conduct treatment based on the emotional, intellectual and behavioral needs of the Clinic's consumers.

The Clinic Treatment Unit's goal is to assist youth and their families in alleviating emotional distress, decreasing delinquent behavior, decreasing substance use, improving family relationships and promoting healthier living. Consumers are also able to receive psychiatric services, as warranted.

The Clinic Treatment Unit conducted nine different therapy groups in 2011.

- *The Sexual Awareness Information and Treatment (SAIT)* program was developed in 1989 to assist probationary youth before the Court for Criminal Sexual Conduct (CSC) offenses. This program was initially based on a psycho-educational model, but was later expanded to be a comprehensive treatment program for Juvenile Sex Offenders. The SAIT program is conducted as a closed group, with no members admitted after the third session. Youth are required to attend and participate in group for a total of 21 weeks and must repeat if they complete less than 17 sessions. Youth are also encouraged to participate in individual treatment sessions in preparation for the SAIT group. If substantial progress regarding inappropriate sexual behavior or other emotional issues is not apparent at the completion of the group, youth are referred for additional individual treatment sessions. The SAIT program is designed with curriculum appropriate for youth in the 15 to 18 year age range. (4 groups in 2011)

- *The Young Sexual Awareness Information and Treatment (YSAIT)* program contains SAIT curriculum appropriate for youth who in the age range of 12 to 14 are before the Court for Criminal Sexual Conduct (CSC) offenses. This program continues with the same attendance and participation requirements as the SAIT program. (3 groups in 2011)

- *The Developmentally Disabled Sexual Awareness Information and Treatment (DDSAIT)* program is designed to assist youth with cognitive and emotional limitations. The curriculum for the SAIT program is adjusted to be appropriate for Developmentally Disabled youth and presented in a format that can be understood. In all other regards, this program is identical to the other SAIT programs. (Based on the type of referrals received in 2011 no DDSAIT groups were held.)

- *The Girls' Group* was conceived in 2001 to provide gender-specific treatment for girls between the ages of 14 to 18. The group was designed to address issues that hinder adolescent girls' healthy maturation into womanhood. The group aims to help girls acquire positive attitudes about womanhood, feel empowered to make healthy choices, develop goals, and build positive, healthy relationships. Issues related to women's health, sexuality, and physical/sexual abuse are additional topics that are explored. The Girls' Group is a close-ended group lasting for 12 weeks. (Due to staffing issues no girls groups were held in 2011.)

- Structured Sensory Interventions for Traumatized Children, Adolescent and Parents: At-Risk Adjudicated Treatment Program (SITCAP-ART) is a twelve (12) week group or individual therapy focused on assisting moderately to highly traumatized youth with managing their past traumatic experiences and identifying how these relate to current behavior through the use of SITCAP-ART. (1 group in 2011)

- Anger/Trauma Management was a 10 week group that focused on use of the SITCAP Art curriculum from TLC to assist male youth between the ages 13 to 18 to process traumatic historical events and make connections between their current anger/aggressive behaviors. Sensory and cognitive exercises assisted the youth in processing traumatic events into more socially acceptable behaviors. Youth also gained skills in assertiveness and communication to help decrease conflict in their daily lives. Specific Anger Management techniques including Progressive Muscle Relaxation, deep breathing and guided imagery and learning physical cues to anger were also used. (1 group in 2011)

The Clinic for Child Study's psychiatrist evaluates youth to determine their need for psychotropic medication. In 2011 there were 138 referrals made to the psychiatrist for evaluation, these referrals included youth receiving services from all other units within the Clinic. Many of these youth received ongoing medication monitoring.

Casework Services Unit (CWS)

The **Casework Services Unit (CWS)** provides intensive case management to adjudicated juveniles and their families in an effort to prevent out-of-home placement, ensure appropriate treatment services are provided and assist youth with successfully completing their conditions of probation. This unit links consumers to appropriate resources and monitors behaviors of probationers in the community. Frequently, the clinical case manager interacts with consumers in varied settings (e.g., the home, school, library, etc.), to intensify supervision and increase the likelihood of success. Youth are also given the opportunity to participate in a variety of activities that help build pro-social behaviors, assist with healthy decision-making and enhance self-esteem.

Diversion Treatment Unit (DTU)

The **Diversion Treatment Unit** (DTU) was developed in 2011. Consumers are referred from either the Diversion or Incorrigibility Dockets. Most of these consumers have a variety of problems (i.e. status offenses, first time misdemeanors, traffic and ordinance violations), which require intervention by a case manager who will coordinate positive community involvement and utilize therapeutic, educational and vocational resources to address their problems in efforts to prevent them from having official court cases. Consumers have co-occurring disorders or are emotionally impaired. Clinical Case Managers provide services to consumers for three (3) to six (6) months. The Diversion Treatment Program involves the juvenile, his or her parent or legal guardian, and the court.

Family Assessment Unit (FAU)

The **Family Assessment Unit (FAU)** provides psychodiagnostic evaluations, recommendations, reports and expert testimony to the Court for Protective Hearings. In abuse and/or neglect cases the family assessments assist Judges and Referees in determining the best interest of the child (ren) and whether the child (ren) can be safely reunited with their families. All consumers seen in this unit are Court ordered by the Third Circuit Court-Family Division. This unit also completes psychological testing for youth involved in the Juvenile Drug Court program.

Home-Based Unit (HBU)

The **Home-Based Unit** was implemented in the latter part of 2008. This program is funded via contract through Gateway Community Health Services a Manager of Comprehensive Provider Network (MCPN) of the Detroit-Wayne County Mental Health Agency and is designed to provide intensive home based treatment to Intensive Probation Unit probationers who have become increasingly at risk of being removed from their home. All referrals to the program must meet specific clinical guidelines. The clinicians in this unit provide treatment and case management services in the home. A minimum of two (2) hours per week of direct face to face contact is required for each consumer.

Juvenile Social Assessment Unit (JSAU)

The **Juvenile Social Assessment Unit** (JSAU) clinical assessment specialists provide Court-ordered psychosocial assessments, which include therapeutic intervention recommendations, Court dispositional recommendations, mental health diagnoses, and information regarding home, school, and community interaction. Psychosocial assessments are conducted at the Clinic for Child Study, the Wayne County Juvenile Detention Facility, residential placement facilities, and/or at the home of the consumer. Clinical assessment specialists provide diagnostic formulations and recommendations for treatment planning to staff in Casework Services, Clinic Treatment, Diversion Treatment and Home-Based Units.

Support Units

Intake Registration and Clerical Services Unit

The **Intake Registration and Clerical Services Unit** is the point of registration for all consumers who are seen at the Clinic. This unit works diligently to balance the needs of the Court and the consumers it refers with the availability of Clinic resources. The process begins when the Unit receives notification from a jurist that services are being requested for a consumer. This Unit registers all consumers receiving Clinic services, schedules all appointments for assessment units and the initial assessment for case management units. In addition program information is provided to the youth and their families regarding the services they will be receiving.

The Clinic also depends on the assistance of several clerical staff and Administrative Assistants. These individuals ensure that all files are opened and closed in the Clinic's computer system and assist with the Clinic's continued compliance with HIPPA. Additionally, clerical staff assist with issues related to building operations. Through their dedication they guarantee that our services and the operation of the buildings run smoothly.

The Quality Improvement Unit (QI)

The **Quality Improvement Unit (QI)** focuses on ensuring that the Clinic's records are in accordance with state, funding and accrediting guidelines. The QI unit has formed a QI Committee that includes representatives from each of the units within the Clinic. The goal of this committee is to discuss, review and implement changes, when necessary, to maintain compliance within the Clinic. Six (6) committee meetings were held in 2011.

Quality Improvement completed 332 utilization and quality reviews in 2011. Records from each service delivery unit were reviewed quarterly. In general, 2 files per staff were reviewed each quarter. Both quality and utilization reviews will continue to be completed by QI staff in 2011. In addition, there were 932 claims reviewed via the Claims Verification Audit, to ensure that services were provided and billed in the scope and amount as indicated on the consumer's Individual Plan of Service.

The QI Unit conducted training in the following areas in 2011: CAFAS, Billing/SALs, Limited English Proficiency, and Corporate Compliance. In addition trainings were scheduled either via guest speakers, Clinic Staff or case presentations.

REFERRAL COMPARISON
2008-2011

Type of Referral/Unit		2008	2009	2010	2011
Family Assessment for Protective Hearings (FAU)		861	826	894	586
Delinquency Hearings (CAAU or JSAU) * Total of 7 types of cases listed in this section		893*	731*	770*	1024*
	Psychological Testing (CAAU)	339	143	215	280
	Psychosocial Assessment (JSAU)	144	95	177	412
	Blended Psychological Testing/ Psychosocial Assessment (CAAU/JSAU) *This type of assessment was discontinued in 2011	330	437	333	238
	Psychiatric Assessment (CAAU)	5	6	1	6
	Competency Only (CAAU)	21	15	12	2
	Competency and Criminal Responsibility (CAAU)	47	31	32	68
	Criminal Responsibility Only (CAAU)	7	4	0	2
	STAND Psychological Assessment		--	--	16
Guardianships (JSAU)		16	22	10	5
Diversion Treatment Unit (Case Management)		--	--	--	75
Case Management (CWS)		443	415	461	497
Medication Management (MED)		--	--	94	138
Treatment (CTU)		349	398	297	333
Home-Based (HBU)		--	75	50	59

2011 Consumer Demographic/Diagnostic Information

Ethnicity New Referrals		
African American	1580	74.56%
Caucasian	425	20.06%
Hispanic	28	1.32%
Multi-racial	32	1.51%
Arab/Chaldean	21	0.99%
Native American	3	0.14%
Asian	2	0.09%
Other	7	0.33%
Unknown	21	0.99%
Total	**2119**	100%

Income New Referrals		
$0-10,000	1423	67.15%
$10,001-20,000	355	16.75%
$20,001-30,000	194	9.16%
$30,001-40,000	67	3.16%
$40,001-50,000	27	1.27%
$50,001-60,000	21	0.99%
$60,001-70,000	8	0.38%
$70,001-80,000	10	0.47%
$80,001-90,000	4	0.19%
$90,001-100,000	4	0.19%
Over $100,000	6	0.28%
Total	**2119**	100%

Gender New Referrals		
Male	1318	62.20%
Female	799	37.71%
Not Entered	2	0.09%
Total	**2119**	100%

Residence New Referrals		
Detroit	1335	63.00%
Out-County	784	37.00%
Total	**2119**	100%

Consumers Served by Insurance		
Medicaid & MI-Child	1717	78.40%
Other Insurance	124	5.66%
None	147	6.71%
Unknown	202	9.22%
Total	**2190**	100%

Registrations New Referrals		
In-Person	984	46.44%
Paper	1135	53.56%
Total	**2119**	100%

Diagnoses Analysis		
Dianostic Category	**Numbers**	**Percentages**
Conduct/Oppositional Disorders	841	47.97%
Mood Disorders	234	13.35%
Anxiety Disorders	46	2.62%
Impulse Control Disorders	13	0.74%
Adjustment Disorders	52	2.97%
V Codes	225	12.84%
Other Disorders	342	19.51%
Total	**1753**	100.00%

Focus Group Results

In 2011, three consumer focus groups were held. All three groups were comprised primarily of youth parents from the Clinic's SAIT groups. In addition, one group had youth involved in a Trauma group and the other had parents and youth reporting to the Status Offenders Unit. In total there were 14 adults and 16 youth who participated. All groups reflected positive impressions of the programs provided by the Clinic. They also offered suggestions on how services might be improved, and additional services they would like to see. The suggestions will be reviewed and, where possible, incorporated into Clinic services.

