

2017

BLACK FAMILY DEVELOPMENT, INC.
CONTINUUM OF CARE
LOGIC MODEL OF ACHIEVED OUTCOMES

Service Category	Assumptions	Programs	Inputs	Activities	Outputs	Outcomes		
JUVENILE JUSTICE	<p>Detroit's Eastside zip code region hosts the highest incidence of youth crime in Wayne County (Skillman Report), in addition to the disproportionately high risk factors specifically in zip code 48205 that impact juvenile crime rates: substantiated and unsubstantiated incidents of abuse/neglect and the highest number of returning citizens.</p> <p>Juvenile rehabilitation requires the collective investment of treatment providers, adjunct supportive programming (Intensive Family Services), and permanency planning beyond wardship termination.</p>	<p>Care Management Organization (CMO)</p> <p>Integrated Services Program (ISP)</p> <p>Intensive Family Services (IFS) – <i>Thru Summer 2017</i></p> <p>Wraparound</p> <p>Youth Assistance Program (YAP)</p> <p>Utilization Review (UR)</p>	<p>Treatment Models & Approaches</p> <p>Balanced and Restorative Justice (BARJ)</p> <p>Cognitive Behavioral Therapy (CBT) Interventions</p> <p>Wraparound Model</p> <p>Prevention Models & Approaches</p> <p>Restorative Practices</p> <p>Communities That Care: Social Development Research model</p> <p>Lion's Quest: Skills for Adolesc</p> <p>Holland's Career Inventory</p> <p>Resources</p> <p>23 Staff</p> <p>Wayne Co. Department of Health, Veterans, Community Wellness (DHVCW), Wayne County Dept of Health and Human Services (DHHS), Detroit Wayne Mental Health Authority (DWMHA), Detroit Police Department, Title 4-E, and Child Care funds</p> <p>Wayne Co. Third Circuit Court</p> <p>Participation in Wayne County System of Care</p> <p>Juvenile Justice Services Handbook</p> <p>Electronic Child & Adolescent Functional Assessment Scale</p> <p>Mileage, Cell Phones, Juvenile Agency Information System</p>	<p>General Services:</p> <ul style="list-style-type: none"> Assessments to determine placement and treatment needs Placement of youth in a treatment track Complete Service/Treatment Plans timely Maintain electronic case records on the Juvenile Agency Information System (JAIS) Monthly case manager, and weekly treatment, face-to-face contacts with youth and family Ensure weekly face-to-face contact by treatment providers Represent the youth and agency's interest in Court and submit to youth/family Progress Review Hearing before the Jurist of record Petition Court for security level change as needed On-Site drug testing and psychological services In-home family-centered treatment <p>Specialized Services</p> <ul style="list-style-type: none"> Wraparound implements a first-ever partnership between the Mental Health and Juvenile Justice to ensure cross-systems treatment of adjudicated/at-risk youth/families. Random drug screens for youth as ordered Updated CAFAS completed to determine client's/family's progress. Program-specific utilization review audits Four prevention tracks to serve as after-school diversion programming to prevent at-risk youth from delinquent behavior (Youth Assistance Program). Weekly Length of Stay (LOS) Committee meetings to review appropriate placement for youth in detention and residential facilities. 	<p>Number of CMO case managmt recipient youth & families in 2017: 230</p> <p>Number of juvenile justice treatment model youth recipients & families in 2017: 253 [219 (ISP); 19 (Wrap 15 (IFS))]</p> <p>Number of juvenile justice youth prevention recipients in : 79*³</p> <p>UR outputs</p> <p>*114 UR and LOS & Care Path audits conducted</p> <p>*44-Length of Stay meetings</p> <p>³ 25% decrease from 2016</p>	<p>Juvenile Justice Case Management Services for Adjudicated Youth/Families:</p> <ul style="list-style-type: none"> 98% of juveniles remained free of felony convictions while enrolled. 83% of juveniles remained free of all crimes, including felony convictions, after 2 years in the community. Network of residential & community providers. <p>Outcome Data Sources: Court's Oddessye system, MI OTIS Tracking System; CRIM, CMO Preliminary and Annual Reports</p> <p>Juvenile Justice Treatment Services for Adjudicated Youth/Families:</p> <ul style="list-style-type: none"> 98% of Wraparound consumers reported service satisfaction and daily functioning improvements. 100% of newly placed ISP youth began treatment within 21 days of acceptance. 80% of juvenile offenders with special needs (i.e., medical, MH, sex offenders, substance abusers) were successfully placed youth began treatment within 30 days of acceptance. <p>Outcome Data Sources: CMO MIS / MFR Reports; ISP Population Report;</p> <p>Juvenile Justice Prevention Services:</p> <ul style="list-style-type: none"> 96% (n= 47 out of 49 discharged youth) of participated youth have remained free of the juvenile justice system. <p>Outcome Data Sources: Pre-/Post Tests; Roster</p> <p>Consumer Generated Service Improvements:</p> <ul style="list-style-type: none"> CMO youth and families expressed desire to ensure they have current information regarding their treatment planning. As a result, CMO Treatment Team emphasized/encouraged the consumer families to meet the expected Care Path benchmarks, participate fully in offered services. Additionally, staff received additional Care Path training and a performance-based incentive plan was derived for CMO youth. 		
	<table border="1"> <tr> <th colspan="2">2017 Youth Serviced Per Level of Care (Duplicated Count)</th> </tr> <tr> <td>Community Based</td> <td>140*</td> </tr> <tr> <td>Non Secure</td> <td>56*¹</td> </tr> <tr> <td>Secure</td> <td>42*²</td> </tr> </table> <p>* A7% reduction from 2016 (at 150). *¹ A 14% reduction from 2016 (at 65). *² A 14% reduction from 2016 (at 65).</p>	2017 Youth Serviced Per Level of Care (Duplicated Count)		Community Based	140*	Non Secure	56* ¹	Secure
2017 Youth Serviced Per Level of Care (Duplicated Count)								
Community Based	140*							
Non Secure	56* ¹							
Secure	42* ²							

