

The following is a real life example of the Approach and Budget sections for a Federal Block Grant for youth shelter care programs.

(A) Approach:

The agency approach is summarized in the organization's vision and mission statement. The agency's Mission Statement reads: The Link helps Berrien, Cass, and Van Buren youth and their families to deal successfully with crises resulting from the challenging journey to adulthood. The agency's Vision Statement reads: The Link is the Tri-County's first choice of services and referrals for youth and families in crisis. The Board of Directors developed this plan to use a positive youth development approach that promotes services that focus on assisting youth and families in developing skills that allow both the agency and the customers to see changes in attitudes, values, and behavior and improves individual and family functioning. This is to be accomplished by providing services through Outreach, Shelter, and Counseling that focus on individual strengths, utilize individual, family, and community resources, and conform to individual and community expectations. The impact of services shall be measured through RHYMIS feedback reports, testing for the forty developmental assets, and a brief stress inventory.

This philosophy is put into practice as soon as a youth, guardian, or other entity contacts the agency. The agency utilizes the area 800 number as part of the coalition

for community Information and Referral providers. This number is publicized throughout the region as the First Call for Help through marketing done by Strong Families Safe Children, the United Way, and the Area Agency on Ageing. It is designed to streamline access to services by preventing duplication and providing a real-time database of existing programs throughout the area. This phone line is available twenty-four hours a day to any resident of the area. Once a call comes in, agency staff begins the assessment to determine what services the party is looking for. If the caller has limited English proficiency, then a translation service connected with the First Call for Help service will be utilized. If the caller is looking for information or emergency services, the agency will access the database and make a referral immediately for the desired service. After-hours calls are placed in a computer at the main office so the referral can be generated as soon as the desired program opens. (For example, a referral to a food pantry) If the caller defines the issue as a family or youth crisis, specifically family problems including youth and parent conflicts, physical, sexual, or emotional abuse, divorce, loss, drug use, school-related problems, or minor criminal activities, then Link services are offered.

The staff person will attempt to define the degree of risk to the youth, the level of service they are interested in (Counseling, Shelter, and Outreach), and who is legally responsible for making decisions for the youth. (Parent/Guardian/Court). If the intake worker determines that the youth is a runaway from a juvenile facility or foster care, then the FIA of jurisdiction will be notified in a manner consistent with the laws of Michigan. If the caller is in crisis and seeking services, the intake worker defines the voluntary nature of the service, explains the rules of the program, the confidential nature of the

services, and the fact that the program is licensed through the state of Michigan, that all employees have received background checks, and that services are free of charge. Based on the caller's presenting issues, his or her desire to participate in the program, and the knowledge that the agency will be seeking permission from the parent or guardian within seventy-two hours of placement, the youth agrees to go through the intake process. It is made clear that all programs are voluntary and that a parent or guardian must agree to participate. If the youth is homeless and no parent or guardian can be contacted, then the State Child Welfare organization will be contacted to take jurisdiction.

At intake, the staff defines the program, including the fact that the program allows youth to stay up to fifteen days. He/she also explains house rules, the smoking policy, the agreement for working with a counselor, the confidentiality policy, the releases for assessment, services, transportation, and medical needs. Staff will then get background information on the youth. This would include the youth's name, address, phone number, gender, age, living situation, and other relevant information. This includes preliminary information on drug use, arrests, and other service providers involved, the nature of the issues leading to the request, the school the youth last attended, and an evaluation of the degree of risk this youth has for harm to self or others. Whenever possible, we explain the program to the guardian and the youth, securing agreement from both about their willingness to participate. Once this is accomplished, the family is placed on hold, and an intake counselor processes the intake. (Bachelors level counselor) Any questions that may need clarification are then

asked, and a time for intake that works for the youth family is established. (Usually within the hour)

If the family is requesting counseling or outreach (Home-based services), the intake is given to the clinical supervisor, who will assign the case to the available worker.

