HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MONDAY, JUNE 3, 2019
9:00 A.M.

MINUTES

MEMBERS PRESENT: Commissioners Jeanne Pearl-Wright, Rob Piercefield, Matthew Bowen, Joseph Brehler, Lisa Deavers, Blake Mulder and Barbara Rogers

ALSO PRESENT: Commissioner Terrance Augustine and John Fuentes

The June 3, 2019 regular meeting of the Health and Human Services Committee was called to order at 9:00 a.m. by Chairperson Pearl-Wright.

Commissioner Rogers moved to approve the agenda with the addition of a resolution regarding community mental health local funding. Commissioner Bowen seconded. Motion carried.

Commissioner Bowen moved to approve the minutes of the May 6, 2019 meeting, as presented. Commissioner Rogers seconded. Motion carried.

A summary of the 2019/2020 juvenile millage grant requests was distributed and reviewed. It was reported that the three-program proposal submitted by the Child and Family Services is being evaluated by the Court to determine how the proposed programs fit within the current continuum of services available. The Controller’s recommendation is to provide continuation funding for existing programs in the amount of their requests and wait to receive input from the Court for further discussion on the programs proposed by Child and Family Services.

Commissioner Bowen moved to recommend the continuation funding for juvenile millage grant programs, as recommended by the Controller, for inclusion in the FY 2019/2020 Budget to the Ways and Means Committee. Commissioner Rogers seconded. Motion carried.

A resolution request from the Paradise Missionary Baptist Church recognizing its 65th anniversary was presented. No action taken.

A resolution from the Bay County Board of Commissioners supporting continuation of construction of a 200-bed, state psychiatric hospital on the grounds of the current Caro Center in Tuscola County was presented. No action taken.

A resolution to support the use of local county funds for local community mental health services was presented. Commissioner Brehler discussed the current statutory boilerplate language.

Commissioner Mulder moved to recommend approval of the resolution to the Board of Commissioners. Commissioner Brehler seconded. Motion carried.
Chairperson Pearl-Wright adjourned the meeting at 9:29 a.m.

The next regularly scheduled meeting of the Health and Human Services Committee will be held on Monday, July 1, 2019, at 9:00 a.m. in the Board of Commissioners Room of the Courthouse, located at 1045 Independence Boulevard, Charlotte, MI 48813.

Jeanne Pearl-Wright, Chairperson
### 2019-2020 Juvenile Millage Proposals

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program</th>
<th>Requested</th>
<th>CCF% Eligible</th>
<th>Net Millage Cost</th>
<th>2018/2019 Grant Amount (net JJM)</th>
<th>Requested Inc. (Dec.) from Prior Year</th>
<th>Requested % Inc./(Dec.) from Prior Year</th>
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<tr>
<td>Community Mental Health</td>
<td>Truancy Intervention Program Mental Health</td>
<td>133,940</td>
<td>100%</td>
<td>66,970</td>
<td>Yes</td>
<td>76,493</td>
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<td>Eaton RESA</td>
<td>Truancy Intervention Program</td>
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<td>100%</td>
<td>65,750</td>
<td>Yes</td>
<td>65,744</td>
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<td>Parent-Young Child Program</td>
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<td>Juvenile Justice</td>
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<td>66,468</td>
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<td>Child and Family Services *</td>
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<tr>
<td>Barry-Eaton Dist Hlth Dept</td>
<td>Youth Resilience</td>
<td>2,000</td>
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<td>Capital Area College Access Network</td>
<td>College Access Program</td>
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<td>10,000</td>
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*May be eligible for Child Care Fund reimbursement.

Total Requests Received $ 610,705 $ 477,985 $ 311,997 $ 165,988

2018 Actual Fund Balance $ 480,548.76
2019 Budgeted Revenues $ 1,268,558.00
2019 Budgeted Expenditures $ (1,404,805.00)
2019 Estimated Fund Balance $ 344,301.76
2020 Estimated Revenues $ 1,310,318.00
2020 Requested Expenditures $ (1,560,826.01)
2020 Estimated Fund Balance $ 93,793.75
May 22, 2019

John Fuentes
Eaton County Controller’s Office
1045 Independence Boulevard
Charlotte Mi  48813

Dear Mr. Fuentes,

Paradise Missionary Baptist Church celebrated it’s 65th Church Anniversary March 17, 2019 and thirty-five year opening of the Cornerstone Services.

Due to miscommunication, our original request of February 21, 2019 was delayed and not timely for our 65th Anniversary Program. We apologize for its lateness and would be honored to receive an Official Proclamation for our Church Archive. Our Theme was “ 65 Years Moving Forward By Faith” 1954-2019 “For We Walk By Faith, Not By Sight” 2 Corinthians 5:7.

We thank you in advance for providing a Proclamation for our Church Archives. We look forward to hearing from you soon.

Yours in Christ,
Paradise Missionary Baptist Church,
Archive Committee

PS: Please see contacts listed below if additional information is needed:
  Mother Ruby Foster – 517-974-1736
  Sister Doristene Haynes – 517-282-1470
  Sister Jean Ruffin – 517-484-5207
WHEREAS, in 1953 a few baptized believers anchored in Christ came together and formed a Bible Band, believing and moving forward in Faith that one day a church would be organized. In 1954 the Mission was organized as a Church and given the name of Paradise Missionary Baptist church.

WHEREAS, from Humble beginnings in a home on Detroit St., the east side of Lansing, in Urbandale With Rev. Elvin Smith as the first Pastor, to Rev. Thomas Elmore (1955-1960), to Rev. Joel L. King our fourth Pastor (The uncle of the late Rev. Martin Luther King, Jr.) to Rev. Herman green the Fifth Pastor who served for 50yrs. (11/19/1961-11/20/2011). Serving at Locations at 602 S. Foster, moving to 129 N. Pennsylvania. (missing the devastating 30yr. flood) and building a new edifice at 3403 Franette Rd. Under his leadership and a banner of Christ ever hanging high, membership grew, the first “Son of Paradise Rev. David Foreman was ordained, and many more accomplishments and goals, both Spiritually and financially were met.

WHEREAS, Palm Sunday April 15, 1984 groundbreaking Services was held. December 2, 1984 Our initial Services in the new edifice was held, followed with Dedication Services on December 30, 1984. Our fourth Pastor Rev. Joel L. King spoke at the 11:00 a.m. service and our first Pastor Rev. Elvin Smit spoke at the 3:00pm service.

WHEREAS, June 17, 1987 the Church Mortgage was Paid in full, and a Mortgage Burning Service was held on August 8, 1987 with the Greater Lansing Community celebrating, rejoicing and praising GOD for the accomplishment by Faith, in GOD’S Master Plan.

WHEREAS, during the past 65 years of moving forward by Faith, several auxiliaries, committees and the Sons of Paradise were established, as well as the founding of the Paradise Missionary Baptist Church Education Fund. Our charitable work includes: Contributions made annually to the Lansing Food Bank, Michigan Red Cross, and Salvation Army. To name a few.

WHEREAS, November 10-13, 2011 The Church celebrated Pastor Herman Green’s Fifty years (Golden Jubilee) of dedicated service. November 20, 2011 He preached his last Sermon Titled “I am now ready to be offered” (2Tim. 4:6-8) and announced his retirement as Pastor of P.M.B.C. He was appointed by Rev. Hilton T. Thomas as Pastor Emeritus, where he remained faithful until his death on July 1, 2013.

WHEREAS, Saturday December 4, 2011, our 6th Pastor Rev. Hilton T. Thomas accepted the Pastor-ship Of PMBC, continuing to walk in Faith, expanding “Sons of Paradise to six ministers of the Gospel, the founding of “Christmas Eve in Paradise”. Inviting the Greater Lansing community, people of all ages, walks of life, creed, color, gender, and denominations coming together to celebrate, praise and worship. Every year, providing all charitable donations collected to a different local Human Service organization. We have kept the Faith through our founders, perseverance, and constant prayer, asking that GOD will always keep us humble enough to continue in his service and hear him say “WELL DONE SERVANTS, WELL DONE ”
BAY COUNTY BOARD OF COMMISSIONERS

MAY 14, 2019

RESOLUTION

BY: VAUGHN BEGICK, 3rd DISTRICT COUNTY COMMISSIONER

WHEREAS, During the 1990’s, two thirds of the state-operated psychiatric hospitals which served Michigan citizens closed; and

WHEREAS, In the absence of needed inpatient treatment and care, individuals in acute or chronic disabling psychiatric crisis increasingly are found in hospital emergency rooms, jails and prisons; and

WHEREAS, Law enforcement agencies find service calls, transportation and hospital security for people in acute psychiatric crisis creating significant, growing demands on their officers and straining public safety resources; and

WHEREAS, Jails and prisons are increasingly populated by individuals with untreated mental illness with some facilities reporting one-third or more of their inmates are seriously mentally ill; and

WHEREAS, The Legislature responded to this crisis by providing $115 million in state building authority financed construction for a new state psychiatric hospital, and expressed its intent that the facility be built on the grounds of the current Caro Center in the FY 16-17 and 17-18 budget. Then-Governor Snyder concurred, by signing Public Act 107 of 2017, in July of that year; and

WHEREAS, On December 19, 2017, the State Administrative Board approved a $5.4 million contract with Integrated Design Solutions, to design a new 200 bed, regional state psychiatric hospital (an increase from the current 150 beds at the Caro Center), on the site of the existing Caro Center; and

WHEREAS, On October 19, 2018, then-Governor Snyder participated in a ground breaking for the new 225,000 square-foot state psychiatric hospital at the site of the current Caro Center. The new hospital was scheduled to be completed in 2021, and would replace the aging Caro facility; and

WHEREAS, On March 13, 2019, Governor Whitmer halted construction, and contracted with a private consulting firm, at the cost of $277,000, to re-assess the siting of a new state psychiatric facility, potentially delaying the availability of new psychiatric beds and the replacement of the aging Caro facility by another 2-4 years; and

WHEREAS, The facility is a vital economic engine of the entire region including Bay County, employing approximately 360 people, making it the second largest employer in Tuscola County; and

WHEREAS, Relocation of the facility would have dramatic, devastating negative repercussions to businesses, schools and families living in communities throughout this region of the state; and

WHEREAS, The previous closure of State Prisons in this area already had a severely damaging impact to the local and regional economy; and

WHEREAS, There is a 100-year tradition of caring in this community, with some 360 employees currently working at the Caro Center, and 70% of the employees traveling less than 30 miles to work. Therefore, Be It

RESOLVED, The Bay County Board of Commissioners does hereby urge Governor Gretchen Whitmer, Department of Health and Human Services Director Robert Gordon, and members of the State Legislature, in response to a critical shortage of inpatient state psychiatric beds, continue with the construction of a new 200-bed, state psychiatric hospital on the grounds of the current Caro Center, in Tuscola County, as the best option for quality, accessible services to patients and their families, and as the best value to the taxpayers of Michigan; Be It Finally

RESOLVED, That copies of this resolution be transmitted to Governor Gretchen Whitmer, Department of Health and Human Services Director Robert Gordon, State Senator Kevin Daley, and State Representatives Annette Glenn and Brian K. Elder.

