Component Detail Report (DHS-2094)

Michigan Department of Health and Human Services (MDHHS)
Children's Services Agency
Genesee County for October 01, 2026 through September 30, 2027

Facility Name	Component Type
Genesee County Juvenile Justice Center	Facility **Facility Type:** Juvenile Detention Center
Address	**Telephone Number**
4287 Pasadena Ave., Flint, MI 48504	(810) 733-3820

Administrative Unit: Court

Direct Facility Workers
Please certify who the direct facility workers are specially employed by:
☐ County ☑ Court

A. Personnel

Expenditures	Yearly Cost
Management staff of Facility	$701,443.52
Direct Service staff of Facility	$1,770,280.58
Mental Health staff of Facility	$0.00
Support staff of Facility	$186,690.54
Janitorial/Maintenance staff of Facility (includes facility/grounds staff)	$0.00
Kitchen staff of Facility	$0.00
Security staff of Facility	$0.00
CCF - Circuit Court staff	$0.00
Fringe Benefits	$1,007,739.28
Total Personnel	$3,666,153.92

B. Operational Support

Expenditures	Yearly Cost
Copy Machine Charges	$4,884.00
Janitorial Supplies	$16,800.00
Kitchen Supplies	$15,000.00
Laundry Supplies/Service	$2,500.00
Linen Supplies	$1,500.00
Mattress, Box Springs, Bed Frames	$2,500.00
Meals for Staff while Supervising Youth	$65,000.00
Membership Dues/Fees	$450.00
Mileage	$1,000.00
Office Supplies	$9,276.00
Periodicals/Books	$0.00
Phone Landlines/Cell Phones/2-Way Radios	$24,100.00
Printing, Binding, Postage	$3,300.00
Recreational Supplies/Programs/TV	$4,000.00
Staff Training	$10,000.00
Utilities	$247,800.00
Total Operational Support	$408,110.00

C. Basic Needs

Expenditures	Yearly Cost
Clothing	$13,200.00
Education costs	$113,000.00
Food	$315,400.00
Hygiene Supplies for children (Shampoo, Soap, Toothpaste)	$14,500.00
Total Basic Needs	$456,100.00

D. Services

Expenditures	Yearly Cost
Birth Certificates	$0.00
Contracted Personnel, Programming, and/or Services	$40,850.00
Drug Testing	$0.00
Incentives for Youth	$0.00
Interpreter Fees (Non-Judicial)	$0.00
Medical, Dental, Psychological	$169,500.00
Non-Scheduled Payments	$0.00
Total Services	$210,350.00

E. Service Component Facility

(Add Totals for A, B, C and D above)	Total Facility Cost	$4,740,713.92

F. Program Specific Information

1. Component Status			
☑ Continued	☐ Terminated	☐ Revised	☐ New

G. Facility Rate Types

What Type(s) of rate is accepted at the facility? Please select all that apply.

1. Per Diem	
Per Diem Details	**Amount**
Detention	$240.00
Group Care / Residential Treatment	$395.00
Shelter Care	$0.00

2. Subsidy Agreement ☐
Selected Counties:

Rule 400.2024(d) Subsidy Payments to a facility operated by another county to assure the availability of bed spaces if approved.
Rule 400.2021(e) defines "subsidy payment" as "payment to assure the availability of bed space for placement referrals."

3. Other ☐

Explain:

H. Proration of Expenditures

Completion and submission of this form with an Annual Plan and Budget indicates the county/court's understanding that proration of expenditures are required when non-reimbursable expenditures exist (for example: court rooms, etc.).

Please provide the county/court's specific methodology for prorating CCF costs for operating the facility(ies).

A double step-down allocation procedure is used to distribute costs among central services and to other departments that receive benefits. The double step-down procedure initially requires a sequential ordering of departments. Department indirect cost allocations are then made in the order selected to all benefiting departments. To insure that the cross-benefit of services among central service departments is fully recognized, a second step-down allocation for each central service department is made.

I. Describe the programming and services offered during placement in the facility

The Genesee County Juvenile Justice Center (GCJJC) is a licensed court-operated facility for the purpose of supporting justice and public safety. We provide short-term programming for youth who are court ordered into the GCJJC pending disposition on their court case. The daily program day is structured from morning through the evening with school every weekday followed by structured recreation and 90 minute group meetings. Genesee Health Systems provides a MSW who provides mental health support and training, and a psychiatrist for two hours a week. The staff are trained in Core Correctional Practices and CHOICES which are evidenced-based cognitive behavioral interventions through the University of Cincinnati Corrections Institute. The facility also offers medical and nursing services. Youth Arts Unlocked offers an art program for the youth. Education services and provided through Mt. Morris Consolidated Schools. Food services are provided through Variety.

Community-based services are for (1) youth under the jurisdiction of the court or likely to come within the jurisdiction of the court, or (2) the services are to prevent or are an alternative to out-of-home care or will expedite a return home.
A written complaint, referral, or petition has been received and accepted by the court, or a complaint, referral, or petition has been received from the local prosecutor, law enforcement, parent/guardian, or authorized school personnel.
Programming is consistent with best, promising, culturally appropriate, or practice-based evidence.
Youth have been either court ordered to participate in the services or have a signed agreement to participate.
Youth may simultaneously participate in several services in the component.
A case plan, consent calendar plan or diversion agreement has been developed from the results of the approved screening and assessment tools, and identifies goals, level of supervision and caseworker contact required.
The court or tribe utilizes researched-based juvenile probation standards as developed and approved by the State Court Administrative Office.
Caseworkers supervise youth in diversion, on consent calendar, on formal probation, or in residential placement to coordinate needed services with placement, to monitor progress in treatment, maintain contact with the youth, report progress to the court and assist in discharge planning and in coordinating re-entry services. Contacts are outlined in the diversion agreement, consent calendar plan, or case plan.
The court or tribe contracts with or employs a local quality assurance specialist or uses a quality assurance plan.
None of the expenditures are for judicial costs. Not eligible for youths 10 years or younger.
If applicable, Court-Appointed Special Advocate (CASA) program and adheres to all national or Michigan CASA policies and standards as evidenced by the Certificate of Membership granted by Michigan CASA.

1.) Describe if the primary purpose(s) of the program, is the program for diversion, consent calendar and/or formal probation, specific program interventions, treatment approaches, any curricula to be used.

The primary purpose of the program is to provide for early intervention to treat problems of delinquency for youth that are under court jurisdiction, or who are at risk of coming under the jurisdiction of the court through diversion, consent calendar and/or formal probation. Depending on the outcome of a Risk & Needs Assessment and a Mental Health Screen, specific evidence-based interventions, treatment approaches and curricula will be put in place. Examples of the programs utilized are:

Multi-Systemic Therapy (MST) which includes specialized tracks for Substance Abuse Treatment (MST-SA) and for Problem Sexual Behaviors (MST-PSB).
Intensive Family Support Services (IFSS)
Intensive Home-Based Therapy
Moral Recognition Group Therapy (MRT)
Family Function Therapy (FFT)

2.) State how the program is consistent with best, promising, culturally appropriate, or practice-based evidence.

Most of the above listed programs are nationally recognized as evidence-based best practice models for high risk/high need youth and families.

3.) Which SCAO-approved risk screening tool are you using?;

YLS/CMI Short Form (Youth Level of Service/Case Management Inventory)

Which SCAO-approved mental health screening tool are you using?

MAYSI-2 (Massachusetts Youth Screening Instrument)

Which SCAO-approved risk assessment are you using?

YLS/CMI (Youth Level of Service /Case Management Inventory)

Explain the risk domain(s) targeted, and how the program will be responsive to identified strengths, risks, and needs. (e.g., diversion agreement, consent calendar plan, case planning developed from tools)

The domains targeted are Family & Parenting, Education & Employment, Peer Relations, Substance Abuse, Leisure and Recreation, Personality & Behavior, and Attitudes & Orientations.

4.) State that staff or designated person conducting screens and assessments are properly trained and certified.
All 11 Social Service workers have received training on the YLS/CMI, the YLS/CMI Short Form and MAYSI-2. Additionally, 8 Social Service Workers and 1 Casework Supervisor are certified to administer the MJJAS Detention Screen.

5.) Describe how youth are admitted/referred to the program, the frequency of contact with program participants, the caseworker who will be completing the contacts and average duration of services (or range) from intake to completion.

After the YLS/CMI Short Form and MAYSI-2 are conducted a youth may be referred to programming through diversion or consent calendar based on the score of the YLS/CMI Short Form and review of the MAYSI-2. The Social Service Worker would make the referral and monitor the case at a high level while an employee of the agency the youth/families are referred to would have more regular contact with the client(s). It is expected that diversion or consent calendar would last approximately 3 months but could be continued for an additional 3 months if services need more time to be completed. After the charges are resolved and it is determined a youth will be placed on formal probation, the Social Service Workers complete the full YLS/CMI, review the MAYSI-2, and gather background information from the youth and his/her parents or guardians and come up with some attainable goals for the youth to accomplish during a probationary term. The Social Service Workers would make referrals to the appropriate agencies that target the risk domains identified int eh YLS/CMI and/or mental health needs identified in the MAYSI. Depending on the YLS/Risk score, the Social Service Worker will minimally see a youth 0, 1, 2, or 4 times a month while a service agency would have more regular contact with the youth/families. It is expected that formal probation would last approximately 6 months but could be continued longer for the youth/families to complete services. One main exception to the duration of services would be for most sex offenders as sex offender treatment normally lasts at least 9 months.

