

THIRD JUDICIAL CIRCUIT OF MICHIGAN



CLINIC FOR CHILD STUDY 2015 ANNUAL REPORT



THIRD CIRCUIT COURT CLINIC FOR CHILD STUDY 2015 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 Mental Health Authority (DWMHA) by providing mental health services to a population that is traditionally underserved: juveniles who have the dual concerns of delinquency or Juvenile Court involvement and mental health. Given our unique focus, the Clinic has been able to utilize therapeutic jurisprudence to engage and 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 2015, the Clinic was primarily funded by the Detroit Wayne Mental Health Authority (DWMHA) with additional funding received from the Third Circuit Court and Department of Health and Human Services. The Home-Based Unit was funded entirely through contracts with Gateway Community Health and CareLink Network, Inc. The Clinic is responsible for complying with the rules and regulations of the Third Circuit Court, Detroit Wayne Mental Health Authority, Health Insurance Portability and Accountability Act (HIPAA), Mental Health Code, Gateway Community Health Inc, CareLink Network, 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.

Clinic Achievements

In August 2015 a contract was signed between CareLink Network, Inc. and the Clinic to provide outpatient treatment services and home-based services.

On August 20, 2015, the Clinic for Child Study sponsored a 3-on-3 Basketball Tournament for the consumers receiving services at the Clinic/Court. This event allowed 61 youth and families to be involved in a positive recreational and family event. Unlike past years, there was an increased involvement by fathers of our consumers. In addition to the basketball for the teenage youth, siblings and younger youth were involved in arts and crafts. Parents were provided information related to trauma and encouraged to attend the Clinic's Parent Group.

On August 26, 2015, a **Back 2 School Bash** was held to properly prepare consumers for their return to school. Consumers were "adopted" by Court staff and members of the community, so that school items, such as uniforms, backpacks, and various supplies could be purchased and provided to the youth, thus, fully preparing our consumers for the start of the school year. This event was attended by 209 people. Through it, 60 consumers, 50 siblings of consumers, and 40 other children were able to receive the necessary items to start school on a positive note. In addition to general school supplies, 76 youth received backpacks filled with supplies, 150 youth received hygiene kits and 56 youth received uniforms for school. This event also included games and activities for the youth and their families. To date it was the largest Back 2 School event the Clinic has held.



The Clinic celebrated its 100th Anniversary on September 30, 2015 with great fanfare. Throughout the day approximately 300 guests participated in the event. The following awards/recognitions were received: Letter from Governor Rick Snyder, Resolution Honoring the Clinic from the Wayne County Clerk, Resolution Honoring the Clinic from the Wayne County Commission, Proclamation for 100 years of

Leadership from the State Court Administrator, Spirit of Detroit Award from the Detroit City Council. In addition, all Clinic staff received a certificate of appreciation for their outstanding performance, lasting contributions and commitment. The Clinic was honored with many distinguished guests at its celebration, including Chief Judge Robert Colombo, Wayne County Commissioner and Detroit Mental Health Authority Board Member Tim Killeen, Wayne County Commissioners Martha Scott and Diane Webb, Detroit City Council President Brenda Scott, Wayne County Clerk Cathy Garrett, the entire Bench of the Juvenile Division and many others. Though the day may have been a little windy it was a wonderful celebration, acknowledging the 100 years of service the Clinic through its staff has provided to the youth and families of Wayne County.



On October 13, 2015 the Home-Based Unit re-approval for 3 years by Michigan Department of Health and Human Services to provide Home-Based services under the Medicaid Policy.

On November 19, 2015 the Circle of Trust Committee held a “Giving Thanks” Luncheon for the Clinic’s consumers and their families. 16 consumers, 11 parents and 13 siblings attended the event. Five full Thanksgiving meal baskets donated by Clinic staff were raffled off among the families in attendance. Each family in attendance and those receiving baskets were overcome with gratitude.

On December 1, 2015 the Clinic went live with a fully electronic health record system. This new system will link all documents, schedules and billing systems into one system and will increase the efficiency of all services provided by the Clinic.

As of December 1, 2015, Intensive Probation cases began to be assigned in zip code zones. Three zones were created a central zone circling the Court’s address, which can

be assigned to all staff and is the largest zone; the other two zones include an East zone and an Out-County/Down River zone. The intent of the zones is to create efficiencies for home and school visits as assigned cases will be in the same general area.

On December 1, 2015, Dr. Kai Anderson was rehired as the Clinic's full time psychiatrist.

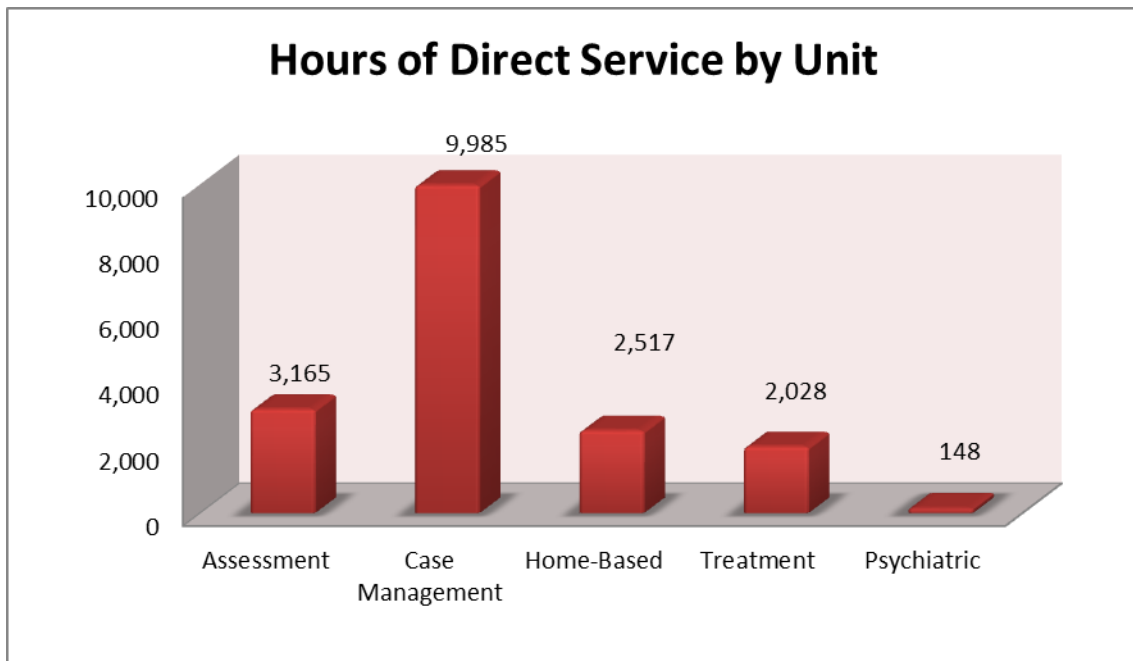
On December 11, 2015 the Circle of Trust Committee held a Holiday Celebration Luncheon for consumers and their families. 25 consumers, 16 parents and 6 siblings attended this event. In addition to lunch a group was held for the parents and the youth, giving both groups an opportunity for education and activities. Each youth in attendance was given a gift bag filled with hygiene products, socks, hat and sweat shirt along with a \$20-25 gift card to a local store.

