

THIRD JUDICIAL CIRCUIT OF MICHIGAN



CLINIC FOR CHILD STUDY 2013 ANNUAL REPORT



THIRD CIRCUIT COURT CLINIC FOR CHILD STUDY 2013 Annual Report

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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 2013, the CARF surveyors said of the Clinic:

“Since 1915, Clinic for Child Study has successfully merged the services of a mental health clinic with meeting the legal demands of the Third Circuit Court. Given its unique focus the organization has been able to utilize therapeutic jurisprudence to motivate youths and their families to comply with mental health treatment and the conditions of the court. All of this is achieved with a traditionally underserved population where it is more acceptable to be delinquent than to receive services for a treatable mental health concern.”

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 2013, 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).

Clinic for Child Study Values

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.

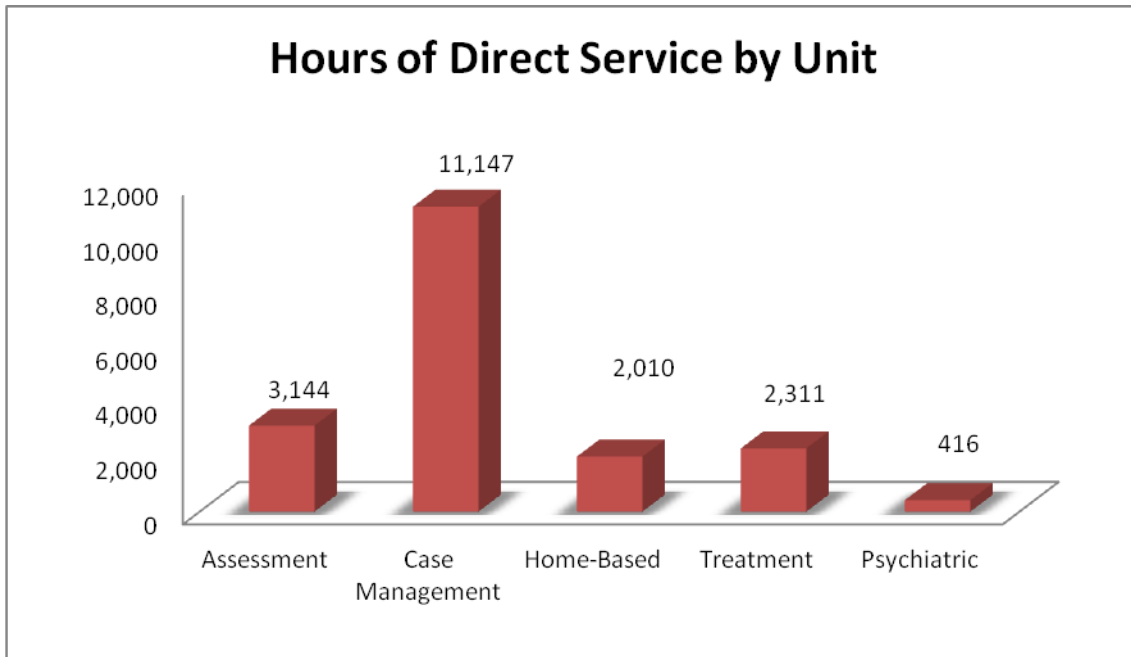
Empowerment

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

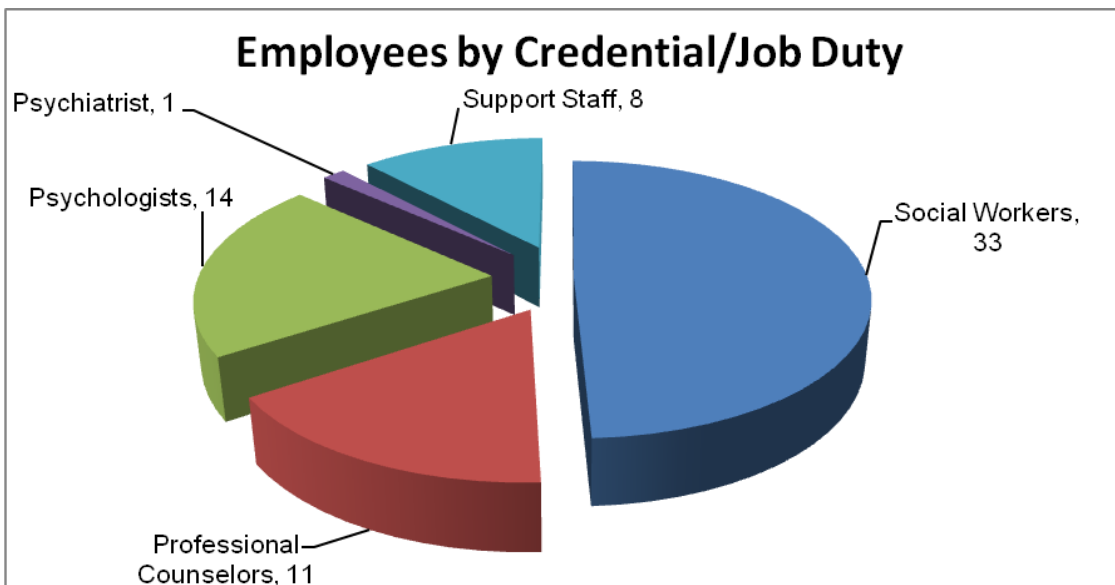
Service Delivery Units

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), Diversion Treatment Unit (DTU), Family Assessment Unit (FAU), Home-Based Unit (HBU), and Juvenile Social Assessment Unit (JSAU).

During 2013, the Clinic provided 19,028 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 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.
- *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.

- 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.
- 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.
- 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.
- 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.

The Clinic for Child Study's psychiatrist evaluates youth to determine their need for psychotropic medication. In 2013 there were 141 new 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 Incurability 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 generally 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.