VAUGHN BEGICK
3rd DISTRICT COMMISSIONER

BEGICK - Caro Center
MOVED BY COMM. LUTZ

SUPPORTED BY COMM. COONAN

<table>
<thead>
<tr>
<th>COMMISSIONER</th>
<th>Y</th>
<th>N</th>
<th>E</th>
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<tr>
<td>MICHAEL J. DURANCEZYK</td>
<td>X</td>
<td></td>
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<tr>
<td>KIM J. COONAN</td>
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<td>JIE KRYGIER</td>
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<td>THOMAS M. HEREK</td>
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<tr>
<td>TOM RYDER</td>
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</table>

VOTE TOTALS:
ROLL CALL: YEAS 7 NAYS 0 EXCUSED 0
VOICE: X YEAS 7 NAYS 0 EXCUSED 0

DISPOSITION: ADOPTED X DEFEATED WITHDRAWN
AMENDED CORRECTED REFERRED
EATON COUNTY BOARD OF COMMISSIONERS

June 19, 2019

RESOLUTION TO SUPPORT THE USE OF LOCAL COUNTY FUNDS FOR LOCAL COMMUNITY MENTAL HEALTH SERVICES

Introduced by the Health & Human Services Committee

WHEREAS, the Eaton County Board of Commissioners having entered into an enabling resolution to create the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties pursuant to Section 100 et seq. and Section 205 of the Mental Health Code, 1974 PA 258, as amended (MCL330.1100 et seq; MCL330.1205) with Clinton, Eaton, and Ingham Counties; and

WHEREAS, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties is a community mental health authority of the counties of Clinton, Eaton, and Ingham, organized under the terms of Section 204(a) of the Michigan Mental Health Code (the Code), (MCL330.1204[a]; and

WHEREAS, Section 116(b) of the Code (MCL330.1116[b]) requires that the Department of Community Health shift primary responsibility for the direct delivery of public mental health services from the state to a community mental health services program whenever the community mental health services program has demonstrated a willingness and capacity to provide an adequate and appropriate system of mental health services for the citizens of that service area; and

WHEREAS, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties has demonstrated such willingness and capacity to provide community mental health services for over the past 50 years and is properly certified as a community mental health services program under the terms of Section 232(a) of the Code (MCL330.1232[a]); and

WHEREAS, Section 202(1) of the Code (MCL330.1202[1]) requires that the state shall financially support, in accordance with chapter 3, community mental health services programs that have been established and that are administered according to the provisions of this chapter; and

WHEREAS, there are also established in the state entities known as Prepaid Inpatient Health Plans (PIHPs), which receive Medicaid funds and distribute them to Community Mental Health Services Programs and other Medicaid providers; and

WHEREAS, Appropriations Bill Public Act 207 of 2018, Article X, Part 2 Provisions Concerning Appropriations, General Sections, Behavioral Health Services, Section 928 (1) states, “Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase
capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.”; and

WHEREAS, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties and the counties that it represents are not a state designated PIHP; and

WHEREAS, the county of Eaton has a strong desire to keep local funding at the local level to meet the financial liability of the county pursuant to Section 302(1) of the Code (MCL330.1301[1] and to respond to the behavioral health needs in this county.

NOW, THEREFORE BE IT RESOLVED, that the Eaton County Board of Commissioners strongly supports the use of these local county funds for local community mental health services as provided for under the Michigan Constitution and Michigan Mental Health Code, and urges removal of the Section 928 provision that requires local funds be used as part of the state match requirement form the state budget boilerplate; and

BE IT FURTHER RESOLVED, that the Eaton County Board of Commissioners strongly urges its State Senate and House of Representatives members to eliminate similar language mentioned above in future State funding appropriations; and

BE IT FURTHER RESOLVED, that the State Senate and House of Representatives ensure that the current level of Medicaid funding is not negatively impacted by the removal of Section 928; and

BE IT FURTHER RESOLVED, that copies of this resolution be provide to Governor Gretchen Whitmer, Senator Thomas Barrett, Representative Angela Witwer, Representative Sarah Lightner, Michigan Department of Health and Human Services Director Robert Gordon, Behavioral Health and Developmental Disabilities Administration Deputy Director Dr. George Mellos, the Michigan Association of Counties and the Community Mental Health Association of Michigan.
Juvenile Treatment and Prevention Services Program

Eaton County
Truancy Intervention Program (TIP)

May 2019

Prepared by: Eaton Regional Education Service Agency
Prevention Program Services
Kimberly Thalison, Prevention Supervisor
Harriett Dean, TIP Coordinator
TIP Program Description:
Truancy is a sign of trouble, a critical indicator that a young person is losing his or her way. When younger school-aged children are chronically truant from school, it is often indicative of a problem in the family. When teenagers skip or miss multiple days from school, it is often an indirect way of communicating to their parents, school authorities, and the community that they are struggling and could use our help in keeping them moving toward a productive future. High risk and delinquent behavior such as substance abuse, violence, sexual and criminal activity related to truancy. Left unaddressed, truancy can have negative effects on students, schools, and the community. The Eaton County Truancy Intervention Program (TIP) intent is to offer students and their families a continuum of services to support appropriate attendance.

To date in the current 2018-19 school year, elementary and secondary schools in Charlotte, Eaton Rapids, Grand Ledge, Island City Academy, Connections Academy (online learning) Waverly, Maple Valley, Potterville, Relevant Academy, Holt, and Lansing School District have referred 197 and carried over 19, totaling 206 students in the Eaton RESA Truancy Intervention Program. School administrators generally refer students ages 6-16 with a minimum of 10 undocumented absences. Since 2003, TIP has served over 3,000 Eaton County truant youth. Outcome data are collected annually and shared with Eaton County Commissioners.

According to the 2017-18 TIP Outcome Report, 213 Eaton County youth received services through TIP. Of these cases, no additional court involvement was needed on 141 cases. There were 72 petitions submitted for court involvement, and 24 of those cases ended up pre-adjudicated before the court referee on the informal consent calendar. The court referee saw 117 cases for formal court involvement including formal standard probation, Day Treatment through the Eaton County Youth Facility, Community-based Treatment, or Residential Treatment. To measure improvement, attendance data is documented 45 days prior to TIP involvement and 45 days post-TIP involvement. Collected data indicates the improvement at all levels of intervention, including tardies and absences at elementary, middle, and high school levels:

- At the elementary level, pre-intervention cumulative tardies totaled 246 and 339 absences cumulative. Post intervention, cumulative tardies dropped to 116, a reduction of 53%. Absences post intervention dropped to 183, a 46% reduction in days missed.

- At the middle school level, pre-intervention cumulative tardies totaled 218, and post-intervention tardies totaled 115, a reduction of 47 %. Cumulative absences pre-intervention at middle school totaled 363, and post-intervention absences totaled 166, a 54% reduction in absences.

- High School outcomes also showed vast improvement. Pre-intervention cumulative tardies were 53, and post-intervention totaled 54, with no change after intervention. A reduction in absences significantly improved, with 66
cumulative absences pre-intervention and 29 absences post-intervention, a 44% reduction in the number of absences countywide.

**Target Population and Number of Youth Served:**
Between October 1, 2019 and September 30, 2020, TIP will serve a minimum of 225 Eaton County youth between the ages of 6-16 identified with school attendance problems. In recent past, TIP served students between the ages of 6-17. The law in Michigan MCL 380.1147 states that:

(1) Except as otherwise provided in this section, for a child who turned age 11 before December 1, 2009 or who entered grade 6 before 2009, the child's parent, guardian, or other person in this state having control and charge of the child shall send that child to a public school during the entire school year from the age of 6 to the child's sixteenth birthday. Except as otherwise provided in this section, for a child who turns age 11 on or after December 1, 2009 or a child who was age 11 before that date and enters grade 6 in 2009 or later, the child's parent, guardian, or other person in this state having control and charge of the child shall send the child to a public school during the entire school year from the **age of 6 to the child's eighteenth birthday**.

However, in January of 2015, the Michigan Legislature lowered the age of adjudication to 17 for all crimes. This means that on or after a person’s 17th birthday, that person committing a crime would no longer be charged as a juvenile, but would be charged as an adult. Child truancy legislation MCL 712A.2:

(a) Exclusive original jurisdiction superior to and regardless of the jurisdiction of another court in proceedings concerning a **juvenile under 17 years of age** who is found within the county if 1 or more of the following applies:

(4) The juvenile willfully and repeatedly absents himself or herself from school or other learning program intended to meet the juvenile's educational needs, or repeatedly violates rules and regulations of the school or other learning program, and the court finds on the record that the juvenile, the juvenile's parent, guardian, or custodian, and school officials or learning program personnel have met on the juvenile's educational problems and educational counseling and alternative agency help have been sought.

The unintended consequence of the amended law means that while one law in Michigan (MCL 380.1147) says a student must stay in school until they are 18, MCL 712A says at age 17 a person cannot be charged as a juvenile. There is currently no statute to charge an adult with truancy; leaving youth age 17 to 18 with no consequences for dropping out of school or absenting him or herself from school.

Since the beginning of the current 2018-19 school year through mid April 2018, TIP has provided services to 206 new Eaton County youth and families (plus carry-ins from last year). A complete outcome report on the 2017-18 school year was presented to the Eaton County Board of Commissioners in November of 2018 as requested. TIP outcomes for 2017-18 were presented to the Eaton County Human Services Collaborative last fall, as well as the Eaton County Board of Commissioners, and all Eaton County Superintendents.
TIP continues to fine-tune its protocol to focus intensive efforts on middle school and elementary students in an attempt to affect the younger students to improve their attendance at an earlier age. At the high school level, TIP protocols require districts to do much more “up front” work with their students and families prior to referring cases to the program. Petitions are submitted much earlier upon referral to TIP using the documentation provided by the school. The barriers and risk factors of the 200+ cases served during the 2018-2019 school year are greater than ever before. While the TIP program guidelines encourage school buildings to handle the “easier” cases that require less intervention internally, more and more of these cases are becoming harder to serve. In other words, through our efforts to strengthen school districts internal responses to attendance issues, those cases that are referred to TIP, especially at the high school level, are much more labor intensive and require greater resources to overcome truancy issues. Schools identify at-risk youth bases on attendance and academic progress for referral, in the hopes that intervention will reduce the number of petitions filed and reduce court involvement for youth.

TIP offers support to parents/guardians and youth in Eaton County and at the same time, enforces Michigan's Compulsory School Attendance Act (P.A. 451 of 1977). TIP provides positive support to increase continuous and consecutive school attendance. The intent is to enforce the mandatory attendance law by holding parents accountable, and provide truant students a diversion opportunity offering assessment, support, and services to address the underlying causes of truancy.