The Clinic has continued to participate in TF-CBT Cohorts through the Detroit Wayne Mental Health Authority as well as Department of Health and Human Services. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences.

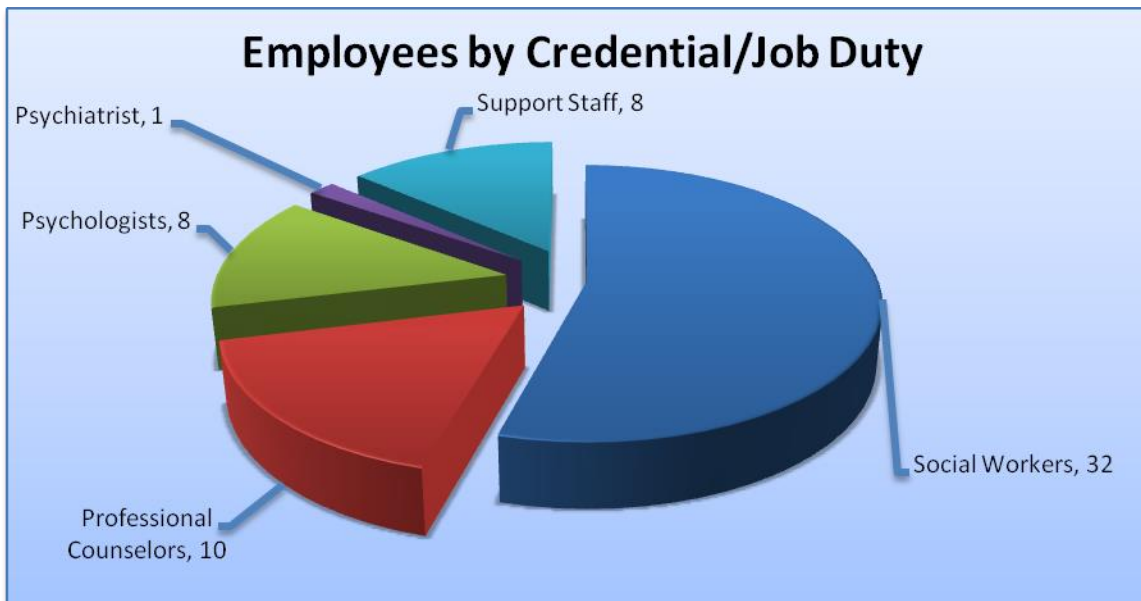
Service Delivery Units

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). In addition to the above all youth placed on Intensive Probation by the Court are also provided probation services.

During 2015, the Clinic provided 17,844 face-to-face hours of service to consumers and their families.



Employees across professions in 2015



Child/Adolescent Assessment Unit

The **Child/Adolescent Assessment Unit (CAAU)** provides psycho-diagnostic evaluations, recommendations, reports and expert witness testimony to the Court. Cases assigned including evaluations of adjudicated delinquents for disposition, assessments of parents of adjudicated delinquents, as well as competency and criminal responsibility. In addition, psychologists may also complete evaluations of abused/neglected children and/or their parents as well as conduct assessments to assist one of the Clinic's ongoing service units or the Court's Juvenile Drug Court Program STAND, for 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

The **Clinic Treatment Unit (CTU)** provides comprehensive therapeutic interventions for Court involved youth and parents including individual, group, and family treatment. 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. All staff within this unit are trained and specifically provide Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Structured Sensory Interventions for Traumatized Children, Adolescent and Parents: At-Risk Adjudicated Treatment Program (SITCAP-ART).

- *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.

- 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 is a 10 week group that focuses 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 assist the youth in processing traumatic events into more socially acceptable behaviors. Youth also gain 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 are also used.

The Clinic for Child Study's psychiatrist evaluates youth to determine their need for psychotropic medication. In 2015 there were 144 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

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 assists consumers in meeting the requirements of their Court order. 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. Youth who are placed on probation are also assigned a Probation Officer to monitor their compliance with their Court order.

Diversion Treatment Unit

The **Diversion Treatment Unit (DTU)** was developed in 2011. Consumers are referred from either the Incurability Docket or are identified youth at risk for Court involvement. Many of these youth have intergenerational mental health and/or Court involvement and 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.

Family Assessment Unit

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

The **Home-Based Unit (HBU)** was implemented in the latter part of 2008. This program is funded via contracts through Gateway Community Health Services and CareLink Network, Inc. both are under contract with Detroit Wayne Mental Health Authority as Manager of Comprehensive Provider Networks (MCPN). HBU is certified through Michigan Department of Health and Human Services to provide the Medicaid model of Home-Based Services. Many of the referrals for this unit come from the Incurability Docket due to the intergeneration mental health concerns and extreme family concerns. HBU is designed to provide intensive home-based treatment to youth in need of a high level of mental health services, the intent of the program is to provide needed services to the entire family. A minimum of two (2) hours per week of direct face to face contact is required for each consumer/family. All staff within this unit are trained and specifically provide Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

Juvenile Social Assessment Unit

The **Juvenile Social Assessment Unit (JSAU)** provides the Clinic with intake and annual assessments for ongoing services within the Clinic. Psychosocial assessments include therapeutic intervention recommendations, mental health diagnoses, and information regarding home, school, and community interaction.

