

**Clinical Pathways**  
**First Annual Summary**  
**October 1, 2017- September 30, 2018**

Compiled for Network180

By Sarah J. Faubert, LLMSW  
Independent Evaluation Consultant



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## Introduction

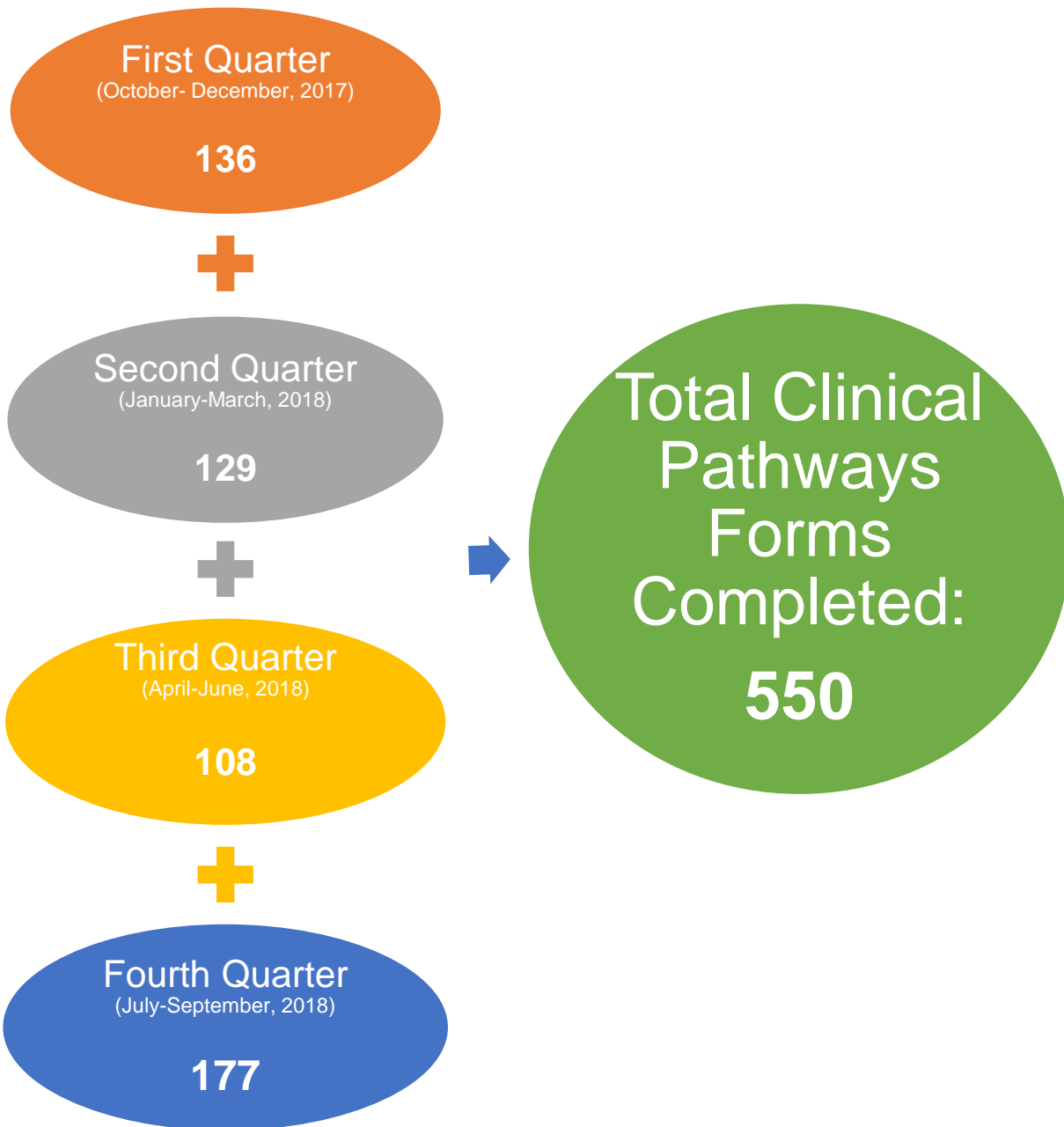
Clinical Pathways was launched on October 1<sup>st</sup>, 2017 through extensive collaboration between network180, Michigan Department of Health and Human Services, West Michigan Partnership for Children, Bethany Christian Services, Catholic Charities of West Michigan, D.A. Blodgett's- St. Johns, Samaritas, and Wellspring Lutheran Services. A second launch occurred on March 12<sup>th</sup>, 2018 for Kent County's 17<sup>th</sup> Circuit Court's juvenile probation program.

Designed to provide a blueprint for mental health intervention for youth involved with various child-serving systems, Clinical Pathways combines the Children's Trauma Assessment Center's trauma checklist (required by MDHHS) with common factors that place children at risk for mental health issues. Further, it offers suggestions on next steps to connect youth with appropriate interventions to prevent future mental health crises.

