



ETHEL & JAMES

FLINN FOUNDATION



2012 Annual Report

Our Story

The Ethel and James Flinn Foundation was established in 1976 by Ethel “Peggy” W. Flinn to remember her parents and brother, James “Jim” H. Flinn, Jr. Peggy wanted to provide a means for family philanthropy directed toward research into the causes and/or research into the treatment of nervous and mental diseases. She provided initial funding and left an endowment to the Foundation upon her death in 1994.

Jim Flinn, Jr. shared a special interest in using philanthropy to help the disadvantaged, and made substantial contributions to the Foundation and charities in his later years. Upon his death in 2007, all Flinn assets were transferred to the Foundation as a legacy to improve the lives of people with mental illness.



ETHEL & JAMES

FLINN FOUNDATION

Our Mission

The Flinn Foundation is committed to improving the quality, scope and delivery of mental health services in Michigan. The Foundation uses its resources to develop, evaluate and implement best practice treatment programs.

Visit www.flinnfoundation.org for further information

Our Community

In times of change, progress is achieved through the ability to adapt. The health care delivery system is rapidly changing with a focus on payment reform, coordinated and integrated care, measuring and reporting quality and health information technology. With grantmaking activities in four nimble program areas, the Flinn Foundation and its partners are finding better ways to deliver mental health services in this changing landscape.

The Foundation’s funding initiatives, particularly those that expand screening and treatment programs for the underserved, gain strength through collaborations. **Integrated Care** is advancing in major primary care settings through partnerships that promote early intervention and treatment for children and adults with mental illness. **Evidence-Based Practices and Programs** advance best practices that improve health outcomes. The Foundation recently partnered with Grantmakers In Health and the Michigan Department of Community Health to secure a federal innovation grant to develop and test a new “health home” delivery and payment model to treat the whole person and provide better care. The **Michigan Medication Quality Improvement Program (MiMQIP)** recognizes the need to implement “meaningful use” health information technology that assists physicians with prescribing medication for depression, bipolar disorder and schizophrenia more effectively. Decreased variability translates into better care and improved outcomes. **Grantmaking Opportunities** provides organizational capacity support to non-profit providers to improve service delivery through new technology, training and evaluation.

Change in technology, delivery systems and treatment options will require a focus on improving access to effective mental health services and sustaining programs that work. This can be a time of progress and we are here to help.



Leonard W. Smith
Leonard W. Smith
Chairman & CIO



Andrea M. Cole
Andrea M. Cole
Executive Director & CEO

Integrating Physical & Mental Health in Primary Care

Medicaid and foster care children have higher than average mental health symptoms and a new program is taking shape in Wayne County primary care practices to make sure their needs are identified and met.

Screening Kids in Primary Care Plus (SKIPP) was developed by the Michigan Department of Community Health under Project LAUNCH, a federally funded project designed to employ validated, standardized tools to screen young children for developmental delays, as well as social and mental disorders.



The aim is to integrate mental health with physical health care within large primary care practices in Wayne County with a focus on mental health screening up to age 18, particularly those in foster care.

Integrating Physical & Mental Health in Primary Care



“People who are part of the public system have more severe needs. Parents tend to go to their primary care doctor when their children have mental health symptoms and I think it’s really important to address their needs in primary care,” says Mary Ludtke, the program consultant at Michigan Department of Community Health.

Treatment challenges may be complex for children in foster care as they struggle to overcome abuse, trauma or other experiences.

Collaboration is the key. The partnership includes the Michigan Department of Human Services, Starfish Family Services, Wayne County Community Mental Health and the Wayne County Health Access Program Initiative (WCHAP) with Michigan State University’s Institute for Health Care Studies providing program evaluations. Each has played an important role and shares a commitment to developing SKIPP as a sustainable model.

With SKIPP, mental health screening for Medicaid and foster care children can become much more routine with primary care doctors empowered by an integrated care system to become much more involved in the overall wellness of their young patients.