Follow-up Surveys

Follow-up telephone surveys are completed monthly by Quality Improvement staff. Attempts are made 30 days post termination to contact all cases closed in the Clinic Treatment, Casework Services, Diversion Treatment, and Home-Based Units. (Please see page 16 for overall results.)

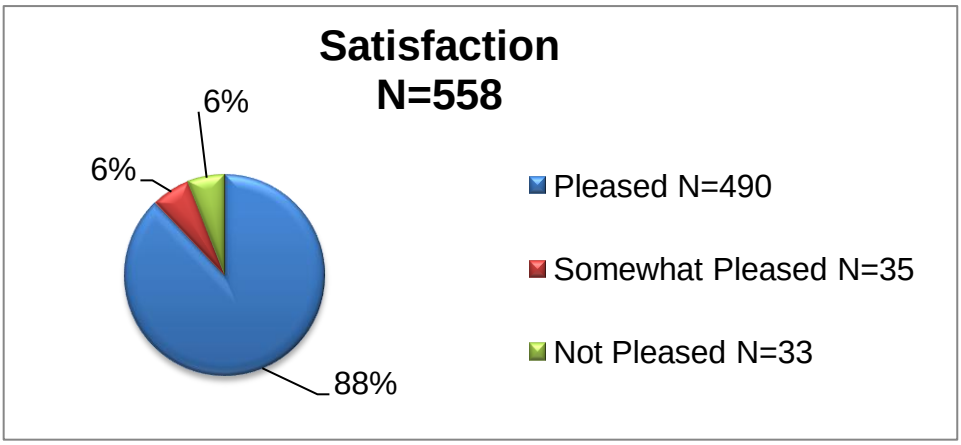
Recipient Rights Complaints Results

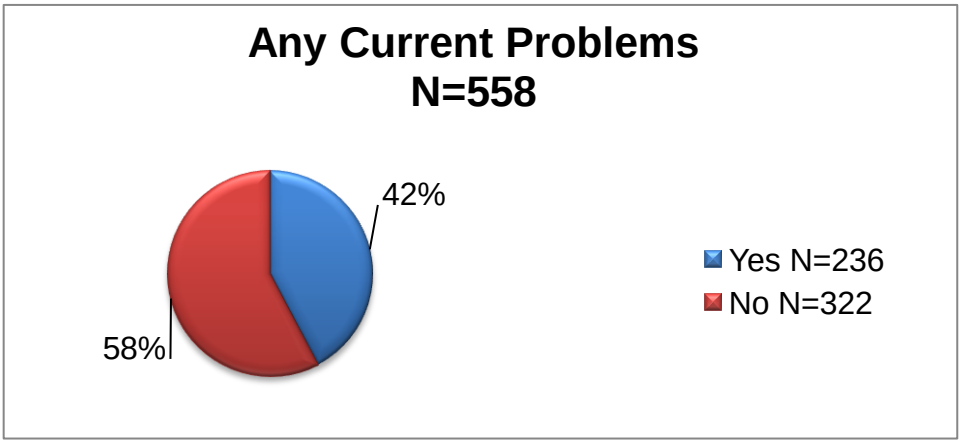
As Recipient Rights complaints are now investigated by D-WCCMHA it is unclear as to the number they may have received in 2011. There were no instances where the Clinic was asked to provide remedial action in 2011.

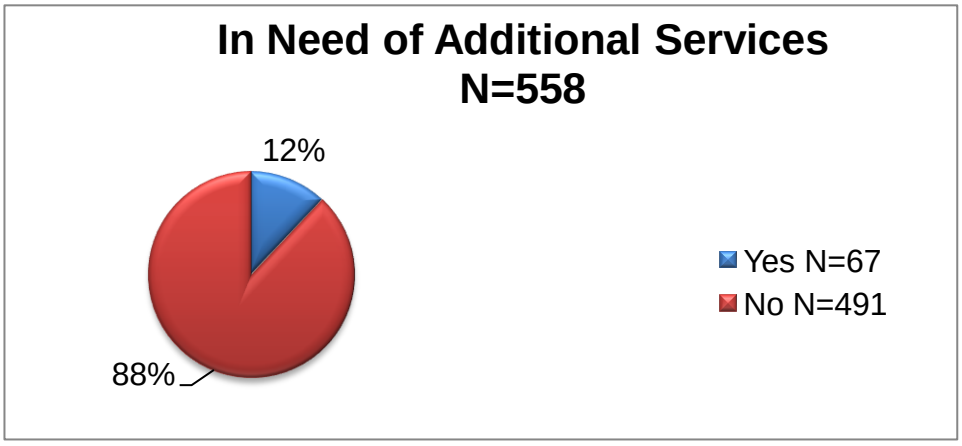
Satisfaction Survey Results

The QI department regularly assesses consumer satisfaction through written surveys offered to all consumers. A total of 651 consumers completed surveys in 2011. There were 567 MI-Child surveys received, with a positive response percentage range of 86.8% to 97.7% across all questions. There were 84 MI-Adult surveys received, with a positive response percentage range of 86.9% to 100% across all questions. All items will be explored during the next year to see if there is a way to improve in these areas. (Please see pages 17 and 18 for results on all questions.)

2011 Follow-up Survey Results
CTU/CWS/DTU/HBU

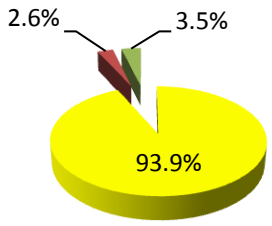




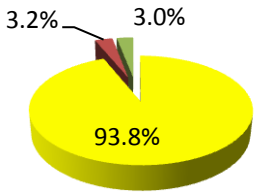


MI-Child Client Satisfaction Survey 2011 Results
(567 Surveys Collected)

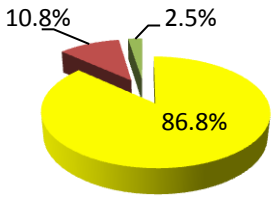
1. It was easy to get help when I needed it.



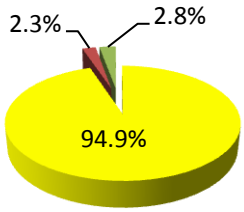
2. I was seen in a timely manner or someone explained why.



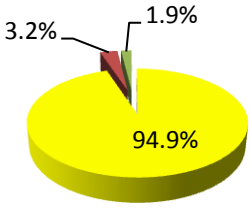
3. I would tell anybody that needed help to come here.



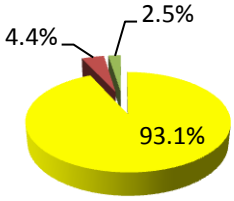
4. They kept what I said private.



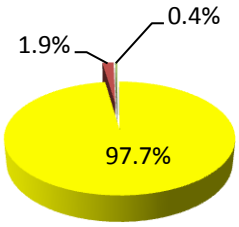
5a. The person I saw discussed my needs, wants and desires.



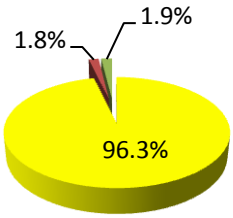
5b. They helped me get what I wanted.



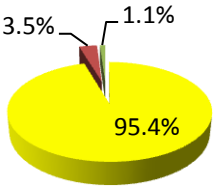
6. Everyone here was polite to me.



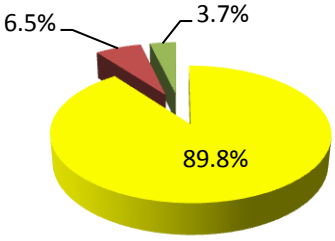
7. When I asked for a referral, I got it.

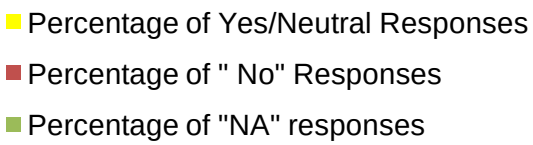


8. I feel safe in this environment.



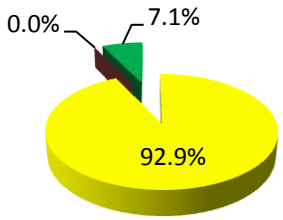
9. I felt better about myself after coming here.



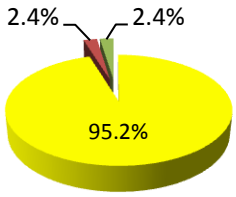


MI-Adult Client Satisfaction Survey 2011 Results
(84 Surveys Collected)

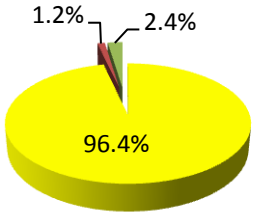
1. It was easy to get the services that I thought I needed.



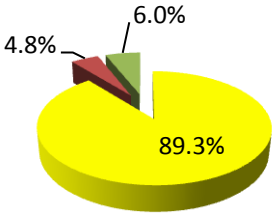
2. I was seen in a timely manner or someone explained why.



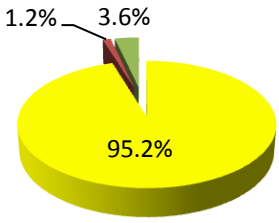
3. I would tell anybody that needed help to come here.



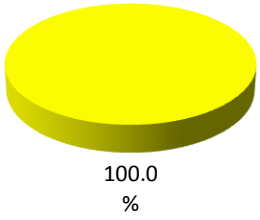
4. They kept what I said private.



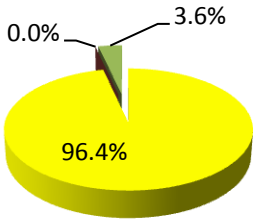
5. The person I saw discussed my needs, wants and desires.



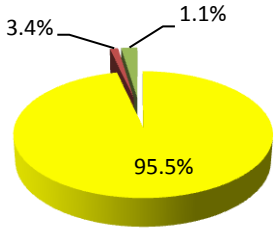
6. Everyone here was polite to me.



