

CHOICES

for families



New collaborations are producing results

CMO and CMH link services for juveniles

When large systems try to change direction by connecting with other large systems, serious negotiations are needed to clarify and design rules to guide the new networks that result. As is the case with most change, innovation and reform in human services is forged by committed individuals who are not satisfied with the status quo.

“Any collaboration must begin with trust and respect for partners,” says **Veda Sharp**, interim executive director of Detroit-Wayne County Community Mental Health Agency. Sharp possesses a unique perspective from which to lead collaboration between mental health and juvenile justice. In 1999, she worked with then Community Justice Director **Jeriel Heard** to design and implement an integrated service system for adjudicated youth in Wayne County. The care management system that resulted has received wide acclaim for replacement of institutional care with community-based treatment. It has also produced better outcomes for children and families. While Sharp has since moved on to lead the mental health agency, she understands that the needs of youth and families cut across departmental and system boundaries. Her stewardship has opened the door to mental health services for juveniles with serious mental illness.

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A newsletter about juvenile services for Wayne County

Wayne network opens doors, removes “silos”

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To create the JAC/CMO network in 1999 required the development of an historic Memorandum of Understanding (MOU) between the state of Michigan, Wayne County government and the Third Circuit Court. A new mission of community-based care for juveniles emerged and is prospering.

Now, almost 10 years later, a similar effort is taking place between Wayne County’s Department of Children and Family Services, led by **Sue Hamilton-Smith** and the Detroit-Wayne County Community Mental Health Agency, led by **Veda Sharp**. Their joint goal is to formally link both systems to facilitate complementary services for children and adolescents.

“So many talk about how ‘silos of service’ prevent us from properly serving our communities,” says Hamilton-Smith, “However, I am exceptionally proud that Wayne County has taken action. Our CMOs and CMH agencies have faced some challenges during the development of a collaborative system of care, but I know each one would say it was well worth the effort”

To succeed, the leadership of D-WC-CMH and WC-CAFS committed to a framework for education and collaboration. During the course of several years they pursued the following steps to form a working partnership:

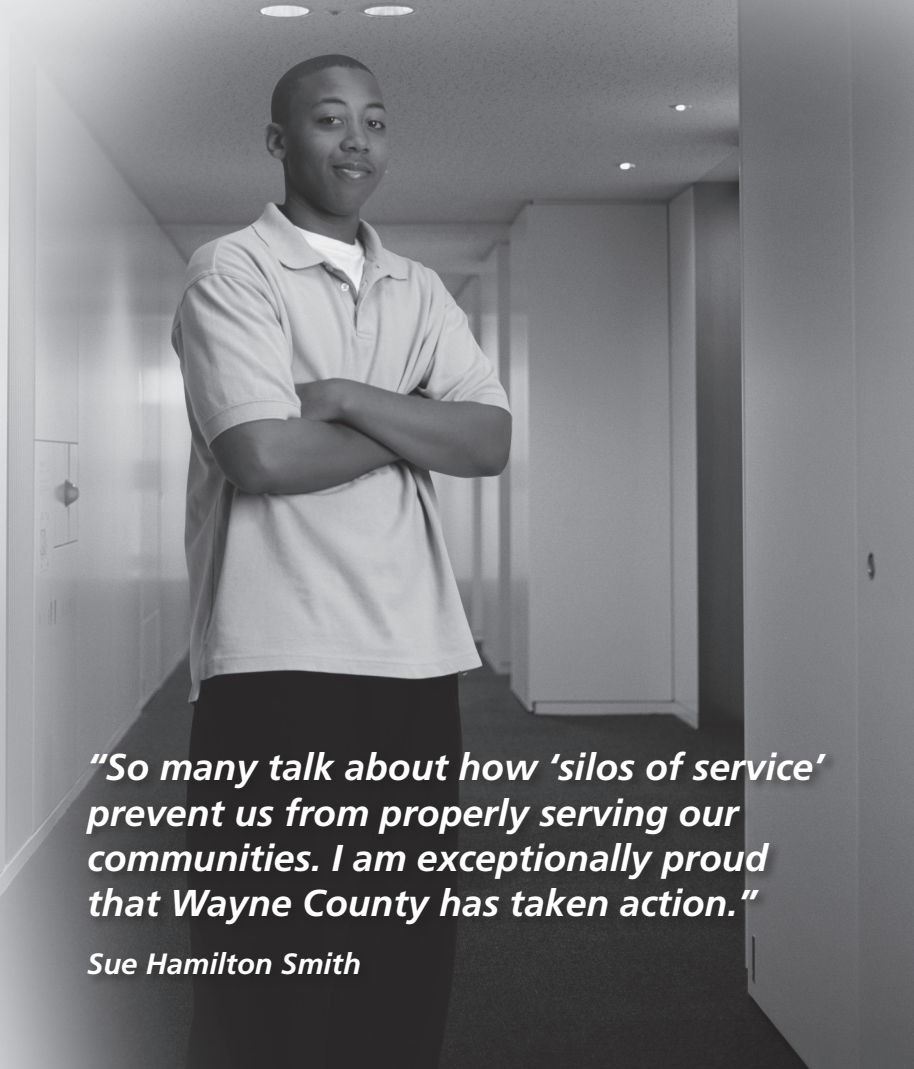
- **Understand how each system is funded** and how to match diagnoses to eligibility
- **Initiate cross-system training** with public and private agencies
- **Create process and structure** to insure uniform access to services
- **Assure ongoing evaluation** of the array of mental health services to identify and fix gaps in home-based services for adolescents.