Improving Health Outcomes With “Meaningful Use” Technology



MiMQIP, or the Michigan Medication Quality Improvement Program, is a web-based Clinical Decision Support System developed by the Foundation to improve medication treatment for bipolar disorders, major depression and schizophrenia. MiMQIP is designed to improve clinical practice outcomes by:

- Encouraging treatment based on evidence-based practice guidelines
- Providing “real time” clinical decision support to clinicians
- Decreasing treatment that varies significantly from accepted standards of care
- Supporting mental health treatment in primary care settings

MiMQIP was tested by sixteen clinicians from Community Mental Health Organizations and primary care clinics early this year. Beta testers said valuable features of MiMQIP were:

- Warnings and alerts to reduce errors
- Ability to monitor patient progress
- Access to decision support at the time they are treating patients

MiMQIP was viewed most useful in cases of low or medium complexity such as depression and recommended it for use in clinics and facilities that integrate physical and behavioral health services.

Improving Health Outcomes With “Meaningful Use” Technology



The American Recovery and Reinvestment Act of 2009 (ARRA), the Affordable Care Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act (legislation) promote the expanded use of enhanced Electronic Health Records (EHRs), updated e-prescribing, drug reconciliation, health information exchanges clinical practice guidelines and other clinical decision supports.

The objectives of this legislation and the “meaningful use” requirements defined in resulting federal regulations align with MiMQIP’s web-based clinical decision support capability and planned compatibility with EHRs and e-prescribing.

MiMQIP provides a vehicle to comply with the Michigan Quality Improvement Consortium Guidelines relating to primary care diagnosis and management of adults with depression. The application provides the means to screen, diagnose and manage treatment plans that follow the guidelines.

As health information technology advances, the Foundation is optimistic that MiMQIP will be a partner with integrated primary care sites and behavioral health organizations throughout Michigan in implementing these guidelines in clinical practice which will lead to improved health care outcomes.

Helping The Young and Vulnerable



For young parents who grew up in the foster care system, the obstacles faced in providing for their infant children can be overwhelming.

Detroit's Baby Court brings together a team dedicated to serving parents and infants where the young mother is a current or former foster youth, and their child may be under court jurisdiction or at-risk of entering the state's custody. Coordinated through the Merrill Palmer Skillman Institute (MPSI) at Wayne State University, Baby Court unites the court, child welfare and mental health providers to increase the effectiveness of therapy and other care.

Heading the university component is Ann Stacks, Ph.D, who credits the team approach and the quality and frequency of interaction with the project's initial success. The local collaboration is a partnership between a Detroit judicial leader, MPSI, Community Mental Health (CMH) and the Department of Human Services (DHS).

Baby Court parents must be between 15-25 years of age and their children younger than 36 months. Mothers participate in Child Parent Psychotherapy (CPP) sessions with a therapist. CPP is an evidence-based intervention shown to improve the mental health and behavioral outcomes for young children exposed to maltreatment. It is a relationship based treatment that strengthens parent-child interactions.

Helping The Young and Vulnerable

“Everyone comes together on behalf of the infant and the parent-infant relationship— judge, attorneys, foster care workers and therapists. This is only possible because of the support they have from administration at DHS and CMH,” says Stacks.



The Baby Court initiative was successfully pioneered in Miami which provided a blueprint for the Detroit program.

The program’s potential is noted in the reduction of parental right terminations and an increase in children being reunited with their parents who demonstrate their capacity to safely provide for their child.

Baby Court changes lives by assuring that young foster care parents and their infants have mental health care and other supports to strengthen their parent-child relationship and keep the infant and mother together.

Serving Families of Those Who Serve



Over 19,000 Michigan National Guard (MI-NG) troops have been deployed to Iraq and Afghanistan since 2001. Many served two or more tours in a combat zone and each deployment has the potential to raise the risks of associated mental health symptoms for their spouses, partners and family members.

Military mental health programs focus primarily on the service member with limited support for those they love who also face challenges. The discrepancy lies in the fact that 63 percent of military families live in the community and yet the bulk of programs for families are on installations. This imbalance is a particular concern in Michigan which is primarily a guard reserve state with no active installation base.

HomeFront Strong, a project which expands the Military Support Programs and Networks (M-SPAN) was created by the University of Michigan Depression Center to fill that void.

Serving Families of Those Who Serve

“It brings together military wives, girlfriends and fiancées and also offers a space for their children. While the women are in a group, the children are also participating in a parallel group on site with resiliency-based activities in a structured curriculum,” says Michelle Kees, Ph.D, an assistant professor who spearheads HomeFront Strong.