NEW REFERRAL COMPARISON 2012-2015

Type of Referral/Unit	2012	2013	2014	2015
Family Assessment for Protective Hearings (FAU)	397	395	390	279
Delinquency Hearings (CAAU or JSAU)				
* Total of 7 types of cases listed in this section				
Psychological Testing (CAAU)	418	338	277	209
Psychosocial Assessment (JSAU)	547	431	538	482
Psychiatric Assessment (CAAU)	7	2	3	5
Competency Only (CAAU)	6	7	15	3
Competency and Criminal Responsibility (CAAU)	83	51	49	59
Criminal Responsibility Only (CAAU)	0	0	1	1
STAND Psychological Assessment	52	44	38	38
Diversion Treatment Unit (Case Management)				
Case Management (CWS)	209	177	198	96
Medication Management (MED)				
Medication Management (MED)	163	141	155	144
Treatment (CTU)				
Treatment (CTU)	462	368	306	283
Home-Based (HBU)				
Home-Based (HBU)	33	51	40	52

2015 Consumer Demographic/Diagnostic Information

Ethnicity New Referrals		
African American	761	68.25%
Caucasian	236	21.17%
Hispanic	26	2.33%
Multi-racial	45	4.04%
Arab/Chaldean	13	1.17%
Native American	1	0.09%
Asian	1	0.09%
Other	7	0.63%
Unknown	25	2.24%
Total	1115	100%

Income New Referrals		
\$0-10,000	1004	90.04%
\$10,001-20,000	60	5.38%
\$20,001-30,000	30	2.69%
\$30,001-40,000	8	0.72%
\$40,001-50,000	5	0.45%
\$50,001-60,000	2	0.18%
\$60,001-70,000	1	0.09%
\$70,001-80,000	0	0.00%
\$80,001-90,000	0	0.00%
\$90,001-100,000	1	0.09%
Over \$100,000	4	0.36%
Total	1115	100%

Gender New Referrals		
Male	709	63.59%
Female	397	35.61%
Not Entered	9	0.81%
Total	1115	100%

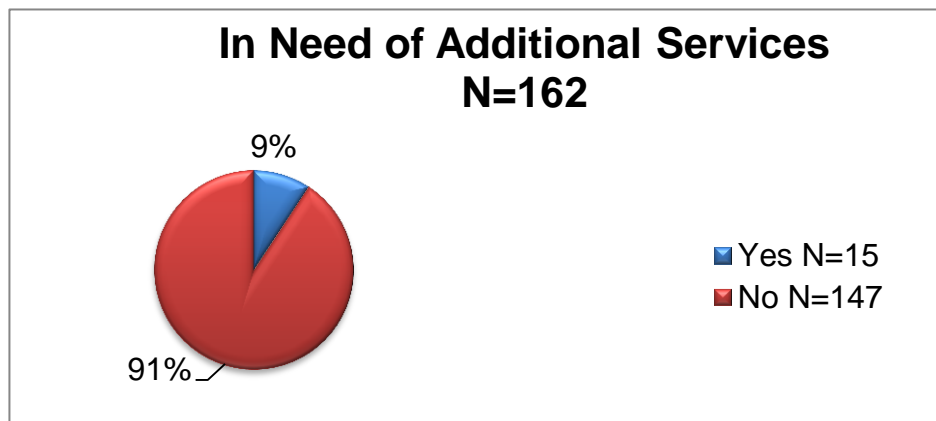
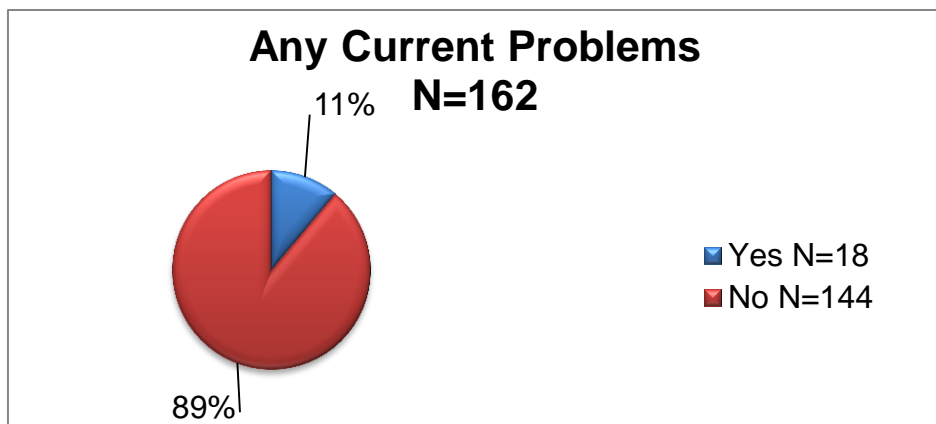
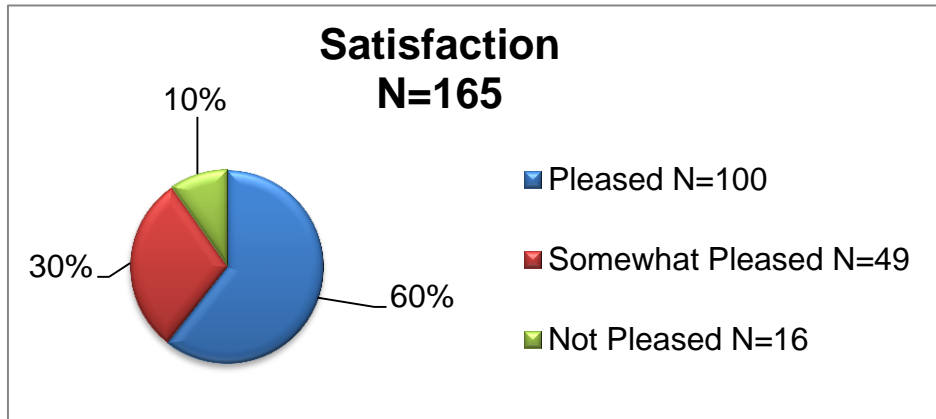
Residence New Referrals		
Detroit	633	56.77%
Out-County	482	43.23%
Total	1115	100%

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	693	62.15%
Paper	422	37.85%
Total	1115	100%

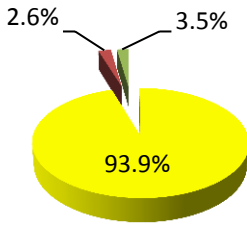
Diagnoses Analysis		
Diagnostic Category	Numbers	Percentages
Conduct/Oppositional Disorders	901	35.46%
Mood Disorders	704	27.71%
Anxiety Disorders	78	3.07%
Impulse Control Disorders	13	0.51%
Adjustment Disorders	66	2.60%
V Codes	53	2.09%
Other Disorders	726	28.57%
Total	2541	100.00%

2015 Follow-up Survey Results CTU/CWS/DTU/HBU

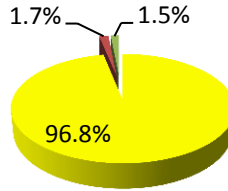


MI-Child Client Satisfaction Survey 2015 Results (538 Surveys Collected)

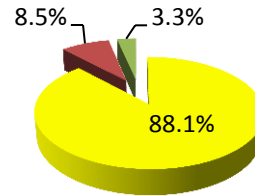
1. It was easy to get help when I needed it.