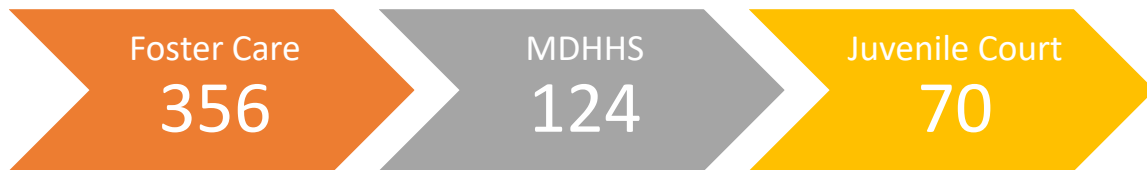
This report presents descriptive statistics regarding the Clinical Pathways process, including mental health assessments completed and children referred for trauma assessments as a result of Clinical Pathways. This report presents a snapshot of the first year of Clinical Pathways and its impact on access to mental health care for the children of Kent County. As Clinical Pathways enters its second year, these data can be used to streamline procedures to further expand access and enhance collaboration between child-serving systems.

## CROSS SYSTEM COLLECTIVE OVERVIEW

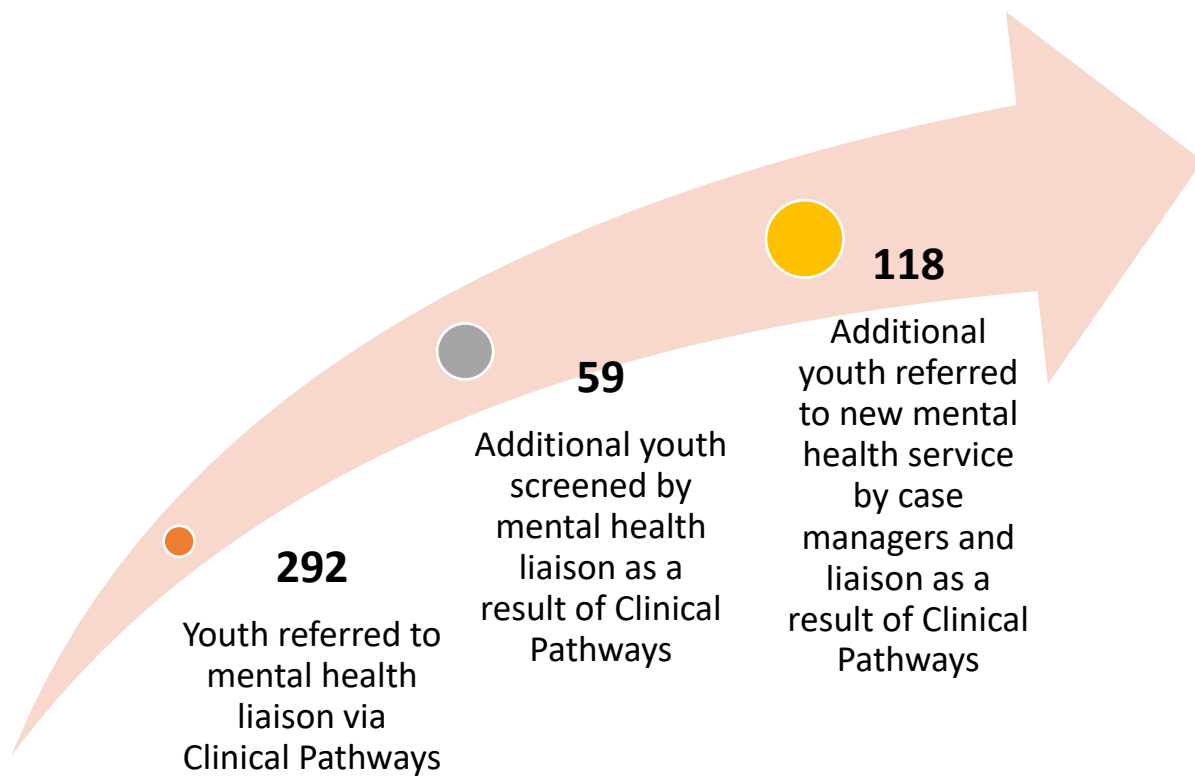
Completed Clinical Pathways Forms, October 2017-September 2018



## COMPLETED CP FORMS BY SYSTEM



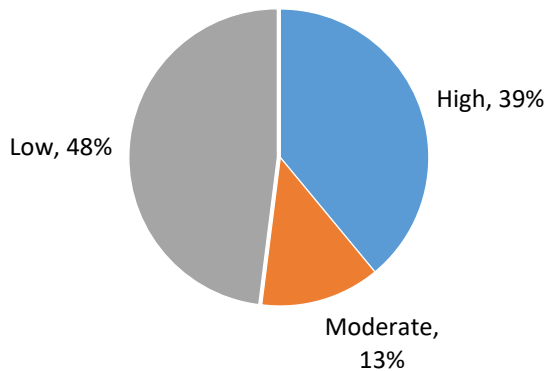
## Cross-System RESULTS



Note for analysis: Instability in the liaison role interrupted usual productivity. One MDHHS liaison position was eliminated in January and the remaining position saw a change in staff in March. The liaison to the juvenile court retired in June, leading to another staffing change.