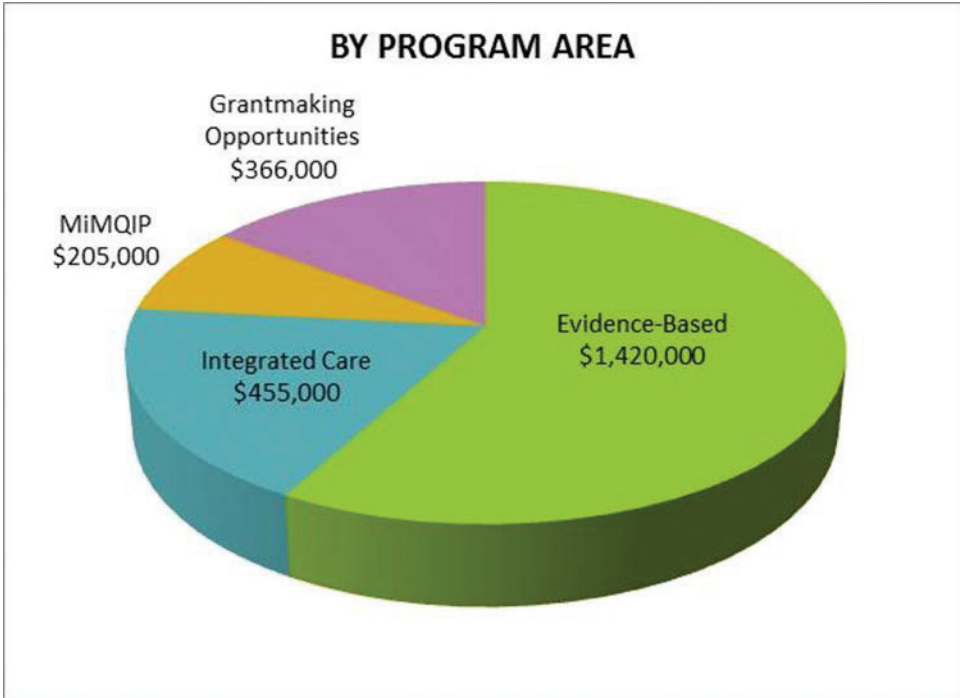
Our goal is to provide strategies and skills for individuals to become more resilient so that they can have a positive effect on their whole family,” says Kees.

HomeFront Strong could serve as a model for similar programs across the country based on the enthusiastic response from military leaders who attended the University of Michigan’s National Research Summit on Reserve Component Military Families in April 2013.

“We have incubated the program and now we are able to launch it to a wider base and offer it to different communities,” says Kees.

HomeFront Strong is a made-in-Michigan plan that fills an access gap in mental health care for families of those who serve.

Grants Summary



Grants Summary

In total, the Foundation awarded \$2.4 million in grants for the year. Eight two-year grants were awarded to develop and implement evidence-based treatment programs and practices. Three continuation grants were awarded to integrate mental health services into primary care settings throughout southeast Michigan. Eighteen one-year grants were awarded for a wide variety of projects that address organizational capacity, awareness and education, advocacy, policy research and evaluation.

Grants Paid

INTEGRATED CARE

Three year initiative launched in 2009 to advance the integration of mental health services into primary care settings throughout Southeastern Michigan.

Adult Well-Being Services

(Detroit, MI)

\$30,000

To support an integrated health pilot to address health disparities in adults with severe mental illness living in adult foster care homes (third and final year, \$80,000 grant).

Detroit Community Health Connection, Inc.

(Detroit, MI)

\$100,000

To integrate mental health into the clinic that serves over 5,000 patients annually (second year of a three year, \$300,000 grant).

Detroit Community Health Foundation

(Detroit, MI)

\$100,000

To sustain integration of mental health services within Sinai-Grace Hospital's primary care center which serves 3,400 patients annually.

Oakland Integrated Healthcare Network

(Pontiac, MI)

\$100,000

To integrate physical and mental healthcare as well as dental and pharmacy services to vulnerable populations throughout Oakland County.

Western Wayne Family Health Centers

(Inkster, MI)

\$125,000

To integrate mental health care and treatment into the clinic that will serve over 3,000 children and adults (third and final year, \$375,000 grant).

Grants Paid

EVIDENCE-BASED PRACTICES & PROGRAMS

Multi-year grant awards to research, develop and implement best practice mental health treatment programs.

Adult Well-Being Services

(Detroit, MI)

\$100,000

To implement Integrated Dual Disorder Treatment program for consumers with substance abuse and mental disorders (second and final year, \$200,000 grant).