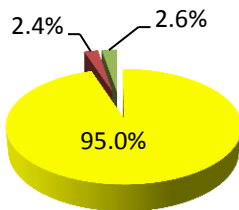
2. I was seen in a timely manner or someone explained why.



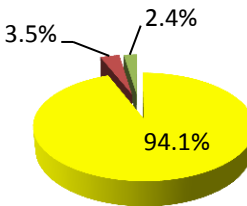
3. I would tell anybody that needed help to come here.



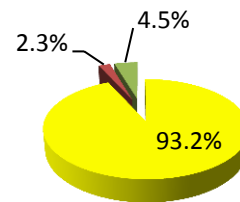
4. They kept what I said private.



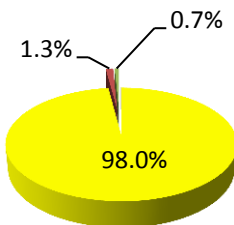
5a. The person I saw discussed my needs, wants and desires.



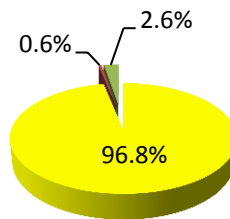
5b. They helped me get what I wanted.
N=308



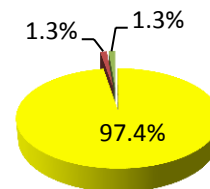
6. Everyone here was polite to me.



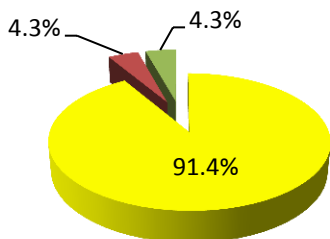
7. When I asked for a referral, I got it.



8. I feel safe in this environment.



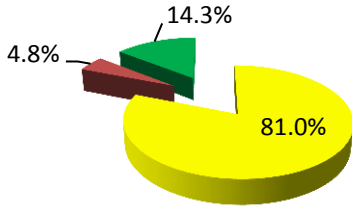
9. I felt better about myself after coming here.



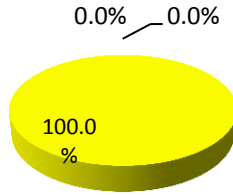
■ Percentage of Yes/Neutral Responses
■ Percentage of " No" Responses
■ Percentage of "NA" responses

MI-Adult Client Satisfaction Survey 2015 Results (21 Surveys Collected)

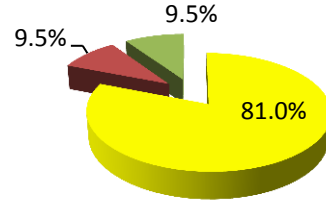
1. It was easy to get the services that I thought I needed.



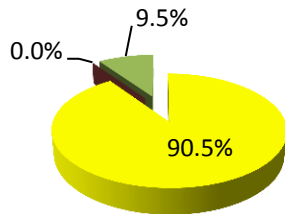
2. I was seen in a timely manner or someone explained why.



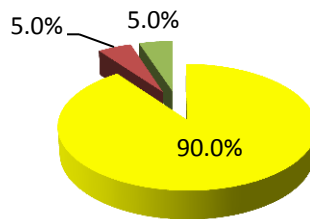
3. I would tell anybody that needed help to come here.



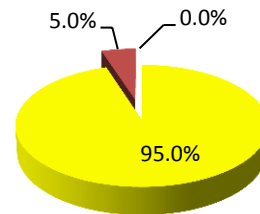
4. They kept what I said private.



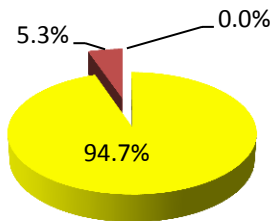
5. The person I saw discussed my needs, wants and desires.



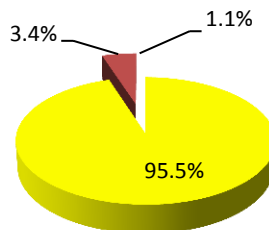
6. Everyone here was polite to me.



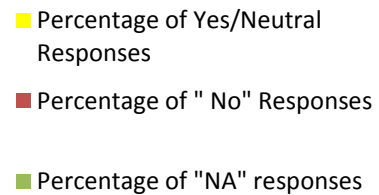
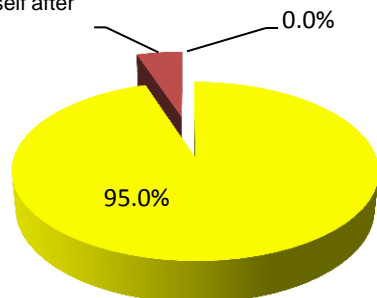
7. They helped me get what I wanted.



