THIRD JUDICIAL CIRCUIT OF MICHIGAN

CLINIC FOR CHILD STUDY 2012 ANNUAL REPORT

THIRD CIRCUIT COURT
CLINIC FOR CHILD STUDY
2012 Annual Report

CONTENT		PAGE(S)
♦ Clinic Overview		1-6
	Mission	1
	Important Updates	2-3
	Clinic Organizational Chart	4
	Meetings/Affiliations/Awards	5-6
♦ Service Delivery Units		7-10
	Direct Service Hours	7
	Employees by Credential/Job Duty	7
	Child/Adolescent Assessment Unit	8
	Clinic Treatment Unit	8-9
	Casework Services Unit	9-10
	Diversion Treatment Unit	10
	Family Assessment Unit	10
	Home-Based Unit	10
	Juvenile Social Assessment Unit	11
♦ Non-Service Delivery Units		12
	Intake Registration and Clerical Services Unit	12
	Quality Improvement Unit	12
♦ Consumer Statistics		13-14
	Referral Comparison	13
	Consumer Demographics	14
♦ Consumer Feedback		15-18
	Narrative on Focus Groups, Follow-up Surveys, Recipient Rights Complaints, and Satisfaction Surveys	15
	Follow-up Survey Results	16
	MI-Child Client Satisfaction Survey Results	17
	MI-Adult Client Satisfaction Survey Results	18
♦ Program Outcomes		19-25
	Assessment Timeliness Compliance	19
	Specialized Assessment Results	20
	Clinic Treatment Unit and Home-Based Unit Success Rates	21
	Casework Services and Diversion Treatment Units Success Rates	22
	One Year and Three Year Post Treatment SAIT Recidivism Results	23
	CAFAS Outcome Data	24
♦ 2012 Accomplishments		25-28
♦ 2013 Goals		29-30
♦ Trainings Attended by Clinic Staff		31-43

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.

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 2012, 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

- In February 2012 Michelle A. Milligan was named as the Deputy Administrator/Clinic Director.

- In April 2012, Clinic Director Michelle Milligan announced her Goal of changing the culture of the Clinic. Throughout 2012 there were many discussions and meetings on the topic resulting in increased awareness and significant movement.

- Casework Services conducted a movie event inviting youth to view the movie "Ben Carson." A discussion followed the movie and focused on various life issues such as setting goals, developing integrity and team work in an atmosphere where expectations for academic achievement have been low.

- Casework Services staff accompanied eleven (11) consumers on a field trip to the African-American Museum.

- The Clinic held a family picnic at Belle Isle which included consumers, their families and staff. Over 45 families attended and the majority of the Clinic's 70 staff were there for at least part of the day. Consumers, their families and staff played basketball, board games, tossed water balloons and ate lots of food. The event created positive family time, peer interactions and sportsmanship.

- Casework Services' "Dreamgirls" project held a co-ed workshop for the Clinic's consumers on "Becoming a Responsible Teen." Over 40 consumers attended this workshop. The speaker from Healthy Teens Community Care Center engaged the consumer in a very open and informative discussion regarding the dangers of unprotected sexual behavior and the different forms of STDs.

- In August 2012, Clinical Case Manager Heather O'Kelley arranged for a school supply drive, which provided supplies, backpacks and school uniforms for youth involved with the Clinic.

- In November, 2012 Clinic staff worked with Christian Tabernacle Church and provided 38 Food Baskets to consumers for the Thanksgiving holiday. With additional funds turkeys were also supplied to some of the families as a part of their basket.

- 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.

- Clinical Case Manager Dawn Hintz worked with her church; St Joan of Arc located in St Clair Shores and provided approximately 200 holiday gifts to 50 different Clinic Families. Gifts were given to the entire family not just to the consumer involved with the Clinic.

- As a part of the Culture Change a committee of staff from all units within the Clinic worked together to develop the following set of Clinic Values, which was rolled out to all staff in December 2012:

  Teamwork

  - I pledge to value others' input and encourage cooperative communication with a goal of mutual understanding and equal kindness towards everyone.

  Integrity

  - I pledge to take responsibility for completing my job effectively, competently, and honestly.

  Dignity/Equality

  - I pledge to treat everyone with equal fairness, showing genuine concern by honoring and respecting their individual needs and point of view.

  Empowerment

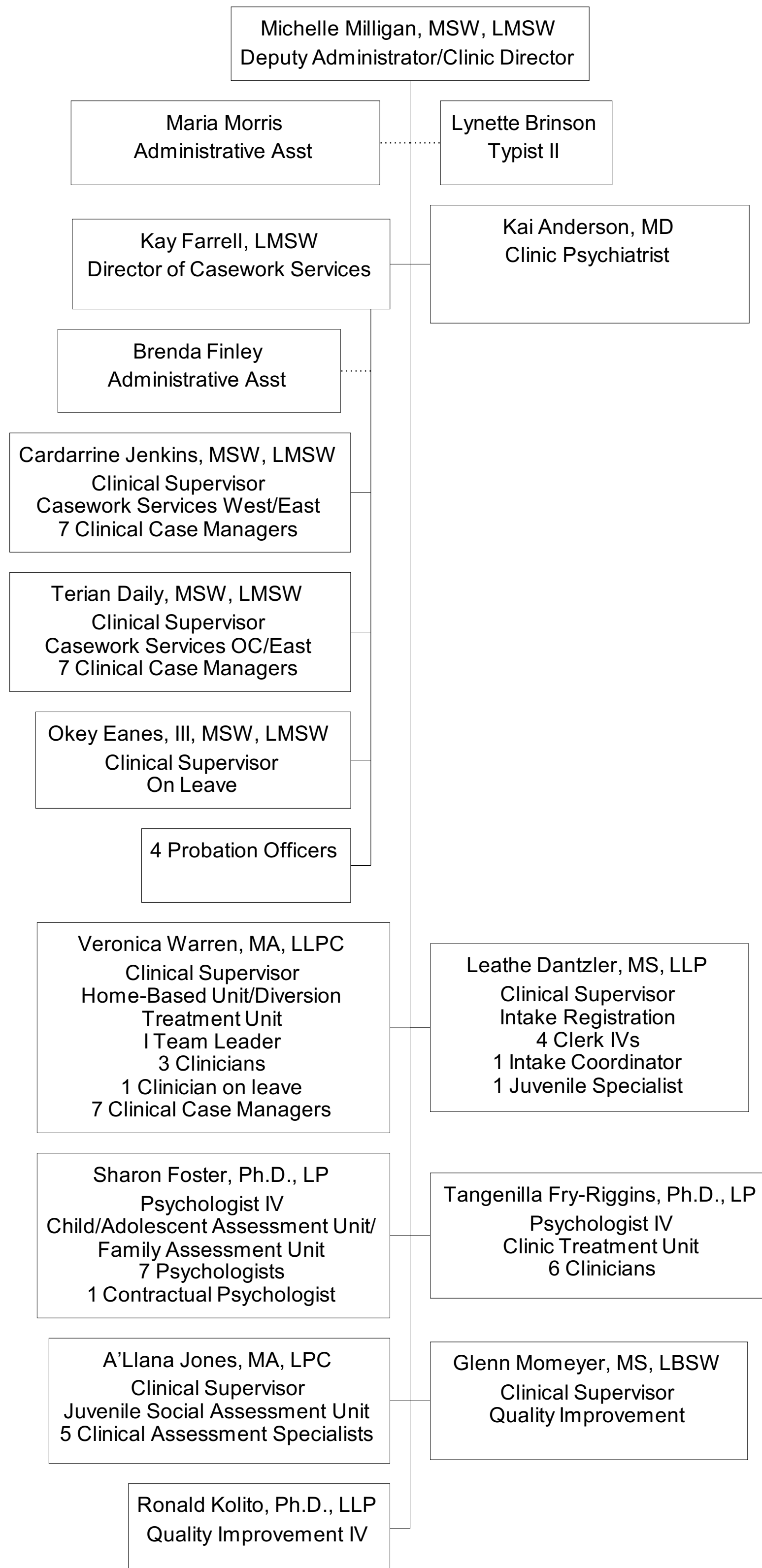
  - I pledge to encourage hope by helping to create a supportive environment that motivates everyone towards success in their journey of positive change.

- 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 2012.

- 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 continued to participate 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. Clinicians provided outcome data for 25 youth.

Third Circuit Court
Clinic for Child Study



12/31/12

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

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

- **Change Agent**
  One 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.

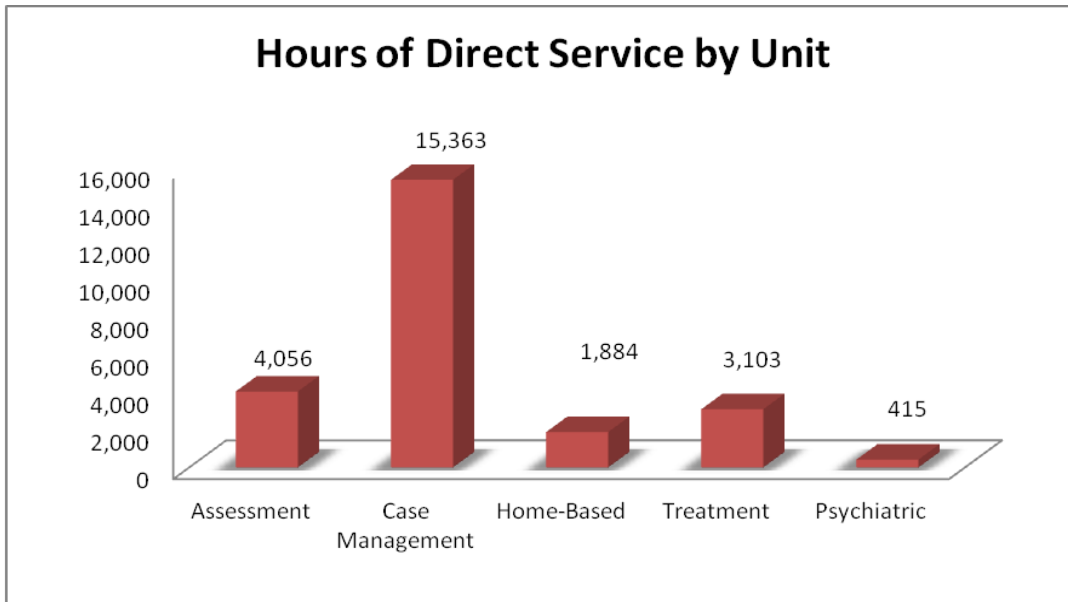
- A Clinic representative attends Gateway's Quality Management Committee meetings to ensure compliance with the Clinic's contract for Home-Based services with Gateway.