Workers are assigned a specific geographical area of service. This allows them to become familiar with the other resources in the community, develop good working relationships with the schools in the community, and keep their caseloads to a level that allows them to spend from five to twenty hours a week with each family. Families will be told that counseling services can take several days to respond (Usually three) due to the large number of requests the agency receives. If the family is in crisis, other options are highlighted that are consistent with the information and referral component of the coalition. Shelter intakes are handled at the time of the call.

The intake worker will work out with the caller the shelter's location and the time the youth/family will be coming in. If the police or FIA are bringing the youth in, access is determined by when they can transport the youth. Once the youth enters the shelter, the formal intake process begins. The youth completes the intake forms, which track demographic information, the reason for seeking services, the emotional state of the youth at the time of intake, any emergency needs the youth may have, and whether other service providers are needed to meet any further issues. The forms also track medication the youth is taking, an inventory of all the clothes the youth is bringing in, who is allowed to have contact with the youth while at the shelter, all RHYMIS information, the recreational opportunities while at the program, and a photo of the

youth. These forms also track who the responsible parties are, the emergency medical information, the school the youth last attended, and the evaluation of other service providers that may need to be involved. Then, the youth and the guardian are each given a contract. These contracts outline the agency's, the guardian's, and the youth's responsibilities. If the youth or the parents cannot read the contracts, they are read for them. The youth, guardian, and staff member sign these contracts. The agency contract will include a statement about confidentiality. The youth and adult(s) are asked to sign any necessary release of information that will ensure the coordination of services. This will include a release to talk to the school the youth is attending or last attended. The intake worker will make it clear that agency staff will be contacting the schools to ensure that all the youth's educational needs are addressed. The worker assures the youth and family that no information will be disclosed except for information about Child Abuse that is required under the State of Michigan. If the youth or family has any questions about their rights, information on the local recipient rights organization is given. The intake worker will then again highlight to the youth and parent that all Link staff are screened and trained to work with the youth. While at the Link, there will always be two staff on duty (during business hours, there are several additional staff but always a seven-to-one ratio with security cameras that cover all common areas of the building), and that youth will always be supervised. At no time in the program (other than temporary discharges) will the youth not have adult supervision. If the parents or the youth have any concerns, they should bring them to staff's attention right away. If the youth wishes to leave the program, they simply have to ask the staff. It is not a locked facility, and youth have the right to leave at any time. Parents are

responsible for picking up the youth should they choose to leave. The youth then will turn out his/her pockets, take off his/her shoes, and have his/her bag searched for contraband while the parent is present. All contraband is given to the parents. (Drugs are turned over to the local police) If the youth is hungry, food will be provided. If the youth is in need of personal items, a shower, or clothing, they will be provided at the time of intake. All youth are checked for head lice. After this process, the youth will complete the RHYMIS form and be assigned a bed and locker, and the shelter point system will be explained. This system assigns points to youth for managing their behavior while addressing the issues that brought them to the shelter. For example, if the youth is identified as having difficulty talking appropriately with adults, this behavior will be targeted. If the youth talks appropriately, points will be awarded. If not, points are taken. Privileges in the program are based on the scale. (See attached sheet). At that time, the youth will be matched up with another resident who is at the top of the point scale to be shown around and will answer questions about the program from a participant's view, as well as how activities are scheduled. The youth matched for orientation will also show the new youth the staff board located right inside the doorway. This board has a picture of all agency staff and their positions. This allows the youth to recognize what staff will be on the floor with them, what staff are counselors, and who the administrators and secretaries are. The youth will also point out that staff works eight-hour shifts and that even overnight, there are always two staff on duty. (Most of the time, the youth will not point out that shifts are staggered, so there is an overlap between the new person on duty and the ones leaving. This way, information regarding youth and agency issues can be transmitted from one shift to another.)