8. I feel safe in this environment.

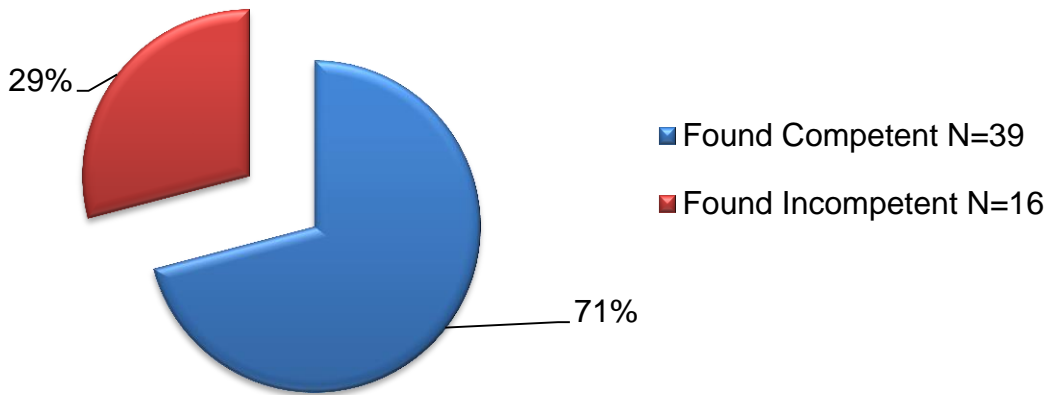


9. I felt better about myself after coming here.

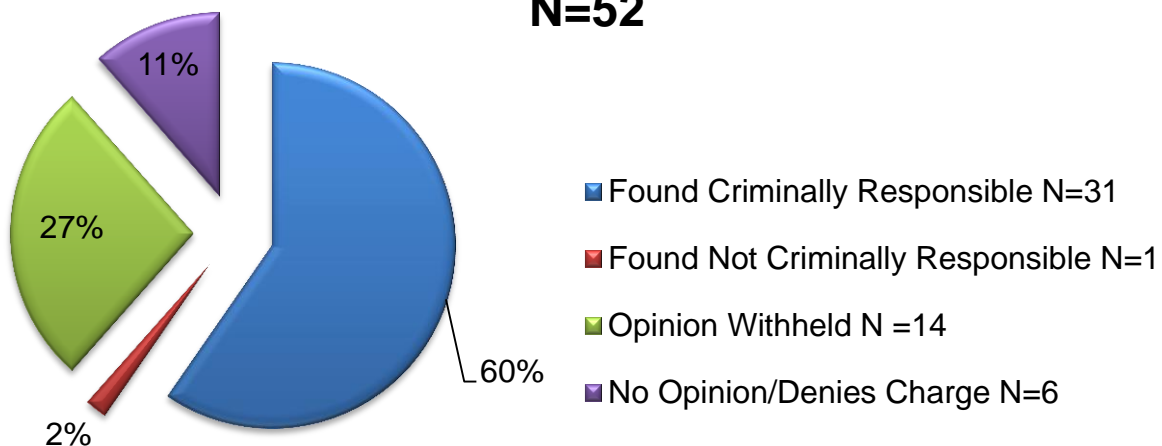


2015 Specialized Assessment Results

Competency Assessment Completed N=55

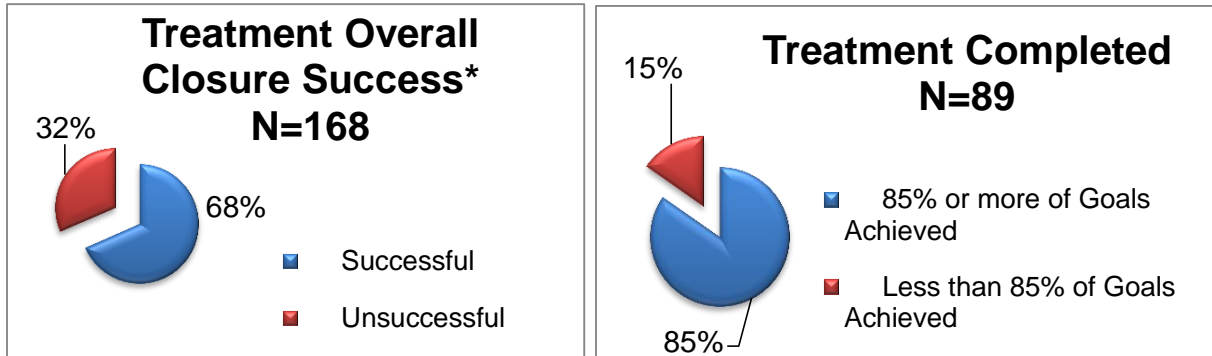


Criminal Responsibility Assessments Completed N=52



2015 Clinic Treatment Unit and Home-Based Unit Results

Total Number of Children Served by the Clinic Treatment Unit	408
Total Clinic Treatment Cases Closed with Contact	168
Successful	115
Unsuccessful	53
Cases Closed that Completed Treatment	89
85% or more of Goals Achieved	72
Less than 85% of Goals Achieved	13
Cases Closed Prior to Full Completion of Treatment	114

