

2022

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

Service Category	Assumptions	Programs	Inputs	Activities	Outputs	Outcomes						
<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; font-weight: bold; margin: 0;">JUVENILE JUSTICE</p>	<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 and unmet Social Determinates of Health 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>Youth rehabilitation requires the collective investment of treatment providers, adjunct supportive programming, and permanency planning beyond wardship termination.</p>	<p>Care Management Organization (CMO)</p> <p>Integrated Services Program (ISP)</p> <p>Youth Assistance Program (YAP)</p> <p>Utilization Review (UR)</p>	<p><u>Treatment Models & Approaches</u></p> <ul style="list-style-type: none"> Structured Decision Making Person Centered Planning Cognitive Behavioral Therapy Restorative Practices Wraparound Model <p><u>Prevention Models & Approaches</u></p> <p>Restorative Practices Lion’s Quest: Skills for Adolesc Holland’s Career Inventory</p> <p><u>Resources</u></p> <p>16 Staff</p> <p>Wayne Co. Department of Health, Human, and Veterans, Services (HHVS), Michigan Dept. of Health and Human Services (MDHHS), Detroit Wayne Integrated Health Network (DWIHN), 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, Mileage, Cell Phones, Juvenile Agency Information System (JAIS)</p> <p>Virtual Platforms</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> Assessments to determine placement and treatment needs. Placement of youth in a treatment track. Complete Treatment/Probation Plans timely. Maintain electronic case records on the Juvenile Agency Information System (JAIS). Monthly case management, and weekly treatment, face-to-face contacts with youth and family. Ensure weekly face-to-face contact by behavioral health and other treatment providers. Represent the youth and agency’s interest in Court and submit t Progress Review Hearings 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. Family engagement and/or reintegration. Workforce Development. Educational and academic planning. <p><u>Specialized Services</u></p> <ul style="list-style-type: none"> Random drug screens for youth as ordered. Quarterly functional assessments of youth 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). 9 BFDI Youth have participated in the replication of the national Georgetown Crossover Youth Practice Model (2 completions) Interagency collaboration of services for Behavioral Health, co-occurring disorders, school-based services, and My Brother’s Keeper (Young Boys and Men of Color Leadership Development) 	<p>Number of <u>CMO case mgmt.</u> recipient youth & families in 2022: 186</p> <p>Number of juvenile justice <u>treatment</u> model youth recipients & families in 2022: 146</p> <p>Number of juvenile justice youth <u>diversion</u> recipients in: 61</p> <p><u>UR outputs</u></p> <p>Average non-secure Length of Stay (LOS) increased from 188 days to 286 days; Secure decreased from 485 to 300 days.</p> <p>Average Community treatment Length of Stay: 187</p>	<p><u>Juvenile Justice Case Management Services for Adjudicated Youth/Families:</u></p> <ul style="list-style-type: none"> 98% (n=182) juveniles remained free of felony convictions while enrolled. 97% of probation level 2 youth remained free of all crimes, including felony convictions, after 2 years in the community. 100% of probation level 1 youth remained free of all crimes, including felony convictions, after 1 year of termination. 23 points were the average CAFAS rating outcome improvement. <p>Outcome Data Sources: Court’s Odyssey system, MI OTIS Tracking System; CRIM, CMO Preliminary and Annual Reports</p> <p><u>Juvenile Justice Treatment Services for Adjudicated Youth/Families:</u></p> <ul style="list-style-type: none"> 92% (n=72 out of 78) of youth receiving treatment while on probation (Level 1, 1.5, or 2) discharged from the program successfully following their needs having been served. <p>Outcome Data Sources: CMO MIS / MFR Reports; ISP Population Report.</p> <p><u>Juvenile Justice Diversion Services:</u></p> <ul style="list-style-type: none"> 90% (n= 35 out of 39) successfully discharged from the program and remained free of the juvenile justice system. 80% (n=49) of YAP youths’ discharge Post Juvenile Inventory for Functioning (JIFF) showed improvement over their Intake score. <p>Outcome Data Sources: Pre-/Post Tests; Roster</p> <p><u>Consumer Generated Service Improvements:</u></p> <ul style="list-style-type: none"> In efforts to address Quality of Life Indicators, the team received support from the Restorative Practices and Utilization Review Managers to collaboratively ensure youth achieved educational, workforce development, family relationship, and community reintegration outcomes. 						
