



**2022 DIRECTORY of**  
**QUALIFIED RESIDENTIAL TREATMENT PROGRAMS**  
for Abused, Neglected and Juvenile Justice Youth  
and  
**BEHAVIORAL HEALTH SERVICES**  
for Youth and Families





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**February 2022**

Agency information and program updates should be emailed to [rose@michfed.org](mailto:rose@michfed.org). As updates are made to this directory, the newest version will be posted at [www.michfed.org](http://www.michfed.org).

The Michigan Federation for Children and Families makes no representation pertaining to the actual services provided by any organization listed in this directory.

This directory has been compiled by the Michigan Federation for Children and Families. Special thanks to Federation Director of Policy and Research Elizabeth Henderson, who collected and compiled the information found in this directory, and to Director of Administration and Operations Rose Homa, who created the directory.

To learn more about the Michigan Federation for Children and Families, visit [www.michfed.org](http://www.michfed.org).

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## INTRODUCTION

**T**he Michigan Federation for Children and Families is a statewide association of private, nonprofit, community-based child and family serving agencies and statewide advocacy and educational institutions devoted to protecting children, building families, and strengthening communities.

Federation membership includes 56 service provider agencies with main offices located in 21 counties across Michigan plus 100+ branch locations throughout the state.

This directory profiles 19 member agencies that provide QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTPs) and 25 member agencies that provide BEHAVIORAL HEALTH SERVICES.

Additional agencies contract with the State of Michigan Department of Health and Human Services to provide residential treatment services and can be found at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs); Doing Business with MDHHS; click on Contractor and Subrecipient Resources, then Contracts by County; click on Residential, Foster Care & Adoption combo spreadsheet.

## PURPOSE OF THIS DIRECTORY

**T**he Michigan Federation for Children and Families has compiled this directory as a resource for locating **Qualified Residential Treatment Programs** and **Behavioral Health Services** available for children, youth, and families in need of residential treatment, behavioral health, and clinical interventions.

# BACKGROUND: THE *FAMILY FIRST PREVENTION SERVICES ACT* (FFPSA) AND WHAT IT MEANS FOR YOUTH AND FAMILIES

The landmark bipartisan *Family First Prevention Services Act* (FFPSA) was signed into law (P.L. 115-123) on February 9, 2018. The FFPSA includes historic reforms to:

- Help keep children with their families and avoid the traumatic experience of entering foster care by creating an expanded entitlement stream of federal funds, without regard to the family's income, to support youth in their homes with services in place to keep them there safely;
- Emphasize the importance of children growing up in families by helping to ensure they are in the least restrictive, most family-like settings to meet their needs when foster care is needed by restricting federal reimbursement to family-based settings and certain residential treatment programs.

## PREVENTION SERVICES

In the past, federal child welfare dollars were restricted to foster care services following a child's removal from their home. Federal dollars are now available for prevention services for the child, the parent, and the kinship caregiver.

The FFPSA allows states to use new Title IV-E dollars flexibly to provide prevention services for up to 12 months, defining the population as children who are "candidates for foster care," or those who can remain safely at home or in a kinship placement with receipt of services. Services have to be evidence-based, promising, or well-supported in order to be funded. There is no longer an income test for at-risk families to be eligible for prevention services, delinking the AFDC eligibility requirements.

Under the FFPSA, prevention services such as mental health and substance abuse prevention and treatment services, and in-home parent skill-based services like parent training, home visiting, and therapy must be provided by a qualified clinician, for up to 12 months. There is no lifetime limit for how many times a child and their family are able to receive these prevention services.

Services provided will utilize a trauma-informed organizational structure and treatment framework. The U.S. Department of Health and Human Services has issued guidance to states on the pre-approved list of services and programs that meet the Act's requirements. States have the option to continue utilizing services with families that are not on the pre-approved list; however, they may not be reimbursed for those services. States are required to evaluate each practice used and assess and report on practices used with each child.

## QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

The Act is also focused on ensuring appropriate placements for children who enter into foster care, restricting the use of non-family placements. New procedures and protocols are designed to promote placement in foster family home settings by outlining conditions for what placements will be eligible for Title IV-E foster care maintenance payments for children placed in settings other than family homes. Residential treatment centers must become designated as a Qualified Residential Treatment Programs (QRTP) in order to be eligible for Title IV-E reimbursement.

In order to be designated as a QRTP, the agency must:

- Be licensed and accredited.
- Use a trauma-informed treatment model.
- Assure registered or licensed nursing and clinical staff are on-site consistent with the treatment model and available 24/7.
- Facilitate outreach and engage the child's family in their treatment plan and programming.
- Provide discharge planning.
- Provide six months of family-based aftercare support.

There are no time limits on how long a child can be placed in a QRTP and receive federal support as long as the placement continues to meet their needs as determined by assessment.

Although the placements may still be utilized, residential settings not meeting the QRTP requirements will not be eligible for Title IV-E foster care maintenance payments.

## ADDITIONAL FAMILY AND YOUTH SUPPORTS

Additional funding is provided under the FFPSA to support:

- Recruiting and retaining high quality foster families to ensure safe placements for youth.
- Specialized placements, including homes for pregnant and parenting youth, supervised independent living for older youth, and youth who are victims of or at risk of becoming victims of sex trafficking.
- Reunification services provided following a child's placement in foster care, once the family is reunified (allowable to a family for a 15-month period that begins on the date the child returns home).

Per the Act, the U.S. DHHS has:

- Identified model foster parent licensing standards (states are required to report to the federal government which standards they have implemented).
- Reauthorized funding for the Chafee program to ensure successful transitions for youth to adulthood, allowing states to continue providing services for youth to age 23 and increasing the age for educational training vouchers (ETV) to age 26.
- Expanded eligibility for the ETV program by lowering to age 14 (from the current age of 16) and permitting five years of eligibility for the young person.
- Regarding adoption assistance, delayed until 2024 the de-link phase-in, and the Government Accountability Office (GAO) must study whether and how states are reinvesting savings due to increases in adoption assistance on post adoption, post guardianship and services to support permanency for children who don't enter foster care as a result of a stronger prevention system.

The Michigan Federation for Children and Families and its member agencies believe the FFPSA is an opportunity to lead and innovate, allowing Michigan to fund services that further the child welfare community's vision for building and supporting strong families and safe communities.

# STANDARDS THAT DEFINE QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

- **Nursing/clinical staff (onsite, contract with local hospital, etc.).** Registered or licensed nursing staff is onsite and/or available 24/7. The nursing staff are always available within 60 minutes to the agency at all times.
- **Trauma-informed care model description.** MDHHS QRTP contracts require the agency to implement an approved trauma-informed practice model and have that re-certified annually by MDHHS. A child welfare trauma-informed approach understands and recognizes that youth in foster care may have experienced complex trauma, which can significantly impact individual and familial development. As such, the agency must educate parents and caregivers on the potential developmental impact of trauma, screen youth and families for trauma, and refer or provide clinical trauma assessments as necessary—collaborating with mental health providers to link youth to evidence-based and supported trauma services, develop resiliency-based case plans, and recognize the necessity of building workforce resiliency both at the individual staff and organizational levels.
- **Family engagement.** Families (including incarcerated parents) and placement caregiver(s) must be included as extensively as possible from the beginning of the admission process through discharge, transition, and aftercare. Families and caregiver(s) are supported and involved in all aspects of the youth's/family's treatment and transitional/discharge planning. Family and caregiver(s) involvement remains the center of the youth's programming. All services must be provided in a manner that ensures youth, families, and placement caregiver(s) receive comprehensive, culturally competent interventions. Families are included in development of the treatment plan, have the opportunity for daily contact with youth (when safe and therapeutically indicated), are included in family therapy based on the child and family permanency goals and treatment plans developed by the foster care caseworker, and specific plans are in place to address needs related to transportation and places to visit.
- **Aftercare.** Aftercare services must be provided for each youth who received residential services contracted by MDHHS. Aftercare services continue for a duration of six months post discharge for youth who are discharged into a community setting; this excludes discharge to another CCI, adult foster care, shelter, hospital, detention, or jail. In order to facilitate quality aftercare services, the agency maintains community involvement, facilitates ongoing family voice and choice, and transition/permanency planning. The agency collaborates with CMH, MDHHS permanency resource monitors and education planners, community providers, family members, RPU staff and the primary worker/agency to partner in activities such as FTMs, conducting ongoing relative search efforts, and identifying mentors for the youth and the family.

## THE IMPORTANCE OF BEHAVIORAL HEALTH SERVICES

Understanding that Qualified Residential Treatment Programs are interventions that address youth needs while in that placement, connections and supports to meet the youth and their families' needs in the community are key to successful reunification. This directory profiles numerous agencies throughout Michigan and the array of behavioral health services available to children, youth, and families including, but not limited to: individual, group and family counseling, substance use disorder and detox services, outpatient treatment, mobile crisis response, parent-child interaction therapy (PCIT), and eye movement desensitization and reprocessing (EMDR) therapy. Children and families do not need to be involved in the child welfare system to utilize these services, as most providers accept commercial insurances, Medicaid, or offer income-based fee scales.