6.) The method to collect, track, maintain, and report data.
The Court employs a Juvenile Services and Compliance Manager to provide quality assurance consulting and to assist with the collection, tracking and reporting out of date. The Cour has transitioned to YouthCenter, from Global Vision Technologies, for case management software that collects data on YLS/CMI scores, program history data and recidivism checks. Additionally, spreadsheets are kept for diversion, detention screens and formal & consent calendar cases that further identify YLS/CMI, MAYSI-2 and detention risk levels and scores.

AUTHORITY: Act 87,Public Acts of 1978, as amended. COMPLETION: is Required. PENALTY: State reimbursement will be withheld from local government	Michigan Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.

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Service Component (Full Title/Name)	Component Type
Day Treatment	In-Home Care

A. Personnel

Administrative Unit: ○ MDHHS ⊙ Court

1. Salary and Wages

Name(s)	Job Title	Hours/Week	Yearly Cost
Timothy Thomas	Integrated Services Manager	40.00	$57,932.03

2. Fringe Benefits

FICA	$4,431.80
Dental	$1,537.20
Optical	$129.84
Health	$21,660.48
Life Insurance	$420.12
Workers Compensation	$868.98
Unemployment	$115.86
Retirement	$4,634.56
Total Personnel	$91,730.87

B. Program Support (For employees identified in "A" above)

1. Travel	Rate/Mile	Estimate No. of Miles	Yearly Cost

2. Supplies and Materials (Description/Examples)	Yearly Cost
Telephone	$600.00

3. Other Costs (Description/Examples)	Rate/Unit	Yearly Cost

* Must comply with the definitions and limits listed for court operated facilities in the Child Care Fund Handbook.

Total Program Support $600.00

C. Contractual Services

1. Unit Rates

Name(s)	Rate	Unit Type	Total Units/ Contract	Yearly Cost
Cole Williams - Parent/Family Support	$220.00	Session	90.00	$19,800.00

2. Closed End Contracts	
Genesee County Sheriff - Behavioral Support Specialist	$89,707.00
Rite of Passage	$585,000.00
Mt. Morris Consolidated Schools	$140,000.00
Youth Arts Unlocked	$20,000.00
Transportation Services Provider	$50,000.00
Variety Foods	$25,200.00
InvolvedDad	$30,000.00
Total Contractual	$959,707.00

D. Non-Scheduled Payments

Type of Service (Description)	Anticipated No. Units to be Provided	Average Cost of Each Service Unit	Yearly Cost
		Total Non-Scheduled	$0.00

E. Service Component - In-Home Care or Basic Grant

(Add Totals for A, B, C, and D above)	Total Service Component Cost	$1,052,037.87

F. Public Revenue:

If you plan to fund any portion of this service component with other public revenue including other Child Care Funds or Basic Grant monies, or if this component is generating revenue (i.e. third party payments) specify the following:

SOURCE	To Be Provided	Yearly Cost
	Total Public Revenue	$0.00

G. Subtract Total Public Revenue from Total Service Component Cost (E-F)

Total Cost to Basic Grant, Net Anticipated IHC Matchable Expenditure (Gross Costs Less Other Revenue)	$1,052,037.87

H. Program Specific Information:

1. Component Status

☑ Continued ☐ Terminated ☐ Revised ☐ New

2. Target Population(s) Served - Check all that apply.

A. Children Under Jurisdiction of Court

☑ Delinquent ☐ Neglect

B. Children NOT Under Jurisdiction of Court

☑ Written Complaint ☐ CPS Category I or II ☑ Children likely to come under Jurisdiction of the Court

3. Area(s) of Intended Impact - Check primary area(s) only.

A Reduction In:

- ☑ Number of Youth Petitioned
- ☑ Number of Adjudications
- ☐ Number of Days of Family Foster Care
- ☑ Number of Days of Out-of-Home Detention
- ☐ Number of Days of Shelter Care
- ☑ Number of Days of Residential Treatment Care
- ☐ Number of State Wards Committed (Act 150 & 220)

4. Service Focus - Check all that apply.

- ☑ Provide early intervention to treat within the child's home
- ☑ Effect early return from foster or institutional care

I. Program Description - Must be completed for all components, except those being terminated, each year.

The Genesee County Juvenile Justice Center (GCJJC) Youth Empowerment Program (YEP) exists to provide youth with a safe, structured, and restorative environment that promotes healing, accountability, and personal growth. Rooted in trauma-informed care and evidence-based practices, our mission is to deliver intensive supervision and holistic services that support successful reintegration into the community. The Program is designed for and equipped to provide services to moderate-to-high risk delinquent youth (as measured by the Youth Level of Service/Case Management Inventory YLS/CMI) between the ages of 14-18. Admitted youth will receive educational services, behavior management services, meals, transportation, after-hours support, recreation time, and a variety of therapeutic services.

The Y.E.P. will use a level system to provide a structured system for measuring progression toward treatment goals. Movement through each Level will be driven by the completion of level requirements, the student's behavioral compliance, and completion of individual plan (IBP) tasks containing selected evidence-based practices to address criminogenic needs associated with the risk to reoffend, if applicable, and the prosocial application of those tasks in the daily milieu. Reasonable accommodation will be made to assist a child with a disability to progress through the different level systems except when such accommodation causes undue hardship.

Delinquency is associated with poor school performance, truancy, and leaving school at a young age (Elliott et al., 1978; Elliott and Voss, 1974; Farrington, 1986b; Hagan and McCarthy, 1997; Hawkins et al., 1998; Huizinga and Jakob-Chien, 1998; Kelly, 1971; Maguin and Loeber, 1996; Polk, 1975; Rhodes and Reiss, 1969; Thornberry and Christenson, 1984). Its critical that youth on probation are provided an opportunity to be educated, to earn credit toward their high school diploma, or earn their GED. We provide academic intervention to increase study habits and make up lost credit, combining traditional classroom learning with digital instruction.

The Evening Learning Center, an evening reporting program offered through Rite of Passage, provides extended hours of structure and supervision to youth with a moderate or high-risk score on the YLS and may need additional support in the community during the high-crime after-school and evening hours from 3:30 to 8:30 PM. Evening reporting centers have been successful at diverting youth from secure detention. In a recent statistical report on alternative to detention programs, the National Council on Crime and Delinquency analyzed 183 cases admitted to the evening reporting centers and concluded that over 60 percent would have been admitted to secure detention if the evening reporting center program were not in place.

A. Program Goals

Goals of the Day Treatment Y.E.P. are as follows

a) Reduce Recidivism: implement strategies to reduce the reoffending rate of admitted youth that not only focus on behavioral adjustments, but on emotional and psychological maturation
b) Behavioral Development: foster a supportive environment that encourages personal growth and positive behavior by utilizing Cognitive Behavioral Therapy (CBT) models, de-escalation techniques, and trauma-informed care
c) Improve educational outcomes: improve academic performance and engagement
d) Improve Communication and Collaboration: reduce friction between various Juvenile Justice stakeholders such as probation, detention, and the court
e) Increase Community Awareness and Involvement: improve community perceptions of and positive involvement with the JJC through the development of relationships and partnerships that are available to support the youth within and outside of JJC

Two Pillars of YEP

A. Academic Intervention

Educational services will be provided by Mt. Morris Consolidated Schools.

The educational component is available in the Day Treatment program to youth ages 14-18, that have a moderate to high-risk score on the YLS, and/or have been expelled or suspended from their district school and have been deemed appropriate for community-based treatment. The minimum length of an instructional school day is 5.5 hours.

Students receive direct instruction in all subjects, including Social Studies, Math, Language Arts, Health/Fitness, and Science.

The School District will assign teaching staff to the facility based on a ratio of one teacher per program youth group, with no more than 10 students at a time, with a minimum of two teaching staff to be assigned by the School District.

B. Behavioral Intervention

GCJJC staff (Integrated Services Manager and Youth Specialists) will work alongside Mt. Morris teachers, the juvenile probation

department, and youth caregivers to identify behavioral concerns and implement Individual Behavior Plans (IBP) to address them.

Y.E.P. s behavior change approach is modeled after the National Council Of Juvenile And Family Court Judges (NCJFCJ) four-pronged approach. Our method emphasizes the creation of a strength-based atmosphere to supply support and encouragement, an incentive/reward system to aid in motivation and maintaining momentum, the use of short-term contracts to assist in goal attainment, and reframing misbehaviors within their proper developmental and environmental contexts to ensure appropriate responses.