Service Category	Assumptions	Programs	Inputs	Activities	Outputs	Outcomes
MENTAL HEALTH	<p>Individual, family, and group treatment for mental health disorders increases the youth's/family's capacity to function self-sufficiently, and avoid out-of-home placement.</p>	<p><u>Treatment</u> Supportive Techniques Assisting and Growth Empowerment Solutions (STAGES)</p> <p>Empowering Parents and Innovating Children (EPIC)</p> <p>Wraparound</p> <p>Parent Management Training – Oregon (PMTO)</p> <p>School – Based Mental Health Treatment and Services Prevention</p> <p>Youth Peer Support</p> <p><u>Lead Advocate Work</u></p> <p>System of Care: - Lead Youth Advocate</p>	<p><u>Treatment Models & Approaches</u></p> <p>Cognitive Behavioral Therapy (CBT) Interventions/BFDI CBT Curriculum</p> <p>Wraparound Model</p> <p>Trauma-Focused Cognitive Behavioral Therapy</p> <p><u>Resources</u></p> <p>23 Qualified Mental Health Professional Staff 2.5 Wraparound staff 2 Psychiatrists 1 part-time Youth Peer and 1 part-time Parent Peer Supports 1 Marriage/Family Tx intern</p> <p>Youth Leadership Curriculum developed by East Region (BFDI) Youth United</p> <p>MCBAP Credentialed Mental Health Staff demonstrating co-occurring disorder competency</p> <p>Detroit-Wayne Mental Health Authority (DWMHA) Funding</p> <p>CareLink Contract</p> <p>Electronic Child & Adolescent Functional Assessment Scale (eCAFAS)</p> <p>Grand Rounds and Wayne State University Trainings</p> <p>9 schools receiving school-based services, and other schools partnering on behalf of their students' services</p> <p>RedCap Fidelity Software</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> • Assessments (CAFAS, LOCUS, MIDAS, Trauma) • Screenings, Diagnoses • Case Management • Home- and community-based interventions • Strength-based, Person-centered approach • Child/family safety education and techniques • Crisis Interventions & 24/7/365 availability • Educational support, advocacy, and goal setting • Monthly client satisfaction surveys • Staff growth and development trainings <p><u>Integrated Physical Health / Behavioral Health Care:</u></p> <ul style="list-style-type: none"> • On November 1, 2017 BFDI launched its physical health clinic, in partnership with Detroit Wayne County Health Authority (D.B.A “Authority Health”) • One attending Pediatrician staffs the clinic for BFDI youth ages 5-18. <p><u>Specialized Services:</u></p> <ul style="list-style-type: none"> • Trauma – Focused Cognitive Behavioral Services • Wraparound Model • Parent-Management Training – Oregon • Medicaid billable Youth Peer Support • Medicaid billable Parent Support Partner • Psychiatric services • Therapists provided individual and family therapy, educational mentoring, employment and independent living skills building, transportation services, anger management, advocacy, mentoring services, and targeted case management. • Cognitive-behavioral therapy • Risk / Strengths and Needs / Psychosocial Assessments; Individual Plans of Service; Release Plans; Crisis/Safety Plans; and Progress Notes • Cognitive-Behavioral Skill-building strategies • Substance Abuse Prevention Education • Restorative Practices Model • Transportation • Medication Management as necessary 	<p>Number of children's treatment recipient families in 2017: STAGES: 124 EPIC: 74</p> <p>Number of youth who received a home-based level of care: 5</p> <p>Number of recipients of Parent – Mgmt Training – Oregon model services: 5</p> <p>System of Care: 10% of treatment families benefited from Parent Support Partner services</p> <p>Number of youth cont'd beyond age 18 for medical necessity: 2</p>	<p><u>Mental Health Treatment Services:</u></p> <ul style="list-style-type: none"> • 98% of youth served for outpatient mental health (194 out of 198) remained at home, not placed in out-of-home care, including hospitalizations. • 3 staff completed MDHHS-funded nat'l Trauma– Focused Cognitive Behavioral Therapy cohort. • January 1 – December 31, 2017 eCAFAS data indicated functional improvements in youth age 7-18 participating in behavioral health services. <ul style="list-style-type: none"> - 149 consumer assessments were completed with both a baseline and most recent score to allow for comparison - Mean age of tested youth was 12 - 64% youth tested were male - 44% of the total population demonstrated symptoms of Pervasive Behavioral Impairment (PBI), which untreated is an indicator of future mental illness into adulthood. 64% of those youth improved and no longer met the PBI criteria at the time of the most recent assessment. • BFDI ePECFAS data for consumers aged 4-6 from January 1, 2017-December 31, 2017: <ul style="list-style-type: none"> - Mean age of tested youth was 6 - 50% youth tested were male - Average PECFAS total score at Initial Assessment was 65, above score of 50 required to qualify for outpatient treatment. <p>Outcome Data Sources: Functional Assessment Systems; Program Roster</p> <p><u>Medicaid Expansion: School – Based Mental Health Prevention and Treatment</u></p> <ul style="list-style-type: none"> • BFDI's school-based contract with the Detroit-Wayne Mental Health Authority expanded to 4 additional schools. In total for 2017: <ul style="list-style-type: none"> - 3,298 prevention services to 347 students - Mental health education to 468 educators, other school professionals, and parents in 43 distinct training groups - 577 mental health treatment services to 58 students