REFERRAL COMPARISON 2010-2013

Type of Referral/Unit	2010	2011	2012	2013
Family Assessment for Protective Hearings (FAU)	894	586	397	395
Delinquency Hearings (CAAU or JSAU) * Total of 7 types of cases listed in this section	770*	1024*	1113*	873*
Psychological Testing (CAAU)	215	280	418	338
Psychosocial Assessment (JSAU)	177	412	547	431
Blended Psychological Testing/ Psychosocial Assessment (CAAU/JSAU) *This type of assessment was discontinued in 2011	333	238	0	0
Psychiatric Assessment (CAAU)	1	6	7	2
Competency Only (CAAU)	12	2	6	7
Competency and Criminal Responsibility (CAAU)	32	68	83	51
Criminal Responsibility Only (CAAU)	0	2	0	0
STAND Psychological Assessment	--	16	52	44
Diversion Treatment Unit (Case Management)	--	75	209	177
Case Management (CWS)	461	497	530	415
Medication Management (MED)	94	138	163	141
Treatment (CTU)	297	333	462	368
Home-Based (HBU)	50	59	33	51

2013 Consumer Demographic/Diagnostic Information

Ethnicity New Referrals		
African American	908	69.58%
Caucasian	285	21.84%
Hispanic	33	2.53%
Multi-racial	18	1.38%
Arab/Chaldean	13	1.00%
Native American	3	0.23%
Asian	0	0.00%
Other	4	0.31%
Unknown	41	3.14%
Total	1305	100%

Income New Referrals		
\$0-10,000	1147	87.89%
\$10,001-20,000	84	6.44%
\$20,001-30,000	48	3.68%
\$30,001-40,000	20	1.53%
\$40,001-50,000	3	0.23%
\$50,001-60,000	2	0.15%
\$60,001-70,000	1	0.08%
\$70,001-80,000	0	0.00%
\$80,001-90,000	0	0.00%
\$90,001-100,000	0	0.00%
Over \$100,000	0	0.00%
Total	1305	100%

Gender New Referrals		
Male	846	64.83%
Female	454	34.79%
Not Entered	5	0.38%
Total	1305	100%

Residence New Referrals		
Detroit	813	62.30%
Out-County	492	37.70%
Total	1305	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	774	59.31%
Paper	531	40.69%
Total	1305	100%

Diagnoses Analysis		
Diagnostic Category	Numbers	Percentages
Conduct/Oppositional Disorders	1357	53.51%
Mood Disorders	520	20.50%
Anxiety Disorders	58	2.29%
Impulse Control Disorders	15	0.59%
Adjustment Disorders	116	4.57%
V Codes	109	4.30%
Other Disorders	361	14.24%
Total	2536	100.00%

Focus Group Results

In 2013, four consumer focus groups were held. Two groups were comprised of youth from the Clinic's SAIT groups, one from the Clinic's LifeSkills group and another from youth and parents waiting to be seen in the lobby. In total there were 15 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.

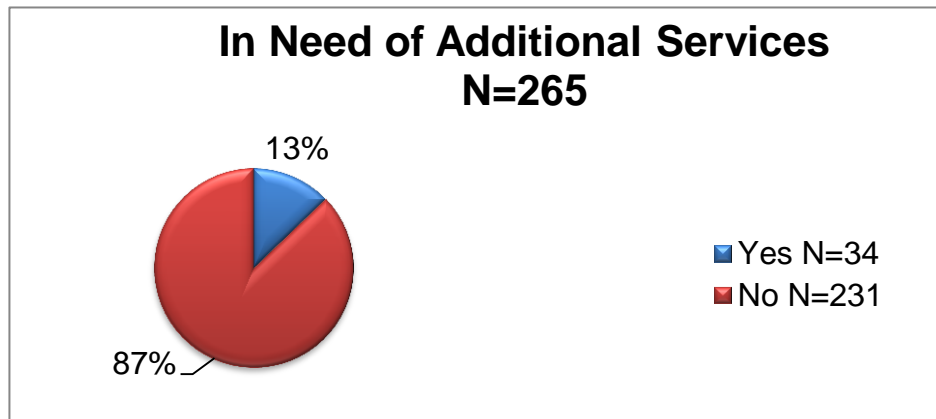
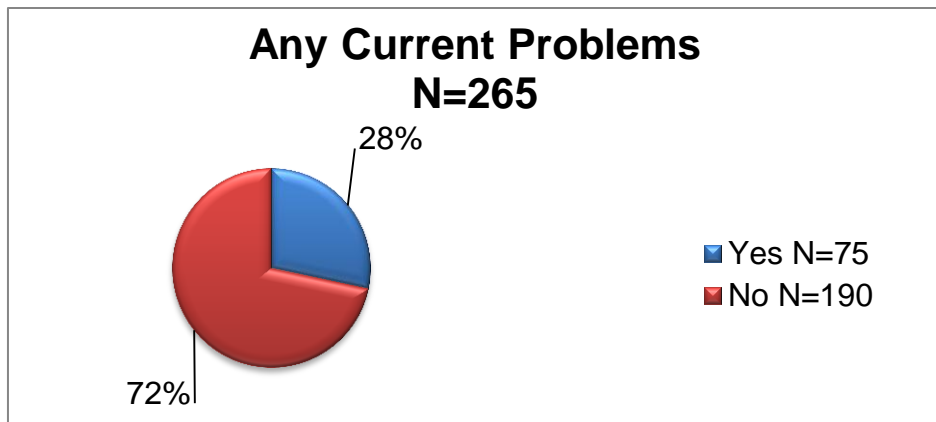
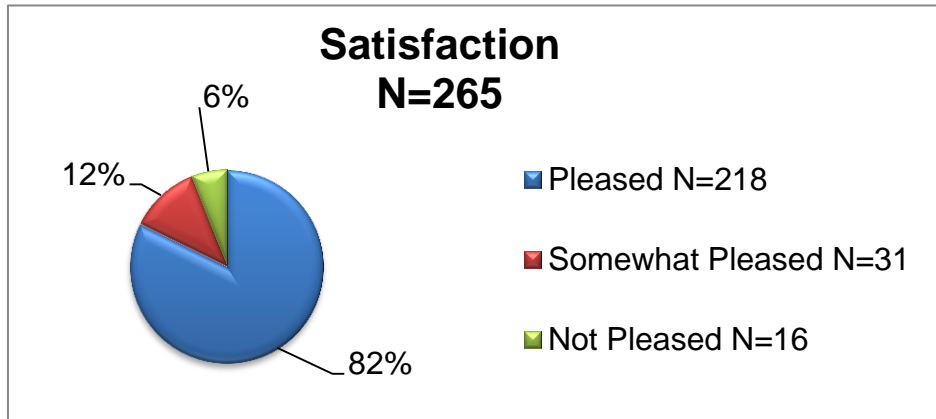
Follow-up Surveys