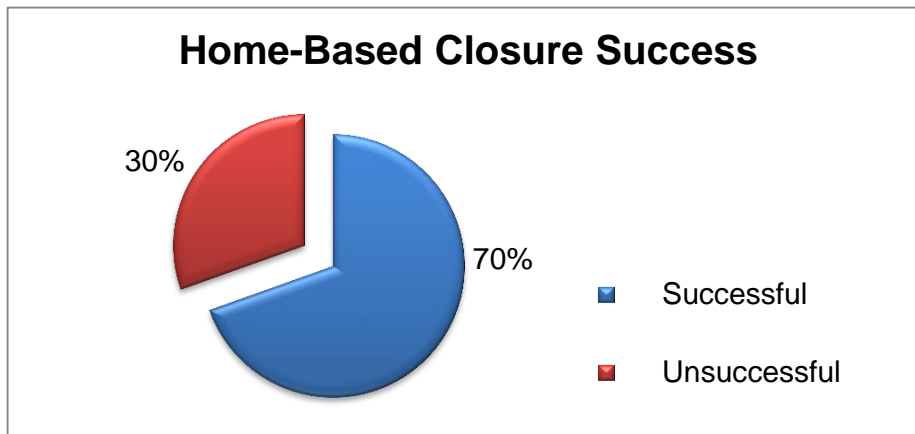


*This chart includes consumers who terminated treatment prematurely

Total Number of Children Served By the Home-Based Unit	81
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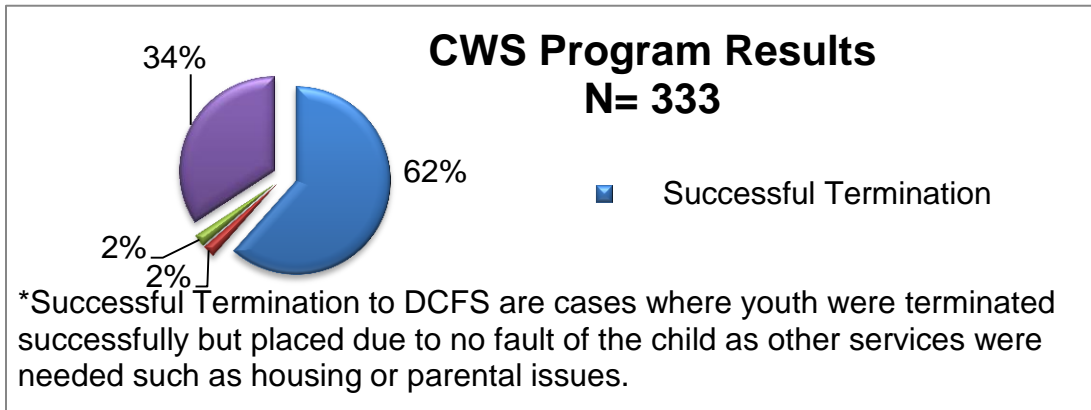
Referrals to HBU tend to be those cases that are already heading for placement when referred to HBU.

Total HBU Cases Closed with Contact	23
Successful	16
Unsuccessful	7



2015 Case Management Outcome Results

Total Number of children in Casework Services in 2015	553
Casework Services Closed Cases	333
Successful Termination	205
Successful Termination to DCFS*	7
Successful Transferred to HBU	7
Placed with DCAFS	114



Termination Review of Successful CWS Closures for 2014

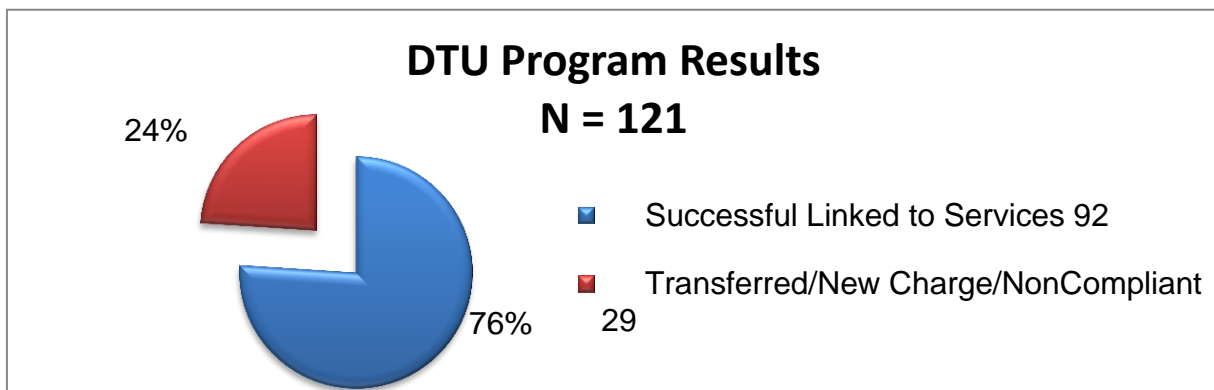
Successful Terminations in CWS in 2014	215	
No Felony Charges One Year Post Closure	196	91.2%
Felony Charges	19	8.8%

Termination Review of Successful CWS Closures for 2012

Successful Terminations in CWS in 2012	315	
No Felony Charges Three Years Post Closure	250	79.4%
Felony Charges	65	20.6%

Total Number of children in Diversion Treatment Unit 184

Diversion Treatment Unit Closed Cases	121
Successful Linked to Services	92
Transferred/New Charge/NonCompliant	29

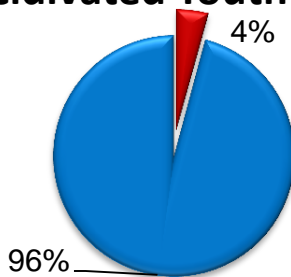


2015 Post Treatment Recidivism Rates for Youth Who Have Completed SAIT

One-year and three follow-up studies were completed for youth who finished SAIT services in 2014 and 2012. 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.

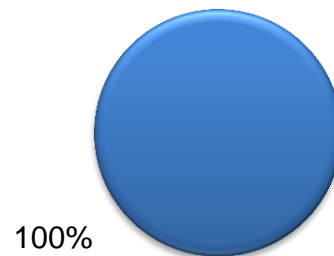
A total of 24 youth completed SAIT services in **2014**. Out of these 24 youth who completed SAIT, there were a total of 1 youth who had subsequent criminal charges. The one youth was charged with felony robbery. There were no youth who committed subsequent sexual offenses.

Recidivated vs Non-Recidivated Youth



- Recidivated youth N=1
- Non-Recidivated youth N=23

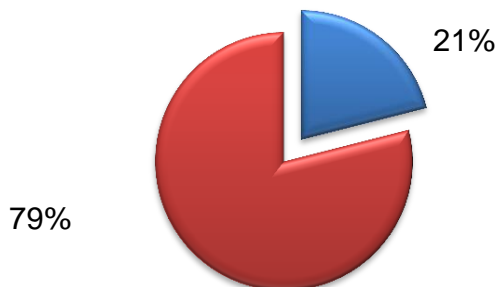
Subsequent Charges



- Other Charges N = 1
- Criminal Sexual Conduct N = 0

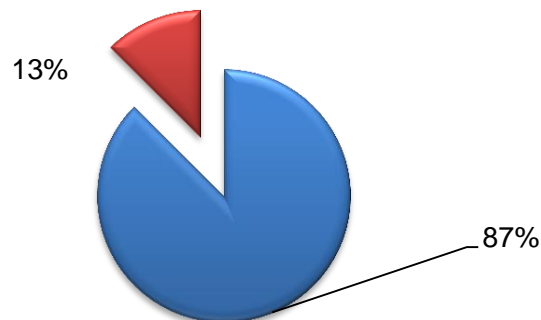
Of the 38 youth who completed SAIT services in **2012**, the majority of the treatment participants, 30 (79%), did not recidivate in any category three-years post treatment, while 8 youth (21%) did recidivate. For those 8 youth who recidivated, one youth was charged with a subsequent CSC offense. The other offenses included, assault, drugs related, stolen car and burglary.

