



# FY 2006 Annual Report



**Human Services  
Collaborative Body**  
*Livingston County, Michigan*

**Ensuring a system of support for  
members of our community**

— Mission Statement



Department of Human Services

## 2006 HSCB MEMBERS

**Bill Sleight, Chair**  
Michigan Works!

**Ted Westmeier, Vice Chair**  
Department of Public Health

**Joan Abbey**  
Representative At-Large

**Karen Bergbower**  
Representative At-Large

**Sherri Boyd/Patti Nowak**  
Arc of Livingston

**Dr. Douglas Edema**  
St. Joseph Mercy Livingston Hospital

**Susan Fulton**  
Department of Human Services

**Linda Herbert**  
Livingston 4C Council

**Marilyn Hysen**  
Citizen Representative

**Commissioner Maggie Jones**  
Livingston County Board of  
Commissioners

**Celine Klecker**  
Consumer Representative

**Charle Kline**  
Consumer Representative

**David Linksz**  
Livingston Essential Transportation  
Services

**Janet Loesche**  
Representative At-Large

**Pamela McConeghy**  
Brighton Area Chamber of Commerce

**Mac Miller**  
Community Mental Health

**David Morse**  
Prosecuting Attorney

**Catherine Rea Dunning**  
Oakland Livingston Human Services  
Agency

**Honorable Susan Reck**  
Circuit and Probate Courts

**Sandra Reminga**  
Area Agency on Aging 1-B

**Mark Robinson**  
Livingston County Catholic Social  
Services

**Nancy Rosso**  
Livingston County United Way

**Marci Scalera**  
Substance Abuse Coordinating Agency

**Judith Shewach**  
LACASA

**Sally Vaughn**  
Livingston Educational Service Agency

**Bill Wagoner**  
Livingston County Planning Department

### STAFF:

**Alissa Parks**  
Collaborative Community Planner  
2280 E. Grand River  
Howell, MI 48843

### *From the Chair:*

With declining budgets and increased need, the past year has been challenging to say the least. Health and human service organizations, who have experienced stagnant, even decreased revenues, continue to work diligently to serve those in need. In times such as these, communities often struggle to maintain collaborative efforts because much of collaboration is in addition to normal workloads.

I am pleased to say in Livingston County that we have maintained, if not improved, collaborative relationships over the past year. The challenging economic times have increased linkages between agencies in order to stretch resources further than ever before. There continues to be many areas of need in the county and the HSCB and its workgroups are working hard to plan for and meet those needs.

Highlights from the previous year include a plan for improving substance abuse prevention and treatment from an ad hoc group of local providers and stakeholders, the kickoff of a county-wide senior needs assessment in reaction to the projection that the senior population in the county will triple by 2030, and increased awareness in the county of the importance of early childhood and need for affordable housing.

In addition to these highlights, there are many more accomplishments to be proud of. There are over 150 individuals represented on ten workgroups and committees that have put in their time and hard work to collaborate on a shared issue or need. I'd like to take this time to thank you all for your contribution to the effort and to encourage you to stay involved.

—Bill Sleight, Chair

### *What is the Purpose of the Human Services Collaborative Body?*

The Livingston HSCB started in 1989 and was officially recognized as the county Multi-Purpose Collaborative Body by the state and county Board of Commissioners in 1995. Now, referred to as Community Collaboratives by the state, the HSCB is comprised of 26 appointed members that work together to coordinate health and human services across systems. The HSCB also:

- Develops strategies and programs to meet current and future needs.
- Fiscally manages state-funded collaborative initiatives.
- Monitors the effectiveness and efficiency of collaborative projects.

The HSCB does this work through established committees and workgroups which have specific goals and objectives to complete. The HSCB and most workgroups meet monthly and consist of representatives from public and nonprofit organizations, business, and interested residents of the county. To learn more about the work of the HSCB, contact Alissa Parks at 517-546-4126 or [aparks@cmhliv.org](mailto:aparks@cmhliv.org).

### **HSCB Mission**

Ensuring a system of support for members of our community

### **HSCB Values**

- We believe the needs of children, adults, and families drive our planning and services.
- We believe that collaboration means shared stewardship of community resources for the common good of Livingston County.
- We believe that collaboration requires broad community representation.
- We believe the HSCB is responsible for developing continuums of services from prevention to treatment.
- We believe the HSCB should ensure that community members needing services from multiple agencies receive services as efficiently and effectively as possible by creating systems of care.
- We believe that the HSCB should provide a caring community for Livingston County residents by supporting each other's work.

# Highlights of 2006

## Early Childhood

### Healthy Families Program

- Served 80 high risk families with home visiting and parent support.
- 100% of families reported improved parenting skills as a result of the program.
- 95% of children were current with immunizations.
- 97% of families served did not have a category 1 or 2 child protective service substantiated case of child abuse or neglect.
- 97% of children served through HFL met age-appropriate developmental milestones.

### Great Start Livingston

- Increased public awareness of early childhood through press releases and distribution of Born Learning and READY kits in community.
- Launched *Imagination Library* which has enrolled 800 children to date to promote parents reading to children and increasing early literacy skills.
- Increased parent participation on workgroup.
- Completed workgroup bylaws and logic model which includes measurements for success.
- Department of Public Health launched the Community Nursing program, providing a home visit within first 6 weeks of birth.

## Housing and Youth in Transition

- Increased availability of affordable housing by increased access to Housing Choice Vouchers.
- Increased number of permanent supportive housing units through federal funding.
- Increased funding for homeless youth services.
- Held *Point in Time* count of homeless and precariously housed with involvement of additional partners.
- 100% participation in the Homeless Management Information System by local housing agencies (data tracking system).
- Developed 10 Year Plan to End Homelessness as part of state effort.
- Increased awareness of homeless/housing problems in the county through Town Hall meeting and work with media.
- Local documentary on homeless youth developed.