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 11 for overall results.)

Satisfaction Survey Results

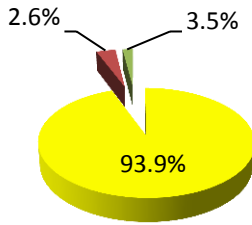
The QI department regularly assesses consumer satisfaction through written surveys offered to all consumers. A total of 413 consumers completed surveys in 2013. There were 354 MI-Child surveys received, with a positive response percentage range of 84.7% to 96.6% across all questions. There were 59 MI-Adult surveys received, with a positive response percentage range of 89.3% to 98.9% 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 12 and 13 for results on all questions.)

2013 Follow-up Survey Results CTU/CWS/DTU/HBU

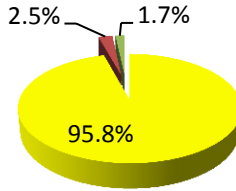


MI-Child Client Satisfaction Survey 2013 Results (354 Surveys Collected)

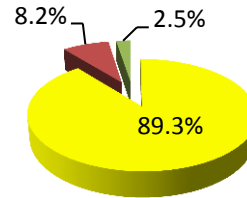
1. It was easy to get help when I needed it.



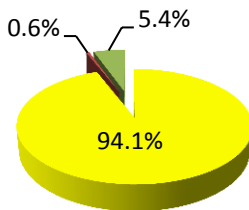
2. I was seen in a timely manner or someone explained why.



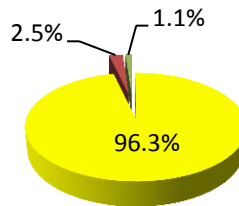
3. I would tell anybody that needed help to come here.



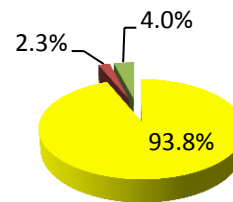
4. They kept what I said private.



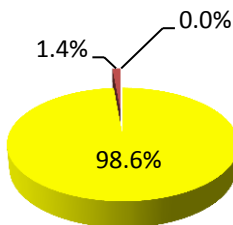
5a. The person I saw discussed my needs, wants and desires.



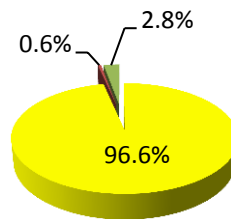
5b. They helped me get what I wanted.



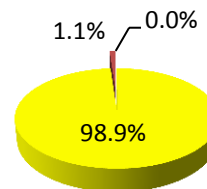
6. Everyone here was polite to me.



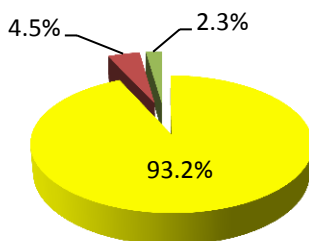
7. When I asked for a referral, I got it.



8. I feel safe in this environment.



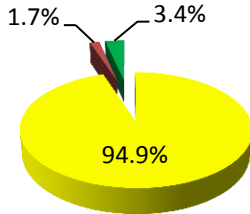
9. I felt better about myself after coming here.



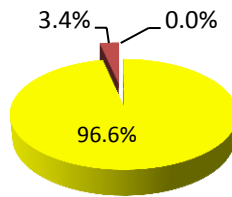
■ Percentage of Yes/Neutral Responses
■ Percentage of "No" Responses
■ Percentage of "NA" responses

MI-Adult Client Satisfaction Survey 2013 Results (59 Surveys Collected)

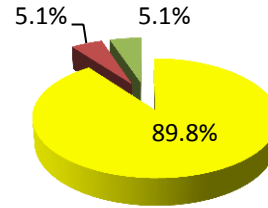
1. It was easy to get the services that I thought I needed.



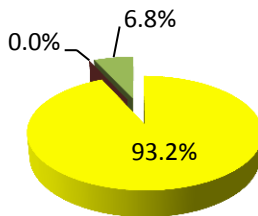
2. I was seen in a timely manner or someone explained why.



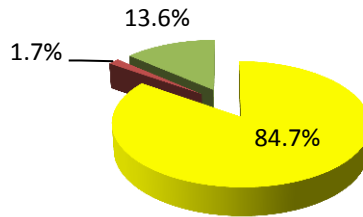
3. I would tell anybody that needed help to come here.



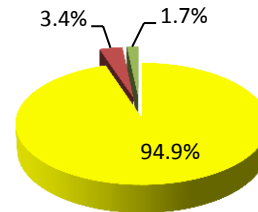
4. They kept what I said private.



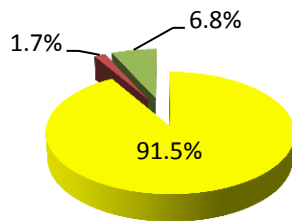
5. The person I saw discussed my needs, wants and desires.



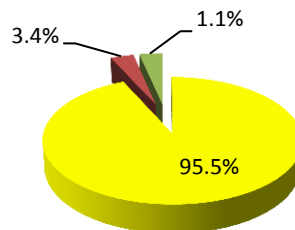
6. Everyone here was polite to me.