### Cross-System LEVEL OF NEED

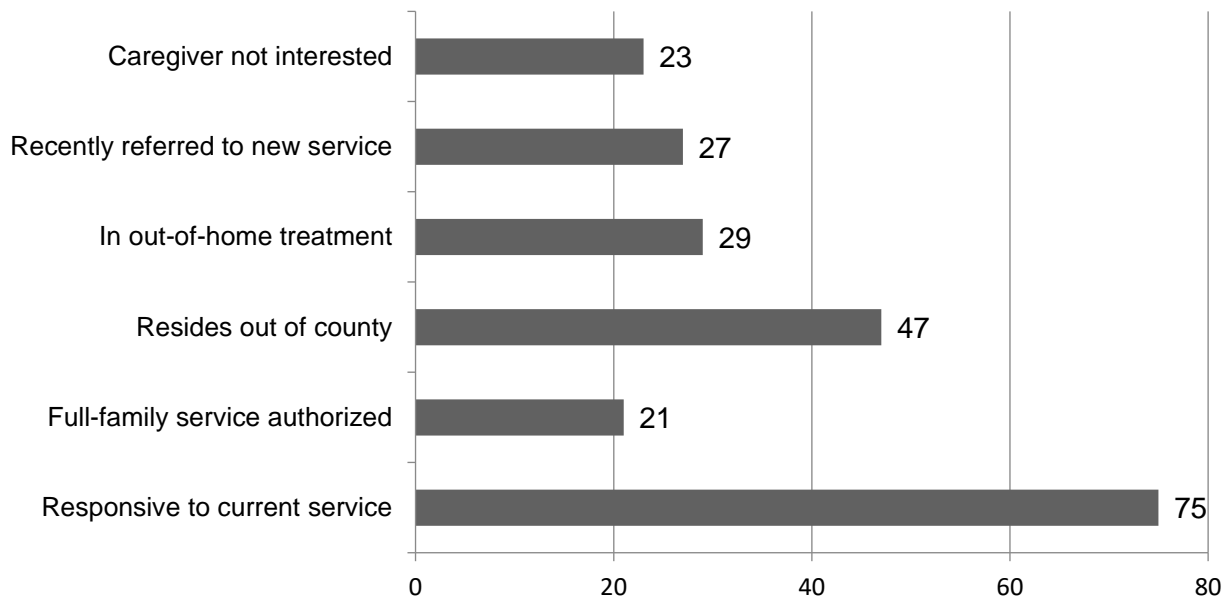
Determined by case managers based on youth’s presenting situation



Low: Limited adverse childhood experiences and mental health or behavioral concerns; referred to outpatient services as needed

Moderate/High: Increased exposure to adverse childhood experiences and greater mental health or behavioral concerns: referred to mental health liaison for consultation or assessment

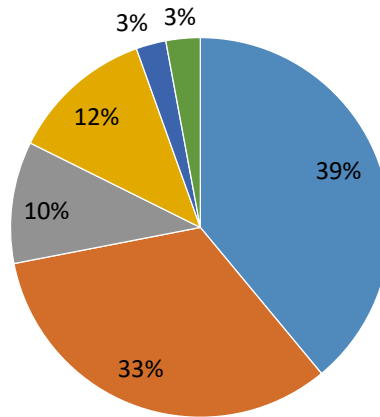
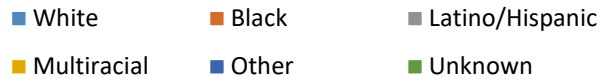
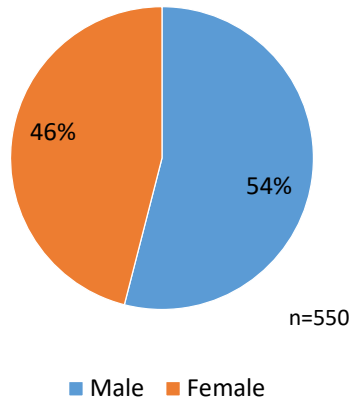
### Reasons for Moderate/High Need Youth Not Receiving Mental Health Screen



## CROSS SYSTEM DEMOGRAPHIC OVERVIEW

### Youths' Race/Ethnicity

### Youths' Gender



'Other' includes youth identified as Native American, Alaskan Native, Asian, Native Hawaiian, and Pacific Islander. Due to limited representation of these ethnicities, they were combined for analysis.