- 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.

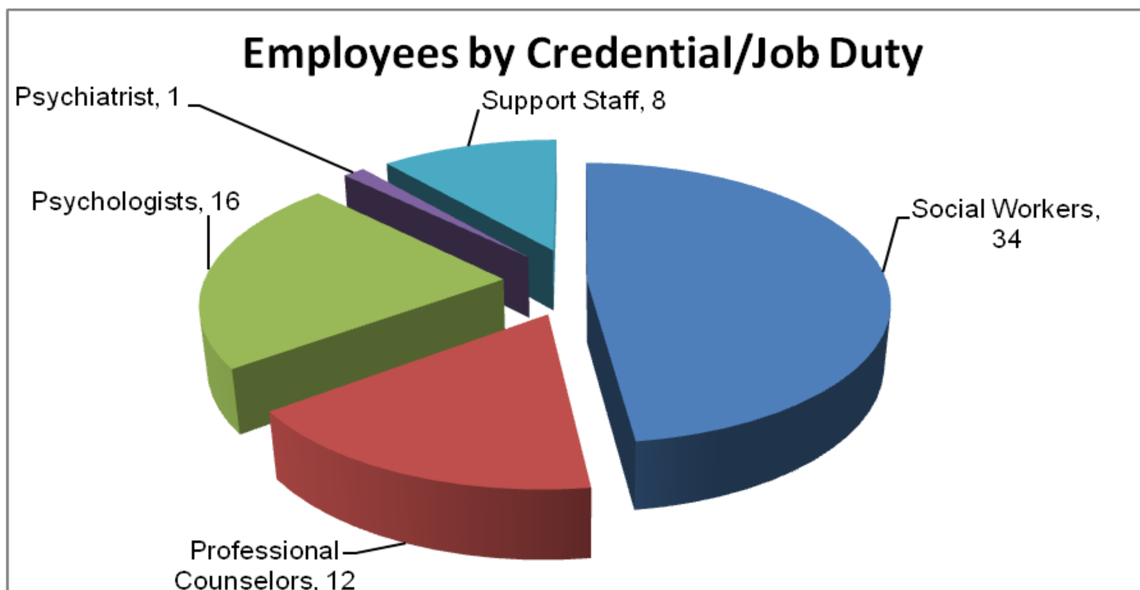
Service Delivery Units

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 2012, the Clinic provided 24,822 face-to-face hours of service to 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 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 seven different therapy groups in 2012.

- *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. (2 groups in 2012)

- *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. (2 groups in 2012)

- *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 2012 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 2012.)

- 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. (2 groups in 2012, one male and one female)

- 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 2012)

The Clinic for Child Study's psychiatrist evaluates youth to determine their need for psychotropic medication. In 2012 there were 163 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. Seven (7) committee meetings were held in 2012.

Quality Improvement completed 253 utilization and quality reviews in 2012. 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 2013. In addition, there were 857 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. Specific reviews were also conducted for the 54 Home-Based files as a part of D-WCCMHA's plan of correction for the 2012 MDCH review.

The QI Unit conducted training in the following areas in 2012: CAFAS, HIPAA, Billing/SALs, Work Place Violence, Limited English Proficiency, Ethics, and CMH Core Competencies. In addition 27 trainings were scheduled either via guest speakers, Clinic Staff or case presentations.

REFERRAL COMPARISON
2009-2012

Type of Referral/Unit		2009	2010	2011	2012
Family Assessment for Protective Hearings (FAU)		826	894	586	397
Delinquency Hearings (CAAU or JSAU) * Total of 7 types of cases listed in this section		731*	770*	1024*	1113*
	Psychological Testing (CAAU)	143	215	280	418
	Psychosocial Assessment (JSAU)	95	177	412	547
	Blended Psychological Testing/ Psychosocial Assessment (CAAU/JSAU) *This type of assessment was discontinued in 2011	437	333	238	0
	Psychiatric Assessment (CAAU)	6	1	6	7
	Competency Only (CAAU)	15	12	2	6
	Competency and Criminal Responsibility (CAAU)	31	32	68	83
	Criminal Responsibility Only (CAAU)	4	0	2	0
	STAND Psychological Assessment	--	--	16	52
Guardianships (JSAU)		22	10	5	0
Diversion Treatment Unit (Case Management)		--	--	75	209
Case Management (CWS)		415	461	497	530
Medication Management (MED)		--	94	138	163
Treatment (CTU)		398	297	333	462
Home-Based (HBU)		75	50	59	33

2012 Consumer Demographic/Diagnostic Information

Ethnicity New Referrals		
African American	1102	70.51%
Caucasian	333	21.31%
Hispanic	30	1.92%
Multi-racial	30	1.92%
Arab/Chaldean	20	1.28%
Native American	2	0.13%
Asian	3	0.19%
Other	6	0.38%
Unknown	37	2.37%
Total	**1563**	100%

Income New Referrals		
$0-10,000	1187	75.94%
$10,001-20,000	208	13.31%
$20,001-30,000	103	6.59%
$30,001-40,000	32	2.05%
$40,001-50,000	14	0.90%
$50,001-60,000	8	0.51%
$60,001-70,000	4	0.26%
$70,001-80,000	4	0.26%
$80,001-90,000	0	0.00%
$90,001-100,000	0	0.00%
Over $100,000	3	0.19%
Total	**1563**	100%

Gender New Referrals		
Male	988	63.21%
Female	575	36.79%
Not Entered	0	0.00%
Total	**1563**	100%

Residence New Referrals		
Detroit	943	60.33%
Out-County	620	39.67%
Total	**1563**	100%

Consumers Served by Insurance		
Medicaid & MI-Child	1567	89.85%
Other Insurance	47	2.69%
None	83	4.76%
Unknown	47	2.69%
Total	**1744**	100%

Registrations New Referrals		
In-Person	1010	64.62%
Paper	553	35.38%
Total	**1563**	100%

Diagnoses Analysis		
Diagnostic Category	**Numbers**	**Percentages**
Conduct/Oppositional Disorders	922	52.87%
Mood Disorders	315	18.06%
Anxiety Disorders	33	1.89%
Impulse Control Disorders	11	0.63%
Adjustment Disorders	67	3.84%
V Codes	168	9.63%
Other Disorders	228	13.07%
Total	**1744**	100.00%

Focus Group Results

In 2012, three consumer focus groups were held. Two groups were comprised of youth from the Clinic's SAIT groups and one from the Clinic's LifeSkills group. In total there were 8 adults and 29 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. The QI department will hold quarterly focus group sessions in 2013.

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.)

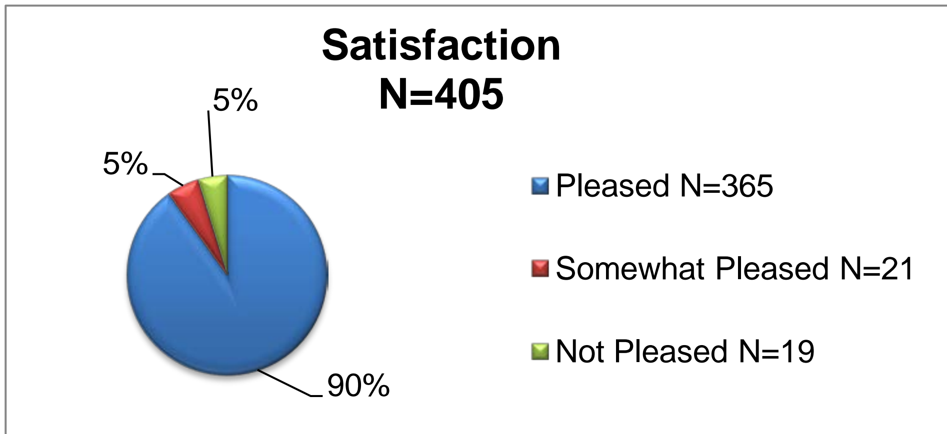
Recipient Rights Complaints Results

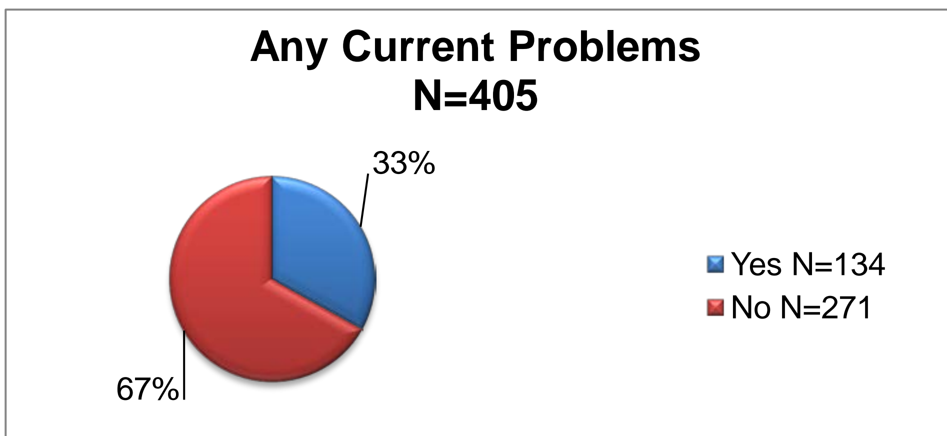
As Recipient Rights complaints are now investigated by D-WCCMHA it is unclear as to the number they may have received in 2012. There were no instances where the Clinic was asked to provide remedial action in 2012.

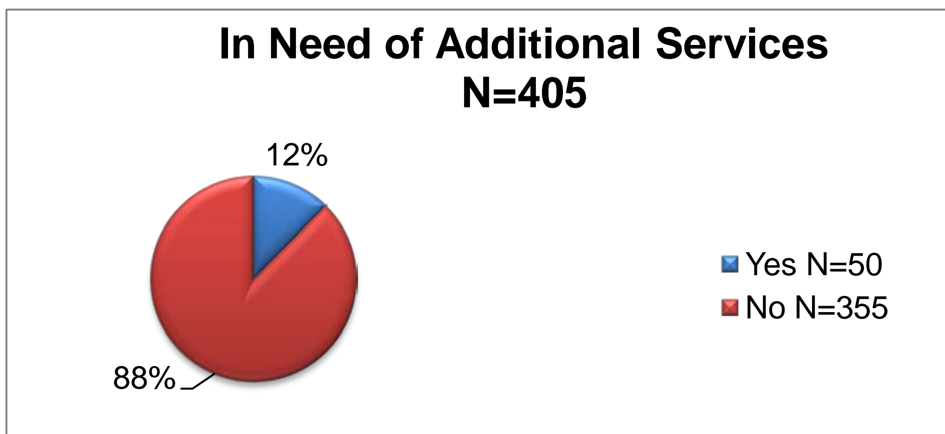
Satisfaction Survey Results

The QI department regularly assesses consumer satisfaction through written surveys offered to all consumers. A total of 381 consumers completed surveys in 2012. There were 322 MI-Child surveys received, with a positive response percentage range of 88.2% to 99.4% across all questions. There were 59 MI-Adult surveys received, with a positive response percentage range of 84.7% to 96.6% 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.)