Youth will be shown the recreational activity list and develop an understanding of internal and external recreational activities. Youth who participate in external activities (movies, bowling, roller-skating) will always be accompanied by a staff member and will have to have adequate points to participate. The agency will cover the cost of these activities, but if youth would like to do so, they can work at the shelter and get paid for doing light housework (extra chores). This money can then be used for extras at the activity to pay restitution, or to provide money once the youth leaves the program. The youth will be exposed to the house chores that he/she will be assigned throughout his/her stay. Every youth will be responsible for making his/her bed, taking a shower every day, wearing clean clothes (that will be provided by the shelter if the youth doesn't have any), running the vacuum sweeper, clearing plates from the tables after every meal and dust the shelter. These skills are evaluated, and points are given based on the youth's performance. Like home, everyone has chores to do. If a youth isn't sure how to do a chore, they are paired with a staff person to learn the skill.

At intake, the No Physical Contact rule is explained. This rule indicates that at no time are the youth allowed to have physical contact with each other or the staff. The staff is not allowed to put their hand on the youth, and if a youth is out of control, the police will be called. For everyone's safety, there are always two staff persons on duty, and if a youth has any needs or concerns they should ask the staff, talk to his/her counselor or request an appointment with the program director.

After the intake has been completed, the youth receives a medical evaluation by a licensed physician. This health screening is designed not only to evaluate the youth's

physical health but also to generate necessary referrals so the youth can access needed care through the States Health System. Most youths do not have a primary physician to generate a referral for care. The Link physician can provide this free of cost. The information can then be passed on to the parent or guardian to access necessary health care.

The next business day after an intake, during the school year, the youth's school or last school attended will be contacted. The school will be informed that the youth is in the program, and arrangements will be made to get any work the youth will need from the school. (The agency will bus youth who attend school in the immediate area to school.) Youth who are out of school or in need of specific educational services are given services through the shelter connection with the area McKinney Program. The Link teacher then establishes an educational plan for each youth while they are in the program.

The youth are told that within twenty-four hours, they will be assigned a counselor. (The agency has clinical staff that is male and female, Caucasian, Native American, LGBTQ+, and African American; the workers are assigned based on the presenting problem of the youth, youth preference, and the geographical area the youth are returning to.) This counselor will be meeting with them daily and make sure someone is available 24 hours a day for crisis intervention. Once the counselor is assigned, they will be responsible for the case file. The counselor will make sure all the intake information is accurate and complete. They will then begin the clinical section of the

file, which includes the psycho-social assessment, case planning forms, progress notes, case management notes, and other related materials.

The clinical process begins with an assessment. The worker will make contact with the family, set up an appointment for counseling, and will complete a brief psychosocial assessment. This assessment identifies what exactly leads the youth/family to services, what role the family relationships play in the need for services, and what role the school, peers, legal system, and substance abuse play. The plan also identifies the youth's immediate needs at the time of intake. From this assessment, the worker begins to plan about what could be causing the issue and sets out to investigate whether these clinical impressions are accurate with the youth and family. This investigation is then processed by the clinical supervisor (a master's level counselor) as a treatment plan begins to be formulated. The treatment team will review this plan in weekly progress meeting. This peer review assures that all the facts are taken into account and that everyone involved with the youth is on the same page. If the team feels comfortable with the theory, then they will all sign off on the planned approach. If not, then the worker is sent back to collect more information and process that individually with the clinical supervisor.

Counseling services at the Link utilize a brief solution-focused approach. This allows the customer and the family to define the issues. Once they have defined the specific issues facing the youth and family, then the worker facilitates sessions that help the family mobilize their strengths and develop a plan that fits their family situation based on the collected data. This is accomplished by asking the family, "If a miracle happened

tonight and your family changed, what would it look like?" This description is then broken down into steps. The worker asks, "If the change occurred, what would be the first thing you would notice?" By defining the outcomes, the family can use their strengths to bring about these specific behaviors to effect change. Once the treatment plan is developed, the youth and family will sign the plan to show agreement with it and their willingness to work towards these goals. This approach can be used with short-term intervention consistent with the type of service the agency uses.