Sharp has charged **Carrie Banks-Patterson**, Consultant for Children’s Initiatives, with the responsibility to open access to mental health services for juveniles diagnosed with severe mental illness. Under her leadership, Patterson is assuring that “needs drive access to treatment, not jurisdictional authority or departmental boundaries.”

Wayne County continues to pave a steady path toward better, more cost-effective resources to help families stay together, reclaim youths. Its partners expanded to include community youth assistance programs and now local community mental health agencies.

“Across the country, juvenile justice systems are populated by young people whose mental health issues and educational challenges have not been addressed,” says Hamilton-Smith, “children are being criminalized rather than treated and supported.”

“As a result of our partnership with D-WC-CMH, the successful collaborations are creating great results for kids and their families.”



“So many talk about how ‘silos of service’ prevent us from properly serving our communities. I am exceptionally proud that Wayne County has taken action.”

Sue Hamilton Smith

Wraparound approach removes old barriers

Since the summer of 2008, each one of the five CMOs is aligned and working closely with a local CMH partner to provide wraparound services to seriously emotionally disturbed children and youth and their families.

Rooted in efforts to stop overusing hospitalization for teenagers with chronic behavioral and emotional challenges, the wraparound approach proved to be a natural fit with Wayne County's community-based juvenile justice services.

It took D-WC-CMH and WC-CAFAS years to build a process that could blend Medicaid funds with county funding to implement a "best practices" approach. The county has designed a unique structure for delivering wraparound services to consumers in both the juvenile justice and mental health systems. Five provider partnerships were created, each comprised of a CMO and a CMH provider agency:

A "Memorandum of Understanding" guides each partnership, defining accountability, expectations and outcome standards. The partners are structured to share resources, offer technical assistance and provide cross-training to one another.

Initially, Black Family Development, Bridgeway and Starr/Vista CMOs piloted the initiative. The Center for Youth and Families joined in 2008 with its new partner, Children's Center of Wayne County. Western Wayne CMO also developed a partner agreement in 2008 with The Guidance Center.

Choices visited with two CMO and CMH provider partnerships to learn how the new collaboration is working.

Wraparound: Center for Youth and Families (CCMO) and Children's Center of Wayne County

The efforts of the Center for Youth & Families (CCMO) to form a working

Aligning services for seriously emotionally disturbed youth effectively cuts across systems of care

Care Management Organization	Community Mental Health Agency
Black Family Development CMO	Northeast Guidance Clinic
Bridgeway CMO	Guidance Center/Southwest Solutions
Center for Youth & Families (CCMO)	Children's Center of Wayne County
Starr/Vista CMO	Development Center, Inc.
Growth Works Western Wayne CMO	The Guidance Center

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JAC model earns national attention

Dear Reader:

In 1999, Wayne County reformed its juvenile justice system with innovative community-based services designed to reclaim youth from unnecessary institutional placements and improve community safety. Now the record of achievement of the JAC/CMO model is beginning to receive national attention because of its quality services and positive outcomes.