Individual Behavior Plans (IBPs) are designed to assist youth with intentional mental, emotional, and behavioral development by providing knowledge, resources, and support from DT staff and teachers. It utilizes a strength-based approach to empower youth in their growth and decision making. It consists of:

Strengths assessments from multiple relevant stakeholders, including the youth, their parent/caregiver, their probation officer, and the YEP Treatment Team (GCJJC staff, Mt. Morris teachers, and assigned Sheriffs office support officer). These assessments are intended to identify and build upon what is already working well while shifting the focus from the youth s problems to their strengths;

Behavioral assessments from the same relevant stakeholders, intended to identify the youths negative behaviors that need to be addressed

3 S.M.A.R.T. goals built around the strengths and behavioral assessments, wherein the youth s strengths are leveraged to address the negative behaviors. These goals define the youths requirements for successfully completing YEP.

Staff Training

GCJJC staff training is critical to developing positive relationships with the youth and preventing misbehavior while maximizing safety and security.

Relationships between youth and staff are considered one of the primary ways in which behavior is managed; it is critical for staff to receive training to improve those relationships. Relationships are built on a foundation of trust and trust is developed through active listening, honesty in all interactions, respectful communication, fair and thoughtful responses to youth actions, concern for youth well-being, protection of youth, and teaching youth problem-solving skills. Part of that relationship building also includes developing a comprehensive understanding of each youth, their case, triggers, goals, family dynamics, and other factors. Many of the youth in the Genesee County juvenile justice system have been in the detention program or other services. Clear understanding of the youth, their needs, and the community enhances the services provided. The staff at GCJJC live in and know the community, creating cultural competency within our programs.

Initial staff training for GCJJC requires a minimum of 80 hours of training within the first year. Training hours typically exceed this minimum. This training is typically comprised of three primary areas. The first involves a general overview of the principles of effective intervention, training on theoretical elements of cognitive-behavioral programing, and training and practice using specific CBT tools and techniques, e.g., 1:1 teaching, group facilitation using structured role play, etc.

The second involves programming elements specific to GCJJC. This training includes review of basic program information (program essentials, use of the behavior management system, crisis management, de-escalation of self and others, proper physical restraint training and additional facility-specific elements (e.g., program schedule, safety, and security measures, etc.).

The final session is restricted to staff identified as providers of group management skills, as well as those providing other types of programming (i.e., basic youth specialist skills, day treatment and residential treatment providers.). This session is primarily facilitated by the Clinical Services Manager and entails a review of the development of personal progress plans, structure for individual sessions, and structure for focus groups. Additionally, these staff are trained in the CBT group curriculum, a core cognitive-behavioral curriculum used by the facility, as well as the remaining core treatment curricula. This training is provided to help ensure fidelity to the respective behavior management program.

Ongoing training for staff requires a minimum of 24 hours annually. Training topics covered include, but are not limited to, trauma informed, diversity, CBT programing and group review, agency policies and procedures, mental health, child development/welfare, essential documentation, medication administering, CPR, basic first aid, crisis management, and suicide prevention, as well as boosters on proper and safe methods for use of restraint. Additional topics may be included based upon the needs of the facility, program development, specific program issues, and management of individual youth needs.

Supportive Services

A. Youth Arts Unlocked will offer art classes to the students on-site and during program hours.

The visual art workshops will teach drawing skills with simple tools such as pencil and paper, but they also focus on larger scale

works such as murals, abstract paintings and 3-D projects.

The theater workshops introduce different forms of dramatic expression, develop problem-solving skills, enhance the ability to work in a group, and improve verbalization skills.

For the spoken word poetry workshops, the participants will use historical works by and about notable figures who endured extreme hardship, such as incarceration or oppression. The workshops stimulate critical thinking around themes of acceptance, overcoming adversity, and dealing with the past.

B. The Court will contract with the Genesee County Sheriff to provide a full-time Behavioral Support Specialists who will assist in providing a safe learning environment for the students in the court-ordered Day Treatment program. The Behavioral Support Specialists will be an integral part of the educational team and will assist the educational staff in responding to the behavioral concerns of the students. The Behavioral Support Specialists are also trained in de-escalation techniques, behavior management techniques, responding to mental health crises, and assisting the staff in property searches when required. The Behavioral Support Specialists will also assist in supporting the Individual Behavior Plans of the students, as well as work to restore positive perceptions of and attitude toward law enforcement in the community. The positions will only assist the court-ordered youth who attend the Day Treatment program.

C. Research indicates that participation of family members can improve the effectiveness of community-based and residential programs, as well as during the reentry process (Agudelo 2013).

COLESPEAKS will provide a parenting series, THE PARENT SUPPORT NETWORK, for the Day Treatment program. The parenting series aims to reduce risk factors and strengthen protective factors known to influence the likelihood of the teen abusing alcohol or other drugs, becoming delinquent or violent, or displaying other problem behaviors. The parenting series focuses on strengthening family bonds and establishing clear behavior standards, helping parents manage their teenage childs behavior more appropriately, and, at the same time, teaching parents the importance of managing parental stress, family self-care, and learning healthy parenting skills. In this way, the program seeks to address specific risk factors in the family and peer domains, including drug abuse by a parent or sibling, parental tolerance of drug abuse, poor and inconsistent family management practices, family conflict, lack of family communication, lack of appropriate supervision and association with delinquent and drug-abusing peers. The Parent Support network targets parents whose teens exhibit behaviors such as running away, drug and alcohol use, gang involvement, and community violence. The Parent Support Network was developed with the belief that regardless of a family s circumstances, all parents face inevitable parenting challenges and can benefit from a responsive parenting support program. One major strength of the Parent Support Network is that it brings together parents with similar problems and challenges, which illuminates the isolation that many parents with juvenile justice involvement report. Curriculum content will include:

Family communication skills: Parents Practice and use family involvement skills to develop family expectations and make plans for regular family meetings or family game nights. Families are asked to conduct weekly family meetings to practice the skills learned during the sessions. All subsequent sessions reinforce the use of the communication skills taught during these initial sessions.

Family management skills: Parents Learn and practice how to set clear and specific expectations, monitor expectations, reward positive behaviors, and give appropriate responses to negative behaviors. Parents practice using minimal measures to achieve the desired behavior on the part of their child.

Teaching teens skills: Parents Teach their children two important skills, refusal skills, and problem-solving skills.

Parent Stress Management/self-care plans: Parents will Develop a stress management/self-care schedule to help them identify opportunities throughout their week to create space for daily affirmations, positive self-talk, and mindfulness techniques.

Parenting the addiction versus punishing the child: Parents will focus on Understanding the impact of addiction on children. Parents will create a cookbook of parenting recipes that will feed into trauma-informed strategies that will inform their parenting responses to parent-child conflicts.

D. GCJJC contracts for mental health services with Genesee County Health Services (GHS) to provide numerous services such as, but not limited, suicide risk assessment, brief solution focused therapy, trauma screening, and professional staff training. The GHS mental health consultant offers additional support and insight. They provide insight into the youths functioning, suicidality risk, and relevant information from the youths MAYSI, CATS, and other various screenings. The GHS consultant will also run a Trauma Focused CBT group that teaches youth about the impact of trauma and how to overcome it.

E. University of Michigan (UM) Flint will conduct a 10-week Anger Replacement Training (ART) focused curriculum that teaches youth about the causes and outcomes of anger, while helping them develop more constructive responses for challenging situations. Additionally, this program will work toward breaking down the barriers between law enforcement and the community, through intentional, honest conversations that promote unity rooted in shared understanding.

F. The Flint Institute of Music (FIM) will lead weekly therapeutic music sessions, leveraging the power of music to encourage emotional awareness and regulation, support the identification of dysfunctional and negative thought patterns, reduce youth stress levels, and prompt active listening practices for deeper engagement.

G. As of the time of this program description, the Court has a Request for Proposals out for transportation services to support the Y.E.P. program. This service will be in place for FY 2026-27.

H. The GCJJC Youth Empowerment Council (Y.E.C.) is a youth-led council within the Y.E.P. that will:

Give youth ownership in Y.E.P. by allowing them to make collective decisions while teaching constructive dialogue, problem solving, accountability, responsibility, and compromise

Promote civic engagement rooted in community consciousness by combining history, systems theory, and advocacy principles and practice

Treatment Purpose Alleviate feelings of helplessness and hopelessness that result from the reality of deplorable and/or traumatic circumstances that are seemingly unchangeable

The Y.E.C. will have three functions:

Congress - The primary decision making body for YEP youth. This body will work together to make decisions within program on things such as incentives, processes & procedures, activities, and responsibilities within the group. It will function as one collective voice for the youth, empowering them in their decision making.

Court - The court will be used to review group members performance, and deal with youth problems within the program. Will be responsible for investigating, assessing, and ruling on issues with fairness, proportionality, collaboration, and compromise.