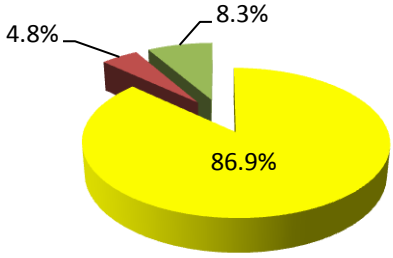
7. They helped me get what I wanted.



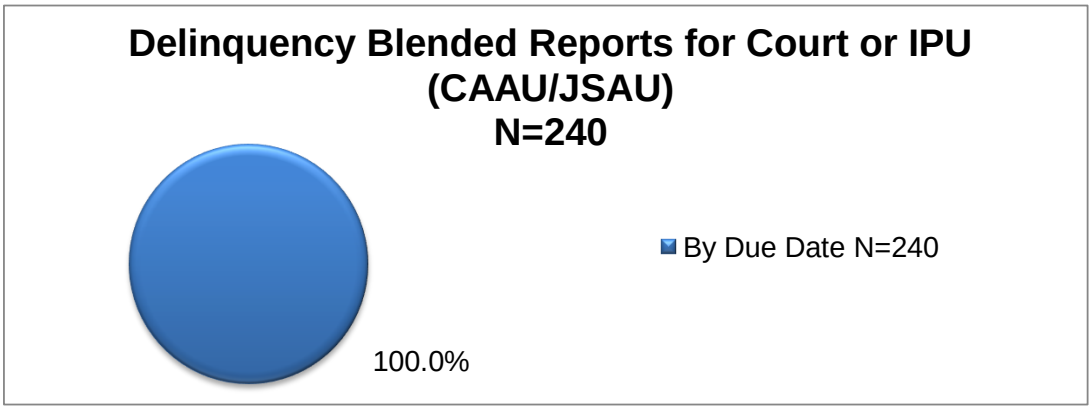
8. I feel safe in this environment.

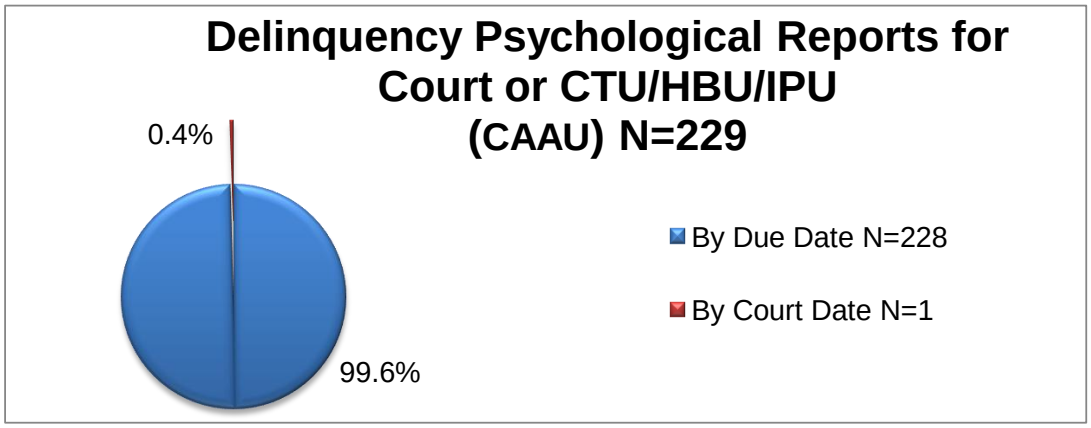


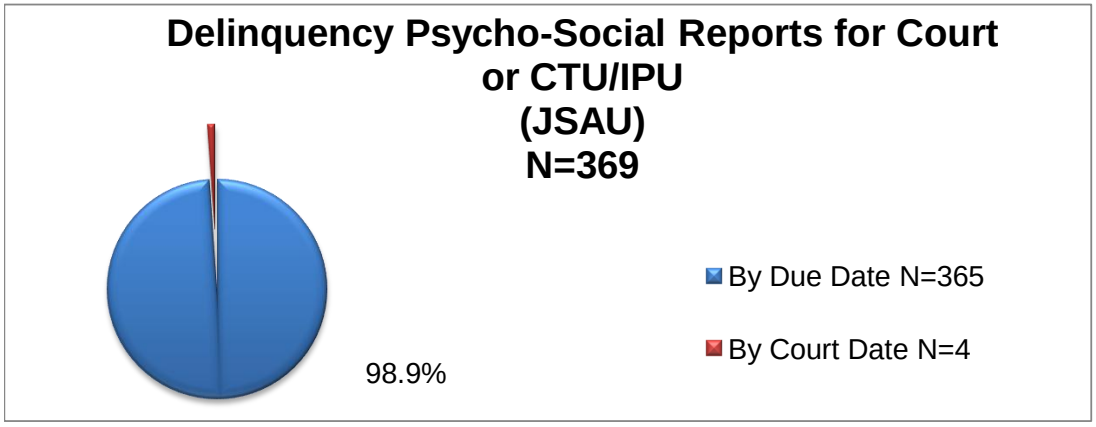
9. I felt better about myself after coming here.