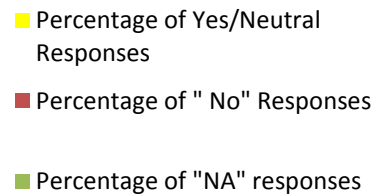
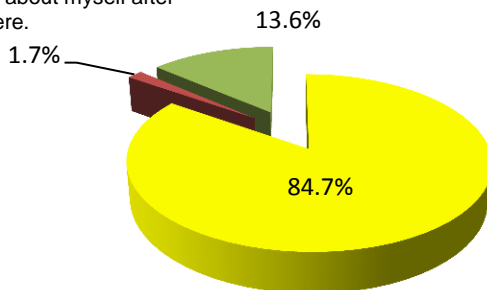
7. They helped me get what I wanted.



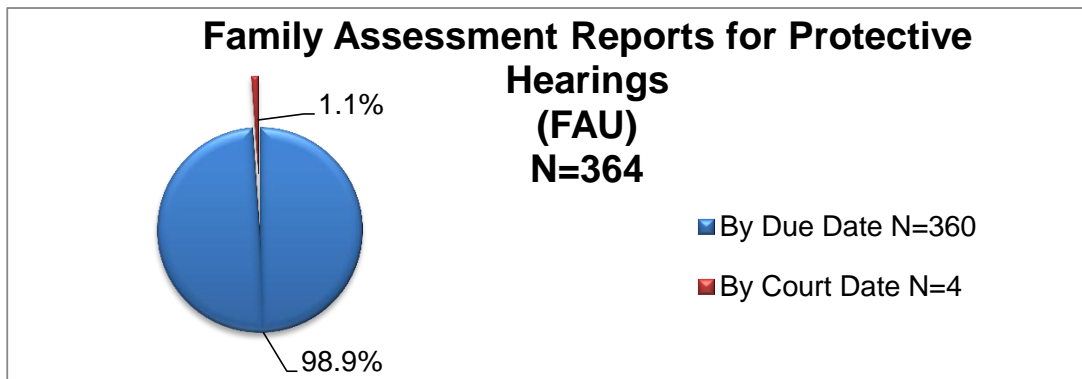
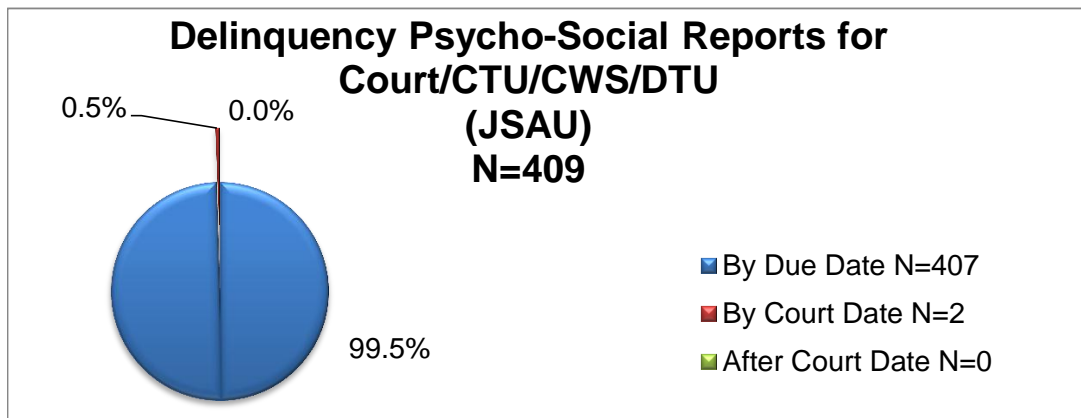
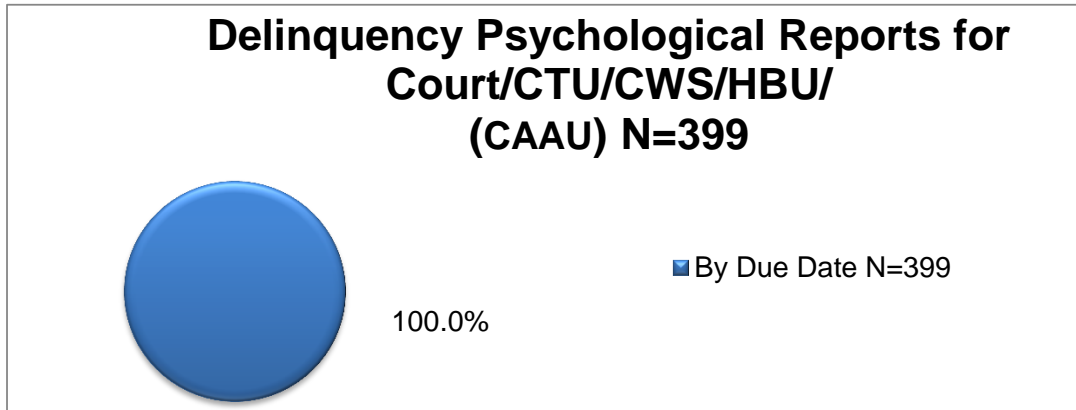
8. I feel safe in this environment.