Community Champions The advocacy and community engagement arm of YEP youth. It will teach youth about social justice, history, systems theory, power structures, media literacy, and advocacy and organizing principles regarding relevant community issues that impact youth where they are.

Future Opportunities and Plans

GCJJC is currently seeking community-based partners to expand its day treatment programming and provide more relevant services for its youth. These services include:

Employment Training and Acquisition
- Will inform youth of and train them in knowledge and skills necessary for success in the workplace
- Will help youth acquire gainful employment by connecting with local employers

Trades programming
- Will equip youth with practical instruction and certification in the skilled trades

Activities of Daily Living (ADLs; i.e., life skills)
- Will instruct youth in critical skills for life and independent living such as cooking, hygiene, financial literacy, etc.

Violence Prevention Curricula
- Educational content focused on preventing community violence

Drug Use Prevention Curricula
- Educational content focused on preventing youth drug use

Community Gardening
- Will assist in the creation and maintenance of a community garden on GCJJC grounds while educating youth on food related issues such as food insecurity and health

Animal-related Therapeutic Services
- Will leverage the therapeutic benefit of animal companionship to aid youth in their emotional, psychological, and physiological regulation and growth

Individual and Family Therapy
- Will engage youth in professional therapy services to work through internal challenges
- Will engage families in professional therapy services to work through family-related challenges

This program is for:
1. Youth under the jurisdiction of the court, or who are at risk of coming under the jurisdiction of the court, to provide for early intervention to treat problems of delinquency
2. Services are provided as an alternative to or to prevent removal from the home and placement in detention or other out-of-home care and include diversionary programming. CBS are reimbursable in the following situations and all the following provisions have been met:
a. With the approval of an implementation plan that articulates how the program and practice satisfy the quality assurance standards as determined by MDHHS.
b. Diversionary programming is consistent with MCL 722.822-722.826 and 722.829; MCL 712A.2f; and MCL712A.18 or equivalent tribal law and practices, and as approved within the annual plan and budget.
c. The child care fund can be used for programs and practices starting when a complaint, referral or petition is generated by the local prosecutor, law enforcement, parent/guardian, or authorized school personnel for a youth at risk of juvenile court involvement through residential placement and re-entry, excluding general prevention services for all youth at risk of juvenile justice systems involvement. CBS includes programming consistent with MCL 722.821 et. Seq: MCL 712A.2f; MCL 712A.18 or equivalent tribal law and practices and as approved within the annual plan and budget.
d. A complaint, referral or petition has been received and the court has considered the results of a validated risk and needs assessment to determine the scope of CBS in compliance with legislative requirements with MCL 400.117a; MCL 712A.18.
e. The expenditure of child care fund money for CBS is not used for judicial costs.
f. The programming provided shall be consistent with the best, promising, and culturally appropriate practices as determined by the State Court Administrative Office (SCAO), Juvenile Justice Division.
g. CBS payments are not used to pay for basic family needs when the family is eligible for public assistance programs.

Community-based services are for (1) youth under the jurisdiction of the court or likely to come within the jurisdiction of the court, or (2) the services are to prevent or are an alternative to out-of-home care or will expedite a return home.
A written complaint, referral, or petition has been received and accepted by the court, or a complaint, referral, or petition has been received from the local prosecutor, law enforcement, parent/guardian, or authorized school personnel.
Programming is consistent with best, promising, culturally appropriate, or practice-based evidence.
Youth have been either court ordered to participate in the services or have a signed agreement to participate.
Youth may simultaneously participate in several services in the component.
A case plan, consent calendar plan or diversion agreement has been developed from the results of the approved screening and assessment tools, and identifies goals, level of supervision and caseworker contact required.
The court or tribe utilizes researched-based juvenile probation standards as developed and approved by the State Court Administrative Office.
Caseworkers supervise youth in diversion, on consent calendar, on formal probation, or in residential placement to coordinate needed services with placement, to monitor progress in treatment, maintain contact with the youth, report progress to the court and assist in discharge planning and in coordinating re-entry services. Contacts are outlined in the diversion agreement, consent calendar plan, or case plan.
The court or tribe contracts with or employs a local quality assurance specialist or uses a quality assurance plan.
None of the expenditures are for judicial costs. Not eligible for youths 10 years or younger.
If applicable, Court-Appointed Special Advocate (CASA) program and adheres to all national or Michigan CASA policies and standards as evidenced by the Certificate of Membership granted by Michigan CASA.

1.) Describe if the primary purpose(s) of the program, is the program for diversion, consent calendar and/or formal probation, specific program interventions, treatment approaches, any curricula to be used.

The primary purpose of the program is to provide for early intervention to treat problems of delinquency for youth that are under court jurisdiction, or who are at risk of coming under the jurisdiction of the court through diversion, consent calendar and/or formal probation. Depending on the outcome of a Risk & Needs Assessment and a Mental Health Screen, specific evidence-based interventions, treatment approaches and curricula will be put in place. Examples of the programs utilized are:
Multi-Systemic Therapy (MST) which includes specialized tracks for Substance Abuse Treatment (MST-SA) and for Problem Sexual Behaviors (MST-PSB).
Intensive Family Support Services (IFSS)
Intensive Home-Based Therapy
Moral Recognition Group Therapy (MRT)
Family Function Therapy (FFT)

2.) State how the program is consistent with best, promising, culturally appropriate, or practice-based evidence.

Most of the above listed programs are nationally recognized as evidence-based best practice models for high risk/high need youth and families.

3.) Which SCAO-approved risk screening tool are you using?;

YLS/CMI Short Form (Youth Level of Service/Case Management Inventory)

Which SCAO-approved mental health screening tool are you using?

MAYSI-2 (Massachusetts Youth Screening Instrument)

Which SCAO-approved risk assessment are you using?

YLS/CMI (Youth Level of Service /Case Management Inventory)

Explain the risk domain(s) targeted, and how the program will be responsive to identified strengths, risks, and needs. (e.g., diversion agreement, consent calendar plan, case planning developed from tools)

The domains targeted are Family & Parenting, Education & Employment, Peer Relations, Substance Abuse, Leisure and Recreation, Personality & Behavior, and Attitudes & Orientations.

4.) State that staff or designated person conducting screens and assessments are properly trained and certified.

All 11 Social Service workers have received training on the YLS/CMI, the YLS/CMI Short Form and MAYSI-2. Additionally, 8 Social Service Workers and 1 Casework Supervisor are certified to administer the MJJAS Detention Screen.

5.) Describe how youth are admitted/referred to the program, the frequency of contact with program participants, the caseworker who will be completing the contacts and average duration of services (or range) from intake to completion.

After the YLS/CMI Short Form and MAYSI-2 are conducted a youth may be referred to programming through diversion or consent calendar based on the score of the YLS/CMI Short Form and review of the MAYSI-2. The Social Service Worker would make the referral and monitor the case at a high level while an employee of the agency the youth/families are referred to would have more regular contact with the client(s). It is expected that diversion or consent calendar would last approximately 3 months but could be continued for an additional 3 months if services need more time to be completed. After the charges are resolved and it is determined a youth will be placed on formal probation, the Social Service Workers complete the full YLS/CMI, review the MAYSI-2, and gather background information from the youth and his/her parents or guardians and come up with some attainable goals for the youth to accomplish during a probationary term. The Social Service Workers would make referrals to the appropriate agencies that target the risk domains identified int eh YLS/CMI and/or mental health needs identified in the MAYSI. Depending on the YLS/Risk score, the Social Service Worker will minimally see a youth 0, 1, 2, or 4 times a month while a service agency would have more regular contact with the youth/families. It is expected that formal probation would last approximately 6 months but could be continued longer for the youth/families to complete services. One main exception to the duration of services would be for most sex offenders as sex offender treatment normally lasts at least 9 months.

6.) The method to collect, track, maintain, and report data.

The Court employes a Juvenile Services and Compliance Manager to provide quality assurance consulting and to assist with the collection, tracking and reporting out of date. The Court transitioned to YouthCenter, from Global Vision Technologies, for case management software that collects data on YLS/CMI scores, program history data and recidivism checks. Additionally, spreadsheets are kept for diversion, detention screens and formal & consent calendar cases that further identify YLS/CMI, MAYSI-2 and detention risk levels and scores.

AUTHORITY: Act 87,Public Acts of 1978, as amended. COMPLETION: is Required. PENALTY: State reimbursement will be withheld from local government	Michigan Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.