# MATRIX OF QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

Federation member agencies providing QRTP	QRTP locations		Page	Program name	RFC abuse/neglect contract
	County	City			RFC juvenile justice contract
<b>ACTS II Ministry for Teens</b>	Kalamazoo	Kalamazoo	9	Let's Talk About It Home for Boys	M • Mental Health Behavior Stabilization
<b>Bethany Christian Services</b>	Kent	Grand Rapids	11	Ridgeview Residential Treatment	M • Youth with Problematic Sexual Behaviors
			11	Ridgeview Residential Treatment	M • Youth with Problematic Sexual Behaviors
		Confidential	12	Transitional Assessment Center	M • Unaccompanied Refugee Minors
			12	Casa del Sol	M • Unaccompanied Refugee Minors
13	Bellaview	F • Unaccompanied Refugee Minors			
<b>D.A. Blodgett–St. John's</b>	Kent	Grand Rapids	14	St. John's Home Residential	M/F • Mental Health Behavior Stabilization
<b>Child &amp; Family Charities</b>	Ingham	Mason	17	Angel House	F/NC/NB • Parent/Baby
<b>Christ Child House</b>	Wayne	Detroit	18	Christ Child House	M • General Residential M • Mental Health Behavior Stabilization
<b>Eagle Village</b>	Osceola	Hersey	21	Treks Program	M/F • Mental Health Behavior Stabilization
			22	Passages	M/F • Mental Health Behavior Stabilization
<b>Family &amp; Children Services</b>	Kalamazoo	Kalamazoo	24	Gail's House	All • Intensive Stabilization
<b>Guiding Harbor</b>	Wayne	Belleville	28	Girlstown Residential Program	F • General Residential
<b>Highfields Inc.</b>	Ingham	Onondaga	30	Phoenix Program	M • General Residential
			32	Stabilization Program	M • General Residential
<b>Holy Cross Services</b>	Saginaw	Saginaw	34	St. Vincent Home – Hope Hall	F • Mental Health Behavior Stabilization
			34	St. Vincent Home – Jacob Hall	M • Mental Health Behavior Stabilization
			39	St. Vincent Home – Matthew Hall	M/F • Youth with Problematic Sexual Behaviors
<b>Hope Network Behavioral Health Services</b>	Kent	Grand Rapids	44	D.A.R.T.	M/F • Devel. Disabled/Cognitively Impaired
<b>House of Providence</b>	Oakland	Oxford	46	House of Providence	All • Devel. Disabled/Cognitively Impaired All • Mental Health Behavior Stabilization
<b>Methodist Children's Home Society</b>	Wayne	Redford	47	Methodist Children's Home	M • Mental Health Behavior Stabilization
		Detroit	48	Methodist Children's Home	M • General Residential
<b>Samaritas</b>	Jackson	Jackson	49	*Jackson Group Home	M • Unaccompanied Children (federal only)
	Eaton	Charlotte	50	*Charlotte Group Home	M • Unaccompanied Refugee Minors
	Kent	Grand Rapids	50	*Samaritas Shelter Grand Rapids	M • Unaccompanied Children (federal only)
<b>Teaching Family Homes of Upper Michigan</b>	Marquette	Marquette	51	Cedar Creek	M/F • General Residential
			52	South Buff	M/F • Mental Health Behavior Stabilization
	Luce	Newberry	53	Lakes Area	M • Mental Health Behavior Stabilization
<b>Vista Maria</b>	Wayne	Dearborn Heights	54	Rose Hall – Special Care Unit	F/TM • Mental Health Behavior Stabilization
			56	Beata Hall – Special Care Unit, Cognitively Impaired, Mental Health Substance Abuse	F/TG • Devel. Disabled/Cognitively Impaired F/TG • Mental Health Behavior Stabilization F/TG • Substance Abuse Rehabilitation
			57	DeRoy Hall – Wings & Bridges	F/TG • General residential F/TG • Human Trafficking Reintegration F/TG • Human Trafficking Stabilization
			59	Myriam Hall – Transitions	F/TG • General Residential
			60	Freedom Center – Wings	F/TG • Human Trafficking Reintegration F/TG • Human Trafficking Stabilization
				Freedom Center – Wings	F/TG • Human Trafficking Reintegration F/TG • Human Trafficking Stabilization
<b>Wedgwood Christian Services</b>	Kent	Grand Rapids	63	Antonini Home	F • Mental Health Behavior Stabilization
			64	Boelkins Home	M/F • Mental Health Behavior Stabilization
			65	Cook-Claus Home - Manasseh Trauma Recovery Center	F • Human Trafficking Reintegration F • Human Trafficking Stabilization
			66	DeVos Home	M • Youth with Problematic Sexual Behaviors
			67	Van Andel Summit Home	M/F • Mental Health Behavior Stabilization M/F • Substance Abuse Rehabilitation
			68	Zondervan Home	M • Mental Health Behavior Stabilization
			69	VanderArk Home	M/F • Devel. Disabled/Cognitively Impaired
<b>Wellspring Lutheran Services</b>	Oakland	Farmington Hills	71	New Directions	M/F • Devel. Disabled/Cognitively Impaired
<b>Whaley Children's Center</b>	Genesee	Flint	75	Mott Residence	M/F • General Residential
			76	Rotary House	M/F • General Residential
			77	Optimist House	M/F • General Residential
			78	Zonta House	M/F • General Residential

\*These programs are not currently certified as QRTPs.

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## ACTS II MINISTRY FOR TEENS

Agency representative to the Federation:

**Eliakim Thorpe, CEO** • ethorpe@ltaicmh.com

406 Eldred, Kalamazoo, MI 49006 • Kalamazoo County

**248-431-1371 • www.ltaicmh.com**

**Accredited by CARF**

**Service area: Statewide**

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	<b>Kimberly Thorpe, Chief Administrator</b>		
<b>Daytime phone:</b>	248-431-1371	<b>After-hours or on-call phone:</b>	248-431-1371
<b>Email:</b>	Ltaigirlshome@gmail.com		

<b>Intake coordinator:</b>	<b>Eliakim Thorpe, CEO</b>		
<b>Daytime phone:</b>	269-760-1571	<b>After-hours or on-call phone:</b>	269-760-1571
<b>Email:</b>	Ltaigirlshome@gmail.com		

<b>Program name:</b>	<b>Let's Talk About It Home for Boys</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:3		
<b>Specialty:</b>	Open community-based step-down program in a community home setting		
<b>Address/city/zip:</b>	406 Eldred St., Kalamazoo, MI 49006	<b>County:</b>	Kalamazoo
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	13-18
<b>Referral sources:</b>	MDHHS, courts, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	6

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** We use a licensed nurse practitioner.

**Trauma-informed care:** We use trauma-informed evidence-based treatment for disruptive behavior disorders.

**Family engagement:** We pursue families to establish strong connections with their children. We provide individualized parent training and education.

**Aftercare:** We help bridge the gap back to the community, family, and/or support system. We provide referrals and support relevant to youth's location and specific needs.

**Program description:** Our approach is designed to uniquely meet the individual needs of teens 13-18 years of age. We offer the following support services:

**Education:** Our residents attend public, charter and alternative schools. In collaboration with community and university organizations, tutorial services are provided for all residents.

**Health and wellness:** Menus, including meals and snacks, are selected according to nutritional dietary requirements. Each resident will be enrolled at the local YMCA and receive a library card at our local library.

**Group and enrichment activities:** Each resident's personal interests and strengths are identified and nurtured; for example, interest in theater, poetry, music, and other arts is fostered and encouraged.

**Therapeutic services:** Weekly individual, group, family, and substance abuse therapy are provided.

**Life skills and social skills:** Youth are taught both life and social skills in small group and individual settings. Youth go out into the community with staff and/or therapists and are exposed to hands-on life skill application (i.e., accessing services and resources at the Secretary of State, meal planning and mock grocery shopping, doing laundry at a laundromat, and learning about other services offered, and more).

**Employment opportunities:** We teach our youth employment skills and expose them to a variety of employment opportunities in the community.

## ACTS II MINISTRY FOR TEENS - continued

### Other services provided by the agency

N/A

### Agency narrative

Community-based program in a home setting. We prepare youth for transition back to the community. Youth attend school, work, and/or volunteer in the community.



## BETHANY CHRISTIAN SERVICES OF MICHIGAN

Agency representative to the Federation: **Emily Schab, VP of Regional Operations** • eschab@bethany.org

Agency executive director/CEO: **Chris Palusky, President/CEO** • cpalusky@bethany.org

901 Eastern Avenue NE • PO Box 294 • Grand Rapids MI 49501-0294 • Kent County

**616-224-7610 • www.bethany.org**

Accredited by COA

Service area: Statewide, nationwide and global

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	Bryan Funk, Clinical Supervisor, PREA and Intake Coordinator		
<b>Day-time phone:</b>	616-224-7578 desk	<b>After-hours or on-call phone:</b>	616-840-5913 cell
<b>Email:</b>	bfunk@bethany.org		

<b>Program name:</b>	Ridgeview Residential Treatment		
<b>Contract type:</b>	RFC Abuse/Neglect: Youth with Problematic Sexual Behavior RFC Juvenile Justice: Youth with Problematic Sexual Behaviors		
<b>Daytime staffing ratio:</b>	1:5		
<b>Specialty:</b>	Treatment of sexually offending behavior or other significant sexual behavior problems		
<b>Address/city/zip:</b>	901 Eastern Avenue NE, Grand Rapids, MI 49501	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>Abuse/neglect by exception only</li> <li>Juvenile justice</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	12-17
<b>Referral sources:</b>	MDHHS, courts, private pay, West Michigan Partnership for Children	<b># of beds licensed:</b>	26

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Ridgeview program has registered nursing staff employed. They are onsite and are available 24/7 for emergency calls as needed. Helen DeVos Children's Hospital is the local hospital used for emergency care for youth in the program.

**Trauma-informed care:** The Ridgeview program uses the Sanctuary Model of Care as our trauma responsive model for treatment. This model impacts all aspects of the residential program, including direct care services through administration. The model focuses on youth and family engagement along with collaboration of treatment decisions.

**Family engagement:** Bethany Christian Services Ridgeview program believes in the importance of family and relationship connections. Ridgeview is a culturally competent and trauma responsive program. As a program, family/caregivers are recognized as an essential part of the youth's treatment team. Families/caregivers are expected to be engaged in all aspect of the Ridgeview treatment program, including: intake, admissions, contacts, assessment, therapy, education, treatment team (pending development), re-entry, discharge, aftercare, when no adult support is identified.

**Aftercare:** Bethany Christian Services Ridgeview Residential is committed to supporting families and referral sources with time limited aftercare services to ensure successful reintegration of the youth into the community. This includes: planning, who, when, when not, what, documentation.

**Program description:** Bethany Christian Services Ridgeview Residential program offers a 24-hour treatment setting for male juveniles ages 12-17 who have sexually offended or have engaged in sexually problematic behavior. The treatment program is an open, unsecure program located on a three-acre campus. Two separate units serve 13 residents each. The Ridgeview Program is licensed by the State of Michigan and is fully accredited by the Council on Accreditation of Services for Families and Children.

Treatment is provided under the umbrella of Sanctuary Model of Care emphasizing family engagement. Clinical services include individual, group, activity, and family therapy. Assessment and treatment planning is individualized for the youth and family. Psychological and psychiatric services are provided. On-campus public school is provided with potential for attendance at community school. A therapeutic milieu offers supportive relationships and learning opportunities for youth to learn how to make better decisions. Skill building is built into all aspects of the program. The program is family friendly and provides a home-like community with several meeting areas. Advance video coverage is present in the program.

## BETHANY CHRISTIAN SERVICES - continued

<b>Program name:</b>	<b>Transitional Assessment Center</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Unaccompanied Refugee Minors</b>		
<b>Daytime staffing ratio:</b>	1:6		
<b>Specialty:</b>	Unaccompanied refugee minor		
<b>Address/city/zip:</b>	Confidential	<b>County:</b>	Kent
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	15-17
<b>Referral sources:</b>	MDHHS, Office of Refugee Resettlement	<b># of beds licensed:</b>	15
<b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b> <b>Nursing/clinical staff:</b> — <b>Trauma-informed care:</b> — <b>Family engagement:</b> — <b>Aftercare:</b> —			
<b>Program description:</b> The Transitional Living Center is a Sanctuary Model of Care certified program. This program is a specialized community-based residential licensed home equipped to house single unaccompanied refugee minors. This home specializes in mental health treatment as well as independent living skills acquisition. The program prepares recipients to successfully engage the community upon discharge. This unique program provides an intensive, structured, and routine-driven setting that incorporates supportive staff, therapists, community supporters, and volunteers.			

<b>Program name:</b>	<b>Casa del Sol</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Unaccompanied Refugee Minors</b>		
<b>Daytime staffing ratio:</b>	1:6		
<b>Specialty:</b>	Casa del Sol provides life skills training, mental health care, and academic support to refugee and immigrant unaccompanied minors.		
<b>Address/city/zip:</b>	Confidential	<b>County:</b>	Kent
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	15-17
<b>Referral sources:</b>	MDHHS, Office of Refugee Resettlement	<b># of beds licensed:</b>	13
<b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b> <b>Nursing/clinical staff:</b> — <b>Trauma-informed care:</b> — <b>Family engagement:</b> — <b>Aftercare:</b> —			
<b>Program description:</b> Casa del Sol is a Sanctuary Model of Care certified program. The Casa del Sol program provides life skills training, mental health care, and academic support to refugee unaccompanied minors. Residents receiving services at Casa del Sol participate in weekly group and individual therapy sessions based in the Trauma-Focused Cognitive Behavioral Therapy model as well as Dialectical Behavior Therapy. They are also offered weekly ESL classes and additional academic support as needed. Additionally, residents at the Casa del Sol program attend life skills classes designed specifically for newly arrived refugees, covering areas of health, sexual education, United States culture, money management, legal, education, and employment.			

