

MYalliance

2018 Report to the Community

What is MYalliance?

MYalliance System of Care (SOC) is a collaboration between youth, families, schools, and other child-serving agencies aimed at improving community services for youth with complex needs. This effort focuses on increasing access to care and engaging youth and families in designing the programs that serve them. The SOC approach helps youth experience improvements in mental health, school outcomes, substance use, and other areas of life. MYalliance emphasizes collaboration, cultural responsiveness, resilience development, and community engagement.

Values

Family Driven - Youth Guided - Culturally and Linguistically Responsive - Trauma Informed and Resilience Based - Community Based - Collaborative and Coordinated

Goals

Goal 1: More effectively serve Muskegon County youth and families to improve their health and wellness, live more self-directed lives, and reach their full potential.

Goal 2: All youth and families in Muskegon County can access and receive needed services.

Goal 3: The SOC approach will be fully developed, sustainable, and replicable throughout Michigan, building on other statewide initiatives.

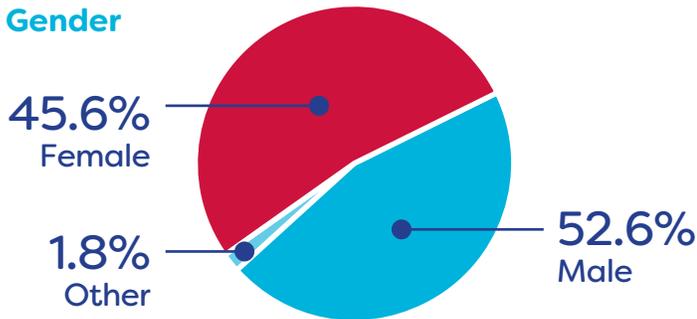
Strategies

- Using the SOC values as a framework, enhance the infrastructure of child-serving systems to improve coordination and quality of care through cross-agency learning opportunities, quality improvement, and barrier busting.
- Empower and engage families and youth to direct and guide the development of the SOC by implementing best practices, such as creating leadership opportunities through youth- and parent-led groups (e.g., BOOM Youth and the Parent Advisory Committee) and participation on decision-making boards, and supporting agency partners to integrate the voices of persons served.
- Increase access to our community-based continuum of care by expanding capacity of intensive Wraparound and Transition Age services, imbedding behavioral health teams in Muskegon County schools, facilitating access to behavioral health services by using a mobile response and stabilization model, and supporting schools and agencies in trauma-informed practices.
- Expand the MYalliance SOC model in Muskegon County and share outcomes with statewide stakeholders to support SOC expansion across Michigan.

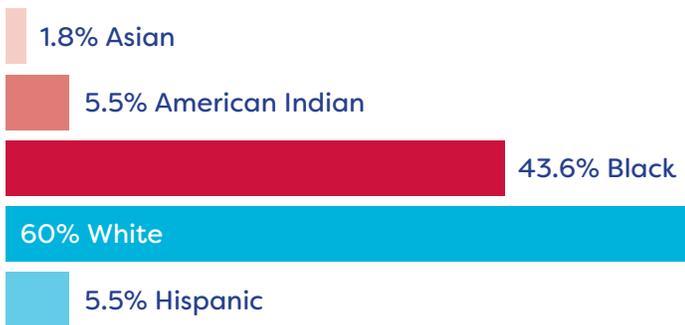
Who currently receives intensive services?

As of December 31, 2017, MYalliance enrolled 57 youth and young adults who received Wraparound or Transition Age services in 2017.

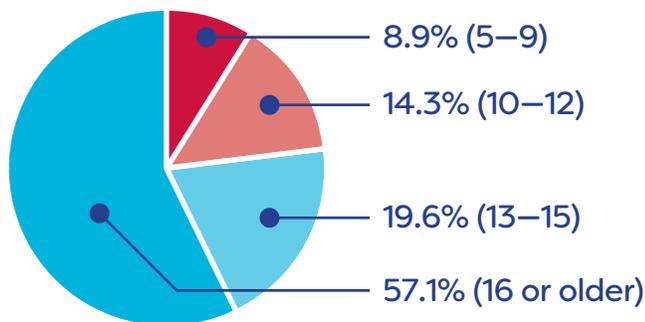
Gender



Race and/or Ethnicity



Age Group



Reason for Referral

Depression	55.6%
Anxiety	55.6%
Conduct	50.0%
School performance	40.7%
Hyperactivity and attention concerns	37.0%
Behavioral concern	37.0%
Adjustment-related issues	29.6%
Self-injury	25.9%
Suicidal thoughts or actions	24.1%
Sleeping problems	16.7%
Psychosis	13.0%
Persistent noncompliance	13.0%
Substance use and dependency	11.1%
Current home unable to meet needs	11.1%
Other	35.2%

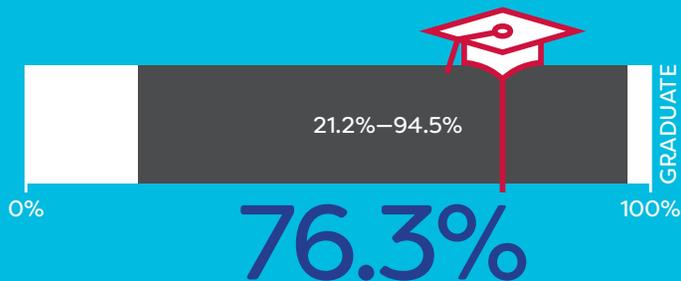
Referring Agency or Party

Mental health	75.9%
Child welfare	7.4%
School	3.7%
Juvenile court	3.7%
Caregiver	3.7%
Self-referral	3.7%
Other	1.9%