Component Detail Report (DHS-2094)

Michigan Department of Health & Human Services (MDHHS)
Children's Services Agency
Genesee County for October 01, 2026 through September 30, 2027

Service Component (Full Title/Name)	Component Type
Community-Based Services	In-Home Care

A. Personnel

Administrative Unit: ○ MDHHS ⊙ Court

1. Salary and Wages

Name(s)	Job Title	Hours/Week	Yearly Cost
Sam Olson	Juvenile and Probate Court Administrator	20.00	$72,112.84
Kenda Herrick	Juvenile Services and Compliance Manager	40.00	$96,222.50
Suette Brown	Juvenile Court Specialist II	40.00	$67,537.93
Kristie Primeau	Court Financial Director	16.00	$47,733.66
Stephanie Jones	Financial Operations Supervisor	6.00	$12,550.17
2 Lead Caseworkers positions	Lead Social Service Worker	40.00	$170,026.92
9 Caseworkers	Caseworker	40.00	$629,581.30

2. Fringe Benefits	
FICA	$83,826.01
Dental	$10,518.84
Optical	$1,002.50
Health	$133,294.01
Life Insurance	$5,948.41
Workers Compensation	$876.64
Unemployment	$2,192.10
Retirement	$155,442.23
Total Personnel	$1,488,866.06

B. Program Support (For employees identified in "A" above)

1. Travel	Rate/Mile	Estimate No. of Miles	Yearly Cost
Mileage	$0.73	30,344.84	$22,000.00

2. Supplies and Materials (Description/Examples)	Yearly Cost
Office Supplies	$2,500.00

3. Other Costs (Description/Examples)	Rate/Unit	Yearly Cost
RingCentral / Cell Phones	$0.00	$6,600.00
Staff Training	$0.00	$6,000.00
	Total Program Support	$37,100.00

* Must comply with the definitions and limits listed for court operated facilities in the Child Care Fund Handbook.

C. Contractual Services

1. Unit Rates				
Name(s)	Rate	Unit Type	Total Units/ Contract	Yearly Cost
Behavioral Modification / Domestic Violence Therapy (InvolvedDad)	$55.00	Session	109.00	$5,995.00
Genesee Health System (Mental Heatlh Assessments)	$200.00	Needs Assessment	300.00	$60,000.00
Genesee Health System (Trauma/Group Therapy)	$150.00	Session	200.00	$30,000.00
Impact Consulting Services (Sex Offender Assessment and Treatment)	$300.00	Case	26.65	$7,995.00
Sentinel Offender Services, LLC (Tether)	$4.45	Days	11,235.95	$49,999.98
2. Closed End Contracts				
Easter Seals of Michigan				$370,000.00
YouthCenter				$2,500.00
			Total Contractual	$526,489.98

D. Non-Scheduled Payments

Type of Service (Description)	Anticipated No. Units to be Provided	Average Cost of Each Service Unit	Yearly Cost
Education Specialist	10.00	$500.00	$5,000.00
Competency Evaluations	233.33	$300.00	$69,999.00
Psychological Evaluations	10.00	$1,000.00	$10,000.00
Incentives	150.00	$25.00	$3,750.00
Bus Passes / Gas Cards	600.00	$2.00	$1,200.00
		Total Non-Scheduled	$89,949.00

E. Service Component - In-Home Care or Basic Grant

(Add Totals for A, B, C, and D above)	Total Service Component Cost	$2,142,405.04

F. Public Revenue:

If you plan to fund any portion of this service component with other public revenue including other Child Care Funds or Basic Grant monies, or if this component is generating revenue (i.e. third party payments) specify the following:

SOURCE	To Be Provided	Yearly Cost
	Total Public Revenue	$0.00

G. Subtract Total Public Revenue from Total Service Component Cost (E-F)

Total Cost to Basic Grant, Net Anticipated IHC Matchable Expenditure (Gross Costs Less Other Revenue)	$2,142,405.04

H. Program Specific Information:

1. Component Status

☑ Continued ☐ Terminated ☐ Revised ☐ New

2. Target Population(s) Served - Check all that apply.

A. Children Under Jurisdiction of Court

☑ Delinquent ☑ Neglect

B. Children NOT Under Jurisdiction of Court

☑ Written Complaint ☐ CPS Category I or II ☑ Children likely to come under Jurisdiction of the Court

3. Area(s) of Intended Impact - Check primary area(s) only.

A Reduction In:

☑ Number of Youth Petitioned

☑ Number of Adjudications

☐ Number of Days of Family Foster Care

☑ Number of Days of Out-of-Home Detention

☐ Number of Days of Shelter Care

☑ Number of Days of Residential Treatment Care

☐ Number of State Wards Committed (Act 150 & 220)

4. Service Focus - Check all that apply.

☑ Provide early intervention to treat within the child's home

☑ Effect early return from foster or institutional care

I. Program Description - Must be completed for all components, except those being terminated, each year.

The community-based services program is designed to supervise youth who are under the jurisdiction of the court or likely to come within the jurisdiction of the Court by providing monitoring, case-management, and supportive services in the community.

Nine (9) Caseworkers may be assigned to youth who have been diverted, placed on consent calendar or formal probation and assessed as either low, moderate or high risk of re-offending by the YLS risk/needs assessment tool.
Caseworkers may visit youth and families both in the home and school. Mileage costs are associated with operating county vehicles.

Caseworkers will also attend relevant training as available.

Non-scheduled payments are used for providing the Court with a psychological evaluation for case planning purposes to meet any identified needs of the youth. Competency evaluations are conducted to determine if charges can proceed through the court process. Bus passes are also provided for youth to attend programs and services, as well as check-in appointments with their probation staff. Incentives will be given to youth demonstrating positive progress and skill development in related program activities

The department will utilize two (2) Lead Social Service Workers who will administer the MAYSI-II/mental health screener and the Mini YLS/short form risk screener for all youth that come before the Court for a Preliminary Hearing to determine whether the youth should be diverted, placed on consent calendar, or formal probation. The Lead Workers will make referrals for competency evaluations, psychological evaluations, other evaluations, or tether as ordered by the court at the Preliminary Hearing and oversee the release/pretrial conditions of the youth that are put in place by the Court. The Lead Workers will update the Court as to any changes that occur with the youth during pretrial status.

The Lead Social Service Workers will be responsible for the orientation and training of new staff, including evidence-based practices utilized by the probation department which includes ongoing review of social service workers utilization of the evidence-based practices. Provides support, guidance, and consultation to less experienced workers in procedural and technical aspects of probation. Lead Workers will support social service workers with all job aspects of the job classification, offering feedback to staff regarding fidelity of evidence-based models, assisting with developing youth case plans, and monitoring interrater reliability of evidence-based risk assessment tools.

The Caseworkers are supervised by Kenda Herrick, Juvenile Services and Compliance Manager. The department is supported by a Juvenile Court Specialist II, the Juvenile and Probate Court Administrator, Financial Department Supervisor, and the Director of Court Finance.

The youth diversion agreements, consent calendar plans, or case plans are based upon a YLS risk/needs assessment. Services provide focus on education, employment, community service and counseling. Random drug testing also occurs. Program components may include graduated sanctions, such as community service work, tether, and detention. The primary program goal is to maintain youth in their community.

All youth receive a mental health and substance use screening assessment which is administered by juvenile probation staff, detention staff or the diversion coordinator. We utilize a web-based version of the MAYSI-2 screening tool. Results are reviewed by Genesee Health System and recommendations made therefrom.

The Caseworkers are trained on the YLS/CMI by a research consultant to maintain fidelity to the evidence-based practice of risk assessment driven case plans. The purpose of the YLS is to determine which youth need court intervention, what level of supervision is needed, what type of interventions (treatment, programs, services, supports, etc.) would best help and to determine if the youth is making progress or when they have completed court supervision. Caseworkers are taught to increase supervision and referrals/services to higher risk offenders, stay focused on criminogenic needs, while decreasing supervision, referrals/services to lower risk offenders.

An Education Specialist provides advocacy services on an ad hoc basis to any referred youth supervised by MDHHS on a foster care case or under the jurisdiction of the 7th Circuit Court. The Education Specialist is a certified teacher who is highly skilled in special education law and other available services for disabled youth. Referred youth receive an assessment and evaluation, case plan, advocacy services, and progress reports. Education Advocacy services also include ensuring appropriate educational testing, implementation of individually based behavior and academic interventions, and ensuring school's implementation and follow through with necessary accommodations.

Cole Williams will provide a Parent Support Network (PSN) by taking a needs-based approach to addressing the issues parents face with teens involved in the Juvenile Justice System. The PSN is a 10-week culturally responsive, and educational skill-building program for system-referred parents of at-risk or out-of-control teens. The program is designed to assist parents in re-establishing the strength of their connections with their children and teens. The series aims to reduce risk factors an strengthen protective factors known to influence the likelihood of the teen abusing alcohols or other drugs, becoming delinquent or violent, or displaying

other problem behaviors.

Impact Consulting Services provides sex offender assessment to determine the need and level for treatment. Initial assessments are a one-time service and are used to assist in determining judicial disposition decisions. Upon judicial request, exit assessments may be used to gauge treatment completion. Additionally, in limited circumstances, Impact Consulting may provide individual sex offender treatment sessions when determined to be necessary for a youth to stay in the community, but the youth does not need home-based treatment.