	<table border="1"> <thead> <tr> <th colspan="2" style="background-color: #e0ffe0;">2022 Youth Served Per Level of Care (Duplicated Count)</th> </tr> </thead> <tbody> <tr> <td>Community Based</td> <td>146</td> </tr> <tr> <td>Community Based Level 1.5</td> <td>35</td> </tr> <tr> <td>Non-Secure</td> <td>20</td> </tr> <tr> <td>Secure</td> <td>11</td> </tr> <tr> <td>Pre-Adjudicated</td> <td>9</td> </tr> </tbody> </table>	2022 Youth Served Per Level of Care (Duplicated Count)		Community Based	146	Community Based Level 1.5	35	Non-Secure	20	Secure	11	Pre-Adjudicated
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MENTAL HEALTH	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.	<u>Treatment</u> Supportive Techniques Assisting and Growth Empowerment Solutions (STAGES) Empowering Parents and Innovating Children (EPIC) Wraparound School – Based Mental Health Treatment and Services Prevention (School Success and DPSCD) Parent Support Partner Svcs. System of Care (Youth United) Second STAGES Zero Suicide Initiative	<u>Treatment Models & Approaches</u> Cognitive Behavioral Therapy (CBT) Interventions/BFDI CBT Curriculum Wraparound Model Trauma-Focused Cognitive Behavioral Therapy <u>Resources</u> 27 Qualified Mental Health Professional Staff 2 Wraparound staff 1 Parent Support Partner 2 Psychiatrists 1 Billing Adjudicator 5 Master's level interns 2 Youth Advocates Youth Leadership Curriculum developed by East Region (BFDI) Youth United MCBAP Credentialed Mental Health Staff demonstrating co-occurring disorder competency. Detroit-Wayne Integrated Health Network (DWIHN) Funding Electronic Child & Adolescent Functional Assessment Scale (eCAFAS) DWIHN Quarterly Leadership Series and Peer-to-Peer Learning Series RedCap Fidelity Software Telehealth	<u>General Services:</u> <ul style="list-style-type: none"> Assessments, Screenings, Diagnoses (CAFAS, LOCUS, PHQ, MDQ, GAD, Trauma) Case Management Home- and community-based interventions Strength-based, Person-centered approach Child/family safety education and techniques Crisis Interventions & 24/7/365 availability <u>Integrated Physical Health / Behavioral Health Care:</u> <ul style="list-style-type: none"> BFDI's physical health clinic continues to serve youth in partnership with Detroit Wayne County Health Authority (D.B.A "Authority Health") One attending Pediatrician staffs the clinic for BFDI. <u>Specialized Services:</u> <ul style="list-style-type: none"> All Clinical staff are trained in at least one Evidence-Based Practice. Trauma-Focused Cognitive Behavioral Therapy Wraparound Model Parent-Management Training – Oregon (PMTO) PMTO group model known as Parenting Through Change (PTC) 2 clinicians participated in Motivational Interviewing Cohort and 2 completed. 6 staff trained in TRAILS model. Psychiatric services to 47 recipients 13 families were served by our Medicaid-billable Parent Support Partner services; assisted with methods of forming alliances with multiple care coordinators. Cognitive-Behavioral Therapy Assessments; Individual Plans of Service; Crisis/Safety Plans; and Progress Notes Cognitive-Behavioral Skill-building Co-Occurring Services Restorative Practices Model Transportation Suicide Prevention 3 Therapist participated in Dialectical Behavioral Therapy (DBT) cohort and 1 completed. 1 supervisor participated in Components for Enhancing Career Experience and Reducing Trauma (CECERT). 35 activities to continue to instill youth voice and presence in Wayne County System of Care. 	Number of children's receiving treatment in 2022: STAGES: 113 EPIC: 76 Number of youth who served at a home-based level of care: 34 Number of youth cont'd beyond age 18 for medical necessity: 2 Number of youth and families who were recipients of the following EBPs: - PMTO/PTC: 20 - Wrap: 20 - MI: 8 - TFCBT: 8 - SED W: 11	<u>Mental Health Treatment Services:</u> <ul style="list-style-type: none"> 95% (n=179) of youth served in outpatient mental health remained at home, not in out-of-home care, including hospitalizations. (Increase from 91% in 2021). 