2012 Follow-up Survey Results
CTU/CWS/DTU/HBU



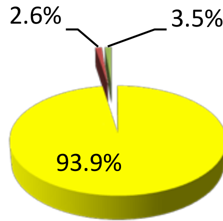




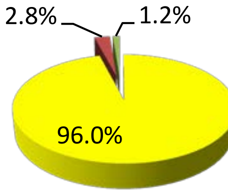
MI-Child Client Satisfaction Survey 2012 Results

(322 Surveys Collected)

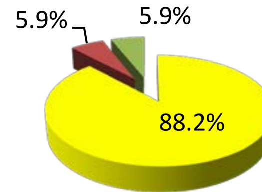
1. It was easy to get help when I needed it.



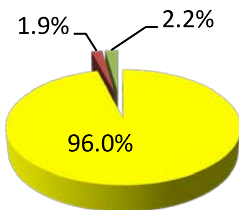
2. I was seen in a timely manner or someone explained why.



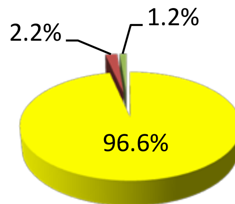
3. I would tell anybody that needed help to come here.



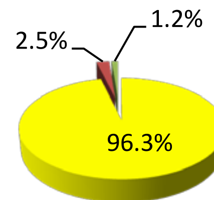
4. They kept what I said private.



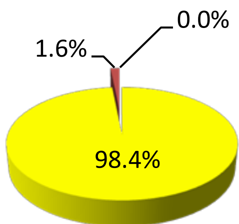
5a. The person I saw discussed my needs, wants and desires.



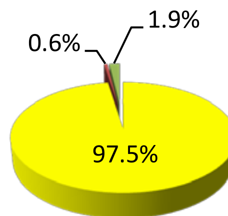
5b. They helped me get what I wanted.



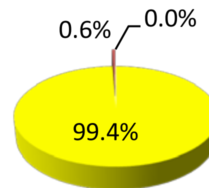
6. Everyone here was polite to me.



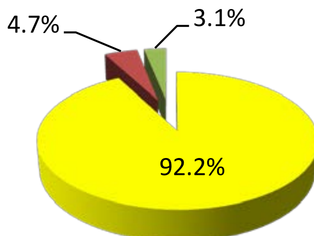
7. When I asked for a referral, I got it.



8. I feel safe in this environment.



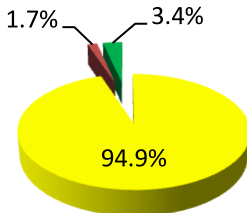
9. I felt better about myself after coming here.



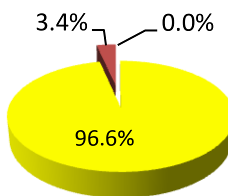
Percentage of Yes/Neutral Responses
Percentage of " No" Responses
Percentage of "NA" responses

MI-Adult Client Satisfaction Survey 2012 Results
(59 Surveys Collected)

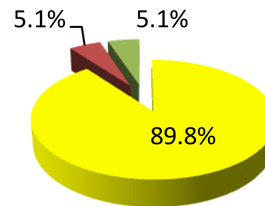
1. It was easy to get the services that I thought I needed.



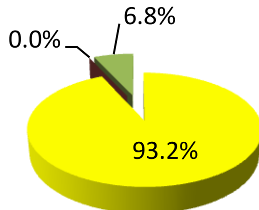
2. I was seen in a timely manner or someone explained why.



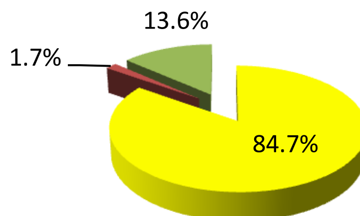
3. I would tell anybody that needed help to come here.



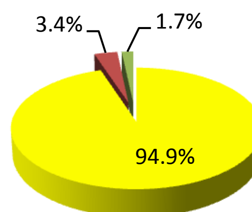
4. They kept what I said private.



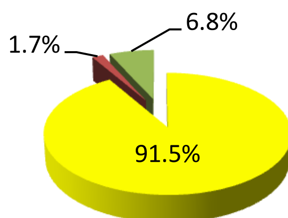
5. The person I saw discussed my needs, wants and desires.



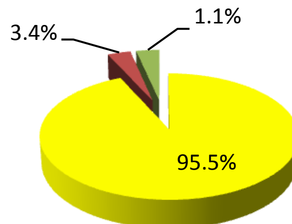
6. Everyone here was polite to me.



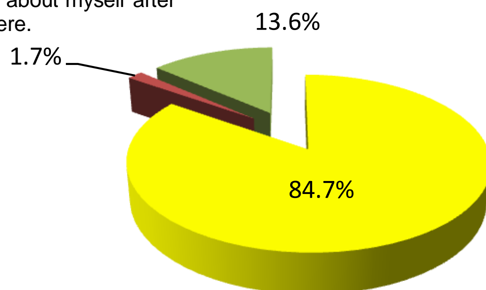
7. They helped me get what I wanted.

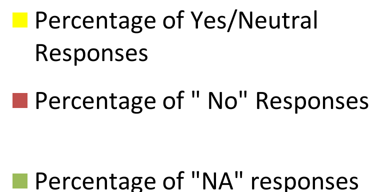


8. I feel safe in this environment.

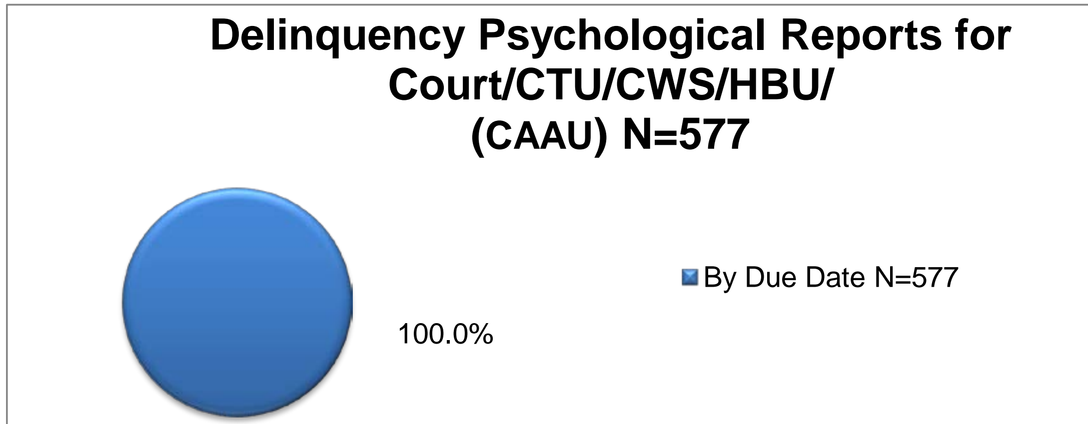


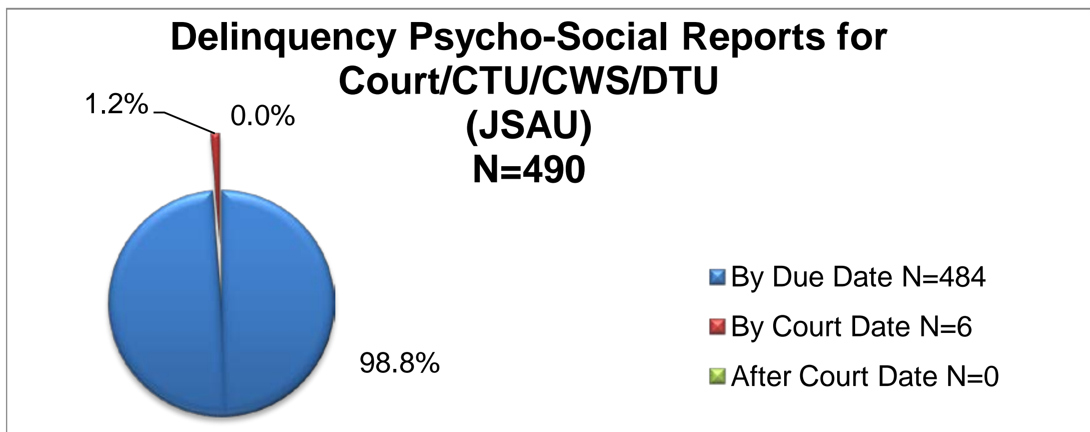
9. I felt better about myself after coming here.