Recidivated vs Non-Recidivated Youth



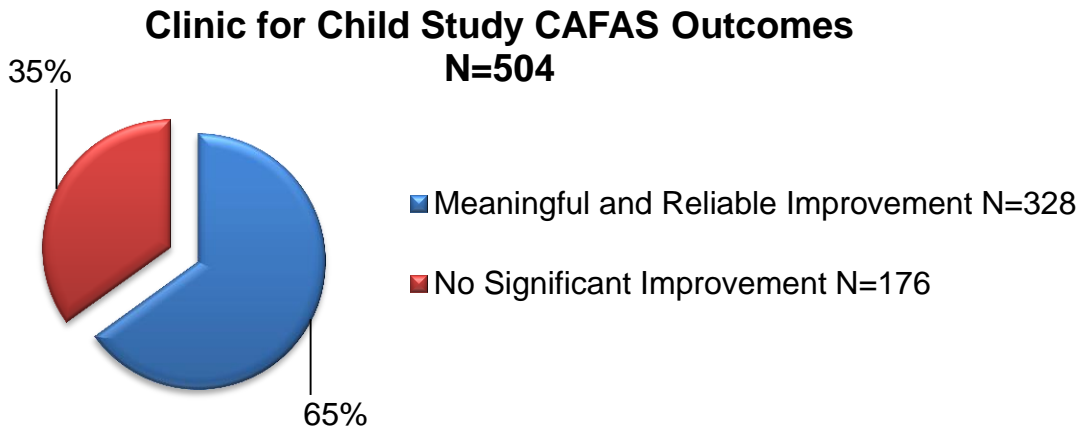
- Recidivated youth N=8
- Non-Recidivated youth N=30

Subsequent Charges

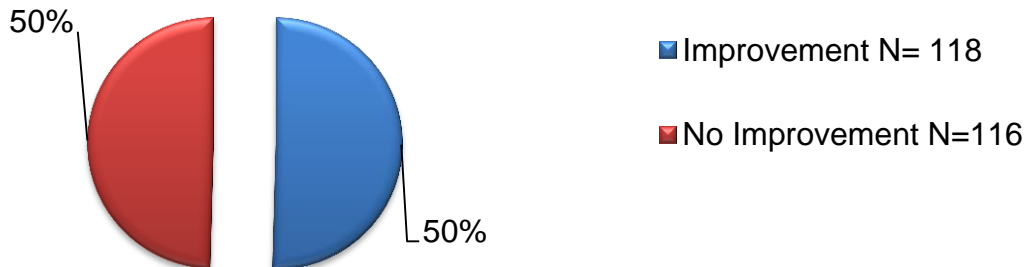


- Other Charges N=7
- Criminal Sexual Conduct N=1

2015 CAFAS Outcome Data (Child and Adolescent Functional Assessment Scale)



Pervasively Behaviorally Impaired N = 234



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 2015

- Assist jurists at Juvenile hearings by providing reports 2 business days prior to Court hearings 99% of the time.
In 2015, 275 out of 276 or 99.6% of reports were completed by the due date. In addition, 1 of the 276 or .4% were completed by the Court date.
- Assist jurists at the dispositional phase of protective hearings by providing court reports within 21-24 days of referral, 99% of the time.
In 2015, 165 of 165 or 100% of the reports were completed 48 hours in advance of the Court date.
- Successfully link 70% of youth receiving case management services by providing referral assistance, follow through, counseling, and crisis intervention to the child and family.
In 2015, there were a total 737 youth who received case management services through the Clinic, via Casework Services or Diversion. Of the 454 cases closed in 2015, 304 or 67% were terminated successfully. An additional 24 or 5% achieved at least 70% of their treatment goals; however, were placed with the Department of Children and Family Services for additional services, thereby achieving an overall success rate of 72%.
- Close successfully 65% of youth and adults who participate in outpatient treatment services as defined by youth who achieve 70% or more of clinical treatment objectives.
There were 258 cases closed in 2015, of which 90 had no contact with the clinician. Of the remaining 168 cases closed, 115 or 68% were closed successfully, with at least 70% of treatment goals achieved.
- Close successfully 65% of youth and families who participate in Home-Based services as defined by youth who achieve 70% or more of clinical treatment objectives.
In 2015 a total of 23 cases were closed with the provision of service within the Home-Based Unit, of which 16 or 70% were closed successfully. Given the nature of youth receiving Home-based services many cases were closed as youth reached their 18th birthday and were successfully transitioned to adult services.
- Ensure CMH funding by maintaining compliance with changes in Federal/State and accreditation requirements regarding service delivery, financing, billing, reporting, and data management. Evidenced by audit reports and compliance reports from Contract Manager.
In 2015 the following audits were performed and entered into CMH's data system per the identified cases and claims by CMH: 112 Medicaid Claims with an average of 95% compliance; 70 case record reviews with an average compliance of 90% compliance. The Clinic's electronic medical record will provide an increase in compliance.

- 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 defined as Pervasively Behaviorally Impaired (PBI).
In 2015, 328 of 504 or 65% of all cases closed on the CAFAS computer system were closed successfully. There were 234 youth who were pervasively behaviorally impaired at intake, of which 118 or 50% were not at closure.
- Achieve and maintain integration of consumer's Family-Centered Plan of Service when consumers are serviced by more than one unit within the Clinic.
The Clinic continues to work towards full integration of the Family-Centered Plan of Service. Full integration will be achieved with the electronic medical record.
- 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.
In 2015, there was one staff person who did not achieve the 24 hours of child-focused clinical hours.
- Progress the Culture Change within the Clinic, including but not limited to full implementation of Values.
There has been up and down progress on the culture change within the Clinic. A true result of this goal is not available for 2015. The plan is to refocus on this goal in 2016.
- 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.
Not all staff achieved the 95% documentation requirements; however, great efforts were made. As of 12/1/15 the Clinic migrated to an electronic medical record, there is an expectation that there will be a drop in documentation compliance as we learn the system. Once internalized the system should increase everyone's documentation compliance as redundancy will be eliminated.
- Develop/improve marketing of the Clinic's services, including creating a marketing strategy within the Court and community as a whole.
The Clinic participated in several health fairs within the community in 2015. In addition, several meetings were held with the Juvenile Division Jurists to discuss services available. The Clinic was also included in the grant for the formation of a Juvenile Mental Health Court as the provider of Assessment for admission to the program and Home-Based services.