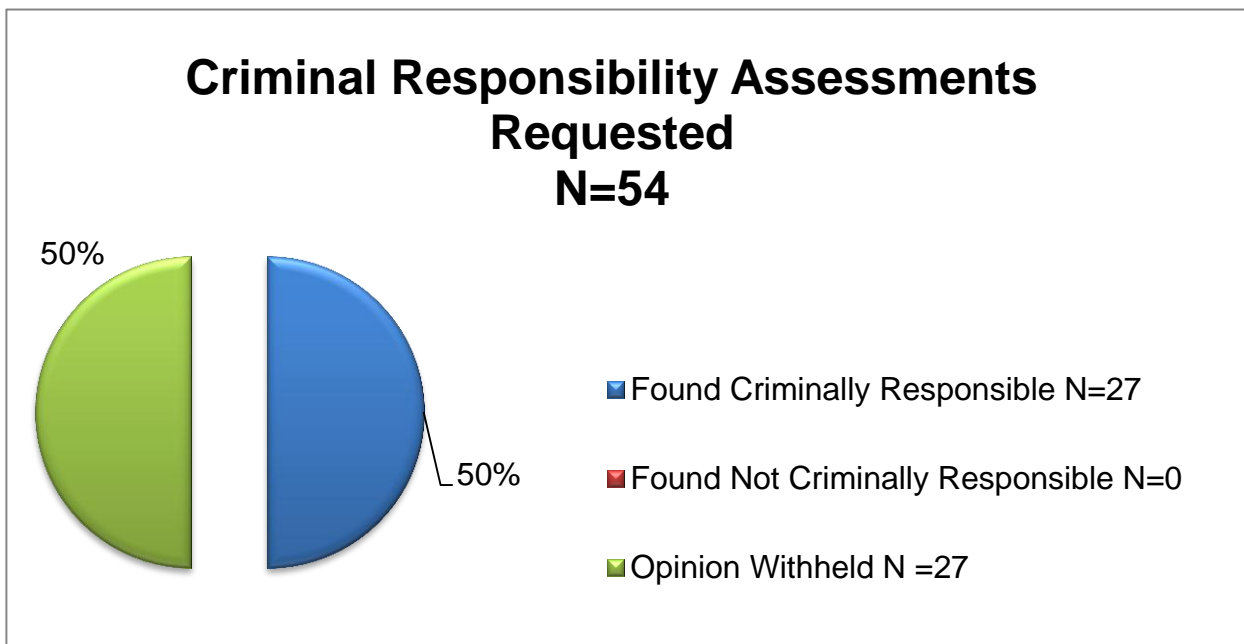
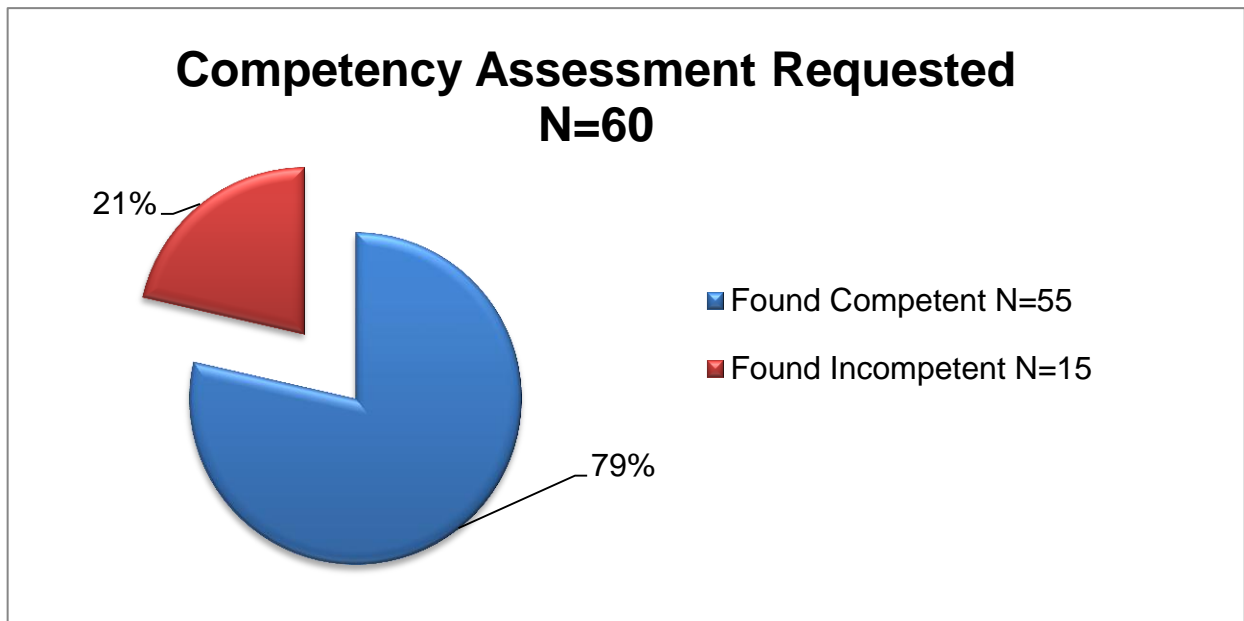
9. I felt better about myself after coming here.



2013 Assessment Report Timeliness

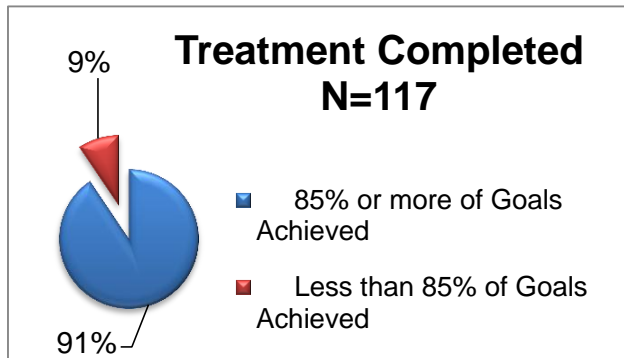
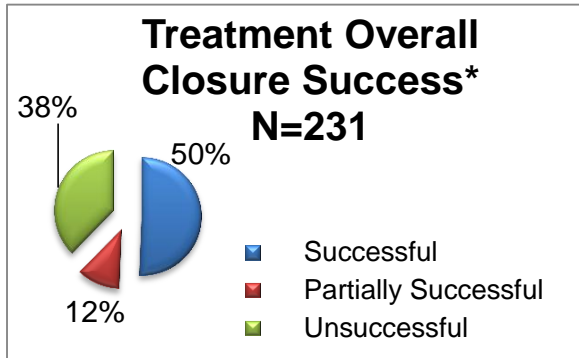