## BETHANY CHRISTIAN SERVICES - continued

<b>Program name:</b>	<b>Bellaview</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Unaccompanied Refugee Minors</b>		
<b>Daytime staffing ratio:</b>	1:6		
<b>Specialty:</b>	Bellaview provides life skills training, mental health care, and academic support to refugee and immigrant unaccompanied minors.		
<b>Address/city/zip:</b>	Confidential	<b>County:</b>	Kent
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female	<b>Ages served:</b>	13-17
<b>Referral sources:</b>	MDHHS, Office of Refugee Resettlement	<b># of beds licensed:</b>	8
<b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b> <b>Nursing/clinical staff:</b> — <b>Trauma-informed care:</b> — <b>Family engagement:</b> — <b>Aftercare:</b> —			
<b>Program description:</b> Bellaview is a Sanctuary Model of Care certified program. The Bellaview program provides life skills training, mental health care, and academic support to refugee unaccompanied minors. Residents receiving services at Bellaview participate in weekly group and individual therapy sessions based in the Trauma-Focused Cognitive Behavioral Therapy model as well as Dialectical Behavior Therapy. They are also offered weekly ESL classes and additional academic support as needed. Additionally, residents at the Bellaview program attend life skills classes designed specifically for newly arrived refugees which cover areas of health, sexual education, United States culture, money management, legal, education, and employment.			

### Other services provided by the agency

Bethany offers services across the state including outpatient counseling, home-based therapy, Safe Families for Children, post adoption support, etc. Services vary by location.

### Agency narrative

Bethany Christian Services believes in families and, therefore, offers a wide range of services that offer treatment and support to children and families locally and across the globe. Bethany offers services across the continuum of care from prevention to post adoption support.



**D.A. BLODGETT–ST. JOHN’S**

*Agency representative to the Federation:*

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**616-451-2021** • **www.dabsj.org**

**Accredited by COA**

**Service area:** Statewide

**Qualified Residential Treatment Program Information**

<b>Intake coordinator:</b>	<b>Alison Ciesa</b> , Clinical Supervisor
<b>Daytime phone:</b>	616-361-4099 ext. 3407
<b>Email:</b>	aciesa@dabsj.org

<b>Program name:</b>	<b>St. John’s Home Residential</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health and Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Mental health and behavior stabilization		
<b>Address/city/zip:</b>	2355 Knapp Street NE, Grand Rapids, MI 49503	<b>County:</b>	Kent
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and feMale	<b>Ages served:</b>	6-17
<b>Referral sources:</b>	MDHHS	<b># of beds licensed:</b>	40

**In addition to Q RTP requirements identified on page 6, Q RTP program components unique to this program:**

**Nursing/clinical staff:** —

**Trauma-informed care:** D.A. Blodgett–St. John’s utilizes The Sanctuary® Model, which is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. A recognition that trauma is pervasive in the experience of human beings forms the basis for the Sanctuary Model’s focus not only on the people who seek treatment, but equally on the people and systems who provide that treatment.

**Family engagement:** D.A. Blodgett–St. Johns begins its admission process by reviewing documentation and communicating with workers on the level of involvement that parents or caregivers want or can being involved in the student’s treatment. Once admission is determined, the admission coordinator will reach out to parents and/or caregivers to explain the program and will remain available for any clarification and support. Admission into a residential program can be equally or more stressful for the parent or caregiver, and D.A. Blodgett–St. John’s recognizes this and offers support.

D.A. Blodgett–St. Johns recognizes and respects the fact that Family and/or Caregiver(s) know their child(ren) best. This has been highlighted specifically when a residential clinician was developing a safety plan for a student. The father offered to come on to campus to help de-escalate his son, and made himself available at all times. During the times in which he was a support, he was able to model effective de-escalation techniques and process with leadership after an escalation. Family and Caregiver(s) have also been invited and encouraged to engage with their child when difficult conversations or decision have to be made – such as hospitalization, moving placement, medication changes, etc. Student’s also have access to a phone 24/7 and when therapeutically appropriate can call family and/or caregiver(s) daily.

D.A. Blodgett–St. Johns practices Person Centered Planning techniques when developing initial treatment plans, by inviting parents and/caregiver(s) and other important people identified by the student to attend and provide insight into the treatment plan. When parents and/or caregivers are unavailable to attend meetings, email or phone calls follow up will be conducted and their input will be added to the plan. Family therapy is often a large aspect of treatment with engaged parent (s) and/or caregiver(s), which is additional to individual and group therapy.

## D.A. BLODGETT–ST. JOHN’S - continued

**Aftercare:** Team meetings are scheduled by program case manager, at least 1 time a week until discharge, to discuss next placement with CMH and MDHHS and the services offered. If services are unable to be started in a timely manner, therapist will continue with weekly therapy, case manager will continue with weekly follow up and school planning, and medical will offer medication reviews as needed. These weekly contacts are documented in ER. If the services are in place upon discharge, monthly check-ins will occur, as well as attending scheduled FTMs, Wraparound meetings, and any other team meeting, these contacts will be documented in ER. A spreadsheet was developed to track discharge, the level of aftercare the student is on, and when the 30-, 90-, and 180-day reports are due. This hold the clinical team accountable to the requirements.

There have been special circumstances when a therapist has attended a reading of a trauma narrative out-of-county to offer support; this reflects D.A. Blodgett–St. John’s devotion to meet both current and previous student’s needs.

**Program description:** The St. John’s Home Residential Program provides intensive therapy in a warm, home-like, open program setting for boys and girls who have suffered abuse and neglect. Located on a beautiful 25-acre campus in Grand Rapids, MI, children live in one of six homes, each with a comfortable living area with floor-to ceiling windows, an open kitchen, a dining area, and a large recreation room. Treatment is individualized according to each child’s needs and is overseen by a multidisciplinary team of experienced professionals, including master’s-level therapists trained in TF-CBT, Case Managers, Program Supervisor, Nurse, activities specialist, and direct care counselors. A relationship and activities-based program, treatment builds on children’s strengths and guides them to higher levels of functioning that enable them to maintain stable relationships within a family setting.

### Other services provided by the agency

- **Foster Care** - Our dedicated foster families provide a temporary and nurturing home until the child(ren) can be reunited with their parents or relative caregiver. You become an important piece to the family unit by supporting the family’s goals, working with DABSJ staff, and caring for the child(ren) unconditionally. We value our foster families and recognize their critical role in the success of our children and families. Because of this, we provide case management and additional supportive services to foster families every step of the way.
- **Adoption** - The Foster Care Adoption Program identifies loving and permanent families for children in Michigan’s foster care system. These children are legally free for adoption and are many times older children.
- **Mentoring** - Here at D.A. Blodgett–St. John’s we offer many different mentoring opportunities in the hopes that we can support those who need it most. This program is unique because we are the only COA accredited mentoring program in West Michigan. Mentors at DABSJ are volunteers who provide mentoring to promote healthy parenting and support to kids ages 10-25. Our mentors are adult volunteers who commit to supporting someone in need.
- **In-School Services: Kent School Services Network** - The goal of Kent School Services Network (KSSN) is to assure that all students are physically and emotionally healthy and able to learn in and out of their classrooms. KSSN is able to do this by bringing a variety of services into the school buildings creating a one-stop shop of services that are easy to access. Services and partners may include DHHS workers, Community School Coordinators, Site Team Clinicians and nurses depending on the school building.
- **Early Childhood Attachment** - Early Childhood Attachment Services facilitates opportunities for parent-child interaction and play; guidance in regards to child development; and provides supportive counseling to children 0-5 years old, along with their families, to increase safe and nurturing environments where families can thrive.
- **Young Delinquent Intervention Program** - The Young Delinquent Intervention Program works with youth 12 years old and younger who have broken the law. The goal is to reduce the chances the youth will commit another crime by learning positive alternatives to offending and an increased respect for others. \*Family is an active participant in the program. We are interested in the long-term success of the youth involved. By providing weekly counseling and mentoring services to the youth and their families in the home, we can make it easier and less complicated for families to obtain necessary services.
- **Multi-Systemic Therapy** - The Multi-Systemic Therapy Program (MST) is an evidence-based model designed to assure parents can structure their home to safely and effectively manage delinquent and high-risk behavior of their teen.
- **Trauma Focused - Cognitive Behavioral Therapy** - TF-CBT is one of the best researched, supported and effective treatments for children who have been traumatized or abused. It includes counseling with the youth and family and a strong focus on managing the emotional and behavioral impact of the original trauma.
- **Case Management Services**
- **Family Support Services** - Support coordinators work with the families and youth to develop a person-centered plan (PCP) to assist them in achieving goals in the areas of activities of daily living, improving the child’s ability to communicate and interact with his/her environment, and promoting inclusion and participation in the community. These services are primarily provided within the home at least one time per month and include providing a 24-hour-per-day crisis response.

## D.A. BLODGETT–ST. JOHN’S - continued

### Agency narrative

Strong communities start with families. Strong families start with kids. Since 1887, that’s where our focus and passion has been. Currently, D.A. Blodgett–St. John’s (DABSJ) offers over 15 programs to help those in our community who need it most. On average, we help more than 7,000 kids and families every year. Our programs include:

#### **RESIDENTIAL TREATMENT**

Our residential treatment program specializes in supporting youth ages 6-18. We strive to create a healthy family atmosphere in co-ed homes that prepare children for pre-adoptive homes or to return to rehabilitated families. This program focuses on healing past trauma, developing a healthy identity, learning independent living skills, and preparing youth for permanent placements.

#### **FOSTER CARE & ADOPTION**

Providing loving homes for abused and neglected children. Every year we compassionately provide support for those on their foster care or adoption journey. The goal is to create permanency for every child, with a loving family and a place to call home.

#### **FAMILY PRESERVATION & BEHAVIORAL HEALTH**

Our family preservation and behavioral health programs help kids and families cope and heal from trauma, substance abuse, stress, and issues related to mental and emotional health. Our goal is to help kids and families feel more comfortable with themselves, other people and to help them develop skills needed to live a happy and productive life. Our programs include in-home counseling, case management, family support services and mentoring.

We welcome individuals and families regardless of marital status, sexual orientation, or family structure. All families are welcome at DABSJ.





## CHILD & FAMILY CHARITIES

Agency representative to the Federation:

**Julie Thomasma, CEO** • julie@childandfamily.org  
 4287 Five Oaks Drive • Lansing MI 48911 • Ingham County  
**517-882-4000 ext. 123** • www.childandfamily.org

Accredited by COA

Service area: Statewide

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	Courtney Schamehorn, Division Director		
<b>Daytime phone:</b>	517-244-4444 ext. 111	<b>After-hours or on-call phone:</b>	517-898-7147
<b>Email:</b>	courtneys@childandfamily.org		

<b>Program name:</b>	Angel House		
<b>Contract type:</b>	RFC Abuse/Neglect: Parent/Baby		
<b>Daytime staffing ratio:</b>	1:8		
<b>Specialty:</b>	Pregnant and parenting teens		
<b>Address/city/zip:</b>	830 Kerns Road, Mason, MI 48854	<b>County:</b>	Ingham
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female, gender non-conforming, non-binary	<b>Ages served:</b>	13-18
<b>Referral sources:</b>	MDHHS, courts, tribes	<b># of beds licensed:</b>	12

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Pediatric, OBGYN, doula, post-partum.

**Trauma-informed care:** Therapists are trained in TF-CBT.

**Family engagement:** Family engagement includes assessments of needs and strengths of the parents and family therapy services either through the Child and Family Charities Behavioral Health clinic or to a community referral as needed. The Family Transition Coordinator will work with youth to support a healthy transition home prior to discharge from Angel House. Service referrals will be made as needed to the families to support healthy relationships with all household members and youth.

**Aftercare:** Aftercare services include six months of community support from the Family Transition Coordinator to assist with the success of the youth in the community. There will be home visits conducted at a minimum of once monthly and up to weekly visits if needed. Home visits will continue to support the youth's transition to the community. This services encompass placement stabilization, emergency on call support, medical and dental, educational, mental health, transportation, and basic living needs as well as independent living supports.