TIP simultaneously focuses on prevention and intervention. As described by the National Center for School Engagement, many factors contribute to truant behavior. Youth fail to attend school due to personal, academic, school climate, and family-related issues. Many families with school attendance problems struggle with significant issues such as homelessness, poverty, substance abuse, mental health issues, transportation issues, child care, and an overall lack of family organization. For example, TIP is called to help a family obtain counseling, advocate for a family to receive services through Eaton SIREN Shelter or Department of Health and Human Services (DHHS), secure proper clothing or school supplies, negotiate a new school schedule, or solve transportation problems. Program services include case management for each youth and their family who are referred. Each TIP student’s case is assessed for the reasons contributing to the attendance problem, and solutions sought to remove barriers to regular school attendance. Students may be referred to the court’s LINK program if suspended from school, and a referral to other local programs such as Choices (Eaton Behavioral Health’s early intervention program for youth age 13-17 who have experimented with alcohol, marijuana, or other drugs) will be utilized as appropriate. Michigan legalized marijuana in November of 2018, and initial anecdotal reports from schools is that marijuana use is on the rise, contributing to absenteeism and truancy of youth.

**Description of Service**
Upon the initial referral, the TIP Coordinator contacts the truant youth’s parent or guardian. The Coordinator will discuss the attendance concerns with the
parent/guardian, problem-solve ways to resolve the attendance problems, and make an informal plan for improved attendance. Parent/guardians are alerted to consequences if their child’s attendance does not improve significantly. The TIP attendance facilitators meet with all youth aged 12-16 at their schools. They discuss the reasons for the student’s absences with each student, meet with teachers, counselors, and administrators to help the student put a plan in place at school to improve their attendance, and monitor the student’s attendance, grades, and school behavior. When necessary, students are assessed for the need of tutoring to improve academic skills and, in districts that provide after-school tutoring, TIP students are matched with tutors or other after-school academic assistance. Updates on each student are provided to the TIP Coordinator weekly, or more often if needed. Currently, attendance facilitators see most students weekly. The student’s attendance, grades, and behavior are monitored, and if there is no significant improvement within 30 days, the Truancy Coordinator will meet with the family and school staff to sign a formal TIP agreement. If improvement does not occur after the formal agreement is signed, a truancy petition is forwarded to the Eaton County Prosecuting Attorney.

Once the truancy petition is issued, an inquiry hearing is scheduled through the Juvenile Court. Since the TIP Coordinator has already met with the parent, student, and a school administrator, and the TIP agreement has already been signed, an offer of an informal consent calendar is generally offered as a diversion to formal probation via the Eaton County Youth Services referee. Unless a student has already been offered a consent calendar in the past, a consent calendar would be the least restrictive diversion for first time offenders. Formal probation, day treatment, community based treatment, detention, boot camp, and residential services are other possible dispositions in extreme cases. This protocol continues a transition to a formal Truancy Court in Eaton County, where the Juvenile Court Referee is hearing truancy cases weekly and assigning one Probation Officer to handle truancy probation. The model program and fidelity remains, but the referral process is streamlined.

In collaboration with the Eaton County Counseling Center (ECCC), truant youth participating in TIP are offered a free mental health screening when appropriate. Counseling and other supportive services are arranged for or provided to the truant youth and their families.

The TIP attendance facilitators continue to monitor truant youth and provide any assistance they need with organizing schoolwork, securing a mentor/tutor, and having meetings with teachers and administrators regarding the student’s attendance, behavior, and academic performance on a weekly basis. Attendance facilitators report back to the TIP Coordinator on each student’s progress. If a student’s attendance does not improve during this process, a hearing is scheduled directly with the Juvenile Court Referee. He/she will likely put the youth on consent calendar probation, formal probation, or may remand the youth to other court educational programs.

In situations where a child is age 11 or under, the TIP Coordinator will attempt to engage the parents of the truant child via the TIP Attendance Agreement. If compliance
is not reached, the Eaton County Prosecuting Attorney’s office will issue a warning letter to the parent, requesting immediate compliance with TIP. If compliance still does not occur, the Prosecuting Attorney has agreed to pursue charges against parents who are found to be in violation of the Compulsory School Attendance Act.

Another issue that has surfaced in the past five years is the increase in the number of parents who, when facing truancy, suspensions, poor academic performance and overall lack of student engagement in school are “pulling” their children to home school. While homeschooling in itself, when done correctly and purposefully, is a viable alternative for some families, is not always appropriate when families are dealing with high student risk factors. Part of the role of the Truancy Coordinator is to work with these families on assuring they comply with the compulsory attendance law and are able to provide Judge Byerley with an educational plan for his approval. This has resulted in several families choosing to re-enroll their children in school when they are faced with the reality of what homeschooling entails.

Progressing into the 2019-20 school year and beyond, truancy issues will continue to challenge our schools and our youth. We will continue to review evidence-based interventions for youth ages 12-16 to assure that we are using best practices in working with the high school population, and make adjustments where necessary in our 2019-20 practices, including braiding Truancy Prevention with the Positive Behavior Intervention (PBIS) Multi-tiered System of Supports currently taking shape in our local school districts.

**Program Methodology**

In 2001, the TIP Advisory Group, made up of local community agencies including the Eaton County Circuit Court, the Prosecuting Attorney, and local school districts, was established. The TIP Advisory Group guided the development of truancy prevention programming in Eaton County. The philosophy and implementation guidelines were established based on the best practices for developing and implementing an effective truancy program by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) Program. OJJDP offers five primary elements of a comprehensive community and educational strategy to combat truancy. They include:

- Involve parents in all prevention/intervention strategies.
- Ensure students face firm sanctions for truancy.
- Create meaningful incentives for parental responsibility.
- Establish ongoing truancy programs in schools.
- Schools should address the unique needs of each child and consider developing initiatives to combat the underlying causes of truancy.

Such initiatives include tutoring programs, drug prevention initiatives, mentorship efforts, campaigns for involving parents/guardians in school attendance, and referrals to social service agencies.

The guidelines also recommend that truancy programs should be comprehensive and include four major components:
- System reform and accountability.
- Continuum of services to address youth needs.
- Data collection and evaluation.
- A community education and awareness program to address the need to prevent truancy in kindergarten through 12th grade and to intervene with truant students.

Eaton County continues to make progress with the strategies submitted in the Truancy and Dropout Prevention Plan submitted to the Michigan School-Justice Partnership in December, 2013, in an attempt to impact the School to Prison Pipeline.

### Implementation Plan

<table>
<thead>
<tr>
<th>Month:</th>
<th>Task:</th>
<th>To be completed by whom:</th>
</tr>
</thead>
<tbody>
<tr>
<td>August – June</td>
<td>Follow up with 2018-2019 students carried over to be monitored in 2019-2019. Receive, process, and facilitate referrals. Provide case management services for all TIP students throughout the school year.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clerical Support</td>
</tr>
<tr>
<td>August – May</td>
<td>Identify TIP youth who could benefit from a tutor and work with local schools to provide adult or peer tutoring.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td>August – June</td>
<td>Meet regularly with Eaton County Counseling Center therapist to discuss TIP students needing mental health screening and counseling services.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prevention Supervisor</td>
</tr>
<tr>
<td>August – June</td>
<td>Meet with administrators, teachers, counselors, parents, and probation officers to facilitate the individual case plans of TIP students.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td>August – June</td>
<td>Make Wrap-Around Services, Children’s Protective Services, Family Guidance, and other community organization referrals for appropriate cases. Maintain communication with community organization partners to coordinate services.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td>August – June</td>
<td>Maintain case notes for each TIP youth.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td>August – June</td>
<td>Collect attendance, grades, and discipline reports for each TIP student.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td>September – June</td>
<td>Facilitate requests for truancy petitions and/or warning letters to parents issued by the Prosecuting Attorney as needed</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance Facilitators</td>
</tr>
<tr>
<td>August – June</td>
<td>Communicate with Juvenile Court on the status of truancy petitions.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clerical Support</td>
</tr>
<tr>
<td>August – June</td>
<td>Purchase and distribute incentives (coupons, pencils, folders, organizers, treats, pizzas) for TIP students making progress with their attendance.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td>August – June</td>
<td>Attend hearings as needed with youth and parents involved with Family Court.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td>October-June</td>
<td>Collate and tabulate TIP data for annual outcome report. Prepare outcome report.</td>
<td>TIP Coordinator</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| June - August | Prepare lists of 2018-19 TIP students to be monitored in 2019-20. | TIP Coordinator  
Attendance Facilitators  
Clerical Support |
| August – September | Visit local school districts on the first week of school to educate students on the importance of school attendance. | TIP Coordinator |

**Staffing Plan**
TIP will have the capacity to provide truant or chronically absent Eaton County youth with the assessment, support, and services they need to address the underlying causes of their attendance problems through the following staff positions funded by this request:

- 0.55 FTE TIP Program Coordinator
- 0.05 FTE Prevention Supervisor
- 0.35 FTE Clerical Support
- 0.50 FTE TIP Attendance Facilitators

In addition, funding to support additional Truancy Coordinator time (.55 FTE) and Attendance Facilitator time (.45 FTE) will also be requested from the Mid-State Health Network, the Substance Use Disorder Coordinating Agency as part of the Eaton County Substance Awareness Advisory Group Action Plan for 2019-20.

The TIP Coordinator coordinates all of the services for referred youth, with parents/guardians, school administrators, teachers, school counselors, Juvenile Court officials, the Prosecuting Attorney, probation officers, the ECCC/TIP Therapist, and community service providers.

The TIP Prevention Supervisor will provide oversight of TIP including maintenance of the budget. She will also provide supervision to the TIP Coordinator, and supervision to the clerical support and attendance facilitators.

Clerical support will provide assistance with processing referrals, sending correspondence to parents/guardians, preparing truancy petitions, maintaining a database of referrals, attendance, grade point averages, disciplinary records, and running data reports for the annual outcome report.

The TIP Attendance Facilitators meet regularly with TIP students to provide case management, and collect and maintain attendance, grades, and school behavior records. They coordinate services through the student’s schools such as tutoring, mentoring, and providing incentives to the youth when improvement is demonstrated. The TIP Attendance Facilitators meet together bi-weekly with the TIP Coordinator to discuss cases, challenges and successes, and request follow-up with TIP cases. They also assist the TIP Coordinator with collating the data to prepare the annual outcome report.
Personnel
Staff in the Truancy Intervention Program have received extensive training in cultural competency and social justice. The Truancy Coordinator has participated in a four-part 32-hour workshop titled “Understanding the Framework of Poverty and Cultural Competence and Social Justice”. Currently, both attendance facilitators are either a retired Juvenile Probation officers or have worked in the Juvenile service system, with collectively over 45 years of experience working with at-risk youth and interacting with school personnel. Eaton RESA also encourages and recruits minority candidates for open positions as applicable, and are an EEOC employer and educator.