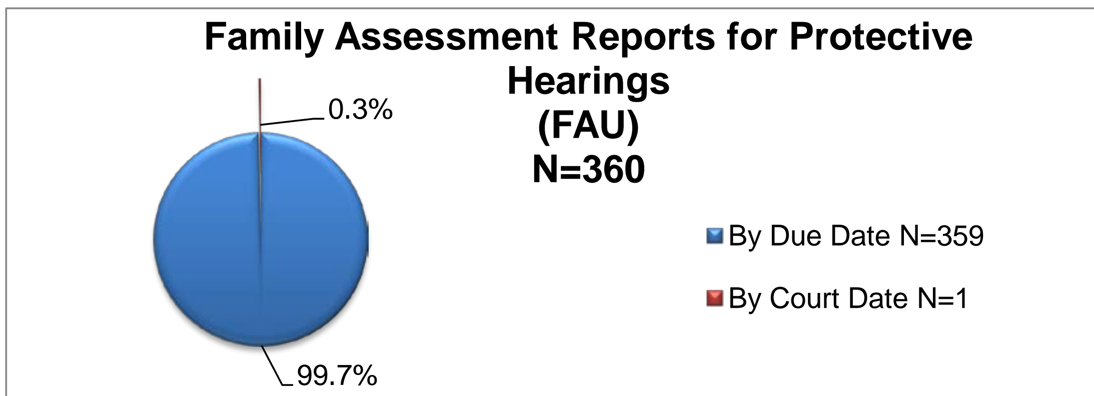




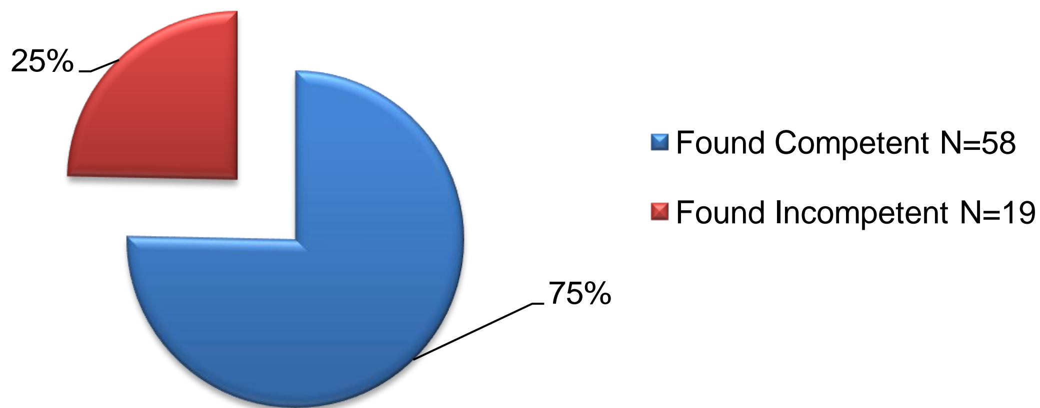
2012 Assessment Report Timeliness

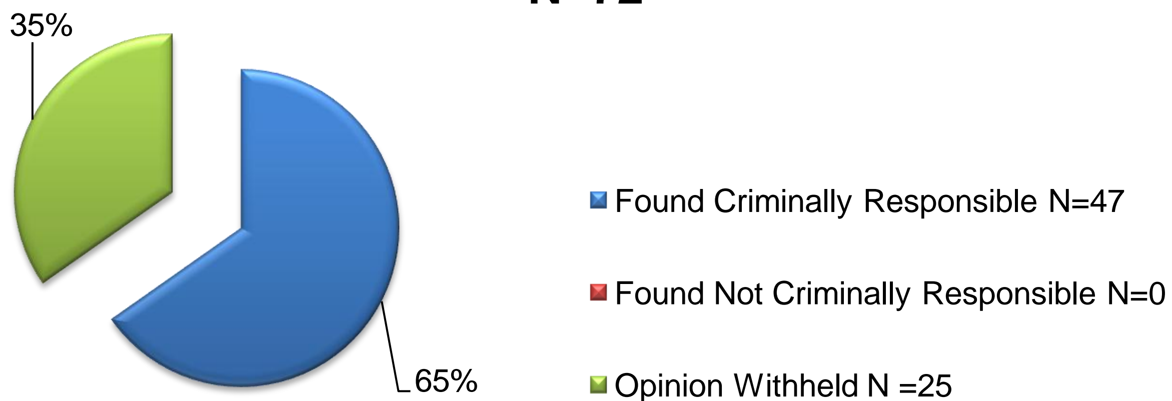






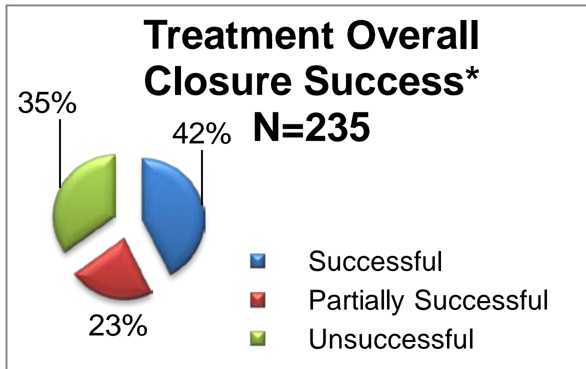
2012 Specialized Assessment Results

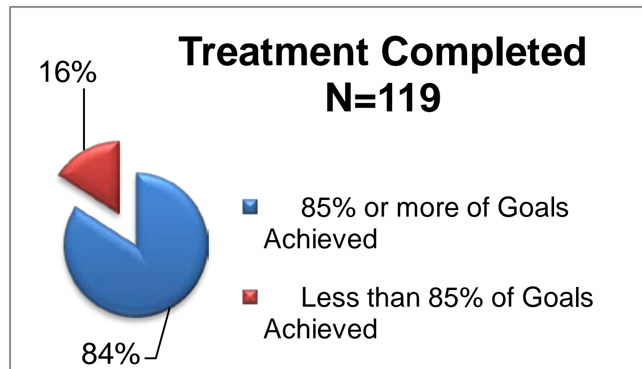




2012 Clinic Treatment Unit and Home-Based Unit Results

Total Number of Children Served by the Clinic Treatment Unit	465
Total Clinic Treatment Cases Closed with Contact	235
Successful	100
Partially Successful	53
Unsuccessful	82
Cases Closed that Completed Treatment	119
85% or more of Goals Achieved	100
Less than 85% of Goals Achieved	19
Cases Closed That Failed to Complete Treatment	116



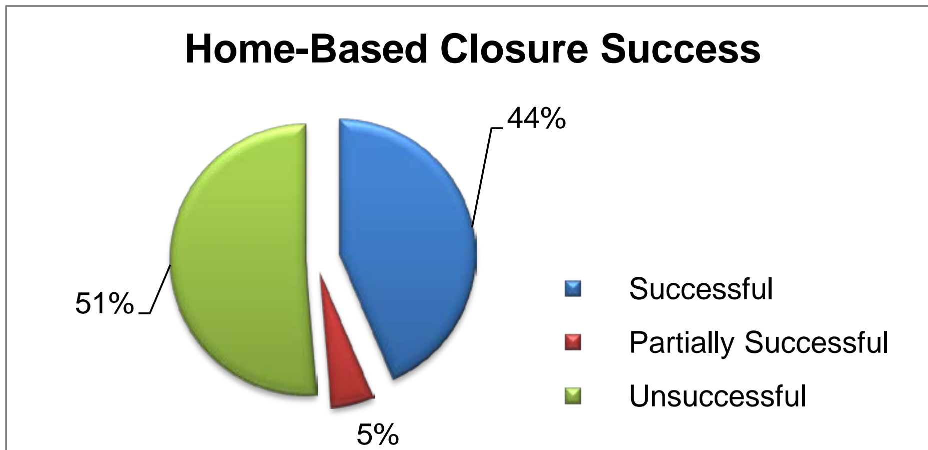


*This chart includes consumers who terminated treatment prematurely

Total Number of Children Served By the Home-Based Unit	58

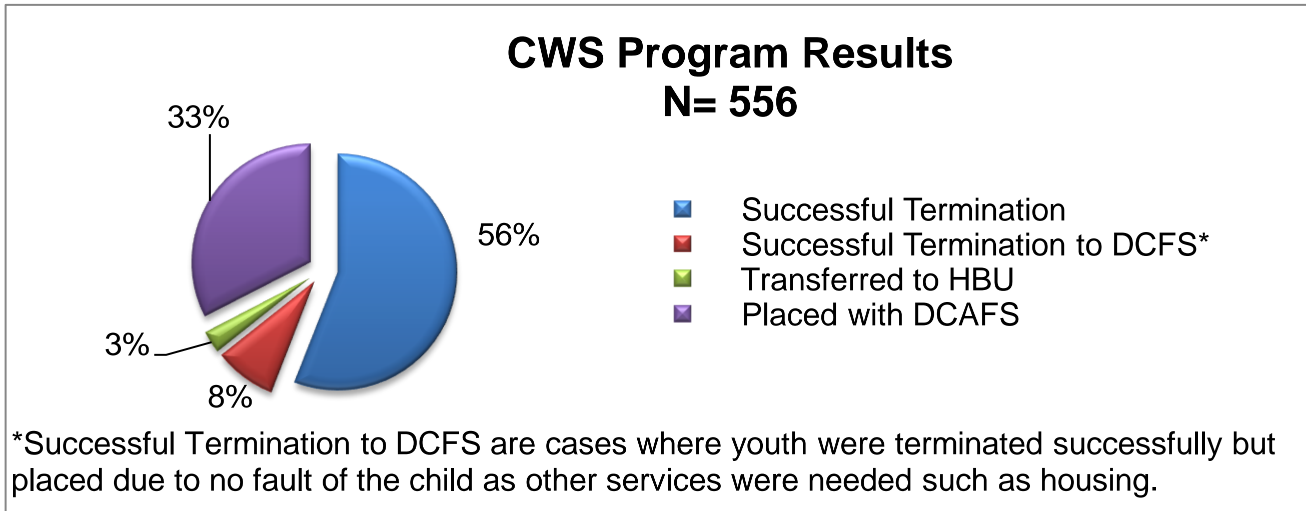
Referrals to HBU tend to be those cases that are already heading for placement when referred to HBU.

Total HBU Cases Closed with Contact	39
Successful	17
Partially Successful	2
Unsuccessful	20



2012 Case Management Outcome Results

Total Number of children in Casework Services in 2012	840
Casework Services Closed Cases	556
Successful Termination	311
Successful Termination to DCFS*	47
Transferred to HBU	17
Placed with DCAFS	181

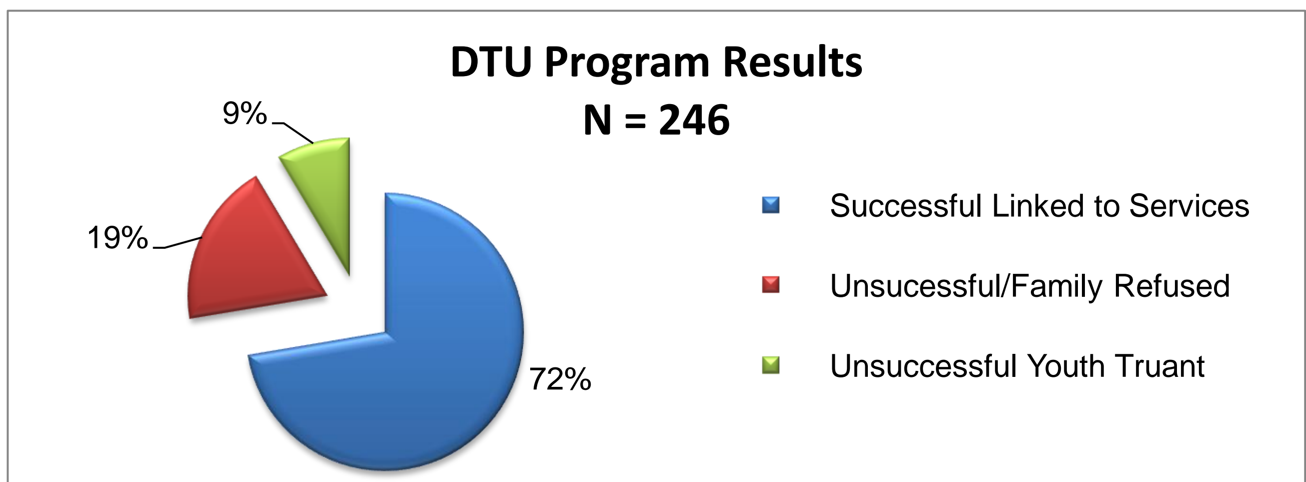


*Successful Termination to DCFS are cases where youth were terminated successfully but placed due to no fault of the child as other services were needed such as housing.