Detroit Central City CMH

(Detroit, MI)

\$100,000

To implement the Trauma Recovery and Empowerment Model to engage adolescents in mental health treatment (second and final year, \$200,000 grant).

Detroit Health Care For The Homeless, Inc.

(Detroit, MI)

\$50,000

To develop an integrated care delivery model in two Detroit health clinics in partnership with a community mental health provider (first year of a two year, \$100,000 grant).

Easter Seals-Michigan, Inc.

(Auburn Hills, MI)

\$75,000

To develop a Southeastern Michigan Trauma Assessment Center to address the needs of children experiencing behavioral health issues (first year of a two year, \$150,000 grant).

Michigan Dept. of Community Health

(Lansing, MI)

\$200,000

To implement Screening Kids in Primary Care Plus (SKIPP) - a standardized mental health screening, assessment, treatment and follow-up process for children in Wayne County who are Medicaid eligible or placed in foster care (second and final year, \$400,000 grant).

Grants Paid

EVIDENCE-BASED PRACTICES & PROGRAMS (continued)

Michigan State University (East Lansing, MI)

\$100,000

To train a network of licensed mental health professionals to serve Military families that live in underserved, rural areas of Michigan (first year of a two year, \$200,000 grant).

Neighborhood Service Organization (Detroit, MI)

\$50,000

To implement “Illness Management and Recovery” in a supportive housing setting for residents with severe mental illness (first year of a two year, \$100,000 grant).

Regents of the University of Michigan (Ann Arbor, MI)

\$85,000

To pilot a Modified Sleep Program for adolescents with depression as an alternative to medication treatment (second and final year, \$170,000 grant).

Regents of the University of Michigan (Ann Arbor, MI)

\$95,000

To expand Military Support Programs and Networks that target spouses/partners of active military members (first year of a two year, \$190,000 grant).

Regents of the University of Michigan (Ann Arbor, MI)

\$100,000

To design and implement a tele-psychiatry model for urban primary care settings serving Medicaid-eligible youth in southeast Michigan (first year of a two year, \$200,000 grant).

Grants Paid

EVIDENCE-BASED PRACTICES & PROGRAMS (continued)

Southwest Counseling Solutions

(Detroit, MI)

\$100,000

To implement wellness programming to address blood pressure and high cholesterol for consumers (first year of a two year, \$200,000 grant).

Starfish Family Services, Inc.

(Inkster, MI)

\$75,000

To implement Parent Child Interaction Therapy for children ages 3 to 6 who have been diagnosed with Severe Emotional Disturbance (second and final year, \$150,000 grant).

Starr Commonwealth

(Albion, MI)

\$50,000

To evaluate the effectiveness of Trauma Intervention Program for adjudicated adolescents (second and final year, \$100,000 grant).

Training and Treatment Innovations, Inc.

(Oxford, MI)

\$50,000

To implement Trauma-Informed Treatment approaches throughout behavioral health programming (second and final year, \$100,000 grant).

Wayne State University

(Detroit, MI)

\$95,000

To implement Motivational Interviewing to better engage the homeless population in Detroit (second and final year, \$195,000 grant).

Wayne State University

(Detroit, MI)

\$95,000

To support the “Detroit Baby Court” which bring the courts, child welfare and community mental health together to provide mental health services to young mothers ages 15-25 at risk of losing custody of their young children (first year of a two year, \$190,000 grant).

Grants Paid

GRANTMAKING OPPORTUNITIES

One-year awards to advance early intervention, improve organizational capacity, increase awareness and education and support policy research and advocacy.

Covenant Community Care, Inc.

(Detroit, MI)

\$50,000

To implement an integrated primary and behavioral healthcare model at the southwest Detroit site.

Covenant Community Care, Inc.

(Detroit, MI)

\$50,000

To support a new Community Health Clinic on Detroit's eastside that will expand access to comprehensive health to over 5,000 patients annually.

Detroit Central City CMH

(Detroit, MI)

\$50,000

To build capacity of clinical staff to implement integrated care model effectively to consumers.

Development Centers, Inc.

(Detroit, MI)

\$50,000

To provide integrated care service models which are effective and sustainable through Medicaid reimbursement.

Mariners Inn

(Detroit, MI)

\$41,000

To implement mental health treatment into its service delivery system.

Mental Health Association in Michigan

(Southfield, MI)

\$10,000

To conduct a study to determine level of uniformity and standardization of practice across public mental health delivery system.