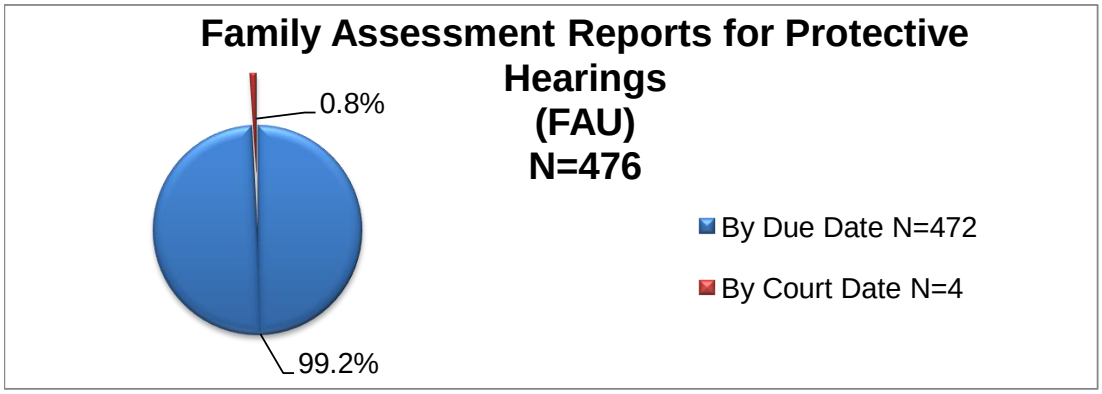


2011 Assessment Report Timeliness

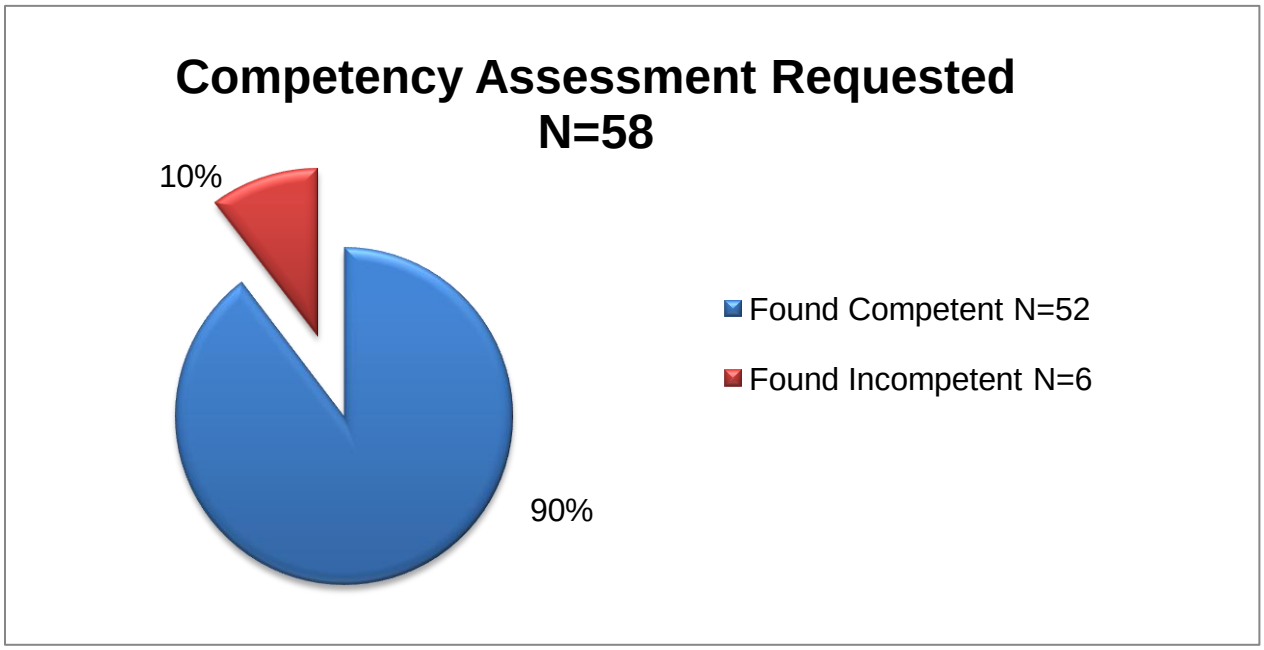


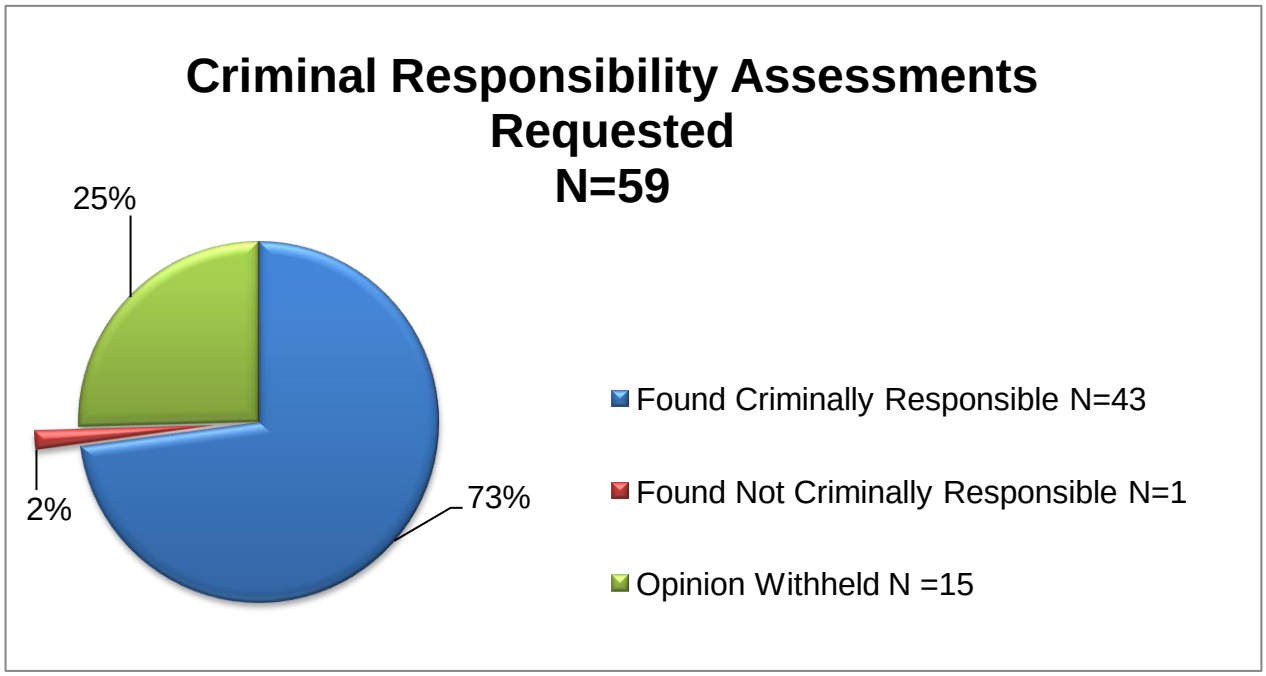






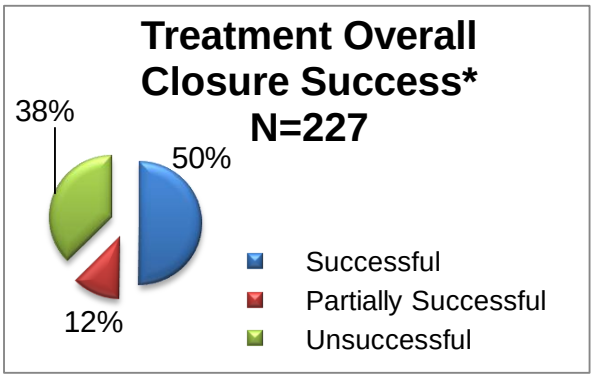
2011 Specialized Assessment Results

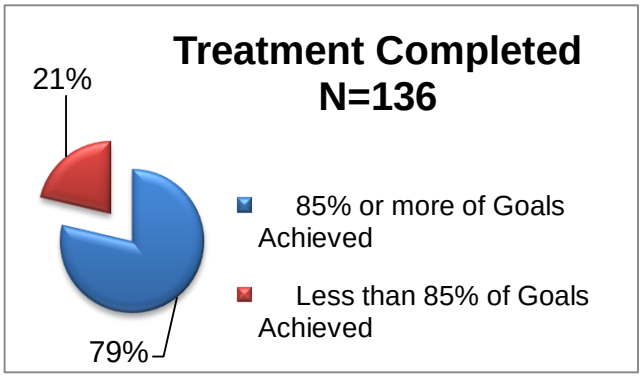




2011 Clinic Treatment Unit and Home-Based Unit Results

Total Number of Children Served by the Clinic Treatment Unit	473
Total Clinic Treatment Cases Closed with Contact	227
Successful	114
Partially Successful	28
Unsuccessful	85
Cases Closed that Completed Treatment	136
85% or more of Goals Achieved	107
Less than 85% of Goals Achieved	29
Cases Closed That Failed to Complete Treatment	91



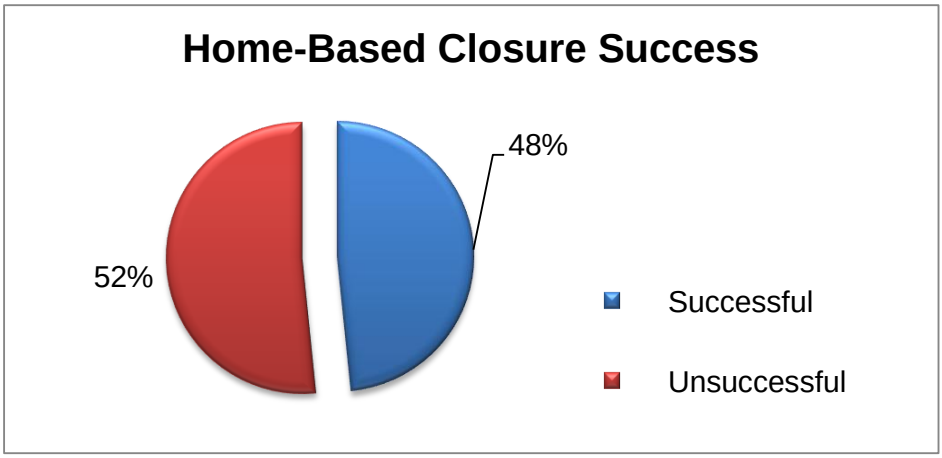


*This chart includes consumers who terminated treatment prematurely

Total Number of Children Served By the Home-Based Unit	46

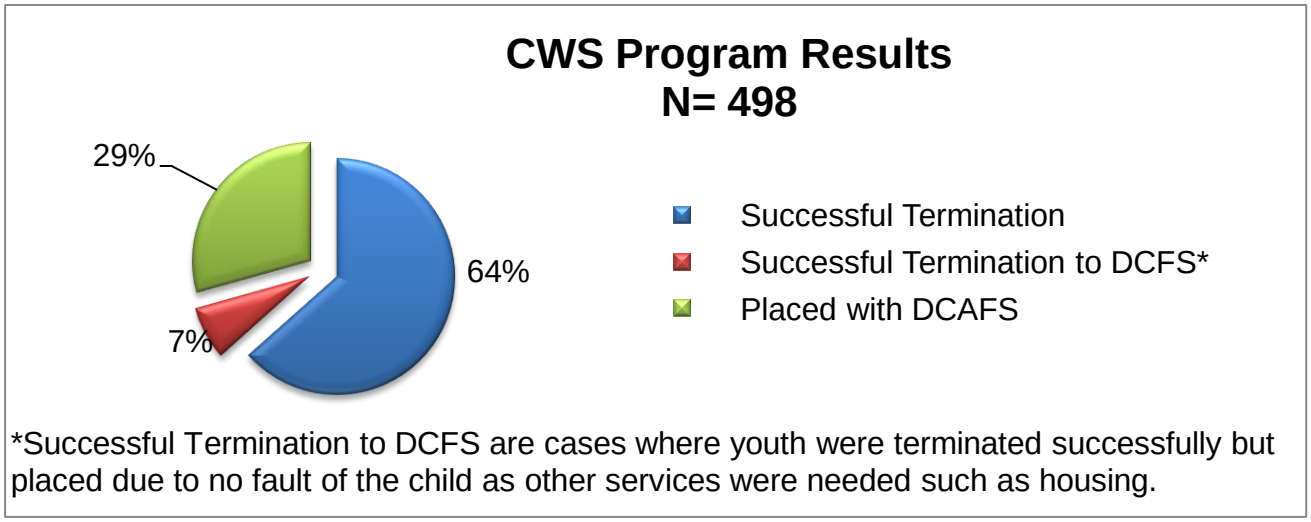
Referrals to HBU tend to be those cases that are already heading for placement when referred to HBU.

Total HBU Cases Closed with Contact	62
Successful	30
Unsuccessful	32



2011 Case Management Outcome Results

Total Number of children in Casework Services in 2011	782
Casework Services Closed Cases	498
Successful Termination	316
Successful Termination to DCFS*	36
Placed with DCAFS	146

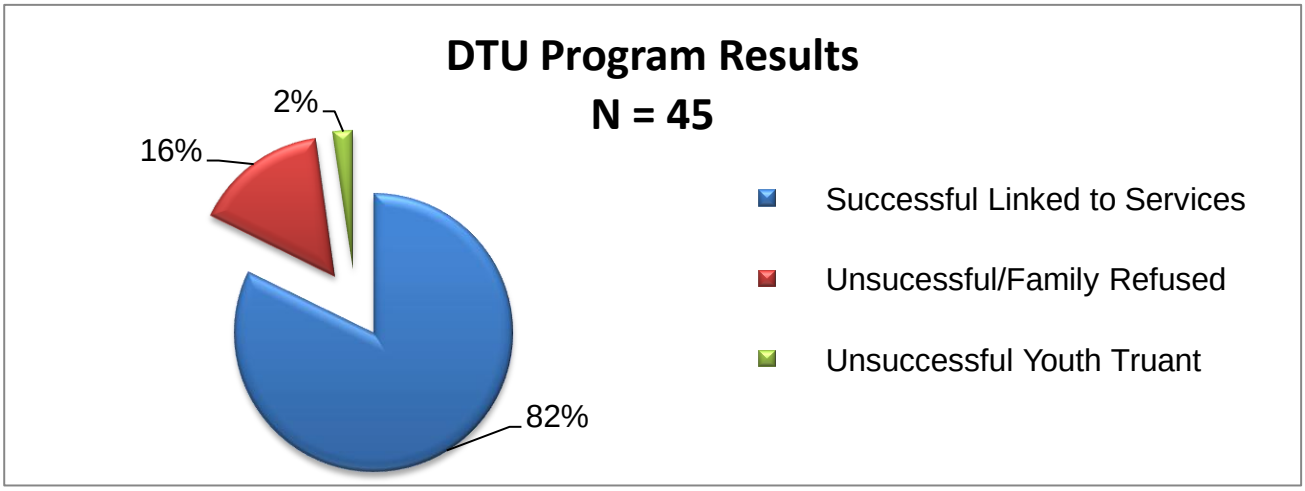


*Successful Termination to DCFS are cases where youth were terminated successfully but placed due to no fault of the child as other services were needed such as housing.