TIP Budget Detail:

DESCRIPTION: Truancy Intervention Program 2019-20

October 1, 2019 - September 30, 2020 Subtotals

Salary
Prevention Supervisor .05 FTE (Kimberly Thalison) 4,550.00
Clerical Support .35 FTE (Laurie Marshall) 15,041.00
Prevention Specialist .55 FTE (Harriett Dean) 41,113.00
Attendance Facilitators:
636 case management hours @ $22/hr 14,000

$74,703.00

Fringe Benefits
Retirement (36.88%) 40,172.00
FICA (7.65%)
Health and Other Insurances

$40,172.00

Travel
Conference Attendance & travel 6,250 miles @ .58/mile 5,400.00

$5,400.00

Supplies
Copying, paper, postage and other supplies 400.00
Youth Incentive supplies 400.00

$800

Contractual
N/A

Subtotal $121,075.00
ERESA indirect Rate 8.61% (Anticipated state approved indirect rate) (Business Office, technology, facility, maintenance) $10,425.00

Total Costs $131,500.00

**Budget Explanations**
Budget figures reflect maintenance of current level of staffing, supplies, and travel needed to adequately support referrals to the TIP Program. It is anticipated that we will end 2018-2019 with similar students/families served than the previous year and with similar levels of intervention needed, and we expect this level to continue into 2019-2020. Our ability to intervene early and to avoid the necessity of filing petitions depends on having staff deployed in the county to work with schools, students, and families early on to correct the problems that are causing truancy. We are requesting the same amount of funding as we did last year to sustain current levels of programming.

**Intended Outcomes and Evaluation Plan**
The goal of TIP is to have every truant student return to school with increased regular attendance upon successful completion of TIP. Secondary gains would be an increase in each TIP student’s academic success and a decrease in discipline referrals. Additional secondary gains would be an increase in parent involvement of former truant students to assure regular school attendance and an increase in the perception of value for students, parents, and community in regular school attendance. Schools have the ongoing responsibility to be inviting places for students to attend and for their families to want to be involved.

Outcomes will be measured by collecting data on unexcused and excused absences, unexcused and excused tardies, grade point averages, and in-school and out-of-school suspensions for each student participating in TIP. Data will be compared for the 45 days prior to TIP involvement and 45 days post TIP involvement.

For the youth participating in the TIP program, we will expect a 55-60% reduction in unexcused absences and tardies and a 50% decrease in excused absences and tardies. We will also expect a natural increase in average grades for the youth participating in TIP.

A report has been presented annually since 2003 to all Eaton County Superintendents, the Eaton County Board of Commissioners, and the Human Services Collaborative. The report contains outcome data on TIP participants related to attendance and tardiness.
Summary
Since 2002, in collaboration with the local school districts in Eaton County, the Eaton County Juvenile Court, the Eaton County Prosecuting Attorney, and the Eaton County Counseling Center, Eaton Regional Education Service Agency has been providing a comprehensive truancy program for youth who are at risk of academic failure due to poor attendance. TIP offers young people an opportunity to get back on track at school and reach their fullest potential. We respectfully request continuation funding be for 2018-2019 for the Eaton County Truancy Intervention Program in order to provide the staffing levels needed to maintain successful outcomes. Program data in previous years indicates that while fewer students are chronically absent or truant due to outreach and early intervention, those who are chronically absent or truancy are so at a much greater amount and with greater risk factors.
May 17, 2019

Health and Human Services Committee
Commissioner: Jeanne Pearl Wright, Chairperson
Eaton County Court House
1045 Independence Dr.
Charlotte, MI 48813

RE: Juvenile Treatment and Prevention Service Program Proposal

Dear Commissioner Wright:

Enclosed is a proposal in response to the recent RFP from Eaton County and the Eaton County Circuit Court. I am sending this letter to convey our interest in having the project described herein considered for continued funding.

Please feel free to contact me at (517) 887-5263 should you wish to discuss the details of this project or require further information. Thank you in advance for consideration of this request, as well as your ongoing support of Eaton County families with young children through the Eaton Parent Young Child Program of CMH.

Sincerely,

Gwenda Summers
Families Forward, Program Director
CMHA-CEI
e-mail: summers@ceicmh.org

Fran Jozefowicz
Early Intervention Supervisor
Families Forward
e-mail: jozefowi@ceicmh.org
BACKGROUND

Many of the children and adolescents who engage in delinquent behaviors can be identified early, before their difficulties take a grueling toll on them and their families and impose steep costs on our courts, schools, mental health and child welfare systems. They can be identified as toddlers and preschoolers, and often they are expelled from preschool or childcare settings because of aggressive disruptive behaviors. They may have been over-reactive and difficult to calm, non-compliant with adult requests, or aggressive to other children and adults. Many of them come from families where they have experienced domestic violence, abuse and neglect, or lack of effective parenting skills.

Although some treatment resources exist in the community, there are many obstacles to mental health treatment for young children. Often preschool children do not present with symptoms of sufficient severity to meet criteria for existing programs, and, even when they do, very few practitioners specialize in working with children below school age. Many families lack insurance for mental health services or, if they do have insurance, they may not be able to afford the co-pay. As many families with young children lack reliable transportation, and/or have multiple children under 6 years of age, office based programs and services are difficult to access.

Eaton County has long prioritized the need to provide home-based mental health services to three to six-year-old children and their families, actively seeking and utilizing state funding opportunities for this. Since 2005 the Eaton County Juvenile Justice Millage fund has funded the Eaton Parent-Young Child Program
TARGET POPULATION:

The Eaton PYCP is a home-based, family centered treatment program designed to identify and provide early intervention to children three to six years old who are displaying significant early behavioral and emotional difficulties that are often precursors to later more difficult to manage disturbances including juvenile delinquency. PYCP works to improve child, parent and family functioning

With the Juvenile Justice Millage support PYCP services are open to any family in Eaton County tax area without concern about insurance or other qualifiers. A strong partnership has been established with the Eaton County DHHS’s Child Protective Services and Foster Care in order to provide services to high risk families and children. On average 33% of the PYCP parents and/or children have involvement within DHHS’s CPS or Foster Care. Eaton PYCP therapists and DHSS staff frequently collaborate on needs and progress of shared children and their families.

As an active caseload for each full time therapist averages 12 - 15 families, Eaton PYCP has the capacity to provide services for about 22 to 30 families per year. Some families, given the complexity and severity of their situations, use more therapist time per week and need intensive, long-term services; while other families are able to use short-term less intensive services.

PROGRAM DESCRIPTION

Home-based family-centered treatment is provided by master level mental health therapists with specialized training and expertise in providing therapy to preschoolers and their families. Services are flexible and individualized, designed to meet the needs of each child and family. In addition to providing services in the home, PYCP uses an ecological approach and works with all significant persons in a child’s life including care providers, preschool staff and extended family. Based on the philosophy that all parents want to be good parents, we identify family strengths while working with the parents to remove obstacles including lack of knowledge about child development or
the parent's own mental health needs. Following a thorough assessment of all domains of family life, a family centered intervention plan is developed with the family, which may include parent-child therapy, play therapy, trauma therapy, parent skill training, stress management skills, consultation with childcare/preschool providers, case management and referral to other community services, psychiatric medication referral and emergency services.

Eaton PYCP therapists usually meet at least weekly with the child and family. Consultations with providers in other systems such as school or DHHS also occur frequently. Treatment continues until the goals established with the parents in the Family Centered Plan are achieved or the child is transitioned to other needed services as they age out of the PYCP.

INTENDED OUTCOMES AND MEASURES

Research indicates that for every dollar spent on early childhood, Eaton County will save at least $4-$7 dollars in future costs associated with incarceration, social services needs, special education and lost tax revenue.

At the end of treatment PYCP children demonstrate gains in their ability to:

- modulate behaviors,
- regulate affect,
- concentrate,
- use pro-social skills,
- cope with past trauma,
- learn and cooperate in school,
- attach to new parents as appropriate.

At the end of treatment PYCP Families experience:

- increased positive child-parent interactions,
- increased compliance of children with adult requests,
- increased parenting skills including age appropriate expectations for the young child.
It is our belief that the PYCP and early intervention will, in addition to the gains noted above, have the long term consequences of preventing substance abuse, mental health difficulties, and associated anti-social behaviors.

EATON PARENT YOUNG CHILD PROGRAM
PROGRAM REPORTS FOR FISCAL YEAR 2017-2018

With continued funding from the Eaton County Juvenile Justice Mileage, Eaton PYCP has provided home-based therapy to 31 children age three to six and their families. During this fiscal year 609 assessment/treatment sessions were provided to Eaton County families. DHHS, CPS, and Foster Care staff members continue to be sources of referrals to the program. Eaton PYCP therapists spend time at the Eaton County Department of Health and Human Services Office. Referrals have also come from Great Start Collaborative Partners, school districts, child care providers and Head Start.

OUTCOMES

Eaton PYCP children and families have achieved many of the intended outcomes gains noted above. The Preschool and Early Childhood Functional Assessment Scale (PECFAS®) is designed to measure the degree of impairment in children of preschool age. Research has demonstrated that degree of impairment is most likely the most sensitive measure of change. The following PECFAS® data from the 13 PYCP cases that closed during FY 2017-2018 demonstrate that indeed Eaton PYCP is providing services to the target children and families; and that these services are making a significant difference in the child’s and the family’s functioning.
PECFAS® OUTCOMES FOR EATON PYC
Cases Closed during 2017 - 2018

<table>
<thead>
<tr>
<th>13</th>
<th>Cases closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>130</td>
<td>Average PECFAS score at intake</td>
</tr>
<tr>
<td>13</td>
<td>Entered with an intake score above 50 which is considered to be indicative of severe emotional disturbance.</td>
</tr>
<tr>
<td>2</td>
<td>Children aged out of PYCP and continued to need services and were transferred to either another CMHA-CEI Children’s program or a private provider.</td>
</tr>
<tr>
<td>1</td>
<td>Withdrew against clinical advice.</td>
</tr>
<tr>
<td>1</td>
<td>Moved out of Eaton County</td>
</tr>
<tr>
<td>12</td>
<td>Children improved, with an exit score drop of 20 or more points which is considered clinically significant improvement as measured by this instrument. Seven of the children had dramatic drops of: 160, 120, 110, 90, 90, 90, 60</td>
</tr>
</tbody>
</table>

BUDGET/STAFFING

Early in fiscal year 17-18, Eaton County was informed by the state that the PYCP did not meet Child Care Fund requirements and therefore not eligible to receive Child Care matching funds.

PYCP services are provided by 1.25 FTE Master level mental health therapists. The budget below reflects the costs for their services.