Category	Assumptions	Programs	Inputs	Activities	Outputs	Outcomes
<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; font-weight: bold; margin: 0;">SUBSTANCE ABUSE</p>	<p>Evidence-based models of treatment and prevention yield measurable service outcomes.</p>	<p>Detroit Wayne Mental Health Authority (DWMHA): - HOPE (OP) - F.R.E.E. <i>(Finding Resolution Everyday through Education)</i> Medicaid</p> <p>DWMHA Jail Plus Mental Health and Substance Use Disorder Relapse Prevention Services</p>	<p><u>Treatment Models & Approaches</u> Motivational Interviewing Cognitive Behavioral Therapy National Drug Control Policy Principles of Effective Substance Abuse Treatment Gorsky's Relapse Prevention Strategies</p> <p><u>Prevention Models & Approaches</u> Lion's Quest: Skills for Adolescence Center for Substance Abuse Prevention-endorsed prevention curriculum for children of addicted parents Strengthening Families curriculum Community-Based Process Prevention Model</p> <p><u>Resources</u> 3.0 FTE MCBAP credentialed Staff Detroit Wayne Mental Health Authority funding Substance Abuse Treatment and Prevention Licenses MI Administrative Rules ACCESS Urinalysis Lab Partners: Dept of Corrections, CMO, faith & comm orgs Bus Tickets, Mileage, Addiction screening & treatment tools (i.e. GAINS, ASAM), MHWIn, Cell Phones, Office Space/Equip</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> • Individual, group, marriage, co-dependency, and family, counseling • Didactic group education • Support services to clients in the following areas: financial, medical, optical, dental, employment, housing, vocational, educational, psychological, child care, clothing, food, and mental health services • Education about alcohol, tobacco, and other drugs (ATOD) and its negative effects on individuals, families, and communities • Assessments, service plans, community referrals, resource linking, monitoring, follow-up, advocacy, and aftercare linkages • Transportation assistance (bus tickets/staff vehicles) <p><u>Specialized Services:</u></p> <ul style="list-style-type: none"> • Degreed treatment staff, along with a PhD Supervisor/Clinician, and PhD Director of Clinical Services • Intensive Outpatient, Prevention, and Relapse Prevention Services Available • Outpatient –group/didactic/individual/family therapy 1-2 days/week for 1.0-2.0 hours/day • Relapse Prevention • Contingency Management • Urine Screens • Referrals to AA/NA support groups • Weekly Life Skills Group and bi-weekly cultural outings for the clients (CM) • Parent training of drug prevention techniques/education to reduce their children's risk of ATOD use (FREE) • Advancing development/ enforcement of ATOD ordinances, regulations, and legislation (FREE) • Provision of competent services to co-occurring disorder (mental health and substance abuse) affected consumers and their families 	<p>Number of substance abuse treatment customers in 2017: 62</p> <p>Number of substance abuse Jail Plus Relapse customers in 2017: 135</p> <p>Number of substance abuse prevention recipients to avert addiction in 2017: 579</p>	<p><u>Substance Abuse Treatment Services:</u></p> <ul style="list-style-type: none"> • 30 Alcohol, Tobacco, and Other Drug and support groups held. • 67% of consumers successfully completed the program. <p><u>Drug Court/Mental Health Court Relapse Prvtn Services:</u></p> <ul style="list-style-type: none"> • 62% (n= 80/129) of consumers successfully completed the program. • 104 Relapse Prevention mental health and substance use disorder groups facilitated. • 52 weeks of individual case management provided. <p><u>Substance Abuse Prevention Services:</u></p> <ul style="list-style-type: none"> • 117 parent Alcohol, Tobacco, and Other Drug and prevention specific support groups. • Prevention staff collaborated in 5 community Substance Use prevention team events • Staff provided Strengthening Families educational programming at a partner Promise Neighborhood agency, Youth Connection. • 13-session and 6-week session Parenting and family engagement trainings held for 7 families. <p>Outcome Data Sources: Program activity logs; Sign-In Sheets; MPDS Data System Reports; Educational curriculums' pretest and posttests; Detroit Wayne Mental Health Authority MHWIn enrollment data; Progress Notes; Discharge Summary; Aftercare Agreement; Self-Report; ACCESS Laboratory Drug Screen Results; JIS</p> <p><u>Consumer Generated Service Improvements:</u></p> <ul style="list-style-type: none"> • Consumers requested SUD group facilitator to provide more handouts during the group sessions for the purpose of a point of reference. As the result of the consumer feedback, they are provided with various handouts on recovery, relapse prevention, healthy eating, and conflict resolution strategies.