Grants Paid

GRANTMAKING OPPORTUNITIES

(continued)

Mental Health Association in Michigan

(Southfield, MI)

\$40,000

To address the funding priority of policy research and evaluation to improve delivery of mental health services.

Michigan Public Health Institute

(Okemos, MI)

\$15,000

To provide grant-writing assistance, in partnership with Grantmakers in Health, to the Michigan Department of Community Health to compete for federal grants to develop a new service delivery and payment model that integrates care, lowers cost and improves health outcomes.

Michigan State University

(East Lansing, MI)

\$50,000

To measure the long-term impact of the pilot Wayne County mental health court.

NAMI Michigan

(Lansing, MI)

\$10,000

To provide general operating support to state advocacy organization that supports children and their family involvement in care, treatment and recovery.

**Matching Gifts, MiMQIP, Consulting Contracts,
Contributions, Dues and Returned Grants**

\$205,816

TOTAL GRANTS

\$2,446,816

Our Partners

The Foundation recognizes the dedication, innovation and impact of our partnering organizations. Thank you for all the work you do in making a difference in the lives of those you serve.

**Adult Well-Being Services
Covenant Community Care, Inc.
Detroit Central City CMH
Detroit Community Health Connection, Inc.
Detroit Community Health Foundation
Detroit Health Care For The Homeless, Inc.
Development Centers, Inc.
Easter Seals-Michigan, Inc.
Mariners Inn
Mental Health Association in Michigan
NAMI Michigan
Michigan Department of Community Health
Michigan Public Health Institute
Michigan State University
Neighborhood Service Organization
Oakland Integrated Healthcare Network
Regents of the University of Michigan
Southwest Counseling Solutions
Starfish Family Services, Inc.
Starr Commonwealth
Training and Treatment Innovations, Inc.
Wayne State University
Western Wayne Family Health Centers**

Balance Sheet

December 31, 2012 (presented on a modified cash basis)

ASSETS

Cash			
Retail Account	\$	192,226	
Investment		<u>46,153</u>	\$ 238,379
Money Market			554,250
Bonds			11,664,641
Equities			24,044,504
Multi Asset Funds			6,775,707
Alternatives			
Marketable/Hedge			6,269,566
Marketable/Hard Assets			4,855,567
Mining and Natural Gas			798,589
Private Equity			<u>3,497,726</u>
TOTAL ASSETS AND LIABILITIES 12/31/12			\$ 58,698,929

CHANGE IN ASSETS AND LIABILITIES

Beginning Assets and Liabilities 12/31/11		\$ 55,151,622
Revenues	\$ (124,959)	
Expenses	<u>(3,106,187)</u>	
Net Income		\$ (3,231,146)
Change in Unrealized Market Appreciation		<u>6,778,453</u>
TOTAL ASSETS AND LIABILITIES 12/31/12		\$ 58,698,929

Foundation Benefactors



Ethel "Peggy" W. Flinn



James "Jim" H. Flinn, Jr.

JIM FLINN, JR. AND LEONARD W. SMITH

The Flinn Foundation Board Chair, Leonard W. Smith, presents Jim Flinn, Jr. with a plaque at his 90th birthday celebration in 2005. The award honored him for his inspiration and support in assisting people with mental illness.



Flinn Foundation Board of Trustees



Front Row (left to right sitting):
Dr. Linda L. Hryhorczuk and
Dr. Calmeze H. Dudley (retired Dec. 2012)

Back Row (left to right):
Duane L. Tarnacki, Leonard W. Smith,
George A. Nicholson, III, Allen Ledyard and Lynn Carpenter

Trustee Emeritus
David E. Nims, III (1994 – 2010)
J. Peter Smith (1986 – 2008)

How to Apply For A Grant

We offer grant opportunities through an annual competitive Request for Proposals (RFP) Process, The Foundation's named supported organizations and the broader universe of non-profits that deliver mental health care and services in southeast Michigan (Wayne, Oakland, Macomb and Washtenaw) are eligible.

Grants are awarded once a year in September. Listed below is the typical timeline and process for applying for a grant:

FUNDING PROCESS AND TIMELINE

Late May	Open RFPs announced
Late July	Deadline for proposal applications
Late September	Notification of grant decision
Early December	Grants funds awarded
January	Grant term begins

Information on the Foundation's funding priorities, as well as inquiries and grant applications should be directed to:

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