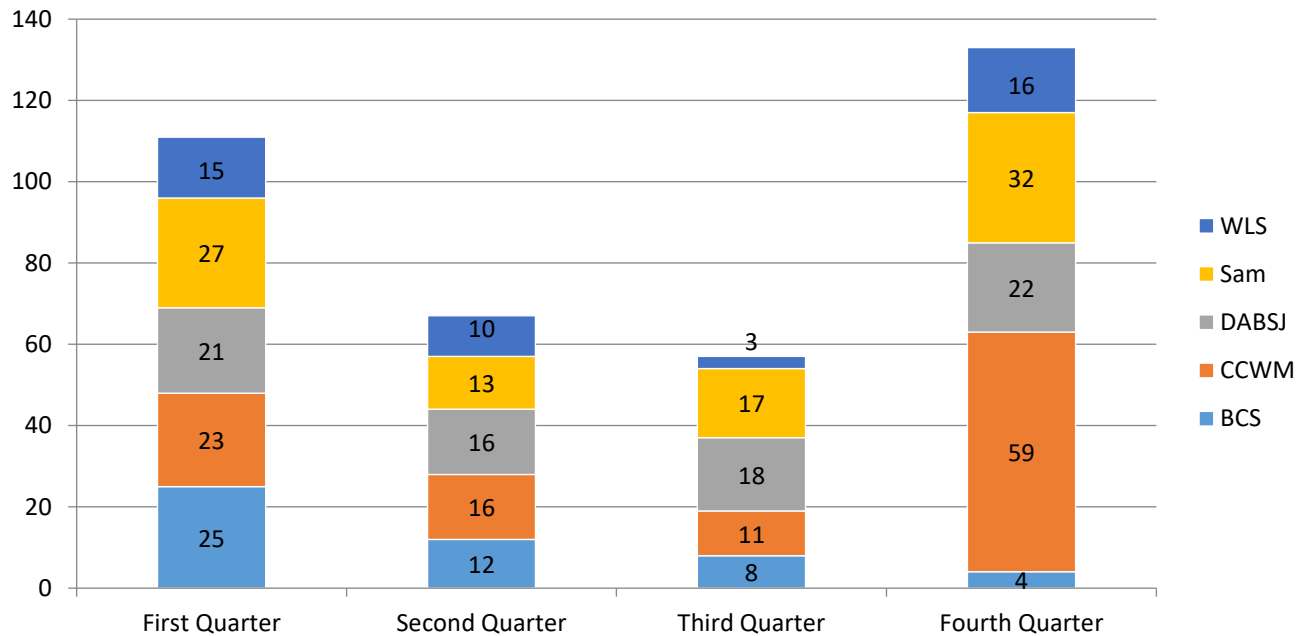
Race	Total	Low	Moderate	High	Referred to new service
<b>Males</b>					
White	112	45%	14%	41%	17%
Black	102	49%	17%	34%	22%
Latino/Hispanic	30	50%	17%	33%	23%
Multiracial	42	38%	5%	57%	26%
Other	5	40%	-	60%	-
Unknown	7	71%	-	29%	14%
<b>Male Total</b>	<b>298</b>	<b>46%</b>	<b>14%</b>	<b>40%</b>	<b>20%</b>
<b>Females</b>					
White	102	48%	13%	39%	23%
Black	79	49%	11%	40%	22%
Latina/Hispanic	27	44%	19%	37%	26%
Multiracial	25	56%	16%	28%	32%
Other	9	56%	-	44%	11%
Unknown	9	44%	-	56%	22%
<b>Female Total</b>	<b>252</b>	<b>49%</b>	<b>12%</b>	<b>38%</b>	<b>23%</b>

## FOSTER CARE SUMMARY

Agency	Number of Placements	Number of Clinical Pathways Submitted	Percentage of new intakes with completed Clinical Pathways
BCS	100	47	47%
CCWM	79	107	100%
DABSJ	75	73	97%
SAMARITAS	70	85	100%
WELLSPRING	63	44	70%
<b>Total</b>	<b>387</b>	<b>356</b>	