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<p style="text-align: center; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FAMILY PRESERVATION</p>	<p>Kinship care cost-effectively and efficiency increases child well-being/safety, while decreasing the need for out-of-home placement.</p> <p>Homelessness erodes family security, well-being, and self-sufficiency.</p> <p>The absence of basic needs increases likelihood of future crisis and longer-term dependence upon formal systems of care.</p>	<p>Family Connections (FC) - UWSEM -Building Foundations</p> <p>Intake Department</p> <p>Parents As Teachers</p> <p>LENA Start</p>	<p><u>Intervention Models & Approaches</u></p> <p>Parents As Teachers</p> <p>LENA Start</p> <p>Solution-focused counseling</p> <p><u>Prevention Models & Approaches</u></p> <p>- Family Connections (FC) Model</p> <p>- Arizona Self-Sufficiency Matrix</p> <p><u>Case Management Approaches</u></p> <p>Assessment, Service Plan, and Crisis Intervention</p> <p><u>Resources</u></p> <p>7 Staff, 2 interns</p> <p>Michigan Child Protection Law requirements</p> <p>Great Start Collaborative – Wayne [Everybody Ready] & United Way of Southeast Michigan (UWSEM) funding</p> <p>W.K. Kellogg Foundation Trustee Grant</p> <p>Family Connections MOU</p> <p>DHHS referring staff</p> <p>Wayne State University</p> <p>Family Connections Advisory Council & Partners</p> <p>Empirical assessment tools</p> <p>Mileage, Cell Phones, Office Space/Equip</p> <p>UWSEM Apricot Database and 211 line</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> • Assessment, referral, linking, and follow-up into BFDI services, as well as community resources meeting families’ needs beyond the scope of BFDI services • Initial contact with family is made within 24 hours • Small caseloads allowing for intensive intervention • Services are home-based and community-based • Time-limited programming • Ecological approaches to preventing future crises • Specific assistance for families’ basic needs • Individual, Family, and Group Counseling • Support groups • Case Management <p><u>Specialized Services:</u></p> <ul style="list-style-type: none"> • Parenting education • Teach/model: home management, budgeting, communication and assertiveness skills • Advocacy with schools, medical and mental health facilities • Housing and relocation assistance • Assistance with food, clothing, appliances and other concrete needs. • Linkages to natural helping networks and ongoing community supports • Transportation support services • Initial face to face contact with family in 24 hours • Safety planning • Individual and Family Activities • FC Multi-family Activities • Assistance with identifying stable, adequate housing • Assistance with securing legal documents (state identification, birth certificates, etc.) necessary to secure housing • A national, evidenced-based home visiting model that promotes the optimal early development, learning, health and well-being of children by providing developmental and literacy tools to parents and caregivers. 	<p>Number of FC family preservation prevention recipients in 2017: 37</p> <p>Number of individual persons (heads of household) served by Intake Dept in 2017: 1034</p> <p>Number of Parents As Teachers recipient families in 2017: 38</p> <p>Number of LENA Start recipient families in 2017: 11 (Inaugural cohort September-December 2017)</p>	<p><u>Early Childhood Expansion: Evidence – Based Literacy Model:</u></p> <ul style="list-style-type: none"> • In September 2017 BFDI brought the national early childhood literacy model, LENA Start, to Detroit, supported by Kellogg and LENA Foundation funding. • 100% graduation rate with average of 27 minute increase in reading per day per family. <p><u>Family Preservation Intervention Services:</u></p> <ul style="list-style-type: none"> • 100% of referred families were taught to use, and assisted with completing, the national Ages and Stages Questionnaire to assess their child’s progress with developmental milestones. • 88% of children assessed (n=38) with the Ages and Stages achieved age-specific milestones • 48 Parent / Child Interaction Groups occurred with community families <p>Outcome Data Sources: Great Start Collaborative-Wayne Ages and Stages Database; BFDI Intake Database; Family Connections Referral Database; Parents As Teachers Personal Visits and Group Logs</p> <p><u>Intake Services:</u></p> <ul style="list-style-type: none"> • 1027 calls were received by the Intake Dept. • 7 non-enrolled persons walked into BFDI for support from the Intake Dept. • 80% (n=824) of calls were seeking housing information/assistance. • 7% of callers sought employment assistance • 6% of callers (n=63) sought mental health treatment including individual/marital counseling <p>Outcome Data Sources: Intake Database</p> <p><u>Consumer Generated Service Improvements:</u></p> <ul style="list-style-type: none"> • Consumers routinely reference that the 6-week service time frame does not seem long enough, and due to quality of services and relevance of information, received, would like to remain with the program longer to support their journey towards improved self-sufficiency. Therefore, program staff continue to assess each family’s needs and extend cases as long as needed.