**Program description:** Angel House parent/baby program is a residential treatment program that provides a safe, supportive, and nurturing living environment for teen parents to enrich their parenting, life, and independent living skills. Angel House incorporates cognitive behavioral and positive peer culture theoretical approaches by using the influence of caring adults to offer guidance and support to help young parents grow into contributing members of the community. Angel House also collaborates with other community agencies and support networks to help young parents build on their strengths and skills that are necessary in becoming successful individuals and nurturing parents. In addition to nurturing and nonviolent parenting, Angel House places a priority on education and works closely with area schools to help our residents reach their educational goals.

### Other services provided by the agency

Foster care, adoption, post-adoption support, mental health counseling, substance use disorder treatment; Family Growth Center: respite child care, parenting education, Medicaid outreach, teen court and truancy prevention, transitional living for young adults.

### Agency narrative

The mission of Child and Family Charities is to strengthen and support children, families, and individuals as they evolve and grow in a changing community. Our vision is to be a leader in human services, recognized for excellence in practice, collaboration, and advocacy on behalf of vulnerable populations.



CHRIST CHILD HOUSE

**CHRIST CHILD HOUSE**

*Agency representative to the Federation:*

**Maria Lessnau, Executive Director** • mlessnau@christchildhouse.org

15751 Joy Road • Detroit MI 48228 • Wayne County

**313-584-6077 ext. 14** • [www.christchildhouse.org](http://www.christchildhouse.org)

Accredited by COA

Service area: Statewide

**Qualified Residential Treatment Program Information**

<b>Intake coordinator:</b>	Kristi Livengood, Clinical Director		
<b>Daytime phone:</b>	313-584-6077	<b>After-hours or on-call phone:</b>	313-584-6077
<b>Email:</b>	klivengood@christchildhouse.org		

<b>Program name:</b>	Christ Child House		
<b>Contract type:</b>	RFC Abuse/Neglect: General Residential RFC Abuse/Neglect: Mental Health and Behavior Stabilization		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	General residential and mental health and behavior stabilization services		
<b>Address/city/zip:</b>	15751 Joy Road, Detroit, MI 48228	<b>County:</b>	Wayne
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	6-16 (age 5 with a variance request )
<b>Referral sources:</b>	MDHHS, West Michigan Partnership for Children	<b># of beds licensed:</b>	31

**In addition to Q RTP requirements identified on page 6, Q RTP program components unique to this program:**

**Nursing/clinical staff:** Christ Child House has onsite nursing staff and utilizes local healthcare facilities in the event that the nurse is off duty.

**Trauma-informed care:** Christ Child House has contracted with the Traumatic Stress Institute to provide Trauma training to each staff, to have trained trainers and to provide trauma training during orientation for all staff. Christ Child House has also contracted with Starr to provide staff trauma training. Our Clinical staff were trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). We continue to train staff at orientation with a trauma orientation developed by the agency as well as utilizing Relias trauma training. We train our staff using a cultural sensitivity training through a trauma grant and we provide an annual ACES training for staff as well. We have created a trauma informed environment. We have trained all of our staff from our Administrative Assistant across the continuum of care to our Youth Specialists, Directors, Clinical Team, Administrative Team and Supervisors. We fully incorporate the guiding principles of trauma-safety, choice, collaboration, trustworthiness and empowerment with our youth and our staff into programming at the agency to assure we meet the requirements of a trauma informed agency. This is ingrained in all levels of treatment from intake through the progress and how we incorporate treatment into goals and into discharge and aftercare services. We want all of our staff to have a comprehensive understanding of trauma, the effects of trauma and how trauma effects the brain, our youth's ability to cope, respond and process trauma. Trauma effects how the brain functions and the physical health of our youth, impacting relationships, emotions become dysregulated and shape one's beliefs. Staff understand and continue to learn how trauma impairs our youth and how to incorporate the guiding principles of trauma into treatment. We continue to focus upon training our staff in restorative practices and healing; discipline and behavior; growth/benefit mindset; empathy, gratitude, humility, forgiveness; managing stress and anxiety.

**Family engagement:** Christ Child House, from initial intake/assessment to aftercare, utilizes an interdisciplinary team in collaboration with the resident and his family, to tailor services to meet the needs of residents for service planning and implementation. This structured interdisciplinary program takes into consideration the age, developmental level, the social and emotional needs of every child and his specialized strengths. The framework of this program includes individual and group therapy, family therapy, educational programming, recreational activities, community enrichment and positive parent training.

## CHRIST CHILD HOUSE - continued

**Aftercare:** We incorporate transition planning from placement inception to provide for a successful discharge and permanent aftercare connections. The treatment team has developed an intensive aftercare program that engages and supports family members, caregivers, and identified permanent connections. Learning skills and support in identifying and connecting with resources are provided and ensure youth can live in the community successfully. Our aftercare services allow us to engage families immediately and provide a supportive environment for treatment for the youth to incorporate their family into their treatment by encouraging on grounds visitation initially and move into supportive off campus visitation and continue to encourage and supervise supportive sibling visitation. Face-to-face visitation is encouraged, both on campus and off campus, and supervision and transportation is provided by the agency as needed. Grant funding has provided access to additional services for families, which include assistance with clothing, household items, payment of utilities and rent on a case-by-case basis. For those youth with no permanent family connections, the primary and urgent focus will be on permanency with a “forever family.” The clinical team/transitional care coordinator invite families onsite for education regarding mental health issues or diagnosis, working with the psychiatrist, history of trauma and how to communicate with their youth.

**Program description:** Christ Child House is a trauma informed, intensive treatment center licensed and contracted by the State of Michigan and accredited by COA to provide residential services for males, ages 6-16, who suffer from emotional, behavioral and psychological issues resulting from severe abuse and neglect. Christ Child House’s goal is to provide the highest quality residential, educational, clinical, and case management services.

These services include but are not limited to: family-oriented and permanency planning treatment philosophy, highly specialized trauma-informed treatment, intensive clinical therapy services for children and families that include individual, family and specialized group therapy, intensive youth specialist staff-to-child ratio (one-to-four day-time staffing ratio and one-to-ten night-time staffing ratio), life skills groups, transitional aftercare services, consulting psychiatrist with 24-hour on-call availability and medication management, preparation for foster and adoption services, onsite nursing services, consulting pediatrician and medical specialists, extensive volunteer program, recreational programming (on-campus and off-campus), speech and language therapy, school liaison for coordination with area schools and special education departments to include specialized educational services, we work with numerous schools- center based, regular education (Detroit Public Schools, Westside Christian Academy and Fostering Leadership), specialized on-grounds academic tutoring, contracts with offsite educational programs such as Kumon and onsite summer school programming, centralized food service program and nutritional planning, In-service training for all staff, art therapy and music therapy, community events and recreational activities, adventure therapy, camping program for summer, farm therapy for summer, a fleet of vehicles for community programming, two acres for outdoor recreation with mini sports complex (baseball diamond, jogging track, basketball and volleyball courts, playscape, sandbox, bicycles and exercise gym), internship programs with local universities.

### Other services provided by the agency

Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

### Agency narrative

The youth placed at CCH are traumatized children who have been removed from their homes due to neglect or serious physical, emotional or sexual abuse. The global treatment philosophy of Christ Child House is predicated on the treatment center functioning as a therapeutic milieu and a nurturing environment. A “trauma informed” treatment modality is facilitated. The mission of Christ Child House is to be an innovative treatment program that fosters hope and healing for children and families impacted by trauma. Our vision is to reduce the impact of childhood trauma.

A developmental approach is utilized to individualize each child’s specific treatment plan. As CCH has expanded both our capacity and age range, we provide groups that are more specialized and we staff the children by small developmentally based groups. More vocational and life skills training and instruction have been added to programming in order to better prepare our boys for independent living and adulthood.

## CHRIST CHILD HOUSE - continued

Christ Child House continues to refine its treatment services to provide a continuum of care for children with complex and special needs. The therapeutic milieu is created to serve highly traumatized children in need of a totally planned and structured environment. This treatment approach takes responsibility for the totality of the current life experience of the child and places great emphasis on structure, routine, consistency, predictability, stability, security, communication, and interpersonal relationships. This controlled environment encourages intra-psychic changes and subsequent integrative functioning in society.

The overall goal is to utilize these many components to develop a highly individualized treatment plan for every child. This concept strives to help our youth meet their needs, find solutions to their problems and maximize their potential for social interaction, education, fun and general well-being; which will ultimately enable them to live and function in the community more effectively and successfully. The aim is to break the cycle of institutionalization as quickly as possible, provide hope and assist them in the healing process to provide the best alternative for the child to meet his future needs.

The criteria for admission is determined by our treatment team's assessment of the referring information and predicated on the behavioral grid as contracted with the Michigan Department of Health and Human Services (DHHS). The clinical team assesses the appropriateness of each referral. Psychosocial assessment of each youth is conducted to determine specific goals for each child and his family. Every child receives a psychiatric evaluation and medication review as often as needed by our consulting child psychiatrist. Additional referrals for special community resources such as psychological, legal, medical and other child welfare services are arranged for, as needed.

The clinical therapists are involved with the child and family from the point of admission through discharge and after-care. At the planning onset they formulate an individualized clinical treatment plan. They coordinate all visits and arrangements with parents and futuristic planning. The Youth Specialists carry the primary treatment responsibility for the daily care and supervision of each child. The merger of these clinical services provides the child and his family with the services that will address their needs and promote positive change & growth. The ultimate goal for every child is for him to return to a family living situation, either with his biological family, a foster home or an adoptive family.



**EAGLE VILLAGE, INC.**

*Agency representative to the Federation:*  
**Cathey Prudhomme, CEO** • cprudhomme@eaglevillage.org  
 5044 175th Avenue • Hersey MI 49639 • Osceola County  
**231-832-2234 • www.eaglevillage.org**  
**Accredited by CARF**  
**Service area: Statewide**

**Qualified Residential Treatment Program Information**

<b>Intake coordinator:</b>	Janice Bevans, Admissions Coordinator
<b>Daytime phone:</b>	231-305-6606
<b>Email:</b>	jbevans@eaglevillage.org

<b>Program name:</b>	<b>Treks Program (Ashmun/Sherk, Gerber/Putnam)</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:3		
<b>Specialty:</b>	Sensory, trauma therapy/assessment		
<b>Address/city/zip:</b>	4507 179 <sup>th</sup> Ave., Hersey, MI 49639	<b>County:</b>	Osceola
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	8-17
<b>Referral sources:</b>	DHHS, courts, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	Connections: 24 male and 24 female

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** —

**Trauma-informed care:** Our staff are trained in Risking Connection through the Traumatic Stress Institute of Klingberg Family Centers. Risking Connection is a whole system approach where relationships are key and moves away from the traditional control or consequence-oriented model.

**Family engagement:** Onsite monthly Family Treatment Weekends. These weekends, called Legacy Weekends, are a chance for Eagle Village therapists to work with kids AND their families. When safe and appropriate for the child, Eagle Village invites their families to Legacy Weekends, goes and picks up the family, provides all the food and lodging for the weekend, and returns the family to their home at no cost. We know family involvement matters, and we will remove any obstacle to make it happen.

**Aftercare:** Every student who leaves Eagle Village receives follow-up care. Monthly phone calls and/or in-person visits are scheduled each month for their first six months after leaving Eagle Village. We have our final check in at the 12-month mark, but past students are welcome to call us whenever they need help. Our aftercare is provided by our foster care workers who bring a wealth of knowledge of community services and transitioning youth back to their community.