Termination Review of Successful CWS Closures for 2011

Successful Terminations in CWS in 2011	320	
No further Juvenile Charges as of end 2012	287	**89.7%**
Subsequent placement with DCAFS	28	8.8%
Returned to IPU	5	1.6%

Total Number of children in Diversion Treatment Unit	252
Diversion Treatment Unit Closed Cases	246
Successful Linked to Services	178
Unsucessful/Family Refused	47
Unsuccessful Youth Truant	21

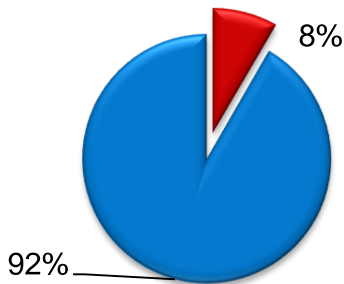


2012 Post Treatment Recidivism Rates for Youth Who Have Completed SAIT

One-year and three follow-up studies were completed for youth who finished SAIT services in 2011 and 2009. 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.

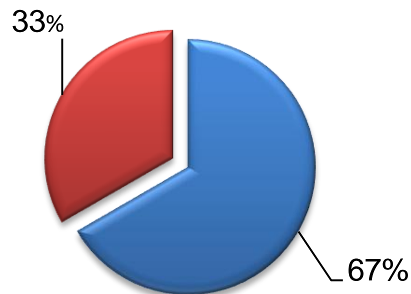
A total of 36 youth completed SAIT services in **2011**. Out of these 36 youth who completed SAIT, there were a total of 3 youth who had subsequent criminal offenses. Of the 3 youth who committed futher criminal activity, 1 committed a subsequent charge for a sexual offense. The other 2 youth were found to have committed assaults.

Recidivated vs Non-Recidivated Youth



Recidiviated youth N=3
Non-Recidiviated youth N=33

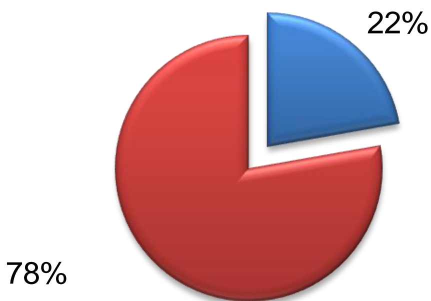
Subsequent Charges



Other Charges N = 2
Criminal Sexual Conduct N =1

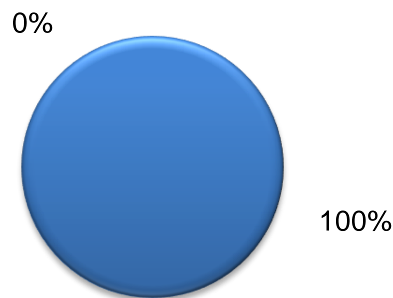
Of the 27 youth who completed SAIT services in **2009**, the majority of the treatment participants, 21 (78%), did not recidivate in any category three-year post treatment, while 6 youth (22%) did recidivate. For those 6 youth who recidivated, no youth had been charged with a subsequent CSC offense. The offenses committed primarily related to drugs and burglary.

Recidivated vs Non-Recidivated Youth



Recidiviated youth N=6
Non-Recidiviated youth N=21

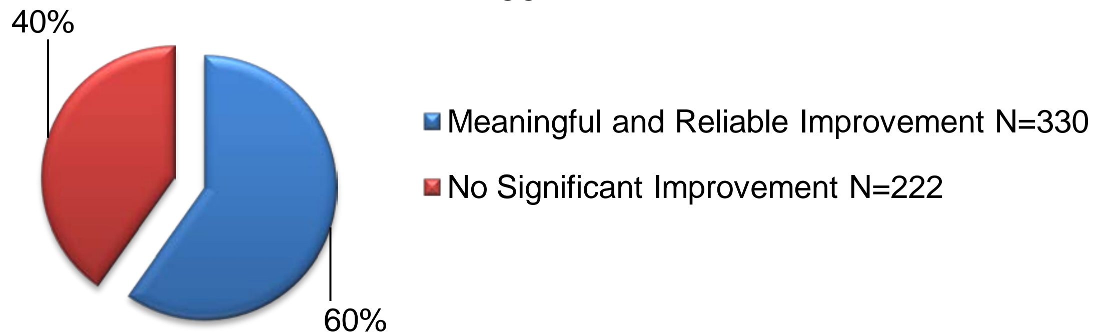
Subsequent Charges



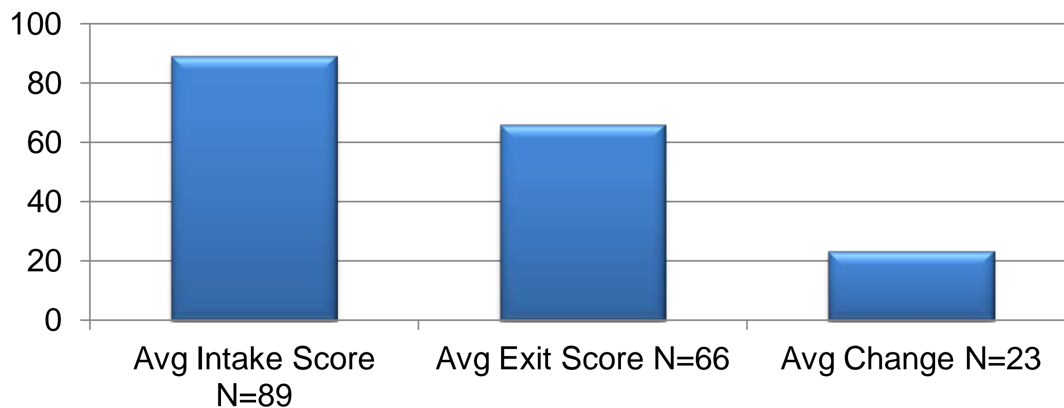
Other Charges N=6
Criminal Sexual Conduct N=0

2012 CAFAS Outcome Data
(Child and Adolescent Functional Assessment Scale)

Clinic for Child Study CAFAS Outcomes
N=552



Clinic for Child Study Average Change



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 2012

- Assist jurist at dispositional hearings of juveniles by providing court reports within 28 days of referral, 99% of time.
  In 2012, 1061 out of 1067 or 99.4% of reports were completed by the due date. In addition, 6 of the 1067 or .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 2012, 359 of 360 or 99.7% of the reports were completed 48 hours in advance of the Court date. In addition, 1 of 360 or .3% 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 2012, there were a total 840 children who received case management services from the Casework Services Unit. Of the 557 cases closed in 2012, 311 or 56% were terminated successfully. An additional 47 or 8% were terminated successfully to the Department of Children and Family Services for additional services, i.e., housing needs and 17 or 3% were transferred to the Home-Based Unit for additional services.

- 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 352 cases closed in 2012, of which 117 had no contact with the clinician. Of the remaining 235 cases closed, where the client was seen, 100 or 42% were closed 100% successfully, 53 or 23% were closed with partial achievement of goals. The remaining 82 or 35% were unsuccessful closures. The overall rate of success for the closed cases (153) was 65% 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 119 youth who completed treatment in 2012, of which 100 or 84% of these youth successfully completed 85% or more of their treatment goals.

- Close successfully 65% of youth who participate in Home-Based services.
  In 2012 a total of 39 cases were closed with the provision of service, of which 17 or 44% were closed successfully and another 2 or 5% were closed partially successful, producing an overall success rate of 19 or 49%. Often times youth are referred to the Home-Based Unit as a last chance prior to placement.

- Successfully link 75% of youth from the Diversion docket to needed services in the community.
  In 2012 a total of 246 cases were closed with the provision of service, which is 178 or 72%.

- 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/State and accreditation requirements regarding service delivery, financing, billing, reporting, and data management.
  Throughout 2012 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 2012, 330 of 552 or 60% of all cases closed on the CAFAS computer system were closed successfully.

- Achieve and maintain integration of consumer's Family-Centered Plan of Service when consumers are serviced by more than one unit within the Clinic.
  Much progress has been made in integrating the individual plan of services within the Clinic. However, further integration of services will enhance service delivery.

- Meet D-WCCMHA requirement that 95% of Consumers are to be seen for their first appointment within 14 days of referral.
  This goal continues to be difficult to track with the Clinic's current computer system. However, all initial appointments in CWS and DTU are scheduled within the first 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.
  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 2012 there were 10 trainings related to co-occurring disorders held in the community that staff attended

- Provide a consistent (of the highest standard)/effective/efficient product in each unit within the Clinic.
  This goal continues to be a work in progress. Many changes have been made to improve the Clinic's products and additional work will continue through the Culture Change.

- 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.

- Develop/improve marketing of the Clinic's services, including creating a marketing strategy within the Court and community as a whole.
  This continues to be a work in progress and has not been fully achieved.

- Develop better working relationships with Detroit Public Schools.
  Many of the Clinical Case Managers have very good working relationships with DPS. There are many changes occurring in the system so this goal will continue to be explored into the new year.

- Explore feasibility of the Clinic becoming a Children's Forensic Center.
  After exploration it was determined that there was not a method to achieve this goal for children in Michigan.

- Implement trauma-focused evidence-based therapy model through TLC, Inc.
  The Clinic continued to participate 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. Clinicians provided outcome data for 25 youth utilizing the modality Structured Sensory Interventions for Traumatized Children, Adolescent and Parents: At-Risk Adjudicated Treatment Program.

- Explore and develop therapeutic groups based on population needs.
  Discussion was held in 2012 regarding the need for this. Given staffing issues this was not achieved and will be further developed in 2013.

- 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.
At this time it is not feasible for the Clinic to maintain medication on site for consumers. This may be explored again in later years.

- 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.