Termination Review of Successful CWS Closures for 2010

Successful Terminations in CWS in 2010	265	
No further Juvenile Charges as of end 2011	259	**97.7%**
Subsequent placement with DCAFS	0	0.0%
Returned to IPU	6	2.3%

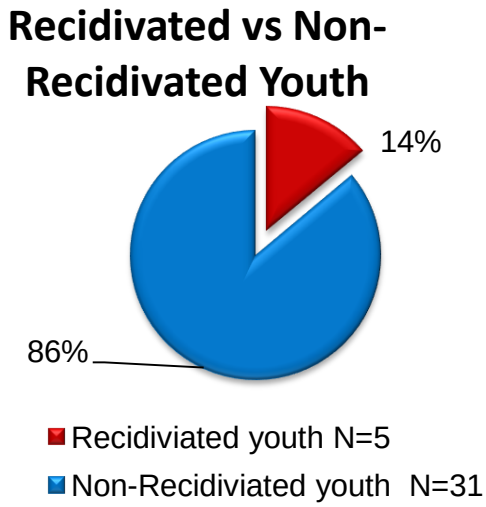
Total Number of children in Diversion Treatment Unit	75
Diversion Treatment Unit Closed Cases	45
Successful Linked to Services	37
Unsucessful/Family Refused	7
Unsuccessful Youth Truant	1

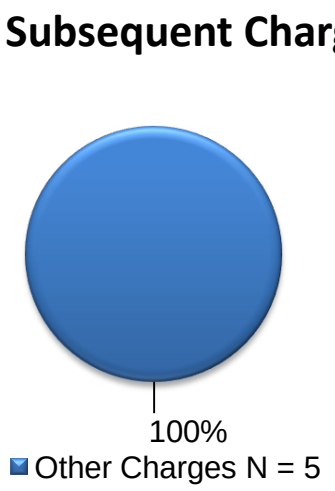


2011 Post Treatment Recidivism Rates for Youth Who Have Completed SAIT

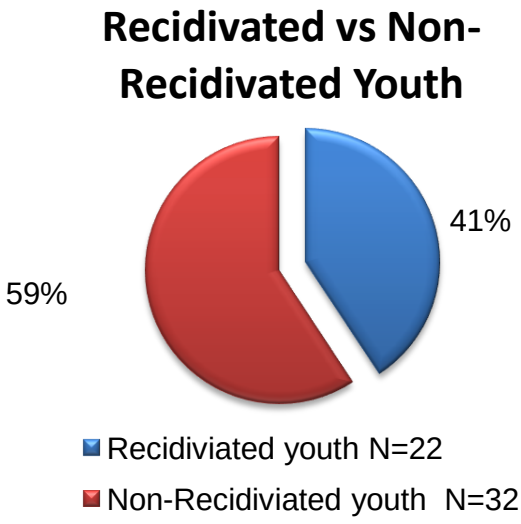
One-year and three follow-up studies were completed for youth who finished SAIT services in 2010 and 2008. The purpose of this study was to determine if any SAIT youth had sexually re-offended after completing SAIT. The legal activities of these youth were examined by means of checking The Internet Criminal History Access Tool (ICHAT) computer system.

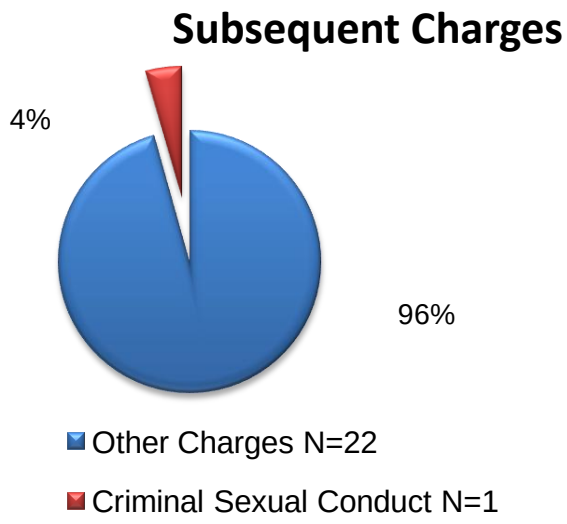
A total of 35 youth completed SAIT services in **2010**. Out of these 35 youth who completed SAIT, there were a total of 5 youth who had subsequent criminal offenses. Of the 5 youth who committed futher criminal activity, none were charged with a subsequent sexual offense. The 5 youth were found to have committed assaults, possession of marijuana and retail fraud.



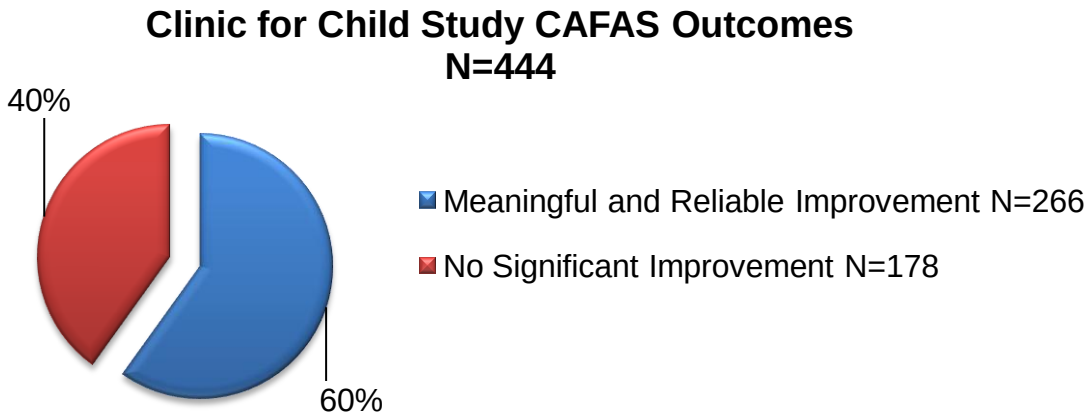


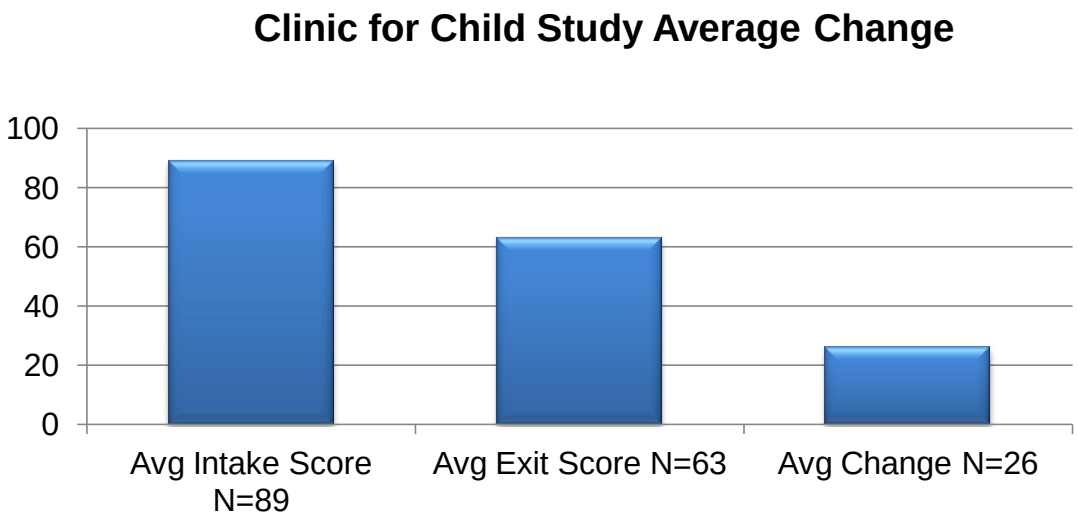
Of the 54 youth who completed SAIT services in **2008**, the majority of the treatment participants, 22 (59%), did not recidivate in any category three-year post treatment, while 22 youth (41%) did recidivate. For those 22 youth who recidivated, 1 youth was subsequently charged with a sex offense. The offenses committed ranged from drugs, domestic violence, retail fraud and assault.





2011 CAFAS Outcome Data
(Child and Adolescent Functional Assessment Scale)





Significant Statistical Outcome on the CAFAS = Improvement on at least 1 of the following outcome indicators:

1. 20 points or more improvement from intake to last CAFAS
2. Severe impairment(s) at intake, no severe impairments on last CAFAS
3. No longer meet criteria for Pervasively Behaviorally Impaired (PBI). PBI criteria is defined as severely or moderately impaired on three CAFAS subscales: School, Home, and Behavior Toward Others.

ACCOMPLISHMENTS FOR 2011

- Assist jurist at dispositional hearings of juveniles by providing court reports within 28 days of referral, 99% of time.
  In 2011, 833 out of 838 or 99.4% of reports were completed by the due date (48 hours in advance of Court date). In addition, 5 of 657 or 0.6% were completed by the Court date. (The above numbers include all reports completed not just those completed for Court hearings.)

- Assist jurists at the dispositional phase of protective hearings by providing court reports within 28 days of referral, 99% of the time.
  In 2011, 472 of 476 or 99.2% of reports were completed 48 hours in advance of the Court date. In addition, 4 of the 476 or 0.8% were completed by the Court date.

- Terminate or dismiss successfully 67% of the youth in Casework Services (case management) by providing referral assistance, counseling, and crisis intervention to the child and family.
  In 2011, there were a total 782 children who received case management services from the Casework Services Unit. Of the 498 cases closed in 2011, 316 or 64% were terminated successfully. An additional 36 or 7% were terminated successfully to the Department of Children and Family Services for additional services, i.e., housing needs.

- Close successfully 65% of youth who participate in treatment services as defined by youth who achieve 70% or more of clinical treatment goals whether or not treatment is completed.
  There were 327 cases closed in 2011, of which 100 had no contact with the clinician. Of the remaining 227 cases closed, where the client was seen, 114 or 50% were closed 100% successfully, 28 or 12% were closed with partial achievement of goals. The remaining 85 or 38% were unsuccessful closures. The overall rate of success for the closed cases (142) was 63% in that these youth completed 70%-100% of their goals. These closures include consumers who completed treatment as well as those who terminated prematurely. There were 136 youth who completed treatment in 2011, of which 107 or 79% of these youth successfully completed 85% or more of their treatment goals.

- Close successfully 65% of youth who participate in Home-Based services.
  In 2011 a total of 62 cases were closed with the provision of service, of which 30 or 48% were closed successfully. Often times youth are referred to the Home-Based Unit as a last chance prior to placement.

- Divert and handle unofficially 80% of those youth referred to the Court for home truancy, school truancy, and incorrigibility by providing referral information, counseling, mediation, and crisis intervention to the child and family.
  In 2011, the Status Offenders Unit serviced 581 consumers, of these 465 or 80% were diverted or handled unofficially. It should be noted that the Status Offenders Unit was converted to the Diversion Treatment Unit during the last quarter of 2011.

- Ensure positive consumer relations by successful and timely resolution of all complaints filed.
  The Clinic no longer investigates Recipient Rights complaints. However, any non Recipient Rights complaints filed were handled timely and appropriately.

- Ensure CMH funding by maintaining compliance with changes in Federal and State rules and accreditation requirement regarding service delivery, financing, billing, reporting, and data management.
  Throughout 2011 files were reviewed for compliance with some changes needed. Policies were updated to maintain compliance with requirements.

- Achieve positive CAFAS outcomes for 70% of clients at closing in Casework Services, Diversion, Treatment and Home-Based through one of the following: reduction of overall CAFAS score by at least 20 points, no severe impairments, (when severe impairment was present at Intake), or no longer meet criteria for Pervasively Behaviorally Impaired (PBI). PBI criteria is defined as severely or moderately impaired on three CAFAS subscales: School, Home, and Behavior Toward Others.
  In 2011, 266 of 444 or 60% of all cases closed on the CAFAS computer system were closed successfully.