GPS tether, provided by Sentinel Offender Services, LLC, provides a cost-effective alternative to detention or institutional care. An electronic monitoring device supplies 24-hour intensive supervision and reduces the number of monitoring staff needed for youth who require intensive probation services. GPS monitoring involves a device being worn around the ankle and it must be regularly electronically charged to ensure it has power. GPS monitoring provides the capability of knowing the day/minute/hour location, including the ability to run reports that show footprints over time. Alcohol tethers/devices are used to monitor alcohol use. Daily reports are received when a rule violation occurs.

Genesee Health System will provide evidence-based groups for youth who have demonstrated violent behavior and/or are struggling with anger management. After an assessment, youth will be assigned to a group based on their needs.

Cognitive Behavioral Therapy (CBT) is a goal-oriented, evidence-based therapeutic approach designed to help youth identify and change negative thought patterns and behaviors. CBT is effective for a wide range of issues, including anger management. It focuses on the interaction between thoughts, emotions, and behaviors and provides practical tools to foster healthier emotional responses.

For those youth who may benefit from treatment that addresses trauma, Genesee Health System will also employ a Trauma Focused Cognitive Behavioral Therapy (TF-CBT) group.
TF-CBT is an evidence-based program that consists of several key components designed to help manage trauma symptoms and improve mental health:
1. Psychoeducation: Educating the patient and their family about trauma and its effects
2. Parenting Skills: Training for parents to reinforce healthy behavior and provide support
3. Relaxation Techniques: Teaching methods to manage stress and anxiety
4. Affective Modulation: Helping your loved one understand and regulate their emotions
5. Cognitive Processing: Identifying and challenging unhelpful thoughts related to trauma

Easter Seals of Michigan (ESM) social workers will provide intensive, enhanced casework services to families and children who have had a neglect petition filed with the court, or under the jurisdiction of the court with the intention of preventing an adjudication and removal of children or facilitating an early return home from foster care. The social worker will support families that have demonstrated issues in substance use, improper housing, lacking necessities to have children in their home, poor school attendance, poor parenting skills, poor relationship skills, lack of participation in parenting time, and lack of participation in court hearings. The social worker will not only provide a referral source to community resources but provide access and help parent obtain the services as identified in the parent/agency treatment plan or identified as barriers to having their children returned to their home. The social worker may help parents complete housing applications, provide transportation to parenting time, provide transportation to court hearings, help gain access to court-ordered services, obtain necessities to facilitate a return home of their children, or work with the schools to remove any barriers to school attendance. Participating families may receive coaching/skills visits to model, educate, promote, and support increased positive parenting interactions utilizing the Incredible Years model.

Easter Seals of Michigan (ESM) will provide evidenced-based behavioral health services to delinquent youth and their families under the jurisdiction of the court or likely to come under court jurisdiction, with the goal of preventing out-of-home detention or residential placement. ESM has highly trained and experienced staff in multiple Evidence Based Practices. ESM can provide add on services to meet the needs of families involved with the court as well as fill any service gaps.
ESM is a trauma informed organization and has many trauma informed options including but not limited to trauma screening, neurodevelopmental assessment, TFCBT clinicians, and professional development trauma trainings.

Service Descriptions:
-Intensive Family Support (Clinical Case Management): The IFS worker will utilize engagement strategies to take a multifaceted approach to working with assigned families. The family will have an assessment and a plan driven by needs identified by the youth, family, court, school, etc. Each plan will be laid out specifically using actionable objectives for the youth and families to reach their goals. The family will identify supports and resources needed to accomplish their goals and address any barriers to reaching them. The IFS worker will work as part of the family team in collaborating with partners, referrals, making appointments and transportation to needed services. The IFS worker will meet with each family weekly with an intensity and length of service determined by the team. IFS workers will be supervised by a Master level Social Worker on a biweekly basis or more as needed for case consult. All staff will be on 24 hr. crisis call 7 days a week and appointments will be flexible to accommodate working families. IFS worker will accompany the family to all court proceedings and provide service s in the home, community, school, court, etc.

- Care Coordination: Juvenile and family would be connected to a care coordinator upon referral to the program. Engagement and

coordination of services will begin at this point with Clinician going to wherever the family is. Any barriers to access for needed services for both Juvenile and family will be addressed. If the family qualifies for CMH services, the care coordinator will walk them through this process and provide services during this transition period. If the family has CMH services and needs a transfer or increase in level of care, the care coordinator will work with all involved parties to complete. Transportation will be provided to the family as needed through bus passes, your ride, and staff transport when needed to appointments.

- Intensive Home-Based Therapy: Juvenile and family would receive 2-10 hours a week of individual and family therapy, case management, coordination according to level of need. Care coordinator will request home-based authorization with CMH when fitting the Medicaid requirements. If the family doesnt qualify for CMH level services due to income, insurance, or various other reasons, the care coordinator will bill the court for any unbillable services through the health plans. These services will be mobile and provided wherever the juvenile and family are located.

- Moral Reconation Group Therapy (MRT): MRT is an NREPP program, is the premiere cognitive-behavioral program for substance abuse treatment and for offender populations. MRT for Adolescents can be used for children aged 12-18 and a variety of juvenile settings, probation and parole, community corrections, diversion programs, in private treatment settings, in welfare-to-work programs, educational settings, drug/mental health/juvenile courts, and elsewhere. The program has 16 Steps with 12 of these typically completed in 30 group sessions held in accordance with the implementation sites own needs and characteristics. Clients complete homework for each group prior to coming to a session. In group each client presents his or her homework and the facilitator passes the client to the next step or has the client redo the homework based on objective criteria. MRT groups are open-ended meaning that new clients can enter an ongoing group at any time. Each group session will usually have new clients as well as some finishing the program. All MRT facilitators must complete basic MRT training.

- Community Based Outpatient: Therapy provided in the community at a lower level of care or as a step down from home-based services. The frequency is less at 2-4 encounters per month at the appropriate level of care.

- Office Based Therapy: Therapy is provided in the office at a lower level of care or as a step down from home-based services. The frequency is 2-4 encounters per month at the appropriate level of care.

- Intergenerational Trauma Treatment Model (ITTM): The ITTM is a 21-session complex trauma treatment program for youth and the caregivers and involves the caregiver throughout the course of the trauma treatment model. ITTM interrupts the intergenerational transmission of traumatic impact to children. The ITTM model will assess and resolve the caregiver-related issues, reduce the impact of traumatic events and strengthen the youth/caregiver bond through three phases of treatment.

- Family Functional Therapy (FFT) Services/Training & Site Certification: FFT is an empirically grounded and highly successful family intervention program for court-involved youth. Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting out, and substance abuse. Intervention ranges from 8-12 one-hour sessions for mild cases and up to 30 sessions of direct service for more difficult situations. In most program sessions are spread over a three-month period. FFT is conducted in both clinic settings as outpatient therapy and as a home-based model. FFT Site certification is a 3-phase process: Clinical Training, Supervision Training, and On-going Model Fidelity with a goal of training up to 6 therapists.
- Report and court appearances: Clinicians will provide reports at the frequency requested by the court, attend court meetings, and appear in court for oral progress reports as requested.
*All therapeutic services are provided by Masters level licensed clinicians.

YouthCenter provides case management software. YouthCenter allows the department to maintain records and data on all youth who are provided services. The court will be transitioned to YouthCenter from Global Vision Technologies during the summer of 2026, as part of the statewide rollout of the system.

The Juvenile Services and Compliance Manager coordinates Quality Assurance. The proposed deliverables are as follows:

Norming YLS/CMI to court population
Investigate predictive validity of YLS/CMI
Investigate differential predictive validity of YLS/CMI for different subgroups (e.g., race, gender, age)
Introduction of strengths-based approach to risk and needs assessment in which both risk factors AND protective factors are assessed and guide case management
Quarterly trainings on evidence-based practice (e.g., implementing the Risk-Need-Responsivity model)

This program is for:
1. Youth under the jurisdiction of the court, or who are at risk of coming under the jurisdiction of the court, to provide for early intervention to treat problems of delinquency
2. Services are provided as an alternative to or to prevent removal from the home and placement in detention or other out-of-home care and include diversionary programming. CBS are reimbursable in the following situations and all the following provisions have been met:

a. With the approval of an implementation plan that articulates how the program and practice satisfy the quality assurance standards as determined by MDHHS.
b. Diversionary programming is consistent with MCL 722.822-722.826 and 722.829; MCL 712A.2f; and MCL712A.18 or equivalent tribal law and practices, and as approved within the annual plan and budget.
c. The child care fund can be used for programs and practices starting when a complaint, referral or petition is generated by the local prosecutor, law enforcement, parent/guardian, or authorized school personnel for a youth at risk of juvenile court involvement through residential placement and re-entry, excluding general prevention services for all youth at risk of juvenile justice systems involvement. CBS includes programming consistent with MCL 722.821 et. Seq: MCL 712A.2f; MCL 712A.18 or equivalent tribal law and practices and as approved within the annual plan and budget.
d. A complaint, referral or petition has been received and the court has considered the results of a validated risk and needs assessment to determine the scope of CBS in compliance with legislative requirements with MCL 400.117a; MCL 712A.18.
e. The expenditure of child care fund money for CBS is not used for judicial costs.
f. The programming provided shall be consistent with the best, promising, and culturally appropriate practices as determined by the State Court Administrative Office (SCAO), Juvenile Justice Division.
g. CBS payments are not used to pay for basic family needs when the family is eligible for public assistance programs.