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YOUTH & COMMUNITY DEVELOPMENT	<p>Community development initiatives increase community safety neighborhood beautification, and citizen empowerment, while reducing juvenile delinquency</p>	<p>Keys To Literacy at Osborn High School</p> <p>Restorative Practices</p> <p>Bridges On-the-Job Training Program</p> <p>Crossover Youth Practice Model</p>	<p><u>Prevention Models & Approaches</u></p> <p>Keys To Literacy Software</p> <p><u>Resources</u></p> <p>5 Staff, multiple volunteers</p> <p>Aztec Software Learning Essentials Series (ASLES)</p> <p>Skillman Foundation funding</p> <p>Kresge Foundation Funding</p> <p>Wayne Co. Department of Health, Veterans, Community Wellness (DHVCW)</p> <p>United Way for Southeastern MI funding</p> <p>Detroit-Wayne Mental Health Authority (DWMHA) Funding</p> <p>Osborn/Cody Rouge citizens, and MAN Network</p> <p>Mileage, Pagers, Office Space/Equip, Community Meeting Space</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> • Student workforce development training • Student literacy training • Showcase the gifts and talents of youth • Strengthen and preserve families by empowering our youth and our Osborn and Cody Rouge neighborhoods • Osborn and Cody Rouge community revitalization and collectivism <p><u>Specialized Services:</u></p> <ul style="list-style-type: none"> • Black Family Development, Inc. (BFDI) Networking for Change is sustaining the 300+ block clubs in Osborn and Cody Rouge with a strategic focus to ensure that every club is connected to the neighborhood association, youth development activities, and BFDI community luncheon celebrations. • Monthly community luncheons wherein residents receive COMPSTAT crime data and develop relationships with police and elected officials • Targeted collaboration with Osborn and Cody Rouge community residents & block club presidents to foster organized communication and policing efforts through Block Club development. 	<p>Number of 2017 Bridges participants: 79</p> <p>Number of Keys To Literacy participants: 63 <small>(in 2016)</small> 542 <small>(cumulatively)</small></p> <p>Number of 2017 Restorative Practices Training Sessions: 30</p>	<ul style="list-style-type: none"> • Bridges programming was provided to 79 youth. Of those 79, 16 youth graduates: <ul style="list-style-type: none"> - <i>Maintained active participation for at least 9 months, (9-12 months)</i> - <i>Attended 8-10 career/work readiness workshops including Restorative Practices and financial literacy</i> - <i>Received supervised work experience</i> - <i>Been enrolled in program for nine to twelve months and/or graduated high school</i> - <i>Possess a professional resume</i> - <i>Possess the tools and skills to engage appropriately in a job interview.</i> • 871 persons were trained in the International Institute of Restorative Practices model; (5,552 persons cumulatively trained to-date.) • 200 Osborn and Cody residents were provided with a variety of Leadership Trainings through 12 monthly community luncheons in 2017. • Landscape equipment stored and shared with youth Bridges participants, as well as Osborn residents, in collaboration with Wayne County. • Crossover Youth Practice Model funded BFDI as lead County-wide coordinator of the planning and early implementation of the national model in Wayne County. • The CYPM protocol was completed in December 2017 for county-wide training January 24, 2017, pilot launch February 1, 2017, and full implementation March 1, 2017. <p><u>Consumer Generated Service Improvements:</u> The 20 Bridges youth expressed barriers to transportation and attire to dress professionally for a job interview. Therefore, BFDI Bridges staff provided each of the 20 youth with bus tickets to ensure transportation to and from Bridges programming, and took participants on a field trip to Jackets for Jobs to receive a full interview wardrobe.</p>