- Achieve and maintain integration of consumer's Individual Plan of Service when consumers are serviced by more than one unit within the Clinic.
  Progress has been made on this goal; however, further integration of services is needed

- Meet D-WCCMHA requirement that 95% of Consumers are to be seen for their first appointment within 14 days of referral.
  This goal has been very difficult to measure due to the Clinic's computer system.

- Ensure that all clinical staff receives 24 hours of child-focused clinical training as well as cultural competency training within the calendar year by scheduling at least 24 hours of mandatory in-house training, which may include speakers, videos and articles.

All required clinical CMH staff met the 24-hour child-focused clinical training requirement.

- Ensure staff training in Comprehensive Continuous Integrated System of Care (CCISC) model for co-occurring disorders per D-WCCMHA guidelines.
  In 2011 there were 10 trainings related to co-occurring disorders held in the community that staff attended.

- Improve existing programs by examining their effectiveness/efficiency and making changes to enhance service delivery.
  In 2011 several meetings were held in attempts to increase effectiveness and efficiency.

- Maintain BSFT fidelity through the University of Miami within the Treatment and Home-Based Units.
  The Clinic Treatment and Home-Based Units continued to work with the University of Miami to ensure fidelity of the BSFT model. At times there have been conflicts between MDCH mandates and the modality.

ADDITIONAL GOALS

- Explore the feasibility of offering free psychiatric medication to Clinic consumers who are receiving prescriptions and monitoring from the Clinic's psychiatrist. This is contingent upon the Court's willingness to access indigent programs offered through pharmaceutical companies.
  This goal was not achieved and will continue into 2011.

- Locate and establish an Out-County site where the Clinic can provide services to youth and families who reside outside of the city of Detroit.
  There continues to be discussion on this goal; however, there seems to be multiple obstacles to locating an ongoing out-county site.

- Explore implementation of a trauma-focused evidence-based therapy model.
  The Clinic began participation with the National Institute for Trauma and Loss in Children (TLC) in their "Restoring Resiliency in Adjudicated Youth Exposed to Trauma" grant provided by the Flynn Foundation. Trainings were held for all staff in anticipation of beginning Trauma focused groups.

- Continue implementation of overall changes to the Clinic to ensure compliance with Medicaid funding only from D-WCCMHA.
  Throughout 2011 the Clinic continued to adjust to servicing an all Medicaid population. This transition was a lengthy one; however, by the end of 2011 all challenges had been addressed.

- Seek additional funding for non-Medicaid consumers in Family Assessment and Status Offender Units.
  Funding was secured from Department of Human Services to facilitate the payment for Family Assessments. In addition this unit began completing STAND assessments as a means to fully fund itself. It was determine in the 2nd half of 2011 to convert the Status Offenders Unit into a case management unit and thus the Diversion Treatment Unit was created.

GOALS FOR 2012

- Assist jurist at dispositional hearings of juveniles by providing court reports within 28 days of referral, 99% of time.

- Assist jurists at the dispositional phase of protective hearings by providing court reports within 28 days of referral, 99% of the time.

- Terminate or dismiss successfully 67% of the youth in Casework Services (case management) by providing referral assistance, counseling, and crisis intervention to the child and family.

- Close successfully 65% of youth who participate in treatment services as defined by youth who achieve 70% or more of clinical treatment goals whether or not treatment is completed.

- Close successfully 65% of youth who participate in Home-Based services.

- Successfully link 75% of youth from the Diversion docket to needed services in the community.

- Ensure positive consumer relations by successful and timely resolution of all complaints filed.

- Ensure CMH funding by maintaining compliance with changes in Federal/State and accreditation requirements regarding service delivery, financing, billing, reporting, and data management.

- Achieve positive CAFAS outcomes for 70% of clients at closing in Casework Services, Diversion, Treatment and Home-Based through one of the following: reduction of overall CAFAS score by at least 20 points, no severe impairments, (when severe impairment was present at Intake), or no longer meet criteria for Pervasively Behaviorally Impaired (PBI). PBI criteria is defined as severely or moderately impaired on three CAFAS subscales: School, Home, and Behavior Toward Others.

- Achieve and maintain integration of consumer's Family-Centered Plan of Service when consumers are serviced by more than one unit within the Clinic.

- Meet D-WCCMHA requirement that 95% of Consumers are to be seen for their first appointment within 14 days of referral.

- Ensure that all clinical staff receives 24 hours of child-focused clinical training as well as cultural competency training within the calendar year by scheduling at least 24 hours of mandatory in-house training, which may include speakers, videos and articles.

- Ensure staff training in Comprehensive Continuous Integrated System of Care (CCISC) model for co-occurring disorders per D-WCCMHA guidelines.

- Provide a consistent (of the highest standard)/effective/efficient product in each unit within the Clinic.

- Maintain BSFT fidelity through the University of Miami within the Treatment and Home-Based Units.

- Develop/improve marketing of the Clinic's services, including creating a marketing strategy within the Court and community as a whole.

- Develop better working relationships with Detroit Public Schools.

- Explore feasibility of the Clinic becoming a Children's Forensic Center.

- Implement trauma-focused evidence-based therapy model through TLC, Inc.

- Explore and develop therapeutic groups based on population needs.

- Explore the feasibility of offering free psychiatric medication to Clinic consumers who are receiving prescriptions and monitoring from the Clinic's psychiatrist. This is contingent upon the Court's willingness to access indigent programs offered through pharmaceutical companies.

- Locate and establish an Out-County site where the Clinic can provide services to youth and families who reside outside of the city of Detroit.

- Renew and implement the contract with Department of Human Services to provide outpatient treatment services to children and parents involved in abuse/neglect cases.

- Explore options, secure funding and begin the process of implementing an electronic medical record to meet the 1/1/15 Federal mandate.

Annual Training
January 1, 2011 through December 31, 2011

Key: WPV =Work Place Violence, CD=Cultural Diversity, RR=Receipent Rights, COD=Co-Occurring Disorders PCP=Person Centered Planning, UP/IR=Universal Precautions/Incident Reporting, CI=Crisis Intervention

Date of Training	Title of Training	Presenter	Hours	Type of Training
1/18/11	PO Topics: Tether, JAIS, Petitions, Writs	Glenn Momeyer, MS, LBSW	2	PO
1/21/11	Compulsive Gambling and Substance Abuse: Similarities and Differences	LaNeice Jones, LMSW and Michael Burke, JD	2.5	SA
1/24/11	Case Presentation	Kai Anderson, MD	1	Clinical-Child
1/24/11	CAFAS Software	Glenn Momeyer, MS, LBSW, Michelle Milligan, MSW, LMSW	1	Clinical-Child
1/25/11	Harvard Mental Health Journal, Volume 27 # 6 - Augmentation Strategies for Depression	Article	1	Clinical
1/26/11	Suicide Prevention Online Training-Planning & Evaluating for Youth Suicide Prevention	Suicide Prevention Resource Center Training Institute	15	Clinical-Child/CI
2/7/11	Case Presentation	Leathe Dantzler, MS, LLP	1	Clinical-Child
2/10/11	Trauma Learning Series: Domestic Violence and Sexual Assault with Teens	Kelly Warner, LMSW, TLC Institute Consultant, Supervisor and Certified Trauma Trainer	3	Clinical-Child
2/10/11	BSFT Booster Training	Monica Zarate - University of Miami, Center for Family Studies	8	Clinical-Child
2/11/11	BSFT Booster Training	Monica Zarate - University of Miami, Center for Family Studies	8	Clinical-Child
2/14/11	Change Agent Quarterly Meeting	Kenneth Minkoff, MD and Christie Cline, MD, MBA	4	COD
2/14/11	Off The Streets/Transitional Liviing Program for Homeless Youth	Darlene Stewart	1.5	Clinical-Child
2/17/11	Children's Mental Health Grand Rounds "How to Teswtify and Write Court Reports on Behalf of Children"	TaNisha Reed, JD, MSW	2	Clinical-Child
2/17/11	BSFT Supervision/Peer Supervision	Monica Zarate - University of Miami, Center for Family Studies	1	Clinical-Child

Annual Training
January 1, 2011 through December 31, 2011

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Date of Training	Title of Training	Presenter	Hours	Type of Training
3/2/11	Change Agent Meeting-Transforming Lives: systems Transformation for Consumerswith Co-Occurring Mental & Substance Use Disorders	Kenneth Minkoff, MD and Christie Cline, MD, MBA	5	COD
3/2/11	Annual Juvenile Firesetting Seminar	Robert Crandall, Karla Klas, BSN, RN, CCRP, Sgt. Paul Zipper, Trooper Bob McCarthy	11	Clinical-Child
3/4/11	Testifying in Court	Cynthia Sherburn, BA, JD - Legal Counsel, Family Division	2	Clinical-Child
3/7/11	Case Presentation	Terian Daily, MSW, LMSW	1	Clinical-Child
3/7/11	3rd Annual Problem Gambling Symposium	Michigan Institure for Prevention and Treatment Education	6	Clinical
3/10/11	LifeSkills Facilitator Training	LifeSkills On-Line	6	Clinical-Child
3/14/11	Parenting With Calm During The Storm: A Story of Love & Hope	Cassandra Joubert, ScD	2	Clinical-Child
3/14/11	Detroit Adolescent Gangs	Donovan Davis, Agent - ATF	2	Clinical-Child
3/14/11	Limited English Proficiency	Michelle Milligan, MSW, LMSW	0.5	LEP
3/16/11	Boys Adrift - Lecture	Leonard Sax, MD, PhD	3	Clinical-Child
3/17/11	Crisis Intervention and Assessment Skills for working with children	Donna Smith, MA, LLP	2	Clinical-Child/CI
3/21/11	Ethics and Pain Management	Michelle Duprey, LMSW & Sheria robinson, RN, MSN, MHS, CHPN	6	Ethics/Pain
3/23/11	Generation Wired: Social Networking and Engaging Youth in Suicide Prevention	Well Aware Webinar	1.5	Clinical-Child/CI
3/28/11	Co-Occurring Series: Motivational Interviewing - Part 1	Claudette Jefferson, ACSW, LMSW, BCD	2	Clinical-Child/COD

Annual Training
January 1, 2011 through December 31, 2011

Key: WPV =Work Place Violence, CD=Cultural Diversity, RR=Receipent Rights, COD=Co-Occurring Disorders PCP=Person Centered Planning, UP/IR=Universal Precautions/Incident Reporting, CI=Crisis Intervention