Community-based services are for (1) youth under the jurisdiction of the court or likely to come within the jurisdiction of the court, or (2) the services are to prevent or are an alternative to out-of-home care or will expedite a return home.
A written complaint, referral, or petition has been received and accepted by the court, or a complaint, referral, or petition has been received from the local prosecutor, law enforcement, parent/guardian, or authorized school personnel.
Programming is consistent with best, promising, culturally appropriate, or practice-based evidence.
Youth have been either court ordered to participate in the services or have a signed agreement to participate.
Youth may simultaneously participate in several services in the component.
A case plan, consent calendar plan or diversion agreement has been developed from the results of the approved screening and assessment tools, and identifies goals, level of supervision and caseworker contact required.
The court or tribe utilizes researched-based juvenile probation standards as developed and approved by the State Court Administrative Office.
Caseworkers supervise youth in diversion, on consent calendar, on formal probation, or in residential placement to coordinate needed services with placement, to monitor progress in treatment, maintain contact with the youth, report progress to the court and assist in discharge planning and in coordinating re-entry services. Contacts are outlined in the diversion agreement, consent calendar plan, or case plan.
The court or tribe contracts with or employs a local quality assurance specialist or uses a quality assurance plan.
None of the expenditures are for judicial costs. Not eligible for youths 10 years or younger.
If applicable, Court-Appointed Special Advocate (CASA) program and adheres to all national or Michigan CASA policies and standards as evidenced by the Certificate of Membership granted by Michigan CASA.

1.) Describe if the primary purpose(s) of the program, is the program for diversion, consent calendar and/or formal probation, specific program interventions, treatment approaches, any curricula to be used.

The primary purpose of the program is to provide for early intervention to treat problems of delinquency for youth that are under court jurisdiction, or who are at risk of coming under the jurisdiction of the court through diversion, consent calendar and/or formal probation. Depending on the outcome of a Risk & Needs Assessment and a Mental Health Screen, specific evidence-based interventions, treatment approaches and curricula will be put in place. Examples of the programs utilized are:

Multi-Systemic Therapy (MST) which includes specialized tracks for Substance Abuse Treatment (MST-SA) and for Problem Sexual Behaviors (MST-PSB).
Intensive Family Support Services (IFSS)
Intensive Home-Based Therapy
Moral Recognition Group Therapy (MRT)
Family Function Therapy (FFT)

2.) State how the program is consistent with best, promising, culturally appropriate, or practice-based evidence.

Most of the above listed programs are nationally recognized as evidence-based best practice models for high risk/high need youth and families.

3.) Which SCAO-approved risk screening tool are you using?;

YLS/CMI Short Form (Youth Level of Service/Case Management Inventory)

Which SCAO-approved mental health screening tool are you using?

MAYSI-2 (Massachusetts Youth Screening Instrument)

Which SCAO-approved risk assessment are you using?

YLS/CMI (Youth Level of Service /Case Management Inventory)

Explain the risk domain(s) targeted, and how the program will be responsive to identified strengths, risks, and needs. (e.g., diversion agreement, consent calendar plan, case planning developed from tools)

The domains targeted are Family & Parenting, Education & Employment, Peer Relations, Substance Abuse, Leisure and Recreation, Personality & Behavior, and Attitudes & Orientations.

4.) State that staff or designated person conducting screens and assessments are properly trained and certified.
All 11 Social Service workers have received training on the YLS/CMI, the YLS/CMI Short Form and MAYSI-2. Additionally, 8 Social Service Workers and 1 Casework Supervisor are certified to administer the MJJAS Detention Screen.

5.) Describe how youth are admitted/referred to the program, the frequency of contact with program participants, the caseworker who will be completing the contacts and average duration of services (or range) from intake to completion.

After the YLS/CMI Short Form and MAYSI-2 are conducted a youth may be referred to programming through diversion or consent calendar based on the score of the YLS/CMI Short Form and review of the MAYSI-2. The Social Service Worker would make the referral and monitor the case at a high level while an employee of the agency the youth/families are referred to would have more regular contact with the client(s). It is expected that diversion or consent calendar would last approximately 3 months but could be continued for an additional 3 months if services need more time to be completed. After the charges are resolved and it is determined a youth will be placed on formal probation, the Social Service Workers complete the full YLS/CMI, review the MAYSI-2, and gather background information from the youth and his/her parents or guardians and come up with some attainable goals for the youth to accomplish during a probationary term. The Social Service Workers would make referrals to the appropriate agencies that target the risk domains identified int eh YLS/CMI and/or mental health needs identified in the MAYSI. Depending on the YLS/Risk score, the Social Service Worker will minimally see a youth 0, 1, 2, or 4 times a month while a service agency would have more regular contact with the youth/families. It is expected that formal probation would last approximately 6 months but could be continued longer for the youth/families to complete services. One main exception to the duration of services would be for most sex offenders as sex offender treatment normally lasts at least 9 months.

6.) The method to collect, track, maintain, and report data.

The Court employs a Juvenile Services and Compliance Manager to provide quality assurance consulting and to assist with the collection, tracking and reporting out of date. The Cour has transitioned to YouthCenter, from Global Vision Technologies, for case management software that collects data on YLS/CMI scores, program history data and recidivism checks. Additionally, spreadsheets are kept for diversion, detention screens and formal & consent calendar cases that further identify YLS/CMI, MAYSI-2 and detention risk levels and scores.

AUTHORITY: Act 87,Public Acts of 1978, as amended. COMPLETION: is Required. PENALTY: State reimbursement will be withheld from local government	Michigan Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.

Component Detail Report (DHS-2094)

Michigan Department of Health & Human Services (MDHHS)
Children's Services Agency
Genesee County for October 01, 2026 through September 30, 2027

Service Component (Full Title/Name)	Component Type
Multi-Systemic Therapy	In-Home Care

A. Personnel

Administrative Unit: ○ MDHHS ⊙ Court

1. Salary and Wages			
Name(s)	Job Title	Hours/Week	Yearly Cost
2. Fringe Benefits			
		Total Personnel	$0.00

B. Program Support (For employees identified in "A" above)

1. Travel	Rate/Mile	Estimate No. of Miles	Yearly Cost
2. Supplies and Materials (Description/Examples)			Yearly Cost
3. Other Costs (Description/Examples)	Rate/Unit		Yearly Cost
		Total Program Support	$0.00

* Must comply with the definitions and limits listed for court operated facilities in the Child Care Fund Handbook.

C. Contractual Services

1. Unit Rates				
Name(s)	Rate	Unit Type	Total Units/ Contract	Yearly Cost
2. Closed End Contracts				
Genesee Health System Multi systemic Therapy				$200,000.00
			Total Contractual	$200,000.00

D. Non-Scheduled Payments

Type of Service (Description)	Anticipated No. Units to be Provided	Average Cost of Each Service Unit	Yearly Cost
		Total Non-Scheduled	$0.00

E. Service Component - In-Home Care or Basic Grant

(Add Totals for A, B, C, and D above)	Total Service Component Cost	$200,000.00

F. Public Revenue:

If you plan to fund any portion of this service component with other public revenue including other Child Care Funds or Basic Grant monies, or if this component is generating revenue (i.e. third party payments) specify the following:

SOURCE	To Be Provided	Yearly Cost
	Total Public Revenue	$0.00

G. Subtract Total Public Revenue from Total Service Component Cost (E-F)

Total Cost to Basic Grant, Net Anticipated IHC Matchable Expenditure (Gross Costs Less Other Revenue)	$200,000.00

H. Program Specific Information:

1. Component Status

☑ Continued ☐ Terminated ☐ Revised ☐ New

2. Target Population(s) Served - Check all that apply.

A. Children Under Jurisdiction of Court

☑ Delinquent ☐ Neglect

B. Children NOT Under Jurisdiction of Court

☑ Written Complaint ☐ CPS Category I or II ☑ Children likely to come under Jurisdiction of the Court

3. Area(s) of Intended Impact - Check primary area(s) only.

A Reduction In:

☑ Number of Youth Petitioned

☑ Number of Adjudications

☐ Number of Days of Family Foster Care

☑ Number of Days of Out-of-Home Detention

☐ Number of Days of Shelter Care

☑ Number of Days of Residential Treatment Care

☐ Number of State Wards Committed (Act 150 & 220)

4. Service Focus - Check all that apply.

☑ Provide early intervention to treat within the child's home

☑ Effect early return from foster or institutional care

I. Program Description - Must be completed for all components, except those being terminated, each year.

Genesee Health System provides Multi-Systemic Therapy (MST) is a nationally recognized evidence-based best practice model for high risk/high need youth and families.