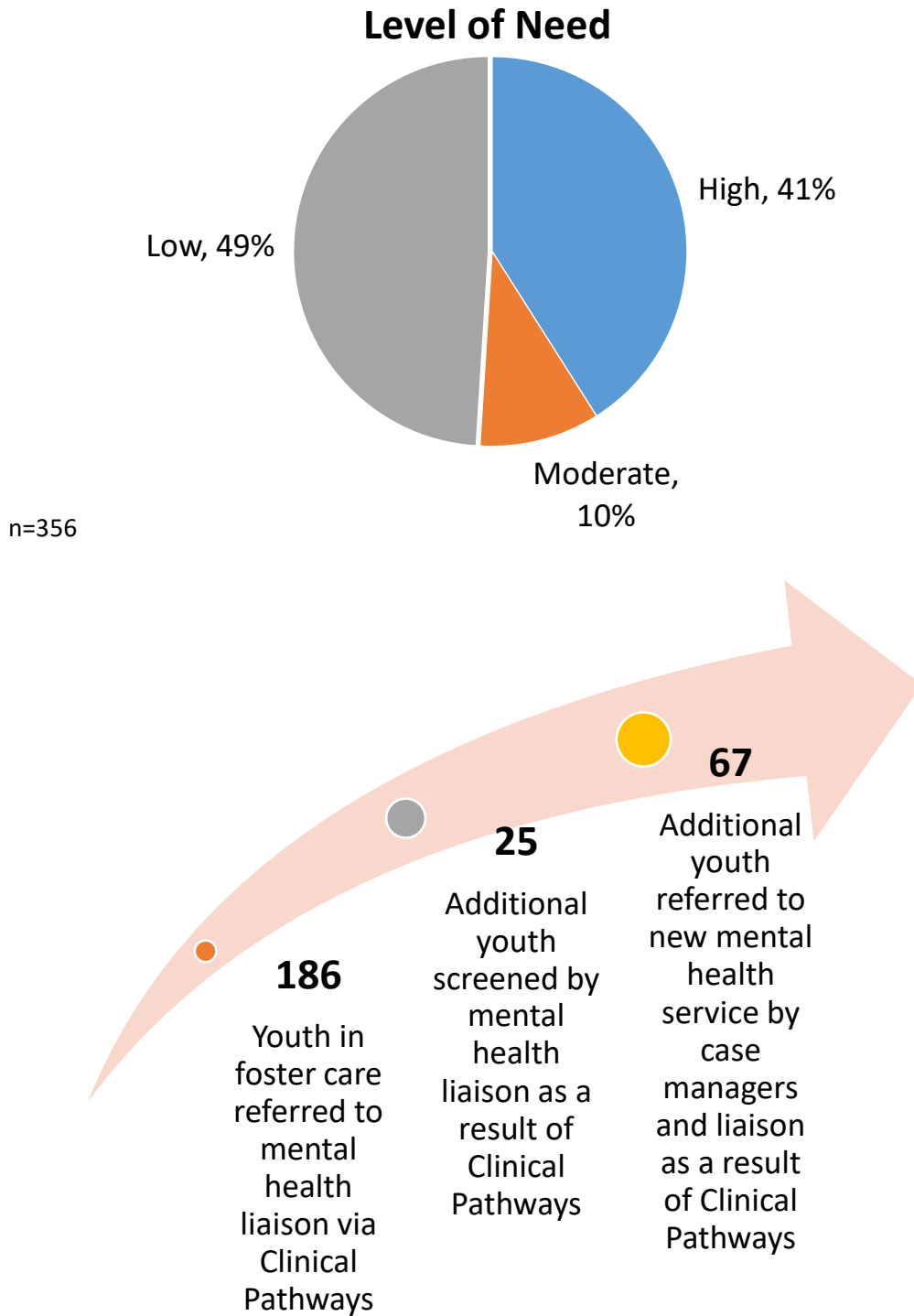
The first year of Clinical Pathways involved significant adjustments to strengthen implementation with foster care workers. By the 4<sup>th</sup> quarter (July-September 2018), an increasing number of agencies integrated the form into day-to-day work efficiently, as evidenced by the marked increase of completed documents.