These budget figures include a possible 2% raise in salary that may occur in the 2019-2020 fiscal year, currently in negotiations with the union. If this anticipated raise does not occur the amount billed for Eaton PYCP would decrease by 2% in the salary in the budget being submitted.
# Program Budget - Cost Detail Schedule

**Use WHOLE DOLLARS Only**

## Program
- **Eaton County JJ Grant**
- **CMHA of Clinton-Eaton-Ingham Counties**

## Budget Periods
- **From:** 10/1/2019 - 9/30/2020
- **To:** 5/17/2019

## Date Prepared
- 5/17/2019

## Grant Agreement
- **Original**

## Amendment #

### 1. Salary & Wages:

<table>
<thead>
<tr>
<th>Position Description</th>
<th>Comments</th>
<th>Positions Required</th>
<th>Total Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Therapist 38102-6046-4</td>
<td>59,101</td>
<td>0.625</td>
<td>$36,313</td>
</tr>
<tr>
<td>Mental Health Therapist 38102-6046-8</td>
<td>59,101</td>
<td>0.625</td>
<td>$36,313</td>
</tr>
</tbody>
</table>

**1. Total Salary & Wages:** $72,626

### 2. Fringe Benefits: (Specify)

- **FICA:**
- **LIFE INS:**
- **DENTAL INS:**
- **VISION:**
- **HOSPITAL INS:**
- **OTHER:**

**Composite Rate %**

- **33.86%**

**Total Fringe Benefits:** $24,593

### 3. Travel:

- **Travel:** $8800
- **Conferences:**

**3. Total Travel:** $8800

### 4. Supplies & Materials:

- **Supplies:**

**4. Total Supplies & Materials:** $1000

### 5. Contractual:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Amount</th>
</tr>
</thead>
</table>

**5. Total Contractual:** $-

### 6. Equipment:

**6. Total Equipment:** $-

### 7. Other Expenses:

<table>
<thead>
<tr>
<th>Department</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>CELL PHONES</td>
<td>$395</td>
</tr>
<tr>
<td>AIR CARDS</td>
<td>$570</td>
</tr>
</tbody>
</table>
| PHONES                            | $-
| RENT-SPACE                        | $-
| Licensing                         | $-
| License fees                      | $-
| OTHER                             |        |
| FACILITY ALLOCATION               | $8,359 |
| REP AND MAINT-CLEANING            | $-
| RENT EQUIP-COPiers                | $-

**7. Total Other Expenses:** $5324

### 8. Total Direct Expenditures:

**8. Total Direct Expenditures:** $116,343

### 9. Indirect Cost Calculations:

| Rate #1 Base $ | 9.29% x Rate $ | 116,343 | = $10,797 |
| Rate #2 Base $ | 1.79% x Rate $ | 116,343 | = $2,083 |

**9. Total Indirect Expenditures:** $12,880

### 10. Total All Expenditures:

**10. Total All Expenditures:** $129,222
5/17/19

Connie Sobie
Eaton County Controller’s Office
1045 Independence Dr.
Charlotte, MI 48813

RE: Juvenile Treatment and Prevention Service Program Proposal

Dear Connie:

Enclosed is a proposal in response to the recent RFP from the Health and Human Services Committee. I am sending this letter to convey our interest in having the project described herein considered for continued funding.

Please feel free to contact me at 517/543-5100 should you wish to discuss the details of this project or require further information. Thank you in advance for consideration of this request as well as your ongoing collaboration with CEI-CMHA.

Sincerely,

Scott D. Struck, Ph.D., LP
ECCC Supervisor
CLINTON, EATON, INGHAM COMMUNITY MENTAL HEALTH
EATON COUNTY COUNSELING CENTER

Request for Continued Funding of the
Truancy Intervention Program Mental Health Screening
and Treatment Project for FY 2019/2020

BACKGROUND AND OVERVIEW
The most current Michigan Profile for Health-Youth survey (MIPHY –2017/2018) has found that the percentages of 9th and 11th graders in Eaton County reporting symptoms of depression (40.4%) is far higher in Eaton County than the overall average across the State of Michigan. The MIPHY survey has also discovered the alarming finding that 23.3% of Eaton County 9th graders have seriously considered attempting suicide, with 18.9% of these students having made a plan about how they would attempt suicide. Sadly, 11.2% of these 9th graders have reported actually attempting suicide within the prior 12 months. It is alarming that all of these percentages have shown an increase since the prior MIPHY survey.

Bullying at school appears to be at least one factor in this situation, with 74.8% of Eaton County 9th graders and 68.2% of Eaton County 11th graders having heard students get called mean names or get “put down” one or more times in the prior 12 months. Some students actually report seeing students getting pushed, hit, or punched one or more times within the past 12 months as well (55.6% for 9th graders and 48.2% for 11th graders). Family conflicts and problems also underlie many Eaton County students’ emotional problems as 49.9% of 9th graders and 50.2% of 11th graders report that people in their families have serious arguments.

Trauma has also become an increasing problem in Eaton County, with 38.2% of 9th graders and 38.3% of 11th graders reporting that 2 or more of the following things have happened to them during their life: 1). The death of a parent or care giver; 2). Mental abuse; 3). Physical abuse; 4). Sexual abuse; 5). Witnessing violence in the home or neighborhood; 6). Living with person who had mental illness or have attempted suicide; 7). Living with a person who was an alcoholic or used drugs; and/or 8). Living with a person who went to jail or prison. We now know that the impact of exposure to such adverse childhood experiences can have lifelong negative impacts if left untreated, and certainly can result in many problems in school functioning.

In light of these findings, as well as the fact that Eaton County families continue to experience unemployment, homelessness, and a host of other circumstances which adversely impact families and ultimately result in truancy, academic underachievement, and many other problems, it is believed that there remains a very strong need for mental health treatment services among elementary, middle, and high school students of our community.

The Eaton County Counseling Center (ECCC), in partnership with the Eaton Regional Educational Services Agency (ERESA), has been providing mental health treatment services since 2005 to youth and families served through the Truancy Intervention Program (TIP). The initial funding for this small pilot project was a sum of $3,000.00 which was intended to serve approximately 6 youth and/or their families. The need for these services has grown steadily and is summarized below:
<table>
<thead>
<tr>
<th>School Year</th>
<th>Number of referrals received</th>
<th>Number of Youth/Families served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/2006</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>2006/2007</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>2007/2008</td>
<td>34</td>
<td>23</td>
</tr>
<tr>
<td>2008/2009</td>
<td>43</td>
<td>38</td>
</tr>
<tr>
<td>2009/2010</td>
<td>37</td>
<td>33</td>
</tr>
<tr>
<td>2010/2011</td>
<td>78</td>
<td>38</td>
</tr>
<tr>
<td>2011/2012</td>
<td>68</td>
<td>48</td>
</tr>
<tr>
<td>2012/2013</td>
<td>110</td>
<td>48</td>
</tr>
<tr>
<td>2013/2014</td>
<td>79</td>
<td>45</td>
</tr>
<tr>
<td>2014/2015</td>
<td>144</td>
<td>48</td>
</tr>
<tr>
<td>2015/2016</td>
<td>119</td>
<td>49</td>
</tr>
<tr>
<td>2016/2017</td>
<td>108</td>
<td>29</td>
</tr>
<tr>
<td>2017/2018</td>
<td>89</td>
<td>50</td>
</tr>
</tbody>
</table>

It should be noted that funding for the current project has fluctuated greatly since 2005. During the 2016/2017 project year, grand funds were unexpectedly reduced by one half. This resulted in a staffing reduction from 1.50 FTE’s serving this project, to a total of 0.70 FTE’s. This situation continued for a short time into the 2017/2018 project year as well. As a result, fewer youth and their families were able to be served during that time period despite the ongoing need indicated above.

While it was initially believed services would be very short term in length, the history of this project has shown that many youth and/or families have continued to require treatment longer than anticipated. In projecting future need, TIP staff have estimated that there are approximately 90 to 95 youth and/or families who would likely benefit from mental health services if such were available and were more easily accessible. This project is currently served by two Mental Health Therapists (for a total of 1.50 FTEs) who provide: 1) intensive community based treatment--including provision of services at school, in-home, in-office, and at court; 2) in-school outreach to assist in improving motivation as well as persuading youth to participate in treatment, and 3) greater coordination and collaboration with area service providers and TIP staff. It is proposed that the level of staffing be maintained at 1.50 FTE’s for the 2019/2020 FY.

**TARGET POPULATION**

The Eaton Regional Education Services Agency (ERESA) operates a Truancy Intervention Program which serves youth and their families who are mandated to address identified problems in school attendance and/or other truancy related behaviors. As such, a component of the TIP program is to link youth and their families with mental health services when such appear indicated. To accomplish this, TIP staff have developed strong working relationships with identified Clinton Eaton Ingham Community Mental Health (CMH) therapists specifically assigned to serve participants of the TIP program. The therapists conduct mental health assessments and provide the community based treatment necessary and/or referral to mental health providers. Through the process of identifying and referring these youth and/or their families, it has become apparent that there are occasions whereby such persons do not have adequate resources to allow engagement in mental health treatment. TIP and CMH staff have observed that there are youth and families who have commercial mental health coverage but who have very high or prohibitive co-payments and/or can not access private mental health providers. In addition, there appear to be youth and/or families who could benefit from mental health
services but whose circumstances do not allow significant travel to a mental health provider’s office and/or will not accept more traditional office-based services. TIP staff estimate that over the course of one school year, there are approximately 90 to 95 youth and/or families who may be interested in receiving such mental health services but who face the barriers described.

PROGRAM DESCRIPTION
This project is intended to provide individual and/or family therapy to persons falling within the target population described above. Services are intended to be short to intermediate term in nature for most participants (i.e. 3 to 12 sessions), but experience with this population has shown that an increasing number of youth and/or families are requiring longer, more intensive treatment. A handful of children or youth served through this project have now been treated over multiple years of the project, and require ongoing treatment supports to maintain school attendance and thus minimize their risk of truancy, juvenile detention, and/or school drop out. This appears at least partially due to the fact that as the State of Michigan’s economy has struggled, many other ancillary resources have been severely cut or eliminated. ERESA staff coordinate direct referrals to CMH TIP Project staff. Services are available in-school, in-office, and/or in-home based upon the needs of the particular case.

The TIP Mental Health Treatment project utilizes a variety of mental health treatment techniques and procedures which are consistent with established standards of care within the mental health treatment field. Such techniques include family-centered and strength-based approaches, behavioral intervention, identification and regulation of emotions, improvement of family relationships or dynamics, cognitive behavioral interventions for anxiety, depression, and/or other problems, solution focused approaches to common problems, interpersonal therapies, trauma work, play therapy for younger youth, and other techniques as needed. All services are delivered by licensed mental health therapists and are monitored by an appropriately licensed and credentialed clinical supervisor.

This proposal is for continuation of an already existing program, currently funded through Eaton County Juvenile Justice Millage funds, with staffing levels maintained at the previously approved level (see attached budget detail).

BUDGET/STAFFING
See attached program budget summary sheet and cost detail.

INTENDED OUTCOMES AND MEASURES
The intended outcome of the TIP mental health treatment project is to enhance the availability of mental health services to the youth and families described above. The primary goal is to treat various mental health conditions or difficulties which directly contribute to truancy or behavioral problems at school, thus preventing these from developing into more severe conditions which then often adversely impact the social and community functioning of these youth.