## EAGLE VILLAGE, INC. - continued

**Program description:** The Eagle Village Treks Program serves boys and girls ages 8-17. Treks is most effective for children with adjustment issues due to trauma. To stabilize and treat the conditions and symptoms youth are experiencing, intensive evidence-based programming and trauma-informed therapeutic services are utilized. The program is designed to meet the psychological, emotional, behavioral, physical, and spiritual needs of the youth and family. Additionally, this program serves as a post-adoption resource for youth struggling in their placement due to past trauma, Reactive Attachment Disorder, and other difficulties.

Family involvement is strongly encouraged when appropriate. We believe the progress of the youth is positively and significantly affected when families/guardians are involved. Services are designed to address the consequences of early childhood trauma and help youth build resilience with the result of decreasing frequency and intensity of emotional issues.

Youth attend the on-grounds charter school, Eagle Village Lighthouse Academy. Please visit [www.eaglevillage.org](http://www.eaglevillage.org) for more detailed information.

<b>Program name:</b>	<b>Passages (Leppien/Hainley)</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:3		
<b>Specialty:</b>	Sensory, trauma therapy/assessment		
<b>Address/city/zip:</b>	4507 179 <sup>th</sup> Ave., Hersey, MI 49639	<b>County:</b>	Osceola
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	14-18
<b>Referral sources:</b>	DHHS, courts, private agencies, tribes	<b># of beds licensed:</b>	24 co-ed

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** —

**Trauma-informed care:** Our staff are trained in Risking Connection through the Traumatic Stress Institute of Klingberg Family Centers. Risking Connection is a whole system approach where relationships are key and moves away from the traditional control or consequence-oriented model.

**Family engagement:** Onsite monthly Family Treatment Weekends. These weekends, called Legacy Weekends, are a chance for Eagle Village therapists to work with kids AND their families. When safe and appropriate for the child, Eagle Village invites their families to Legacy Weekends, goes and picks up the family, provides all the food and lodging for the weekend, and returns the family to their home at no cost. We know family involvement matters and we will remove any obstacle to make it happen.

**Aftercare:** Every student that leaves Eagle Village receives follow-up care. Monthly phone calls and/or in-person visits are scheduled each month for their first six months after leaving Eagle Village. We have our final check in at the 12-month mark, but past students are welcome to call us whenever they need help. Our aftercare is provided by our foster care workers who bring a wealth of knowledge of community services and transitioning youth back to their community.

**Program description:** The Passages program is based off of a Mental Health and Behavior Stabilization model with a unique consideration towards teens who are aging out of Foster Care. Passages is a program designed to equip and prepare teens, ages 14-18, for a successful transition to adulthood and community living. Full assessment of academic and vocational readiness, life skills, personal care, and decision making are combined with education and training to incorporate daily opportunities to learn and apply independent living skills. Trauma informed individual and group therapy, vocational opportunities, and daily decision making and planning, help each teen craft a path for success and prepare for future independence. Additionally, this program serves as a post-adoption resource for youth struggling in their placement due to past trauma, Reactive Attachment Disorder, and other difficulties. The program accepts males and females ages 15-17.

Family involvement is strongly encouraged when appropriate. We believe the progress of the youth is positively and significantly affected when families/guardians are involved. Services are designed to address the consequences of early childhood trauma and help youth build resilience with the result of decreasing frequency and intensity of emotional issues. Youth in the Passages Program are eligible for vocational education and credit recovery, along with life skills geared towards older teens.

Youth attend the on-grounds charter school, Eagle Village Lighthouse Academy. Please visit [www.eaglevillage.org](http://www.eaglevillage.org) for more detailed information.

## EAGLE VILLAGE, INC. - continued

### Other services provided by the agency

Other services provided by Eagle Village include: Family Challenge Weekend, Youth Challenge Weekend and Summer Camps—BASE Camp and Project Survive, foster care and adoption. No prior relationship with Eagle Village is required to use these additional services. Please visit [www.eaglevillage.org](http://www.eaglevillage.org) for program descriptions.

### Agency narrative

**Mission statement:** Through God's help and love, we serve, value, and equip children and families for success.

**Vision statement:** Eagle Village will be the leading healing center, innovatively working with today's ever-changing youth, families, and communities. Through spiritual growth and heart-changing experiences, we are committed to program excellence, empowering staff, and partnering with communities.

**FAMILY & CHILDREN SERVICES**

*Agency representative to the Federation:*

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**269-344-0202** • [www.guidingharbor.org](http://www.guidingharbor.org)

Accredited by COA

Service area: Statewide

**Qualified Residential Treatment Program Information**

<b>Intake coordinator:</b>	Alicia Cunningham, Therapeutic Residential Services Supervisor		
<b>Daytime phone:</b>	269-716-9435	<b>After-hours or on-call phone:</b>	269-488-7985
<b>Email:</b>	Alicia.Cunningham@fcsource.org		

<b>Intake coordinator:</b>	Diane Marquess, Clinical Services Director		
<b>Daytime phone:</b>	269-488-7923	<b>After-hours or on-call phone:</b>	269-488-7985
<b>Email:</b>	Alicia.Cunningham@fcsource.org		

<b>Program name:</b>	<b>Gail's House</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Intensive Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:2.5		
<b>Specialty:</b>	Behavioral health stabilization		
<b>Address/city/zip:</b>	1608 Lake Street Kalamazoo, MI 49001	<b>County:</b>	Kalamazoo
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	All genders served, only accept birth-sex female	<b>Ages served:</b>	10-15
<b>Referral sources:</b>	MDHHS	<b># of beds licensed:</b>	6 licensed; 5 contracted

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Nursing services are contracted through a local Nursing Service to provide the onsite contracted hours of nursing and to be available 24/7. Nursing staff may hold either an LPN or RN license. The nurses are supervised by an RN.

**Trauma-informed care:** Family & Children Services (F&CS) believes in the fundamental importance of addressing trauma in the lives of people served by the agency and employees of the agency. F&CS has a Trauma Policy and an established Committee dedicated to advancing knowledge and practices of Trauma throughout the organization. Addressing trauma in the lives of people served by the agency and employees of the agency is a component of our Strategic Plan. F&CS is maintaining an organizational environmental scan by conducting self-assessments. We are adopting approaches that prevent and address secondary traumatic stress of staff. We are screening individuals served for trauma exposure. F&CS is building and maintaining community partnerships to promote a trauma informed system of care in our community. F&CS is utilizing the University of Buffalo School of Social Work Trauma-Informed Organizational Change Manual as our guide. The clinical services director is an ACE Certified Master Trainer.

**Family engagement:** F&CS follows Council on Accreditation Residential Standards for Family Involvement. F&CS will help every resident express the nature of family connection desired, develop problem-solving skills and resolve conflicts in family relationships, identify family strengths that help members meet challenges, maintain relationships with family members through time spent in shared activities, and prepare for return to the family, if appropriate. F&CS supports active family participation at admission, in assessments, in service planning and decision making, during the treatment process and discharge planning, and in family counseling and services, unless involvement is contraindicated.

Family/caregiver/supportive persons engaged in treatment is a part of the program design as the intent for discharge is that the youth secure an appropriate living situation that will allow the youth to return to a community-based setting whether it be with foster parents, family, or biological parents. The family of the youth served needs to be able to engage in treatment as a consideration for admittance to the program.



## FAMILY & CHILDREN SERVICES - continued

The program design includes the parent/guardian/family and youth participation in the development of a comprehensive, individualized, strength-based, trauma-informed, family-focused, culturally responsive assessment that informs and guides service delivery, discharge planning and aftercare services. Additionally, the youth will receive a psychiatric evaluation where the parent/guardian is required to participate to contribute valuable family history information.

Additionally, the youth's individual service plan is developed in collaboration with the youth, family, and the treatment team. Family/caregiver involvement should occur from the beginning of treatment and continue as frequently as possible, unless contraindicated. The program believes that the family/caregiver plays a central role in the health and well-being of the youth. The family/caregiver involvement throughout the planning and treatment process is crucial to create a service system that values and promotes the advice and recommendation of the family.

The program will also engage the family and youth in permanency and transition planning by discussing the youth and family strengths, continuing goals, successful strategies, and potential pitfalls, by developing a plan for times during the transition phase during which a youth and/or family encounter challenges that make transition appear compromised. The plan will identify the critical assistance needed to re-focus, rally, and to support the youth and family through to transition. Each youth and family will develop a safety crisis plan because understanding mental health diagnosis and the youth's unique triggers and cycles is crucial to the recovery model. Family participation should be in person whenever possible although telehealth options will be available.

F&CS also follows Council on Accreditation Residential Standards for Family Involvement. The standard expects five aspects of family involvement. F&CS will help every resident express the nature of family connection desired, develop problem-solving skills and resolve conflicts in family relationships, identify family strengths that help members meet challenges, maintain relationships with family members through time spent in shared activities, and prepare for return to the family, if appropriate.

**Aftercare:** Additionally, the youth's individual service plan is developed in collaboration with the youth, family, and the treatment team. Family/caregiver involvement should occur from the beginning of treatment and continue as frequently as possible, unless contraindicated. The program believes that the family/caregiver plays a central role in the health and well-being of the youth. The family/caregiver involvement throughout the planning and treatment process is crucial to create a service system that values and promotes the advice and recommendation of the family.

The program will also engage the family and youth in permanency and transition planning by discussing the youth and family strengths, continuing goals, successful strategies, and potential pitfalls, by developing a plan for times during the transition phase during which a youth and/or family encounter challenges that make transition appear compromised. The plan will identify the critical assistance needed to re-focus, rally, and to support the youth and family through to transition. Each youth and family will develop a safety crisis plan because understanding mental health diagnosis and the youth's unique triggers and cycles is crucial to the recovery model. Family participation should be in person whenever possible although telehealth options will be available.

F&CS also follows Council on Accreditation Residential Standards for Family Involvement. The standard expects five aspects of family involvement. F&CS will help every resident express the nature of family connection desired, develop problem-solving skills and resolve conflicts in family relationships, identify family strengths that help members meet challenges, maintain relationships with family members through time spent in shared activities, and prepare for return to the family, if appropriate.

**Program description:** Gail's House Intensive Stabilization Services, operated by Family & Children Services, is accredited by the Council on Accreditation and licensed by the State of Michigan as a Child Caring Institution. Gail's House Intensive Stabilization Services provide a safe and therapeutic environment for youth, primarily ages 10-15 (exceptions may be made), who are in a current crisis or have not been able to maintain stabilized behavior. Referrals are accepted 24 hours, 365 days a year in a licensed 5-bedroom, home-like setting. Gail's house is a trauma-informed, short-term, up to 45-day placement. Criteria for placement includes:

- Youth who present with significant behavioral challenges
- Youth being stepped down from a hospitalization program
- Youth experiencing repeated placement instability
- Youth experiencing or have a history of active unstable symptoms which may include: aggressive behavior toward self or others, psychotic symptoms, and/or frequent severe emotional episodes
- Youth who are non-compliant with and/or not stabilized on medication
- Youth with a high risk of serious self-harm and aggression
- Youth with a lack of intact thought process.

## FAMILY & CHILDREN SERVICES - continued

The target population for the proposed intensive stabilization services with Family & Children Services would be limited to those out and their families who are under the care and supervision of the Michigan Department of Health and Human Services (MDHHS) and under the jurisdiction of the court for abuse and neglect. The families of the youth to be served need to be able to engage in the treatment.

The intent of the program is to stabilize crisis while diagnostic services and supports are provided to meet the short-term treatment goals of the youth. The program will help identify short and long-term treatment goals, community supports, and secure an appropriate living situation for youth which will allow the youth to return to a community-based setting as soon as possible.

Family & Children Services' Crisis Stabilization Program will offer short-term treatment for youth, structure for their daily living in alignment with their individual recovery plans, and supervise their activities and progress in a safe, protective environment. During a youths stay at Gail's house emphasis will be place on creating an environment designed to support youth in trauma recovery. Services will include treatment planning, daily living skills training, social activities, counseling, and service linkage.