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PROMISE NEIGHBORHOODS	<p>The planning for, and implementation of, a cradle – to – career network of youth academic and family well-being resources will achieve the 15 national, plus the 4 Detroit, Promise Neighborhood indicators</p>	<p>Local planning and implementation of the national Promise Neighborhood initiative</p>	<p><u>Prevention Models & Approaches</u></p> <p>Multiple PN Partners' Evidence-Based Practices</p> <p><u>Resources</u></p> <p>2.0 Staff Equivalents And Multiple Volunteers</p> <p>Detroit Public Schools Community District (DPSCD) Principals, Staff, Students, and Families</p> <p>Early Childhood Work Group</p> <p>Early Childhood Director</p> <p>PN Advisory Board members</p> <p>Wayne State University School of Social Work Evaluation tools</p> <p>Mileage, Pagers, Office Space/Equip, Community Meeting Space</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> • Partner with Detroit Early Childhood, Education, Workforce Development, and Faith-Based Partners to improve outcomes for youth and families. • Strengthen and preserve families by empowering our youth and our Osborn and Clark Park neighborhoods • Osborn and Cody Rouge community revitalization and collectivism • Early childhood student literacy training • Early childhood parent literacy and brain science coaching using 21st century technology • Workforce development training and employment placement for at-risk youth <p><u>Specialized Services:</u></p> <ul style="list-style-type: none"> • In September 2017 BFDI brought the national early childhood literacy model, LENA Start, to Detroit, supported by Kellogg and LENA Foundation funding. • Osborn/Clark Park Promise Neighborhood (PN) educational reform and community revitalization to ensure that “all children growing up in [our PN] will have access to effective schools and strong systems of family and community support that will prepare them to attain an excellent education and successfully transition to college and career”. 	<p><u>Number of employment (Bridges Program) participants:</u> 79 <small>(in 2017)</small> 113<small>(cumulatively)</small></p> <p><u>Number of LENA Start Program participants:</u> 11 <small>(Cohort in 2017)</small> 11<small>(cumulatively)</small></p>	<p><u>Early Childhood:</u></p> <p><u>LENA Start</u></p> <ul style="list-style-type: none"> • 100% graduation rate. • 88 percent of families who completed the pre and post Parent Survey showed gains in total scores, indicating positive influences on parent perceptions and interactive behaviors in a number of domains. • Parents reported reading over two times as much with their children at graduation compared with the start of the program. • Children whose parents participated in Detroit's 1st cohort are gaining nearly 2 and a half months of developmental skill every month. <p><u>Early Childhood Literacy Coaching</u></p> <ul style="list-style-type: none"> • PN Interns utilized PN Literacy Road Map, developed in conjunction with DPSCD Early Childhood staff, to goal-set and monitor with students and families their students' literacy improvement strategies coordinated by the PN intern. • 100% of students COR results show an increase in literacy progress in 5 or more High Scope Child Observation Record (COR) domains for the 3 service quarters (see data chart below).