## Substance Abuse

- Ad hoc group developed recommendations in the areas of prevention and treatment to meet substance abuse needs in the community.

## Senior Needs Assessment

- Received grant from Community Foundation for Southeast Michigan to launch comprehensive senior needs assessment process.
- Five ad hoc groups in the areas of health, housing, transportation, nutrition, and quality of life are working to assess needs and develop recommendations to meet the needs of seniors 10-30 years in the future.



## Preserving and Strengthening Families

### Family Partner Program

- 33 families were served through this intensive process to prevent future involvement with Children's Protective Services.
- As of one year post closure to the program, 100% did not have re-involvement with Children Protective Services at Category 3 or higher.
- At one year post closure, 87% of families maintained or improved functioning.

### Foster, Adoption, and Kinship Services

- Increased the number of foster homes that accept adolescents.
- Developed support groups for foster and adoptive parents.
- Provide training and support activities to retain current foster homes.

### Wraparound Process

- Over \$510,000 pooled from eleven different fund sources to serve high risk youth - 57 youth served during 2006.
- Average decrease of 31 points on the Child and Adolescent Functioning Assessment and Screening Instrument (CAFAS).
- 81% of children had improved functioning at time of exit from the process.

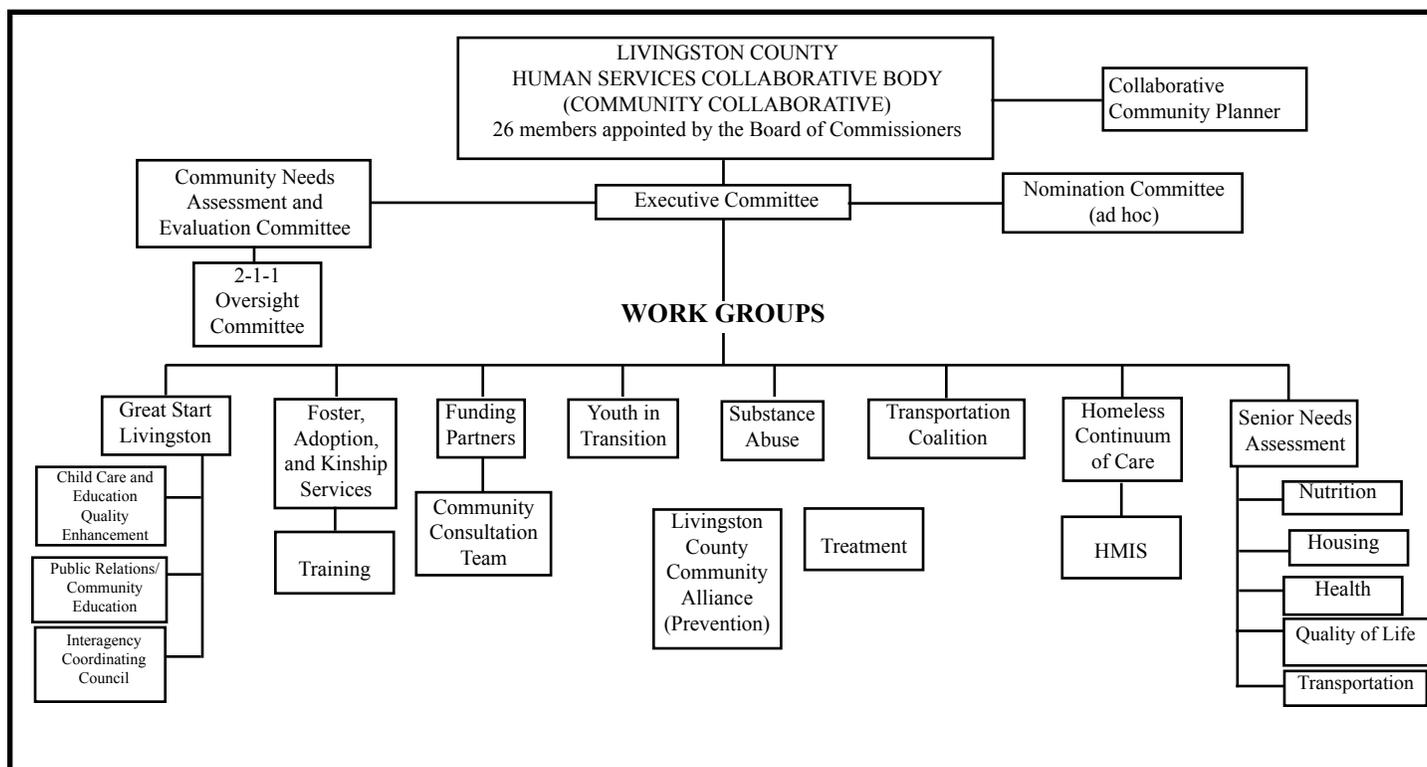
# Farewell

In 2006, the HSCB said goodbye to one of its longest standing members, Judge Susan Reck. Judge Reck was a founding member of the HSCB and continued to be an active participant until her retirement in December 2006. She contributed positively to many collaborative efforts including the blending of funds for Wraparound and development of guardian services. She will be greatly missed by all!



*As I look back on all my years as Probate Judge, I think some of the best, most lasting community improvement work has been done by the HSCB. The synergism that propels the group with everyone's support makes for a very powerful collaborative movement. I hope the group will maintain its dedication and efforts to support the goals for all. You are a wonderful group of people and I will greatly miss being a part of the group. All my best wishes for all you endeavor to do.*

*--Judge Sue Reck*



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 Authority: DHS Director

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