The behavioral and emotional supports chosen are youth-guided, family-driven, culturally and linguistically competent, trauma-informed, individualized and strengths-based. The Trauma-Informed Treatment Model is designed to address the needs of youth with serious emotional or behavioral disorders or disturbances with respect to a youth.

Youth are assessed by the clinical team to determine appropriate service to provide. The clinician team completes a biopsychosocial assessment, nursing assessment and a psychiatric evaluation.

Crisis Stabilization programming includes:

- Positive Behavioral Supports structured lessons
- TARGET focused activity
- Psycho-social assessment, including diagnosis
- Skills groups designed to meet the needs and abilities of the youth in program
- Individual therapy designed for specific treatment plan
- Educational activities aimed at keeping the student current with each home school district's educational assignments/expectations
- Structured physical activities
- Structured recreational activities
- Medication monitoring
- Psychiatric evaluations
- Nursing assessment and monitoring
- Linkage to services
- Discharge planning
- Case coordination
- Family therapy, as family is available and interest
- Skill building, including activities of daily living and socialization skills
- Independent living skill development for youth 14 and older
- Allied Therapies including structured and guided activities that are participatory in nature, activities are related to the youth's treatment planning needs, and activities may occur either at the house or within the community
- Screening tools as determined necessary
- Suicide risk assessment
- Crisis planning
- Additional assessments as determined necessary by the treatment team

The facility is designed to provide accommodations for five youth at any given time. Typical staffing ratios are 2 staff-to-5 children. This is a combination of direct care staff, specialist, and therapists. Typical staffing ratios are from 1:4 or 2:6 during waking hours and may be 1:6 during sleeping hours. The staff will be direct care staff. A therapist will also be available onsite and/or on-call to be called in for crisis counseling. Structure is provided for the children while in the program which includes monitoring and supervision through direct contact, eyes on and verbal communication. Level of supervision may be enhanced if it is determined a child's needs that for their safety of the safety of others.

If determined appropriate a child may go back to their bedroom without staff present in that area. On-going supervision of that child will continue in one of two ways. One, if the child is calm and emotionally stable at the time, she will be checked on every 15 minutes. Two, if the child is upset or emotionally unstable at the time, she will be checked on every five minutes. If multiple children are in the bedroom area a staff member will be present. The facility is a home which allows for easy visual monitoring of most areas in the home.

## FAMILY & CHILDREN SERVICES - continued

### Other services provided by the agency

F&CS provides other child welfare services. F&CS is a Child Placing agency providing Foster Care and Adoption Services. We also provide family preservation programs, including Families First and Families Together Building Solutions.

F&CS also provides behavioral health services. We hold a contract with the local Community Mental Health Services Program to provide specialty Medicaid services including youth and family home-based, case management, and emergency mental health services. Additionally, F&CS offers outpatient counseling services through contracts with Medicaid Health Plans and commercial insurance.

### Agency narrative

Family & Children Services is a private, nonprofit, non-sectarian, human services organization that served 6,352 individuals in 2020, 3,460 were children. More than 80% of clients live below 200% of Federal Poverty Guidelines and 60% are under the age of 19. Since 1903, the agency has responded to the changing needs of our community, originally as the Women's Civic Improvement League and Michigan Children's Aid Society and after more than a century of growth and evolution remains true to its mission to support, strengthen, and preserve the safety, well-being and dignity of children, individuals, and families. Today, 118 years later, Family & Children Services achieves this mission through a continuum of individualized, best-practice child welfare, behavioral health, and crisis intervention services that include:

**Child Welfare Services:** Foster Care—Child placement, foster parent recruitment and licensing, supervision, and support; Adoption and Information Services—Child placement and parenting support; Family Preservation and Parenting Support—Intensive in-home services for families at risk of child removal.

**Behavioral Health Services:** The Counseling Center—Outpatient individual, relationship, family counseling; Case Management—Support for individuals with mental health challenges; Family and Community Treatment (FACT)—Intensive in-home mental health intervention and support; FACT-ICT (Integrated Co-occurring Treatment)—Intensive in-home mental health and substance use intervention.

**Crisis Intervention Services:** Mobile Crisis Response (MCR)—24/7 response for youth in mental health crisis; Therapeutic Residential Services for youth in out-of-home care.

A volunteer Board of Directors reflects community need and governs and guides the agency in their areas of expertise. Quality of services is assured through internal Continuous Quality Improvement programs and accreditation by the Council on Accreditation (COA) of Services for Families and Children since June 1997. Active internal committees include Safety, Trauma, and Diversity, Equity, and Inclusion. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) exists to promote the portability of health insurance and protect the privacy of health information. Staff receives HIPAA training and clients are given a Notice of Privacy Practices brochure when they begin services. Family & Children Services employs 124 staff. Service hours are flexible to meet the needs of individuals served and are delivered in client homes, residential homes, off-site locations and agency service sites in Kalamazoo and Battle Creek.

Through its Resource Development efforts, donations in support of program delivery are sought from foundations, corporations, and individuals to supplement public funding. Gifts to HANDLE WITH CARE Annual Fund provide a unique safety net for clients when there is no other source in the community. Donors also provide support to specific services and capital projects. The agency's Circle of Hope Endowment ensures that critical human services will be available for future generations. The agency has promoted understanding within the community of the value of human services and has contributed to reducing the stigma around mental health challenges through its marketing efforts.

The agency holds State of Michigan licenses as a Child Placing agency, Child Caring Institution, and Children's Therapeutic Group Home. Family & Children Services receives funding for child welfare services from Michigan Department of Health and Human Services (MDHHS) and from the United Way, and for behavioral health services from Integrated Services of Kalamazoo, insurance reimbursements, fees for services, and contributions. The agency is a member of the Michigan Federation for Children and Families.



## GUIDING HARBOR

*Agency representative to the Federation:*

**Jennifer Trotter, Executive Director** • [jtrotter@guidingharbor.org](mailto:jtrotter@guidingharbor.org)

525 Huron River Drive • Belleville MI 48111

**734-697-7242 • [www.guidingharbor.org](http://www.guidingharbor.org)**

**Accredited by CARF**

**Service area: Statewide**

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	<b>Meghan Parsons, Residential Program Manager</b>		
<b>Daytime phone:</b>	734-412-7965	<b>After-hours or on-call phone:</b>	734-634-3243
<b>Email:</b>	<a href="mailto:mparsons@guidingharbor.org">mparsons@guidingharbor.org</a>		

<b>Program name:</b>	<b>Girlstown Residential Program</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:6		
<b>Specialty:</b>	Service to general abuse/neglect court wards. Treatment typically lasts 10-12 months		
<b>Address/city/zip:</b>	11875 Quirk Road, Belleville, MI 48111	<b>County:</b>	Wayne
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female	<b>Ages served:</b>	10-17
<b>Referral sources:</b>	MDHHS , West Michigan Partnership for Children	<b># of beds licensed:</b>	14

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Our registered nurse is available at all hours to address our youth's medical needs. She is involved in all medical and psychiatric updates and is well-informed of the treatment each of our youth are involved in.

**Trauma-informed care:** Our staff are trained in CORE Teen, which recognizes the impact that trauma has on the developing brain, the behavioral responses that can arise when one is dealing with past or present trauma and sustaining healthy and supported relationships with youth. This curriculum emphasizes understanding and managing youth's challenging behaviors and giving caregivers new skills to support youth who are living with trauma.

**Family engagement:** Girlstown is dedicated to ensuring that all family members and supportive adults involved in the youth's lives have the opportunity for daily contact, involved in treatment planning and discharge, and kept up to date on the youth's care whenever appropriate. It is the goal of our agency that all of the youth served are able to maintain contact with their support system whenever therapeutically appropriate and possible.

**Aftercare:** Our clinical staff are dedicated to ensuring youth success through our program and beyond. Each youth that is transitioned into a community setting remains under our care and supervision to ensure that they are receiving all appropriate services, have safe and stable housing, and have the continued support of our program in the months after their discharge. Our staff collaborate with the CMH, education system, and caregivers with the goal of permanency for all parties involved.

## GUIDING HARBOR (formerly known as Girlstown Foundation) - continued

**Program description:** Guiding Harbor Girlstown, our residential placement facility, serves female youth (ages 10-17) of any race, color, religion, height, weight, or national origin. In order to be placed at Girlstown, youth must be adjudicated into the foster care system, have minimal behavioral issues regarding aggression and violence, and must be able to perform daily living tasks with minimal assistance. Girlstown is committed to providing therapeutic services to our clientele in order to allow them to transition to a less restrictive environment.

The Girlstown Program provides 24-hour supervision by the residential program staff. The program offers educational, clinical, recreational, and case management services, in order to best support residence through adolescence. Program Staff provide extensive supportive services including family visitation, legal advocacy, intensive case planning, health care services, as well as providing individual and group therapy.

Our program model is behavioral in nature, with a strong emphasis on mental health and therapeutic intervention. The program is based on a point/level system, which reinforces behavioral objectives in the areas of client motivation, appearance, hygiene, house expectations, academics and recreational activities. The residents are monitored through their individual treatment plan. Progress is facilitated by the intervention of a multi-disciplinary treatment team that includes Residential Treatment Workers, Case Manager, Residential Treatment Worker Supervisor, Program Manager, and Psychiatrist. We are committed to the goal of having our residents placed in a less restrictive environment. Successful completion of the program is typically achieved in 10 to 12 months.

Girlstown is a fully staffed open residential facility. There is a maximum capacity of 14 girls with Residential Treatment Workers implementing programming. This setting allows the opportunity to develop or improve their independent living skills including budgeting, meal preparation, shopping, employability skills, and accessing resources and services with the community. In addition to assigned duties, each client is responsible for maintaining her own room and hygiene. In addition, staff assists the clients with their transition into a less restrictive community environment by integrating community outings and tasks in the schedule. The clients are able to earn various privileges including video games, free time, and outings off-campus, based upon positive behaviors exhibited on a daily basis.

### Other services provided by the agency

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### Agency narrative

Services are designed to build on individual and familial strengths; and to assist families, children and foster families in strengthening a child's ability to overcome risks and challenges. Guiding Harbor supports the recovery, health and well-being of our clients and their families. In supporting their recovery, we assist them to grow beyond the problems and concerns that placed the children into care. Securing our clients' well-being, safety and permanency are key components to the foster care program and services provided. It is the role of service providers to enhance the life of the children that we serve and to improve or restore functioning in the family or of the client overall.

Guiding Harbor modifies the programming at Girlstown based on the ages and functioning level of the residents. When there is a broad range of ages and/or functioning level of the residents, Girlstown staff adjust activities, groups and room assignments accordingly to ensure that we are best able to meet the safety, emotional needs and interests of our residents. The goal of this program is to have residents placed in a less restrictive environment. Completion of the program is typically achieved in 10 to 12 months.



## HIGHFIELDS, INC.

*Agency representative to the Federation:*

**Brian Philson, President/CEO** • bphilson@highfields.org  
 5123 Old Plank Road • Onondaga MI 49264 • Ingham County  
**517-628-2287 ext. 371** • [www.highfields.org](http://www.highfields.org)

**Accredited by COA**

**Service area:** Barry, Bay, Berrien, Branch, Calhoun, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Ingham, Ionia, Iosco, Isabella, Jackson, Kent, Lake, Lenawee, Livingston, Macomb, Midland, Monroe, Montcalm, Newaygo, Oakland, Osceola, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Van Buren, Washtenaw, and Wayne counties

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	Julie Duffey, Residential Coordinator
<b>Daytime phone:</b>	517-628-2287 ext. 320 • Fax 517-628-3421
<b>Email:</b>	jduffey@highfields.org

<b>Program name:</b>	<b>Phoenix Program</b>		
<b>Contract type:</b>	<b>RFC Juvenile Justice: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:6		
<b>Specialty:</b>	Juvenile delinquency rehabilitation, substance abuse treatment		
<b>Address/city/zip:</b>	5123 Old Plank Road, Onondaga, MI 49264	<b>County:</b>	Ingham
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect by exception only</li> <li>• Juvenile justice</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, courts, tribes, private agencies, CCMOs	<b># of beds licensed:</b>	36

**In addition to Q RTP requirements identified on page 6, Q RTP program components unique to this program:**

**Nursing/clinical staff:** The Highfields Residential Program employs a part-time nurse who is available to assess student needs and coordinate with prior placements to ensure all medication and medical needs are provided.