In this issue of *Choices* we introduce another innovative collaboration that promises mental health services for seriously emotionally disturbed youths. Old rules governing funding and screening often prevented juveniles from gaining access to such help. Now as a result of the creative efforts of the leadership of the Wayne County Department of Children and Family Services and Detroit-Wayne County-Community Mental Health Agency, new access is available with the JAC serving as the point of entry in partnership with Pioneer Behavioral Health Systems.

The goal of the emerging system of care is to assure there is “no wrong door” for youths in need of assistance.

Cynthia J. Smith

Cynthia J. Smith, President/CEO
The Juvenile Assessment Center
for Wayne County

Common goal is more integrated system

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partnership were helped by the fact that the leaders of each organization knew each other well, had worked in the child welfare field together, and were both new CEOs. Such unique circumstances made the venture seem like a natural fit according to Center for Youth & Families’ Chief Executive Officer **Jeri Fisher**.

“We didn’t have turf issues because our mutual goal was to provide for the mental health needs of the county’s youth and families,” she notes.

Driven by a common mission to create a more integrated system, the two organizations developed a basic model which started with a referral from the Juvenile Assessment

Center accompanied with a pre-approval from Pioneer Behavioral Health Systems for CMH wraparound services.

Center for Youth & Families has 13 slots (with plans to extend to 24) for its joint wraparound initiative. Unlike the mandatory program for SED juveniles in the court system, the program is voluntary. Kids and parents must agree to the service and are recognized throughout as the key decision-makers.

After being enrolled by an assigned CCMO case manager, the wraparound facilitator meets with a family to explain services and processes. The family team is constructed by adding not only assigned professional staff but also neighbors, relatives and any party who knows the family and is willing to participate.

A family based treatment plan is developed and guided by CCMO’s family advocate. The *family* is now a voluntary client, and the program interventions are guided by their strengths rather than their failings. The approach takes into account all the circumstances within the family (an ecological view).

The Children’s Center’s wraparound coordinator identifies and secures the services identified by the team. It is a shift in focus from the traditional “clinic model” where the client comes to the therapist, to a “wraparound model” where the therapist and family advocate go to the family’s home.

Wraparound staff have identified core issues such as:

- Suicidal intentions
- Anger issues
- Communication issues
- Problems of community reintegration
- Serious educational deficits
- Deficits identified through special education Individual Education Plans (IEP)
- Sibling issues overlapping parental needs such as depression and inadequate parenting skills.

At this early stage, both the Family Advocate provided by the Center for Youth & Families (CCMO) and the Wraparound Coordinator, **Efrion J. Smith**, provided by the Children’s Center of Wayne County see the process as a success.

It “engages a family’s life totally and in such a way that it allows them

“We didn’t have turf issues because our mutual goal was to provide for the mental health needs of the county’s youth and families.”

-Jeri Fisher

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Agencies unite to fill funding gaps

Every service costs money and reclaiming youth emotionally damaged by serious social, mental or family-related breakdowns is a costly enterprise. In such fiscal times, it is critical that county leaders make the best use of existing dollars so that the most vulnerable children and youth can be helped within their own communities.

Leaders of D-WC-CMH and CAFS have joined together and adopted a common philosophy of care that recognizes the child and family as the core of its services. By adding a mental health partner to the JAC/CMO network, they are able to remove the barriers to a wide range of mental health services.

"Families are not put into programs, programs respond to families," one director explained.

Combining federal Medicaid revenues with state and county child care funds for eligible youth, a method of financing "wraparound services" has been designed. Wraparound – an intensive home-based service process – is a cost-effective alternative to out-

of-home care as well as a point of entry for community mental health care.

To make the best use of public funds, the JAC was certified by the D-WC-CMH Agency as a credentialed assessment provider. The JAC is now a single point of entry to enroll seriously emotionally disturbed youth for mental health services.

Grounded on the conviction that every youth has the right to an evaluation and, based on the results of the diagnosis, youth gain access to previously unavailable services. The door to mental health service opened wider because of a proper assessment by the JAC.