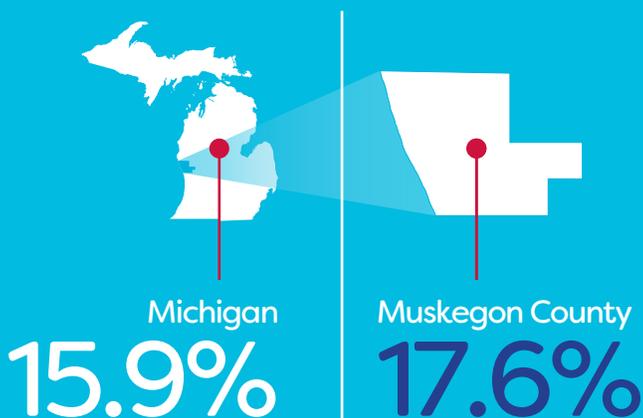
Agency Involvement

Mental health	98.1%
School	55.6%
Physical health	40.7%
Child welfare	20.4%
Court	25.9%
Substance abuse	3.7%
Other	9.3%

School Performance and Attendance



In Muskegon County, the **graduation rates** averaged 76.3 percent with a range by district from 21.2 percent to 94.5 percent in the 2015–2016 school year.



In Michigan during the 2016–2017 school year, 15.9 percent of students were **chronically absent**—defined as missing 10 percent or more of school days—whereas 17.6 percent of students in Muskegon County were considered chronically absent.

Explanatory Notes

1. Youth with complex needs are children, youth, and young adults who experience mental health concerns, behavioral issues, trauma, and/or involvement in systems such as special education, child welfare, foster care, or juvenile justice.
2. Percentages for race and ethnicity do not add up to 100 because individuals may identify as more than one race and may identify as Hispanic regardless of their race.
3. Major depressive episode is defined as a period of at least two weeks when a person experiences a depressed mood or loss of interest or pleasure in daily activities and has a majority of specified depression symptoms.
4. Binge drinking is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple hours of each other). Heavy drinking is defined as engaging in binge drinking five or more days in the past 30 days.

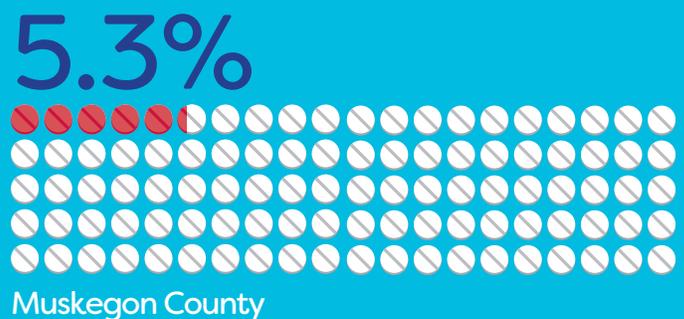
Substance Use

3X In the U.S., youth who experienced a major depressive episode were **three times** as likely to use alcohol heavily in the last month or misuse prescription pain relievers in the past year than youth who did not.



9.7%
Muskegon County

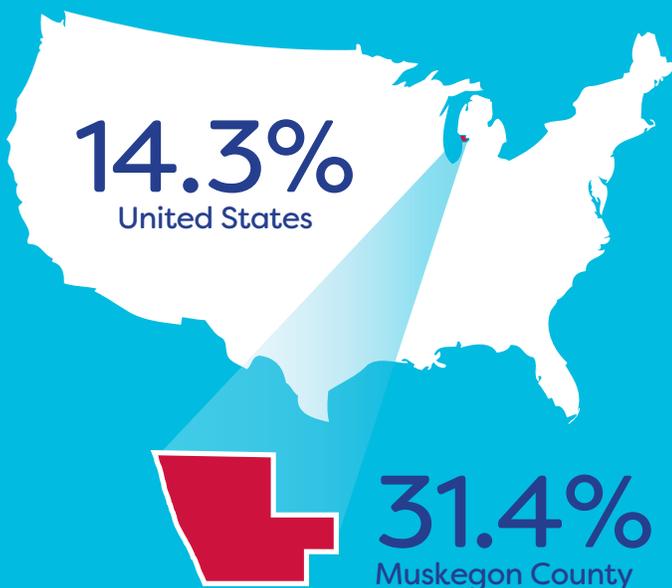
In Muskegon County, almost 10 percent of high-school students reported **binge drinking** in the past 30 days. In the U.S., 4.9 percent of youth aged 12 to 17 years reported binge drinking in the past month.



Of Muskegon County high-school students, 5.3 percent reported taking **prescription pain relievers** (e.g., OxyContin) without a prescription. In the U.S., 3.5 percent of youth aged 12 to 17 years misused prescription pain relievers in the past year.

Why does Muskegon County need MYalliance?

Childhood Trauma



In the U.S., 14.3 percent of adults have experienced four or more adverse childhood experiences (ACEs) or **traumatic events**, such as abuse, neglect, or family dysfunction. Almost one in three (31.4 percent) Muskegon County adults have experienced four or more ACEs.

As the number of ACEs increases, so does the risk for:

- Depression
- Lowered educational attainment
- Unemployment
- Smoking
- Heart disease
- Diabetes

Mental Health



15.6 percent of Muskegon County 7th- through 12th-grade students **planned how they would attempt suicide** during the past 12 months.



One in three 7th- through 12th-grade students (32.4 percent) in Muskegon County had a **major depressive episode**. Whereas one in nine youth aged 12 and older (11.4 percent) in the U.S. had an episode.

References

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Prepared by



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