MST services are flexible, targeted, and incorporate many cognitive/behavioral treatment approaches as well as strength-based and family-centered clinical models. The program utilizes the nationally recognized mental health outcome measurement instrument, CAFAS (Child and Adolescent Functional Assessment Survey). Outcomes produced by the program will be validated by CAFAS, YLS/CMI 2.0 (Youth Level of Service/Case Management Inventory) risk assessment, and the nationally recognized MST outcome measures.

A total of four (4) full-time MST therapists and a therapist/Supervisor provides intensive services to youths and families. Therapists are available 24 hours per day, 7 days per week. Caseload capacity ranges from four (4) to six (6) families.

In addition to standard MST, the MST team are trained in MST-SA and MST-PSB.

MST-Substance Abuse treats youth who are abusing drugs and alcohol. In addition to standard MST, MST-SA is the only other adaptation that has proven to be effective with this population.

While its foundation is MST in which therapists work with only a few families at a time to give parents and caregivers guidance, MST-SA is highly focused on drug and alcohol use.

At every session, the therapist determines whether the adolescent is currently using drugs and drinking alcohol. If the answer is yes, the underlying reasons for the substance abuse (peer pressure and boredom, for example) are sought, and an intervention is built. If the answer is no, the factors that led to the youth stopping are leveraged to influence future behavior.

Multisystemic Therapy for youth with problem sexual behaviors (MST-PSB) targets chronic and violent juvenile offenders who engage in criminal sexual behavior such as:
-sexual assault
-rape
-molesting younger children

As with standard MST, MST-PSB therapists only handle a few cases at a time and see the offender and family in their home setting. During the treatment, they
-address the denial by the family and offender that there is a problem
-focus on the aspects of the youths environment that contribute to the sexual delinquency
-help the parents or caregivers to build support networks
-show the parent or caregivers how to provide unambiguous guidance and support so that the juvenile can develop social skills that will allow him or her to establish healthy relationships with friends

When applicable, case plans reflect an early return goal and services are provided to the family while youth is in placement.

This program is for:
1. Youth under the jurisdiction of the court, or who are at risk of coming under the jurisdiction of the court, to provide for early intervention to treat problems of delinquency
2. Services are provided as an alternative to or to prevent removal from the home and placement in detention or other out-of-home care and include diversionary programming. CBS are reimbursable in the following situations and all the following provisions have been met:
a. With the approval of an implementation plan that articulates how the program and practice satisfy the quality assurance standards as determined by MDHHS.
b. Diversionary programming is consistent with MCL 722.822-722.826 and 722.829; MCL 712A.2f; and MCL712A.18 or equivalent tribal law and practices, and as approved within the annual plan and budget.
c. The child care fund can be used for programs and practices starting when a complaint, referral or petition is generated by the local prosecutor, law enforcement, parent/guardian, or authorized school personnel for a youth at risk of juvenile court involvement through residential placement and re-entry, excluding general prevention services for all youth at risk of juvenile justice systems involvement. CBS includes programming consistent with MCL 722.821 et. Seq: MCL 712A.2f; MCL 712A.18 or equivalent tribal law and practices and as approved within the annual plan and budget.
d. A complaint, referral or petition has been received and the court has considered the results of a validated risk and needs assessment to determine the scope of CBS in compliance with legislative requirements with MCL 400.117a; MCL 712A.18.
e. The expenditure of child care fund money for CBS is not used for judicial costs.
f. The programming provided shall be consistent with the best, promising, and culturally appropriate practices as determined by the State Court Administrative Office (SCAO), Juvenile Justice Division.
g. CBS payments are not used to pay for basic family needs when the family is eligible for public assistance programs.

Community-based services are for (1) youth under the jurisdiction of the court or likely to come within the jurisdiction of the court, or (2) the services are to prevent or are an alternative to out-of-home care or will expedite a return home.
A written complaint, referral, or petition has been received and accepted by the court, or a complaint, referral, or petition has been received from the local prosecutor, law enforcement, parent/guardian, or authorized school personnel.
Programming is consistent with best, promising, culturally appropriate, or practice-based evidence.
Youth have been either court ordered to participate in the services or have a signed agreement to participate.
Youth may simultaneously participate in several services in the component.
A case plan, consent calendar plan or diversion agreement has been developed from the results of the approved screening and assessment tools, and identifies goals, level of supervision and caseworker contact required.
The court or tribe utilizes researched-based juvenile probation standards as developed and approved by the State Court Administrative Office.
Caseworkers supervise youth in diversion, on consent calendar, on formal probation, or in residential placement to coordinate needed services with placement, to monitor progress in treatment, maintain contact with the youth, report progress to the court and assist in discharge planning and in coordinating re-entry services. Contacts are outlined in the diversion agreement, consent calendar plan, or case plan.
The court or tribe contracts with or employs a local quality assurance specialist or uses a quality assurance plan.
None of the expenditures are for judicial costs.
If applicable, Court-Appointed Special Advocate (CASA) program and adheres to all national or Michigan CASA policies and standards as evidenced by the Certificate of Membership granted by Michigan CASA.

1.) Describe if the primary purpose(s) of the program, is the program for diversion, consent calendar and/or formal probation, specific program interventions, treatment approaches, any curricula to be used.

The primary purpose of the program is to provide for early intervention to treat problems of delinquency for youth that are under court jurisdiction, or who are at risk of coming under the jurisdiction of the court through diversion, consent calendar and/or formal probation. Depending on the outcome of a Risk & Needs Assessment and a Mental Health Screen, specific evidence-based interventions, treatment approaches and curricula will be put in place. Examples of the programs utilized are:

Multi-Systemic Therapy (MST) which includes specialized tracks for Substance Abuse Treatment (MST-SA) and for Problem Sexual Behaviors (MST-PSB).
Intensive Family Support Services (IFSS)
Intensive Home-Based Therapy
Moral Recognition Group Therapy (MRT)
Family Function Therapy (FFT)

2.) State how the program is consistent with best, promising, culturally appropriate, or practice-based evidence.

Most of the above listed programs are nationally recognized as evidence-based best practice models for high risk/high need youth and families.

3.) Which SCAO-approved risk screening tool are you using?

YLS/CMI Short Form (Youth Level of Service/Case Management Inventory)

Which SCAO-approved mental health screening tool are you using?

MAYSI-2 (Massachusetts Youth Screening Instrument)

Which SCAO-approved risk assessment are you using?

YLS/CMI (Youth Level of Service /Case Management Inventory)

Explain the risk domain(s) targeted, and how the program will be responsive to identified strengths, risks, and needs. (e.g., diversion agreement, consent calendar plan, case planning developed from tools)

The domains targeted are Family & Parenting, Education & Employment, Peer Relations, Substance Abuse, Leisure and Recreation, Personality & Behavior, and Attitudes & Orientations.

4.) State that staff or designated person conducting screens and assessments are properly trained and certified.

All 11 Social Service workers have received training on the YLS/CMI, the YLS/CMI Short Form and MAYSI-2. Additionally, Social Service Workers and Casework Supervisor are certified to administer the MJJAS Detention Screen.

5.) Describe how youth are admitted/referred to the program, the frequency of contact with program participants, the caseworker

who will be completing the contacts and average duration of services (or range) from intake to completion.

After the YLS/CMI Short Form and MAYSI-2 are conducted a youth may be referred to programming through diversion or consent calendar based on the score of the YLS/CMI Short Form and review of the MAYSI-2. The Social Service Worker would make the referral and monitor the case at a high level while an employee of the agency the youth/families are referred to would have more regular contact with the client(s). It is expected that diversion or consent calendar would last approximately 3 months but could be continued for an additional 3 months if services need more time to be completed. After the charges are resolved and it is determined a youth will be placed on formal probation, the Social Service Workers complete the full YLS/CMI, review the MAYSI-2, and gather background information from the youth and his/her parents or guardians and come up with some attainable goals for the youth to accomplish during a probationary term. The Social Service Workers would make referrals to the appropriate agencies that target the risk domains identified int eh YLS/CMI and/or mental health needs identified in the MAYSI. Depending on the YLS/Risk score, the Social Service Worker will minimally see a youth 0, 1, 2, or 4 times a month while a service agency would have more regular contact with the youth/families. It is expected that formal probation would last approximately 6 months but could be continued longer for the youth/families to complete services. One main exception to the duration of services would be for most sex offenders as sex offender treatment normally lasts at least 9 months.

6.) The method to collect, track, maintain, and report data.

The Court employs a Juvenile Servies and Compliance Manager to provide quality assurance consulting and to assist with the collection, tracking and reporting out of date. The Court has transitioned to YouthCenter, from Global Vision Technologies, FAMCare, for case management software that collects data on YLS/CMI scores, program history data and recidivism checks. Additionally, spreadsheets are kept for diversion, detention screens and formal & consent calendar cases that further identify YLS/CMI, MAYSI-2 and detention risk levels and scores.

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