3246 individuals were screened and ultimately diverted from risk of suicide. Oct.2021 – September 30, 2022 eCAFAS data functional improvements in youth: <ul style="list-style-type: none"> Over 260 assessments were completed with both a baseline and most recent score to allow for comparison. 47% of children demonstrated meaningful and reliable improvement. Outcome Data Sources: Functional Assessment Systems; Program Roster <u>Wraparound Services:</u> <ul style="list-style-type: none"> 95% of youth served in Wraparound (n=19) remained at home, not in out-of-care, including hospitalizations. <u>School-Based Mental Health Prevention and Treatment</u> BFDI's school-based contracts provided the following services throughout 39 schools in Detroit and Wayne County: <u>Detroit Wayne Integrated Health Network</u> <ul style="list-style-type: none"> School Success Prevention Services – 1620. School Success Treatment Services - 1787. School Success Students Served - 1795. School Success mental health education was provided to 356 Parents and School personnel. <u>Detroit Public Schools Community District</u> <ul style="list-style-type: none"> DPSCD Prevention Services (Tier 1 and Tier 2) Services – 1430. DPSCD Treatment (Tier 2) Services - 16 DPSCD Students Served – 12,572 Mental Health education and training was provided to 365 parents. <u>Consumer Generated Service Improvements:</u> BFDI Launched Mobile Outreach services in August of 2022 in which 59 individuals/families were provided 243 services to divert further police involvement and received community-based services verses hospitalization.

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SUBSTANCE ABUSE	Evidence-based models of treatment and prevention yield recovery-oriented and healthy indicators to promote substance free lifestyle.	<p>Detroit Wayne Integrated Health Network (DWIHN): - HOPE (OP) - F.R.E.E. (<i>Finding Resolution Everyday Through Education</i>)</p> <p>DWIHN Jail Plus Mental Health and Substance Use Disorder Relapse Prevention Services, managed by the Wayne County Department of Human, Health, and Veterans, Services Division – Adult Community Corrections</p>	<p><u>Treatment Models & Approaches</u></p> <p>Motivational Interviewing Cognitive Behavioral Therapy National Drug Control Policy Principles of Effective Substance Abuse Treatment Relapse Prevention Contingency Management</p> <p><u>Prevention Models & Approaches</u></p> <p>Lion’s Quest: Skills for Adolescence</p> <p>Strengthening Families curriculum</p> <p>Community-Based Process Prevention Model</p> <p>Transition To Independence Process (TIP) Model®</p> <p><u>Resources</u></p> <p>1 Certified Clinical Supervisor - DP 2 Contractual MCBAP credentialed Staff .50 FTE Admin. Asst. 2.50 FTE Prevention Staff</p> <p>Detroit Wayne Integrated Health Network funding</p> <p>Substance Abuse Treatment and Prevention Licenses MI Administrative Rules</p> <p>Partners: MI Dept. of Corrections, CMO, faith-based, Detroit Police, ASAM, MHWIN, Cell Phones, Office Space/Equip, Telehealth</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, childcare, 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"> • Substance Use Disorder Certified Staff • Outpatient, Prevention, and Relapse Prevention Services • Outpatient –group/didactic/individual/family therapy Court-referred Mental Health and Substance Use Relapse Prevention (Drug Court: 2 hours for 10 sessions; Mental Health: 1.5 hours for 15 sessions; 1:1 Case management services for 1 hour weekly) • Relapse prevention focused on enhancing self-control; anticipating recovery challenges; rewarding non-drug use. • Contingency Management • Urine Screens • Referrals to AA/NA support groups • 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 <u>treatment customers</u> in 2022: 41</p> <p>Number of Jail Plus <u>Relapse customers</u> in 2022: 41</p> <p>Number of substance abuse <u>Jail Plus customers referred for Case Mgmt.</u> only in 2022: 10</p> <p>Number of substance abuse <u>prevention recipients</u> to avert addiction in 2022: 2420 which increased from 1466 in 2021.