Item Score	Teacher:RD	L			M			N			O			P			Q			R		
		P1	P2	P3	P1	P2	P3	P1	P2	P3	P1	P2	P3	P1	P2	P3	P1	P2	P3	P1	P2	P3
	Child 1	2	3	4	2	1	4	1	2	2	1	3	4	1	2	4	1	4	4	2	3	4
	Child 2	2	3	5	2	4	4	1	2	5	1	2	4	2	4	4	1	2	5	3	4	4
	Child 3	2	3	-	2	4	4	2	5	-	2	3	4	2	2	-	4	2	4	2	4	-

Growth: Growth in P3 (or latest Period assessed) when compared to P1

Teacher:RD		L	M	N	O	P	Q	R
	Child 1	↑	↑	↑	↑	↑	↑	↑
	Child 2	↑	↑	↑	↑	↑	↑	↑
	Child 3	↑	↑	↑	↑	—	—	↑

GROWTH LEGEND

GROWTH

SAME

DOWN

Growth*: Growth in P3 (or latest Period assessed) when compared to P1

Teacher: RZ		L	M	N	O	P	Q	R
	Child 4	↑	↑				↑	↑
	Child 5	↑	↑	↑	↑		↑	↑
	Child 6	↑				↑		↑

* Blank cells indicate data were not available for the item.