The agency uses a master-level trainer to assist staff to learn and utilize this approach. This Master's in Social Work supervisor conducts supervision meetings and seminars, and videotapes workers' sessions to help workers "process" their sessions and learn from her review. In addition to this training, each clinical staff member has weekly supervision with the clinical director and access to their supervisor 24 hours a day. This allows workers to seek feedback on crises that may arise and ensure quality services are delivered.

This solution-focused approach is combined with a positive youth development approach that is applied to the youth directly through group counseling, life skill development, and establishing target behaviors that each youth will need to demonstrate to earn points. These target behaviors are unique to each youth and reflect the issues leading to the need for services. By targeting these behaviors, we can focus on skill building. Through a pre-test of the Forty-Developmental Assets, the youth's perception of their current functioning level and areas of concern are measured. These assets focus on the youth's skills in relating to adults, including parents and guardians,

their connection to school and the community, their use of recreational time, and their ability to set and achieve goals. At the completion of services, youth complete a post-test, which allows the counselor to measure any growth the youth think they have achieved while participating in the program and allows the counselor to target areas where the youth is in need of more skills. This may include connecting the youth and family to other community resources for the development of additional skills. Outreach services utilize the same approach and methods but are done in the family home. Like shelter youth, their plans are processed in peer review meetings and with the supervisor.

Once the treatment plan is established, the counselors lead daily groups that target life skill areas, job attainment skills, and therapeutic issues. These groups are designed to challenge current beliefs and attitudes and allow the youth to learn from one another. Each resident examines the issues that brought him or her to the program and then examines how his/her old beliefs and attitude affect their situation. Other youths provide examples of how changes in attitude or beliefs helped them resolve some of their issues. The group process at the Link is designed to send healthy messages to the youth about their bodies, their behaviors, and their interactions. This is accomplished by reviewing issues related to adolescents, like sexual activity, drug usage, conflict resolution, communication skills, and recreational activities. Each group has specific outcome information targeted. At the beginning of the group session, the clinical staff conducts a pre-test to measure each resident's knowledge of the topic area. (Pre-tests are structured to accommodate the age and skill level of all the participants) Then, the group is run to target the specific skills the worker would like to get across. After

instruction, the youth process with each other what they have learned and how they can incorporate this into their world. Group counseling techniques are utilized to ensure that all members of the group participate and everyone's input is valued. This highlights the skills in listening and being respectful, which are necessary to strengthen relationships. Skills demonstrated in the group are assigned points on the behavior scale. This allows youth to be rewarded for their effort and receive feedback immediately about their skills. At the completion of the group, a post-test is completed by the residents. This test not only incorporates what knowledge the youth has learned but also what feedback the youth has about the group for the clinical staff. The program manager then reviews this information for continuous quality improvement. Because The Link is a licensed substance abuse prevention service provider, a curriculum has been established that focuses on the issues that affect youth most. This includes refusal skills, dealing with peer pressure, alternatives to drug use, communication skills, information on the laws, and related health issues. The agency has an agreement with the local Health Department to provide some of this service.

In addition to this educational group, shelter residents participate in skill-building groups designed to teach recreational and nutrition skills. All groups are conducted based on the principle that interaction with peers and adults must demonstrate skills needed to enhance relationships. Youth are required to listen to adults and one another, resolve conflicts in a socially acceptable way, ensure that everyone's emotional well-being is respected, and everyone has the same opportunities to learn. Older youth are expected to demonstrate patience and acceptance of younger youth and must allow them full participation in all activities. The staff highlights accomplishments of each youth at the

end of the activity to assist each youth in developing stronger self-esteem. Feedback for the residents is accomplished through the awarding of points, letters of recommendation to counselors, and the ability to keep the project they designed or built for the group.