### Completed Clinical Pathways by Quarter



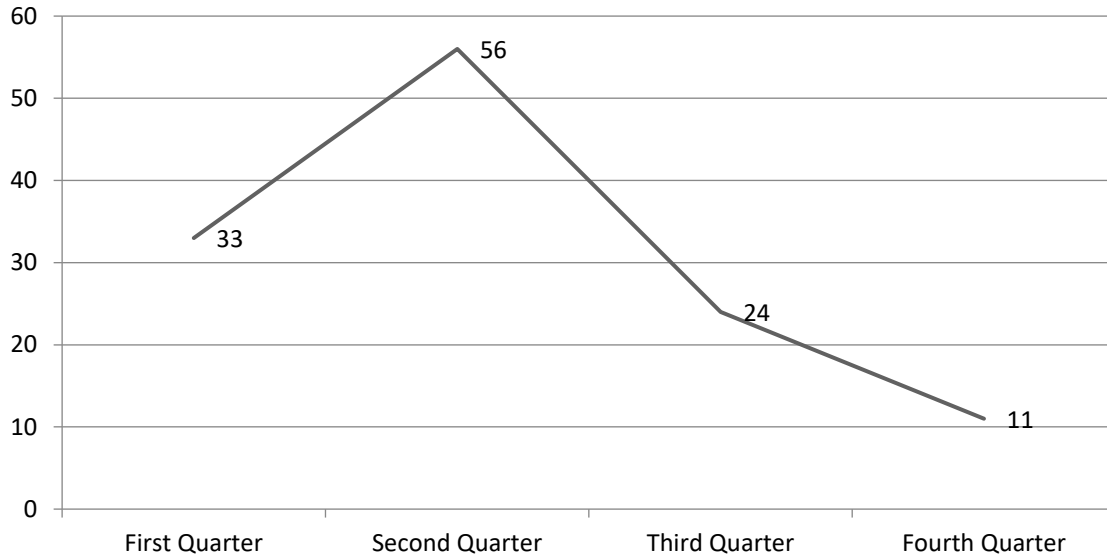


Foster Care Summary, continued



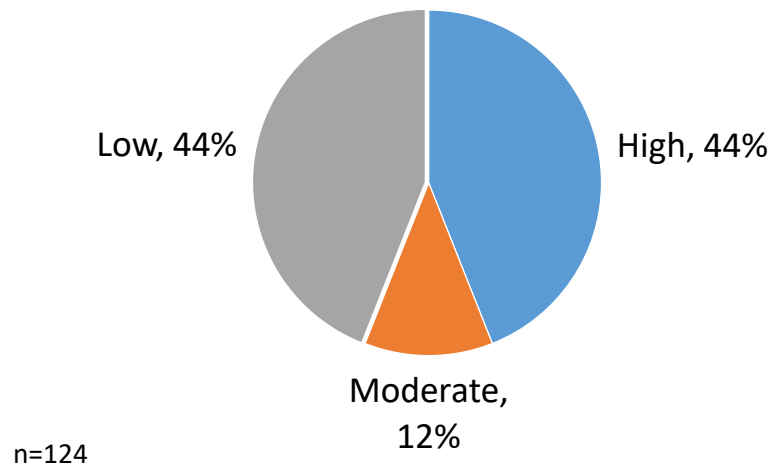
## DHHS SUMMARY

### Completed Clinical Pathways by Quarter

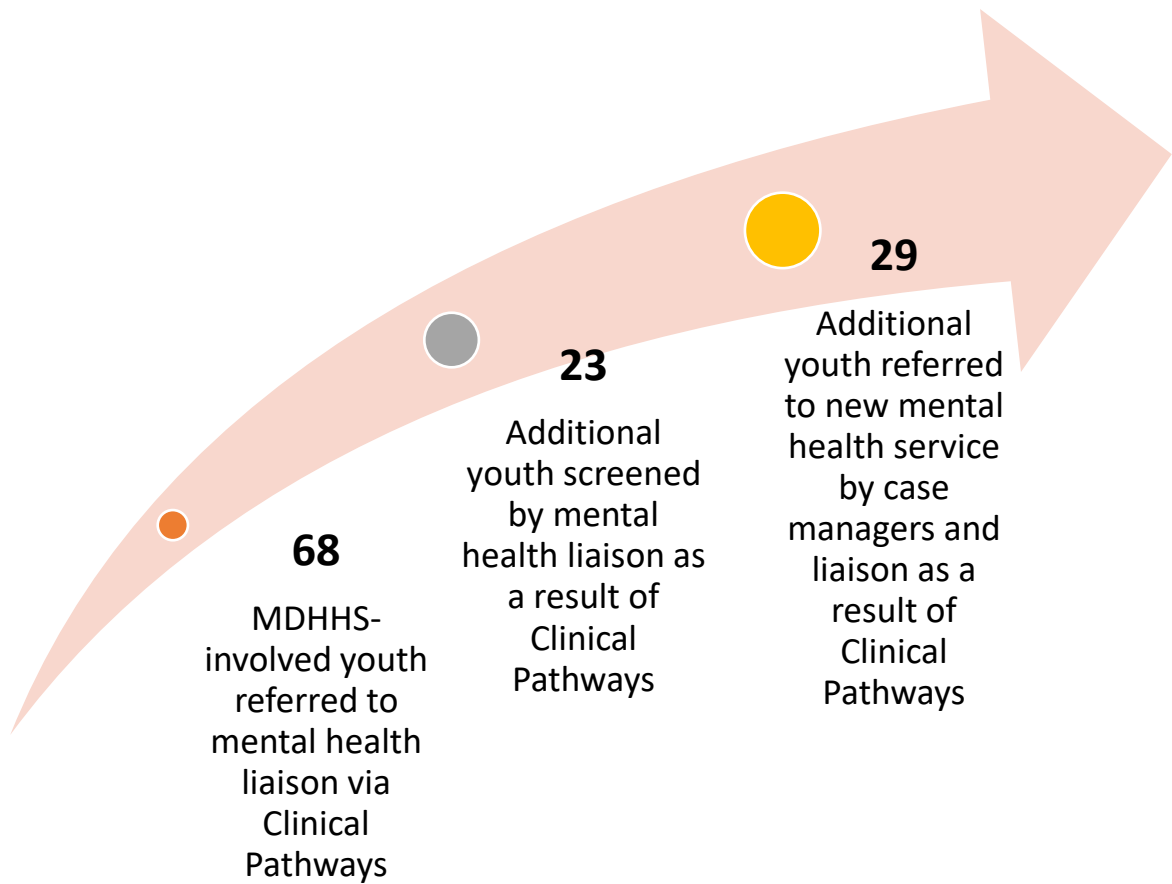


During the second quarter, DHHS discontinued use of Clinical Pathways due to a delay in data-sharing agreements; this is reflected in the relatively fewer incoming Clinical Pathways documents for the remainder of the year.