- Renew and implement the contract with Department of Human Services to provide outpatient treatment services to children and parents involved in abuse/neglect cases.
This goal was not achieved in 2012 as there were changes in the contracting process; however, it will be explored again in 2013.

- Explore options, secure funding and begin the process of implementing an electronic medical record to meet the 1/1/15 Federal mandate.
D-WCCMHA did commit to assisting the Clinic with funding for this mandate. Likely the Clinic will choose to go with PCE, which is the same company who handles D-WCCMHA electronic medical records.

GOALS FOR 2013

- Assist jurists at Juvenile hearings by providing reports 2 business days prior to Court hearings 99% of the time
- Assist jurists at the dispositional phase of protective hearings by providing court reports within 21-24 days of referral, 99% of the time.
- Discharge 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 objectives.
- Close successfully 65% of youth who participate in Home-Based services.
- Successfully link 78% of youth from the Diversion/Incorrigibility dockets to needed services.
- 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 ongoing services 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 PBI.
- 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.
- Meet D-WCCMHA requirement that 95% of Consumers are to be seen for their second appointment within 14 days of their initial face-to-face appointment.
- Ensure that all clinical staff receives 24 hours of child-focused clinical training as well as all other trainings as required by CARF and CMH by October 31st of the calendar year. Status reports will be distributed to supervisors quarterly.
- Progress the Culture Change within the Clinic, including but not limited to full implementation of Values.

- Achieve a three-year accreditation from CARF.
- 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/timely product in each unit within the Clinic. Within ongoing services the mandate is 95% of all required paperwork will be completed within stated timelines.
- 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.
- Expand the use of Trauma Focused Evidenced Based Therapy.
- Explore and expand the use of Evidenced Based Practices.
- Explore and develop therapeutic groups based on population needs.
- Renew and implement contract with Department of Human Services to provide outpatient treatment services to children and parents involved in abuse/neglect cases.
- Partner with local Universities to remain up to date on current trends and research.
- Develop protocol for staff utilization across units.
- Explore options, secure funding and begin process of implementing an electronic medical record to meet 1/1/15 Federal mandate.

Annual Training
January 1, 2012 through December 31, 2012

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
1/20/12	Customer Service Training	Evelyn Thomas, LMSW, ACW	1	Customer Service
1/23/12	Leadership Training - Part 3	G. Jerry van Rossum, MA, MBA	2	Leadership
1/30/12	Assessment of Trauma in Children and Adolescents	Caelan Kuban, LMSW, CTR	3	Clinical-Child/Trauma
1/31/12	Motivational Inteviewing	MJI Training Institute	12	Clinical
2/1/12	Trauma Learning Series: What Parents and Professionals Need to Know about Traumatized Children	Caelan Kuban, LMSW	3	Clinical-Child/Trauma
2/6/12	Case Presentation - A'Llana Jones, MA, LPC	Tancier Baker, MA, LLPC, Shaundrea Whiting, BA, LBSW, Amorie Robinson, Ph.D., LP, Kai Anderson, M.D.	1	Clinical-Child
2/6/12	Medicaid Fair Hearings, Local Appeals & Grievances (2012) (Staff completed between 1/1/12 and 12/31/12)	VCE On-line (Stacy Coleman-Edgecombe, MA, LLM	1	Medicaid
2/10/12	Treatment of Trauma in Children and Adolescents	Caelan Kuban, LMSW, CTR	6	Clinical-Child/Trauma
2/11/12	Managerial Supervision in the Human Services	John Tropman, University of Michigan School of Social Work	15	Clinical
2/13/12	Detroit-Wayne County Quarterly Change Agent Meeting	Christie Cline, MD and Kenneth Minkoff, MD	3	Clinical-Child/COD
2/14/12	TLC Part 3	Caelan Kuban, LMSW, CTR, Sarah Slamer	6.5	Clinical-Child/Trauma
2/16/12	Working with Youth and the Influence of Gangs	Angela Reyes, MPH	2	Clinical-Child
2/17/12	Part III of the Dementia Series: Facilitating Activities for People with Dementia	Diane Zide, CTRS	6	Clinical
2/21/12	Ethics and Pain Management for Social Workers	Risarg "Reggie" Huff, LMSW	6	Ethics/Pain

Annual Training
January 1, 2012 through December 31, 2012

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
2/27/12	CMH Documentation Requirements-Technical Assistance	Marjorie Creswell-Hall, BA	1	CMH
2/29/12	Juvenile Firesetter Seminar	Michigan Arson Prevention Committee	16	Clinical-Child
2/29/12	CAFAS Reliability Training	Glenn Momeyer, MS, LBSW	10	Clinical-Child
3/5/12	Case Presentation - Tangenilla Fry-Riggins, Ph.D., LP	Tancier Baker, MA, LLPC, Melissa Sulfaro, Psy.D., LP, Jennie-Marie Johnson, MA, LLP, Wilda Motley-Penn, MA, LLPC, Kai Anderson, MD	1	Clinical-Child
3/5/12	Fourth Annual Problem Gambling Symposium	Michigan Institute for Prevention and Treatment Education	5	Clinical
3/5/12	Attitude Adjustment/Man Power Mentoring	Shankenya Wardlaw, Maleek Ballaforn	0.75	Clinical-Child
3/7/12	Detroit-Wayne County Change Agent Training	Kenneth Minkoff, MD, Christie Cline, MD, MBA	5.5	Clinical-Child/COD
3/8/12	CAFAS Reliability Training - Self Study	Glenn Momeyer, MS, LBSW	4	Clinical-Child
3/13/12	Co-Occuring Disorders	Steven Genden, PhD	2.5	Clinical-Child/COD
3/15/12	CAFAS Supervisor Dashboard Review	Glenn Momeyer, MS, LBSW	1	Clinical-Child
3/15/12	The Importance of Developing and Understanding Adolescent Youth in Foster Care	Meredith Reese, LPC and Gregory Everette, LMSW	2	Clinical-Child
3/19/12	MIHP-Introduction to Motivational Interviewing-Online Independent Study Course	Online Independent Study Course via Michigan Public Health Institute	5.5	Clinical-Child
3/26/12	Leadership Training - Part 4	G. Jerry van Rossum, MA, MBA	2	Leadership
3/29/12	PMTO: Encouragement & Good Directions (2 day training). Workshop aims to provide skills for clinicians working with children and their parents	Gail Blackwell, LMSW, Cheryl Greer, LMSW, Katherine Lin, LMSW, Mary McKheen, LMSW	11	Clinical-Child

Annual Training
January 1, 2012 through December 31, 2012

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
3/29/12	Brief Strategic Family Therapy Booster 1	Monica Zarate	24	Clinical-Child
3/30/12	Families and LGBT Youth - Research from the Family Acceptance Project	Dr. Caitlan Ryan	6	Clinical-Child
4/2/12	Person Centered Planning with Children, Adults, & Families (2012) - (Various dates thru 2012)	(VCE online) Roberta Walker, LMSW, ACSW	1	Clinical/PCP
4/2/12	Case Presentation - Kai Anderson, MD	Tancier Baker, MA, LLPC, Alan Pacey, BA, LBSW, Lindsey Carr, PhD, LLP, Kai Anderson, MD	1	Clinical-Child
4/9/12	Trauma and Loss in Children and Adolescents	Caelan Kuban, LMSW, CTR	2	Clinical-Child
4/10/12	"SOC 101" A Cross Systems Learning Series Training	Crystal Palmer, Jasmine Boatwright, Cheryl Betz, Kenyatta Stephens, La'Trice McCants, Jessie fullenkamp, Kim Hunt, Vanessa Jackson	5.5	Clinical-Child
4/12/12	Pathways to Permanency: Engaging Older Youth to Achieve Positive Outcomes (4/11/12 & 4/12/12)	State court Administrative Office, Child Welfare Services	9.5	Clinical-Child
4/12/12	Stages of Change: A Motivational Approach	Gail Chapman, LMSW (VCE on-line)	1	Clinical
4/12/12	Mayor's Community Leadership Breakfast	Mayor's Task Force on Child Abuse and Neglect	1	Clinical-Child/Ethics
4/16/12	Suicide Awareness and Prevention in Children and Adolescents	Judith Rosen-Davis, MA, Ed. Spec, LPC, Vanessa Lewis, MSW, LMSW	2	Clinical-Child
4/19/12	CMHGR: Oh My Gosh I'm Pregnant! Working with Teen Parents	Lisa Garcia, LMSW	2	Clinical-Child
4/19/12	Adolescent Suicide Prevention Assessment and Intervention (various dates thru 2012)	VCE Online - Anne Segall, LMSW, BCD	2	Clinical-Child
4/20/12	Strengthing Families-Protective Factors Summit	Child's Hope and Great Start Collaborative	6	Clinical-Child
4/23/12	Leadership Training - Part 5	G. Jerry van Rossum, MA, MBA	2	Leadership
4/30/12	HIPAA Intermediate	VCE on-line - Chris Allman, JD	1	Clinical

Annual Training
January 1, 2012 through December 31, 2012

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
4/30/12	Substance Use and Abuse among the Arab American Adolescent	Hakeem Lumumba, PhD and Ann Najar	2	Clinical-Child/COD
5/2/12	Healing the Helper: Preventing Compassion Fatigue when working with Children: Self Care for Professionals	Lori Gill, MA	3	Clinical-Child
5/4/12	Substances of Abuse (Staff completed between 5/4/12 and 12/31/12)	Gail Chapman, MSW, LMSW	1	Clinical/COD
5/7/12	Detroit Recovery Project - Adolescent Substance Abuse	Mike Fisher	0.5	Clinical-Child/COD
5/7/12	CAFAS Software Refresher Training	Glenn Momeyer, MS, LBSW	0.5	Clinical-Child
5/11/12	Abuse and Neglect: Reporting Requirements (2012) (Completed between 5/11/12 and 12/31/12)	VCE On-Line - Gail Chapman, MSW, LMSW	0.5	Clinical-Child
5/14/12	Day of Partnering and Provider Partnership Showcase	Dr. Michelle Reid, MD & Kanzoni Asabigi, MD, & Judge Sheila Ann Gibson	6	Day of Partnership
5/14/12	Clinical Perspectives on Adolescents Who are Gender Variant	Amorie Robinson, PhD, LP	2	Clinical-Child/CD
5/17/12	CMHGR: Signs of Schizophrenia in Youth: Recognizing How to Work with Them	Don Spivak, MD	2	Clinical-Child
5/18/12	Assessing & Managing Suicide Risk: Clinical Core Competencies for Mental Health Professionals	Vanessa M. Lewis, LMSW	6.5	Clinical
5/21/12	Strategies and Applications for Eliciting Accurate Disclosures from Juveniles	Kyle Scherr, PhD	1.5	Clinical-Child
5/22/12	Leadership Training - Part 6	G. Jerry van Rossum, MA, MBA	2	Leadership
5/29/12	Competency Case Supervision (5/24/12 & 5/29/12)	Melissa Sulfaro PsyD, LP	1.5	Clinical-Child
6/4/12	Detriot Community Health Connection Services	Claudia Corbin	0.5	Clinical-Child
6/6/12	Detroit-Wayne County Change Agent Training	Christie A. Cline, MD, MBA, PC; Kenneth Minkoff, MD	5.5	Clinical-Child/COD