Community mental health's system of care, coupled with the county's JAC/CMO human investment system fills in the funding gaps so at-risk youth and adjudicated youth in need of mental health intervention could gain access.

The approach to children's services is guided by three basic principles:

1. There can be "no wrong door" to get help.
2. There is a "single point of entry" for services based on a uniform diagnostics.
3. Uniform diagnoses drive eligibility for funding.

Wayne County's Department of Children and Family Services and its Community Mental Health Agency are evolving into a true community-based network of care for children and families.

"By means of wraparound services," one director explained, "families are not put into programs, programs respond to families."



Uniform screening *speeds treatment*

The first step in gaining access to necessary mental health services is a timely, accurate assessment.

When Children and Family Services contracted with the JAC to provide assessments, it adopted the Child and Adolescent Family Assessment Scale (CAFAS) and the Juvenile Inventory

for Testing (JIFF) as part of its uniform screening process. These became the equalizing factors for determining eligibility for mental health as well as juvenile justice.

The JIFF and CAFAS tools are now embedded in the county's uniform assessment process for at-risk and

adjudicated youths. Additionally, a CAFAS evaluation is required to secure services from a community mental health provider.

Because the JAC also provides every youth eligible for county services with a standard battery of assessments, it is able to factor out any system biases and improve the likelihood that youth with acute needs are identified for mental health services. The JAC shares the assessment information with Pioneer Behavioral Health, the Youth Assistance Programs for at-risk youth and the CMOs for adjudicated juveniles.

Correct Course a "win-win"

When Correct Course emerged as a new community prevention initiative, it held out the promise of being able to divert significant numbers of juveniles from entering the juvenile system. The results that have been measured and reported the first year have justified the efforts taken to put the collaborative partnership in place.

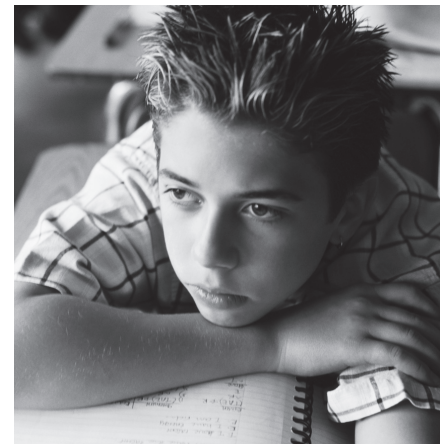
"The outcomes of the Correct Course program to date clearly underscore the value of our proactive and innovative approaches to juvenile delinquency in Wayne County," says Wayne County Prosecutor **Kym L. Worthy**. "In short, the Correct Course program is a 'win-win' in terms of reducing recidivism and enhancing community safety, while getting kids back on the right track and saving taxpayer dollars at the same time."

With 820 youth enrolled in Correct Course, the JAC has measured and evaluated the before and after results of 308 youth and 276 caregivers who have completed the program. The results include:

- A low recidivism rate (less than 3 percent of youth who have completed the program are convicted of a new offense)
- Clear, dramatic cost-savings (costs are 53.1 percent below FY 2007 expenditures and the county is saving anywhere from \$9,000 to \$22,000/youth because of access to community diversion services)

- Positive impact on families and the ability to make their voices heard by court officers and service providers who are making decisions about their children's lives
- Significant impact on diverted youth's day-to-day social, scholastic, and personal functioning
- Significant reduction of the over-representation of minority youth entering the juvenile justice system (including closing two alternative detention facilities with 58 beds).

The quality of success for children and families and their communities has encouraged even greater use of Correct Course. Decision makers from other Michigan counties have been traveling to Wayne County to learn how to create a similar model. The JAC, Eastern Michigan University, the Wayne County Prosecutor's Office and Black Family Development CMO will present the Correct Course model to a national audience at the annual System of Care Conference in Florida in the spring.



Contracted by D-WC-CMH Agency, Pioneer Behavioral Health Services screens and authorizes mental health services. It then assigns Medicaid eligible, seriously emotionally disturbed (SED) youth to a local community mental health agency, which partners with a local CMO to develop an integrated plan of service.

As a result, expanded access is speeding up essential treatment. Instead of youth being delayed treatment while waiting in local detention centers or having to be placed in residential care facilities with limited resources, they are benefiting from Wayne County's CAFS and D-WC-CMH collaboration on a community-based "system of care".