A second goal of this project is to make mental health services available, if desired, at no cost to the youth and/or families involved in the TIP program. Removal of financial barriers and increased direct availability of services has historically proven to increase the interest of TIP participants in mental health treatment.
A third goal, added during the 2008/2009 project year, is to identify and connect families in need of intensive, home-based, services with appropriate providers (such as the CEI-CMHA Family Guidance Program). This has occurred on many occasions during the 2017/2018 year of this project, with these families being believed to be extremely unlikely to have sought such services on their own.

A fourth goal, added during the 2010/2011 FY, is to provide those youth served with a less intensive alternative to more costly enrollment in the Eaton Day Treatment Program, Eaton Residential Treatment Program, and/or the foster care system. This has become particularly evident as an area of need over the past four years of the project. Furthermore, a greater number of younger truant children (ages 7 to 11) have been served by this project over the past few years, and it is evident that these children are not appropriately served through the Day Treatment Program and/or are too vulnerable for placement at the Eaton County Youth Facility for residential treatment due to their young ages.

A variety of measures are utilized to gauge progress toward completion of the above outcomes. These include tracking referral rates, utilization patterns, the number of youth/families referred for other more intensive services, as well as treatment outcomes. Progress during mental health treatment, and overall treatment outcome, is measured using the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS is a Michigan Department of Health and Human Services sanctioned measure which objectively evaluates youth functioning in eight domains: school, home, community, behavior toward others, moods, self harm, substance abuse, and thinking problems. Scores of 0 to 30 are possible in each domain, with 30 indicating severe impairment, 20 indicating moderate impairment, 10 indicating mild impairment, and 0 indicating no impairment. Scores in each of the 8 domains are summed, with a total possible score ranging from 0 to 240. A higher total score has reliably been shown to reflect greater overall impairment in functioning, with a decrease of 20 or more points over time reflecting clinically and statistically significant improvement. The CAFAS is given at the start of treatment, every three months thereafter, and then at termination of treatment. These scores are compared and the total change from pre to post treatment is calculated. It is anticipated, that on average, the majority of all youth served will achieve at least a 20 point reduction in CAFAS score.
ATTACHMENT A – PROGRAM STAFFING/
BUDGET SUMMARY/COST DETAIL

PROGRAM STAFFING
For the operating year 2019/2020, it is proposed that two mental health therapists, for a total of 1.50 FTEs, will provide services per the project description above. These therapists work closely with the Court as well as with school personnel to provide assessment and treatment directly to those youth and families meeting TIP Mental Health Treatment Program criteria. Clinical supervision and oversight is provided by CEI-CMH and the project therapists maintains office space at the Eaton County Counseling Center.

The activities of the TIP Mental Health and MAYSI projects have historically qualified as preventative in nature under Child Care Fund guidelines, and thus had been reimbursable to Eaton County on such a basis. As a result, the actual net cost to Eaton County under such an arrangement would then be approximately one half of that listed on the following Program Budget Summary pages.
## PROGRAM BUDGET - COST DETAIL SCHEDULE

### ATTACHMENT B.2

#### PROGRAM
- **EATON COUNTY TRUANCY INTERVENTION PROGRAM**

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<thead>
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<th>BUDGET PERIOD</th>
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<tr>
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<td>To: 9/30/2020</td>
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<tr>
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<td>AMOUNT</td>
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#### CONTRACTOR NAME
- **CMHA of Clinton-Eaton-Ingham Counties**

#### GRANT COVERED COST

### 1. SALARY & WAGES:

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<tr>
<th>POSITION DESCRIPTION</th>
<th>COMMENTS</th>
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<td>$29,050</td>
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### 2. FRINGE BENEFITS: (Specify)

- **Composite Rate %**: 37.05%
- **INS**: LIFE INS
- **INS**: DENTAL INS
- **INS**: VISION
- **INS**: MEDICARE
- **INS**: HOSPITAL INS

### 3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)

- **Travel**: $7,000
- **Conferences**: $7,000

### 4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)

- **Supplies**: $400

### 5. CONTRACTUAL: (Subcontracts/Subrecipients)

<table>
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<th>Name</th>
<th>Address</th>
<th>Amount</th>
</tr>
</thead>
</table>

### 6. EQUIPMENT: (Specify)

- **LAPTOP (1 LAPTOP)**: $722

### 7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)

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<td>CELL PHONES</td>
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<td>PHONES</td>
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<td>SPACE:</td>
<td>Amount</td>
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<tr>
<td>LICENSE</td>
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<td>OTHER: FACILITY ALLOCATION</td>
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<tr>
<td>REP AND MAINT- CLEANING</td>
<td>$50</td>
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<tr>
<td>RENT EQUIP-COPIERS</td>
<td>$180</td>
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</table>

### 8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)

### 9. INDIRECT COST CALCULATIONS:

- **Rate #1**: Base $9.28% x Rate $120,661 = $11,191
- **Rate #2**: Base $1.76% x Rate $120,661 = $2,159

### 10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>$133,940</td>
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Target Population
Child and Family Charities (CFC) will serve 100 youth ages 10-17 who are referred by the Eaton County Trial Court’s Family Division that are at risk of out-of-home placement.

Number of Youth to be Served
40 youth and their families can be served through the Gateway prevention program,
15 families with youth ages 10-14 can be served through the Strengthening Families Program.
75 youth ages 12-17 can be served through the Early Intervention Group: Too Good for Drugs.
65 youth can be served through the therapist within the Behavioral Health clinic.

Program Description

Description of Services to be Provided
Child and Family Charities (CFC) will provide a comprehensive array of individual and family services to youth ages 10-17, their siblings and parents. Substance abuse and mental health screening, assessment, prevention, early intervention, individual therapy, family education, and family therapy will be provided based on a thorough assessment of youth and family needs and the development of a Family Treatment Plan.

Description of Program Methodology to be Utilized
The following methodologies will be utilized:
1) Substance abuse screening for all youth referred
2) Substance abuse assessment for youth identified as needing further assessment
3) Substance abuse treatment for youth identified as needing treatment
4) Strengthening Families- evidence-based 7-week program for youth ages 10-14, their parents/caregivers and siblings
5) Family therapy for families identified as needing additional support after completion of Strengthening Families
6) Too Good For Drugs- evidence based 10-week program for youth ages 12-17
7) Individual therapy using Trauma Focused Cognitive Behavioral Therapy (TFCBT), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing
8) Nurturing Parenting Program for youth and parents identified of needing preventive family therapy for the next 90 days

Implementation Plan
Immediately upon award notification CFC will post the job descriptions for the new staff hires. Three new staff members will be hired, oriented and trained prior to providing the services outlined in this proposal. Also after award notification, CFC will seek office space for the staff in Eaton County within close proximity to the court, to make program services accessible to youth and their families.

After October 1 once referrals are received for programming. The Gateway Prevention Therapist will contact the family within three business days of the referral from the court to set up an appointment for an intake interview with the youth and their parent(s)/caregiver(s). The Gateway Prevention Therapist and the Juvenile Justice Case Manager will meet the family to complete the intake interview.
The Gateway Prevention Therapist will administer the GAIN Short Screener to the youth to determine the level of mental health and substance abuse concerns. The GAIN Short Screener will be scored immediately upon completion. The youth’s score on the GAIN Short Screener will determine whether or not the youth is referred for a more in-depth substance use assessment. If a youth has a score of 2 or above on the GAIN Short Screener they will be referred to the Behavioral Health Therapist to complete a GAIN Core 1. Results of the more in-depth assessment will determine if the youth and their parents/caregivers will benefit from participating in Strengthening Families (youth ages 10-14), Too Good For Drugs (youth ages 12-17), individual or family therapy.

The Gateway Prevention Therapist will also administer the trauma screening, PARTI (Parenting Attitudes about Raising Teenagers Inventory) assessment and Reunification Matrix with both the youth and the care giver. After completion of these screening and assessment tools the Gateway Prevention Therapist and Juvenile Justice Case Manager will meet with the family to create a preliminary Family Service Plan.

The Gateway Prevention Therapist and the Juvenile Justice Case Manager will return for a second visit with the youth and family and discuss assessment results and finalize details of family service plan. The Gateway Prevention Therapist will then provide family counseling using Nurturing Parenting for Adolescents and Parents activities. The Juvenile Justice Case Manager will connect the youth and family to resources as outlined in Family Service Plan including Strengthening Families and Too Good for Drugs.

CFC will provide Strengthening Families, an evidence-based parenting education curriculum to parents/caregivers of youth ages 10-14. The seven-week program helps families improve communications and helps parents learn to set appropriate boundaries with their youth. Parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games, and do family projects. Sessions are highly interactive and include role-playing, discussions, learning games, and family projects.

- **Parent** sessions consists of presentations, role-plays, group discussions, and other skill-building activities.
- **Youth** sessions engage each youth in small and large group discussions, group skill practice, and social bonding activities.
- **Family** sessions use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning to solve problems together.

This scientifically tested curriculum:

- helps parents/caregivers learn nurturing skills that support their children,
- teaches parents/caregivers how to effectively discipline and guide their youth,
- gives youth a healthy future orientation and an increased appreciation of their parents/caregivers, and
- teaches youth skills for dealing with stress and peer pressure.

The program addresses youth risk and protective factors:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive or withdrawn behavior</td>
<td>Positive future orientation</td>
</tr>
<tr>
<td>Negative peer influence</td>
<td>Peer pressure resistance skills</td>
</tr>
<tr>
<td>Poor school performance</td>
<td>Pro-social peer relationships</td>
</tr>
<tr>
<td>Lack of pro-social goals</td>
<td>Positive management of emotions</td>
</tr>
</tbody>
</table>
CFC will also provide Too Good For Drugs, an evidence-based prevention/early intervention program for youth ages 12-17. Skill development is at the core of Too Good for Drugs. The program is designed to mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drug (ATOD) use. The lessons introduce and develop social and emotional skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence.

Too Good for Drugs teaches five essential social and emotional learning skills, which research has linked with healthy development and academic success:

- Setting Reachable Goals
- Making Responsible Decisions
- Bonding with Pro-Social Others
- Identifying and Managing Emotions
- Communicating Effectively

Individual therapy will be provided using a variety of modalities including Motivational Interviewing, Cognitive Behavioral Therapy, and Trauma-Focused Cognitive Behavioral Therapy. The chosen modality will be determined by areas of need identified in the GAIN 1 and the Trauma Checklist.

Family therapy will be provided to families who are identified as needing additional support after participating in the 90-day short-term intervention provided by the Gateway Prevention Therapist. All staff who work with the youth and their parent(s)/caregiver(s) will use a Positive Youth Development and Trauma Informed Care approach.

The Gateway Prevention Therapist will also utilize the Nurturing Parenting curriculum which is a family-centered trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.