Annual Training
January 1, 2012 through December 31, 2012

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
6/7/12	Food, Stress, & the Brain	Institute for Natural Resources	6	Clinical
6/11/12	Adolescent Gambling Issues	Denise Phillips, MSW, ACSW, LMSW, CAADC, NCGC-II, BACC	2	Clinical-Child
6/12/12	ACT-Basic Elements of Assertive Community Treatment	VCE online/Virgil M. Williams, Jr. LMSW	1.5	Clinical
6/12/12	ACT-Advanced Elements I: Recovery and Stress-vulnerability Model	VCE online/Virgil M. Williams, Jr. LMSW	1	Clinical
6/12/12	ACT-Advanced Elements II: Core Processes of Assertive Community Treatment	VCE online/Virgil M. Williams, Jr. LMSW	1	Clinical
6/12/12	ACT-Advanced Elements III: Service Areas of Assertive Community Treatment	VCE online/Virgil M. Williams, Jr. LMSW	1	Clinical
6/12/12	Infection Control and Standard Precautions (2012) - (Various Dates thru 2012)	VCE online/Roberta Francisco, MSN, RN, MSA	0.5	UP
6/12/12	Limited English Proficiency (2012) - (Various Dates thru 2012)	VCE online/Risarg (Reggie) Huff	0.5	LEP
6/13/12	Corporate Compliance (2012) - (Various dates thru 2012)	VCE online/Chris Allman, JD	0.5	CC
6/14/12	Cultural Competency: Working with LGBTQ Youth (Staff completed between 6/10/12 - 12/31/12)	VCE online, Amorie Robinson, PhD, LP	1.5	Clinical-Child/CD
6/18/12	Culture Change Training - Mind the Gap	Gerry vanRossum, MA, MBA and Rachel vanRossum-Thorpe	5	Administrative
6/21/12	CMHGR: Critical Review of Evidence-Based Pharmacological Treatment in Children and Adolescents with Major Neurological Disorders	Luke Tai, MD	2	Clinical-Child
6/25/12	Depression in Children and Adolescents	Sravanthi Pajerla, MD	2	Clinical-Child
6/28/12	Cognitive Behavioral Treatment of Children & Adolescents	VCE online (Michael Butkus, PhD, LP)	2	Clinical-Child
6/29/12	Basic Principles of Detoxification	VCE online - Mark Menestrina, MD, FASAM	1.5	Clinical

Annual Training
January 1, 2012 through December 31, 2012

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
6/29/12	Happiness: How Positive Psychology Changes Our Lives	Cross Country Education	6	Clinical
7/6/12	HIPAA Comprehensive 2012 (Various dates thru 2012)	VCE online - Kevin Kelly, J.D.	2.5	HIPAA
7/6/12	Pediatric Traumatic Brain Injury	VCE online - Seth Warchausky, PhD	1.5	Clinical-Child
7/9/12	Clear Vision: The Power of Story to Heal and Rejuvenate Therapists from Compassion Fatigue	Linda Peterson-St. Pierre, PhD	5	Clinical
7/10/12	Finding a Safe Place: Creating Safety from Domestic Violence through Art	Gretchen M. Miller, MA, ATR-BC, CTC	3	Clinical-Child
7/10/12	Project Limelight	Robert Lyles, JD, CTS	3	Clinical-Child
7/10/12	Neurodevelopment Lens into Play Based Self-Regulation Trauma Interventions	Pamela Lemerand, PhD	6	Clinical-Child
7/10/12	Write Out Loud	Childhood Trauma Practitioner's Assembly	3	Clinical-Child
7/10/12	Trauma Interventions & Aspergers	Childhood Trauma Practitioner's Assembly	3	Clinical-Child
7/10/12	Confronting Death in School	Childhood Practitioner's Assembly, Dave Opalewski, MA	3	Clinical-Child
7/10/12	PTSD and Eating Disorder	Childhood Practitioner's Assembly, Caelan Kuban, LMSW, CTC-S	3	Clinical-Child
7/10/12	Trauma Reactions: Voices from Children Diagnosed with Aspergers	Sarah Slamer, MA, CTC-S & Dana Richards, MA, LLP	3	Clinical-Child
7/11/12	ADHD & PTSD Differential Diagnosis	Caelan Kuban, LMSW, CTC-S	3	Clinical-Child
7/11/12	Trauma-Informed Expressive Arts Therapy: A Sensory Based Approach to Treatment	Carmen Richardson, MSW, RSW RCAT, REAT	6	Clinical-Child
7/11/12	Trauma-Informed Care with Youth At-Risk for Gang Involvement	Elizabeth David, MS, LCAT, Duncan Bethel, MSEd, BSW	3	Clinical-Child

Annual Training
January 1, 2012 through December 31, 2012

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
7/11/12	HIPAA Basics (2012) - (Various dates thru 2012)	(VCE online) Eiane Ciric, LBSW	0.5	HIPAA
7/12/12	Trauma Informed Assessment Interventions - Part I	Jim Henry, PhD, Mark Sloane, DO	6	Clinical-Child
7/12/12	Healing the Helper: Preventing Compassion Fatigue and Self Care	Lori Gill, MA, CTS	3	Clinical
7/12/12	Trauma Work with Children Exposed to Domestic Violence	Tina Bryant, MSW, LMSW	3	Clinical-Child
7/12/12	Effects of Grief and Non Traumatic Grief on Children's Human Figure Drawings	Cynthia O'Flynn, PhD, ATR-BC, Med, CTC-S	3	Clinical-Child
7/12/12	Limited English Proficiency (Various dates thru 2012)	(VCE online) Risarg (Reggie) Huff	0.5	LEP
7/12/12	Trauma-Focused Day Treatment Program	Mary M. Kreitz, MA, Sharon Nunn & Alexander, MSW and Lisa Levering MA	3	Clinical-Child
7/13/12	Trauma Informed Assessment Interventions - Part II	Jim Henry, PhD, Mark Sloane, DO	6	Clinical-Child
7/13/12	What Really Gets Worked Out in the Sandtray?	Theresa Fraser, Elizabeth Sawyer-Danowski	3	Clinical-Child
7/13/12	The Impact of Trauma-Informed Schools on Behavior and Achievement	Barbara Oehlberg, MA	3	Clinical-Child
7/13/12	Born Schizophrenic: January's Story	Video	2	Clinical-Child
7/13/12	Who Let the Dog In?	Amber Lange, PhD, Christie Jenkins, PhD, Shelley Wanner, MEd, Jackie Boyd, MEd, Suzanne Reinhart, MEd, Jenny Barlos, Client Services Directo	3	Clinical-Child
7/18/12	Systems Transformation Learning Series: Topic that Impact Recovery-Oriented Co-Occurring Services	David Mee-Lee, MD, MS	5.5	Clinical-Child/COD
7/23/12	Leadership Training - Part 7	G. Jerry van Rossum, MA, MBA	2	Leadership

Annual Training
January 1, 2012 through December 31, 2012

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
7/26/12	New Hire - Recipient Rights Training (Various dates thru 2012)	Marsha Adams	5	RR
7/31/12	Impact of Child Trauma on Sensory Processing (Various Dates thru 2012)	VCE Online - Ben Atchison, PhD	3	Clinical-Child
8/2/12	Excel Fundamentals	Andrew Silver, CMMM - Training Director, MDCH Office of Recipient Rights	2	Computer
8/8/12	Excel Training - Part 2	Andrew Silver, CMMM - Training Director, MDCH Office of Recipient Rights	2	Computer
8/10/12	Accessing and Managing Suicide Risk: Clinical Core Competencies for Mental Health Professionals	Vanessa M. Lewis, LMSW	6	Clinical-Child
8/15/12	A Foundational Course in Cultural Competence (2012)	Rita Crooks	0.5	CD
8/16/12	CMHGR: Children and Separation: Issues of Military Deployment	Maritza Rodriguez-Arseneau	3	Clinical-Child
8/21/12	Leadership Training - Part 8	G. Jerry van Rossum, MA, MBA	2	Leadership
8/22/12	Home Based Workers Retreat	Jay Spiro & Cideon Harvey	7	Clinical-Child
8/22/12	Darkness to Light	Lacea Zarala, LMSW	3	Clinical-Child
8/23/12	STLS: Trauma Matters: Helping Women and Men Recover: A Trauma-Informed Approach (8/22/12 & 8/23/12)	Stephanie Covington, PhD, LCSW	11	Clinical
8/27/12	Psychostimulants for ADHD-Like Symptoms in Individuals with Autism Spectrum Disorders	Medscape video	1	Clinical
8/27/12	PTSD: Principles of Diagnosis and Treatment	Medscape video	0.75	Clinical
8/27/12	Fundamentals of Major Depressive Disorder Treatment in Adults, Volume 4	Medscape video	1.75	Clinical
8/28/12	Cognitive Behavioral Treatment of Children & Adolescents (VCE Online Course - 2012)	Michael Butkus, PhD, LP	2	Clinical-Child

