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Our Mission

Our Vision

Our mission is to support the people we serve in leading lives rich in community membership and personal fulfillment.

We accomplish our purpose through:

- >Excellence in service to individuals and families
- >Advocacy and Education
- >Partnerships and Alliances with others who share our vision

Our talented and committed staff light a path to an inclusive future.

An inclusive community, that embraces and meets the needs of all of it's members.

How We Are Structured:



Community Support & Treatment Services Services We Provide (Programs)

Services to Persons with Developmental Disabilites

A full continuum of services are available to individuals with developmental disabilities.

Youth & Family Services

A comprehensive range of mental health services is available for children ages 0-18, their

parents, guardians, and families.

Services for Adults with Mental Illness A full continuum of services are available to adults diagnosed with severe and persistent

mental illness.

What We Do

(Process/Activities)

Services for Adults with Mental Illness

Implementation of Best Practice Service Models

What We Produce

(Outputs)

ATO Team: An ICSM model of service delivery intended to assure that clients on Alternative Treatment Orders are followed closely and that communication about their care is tightly coordinated with the courts, hospitals and other providers.

Integrated Dual Disorders Treatment (IDDT): A service model for people with co-occurring mental health and substance use disorders, impacting their entire continuum of care so as to promote dual recovery and the accompanying improved quality of life.

Multi-Family Group Psychoeducation: A service model based on multi-family psycho-educational groups and case management to assist clients and their family/friends through education about the symptoms or treatments for their diagnosis.

Services to Persons with Developmental Disabilites

Implementation of Best Practice Service Models

DD Outcomes Project: A clinical team focused on the development of a change measurement tool to more accurately monitor and record a consumer's progress toward independence, community inclusion and self-determination.

The Collaborative Community Living Project: A pilot project designed to provide a cost effective community based housing alternative for individuals with Developmental Disabilities.

Transitions Family Group Project: A family education program providing regular education sessions about services offered by CSTS and community partners for persons with developmental disability and their loved ones.

Youth & Family Services

Implementation of Best Practice Service Models Best Practices evaluation Children's Crisis Stabilization: In addition to current clinical outpatient services that support families in the community, this project provides crisis stabilization services for youth at high risk of hospitalization or out of home placement.

DBT-Y Project: Dialectal Behavioral Treatment for suicidal adolescents and their families. Includes individual therapy with a DBT-trained therapist, a multifamily skills group co-led by two DBT-trained therapists, and psychopharmacological intervention.

Parent Management Training - Oregon Model (PMTO): With an extensive knowledge and research base, this is a train the trainer model of parent management skill development.

How Efficient Are We

(Process Measures)

Measurement	2004 Actual	2005 Projected	2006 Target	2007 Target
Services will be timely and effective		95%	95%	95%
Number of best practices implemented	1	3		
Fidelity assessments completed on at least 3 evidence-based practices	1	3	3	3
% of consumers with a current Person-Centered Plan	92%	95%		

Who We Serve

(Customers)

Citizens of Washtenaw County Mentally Ill and Developmentally Disabled

Who We Work With

(Partners)

Health, Homelessness & Housing, Children's Well-Being, and Public Safety & Justice

What We Are Accomplishing

(Outcomes)

Services for Adults with Mental Illness

Community supports will be identified in treatment planning.

Consumers belong to and participate in a community they choose.

CSTS will be staffed with valued qualified employees

Washtenaw County is an inclusive community that offers a high quality of life to all.

Services to Persons with Developmental Disabilites

Community supports will be identified in treatment planning.

Consumers are able to access and participate in the community they choose.

CSTS staff are a team of valued, qualified employees committed to excellence in service.

Washtenaw County is an inclusive community that offers a high quality of life to all.

Youth & Family Services

Community supports will be identified in treatment planning.

Consumers belong to and participate in a community they choose.

CSTS staff are valued, qualifed employees.

Washtenaw county is an inclusive community that offers high quality life to all.

How Effective Are We

(Program Measures)

Measurement		2005 Projected	2006 Target	2007 Target
Individuals receiving services will be satisfied with the quality of services	92%	95%	95%	95%
Goal attainment - progress toward achieving PCP goals.		95%	95%	95%
% of consumers with Person Centered Plans where natural supports are addressed	93%	100%	100%	100%
% of children with serious emotional disorders living in their own homes.	90%	88%		
% of adults with developmental disabilities living in their own homes.	41%	40%		

POSITION TYPE	No. POSITIONS 1-1-2004	No. POSITIONS 1-1-2005	No. POSITIONS 1-1-2006	No. POSITIONS 1-1-2007
MANAGERIAL	10.00	10.00	13.50	13.50
PROFESSIONAL	181.25	181.25	210.75	210.75
SUPPORT	40.50	40.50	37.00	37.00
Total	231.75	231.75	261.25	261.25

EXPENDITURES	2004 Actuals	2005 Adopted	2006 Requested	2006 Adopted	2007 Adopted
Personal Services	14,101,909	15,075,589	17,681,308	17,681,308	19,069,084
Supplies	300,291	316,500	292,000	292,000	292,000
Other Services	1,121,509	1,350,630	1,172,303	1,172,303	1,172,303
Internal Service Charge	1,920,674	1,906,488	1,912,299	1,912,299	1,912,299
Capital Outlay	51,975	60,000	295,000	295,000	295,000
Transfers Out	0	0	0	0	0
Total	\$17,496,358	\$18,709,207	\$21,352,910	\$21,352,910	\$22,740,686

VARIANCE ANALYSIS

Personal Services: During 2005, additional grant funding was identified to support the increase in the number of positions. Increases in salary and fringes reflect labor contract agreements and estimated fringe rates for 2006 and 2007.

Internal Service Charges: Change due to allocation of indirect cost recalculation on annual basis.

Capital Outlay: Increased funding for health information system.

EXPENDITURES