**Please see attached Logic Model and Flow Chart of Services**

**Budget/Staffing**

**Staffing Plan**

Oversight for the project will be provided by Dr. Andrea Calabrese, DSW, LCSW, LMSW, CADC, (5% in-kind) Chief Operating Officer. Andrea will ensure that coordination takes place between the Teen Court, Gateway and Behavioral Health divisions to provide a continuum of services to youth, their parents/caregivers and siblings. Andrea will be responsible for collecting program data and outcomes to the county and completing necessary reports. Andrea earned her Doctor of Social Work degree from Rutgers University School of Social Work and her MSW from Hunter College School of Social Work. She is a licensed clinical social worker in New York and a licensed master social work and a certified alcohol and drug counselor in Michigan. Andrea has spent over ten years working in the areas of non profit administration focusing on substance abuse and mental health treatment as well as homelessness and supportive housing. She is a master trainer and curriculum
developer who has spent many years training and educating social service staff in the areas of homelessness, addiction, emotional and behavioral health concerns as well as team building, and supervision.

**Teresa Stokes, JD, MA, CADC, (10%)** serves as the Behavioral Health Services Coordinator at Child and Family Charities. She will provide supervision for the Behavioral Health staff and serves as the Coordinator for the Mid-Michigan Trauma Collaborative. Teresa has experience providing substance abuse and mental health case management. She has experience utilizing different therapeutic approaches including: strength based, reality therapy, CBT, MRT, and eclectic approach. Teresa has created master treatment plans with clients, provided case management, organized goals and priorities, and documented all service points and encounters. She has advocated for clients in court proceedings and legal matters. Teresa has completed substance abuse and mental health assessments and diagnosis during intake process, and reviews. Facilitated women’s groups, acupuncture and psychoeducation groups.

**Jaynaya James, MSW, Juvenile Justice Director (10%)** will be responsible for supervision of the Teen Court Case Manager who will be providing direct services to youth and their parents/caregivers. Jaynaya rejoined CFC in July 2017 as the Division Director of Juvenile Justice. Formerly she was the Clinical Case Manager for Teen Court and worked for the Lansing School District as a Student Support Specialist for the Office of School Culture. In addition, she spent nearly 20 years with the State and Federal Legislature. She has engaged with elected officials, area attorneys and school district officials to speak to youth about the programs she oversees. She has worked intensively with school officials to assure the needs and supports were in place for youth who have received school code of conduct violations as well as those who need additional support services in the schools. As a previous Clinical Case Manager and Street Law Instructor, she has brought that knowledge and experience which she shares with the staff.

**Jennifer McMahon, Gateway Youth Services Division Director, (10%)** will supervise the Gateway Family Therapist. Jennifer has been with Gateway since 2007. She holds a Master’s Degree in Public Administration from Saginaw Valley State University.

**Amy Warr, Program Assistant Teen Court (10%),** will be responsible for assisting with the logistics, data collection and partial facilitation of the Strengthening Families Group. Amy currently holds a BSW from Spring Arbor University.

**Behavioral Health Therapist, To Be Hired, (100%)** Master’s level trained therapist who will conduct the GAIN CORE 1 and determine the level of substance abuse and mental health treatment that the youth will require. The Behavioral Health Therapist will provide individual mental health and substance abuse therapy to the youth and will provide family therapy if needed.

**Juvenile Justice Case Manager, To Be Hired, (100%),** Bachelor’s level trained individual who has experience working with youth and families who are in crisis. The Case Manager will complete the GAIN Short Screen with the youth and will make referrals to the Behavioral Health Therapist. The Teen Court Case Manager will be trained in the Strengthening Families curriculum and the Too Good For Drugs curriculum and will provide these evidence-based programs to youth and families.

**Gateway Prevention Therapist, To Be Hired, (100%),** Master’s level trained therapist who will provide short-term (up to 90 days) interventions to families. The Gateway Youth Services Therapist will work with families to identify basic needs, community resources and to reduce the risk of out-of-home placement by improving family communications and youth/family relationships.

In addition to position specific training, training in cultural competence and human diversity will be provided to each new staff member within 90 days of hire and annually thereafter. In the training staff gain knowledge and
skills to meet the needs of clients of a different race, ethnicity, nationality, age, socio-economic status, and/or religion/spirituality.

**Detailed Program Budget**

**Eaton County Proposal Budget for Behavioral Health**

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<th>Details</th>
<th>Cost</th>
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<tbody>
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<td>10% Coordinator</td>
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<td>Fringe Benefits @30%</td>
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<td>Supplies &amp; Materials</td>
<td>Therapeutic supplies (games, art supplies, books)</td>
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<tr>
<td></td>
<td>Transportation calculated by $10 gas card for 12 weeks x 20 individuals</td>
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<tr>
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**Eaton County Proposal Budget for Juvenile Justice**

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<tr>
<td>Rent for office space</td>
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<td></td>
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**Eaton County Proposal Budget for Gateway Youth**

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### Fringe Benefits @30%

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**TOTAL** $63,529

**Total Indirect Cost @10%** $6,352

**Total All Expenditures** $69,881

### Intended Outcomes & Measures

**Outputs**
100 youth will be screened for mental health concerns and substance use/abuse using the GAIN short screen
80% of youth screened will be referred for a full GAIN Core 1 substance abuse/mental health assessment
60 youth will receive substance use disorder and/or mental health treatment
15 families will participate in Strengthening Families workshop series
75 youth will participate in Too Good for Drugs workshop series
40 families will participate in developing a Family Service Plan and will participate in family therapy.

**Standard Measurement Instrument to be Used**

CFC will use the following instruments:

1) **PARTI-Parent Attitude About Raising Teens Inventory**- The PARTI is a norm-referenced inventory designed to assess the parenting beliefs of parents and their teens ages 13-18 years. Responses to the PARTI provide parents and their teens an opportunity to compare their beliefs regarding issues that define adolescence. The goal is twofold: 1) for parents and teens to have open and frequent discussions about the issues teens face and the expectations the parents have for their teen son or daughter and, 2) to negotiate their different views by compromising and finding resolutions that everyone can support.

2) **GAIN Short Screener**-The GAIN-SS screens for mental health concerns and substance abuse issues.

3) **GAIN Core 1**-is a comprehensive bio-psychosocial assessment designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program planning and economic analysis. It is designed to be used primarily in clinical settings.

4) **Trauma Checklist (Youth and Child)**-is used to identify trauma youth have experienced or witnessed including domestic and sexual violence.

5) **Reunification Matrix**-measures youth status on a number of domains: housing status, family conflict and relationships, safety in the home, school, academics, age appropriate life skills, age appropriate decision making, peer conflict and relationships, stress management, communication style, community involvement, transportation for youth and family, legal issues, engagement in services, access to food, access to health care, health, pregnancy, mental health and substance abuse.

6) **The AAPI-2.1** is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors...
of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2.1 is the revised and re-normed version of the original AAPI first developed in 1979. Responses to the AAPI-2.1 provide an index of risk in five specific parenting and child rearing behaviors:

- Construct A - Expectations of Children
- Construct B - Parental Empathy towards Children’s Needs
- Construct C - Use of Corporal Punishment
- Construct D - Parent-Child Family Roles
- Construct E - Children’s Power and Independence

7) Too Good for Drugs-Student Knowledge Test-measures a student’s knowledge about the impact of tobacco, alcohol and marijuana use. Also measures knowledge about goal setting, decision making, peer pressure and healthy relationships.

8) Too Good For Drugs-Student Survey-measures a student’s beliefs, attitudes and efficacy related to relationships, goal setting, making good choices, peer pressure, tobacco, alcohol and marijuana use.

9) Strengthening Families-Youth Pre and Post Survey-measures youth attitudes about parenting, decision making and peer relationships

10) Strengthening Families-Parent/Caregiver Pre and Post Survey-measures parent/caregiver changes in attitudes, communications and behavior related to parenting

**Expected Statistical Change**

The expected statistical change that we will see through these measurements would be that 75% of the youth completing the Too Good for Drugs curriculum would actively and readily employ drug and alcohol refusal skills. Also, 80% of families who have completed five or more session of the Strengthening Families program will report an increase in their quality bonding time as well as utilizing ways to effectively communicate with each other. Youth who are admitted to substance abuse or mental health therapy will reduce their use of drug or alcohol by 50% and will increase their positive skills by 75% through the use of TF-CBT, CBT and Motivational Interviewing. Through the use of the Nurturing Parenting Curriculum, the Reunification Matrix Model and the PARTI screening it is expected that 75% of parents and youth will improve on their relationships, communication, basic needs and family roles and expectations.
Request for Proposal
Eaton County Board of Commissioners
from the Capital Area College Access Network
April 2019

The Capital Area College Access Network (CapCAN) mission is to increase the college attainment rate of citizens particularly those who are low-income, first generation, and students of color from Eaton and Ingham counties. This is accomplished through a community collaborative network dedicated to developing a college going culture and school-based support for college readiness, participation and completion. Eaton stakeholders joined the CapCAN Board of Directors in May of 2018 to collaborate and leverage resources across the region, and scale into the Eaton RESA service area for the 2018-19 school year.

Target Population
Approximately 1,000 high school students in Eaton RESA will receive one on one college advising services. Court-involved graduating seniors will be assigned to receive one on one college and career coaching services.

Program Description
CapCAN will work among our network of high-quality strategic alliances in business, education, community and civic organizations in the region to build the college access infrastructure and systems necessary to support Eaton children and families through the postsecondary process to achieve degree attainment. CapCAN’s focus on post-secondary attainment is directly aligned with the focus on prevention, basic needs and economic development of Eaton County youth by enhancing their educational and economic opportunities. Services will be provided during 2019-20 school year.

CapCAN will provide a wide- array of college and career navigation services to youth in Eaton County to prevent juvenile crime and recidivism, and support college attainment and talent development. CapCAN will support a team of college advisors to assist juniors and seniors in local high schools and the career center to
- Create a college-going culture
- Provide college navigation including college planning, FAFSA financial aid and scholarship completion, and
- Implement an array of events including college tours, fairs, and knowledge seminars.

Seniors will receive one on one college advising services. Juniors and seniors will be eligible to participate in college visits. The entire high school student population in the Eaton RESA service area will receive post-secondary educational information in the form of classroom presentations, parent and student workshops, participate in a career-focused college fair, and access online and social media resources.

Court-involved students referred by the Trial Court- Family Division will meet with CapCAN’s Pathway to Potential College and Career Coach. The Coach will conduct a needs assessment and meet with them to determine their college or career plan and facilitate transitional referrals to community services including Capital Area Michigan Works, Michigan Rehabilitation Services, and other relevant partners.

CapCAN has initiated a rural college access project to review national data, trends, and best practices in rural college access. The rural project will impact 4 of the 5 local school districts in the Eaton RESA service area including: Charlotte, Eaton Rapids, Maple Valley, and Potterville.

Budget and Staffing

Staffing Plan: CapCAN hired a School Liaison/Program Manager, Ashley Justice, to serve high schools in the Eaton Regional Education Service Agency (RESA) in 2018-19 school year. Ms. Justice supports the two current college advisers in three high schools: Eaton Rapids, Maple Valley, and Relevant Academy. She provided college access support including college and career workshops, application assistance, and FAFSA completion for Grand Ledge, Charlotte and
Potterville High Schools, and the Eaton RESA Career Center. She coordinated the 1st career-focused college fair in Eaton County for nearly 500 juniors at Lansing Community College West Campus.