These skills are also highlighted in educational services at the Link. The certified teacher on staff will contact the school each resident last attended. An educational plan is then developed. Where appropriate, the youth's actual classroom work will be utilized; where not possible, the teacher will construct a plan that focuses the youth on literacy, math skills, and work readiness. This may include instruction in budget management, completing job applications, dressing for success, hygiene skills, and physical fitness. Like all Link group activities, educational services are designed around improving skill sets, especially interaction skills. All the normal interaction rules apply. If a resident is having difficulty during school time, his/her assigned counselor will work with the student and teacher to develop skills. One of the main goals of educational services at the Link is to strengthen skills that will allow the youth to be successful in his/her home school. Therefore, youth-teacher interactions are highlighted in every educational plan.

These skills are further enhanced in individual counseling each day. Each youth meets with their assigned counselor five days a week. (more if a crisis occurs) These sessions are designed to examine the resident's attitudes, beliefs, values, and behaviors.

Conflicts that the youth has had with adults and peers are processed. Each event is reviewed to examine what role the youth played in the conflict, what they could do differently, how this would change the interaction, and then given the opportunity to

role-play that behavior. All sessions are designed to require the youth to utilize their skill sets in strengthening their relationships with adults. Counselors recognize the skill set that each resident enters with and provides feedback to each youth about their skills. This feedback is designed to send healthy messages about their bodies, behaviors, and interactions. If the youth becomes emotional during a session, staff will de-escalate the behavior and return to skill building.

These skills are then highlighted in family sessions where parents/guardians are given the opportunity to review their concerns about the youth. Like sessions with the residents, parents are asked to review their role in the conflicts and asked to strengthen their skills in interacting with the resident. The clinical staff will model interaction for the parents and highlight changes in attitude, beliefs, values, and behavior that the staff has noticed with the resident. The worker will then engage the parent in maintaining this skill set with the youth by implementing a system in the home that requires the youth to utilize these skills. A discharge plan is developed that outlines what the expectations in the home are going to be and sets behavioral standards for both the adults and youth. The plan will focus on increasing opportunities for positive use of time, positive self-expression, and participation in positive community activities appropriate to the youth's age and skill level. Breakdowns in the plans are then reviewed to determine what skills are needed to ensure the family can maintain the plan. If the family can not complete this skill set in fifteen days, then aftercare is offered. This allows the family to continue to work with their assigned counselor for up to 90 days in their home. The worker continues to focus on the skill development of both the resident and the adults in the home to ensure they can maintain the environment set forth by their miracle. If the

worker or family feels that additional services are needed, then referrals are made to other providers. Link staff will then follow up with the families to ensure that access to the needed services is available.

The discharge plan will also identify who will discharge the youth, where the youth will be placed, who will be responsible for getting the youth to the location, and a copy of all medical and behavioral services that were provided while the youth was at the Link will be given to the parent/ guardian. Aftercare will consist of the assigned counselor working with the family for an additional three months or being given a referral to another service provider that can better address the family's individual needs. Low-cost or sliding-scale service providers are emphasized. If a referral is made, the date of referral and the contact person is recorded in the termination summary.

If the youth does not have a family or home to return to, the assigned counselor works with the local child welfare program to locate a suitable living arrangement. In these cases, preparation for placement is a goal. The counselor will work with the assigned worker and the youth to prepare him/her for what their living arrangement will be. In cases where possible, tours of the home or placement are made to give the youth time to adjust. Link staff will then provide transition services where appropriate.

At the closure of services, the youth and family complete a customer feedback form, the 40-developmental Assets post-test, and give permission for the agency to contact them for the 90 and 180-day follow-ups. Once the file is complete, the clinical supervisor, the staff compliance officer, and the Director of Information Services review the case file. Youth and parent feedback forms are reviewed to determine if program issues are

present and to help evaluate clinical staff. All information is compiled for the agency CQI team. This program team meets monthly to review agency programs and to design and implement any necessary changes based on customer feedback. The outcome information is recorded, and the 90 & 180-day follow-ups are scheduled. The RHYMIS information can then be connected with the financial information and transmitted to HHS on a regular basis. The intake card that contains the youth's demographic information, photo, and last known address is placed in the intake office. This allows staff to track youth who reuse the program. A copy of the intake card is placed in the file, and it is stored in the agency archives until the youth reaches the age of majority. The case file is then locked in a file room at the agency, and only the program manager and director of information services have access to the records. One of these individuals handles all further releases of information. Every year, the agency pulls expired records and has them recycled by a company that guarantees that confidentiality will be maintained.