Annual Training
January 1, 2012 through December 31, 2012

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
8/29/12	Qualified Children's Mental Health Supervisors Core Competencies: Train the Trainer (7/20/12 or 8/29/12)	Angela Brenz, LMSW; Patricia Cok, MA, LMSW, LPC; Kimberly Hinton, LMSW, ACSW; Naimah Jefferson, LLMSW; Lori Joris, BS, Marisa Nicely, LMSW,	5	Clinical-Child
9/5/12	Play Therapy with Children - 2012 (Various Dates thru 2012)	Douglas Davies, PhD, MSW	2	Clinical-Child
9/5/12	Detroit-WCCMH Change Agent Training	Kenneth Minkoff, MD. And Christie A. Cline, MD, MBA	4	COD
9/6/12	Gender Development in Children - 2012 (Various Dates thru 2012)	Don Spivak, MD	2	Clinical-Child
9/10/12	Dissertation Presentation - Understanding Juvenile Sex Offenders	Dr. Lindsay Carr, PhD, LLP	2	Clinical-Child
9/14/12	Facilitating Activities for People with Dementia	Diane Zide, CTRS	6	Clinical
9/17/12	CMHP Training: Strength Based Assessments, Crisis/Safety Planning, Family Plan of Service, Measurable Goals and Objectives	Sharon Foster, PhD, LP, Tangenilla Fry-Riggins, PhD, LP, Terian Daily, MSW, LMSW, Glenn Momeyer, MS, LBSW	2	Clinical-Child
9/17/12	Advanced Directives for Medical and Men	Jacquelyn Summerlin	1	Clinical
9/17/12	System Transformation Learning Seriies: The National Prospective on Co-Occurring disorders and the Next Step	Annelle Primm, MD, MPH, H.Westley Clar, MD, JE, MPH, Stuart Gitlow, MD, MPH, MBA, and Norman Hoffmann, PhD	6	COD
9/18/12	Leadership Training - Part 9	G. Jerry van Rossum, MA, MBA	2	Leadership
9/18/12	Community Drug Strategy for Environmental Change	Michele Reid, MD, Gerry Polverent, BS, Comm. Harold Rochon, Capt. Khaled Sabbagh, Michaels Johnson, LMSW, Ken Krygel, Kevin O'Hare, BA,	5.5	Clinical
9/18/12	Trendy Drug Use Uncovered and Youth	Ken Krygel	1.5	Clinical-Child
9/18/12	Toxic People: Living and Working with High-Conflict Individuals	Joseph Shannon, PhD	6	Clinical

Annual Training
January 1, 2012 through December 31, 2012

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
9/18/12	9 year old psychopath	NY Times (PsychSystems P.C.)	1	Clinical-Child
9/20/12	Understand and Supporting Children whose parent has a serious Pyschiatric Illness	Joanne Riebschleger, PhD, LMSW	3	Clinical-Child
9/20/12	CMHGR: Understanding & Supporting Children (Ages 6-12) Whose Parents Have a Serious Psychiatric Illness	Joanne Riebschleger, PhD, LMSW	3	Clinical-Child
9/24/12	Use of Scare Tactics in the Treatment of Juvenile Offenders	Karla Klas, BSN, RN, CCRP	1.75	Clinical-Child
9/25/12	Educating our Community to Prevent the Stressors of Loss & Trauma	Detroit Department of Health and Wellness Promotion	3	Clinical
9/26/12	Children & Youth with Disabilities in Child Welfare Systems	Ann Carrellas, LMSW	1	Clinical-Child
9/26/12	CGR Co-Occurring Disorders in Children	Calvin Trent, PhD	2	Clinical-Child
9/27/12	The Key: Understanding the Mindset of a Youth with Suicidal Ideation	Cheryl A. King, Ph.D. and Heidi Bryan, B.A.	1.5	Clinical-Child
9/28/12	Trauma & Loss in Children Practical Interventions & Strategies	William Steele PsyD, MSW	6	Clinical-Child
10/1/12	Case Presentation - (Cardarrine Jenkins - Panel Coordinator)	Tancier Baker, MA, LLPC, Dwight Sanders, MA, LLPC	1	Clinical-Child
10/4/12	Integrative Relational Trauma Therapy Using Trauma-Informed Expressive Art and Play in the Treatment of Sexual Abuse	Carmen Richardson, MSW, RSW, RCAT, REAT	5.5	Clinical-Child
10/11/12	Michigan Department of Human Services Psychotropic Medication in Foster Care Policy	Jeanette M. Scheid, MD, PhD, Debera Eggleston, MD, Connie Conklin, LMSW	2	Clinical-Child
10/11/12	Childhood Development: How Do You Catch Problems Early?	Medscape	0.5	Clinical-Child
10/11/12	Interventions for Adolescents and Young Adults with Autism Spectrum Disorders	Lynn Goldenberg, RN, BSN	1	Clinical-Child
10/11/12	Physical Activity in Adolescence Staves Off Depression in Adulthood	Medscape	0.25	Clinical-Child
10/11/12	Computerized Intervention May Help Teens With Depression	Medscape	0.25	Clinical-Child

Annual Training
January 1, 2012 through December 31, 2012

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
10/11/12	Asthma and Mental Health Among Youth: Etiology, Current Knowledge, and Future Directions	Medscape	1	Clinical-Child
10/15/12	Comparing Pharmacologic, Behavioral, and Psychosocial Interventions for Attention Deficit Hyperactivity Disorder in Children	Lynn Goldenberg, RN, BSN	1	Clinical-Child
10/15/12	Case Management for Juvenile Offenders and their Families	Kelvin Banks, MSW, LLMSW & Glenn Momeyer, MS, LBSW	1.75	Clinical-Child/CM
10/15/12	BSFT Workshop I & Workshop II (Part 1)	Monica Zarate, MS, Ed, LMHC	6.5	Clinical-Child
10/16/12	Leadership Training - Part 10	Jerry vanRossum, MA, MBA	2	Leadership
10/16/12	BSFT - Workshop I & II (Part 2)	Monica Zarate, MS, Ed, LMHC	6.5	Clinical-Child
10/17/12	BSFT Workshop I & Workshop II (Part 3)	Monica Zarate, MS, Ed, LMHC	6.5	Clinical-Child
10/18/12	Asperger Syndrome in Children: Diagnosis, Treatment & Perspective	Jason Hamel, MS, LLP & Rick Kornspan, MHSA	2	Clinical-Child
10/18/12	BSFT Booster	Monica Zarate, MS, Ed, LMHC	7.5	Clinical-Child
10/18/12	The Forecast: Can we Predict which 8-year-old Children may in time become Suicidal	Well Aware Webinar	1.5	Clinical-Child
10/19/12	Transformatie Leadership in a Time of Crisis in the Human Services	Willie F. Tolliver, D.S.W. & Steve Burkhardt. PhD	4.5	Leadership
10/22/12	True Colors (Professional Staff)	G. Jerry van Rossum, MA, MBA	6	Organizational Culture
10/23/12	Comparative Effectiveness of Therapies for Children with Autism Spectrum Disorders	Baylor College of Medicine	1	Clinical-Child
10/23/12	Child Abuse	CEUFast, Inc.	1	Clinical-Child
10/29/12	Ethical Issues in Child & Family Therapy (2012)	Pasquale Vignola, MA, LLP (VCE online)	3	Clinical-Child

Annual Training
January 1, 2012 through December 31, 2012

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
10/31/12	Forensic Supervision (Various dates throughout 2012)	Susan Tremonti, Ph.D., LP	11	Clinical-Child
11/2/12	Personal Safety Skills - 2012 Curriculum	Jay Spiro	3.5	Safety
11/5/12	HIPAA and SAL Codes	Glenn Momeyer, MS, LBSW	1	HIPAA/CC
11/7/12	Trauma Learning Series - Time for Relilience: How to Build Resilience in Children	Sarah Slamer, MA, LLPC, CTC-S	3	Clinical-Child
11/12/12	Testimony	Peter Schummer, Deputy Court Administrator and Kathleen Allen, Chief Referee	1	
11/15/12	Case Management for Juvenile Offenders and their Families	Kelvin Banks, MSW, LLMSW & Glenn Momeyer, MS, LBSW	1.75	Clinical-Child/CM
11/19/12	Current Issues in Juvenile Justice (2 day seminar on legal issues; Autism Spectrum Disorder, Juvenile Substane Abuse Identifiction, Assessment & Treatment; Juvenile Sex Offender Treatment; Interactive Case Management; Testifying in Court)	MJI Seminar	16	MJI
11/27/12	Bullying in Children & Youth (2012 Homestudy course)	Elite Continuing Education	4	Clinical-Child
11/27/12	Leadership Training - Part 11	G. Jerry van Rossum, MA, MBA	2	Leadership
11/28/12	Interdisciplinary Approaches to Pain Management - 2012	VCE Online (Sheria Robinson, RN, MSN, MHA, CHPN)	1	Pain
11/29/12	Standardized Field Sobriety Testing-Drug Training	Public Service Institute	8	COD
11/29/12	The Field Guide to ACT - 2012	VCE Online (Roberta Walker, LMSW, ACSW)	0.5	Clinical
11/29/12	Overview of Permanent Supportive Housing (PSH) - 2012	VCE Online (Laurie C. Curtis, MA, CPRP)	1	Clinical
11/30/12	Juvenile Justice Training Academy Kickoff	Jerry Nehr, Jr., MA, Heidi Wale, MS, LLP, Barbara Beeckman, Lori Denter, LMSW, Debbie Vasquez, Lida Schneider, MSA, Carlynn Nichols, LMSW	4.5	Clinical-Child

Annual Training
January 1, 2012 through December 31, 2012

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
11/30/12	Independent Facilitation for Person Centered Planning - 2012	VCE Online (Risa Coleman, MSN, RN)	2	Clinical
11/30/12	Foundations of Self-Determination - 2012	VCE Online (Tom Nerney, MA)	1	Clinical
12/1/12	Clinical Issues & Sexual Orientation: A Training for Therapists (11/30/12 & 12/1/12)	Dr. Fran Brown, Jay Kaplan, Dr. Joe Kort, Dr. Judith Kovach, Dr. Amorie Robinson, Dr. Don Spivak, Dr. Maxine Thome, Joe Lanni	12	Clinic/CD
12/3/12	Ethics, Workplace Violence, and Limited English Proficiency	Cpl. Tracy Robinson; Michelle, Milligan, MSW, LMSW; Glenn Momeyer, MS, LBSW	2	Safety/Ethics/LEP
12/7/12	Michigan Mental Health and the Law 2012	Mark Cody, JD; Michelle Weemhoff, MSW; William J. Heaphy, Jr, JD; Beth A. Wittmann, JD	6	Clinical
12/11/12	Workplace Violence, Limited English Proficiency, and Ethics	Glenn Momeyer, MS, LBSW	2	Safety/Ethics/LEP
12/31/12	CMHP Training: Strength Based Assessments, Crisis/Safety Planning, Family Plan of Service, Measurable Goals and Objectives - (Various Dates thru 2012)	DVD Recording - Sharon Foster, PhD, LP, Tangenilla Fry-Riggins, PhD, LP, Terian Daily, MSW, LMSW, Glenn Momeyer, MS, LBSW	2	Clinical-Child
12/31/12	Recipient Rights Annual (staff completed between 1/1/12 thru 12/31/12)	VCE On-line, Eunice Howard, Kip Kliber	1	RR