In 2019-20, Ms. Justice will supervise a new AmeriCorps VISTA who will be assigned to provide college advising services to Charlotte, Potterville, and Eaton RESA Career Center. The Pathway to Potential Initiative (PPI) College and Career Coach will work with disconnected youth, age 16 to 24, including those youth who are court-involved, to assess their college and career goals and needs, and facilitate transitional resources to help the young adults be successful reengaging with work or school. The PPI coach, Jeffrey Dole, is a retired high school teacher, work-based learning coordinator, and K-12 administrator.

The staff is supervised by the Executive Director. CapCAN’s executive director, Michele Strasz, has over 30 years of experience designing and implementing community-based programs in child welfare, prevention, and school-based services.

**Detailed Program Budget:** CapCAN is requesting $10,000 from the Eaton County Commission to be used as matching funds for contributions from Eaton RESA ($50,000), the General Motors Foundation, ($50,000) and local school districts ($20,000) to support the expansion of an additional College Adviser dedicated to serve Charlotte, Potterville, and Eaton RESA Career Center for the 2019-20 school year, and extend Pathway to Potential services to young adults in Eaton County.

*(See Attached Budget)*

**Intended Outcomes and Measures**

The overarching goal of the Capital Area College Access Network is to increase college attainment in Eaton County to 60% by 2030. The college attainment rate has increased from 38% to 39% of adults, age 25-64, who have obtained a postsecondary degree or credential over the past year. The talent crisis in Michigan is looming with an aging population and lack of qualified candidates in key industries in the capital area such as advanced manufacturing, insurance, health care and information technology. The state estimates that 70% of all jobs will require a postsecondary degree or credential by 2020. The Eaton County college readiness and attainment rates are lower than the state average. Only 17% of students are free and reduced lunch in Eaton are considered college ready. Sixty-five % of local graduates are enrolled in college after high school, including only 50% of graduates who received free and reduced lunch.

**Intended Outcomes:**
1. Increase the percentage of high school graduates who enroll in post-secondary educational institutions or credentialing program within one year of graduation.
2. Increase college advising capacity in area high schools to create a college going culture.
3. Raise awareness of the community about programs and services that will increase college readiness, participation, and completion.
4. Reduce the number of young adults, age 16 to 24, who are disconnected from work and school.
5. Increase financial readiness and capacity of rural residents to pursue post-secondary education.

*Objective 1:* Increase FAFSA completion and reduce verification

*Objective 2:* Increase utilization of the Tuition Incentive Program (TIP) by rural low-income students

**How is program success measured?** The college advisers and counselors track the:
1. Number of students who have submitted 1 or more college applications
2. Number of families who have submitted FAFSA financial aid forms
3. Number of students who have received 1:1 college and career advising
4. Number of students who have committed to attending a post-secondary institution at the end of the school year.

CapCAN will also be conducting a youth survey and community stakeholder focus groups to gather information about baseline college knowledge and motivation of students and families; and determine some meaningful engagement and interventions to improve college readiness, participation, and completion in Eaton County.
CapCAN is in the process of compiling the data from the high schools for the 2018-19 school year. As of May 1, 2019, the three college advisers at Eaton Rapids, Maple Valley and Relevant Academy reported that:

- Total seniors receiving college advising services: 264
- Total number of one on one advising sessions: 1481
- College Applications completed: 545
- FAFSA completion: 41.2%
- FAFSAs assisted by college advisers: 69
- Total number of college visits: 7
- Juniors and Seniors that attended at least 1 college visit: 64
- Eaton RESA students attending career-focused college fair: 494

CapCAN will begin to measure this data at all of the Eaton RESA service area high schools to develop baseline data and lay the foundation to monitor trends.
# CapCAN Executive Committee

**July 1, 2019-June 30, 2020**

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| Total Expenses                               | 275,540 |
| Total Revenues                               | 292,000 |
| Total Expenses                               | 275,540 |
| Increase (Decrease) in Net Assets            | 16,460  |
| Prior Year Excess Net Assets                 | 4,998   |
| Increase <Decrease> in Net Assets            | 16,460  |
| Net Assets Available                         | 21,458  |
| General Reserve Requirement (25% of Budget)  | 68,885  |
| Excess (Shortage) in General Reserve         | (47,428)|
Date: 5/23/19  
To: Eaton County  
Requester Organization: Barry Eaton District Health Department  
Re: Juvenile Justice Millage  
Contact Person: Colette Scrimger, Health Officer- cscrimger@bedhd.org

STATEMENT OF NEED/ INTENDED YOUTH POPULATION

The Barry-Eaton District Health Department is committed to implementing evidence based and cost effective prevention, early intervention, and treatment programs for adolescents in Eaton County. These programs are designed to promote healthy youth development by preventing out of home placement for youth and/or entry into the criminal justice system. Historically, these programs have included Youth Photo Voice, CHOICES, various health/mental health awareness campaigns, mental and physical health education that includes alcohol, drug and tobacco use prevention, as well as outpatient and community based early intervention and treatment services for youth and families.

One particular area of concern is the increase in youth substance use over recent years. According to local Miphy data, Eaton County teen substance use is generally increasing from year to year. A variety of substances are being used by adolescents at higher rates each year including nicotine, alcohol, marijuana, and non-prescribed opioids. This is concerning because the majority of those who have a substance use disorder as an adult started using before age 18 and developed their disorder by age 20 (NIDA).

Come national studies have shown that up to 80% of youth who need professional help related to substance or mental health concerns don’t actually receive it. The Eaton Behavioral Health Division (EBH) is specifically working to address this issue and engage youth and families earlier and for longer periods of time to increase health outcomes for at risk individuals.

PROGRAM DETAIL/PROJECT NARRATIVE

EBH is licensed to provide Integrated Substance Use Disorder and Mental Health treatment services to adolescents in the State of Michigan. EBH is certified as meeting all American Society of Addiction Medicine (ASAM) standards and requirements for early intervention, outpatient and intensive outpatient service levels. This information can be verified through the Michigan Department of Human Services Website. EBH’s adolescent drug, alcohol and mental health treatment services are also accredited through The Commission on Accreditation of Rehabilitation Facilities (CARF).

Early intervention sessions are done on an individual basis and often incorporate a referral to the CHOICES group prevention/early intervention program through Eaton RESA. When youth are diagnosed with a substance use disorder or meet medical necessity standards for treatment, they will be recommended for a higher level of care than early intervention. Most youth receive at least an outpatient level of care which is anywhere between 1-
5 hours of treatment services per week. Each adolescent has an individual treatment plan that identifies the treatment modalities, interventions and services best suited to address their unique clinical profile and needs.

The EBH adolescent therapy groups (also known as teen groups) were added in FY 19 and are offered on two different days and times for 2 hours each. Individuals meeting the outpatient or intensive outpatient placement criteria are allowed to participate and typically recommended to do so. Case Management and Acupuncture are also offered as adjunct treatment services.

A typical youth IOP program consists of participation in at least 6 hours of therapy per week consistent with ASAM guidelines in the form of group, individual and family therapy services. IOP level of care was added in FY 19 to fill a service gap for the county where previously the only options for youth substance use treatment were either out of county residential treatment or 1-2 hours per week of therapy at EBH, at the Youth Facility, or another private outpatient agency.

EBH is seeking funding to purchase materials to support its Behavioral Health Therapists in providing effective, evidence based prevention and treatment with the youth and families served. EBH Teen Therapy Groups incorporate an Adventure Based Counseling (ABC) component to increase positive treatment outcomes when used with Cognitive Behavioral Therapy and Motivational Interviewing modalities. Adventure Based Counseling acknowledges the therapeutic value of incorporating elements such as play, togetherness, self-reflection, perceived risk and use of the metaphor to build “bottom up awareness” and allow one to put their treatment plan into “action”. Clinical research supports the efficacy of ABC with youth as they are naturally drawn to experiential activities that satisfy their intrinsic need to test boundaries and take risks. It has been used for both prevention in non-clinical settings as well as in substance use disorder and mental health treatment programs. ABC captures many general principles of substance use prevention and recovery such as building efficacy in the areas of asking for help, awareness of self and others, problem solving and building supportive relationships. Source: Straus, Barney (2018) Adventure Based Counseling With Groups. Rowman & Littlefield Publishing Group, Inc. pages 143-148.

If awarded, the Juvenile Justice Millage would be used to purchase supplies associated with their teen therapy programs. Staff salary and benefits is not included in this proposal.

Supplies would include:
- Adventure Based Counseling/Therapy Supplies
- Notebooks for journaling and binders for youth that contain program materials.
- Incentives such as $5-$10 gift cards, pizza parties and trinkets to increase participation and engagement.
- Hazelden Matrix Model for IOP with Adolescents and Youth
- “The Matrix Model for Teens and Young Adults” provides a proven, evidence-based, flexible Intensive Outpatient Program (IOP) for alcohol and drug treatment that works for people between the ages of 13 to 25. It uses cognitive-behavioral therapy (CBT), and motivational interviewing (MI) to teach patients to analyze events and change thoughts, behaviors, and lifestyle related to alcohol and other drug use.” [https://www.hazelden.org/store/item/507137](https://www.hazelden.org/store/item/507137). At EBH, the Hazelden Matrix Model will be adapted for use in conjunction with ABC elements and individualized treatment and intervention approaches.
ESTIMATED COST DETAIL:

Hazelden Curriculum: $700  
Adventure Based Counseling/Therapy Supplies: $500  
Youth Incentives: $800  

**Total: $2,000**

OUTCOMES AND MEASURES

Generally, EBH is hoping to engage as many youth as possible before they are involved with criminal justice system. Early intervention can reduce the rate of teens developing substance use disorders and reduce the rate of individuals becoming involved with the criminal justice system as a result of their substance use. EBH is also seeking to increase the average length of treatment episodes with youth as this is correlated with higher rates of sustained change. The rate of reported substance use while in services will also be measured as well as successful completion rates of the individualized treatment programs.

Objectives:

EBH will increase the number of youth served outside of the criminal justice system from FY 19 to FY 20
- Measured through electronic health record

EBH will increase the total number of youth served from FY 19 to FY 20
- Measured through electronic health record
- Ability to meet this objective may be impacted when the Youth Facility and Adolescent Drug Treatment Programs begin to utilize a different contracted agency to provide services to youth ordered to these programs.

EBH will increase the average length of stay of youth who begin a treatment program from FY 19 to FY 20
- Measured through electronic health record

EBH will increase the percentage of youth who successfully complete their individualized service plan/program from FY 19 to FY 20
- Measured through individualized service plans and reported via tabulated discharge summary statistics.

EBH will increase the percentage of youth who reportedly have maintained sobriety, achieved sobriety and/or had less than 2 episodes of substance use during treatment from FY 19 to FY 20.
- Measured through tabulated discharge summary statistics in the electronic health record.
- Collateral information from parental, probation or school drug testing will be utilized as available.