</p>	<p><u>Substance Abuse Treatment Services:</u></p> <ul style="list-style-type: none"> • 80% of SUD adults served in outpatient treatment, and 75% of youth consumers served remained free of hospitalizations and residential admission. <p><u>Jail Plus Drug Court/Mental Health Court Relapse Prevention Services:</u></p> <ul style="list-style-type: none"> • 76% (n=29/38) of consumers successfully completed the program. • 98 Relapse Prevention mental health and substance use disorder groups, on Saturdays virtually, and case management sessions held in the community. <p><u>Substance Abuse Prevention Services:</u></p> <ul style="list-style-type: none"> • 100% of families participating in Strengthening Families curriculum demonstrated an increase in knowledge from baseline to discharge, as evidenced by pre- and post-test scores. • 151 parent Alcohol, Tobacco, and Other Drug and prevention specific support groups. • Prevention staff collaborated in 10 community Substance Use prevention team events. • 100% youth revealed their increased awareness of various substances including cigarettes, alcohol, marijuana, prescription drugs, painkillers, and vapor products. <p>Outcome Data Sources: Program activity logs; Sign-In Sheets; MPDS Data System Reports; Educational curriculums’ pre-test and post-tests; Detroit Wayne Integrated Health Network (MWINH) enrollment data; Progress Notes; Discharge Summary; Jail Plus Case Mgmt. System; Self-Report; Laboratory Drug Screen Results</p> <p><u>Consumer Generated Service Improvements:</u></p> <ul style="list-style-type: none"> • In-person group sessions were offered during the evening in response to an increase in participants working during the day. • Group prevention sessions in schools returned to in-person.

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FAMILY PRESERVATION	<p>Kinship care, and cost-effective and efficiency interventions increase 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>Parenting Time Supportive Visitation</p> <p>Intake Department</p> <p>Building Community Partners</p>	<p><u>Intervention Models & Approaches</u></p> <p>Solution-focused counseling</p> <p><u>Prevention Models & Approaches</u></p> <ul style="list-style-type: none"> - Family Connections (FC) Model - Arizona Self-Sufficiency Matrix - Strength-based <p><u>Case Management Approaches</u></p> <p>Assessment, Service Plan, and Crisis Intervention</p> <p><u>Resources</u></p> <p>11 Staff, 3 Interns</p> <p>Michigan Child Protection Law requirements</p> <p>MDHHS 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 within 24 hours • Safety planning • Individual and Family Activities • FC Multi-family Activities • Assistance with identifying stable, adequate housing, including assistance with securing legal documents (state identification, birth certificates, etc.) necessary to secure housing. 	<p>Number of FC family preservation prevention recipients in 2022: 35</p> <p>Number of Parenting Time Supportive Visitation recipients in 2022: 27</p> <p>Number of individual persons (<i>heads of household</i>) served by <u>Intake</u> in 2022: 1592* *Increased by 50% from 2021</p> <p>Number of parent recipients of Building community Partner Services in 2022: 70</p>	<p><u>Family Preservation Intervention Services:</u></p> <ul style="list-style-type: none"> • 100% of children and families served received intensive case management and in-home counseling. • 71% of families demonstrated an increase in self-sufficiency by utilizing on average 252 days of services. • 800 individuals/heads of households were served to lower healthcare cost and address day-to-day life indicators. <p><u>Parenting Time Supportive Visitation:</u></p> <ul style="list-style-type: none"> • 41 court hearings were attended by staff that resulted in 5 families receiving unsupervised visits or reunification. • 16 MDHHS Family Team Meetings were attended to develop integrated reunification plans with parents and MDHHS. <p><u>Intake Services:</u></p> <ul style="list-style-type: none"> • 1592 individuals served by the Intake Dept. • 100% of contacts require routine services. • 56% (897) of heads of household received follow-up services. • 61% (n=965) of calls were seeking housing information/assistance • 3% of callers (n=45) sought services after hours on the agency emergency phone <p>Outcome Data Sources: EBO</p> <p><u>Building Community Partners:</u></p> <ul style="list-style-type: none"> • 457 Community Partner Collaborations were formed for the common goal of preserving families. <p><u>Consumer Generated Service Improvements:</u></p> <p>Increase in community partnerships to facilitate services beyond BFDI's scope of practice.</p>