**Trauma-informed care:** The Highfields Residential Program utilizes cognitive behavioral therapy to address the thinking, emotions, and behaviors of the students we serve. The experiences that students have had play a big role in their treatment as they develop a life story and utilize it during their treatment process. The family is encouraged to be involved at every step to assist in the transition back to the community. Staff deliver the treatment interventions while using a trauma responsive approach.

All staff members are trained in trauma responsive care and are trained to treat each client through a trauma responsive lens to ensure we are providing appropriate treatment.

Every client is provided Aggression Replacement Training (ART) which consists of skill streaming and anger control training. ART provides a tested array of competency building strategies that can increase the effectiveness of trauma-focused treatment.

Cognitive behavioral therapy is provided using the EQUIP program which combines peer helping group methods with cognitive development.

Substance abuse treatment is provided for clients that are in need. Curriculum is based on the Moral Reconation Therapy—MRT® module. Clients are assessed using the Adolescent Alcohol and Drug Involvement Scale (AADIS) as well as the Substance Abuse Subtle Screening Inventory (SASSI).

Counselors also utilize the TLC Trauma Intervention Program with clients.

## HIGHFIELDS, INC. - continued

Psychiatric services are provided onsite on an as needed basis. The psychiatrist manages the student's medication regimen, does full assessments, and coordinates other assessments such as Connor's Scales and health assessments through local clinics.

The family counselors create treatment plans specific to meet each youth's individual needs.

If a youth presents with trauma related symptoms that are outside of our Family Counselor's level of expertise, Highfields will utilize a TF-CBT trained clinician within the agency. Highfields has multiple therapists on staff throughout all offices that can be utilized.

Highfields leadership is scheduled to attend a training of the Sanctuary Model in early 2022.

**Family engagement:** Highfields places a high value on family engagement and works to get the family involved at all levels of treatment. We believe that families are always the experts of their own lives and the more involvement they have in their son's treatment, the better the outcomes are. Families are encouraged to visit as much as they are able or to utilize technology for alternative visits. Constant contact and communication has been increased with more frequent phone calls as well. Home passes are a built in aspect of the program which are designed to provide the students with small sample sizes of reintegration in their homes and follow up with the family to work through remaining challenges or barriers to a permanent transition home. Family Treatment Weekends are an additional program that aims to promote fun family memories and experiences while at Highfields. Below is a list of family engagement strategies:

- Person centered planning, including the youth, family, court staff, and advocates to create and implement treatment plans.
- The creation of re-entry and transition plans are developed with the youth and the family to identify strengths and ongoing needs before the transition back into the community.
- Daily phone calls
- Zoom meetings and visits
- Campus family visits
- Highfields has a building on campus that allows families to stay on campus for the weekend with their son to increase family bonding time before home passes are available.
- Family treatment weekends
- Bi-weekly home passes

Highfields has aligned with the Building Bridges Initiative to increase overall family involvement as well as shift the paradigms of family engagement within residential. Highfields works to ensure that students have access to their family at all times as long as safety is not an issue. We continue to work towards educating staff, students, families, and partners in the effort to be less punitive and more therapeutic in our overall approach and work with families.

**Aftercare:** Transitioning back into the community begins on day 1 at Highfields. The Highfields Phoenix Program provides aftercare services to all MDHHS youth and to any other youth who request this service. An after care specialist coordinates with the treatment team, parents/guardians/extended family members, nurse & caseworker to identify the strengths and needs of the youth and family in preparation for a smooth transition back into the community. Aftercare is provided for up to 6 months from the time of discharge and includes in person counseling, assistance, and mentoring to the youth and families.

**Program description:** The Phoenix Program incorporates a cognitive-behavioral treatment modality with a non-determinant placement stay averaging 5-8 months in a non-secure setting. Treatment interventions improve the thought processes and behavioral responses of youth and encourage them to take responsibility for their actions and make amends for harm done to others. Family treatment is provided to address concerns leading to placement and to promote sustainable reentry. Expected outcomes include improved productivity at school and work, improved relations with family and friends, and constructive community activities.

## HIGHFIELDS, INC. - continued

<b>Program name:</b>	<b>Stabilization Program</b>		
<b>Contract type:</b>	<b>RFC Juvenile Justice: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:6		
<b>Specialty:</b>	The purpose of the Stabilization Program is to promote the stabilization of youth who are at risk of failing their current community-based placement.		
<b>Address/city/zip:</b>	5123 Old Plank Road, Onondaga, MI 49264	<b>County:</b>	Ingham
<b>Eligibility type:</b>	Juvenile justice	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	Courts	<b># of beds licensed:</b>	12
<p><b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b></p> <p><b>Nursing/clinical staff:</b> The Highfields Residential Program employs a part-time nurse who is available to assess student needs.</p> <p><b>Trauma-informed care:</b> Counselors also utilize the TLC Trauma Intervention Program with clients. Substance abuse treatment is provided for clients that are in need and referred for 90 days. Curriculum is based on the Moral Reconciliation Therapy (MRT) module. Clients are assessed using the Adolescent Alcohol and Drug Involvement Scale (AADIS) as well as the Substance Abuse Subtle Screening Inventory (SASSI).</p> <p><b>Family engagement:</b> Highfields places a high value on family engagement. Families are encouraged to visit as much as they are able or to utilize technology for alternative visits. Constant contact and communication has been increased with more frequent phone calls as well. Home passes are a built-in aspect of the program which are designed to provide the students with small sample sizes of reintegration in their homes and follow up with the family to work through remaining challenges or barriers to a permanent transition home. Family Treatment Weekends are an additional program that aims to promote fun family memories and experiences while at Highfields. Below is a list of family engagement strategies:</p> <ul style="list-style-type: none"> <li>• Daily phone calls</li> <li>• Zoom meetings and visits</li> <li>• Campus family visits</li> <li>• Highfields has a building on campus that allows families to stay on campus for the weekend with their son to increase family bonding time before home passes are available.</li> <li>• Family treatment weekends</li> <li>• Bi-weekly home passes</li> </ul> <p>Highfields has aligned with the Building Bridges Initiative to increase overall family involvement as well as shift the paradigms of family engagement within residential. Highfields works to ensure that students have access to their family at all times as long as safety is not an issue. We continue to work towards educating staff, students, families, and partners in the effort to be less punitive and more therapeutic in our overall approach and work with families.</p> <p><b>Aftercare:</b> —</p>			
<p><b>Program description:</b> The structure of this 14–90 day program includes staff-directed cognitive, behavioral, and experiential programming. Therapeutic interventions are provided in concert with educational remediation to refocus youth at risk of violating probation or being escalated to a higher security placement. Youth participating in the program are provided opportunities to change behaviors that have caused them to be unsuccessful at home, school, in the community or with probationary status.</p>			



## HIGHFIELDS, INC. - continued

### Other services provided by the agency

- Comprehensive risk and need assessments
- Treatment planning
- Individual treatment
- Year round school provided by the Ingham County ISD
- Cognitive-behavioral therapeutic groups focusing on interpersonal skills development (EQUIP)
- Trauma-informed care
- Aggression replacement therapy
- Moral Reconation Therapy (MRT)—How To Escape Your Prison
- Recreational activities
- Structured and paid work activities
- Community service projects
- Family visitation and treatment
- Community reintegration planning
- Medication management/psychiatric services
- Complete medical and dental services

### Agency narrative

Highfields residential programs were established in 1962. The campus is located on 140 acres in rural Ingham County. The campus includes an on-grounds school, gymnasium and wellness center, guest rooms for overnight stays, a lake, athletic fields, hiking trails and an indoor and outdoor experiential education course. The Phoenix Program focuses on strengthening relationships. Treatment practices are based on four premises: (1) Positive adult attention is a primary need in a child's development; (2) Every child needs positive expectations in a disciplined environment in order to develop strong personal values; (3) Adult-child interaction that improves a child's life is therapeutic; and (4) Positive peer relationships contribute to personal growth.

## HOLY CROSS CHILDREN'S SERVICES

Agency representative to the Federation:

**Sharon Berkobien, President/CEO** • sberkobi@hccsnet.org

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**989-274-1026** • [www.holycrossservices.org](http://www.holycrossservices.org)

Accredited by CARF

Service area: Statewide

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	<b>Andre Kemp</b> (girls), Program Coordinator/Primary Therapist		
<b>Daytime phone:</b>	989-293-2056	<b>After-hours or on-call phone:</b>	989-293-2056
<b>Email:</b>	akemp@hccsnet.org		

<b>Intake coordinator:</b>	<b>Amanda Cramer</b> (boys), Program Coordinator/Primary Therapist		
<b>Daytime phone:</b>	989-714-1263	<b>After-hours or on-call phone:</b>	989-714-1263
<b>Email:</b>	acramer@hccsnet.org		

<b>Program name:</b>	<b>St. Vincent Home — Hope Hall (girls) and Jacob Hall (boys)</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Behavior stabilization; trauma-informed care; substance abuse		
<b>Address/city/zip:</b>	925 N. River Road, Saginaw, MI 48609	<b>County:</b>	Saginaw
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, private pay, tribes	<b># of beds licensed:</b>	64

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** RN onsite and on call.

**Trauma-informed care:** Trauma Informed Dialectical Behavior Therapy (TI-DBT) is utilized in our individual and group sessions and teach skill classes multiple times per week. We also provide monthly classes for families. (Due to Covid-19 this did not occur from March - current). We hope to resume classes as soon as all sites are Covid free). If Covid-19 continues into 2021, classes will need to occur in the family home when possible for those youth in aftercare. The primary areas include:

For IS and Behavior Stabilization for children ages 5-12:

- Listening to your body, understanding the connection to sensations (trauma).
- Occupational therapy activities for kids
- Feeling/dealings storybook
- Me-Feelings, understanding and expressing myself
- Thriving - Self-regulation Workbook
- Social Skills Workbook and Activities
- Anger Management Skills for Kids
- Play therapy
- Arts and crafts expression
- Sand and water tables

1. **TI-DBT orientation:** Youth and their families understand the concepts and principles of TI-DBT and commit to learning new skills to help then build a more satisfying life.

2. **Mindfulness:** Choosing to pay attention to the present moment, on purpose, without judgement. Mindfulness allows us to gain awareness of our emotions, thoughts, bodily sensations, behaviors, relationships, and environment. As we become more mindfully aware in our lives, we can make more informed and effective choices to build more satisfying lives. Interventions include: learning the myths about mindfulness; developing a path to using your "wise mind" by learning to observe, describe, and participate non-judgmentally, one-mindfully and effectively; how to develop a non-judgmental stance towards self and others; how to direct yourself back to one-mindfulness when your attention is divided.

## HOLY CROSS CHILDREN'S SERVICES - continued

3. **Dialectics:** There are tensions and conflicts that happen within us, between us, and in the world at large. In dialectics, we seek to synthesize and resolve these opposite tensions to achieve more balance in thought in behavior. Interventions include: stepping out of black and white thinking and moving into shades of gray in thoughts, behaviors, relationships and situations; becoming flexible and adaptable; act from values and do what works; understand and practice living in the balance of emotion and reason, and get comfortable with using our “wise mind.”