- Develop contract with CareLink for Home-Based Services, application to be completed and forwarded to CareLink by 1/12/15.
The application to provide services through CareLink was completed on 1/19/15 and a contract was signed in August 2015. The Clinic is now able to provide Home-Based services to any Wayne County, Medicaid youth meeting criteria.

- Expand the use of Trauma Focused Evidenced Based Therapy.
 - Participation in Next MDCH Trauma-Focused Cognitive Behavioral Therapy Cohort
 - Explore training opportunities through Trauma Loss in Children Institute (TLC) by 4/30/15
The Clinic is 2/3 through another MDCH TF-CBT cohort. Once completed in 2016 an additional 2 therapist will be certified as TF-CBT clinicians. In addition, there are currently 4 clinicians involved in the Detroit-Wayne cohort. Both cohorts are allowing for the Clinic to provide many youth with TF-CBT services.

Several staff attended trainings offered through the Trauma and Loss in Children Institute in 2015. Additional trainings are being explored for younger children.

- Explore and expand the use of additional Evidenced Based Practices.
 - Develop a Wraparound program at the Clinic (per MDCH guidelines)
 - Review all requirements by 1/31/15.
 - Schedule meeting with Gateway and Contract Manager to begin process for approval by 2/15/15
 - Identify supervisor and one staff person to transition from Casework Services by 2/15/15.
 - Develop steps with Gateway and Contract Manager to work towards MDCH approval by 2/28/15.

This goal was not achieved; however, the following items were accomplished: all requirements were reviewed; several discussions were held with Gateway; and the concept was discussed with Executive Team of the Court. It was determined that a full proposal would need to be presented to the Executive Team. This will be a goal for 2016.
 - Complete Evidenced Based Manual of Clinic's SAIT program via dissertation of U of D Ph.D. candidate
This goal was not achieved. The U of D Ph.D. candidate decided to pursue a different dissertation topic.

- Establish and maintain Resource Room for consumers and staff.
 - Bi-Annual review of Clinic Resource Guide for updated entries (January and June)
 - Create and implement system for organized display of all available resource flyers/brochures, by 3/1/15.

- Monthly resource tips sent to all Clinic staff

The goal to establish the Clinic's resource room has been achieved and maintained. The Clinic's community resource guide was reviewed, updated and shared with Clinic staff and Judges in March and October of 2015. Resource tips were sent out on a regular basis, if not monthly to all Clinic staff. Staff attended many resource events in the community to gain additional resources to share with consumers and colleagues.

- Implement an electronic health medical record with go live date by 6/1/15.
The Clinic's electronic health record went live on 12/1/15. The Clinic is still in the learning and adjusting phase of the electronic health record implementation.



GOALS FOR 2016

- Achieve 3-Year accreditation from Commission on Accreditation of Rehabilitation Facilities (CARF).
 - Explore the Juvenile Mental Health Court inclusion in CARF accreditation by 2/29/16
 - Begin reaccreditation process by 2/29/16
 - Review Clinic policies and update as needed by 4/30/16
 - Provide updated CARF manual sections to applicable Court Departments within one week of receiving 2016 manual.
 - CARF survey to occur in July or August 2016
- 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.
- Successfully link 70% of youth receiving case management services by providing referral assistance, follow through, counseling, and crisis intervention to the child and family.
- Close successfully 65% of youth and adults who participate in outpatient treatment services as defined by youth who achieve 70% or more of clinical treatment objectives.
- Close successfully 65% of youth and families who participate in Home-Based services as defined by youth who achieve 70% or more of clinical treatment objectives.
- Develop/improve marketing of the Clinic's services, including creating a marketing strategy within the Court and community as a whole.
 - Distribute the Clinic's Annual Report to all stakeholders by 3/15/16.
 - Hold quarterly brown bag lunch meetings with Jurists to discuss services and solutions.
 - After CARF begin quarterly newsletter to the Bench related to available services, first edition by 10/1/16.
 - Quarterly newsletter distributed within the Clinic to address available services, outcomes as well as additional news worthy information, first edition for 2016, 10/1/16.
 - Attend applicable Health Fairs to inform the public of available services at the Clinic.
- Explore and expand the use of additional Evidenced Based Practices.
 - Develop a Wraparound program at the Clinic (per DHHS guidelines)
 - Develop proposal to present to Executive Team of the Court by 6/1/16
 - If approved begin discussions with Gateway and Contract Manager to begin process for approval by 10/1/16

- Identify supervisor and one staff person to transition from Casework Services by 12/31/16
 - Participate in DWMHA's Dialectical Behavior Therapy (DBT) cohort to occur sometime in 2016
 - Determine the desire to participate in DWMHA's Parent Management Training-Oregon Model (PMTO) (intensive model to learn)
- Maintain Resource Room for consumers and staff.
 - Bi-Annual review of Clinic Resource Guide for updated entries (March and October)
 - Maintain system for organized display of all available resource flyers/brochures.
 - Send out monthly resource tips all Clinic staff
 - Attend outside fairs to continue to provide Clinic with new resource information
- Maintain and continue to improve electronic health record.
 - Develop separate log-in area for STAND treatment team to be able to access information by 2/1/16
 - Ensure all staff are continually trained on the changes in the system
 - Discuss system at monthly Clinic staff meetings to ensure the best use of system
- Ensure CMH funding by maintaining compliance with changes in Federal/State and accreditation requirements regarding service delivery, financing, billing, reporting, and data management. Evidenced by audit reports, reaccreditation and compliance reports from Contract Managers and Quality Departments.
- Expand the use of Trauma Focused evidenced based therapy/training
 - Apply to participation in a DHHS Trauma-Focused Cognitive Behavioral Therapy Cohort in 2016 for new hires
 - Provide training to other Court Divisions related to secondary trauma and the effects of trauma
 - Explore continued training opportunities through Trauma Loss in Children Institute (TLC) by 12/31/16
- Create a Clinic Advisory Board, which includes members of the community with mental health knowledge.
 - Determine approved list of potential members by 3/31/16
 - Determine scope of the Advisory Board
 - Request member participation by 5/31/16
 - Hold first meeting by 8/1/16
- Share Clinic annual training schedule with other departments in the Court as it is updated.
- Fill the vacant positions of upper level administrator (title to be determined), Psychologist IV, Administrative Assistant and line staff positions as needed by referrals.

- 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.
- 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 and reframing of strategic plan.
- 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.