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<p style="text-align: center; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">COMMUNITY ENGAGEMENT</p>	<p>Community development initiatives increase community safety, neighborhood beautification, and citizen empowerment, while reducing juvenile delinquency</p>	<p>Restorative Practices</p> <p>My Brother's Keeper (Obama Foundation Boys and Young Men of Color) Initiative</p> <p>HOPE Mobile Outreach</p>	<p><u>Prevention Models & Approaches</u></p> <p>Restorative Practices</p> <p>Community Engagement Meetings</p> <p>R.E.A.L. (Restorative, Engaged, Aspiring, Leading) Brothers - Joven-Noble Curriculum</p> <p><u>Resources</u></p> <p>9 Staff 1 Intern volunteers</p> <p>Skillman Foundation funding</p> <p>Kresge Foundation Funding</p> <p>Detroit's Osborn, Cody Rouge, and Denby residents</p> <p>Mileage, Cell Phones, Office Space/Equip, Community Meeting Space, Video Conferencing</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> • Building community and repairing harm throughout Detroit, the region, and nationally using Restorative Practices training • Strengthen and preserve families by empowering our youth in Detroit's Osborn/Denby, and Cody Rouge neighborhoods. • Community engagement initiatives that build community safety and advance neighborhood goals developed and monitored by residents. <p><u>Specialized Services:</u></p> <ul style="list-style-type: none"> • Harambee Brotherhood Groups utilize Restorative Practices techniques during afterschool programming at area schools to foster problem-solving skills, and develop community, amongst boys and young men of color who are being prepared as Youth Ambassadors in their schools and communities: <ul style="list-style-type: none"> - Paul Robeson/Malcolm X Academy - Barack Obama Leadership Academy - Fisher Upper Academy <p><u>Community Partners:</u></p> <ul style="list-style-type: none"> - Detroit Hispanic Development Corporation (DHDC) - Detroit Youth Violence Prevention Initiative (DYVPI) - Detroit Crime Commission (DCC) - Arab Community Center for Social Services - Mayors' Office City of Detroit - Detroit City Council - Detroit Police Department (9th and 6th pct.) - My Brother's Keeper Alliance National Leadership - Racial Justice United Network meetings with R.E.A.L. Brothers 	<p>Quarterly Steering Committee</p> <p>72 virtual Harambee meetings</p> <p>17 Ambassadors who are engaged and active in their community</p> <p>6 Community meetings convened hosting 55-80 participants during each meeting</p> <p>892 individuals participated in community resource events.</p>	<ul style="list-style-type: none"> • BFDI hosts 10 trained and licensed Restorative Practices practitioners. • Over 350 Block Clubs in Osborn and Cody Rouge to-date. • One MBK Detroit Youth Ambassador facilitated a community panel in conjunction with his school, addressing Racial Justice concerns with local law enforcement, educators, and Social Service professionals. • BFDI resumed its well-received tradition of convening community meetings in the Osborn/Denby (Northeast Detroit) and the Cody Rouge (Westside Detroit) area in July of 2022 • BFDI's Hope Mobile Outreach program attended 30 events in which 892 individual participants received community and integrated health resources. 95 individuals requested and received follow-up contacts to avail additional supports. <p><u>Consumer Generated Service Improvements:</u> Community-based programming and engagement returned to in-person meetings.</p>