2013 Specialized Assessment Results



2013 Clinic Treatment Unit and Home-Based Unit Results

Total Number of Children Served by the Clinic Treatment Unit	390
Total Clinic Treatment Cases Closed with Contact	231
Successful	117
Partially Successful	27
Unsuccessful	87
Cases Closed that Completed Treatment	117
85% or more of Goals Achieved	106
Less than 85% of Goals Achieved	11
Cases Closed That Failed to Complete Treatment	114

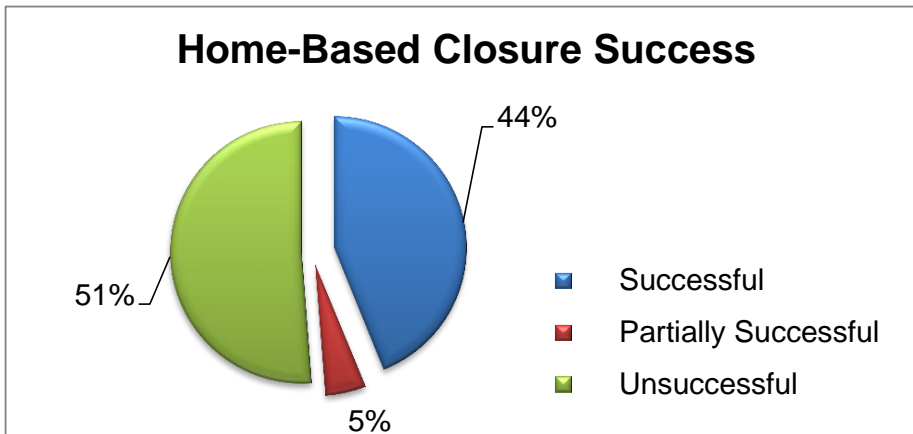


*This chart includes consumers who terminated treatment prematurely

Total Number of Children Served By the Home-Based Unit	72
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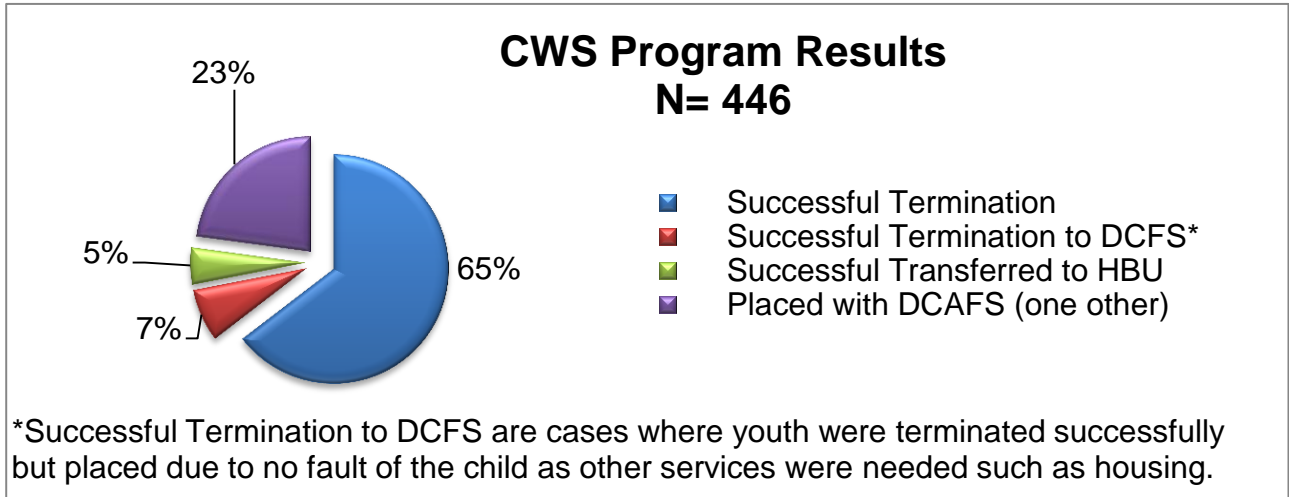
Referrals to HBU tend to be those cases that are already heading for placement when referred to HBU.

Total HBU Cases Closed with Contact	41
Successful	18
Partially Successful	2
Unsuccessful	21



2013 Case Management Outcome Results

Total Number of children in Casework Services in 2013	692
Casework Services Closed Cases	446
Successful Termination	288
Successful Termination to DCFS*	33
Successful Transferred to HBU	23
Placed with DCAFS (one other)	102