### Level of Need

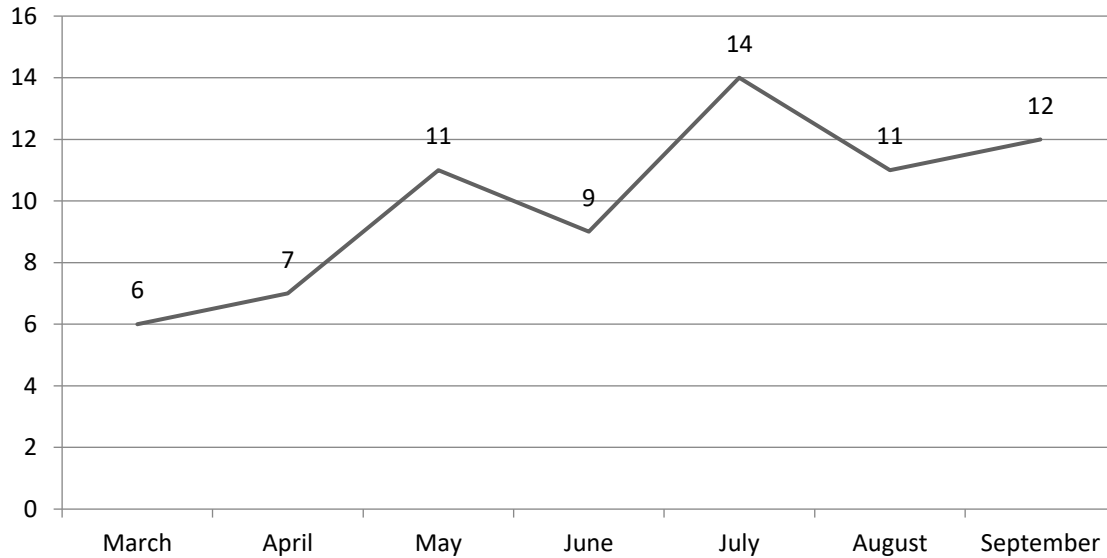


## MDHHS Summary, continued



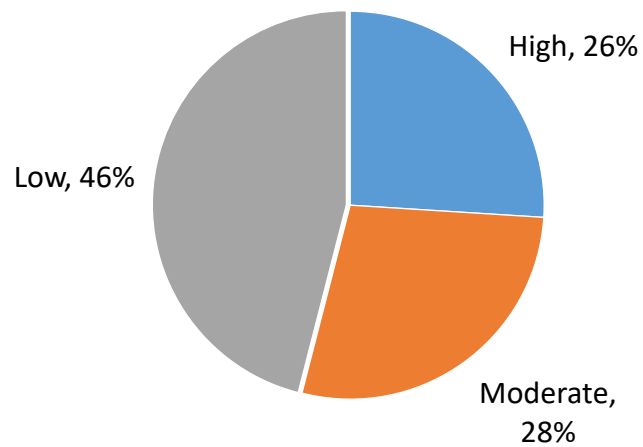
## JUVENILE JUSTICE SUMMARY

### Completed Clinical Pathways



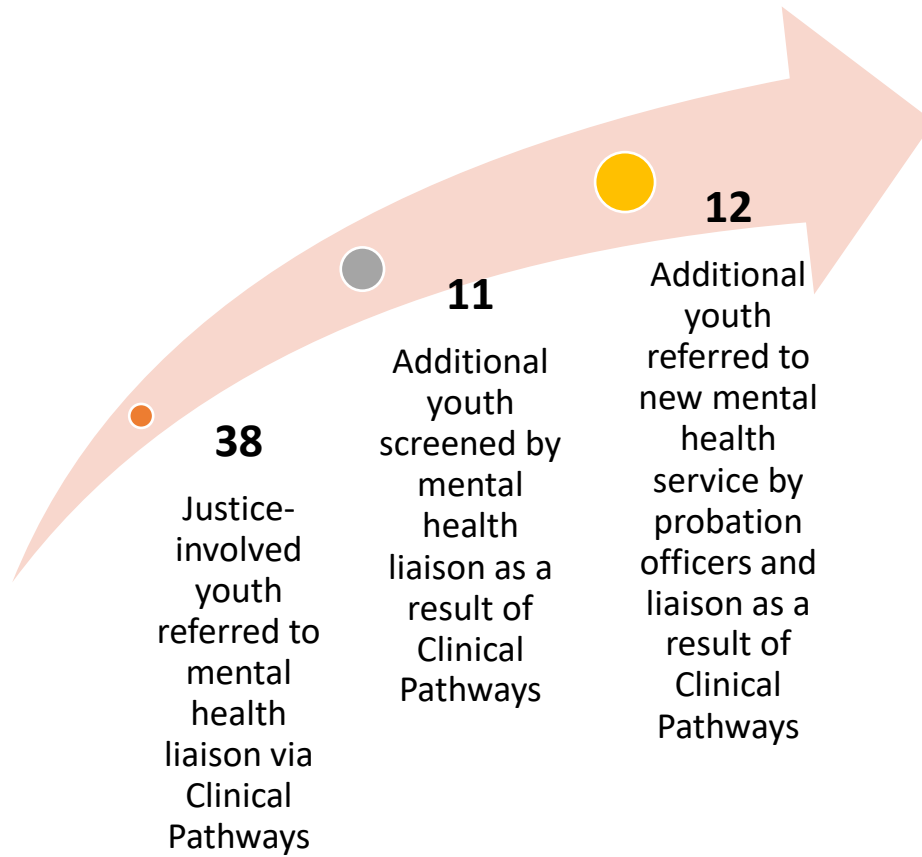
The juvenile court did not launch Clinical Pathways until March 12, 2018; therefore no data was gathered October-February.