Date of Training	Title of Training	Presenter	Hours	Type of Training
3/29/11	Cyberbullying and Suicide: What Schools Must Do to Protect Students and Districts	Well Aware Webinar	1.5	Clinical-Child/CI
4/4/11	Case Presentation	Okey Eanes, III, MSW, LMSW	1	Clinical-Child
4/7/11	Trauma Learning Series: Support Children with Special Needs Following Grief and Trauma	Caelan Kuban, LMSW, TLC Program Director and Certified Trauma Trainer	3	Clinical-Child
4/7/11	NASW Michigan Annual Conference (2 days 4/7 & 4/8/11)	Various conference presenters	14	Clinical-Child
4/11/11	Ethics and Pain Management	Michelle Duprey, LMSW and Sheria Robinson, RN, MSN, MHA, CHN	6	Ethics/Pain
4/11/11	Co-Occurring Series: Motivational Interviewing - Part 2	Claudette Jefferson, ACSW, LMSW, BCD	2	Clinical-Child/COD
4/14/11	6th Annual Community Leadership Breakfast (Child Abuse & Neglect)	Judge Judy Hartsfield, Margaret Warner	2.5	Clinical-Child
4/18/11	Adolescent Opiate Overdose Prevention	Pam Lynch, RN	2	Clinical-Child/COD
4/25/11	3rd Annual Statewide Conference on Integrated Services for Individuals with Co-Occurring Disorders	MACMHB	4.5	COD
4/25/11	Billing and Other Audit Items	Michelle Milligan, MSW, LMSW, Glenn Momeyer, MS, LBSW	2	Billing/Documentation
4/29/11	Arthritis, Backache, & Bone Disease	R. S. Hullon, MD, JD	6	Clinical
5/1/11	D-WCCMHA HIPPA Online Training - 2011 (Staff completed between 5/1/11 and 12/31/11)	VCE Online	2.5	HIPAA
5/1/11	D-WCCMHA Medicaid Fair Hearings Online Training - 2011 (Staff completed between 5/1/11 and 12/31/11)	VCE Online	1	Medicaid
5/2/11	Case Presentation	Sharon Foster PhD, LP (Shannon Conz, MA, LLP, Holly Moreland, BSW, LBSW, Amori Robinson, PhD, LP	1	Clinical-Child
5/2/11	Alternative Interventions Methods AIM Advantage Program for Youths in 4th thru 8th grade	Patricia Ballard & Fred Brunette	1.25	Clinical-Child

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Date of Training	Title of Training	Presenter	Hours	Type of Training
5/3/11	Cultural Competency: Working with LGBTQ Youth (2011)	VCE Online training	1.5	Clinical-Child/CD
5/5/11	Impact of Child Trauma on Sensory Processing (2011)	VCE Online	3	Clinical-Child
5/5/11	Gender Variance and Gender Expression in Children: Understanding Through Education	Kim Pearson	2.5	Clinical-Child
5/6/11	Pediatric Traumatic Brain Injury (2011)	VCE Online	1.5	Clinical-Child
5/6/11	Play Therapy with Children (2011)	VCE Online	2	Clinical-Child
5/6/11	Adolescent Suicide Prevention Assessment and Intervention (2011)	VCE Online	2	Clinical-Child
5/7/11	The DSM System	Baker College	1	Clinical-Child
5/7/11	Home Visitation	Baker College	1	Clinical-Child
5/7/11	Family Support Stategies	Baker College	1	Clinical-Child
5/9/11	Co-Occurring Series: Motivational Interviewing - Part 1	Claudette Jefferson, ACSW, LMSW, BCD	2	Clinical-Child/COD
5/12/11	Gender Development in Children (2011)	VCE Online	2	Clinical-Child
5/12/11	Cultural Competency: Working with LGBTQ Youth (2011)	VCE Online	1.5	Clinical-Child/CD
5/13/11	Cognitive-Behavioral Treatment of Children & Adolescents (2011)	VCE Online	2	Clinical-Child
5/14/11	Building Grassroots Support for LGBT Issues through Sharing Research and Experiences	Michigan Psychological Association/Foundation	6	Clinical
5/16/11	Co-Occurring Series: Motivational Interviewing - Part 2	Claudette Jefferson, ACSW, LMSW, BCD	2	Clinical-Child/COD

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5/19/11	Asperger Syndrome in Children: What It Is, What It Isn't and How to Understand Those Who Live With It	Sandra McClennen, PhD	2	Clinical-Child
5/19/11	Ethical Issues in Child & Family Therapy (2011)	VCE Online	3	Clinical-Child/Ethics
5/19/11	CMHGR: Asperger's Syndrome, What It is, What It Isn't, and How to Understand the Youth Who Live With It	Sandra McClennen, PhD, LP	2	Clinical-Child
5/23/11	Limited English Proficiency/Emergency Preparedness/Corporate Compliance	Glenn Momeyer, MS, LBSW & Michelle Milligan, MSW, LMSW	2	LEP/Safety/Corp Comply
6/2/11	Trauma Learning Series: Working with Children and Youth with Eating Disorders and Trauma	Caelan Kuban, LMSW	3	Clinical-Child
6/6/11	New Center Community Services/Child and Adolescent Sevices - A Caring Place in the Neighborhood	Sue L Tyce, PhD, LPC	1.25	Clinical-Child
6/7/11	Stages of Change: A Motivational Approach	VCE Online	1	Clinical/COD
6/9/11	Problem Solving Communication Training with Defiant Adolescents	Arthur L. Robin, PhD, LP	3	Clinical-Child
6/13/11	Dealing with and Treating Adolescent Substance Abuse and Gambling	Wes Johnson MA, LPC, CAAC	2	Clinical-Child
6/16/11	CMHGR: Differential Diagnosis: How To Tell Whether It Is BiPolar, ADHD, RAD or PTSD	Don Spivak, MD	2	Clinical-Child
6/20/11	Crisis Intervention and Considreations of Diversity with Adolescents	Terrie Hylton, MA and Dorothy Spruill, LMSW	2	Clinical-Child
6/20/11	Detroit-Wayne County Change Agent Training	Kenneth Minkoff, MD and Christie A. Cline, MD, MBA	5	COD
6/27/11	What is Case Management Anyway?	Kelvin Banks, MA, LBSW and Glenn Momeyer MS, LBSW	2	Clinical/CM
7/8/11	Trauma and Comfort Plans	Tim Grabowski, Cynthia Brooks	4.5	Clinical
7/12/11	The Adolescent Brain	Jeffrey Georgi	5.5	Clinical-Child

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7/13/11	Kids and Families in the Juvenile System	Mary Hayek, LMSW, Michelle Hill, BSW, CTS and Tanya Anderson, MA, LLPC, CSDTC	5.5	Clinical-Child
7/13/11	Surviving Domestic and Dating Violence	Kelly Warner, LMSW	5.5	Clinical-Child
7/14/11	CAFAS: Train the Trainer (7/13/11 and 7/14/11)	Susan Sabin Ph.D.	16	Clinical-Child
7/19/11	Systems Transformation Learning Series: Skill Building in Recovery-Oriented Co-Occurring Disorders Services	David Mee-Lee, MD, MS	5	COD
7/19/11	Skill-Building in Recovery-Oriented Co-Occurring Disorders Services	David Mee-Lee MD, MS	5	COD
7/20/11	Recovery-Oriented Clinical Supervision	Michael E. Johnson, MSW, LMSW, Justice Quade Institute	6	Clinical
7/21/11	CMHGR: Stop the Bullying: Building Resiliency in Our LGTBQ Youth	Amorie Robinson, PhD & Brandon Dowdy	2	Clinical-Child
7/25/11	SPF/SIG Sustainability: Evidence-Based Practices	Kori White-Bissot	6	Clinical/COD/MCBAP
7/26/11	Abuse & Neglect: Reporting Requirements (2011)	VCE On-line	0.5	Clinical-Child
7/28/11	Anti-Harassment and Non-Discrimination Training for Leaders (2011)	VCE On-line	0.5	Supervision
8/2/11	STAND Program Seminar	Judge Sheila Gibson, Prosecuter Regan Woods, Prosecuter Danton Wilson, Referee David Perkins, Sylvia Thompson	1.25	Clinical-Child
8/4/11	American Psychological Association Annual Conference	Multiple Presenters	32	Conference
8/10/11	Family Division of the Circuit Court Certification for Juvenile Probation Officers and Caseworkers	Michigan Judicial Institutie	0	MJI
8/12/11	Assessing & Managing Suicide Risk: Clinical Core Competencies for Mental Health Professionals	Vanessa M. Lewis, LMSW	6.5	Clinical
8/17/11	Interdisciplinary Approaches to Pain Management (2011)	VCE On-line	1	PM

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Date of Training	Title of Training	Presenter	Hours	Type of Training
8/17/11	Corporate Compliance (2011)	VCE On-line	0.5	CC
8/18/11	Preteen and Adolescent Self Mutilation: Why Hurting Myself Helps	Gretchen Reeves, PhD, OTL	3	Clinical-Child
8/23/11	Home Based Retreat	Inspector Brian fountain, Amiee Nimeh, LMSW, Lacea Zawela, LLMSW, Connie Conklin, LMSW, Jennifer Stenteumis, MS,	5	Clinical-Child
8/25/11	Constructional ABA in Community-based Settings: History, Current Barriers and Practical Solutions	Psychsystems, P.C.	3.5	Clinical
8/30/11	Child Development and Attachment	Phyllis Myers, MSW	6	Clinical-Child
8/30/11	Harvard Mental Health Journal, Volume 27 # 4 - Violent Video Games and Young People	Article	1.5	Clinical-Child
9/1/11	Trauma Learning Series: Workng with School Age Childhood Trauma	Caelan Kuban, LMSW	3	Clinical-Child
9/1/11	BSFT Supervision/Peer Supervision	Monica Zarate - University of Miami, Center for Family Studies	1	Clinical-Child
9/6/11	Limited English Proficiency/Emergency Preparedness/Corporate Compliance	Glenn Momeyer, MS, LBSW & Michelle Milligan, MSW, LMSW	2	LEP/Safety/Corp Comply
9/6/11	Universal Precautions	Video	1	UP
9/7/11	Transforming Lives Systems Transformation for Consumers: Change Agent Training	Kenneth Minkoff, MD and Christie A. Cline, MD, MBA	5	COD
9/8/11	BSFT Supervision/Peer Supervision	Monica Zarate - University of Miami, Center for Family Studies	1	Clinical-Child
9/9/11	MI Response to Hate: 2011	Michigan Alliance Againse Hate Crimes and Michigan Department of Civil Rights	7.5	Clinical
9/13/11	12th Annual Substance Use Disorder Conference "TIME FOR CHANGE"	Michigan Dept. of Community Health and Developmental Diabilities Administration, Bureau of Substance Abuse and Addiction Services	12	Clinical-Child/COD/MCBAP