The clinical staff of the agency provides aftercare and home-based services. Each staff person carries a maximum caseload of ten families (this is a combined total of residents in the shelter and outreach). Given the geographic area the staff has to cover, this allows for adequate service time. Direct referrals to home-based services are handled in the same manner as shelter clinical services. A family session is held, and the solution-focused approach is utilized. The assessment is completed, and a working theory is developed. This is then shared with the clinical supervisor and the treatment team. Progress on cases is reviewed in weekly supervision sessions. If a family experiences a crisis and needs access to the assigned staff, they are given the staff beeper and cell phone number. They are also given the First Call for Help number,

which has all staff home numbers, pagers, and cell numbers. In that way, families have open access to services. The staff has the supervisor's number and can contact him/her 24 hours a day, 365 days a year. In this way, a plan can be developed to ensure the youth and family's needs are met. The home-based worker then provides the clinical intervention as well as case management services. In these cases, if a family is in need of specialized training or skills, the worker will connect them with the appropriate service providers. Because each worker has a specific territory assigned, they have working relationships with systems that can provide support to youth and families in the community. The worker can also connect with the youth's teachers and other providers to ensure coordination of services.

As indicated above, the agency services are directly accountable to the board of directors. This board is made up of citizens throughout the tri-county area, and it has youth members who are full voting members. The board reviews all agency policies, financial records, and COA standards and receives a report from the continuous quality improvement committee. Programs are evaluated through the board to determine if they meet community needs and standards. The board generates a three-year strategic plan that is periodically reviewed and updated. Through this plan, agency goals and objectives are measured and reviewed. Administrative personnel are evaluated on their ability to meet these objectives. One objective of the plan is to maintain a strong working relationship with other regional service providers.

To ensure this, the director and associate director sit on a number of Multi-purpose Human Services Coordinating Councils. (One for each county of service) They work

with these groups to measure the impact of services, evaluate gaps, target new service interventions, avoid duplication, and coordinate service delivery.

Annual Budget for The Link Shelter Care Program

Total Budget: \$1,000,000

1. Personnel Costs (65%) - \$650,000

a. Salaries and Wages (55%) - \$550,000

- Direct Care Staff (20 staff): \$300,000
- Supervisors/Program Managers (5 staff): \$125,000
- Administrative Staff (5 staff): \$75,000
- Maintenance/Support Staff (5 staff): \$50,000

b. Payroll Taxes and Benefits (10%) - \$100,000

- Health insurance, retirement contributions, unemployment insurance, and other benefits.
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2. Program Costs (20%) - \$200,000

a. Client Services and Activities (10%) - \$100,000

- Counseling, therapy, case management, and educational workshops.
- Recreational activities and transportation for residents.

b. Food and Supplies (5%) - \$50,000

- Groceries, kitchen supplies, hygiene products, and other consumables.

c. Medical and Emergency Services (3%) - \$30,000

- On-site medical supplies, medications, and emergency services.

d. Educational Materials (2%) - \$20,000

- Books, online learning subscriptions, and school supplies for residents.
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3. Facility Costs (10%) - \$100,000

a. Rent/Mortgage (5%) - \$50,000

b. Utilities (2%) - \$20,000

- Electricity, water, gas, and internet.

c. Maintenance and Repairs (2%) - \$20,000

- Regular upkeep, repairs, and improvements to the facility.

d. Insurance (1%) - \$10,000

- Property and liability insurance.
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4. Administrative Costs (3%) - \$30,000

- Office supplies, software, communication tools, and professional services (e.g., accounting, legal).
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5. Training and Development (2%) - \$20,000

- Staff training, certifications, and professional development workshops.
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6. Contingency Fund (2%) - \$20,000

- Reserved for unexpected expenses or emergencies.