### Overall Level of Need



n=70

## *Juvenile Justice Summary, continued*

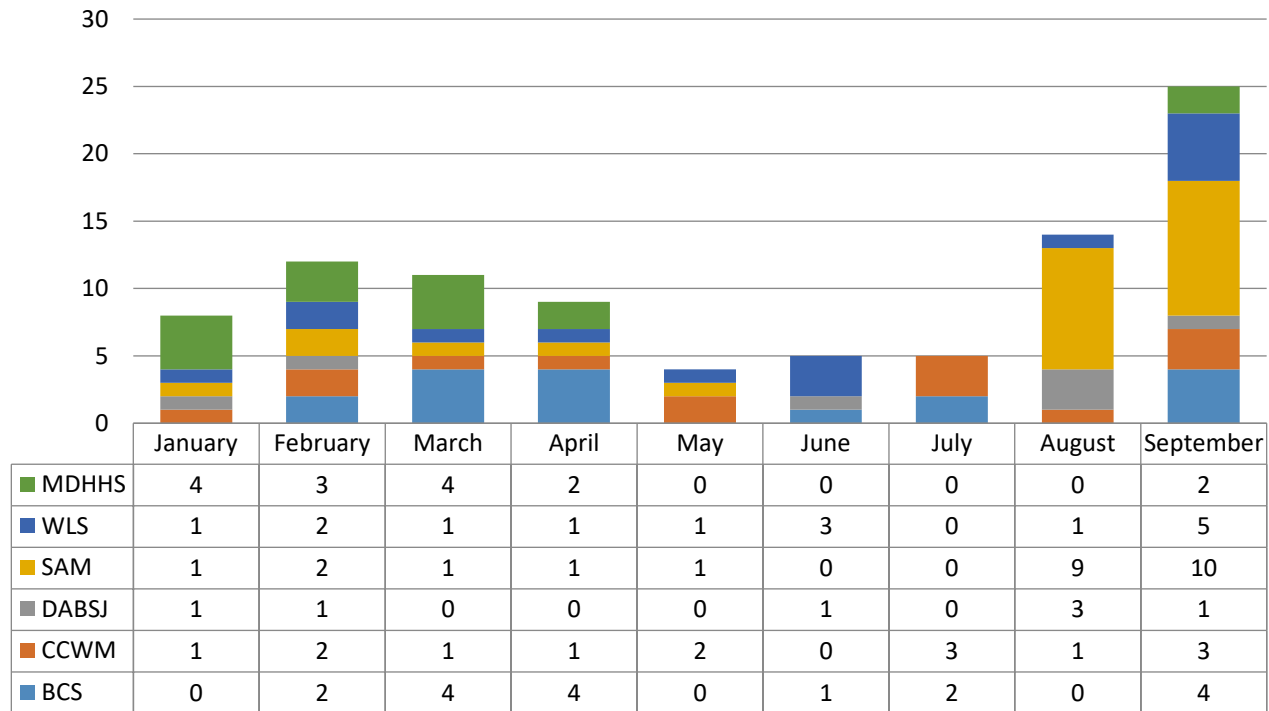


# CHILD WELFARE TRAUMA ASSESSMENTS

## Number of Referrals: 118

First quarter data was not recorded by agency; however 25 trauma assessments were authorized between October-December 2017.

### Referral Source



### Where were referrals assigned?