'No Wrong Door' enhances access for juveniles

"Why do we have to be bad to get some help?" A juvenile who was suffering severe depression due to loss of a close family member posed this question to CMO delinquency workers.

Now the county has found a new way for youth to get mental health services without having to be "bad." Armed with the U.S. Surgeon General's report on the state of mental health services, as well as the report of the Michigan Mental Health Commission, county decision-makers, the directors of Wayne County Department of Children and Family Services (CAFS) and Detroit-Wayne County Department of Community Mental Health Agency (D-WC-CMH), along with their key deputies, came together to eliminate bureaucratic obstacles to services for youth. Private partners, such as the Juvenile Assessment Center (JAC), Pioneer Behavioral Health Systems and local community mental health providers were enlisted to develop and coordinate access to needed services.

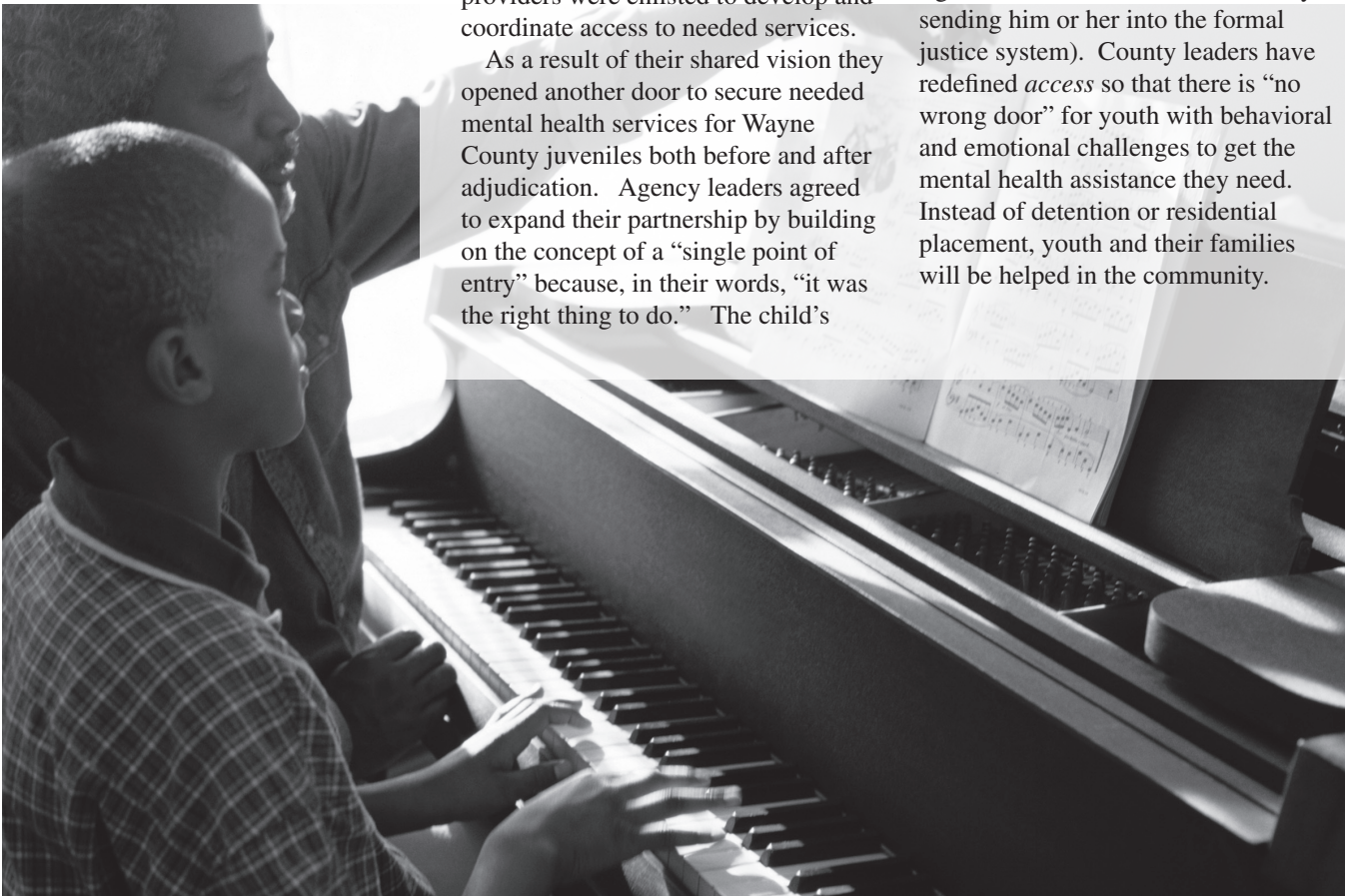
As a result of their shared vision they opened another door to secure needed mental health services for Wayne County juveniles both before and after adjudication. Agency leaders agreed to expand their partnership by building on the concept of a "single point of entry" because, in their words, "it was the right thing to do." The child's