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9/15/11	CMHGR: Understanding How Community Concerns Impact the Work You Do with Children and Families	Avery Eenigenburg, BA and Kirsten Mack, LMSW	2	Clinical-Child
9/15/11	BSFT Supervision/Peer Supervision	Monica Zarate - University of Miami, Center for Family Studies	1	Clinical-Child
9/22/11	Adolescent Addiction and Recovery	Dale Yagiela	4	Clinical-Child/COD/MCBAP
9/22/11	BSFT Supervision/Peer Supervision	Monica Zarate - University of Miami, Center for Family Studies	1	Clinical-Child
9/23/11	Core Elements in the Culture of Recovery	Debbie Hanselman, LMSW, CAADC, ICAADC	5	Clinical
9/27/11	Cry for Help: Can Children Elementary-Age and Younger Really be Suicidal?	Cynthia R. Pfeffer, M.D.	1.5	Clinical-Child
9/28/11	Behavior Analysis Digest International, Volume 22 # 3, Fall 2010 - Abortion and Mental Health	Article	1	Clinical
9/28/11	Behavior Analysis Digest International, Volume 23 # 2, Summer 2011 - What to do When the Baby Cries and Cries? New Studies look into the matter, Want to Get Rid of Bullying? Then Reward Behavior That is	Article	1	Clinical-Child
9/28/11	Clinical Coaching Training-Comprehensive Continueous System, Integrated Care (CCISC)	Cardarrine Jenkins, LMSW, Okey P. Eanes III, LMSW	2	Clinical-Child
9/28/11	Systems Transformation Learning Series: In Pursuit of Inclusion: A Session on Stigma, Discrimination and the Behavioral Health Community	Rita Crooks, Med and Reanne Yuk Mui Lani Young, MA	3	COD
9/29/11	We Can! Regional Train-the-Trainer Training	Dustin Campbell	6.5	Clinical-Child
9/29/11	Adolescent Addiction and Recovery - Part II	Dale Yagiela	4	Clinical-Child/COD/MCBAP
9/29/11	BSFT Supervision/Peer Supervision	Monica Zarate - University of Miami, Center for Family Studies	1	Clinical-Child
10/3/11	Case Presentation	Cardarrine Jenkins, MSW, LMSW	1	Clinical-Child
10/3/11	SecureAlert Tether Training	Anthony Rubino and Jordan Price	4	PO

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10/6/11	BSFT Supervision/Peer Supervision	Monica Zarate - University of Miami, Center for Family Studies	1	Clinical-Child
10/12/11	Clinical Coaching-Welcom consumer with complex needs and empathic engagement	Cardarrine Jenkins, LMSW	1	Clinical-Child
10/18/11	CAFAS Rater Reliability Training	Glenn Momeyer, MS, LBSW	10	Clinical-Child
10/24/11	Field and Office Safety	Det. Brian Fountain - Detroit Police Department	2	Safety
10/28/11	A (W)holistic Approach to Sexual Assault Treatment: Exploring Alternative Modalities to Help Survivors Heal	Debbie Hanselman, LMSW, CAADC, ICAADE	5	Clinical/MCBAP
11/9/11	Social Work Ethics and Pain Management	MACMHB/Impact Training Center	6	Clinical/Ethics/Pain
11/11/11	Ethics and Methods of Violence Risk Assessment	D. Mark Ragg, Ph. D., LMSW	6	Clinical/Ethics
11/14/11	Culture and Race in Human Services	Dr. John Lee, Ph. D.	4	CD
11/14/11	Quarterly Change Agent Meeting	Kenneth Minkoff, MD and Christie A. Cline, MD, MBA	3	COD
11/15/11	Accountable Care Management	Reginald Eadie, MD, Thomas Malone, MD, Iris Taylor, PhD, RN, William Restum, PhD, Carrie Harris-Muller	3	Clinical-Child
11/17/11	Mandated Reporter Training Workshop	Mayor's Task Force on Child Abuse and Neglect	3	Clinical-Child/Ethics
11/17/11	The Mayor's Task Force on Abuse and Neglect "Mandated Reporter Training" Workshop. Focus is on relationship between Ethics and Michigan regulations on child abuse and neglect	Various	3	Clinical-Child/Ethics
11/21/11	Leadership - True Colors	G. Jerry van Rossum, MA, MBA	2	Leadership

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11/22/11	Adolescent Suicide Prevention Assessment and Intervention	Online Course through VCE Online	2	Clinical-Child
11/22/11	Waiting for Superman	Video	2	Clinical-Child
11/24/11	Adolescent Suicide Prevention Assessment and Intervention	Online Course through VCE Online	2	Clinical-Child
11/28/11	Universal Precautions	Wayne County Health Department	1	UP
11/28/11	Cognitive Behavioral Tratment of Children & Adolescents	Online Course thourgh VCE Online	2	Clinical-Child
11/28/11	Abuse & Neglect: Reporting Requirements	Online Course thourgh VCE Online	0.5	Clinical-Child
11/29/11	A Man's Perspective of the Impact of Incest/Sexuall Molestation by his Mother Upon Him	Video	1	Clinical-Child
11/29/11	Teen Suicide Prevention	Video	0.5	Clinical-Child
11/29/11	Maxey Boys Training School/Sexual Offenders Treatment Program	Video	0.5	Clinical-Child
11/29/11	Male Sexual Offenders	Video	1	Clinical-Child
11/30/11	The Mobile Revolution and the DBT Coach	The Behavior Therapist: Vol. 34 No. 6 September 2011	1.5	Clinical
11/30/11	Autism Spectrum Disorders Revisited	Harvard Mental Health Letter: Vol. 28 No. 4 October 2011	1.5	Clinical
12/1/11	Keeping it Real: What's There to Know About African-American Gay & Lesbian Adolescent Development	VCE Video	2	Clinical-Child
12/2/11	First Aid/Adult CPR	American Red Cross	6	Safety/CPR
12/4/11	Child-Parent Psychotherapy with Tramautized Infants and Young Children	VCE Video	2	Clinical-Child
12/4/11	A Novel Approach to Working with Children and Families in Therapy	VCE Video	2	Clinical-Child

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12/4/11	Long Term Consequences of Abuse & Neglect	VCE Video	2	Clinical-Child
12/5/11	Adolescent Suicide Prevention Assessment and Intervention	VCE Online course	2	Clinical-Child
12/5/11	Pediatric Traumatic Brain Injury	VCE Online course	1.5	Clinical-Child
12/5/11	Introduction to Microsoft Excel	Southgate Community School District Adult & Leisure Education	24	Computer
12/7/11	CAFAS Rater Reliability Training	Glenn Momeyer, MS, LBSW	10	Clinical-Child
12/7/11	Gender Development in Children (2011)	Dr. Don Spivak, MD. VCE Online course	2	Clinical-Child
12/8/11	Transforming Lives, Systems Transformation for Consumers with Co-Occurring Mental and Substance Use Disorders : Change Agent Training	Christie Cline, MD and Kenneth Minkoff, MD	5.5	Clinical-Child/COD
12/10/11	Frontline Documentary: When Kids Get Life	On-line Video	1.5	Clinical-Child
12/10/11	Motivational Interviewing for Child and Adolescent Mental Health	On-line Video	1	Clinical-Child
12/10/11	Autism Spectrum Disorders	On-line Video - Dr. Bennett Leventhal, MD	1.5	Clinical-Child
12/10/11	Adolescent Brain Development	On-line Video	1	Clinical-Child
12/10/11	Juvenile Status Offenders and Their Families	On-line Video	2	Clinical-Child
12/12/11	Cross Training Learning Series: Working with LGBTQ Youth	Jessie Fullenkamp, LLMSW	2.5	Clinical-Child
12/12/11	Leadership - Part 2	G. Jerry van Rossum, MA, MBA	2	Leadership
12/14/11	Children of Trauma	Caelan Kuban, LMSW (DVD)	6	Clinical-Child

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12/19/11	Teen Violence	Video	0.5	Clinical-Child
12/19/11	Dating Violence and Aggression	Video	0.5	Clinical-Child
12/19/11	Expressing Anger: Healthy vs. Unhealthy	Human Relations Media DVD	0.75	Clinical-Child
12/19/11	Dealing with Difference: Opening Dialogue about Lesbian, Gay, & Straight Issues	Human Relations Media DVD	0.5	Clinical-Child
12/19/11	Hidden Scars, Silent Wounds: Understanding Self-Injury	Human Relations Media DVD	0.5	Clinical-Child
12/19/11	Conflicts, Communication, and Relationships	Human Relations Media DVD	0.5	Clinical-Child
12/20/11	HIPAA Intermediate (2011)	VCE On-line - Chris Allman, J.D.	1	HIPAA
12/22/11	Keeping it Real! What there is to Know about African-American Gay & Lesbian Adolescent Development	VCE Video	2	Clinical-Child
12/22/11	Addressing the Needs of Transgender Youth in Primary Care	Medscape Video	0.25	Clinical-Child
12/22/11	Family-Oriented Program Decerases HIV Risk in Hispanic Adolescents	Medscape Video	0.25	Clinical-Child
12/22/11	Childhood Maltreatment Associated with Risk for Long-Term Depression	Medscape Video	0.25	Clinical-Child
12/22/11	ADHD in Adolescents: Strategies for Successful Outcomes	Medscape Video	1.5	Clinical-Child
12/22/11	No Increase in Cardiac Events or Death With ADHD Drugs	Medscape Video	0.25	Clinical-Child
12/22/11	ADHD in College-Age Adolescents: Choosing and Monitoring Treatment in a Complex Population	Medscape Video	1.75	Clinical-Child

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12/22/11	Understanding Tolerability and Safety in Modern Antipsychotic Medications	Medscape Video	0.5	Clinical
12/31/11	Person Centered Planning with Children, Adults, & Families (2011) (Staff completed on-going thru 2011)	VCE On-line	1	Clinical-Child/PCP
12/31/11	D-WCCMHA Annual Recipient Rights Online Training - 2011 (Staff completed between 5/1/11 and 12/31/11)	VCE Online	1	RR
12/31/11	Infection Control and Standard Precautions (2011) - (Various Dates thru 2011)	VCE On-line	0.5	UP
12/31/11	HIPAA Basics (2011) (Staff completed between 11/1/11 and 12/31/11)	VCE Online	0.5	HIPAA
12/31/11	Adolescent Substance Abuse (2011)	VCE Training Video	3	Clinical-Child
12/31/11	Transition of Care for Adolescents	Medscape	0.75	Clinical-Child
12/31/11	Turn Off the TV, Get Outside and Play: Physical Activity as a Lifestyle	Medscape	0.75	Clinical-Child
12/31/11	Incorporating Antiphsychotics into Regimens for Treatment-Resistant Depression	Medscape	0.25	Clinical
12/31/11	Bullying Behavior in the Classroom	Video	2	Clinical-Child