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EARLY CHILDHOOD	<p>Early literacy interventions by parents with children from birth – age 3, up through age 8, are essential to building children’s brains for language development and reading.</p>	<p>Local planning and implementation of the national Promise Neighborhoods (PN) initiative transitioned into some of BFDI’s sustainable early childhood work.</p> <p>Scholarships and Other Available Resources (SOAR)</p> <p>Parents As Teachers</p> <p>LENA Start</p> <p>Hope Starts Here Imperative 3</p>	<p><u>Intervention Models & Approaches</u></p> <p>Parents As Teachers</p> <p>LENA Start</p> <p><u>Prevention Models & Approaches</u></p> <p>Based upon Hope Starts Here’s Detroit Early Childhood Needs Assessment, the Kellogg Foundation has availed scholarship funds for qualifying parents to enroll and maintain their 0-5 year old children for 3 years in 4 and 5-star early childhood facilities.</p> <p><u>Resources</u></p> <p>4.0 FTE Staff; 1.0 contractual staff and 2 interns</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>Detroit Public Schools Community District (DPSCD) Principals, Staff, Students, and Families</p> <p>Early Childhood Work Group</p> <p>Community Meeting Space</p> <p>Video Conferencing</p>	<p><u>General Services:</u></p> <ul style="list-style-type: none"> • 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 • Case Management services to increase resiliency and resources of families with children from 0-5 <p><u>Specialized Services:</u></p> <ul style="list-style-type: none"> • Financially-based child care scholarships for parents with children up to age 5 seeking enrollment in 4- or 5-star child care facilities • Providing free child/low-cost care training, and educational materials that foster learning to Detroit parents and child care providers serving children from birth – age 5. • In September 2017 BFDI brought the national early childhood literacy model, LENA Start, to Detroit, supported by Kellogg and LENA Foundation funding. • Osborn Promise Neighborhoods (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”. • 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. • Hope Starts Here – BFDI serve as co-lead for imperative 3 and targeted 3 strategies. 	<p>Number of SOAR program recipients in 2022: <i>- 289 families served and awarded scholarships to date.</i> <i>-189 families received case mgmt.</i> <i>-55 high quality childcare providers</i></p> <p>Number of <u>Parents As Teachers</u> recipient families in 2022: 15 and 23 children</p> <p>Number of <u>LENA Start</u> recipient families in 2022: 43</p> <p>Number of <u>Early Childhood Literacy Coaching</u> Recipients in 2022 10</p>	<p><u>SOARS</u></p> <ul style="list-style-type: none"> • 31 Families transitioned to Great Start Readiness Programs • 19 children successfully entered Kindergarten. <p><u>Parents As Teachers</u></p> <ul style="list-style-type: none"> • 100% of participating children are now current in their well-child appointments, with the assistance of BFDI’s Attending Pediatrician, in partnership with Authority Health. • 19 Group connections were provided. • 91.7% of families received 2 visits per month as required. • 86.67% of families served were connected to community resources to meet their family wellbeing needs. <p><u>LENA Services Early Childhood Literacy Services:</u></p> <ul style="list-style-type: none"> • 86% of families demonstrated positive influences on parent perceptions and interactive behaviors. <p><u>Hope Starts Here Imperative 3</u></p> <p>Imperative 3 has focused on creating a stronger early childhood workforce. And launch a literacy series to engage parents. 41 families participated in 2 cohorts to strengthening communities through literacy-focused parent engagement.</p> <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>Consumer Generated Service Improvements:</u></p> <ul style="list-style-type: none"> • BFDI’s Parent’s as Teachers Program was selected for expansion by the State of Michigan Home Visiting Unit. The program will expand from one to three home visitors beginning FY 23.