diagnosed needs should drive services, not the department with the categorical jurisdiction.

The point of entry expanded to include earlier points of contact with the legal system:

- Through a diagnosis by the Juvenile Assessment Center
- In lieu of formal charges by the Wayne County prosecutor
- By means of a preliminary court hearing instead of going to trial
- Through Youth Assistance Programs providing community-based supervision while keeping the youth at home.

Acting in collaboration with D-WC-CMH, WC-CAFS, the Wayne County prosecutor's office, the JAC serves as another open door for youth evaluated for diversion from court involvement by means of Correct Course (the goal of Correct Course is to get youth to the right service instead of unnecessarily sending him or her into the formal justice system). County leaders have redefined *access* so that there is "no wrong door" for youth with behavioral and emotional challenges to get the mental health assistance they need. Instead of detention or residential placement, youth and their families will be helped in the community.



Wraparound eliminates obstacles continued from page 4

to attend to their issues constructively and practically.”

Both partners in the collaboration know that they are opening the door wider for families so that if more help is needed, they will not have to go back to court to get it.

Smith says the wraparound program is a positive force for professionals.

“It is a good thing because our people must learn to let go and respect the family’s abilities to identify their strengths.”

Wraparound: Black Family Development CMO and Northeast Guidance Clinic

The groundwork to create a joint venture for wraparound services requires each organization’s getting to know the other’s values, approaches and policies and how they would function together. One such difference had to be addressed almost immediately. For juvenile clients of Black Family Development CMO, going to court was a necessary duty. If the same youth were to be also served by Northeast Guidance Clinic, all services had to be voluntary and the clinic staff was not accountable to court systems.

A consultant was brought in to find a way to bridge the gaps. The parties developed common language to guide their work on behalf of the families to be served. Both systems continue to depend upon ongoing training to connect their systems for the young people they serve. They believe it is successfully eliminating obstacles.

“The collaboration required not only a high caliber of staff at the practice levels, notes **Dr. Kenyatta Stephens**, Black Family Development’s Chief Operating Officer, “It also had to reaffirm the organization’s highest value – namely: to

serve the family system of a symptomatic youth by securing greater access for the entire family.”

Because its own wraparound model had been in place prior to the CMO/CMH collaborative effort, Black Family Development had a high degree of experience working with families. But it had to ramp up its core competencies quickly.

“The marriage of two systems still had systemic limitations within the juvenile justice and mental health systems,” says Northeast Guidance Center’s Wraparound Program Supervisor **Amy Perugi**. The wraparound approach bonds the family and the worker. When issues collide, staff must respond.

“I’m the collision expert,” says **Perugi**, “and my facilitators are the folks who assess family needs. They are the gatekeepers who open the door for community mental health services.”

Black Family Development Wraparound Facilitators **Diane Mapp** and **Chevonna Shawyer** work directly with client families. They focus on fostering “resiliency” by family members without their becoming dependent on any systems. They engage the family and help them develop a blueprint for using the resources and professionals available to them.

Wraparound is a process not a program.

“It is a family-focused process, with the ultimate goal to prevent a child from being removed from the home or reoffending.”

“It’s home-based so that the family can come together in the comfort and privacy of their own home,” says Mapp. “While we must hold them accountable for their therapy, it is their job to make sure their child’s environment is restored and stays home.”

“It’s home-based so that the family can come together in the comfort and privacy of their own home.”
-Diane Mapp

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