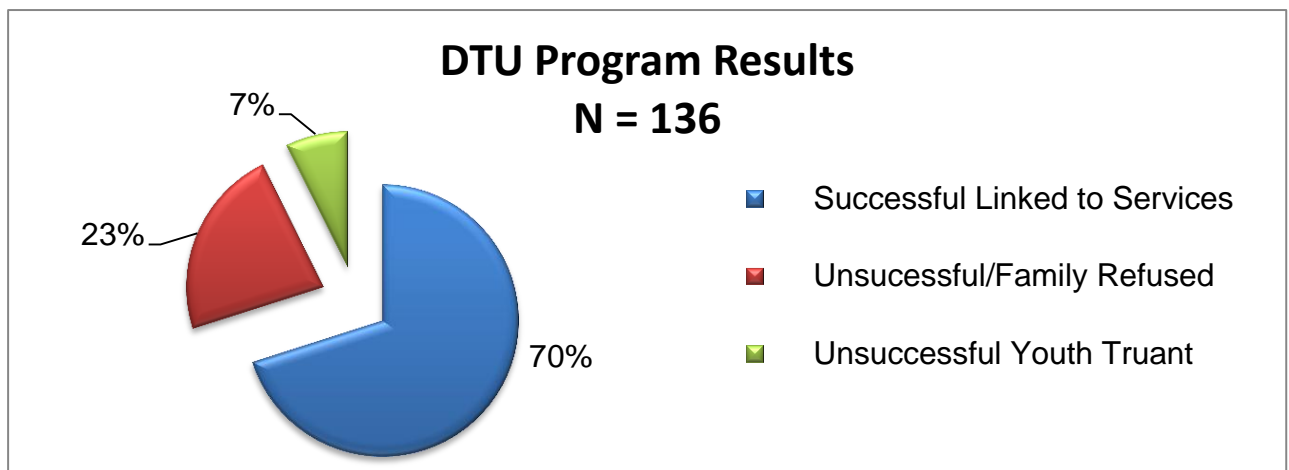


Termination Review of Successful CWS Closures for 2012

Successful Terminations in CWS in 2012	300	
No further Juvenile Charges as of end 2013	277	92.3%
New Juvenile Court Charges	23	7.7%

Total Number of children in Diversion Treatment Unit 198

Diversion Treatment Unit Closed Cases	136
Successful Linked to Services	96
Unsuccessful/Family Refused	31
Unsuccessful Youth Truant	10

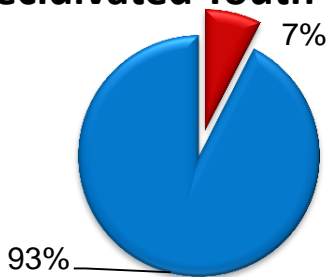


2013 Post Treatment Recidivism Rates for Youth Who Have Completed SAIT

One-year and three follow-up studies were completed for youth who finished SAIT services in 2012 and 2010. 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.

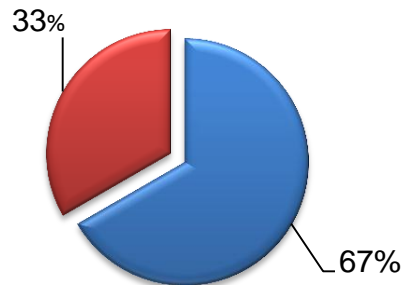
A total of 40 youth completed SAIT services in **2012**. Out of these 40 youth who completed SAIT, there were a total of 3 youth who had subsequent criminal offenses. Of the 3 youth who committed further criminal activity, 1 committed a subsequent charge for a sexual offense. The other 2 youth were found to have controlled substances.

Recidivated vs Non-Recidivated Youth



- Recidivated youth N=3
- Non-Recidivated youth N=37

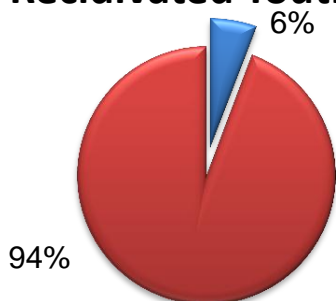
Subsequent Charges



- Other Charges N = 2
- Criminal Sexual Conduct N = 1

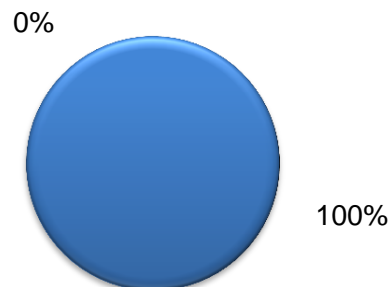
Of the 35 youth who completed SAIT services in **2010**, the majority of the treatment participants, 33 (94%), did not recidivate in any category three-years post treatment, while 2 youth (6%) did recidivate. For those 26 youth who recidivated, no youth had been charged with a subsequent CSC offense. The offenses committed were retail fraud and assault.

Recidivated vs Non-Recidivated Youth



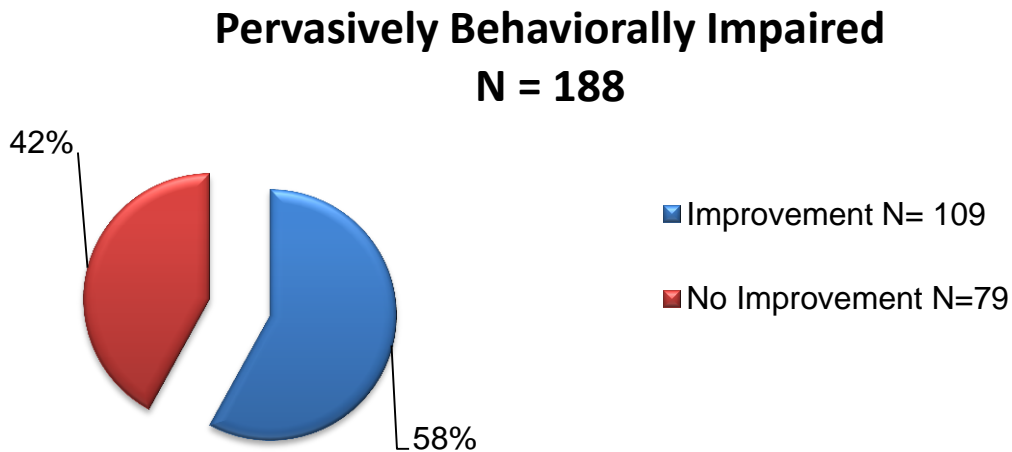
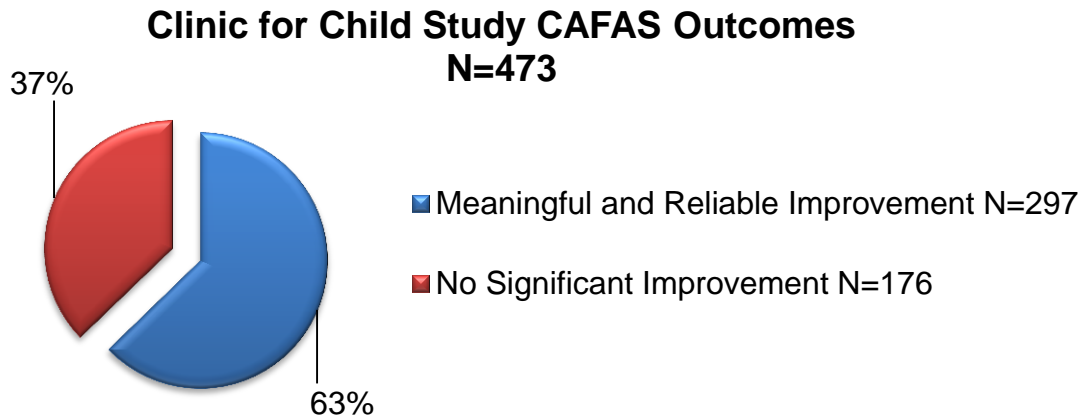
- Recidivated youth N=2
- Non-Recidivated youth N=33

Subsequent Charges



- Other Charges N=2
- Criminal Sexual Conduct N=0

2013 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 2013

- Assist jurists at Juvenile hearings by providing reports 2 business days prior to Court hearings 99% of the time.
In 2013, 806 out of 808 or 99.7% of reports were completed by the due date. In addition, 2 of the 808 or .3% 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 21-24 days of referral, 99% of the time.
In 2013, 360 of 364 or 98.9% of the reports were completed 48 hours in advance of the Court date. In addition, 4 of 364 or 1.1% were completed by the Court date.
- Discharge successfully 67% of the youth in Casework Services (case management) by providing referral assistance, counseling, and crisis intervention to the child and family.
In 2013, there were a total 692 children who received case management services from the Casework Services Unit. Of the 446 cases closed in 2013, 288 or 65% were terminated successfully. An additional 33 or 7% were terminated successfully to the Department of Children and Family Services for additional services, i.e., housing needs and 23 or 5% were transferred to the Home-Based Unit for additional services, resulting in an overall success rate of 77%.
- Close successfully 65% of youth who participate in treatment services as defined by youth who achieve 70% or more of clinical treatment objectives.
There were 408 cases closed in 2013, of which 177 had no contact with the clinician. Of the remaining 231 cases closed, where the client was seen, 117 or 50% were closed 100% successfully, 27 or 12% were closed with partial achievement of goals. The remaining 87 or 38% were unsuccessful closures. The overall rate of success for the closed cases (144) was 62% 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 117 youth who completed treatment in 2013, of which 106 or 91% 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 41 cases were closed with the provision of service, of which 18 or 44% were closed successfully and another 2 or 5% were closed partially successful, producing an overall success rate of 20 or 49%. Youth are often referred to the Home-Based Unit as a last chance prior to placement.

- Successfully link 78% of youth from the Diversion/Incorrigibility dockets to needed services.
In 2013 a total of 136 cases were closed with the provision of service, of which 96 or 70% were successfully diverted.
- Ensure CMH funding by maintaining compliance with changes in Federal/State and accreditation requirements regarding service delivery, financing, billing, reporting, and data management.
Throughout 2013 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 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.
In 2013, 397 of 473 or 63% 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.
Progress continues to be made with integration; however, this is a continual work in progress. It is expected that a new Electronic Health Record will continue to improve integration of the plan of service.
- 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.
All required clinical CMH staff met the 24-hour child-focused clinical training requirement.
- Progress the Culture Change within the Clinic, including but not limited to full implementation of Values.
Individual meetings were held between the Director and all staff which added to the overall progress of changing the culture of the Clinic. However, changing years of culture will be an ongoing process.
- Achieve a three-year accreditation from CARF.
In August 2013, the Clinic was awarded a Three-Year accreditation by 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.
In 2013 there were 6 trainings related to co-occurring disorders held in the community were attended by Clinic staff.
- Maintain BSFT fidelity through the University of Miami within the Treatment and Home-Based Units.
In August 2013 it was determined that the Clinic would discontinue its relationship with the University of Miami.
- 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.
- Expand the use of Trauma Focused Evidenced Based Therapy.
The Clinic continued to participate with the National Institute for Trauma and Loss in Children (TLC) utilizing Structured Sensory Interventions for Traumatized Children, Adolescent and Parents: At-Risk Adjudicated Treatment Program. In addition the Clinic was accepted into the Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) program through the Michigan Department of Community Health. This is a 13 month program where clinicians are certified in TF-CBT if they complete the program.
- Explore and expand the use of Evidenced Based Practices.
The Clinic was accepted into the TF-CBT program which is an evidenced based treatment modal. The Clinic will continue to explore the use of additional evidenced programs in the future.
- Explore and develop therapeutic groups based on population needs.
The Clinic Treatment Unit has continued to develop programs which meet the needs of the youth we serve. The Rainbow Teen group was created this year to offer youth a safe space for discussion, personal growth, and social and coping skill development for teenagers who are "out" to families as gay, lesbian, bisexual, queer, transgender, or gender non-conforming.
- Renew and implement contract with Department of Human Services to provide outpatient treatment services to children and parents involved in abuse/neglect cases.
It has been determined that services can be provided through CMH funding for youth with Medicaid.
- Partner with local Universities to remain up to date on current trends and research.
Contracts were signed with both University of Detroit and Wayne State

University to assist with this goal. Accomplishment will be forth coming in 2014.

- Develop protocol for staff utilization across units.
Based on contract language and precedence set by Union Representation, staff with same classifications can be reassigned between different units. The general protocol that will be used is volunteer and then seniority.
- Explore options, secure funding and begin process of implementing an electronic medical record to meet 1/1/15 Federal mandate.
The Clinic will be using their general CMH funding for the purchase of the electronic medical record. A company has not yet been determined.

GOALS FOR 2014

- 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 60% of youth who participate in Home-Based services.
- Successfully link 70% 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.

- 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.
- 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.
- Partner with local Universities to remain up to date on current trends and research.
- Explore options, secure funding and begin process of implementing an electronic medical record to meet 1/1/15 Federal mandate.