4. **Emotional Regulation:** To achieve balanced and regulated emotions that provide benefits, we need to identify our emotions, then understand the process by which they happen. When we see how events and interpretations color our emotions, we can make changes that influence our emotions differently to release ourselves from negative emotional patterns. Secondly, we learn how to change our relationship to our emotions. Instead of judging or attempting to “get rid” of negative feelings, we want to accept them and try to understand their messages. A curious and understanding approach to our emotions can replace fear and suffering, and as we begin to relate to emotions differently, we can learn to “hold them” mindfully, and make decisions about what may need to change in our life to reduce the strong emotional feelings that leave us unsatisfied in ourselves and our relationships. Interventions include: developing personal well-being both physically and emotionally; develop self-care skills regarding physical health, becoming aware of resources and skills you already have, eating balanced meals, avoiding harmful substances, exercising and getting more sleep; build mastery by completing tasks to feel competent and in control; learning how emotions happen so we can influence them (event, interpretation; emotion, action urge, behavior, consequence); learning about emotions and their opposites and how to scale your emotions; changing your relationship to emotions; how to “hold” emotions to soothe and reduce suffering; how to attend to relationships; how to notice positive moods and choose skills and behaviors to keep them going; How to use an opposite emotion to help you get “un-stuck”; how to accumulate positives and build mastery in the present, and immediate future.

5. **Distress Tolerance:** Helps us cope with crisis without making our situation worse. Interventions include: Use a diary card to track emotions, especially for youth with self-harm or suicidal ideations; Each youth develops a comprehensive crisis and safety plan that is reviewed and updated frequently; Learning to distract strong emotions using “ACCEPTS” (Activities; Contributing, Comparisons, Emotions, Push Away, Thoughts; and Sensations); Self Sooth—creating relaxation with a mindful connection to the senses; How to Improve the Moment using “IMPROVE” techniques—Imagery, Meaning, Prayer, Relaxation, One thing or step at a time, Vacation (take a break), Encouragement; Looking at the Pros and Cons of situations to help lead us to using our wise mind; Learning how to Ground Yourself; Learning Radical Acceptance of situations out of your control; Learning Everyday Accepts, how not to get frustrated by common inconveniences; How to be “willing” to change when you’re feeling stuck; and TIP, how to use temperature, intense exercise (brisk walk, run, ride a bike, dance, jumping jacks, etc.) and progressive relaxation to manage feelings of distress.

6. **Interpersonal Effectiveness:** This skill helps us maintain relationships, resolve conflict when it occurs, and get our and others’ wants, and needs met effectively in a balanced manner. Interventions include: FAST—(fairness, how and when to apologize, stick to your values, use truth and accountability); learn what your values are or what you would like them to be; learn how you express values personally and in relationship with others; how to resolve value conflicts; when with others, how to be genuine, interested, validating, and demonstrate and treat people with kindness; listening skills; validation skills (value others, ask questions, listen and reflect, identify with others, discuss emotions, attend to non-verbals, turn the mind, and encourage participation; learn what validation is not; how to get wants and needs met and how to set boundaries and say no when necessary; conflict resolution; making relationships; trust and relationships; and developing healthy boundaries.

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8. **Problem Solving:** Using a systematic approach to promote effective problem solving. Interventions include: Take one problem at a time; understand and identify the problem; research the facts; identify the cause; what has worked in the past; what has not worked in the past; learning to take it one step at a time; and how to use willingness, cooperation, commitment and follow through.

## HOLY CROSS CHILDREN'S SERVICES - continued

**9. Substance Abuse and Addictive Behaviors:** Addiction happens when a person compulsively engages in behavior despite its harmful consequences and often begins to cope, make, or manage strong emotions. Interventions include: How do I know if I have addictive behaviors?; Learning to take an abstinence holiday (for youth actively practicing addictive behavior); Dialectical abstinence—some behaviors are so harmful there is no middle ground with them; dialectical abstinence versus harm reduction; understanding dialectical tensions with addictions; two steps to wise mind/clear mind; non-judgmental stance, self-acceptance and change; living one moment at a time; bridge burning (remove the means); building new bridges; urge surfing—learn to go with the ebbs and flows of urges without acting on them; understanding triggers and plan for stops/solutions; observing and describing the effects of addictive behavior; the mental illness and the ineffective/addictive behavior cycle; and relapse prevention.

**10. Building a Satisfying Life:** Routines and structure lead to a satisfying life. Interventions include: Using routine; Everyday care; Building a Satisfying Life Activities List. What do you like, what are you willing to try, describe how your life will be different when you schedule and involve yourself in activities; and establishing routines.

Other interventions include: Childhood trauma tool kit which includes: Thoughts - thinking skills, telling their story, and safety planning; Memory cloud walk (telling my story without shame, guilt, judgments), communication skill building, alliance building, developing reciprocal relationships, pro-social skill development, resilience, symptom relief, self-assessing emotions, connecting with the present, quieting the body, and connecting the body with emotions.

Other workbook interventions/action steps include but are not limited to: The Self Compassion Workbook; The Anxiety Workbook; Mind/Body Workbook for Anger; Grief Recovery; The Gender Quest Workbook; Don't Let Emotions Run Your Life; and The Anger Workbook for Teens.

Families, are also offered skills classes in all of the above, and receive therapy related to: Parenting Styles, working through the dialectical dilemmas of Excessive Leniency vs. Authoritarian Control, and Pathologicalizing Normative Behaviors vs. Normalizing Pathological Behaviors; How to decrease family interactions that contribute to the adolescents life threatening (self-harm/suicidal ideation) or emotional/relationally harmful behaviors; How to reduce family or parent behaviors that interfere with adolescent's treatment; How to reduce family interactions that interfere with the family's quality of life; and How to increase family's behavioral skills.

**Family engagement:** Youth in foster care have experienced complex trauma, which has not only adversely impacted the child's development, but has also adversely impacted family development. Partnering early with the families is key. Families/caregivers are contacted when the youth enters the program to let them know they are safe and youth are able to speak to the family, and share their initial impressions of the program. The family transition coordinator (FTC) and the Family Therapist will make contact with the identified family within 24 hours of admission to schedule a time to meet face to face with the family, explain more fully the services offered, discuss the transition plan, and begin working with the family to assess family strengths/needs and to develop family goals. The family assessment will be completed within 14 days of admission. The family therapist and FTC will also establish times when family/youth skill's classes can occur to help build a strong foundation for the youth's return to the family home. Time frames for family therapy, skills classes and family visitation at the program site is agreed up by the family, the Family Therapist, and the FTC within the first two weeks of admission.

**Aftercare:** For children who have wraparound services provided by CMH or a PIHP post residential care, and are considered level 1, we will assess any and all needs the client and family has that is not covered by CMH or a PIHP, document in the transition and discharge/aftercare plan and seek out/complete appropriate referrals to other community resources as needed. Our Family Transition Coordinator (FTC), will participate in CMH or PIHP wraparound meetings with the team, and will maintain contact with the youth and family for 6 months after discharge. The first post-discharge contact will be within 5 days of discharge, will include a review of the remaining needs, and will include an agreement with the youth and family on how those remaining needs will be addressed/met. Face to face meetings will occur biweekly for the first 30 days and monthly thereafter for the remaining 5 months. Intervention may include DBT life skills support, and assist the family in setting up services in community programs to meet identified needs. Reporting, will include the services offered by CMH or a PIHP and other programs within 30, 90 and 180 days post discharge. The reports will be provided to the DHHS worker within 15 days of each period.

For level 2, the family therapist will create with the youth and family an aftercare assessment of needs and strengths at least 30 days prior to discharge and include this information in the release plan. Post discharge, the family therapist will meet with the youth and family (face to face) in the youth's home, review the aftercare plan and make adjustments as needed. Both the therapist and the FTC will provide crisis on-call services. Interim therapeutic services will be provided during the discharge transition period until services are transferred to a community provider.

## HOLY CROSS CHILDREN'S SERVICES - continued

Interim services include psychiatric services with our psychiatrist. Therapeutic supports will include family therapy, and DBT life skills for both the youth and the client. The FTC will continue to provide skills support to both the youth and family and will help the family find other activities and community programs and supports to help them maintain the youth in the home successfully. The FTC, in collaboration with the family therapist and family, will continue to assess the need for CMH intervention and wraparound services. Face to face visits will continue weekly for the first 30 days, then bi-weekly for the 2nd month, followed by once per month for the next four months. Reports will be completed after 30, 90 and 180 days post discharge. The reports will be provided to the referring worker within 15 days of each time period.

**Program description:** Holy Cross Services is a trauma-informed organization whose primary focus is safety and permanence. St. Vincent Home—Hope (girls) and Jacob (boys) is located at 925 North River Road, Saginaw, Michigan 48609. The facility has recreational space, which includes a gym, swing sets, sand box, baseball diamond, swimming pool (3-5 feet deep), volleyball courts, basketball courts, soccer field, disc golf and a 3-hole golf course. It also has a garden area (youth plant vegetables and flowers as part of science class), and a courtyard with tables and chairs. There is a large parking lot and long driveways and spacious grounds where youth can ride trikes, bikes, roller skate, skateboard and take walks. St. Vincent Home—Hope Hall is a Mental Health Behavior Stabilization Program which serves females who have experienced significant adjustment problems at home, in school and/or in the community as a result of complex trauma, abuse, neglect, mental health problems and/or other environmental risk factors. Youth in this program are 10 to 17 years old. The structure and design of the program allows for each client to have opportunities to interact in a daily 24/7 residential living environment while maintaining a level of therapeutic independence within the group.

Intake includes administration of the Adverse Childhood Experiences Screening (ACES), and within 14 days of admission, the CANS-Trauma, the CANS, FANS, Ansel/Casey life skills inventory, and the modified mGAS/mGAF are completed. Assuming that the assessment will include recent information, the strengths, needs and goals identified by the third party assessor will also be reviewed, discussed with the youth and family and documented with youth/family input in the Initial Services Plan (ISP). A review of the youth/family strengths, needs, and treatment goals will occur with the youth/family input on a quarterly basis.

**Referral/pay source.** Youth may be referred by the Residential Placement Unit (RPU) from the Department of Health and Human Services (DHHS), Adoption Subsidy, and dual wards with Title IV E eligibility.

**Program components.** We utilize Trauma Informed Dialectical Behavior Therapy (TI-DBT) in our individual and group sessions and teach skills classes multiple times per week. The skills classes include but are not limited to, TI-DBT, Mindfulness, dialectics, emotional regulation, distress tolerance, interpersonal effectiveness, cognitive modification, problem solving substance abuse and addictive behaviors, and building a satisfying life. Other interventions include childhood trauma tool kit which includes thoughts-thinking skills, telling their story and safety planning; memory cloud walk (telling my story without shame, guilt, judgments), communication skill building, alliance building, developing reciprocal relationships, pro-social skill development, resilience, symptom relief, self-assessing emotions, connecting with the present, quieting the body and connecting the body with emotions.

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We believe that all youth have a constitutional right to freedom of speech and freedom of expression, which includes the right to be open about their sexual orientation and express their core gender through such things as their clothing and hairstyle. Youth receive training on treating others with respect regardless of their race, religion, sexual orientation, gender, politics, likes and dislikes, family situation, personal history, etc.

Group therapy is at least once per week.

Individual therapy is weekly in the first few months, then as needed.

**Psychiatric services.** St. Vincent Home—Hope Hall utilizes Holy Cross Services psychiatrist for all psychiatric services including evaluation, psychiatric consultation and medication reviews. Prescriptions are filled by Genoa Pharmaceuticals and delivered directly to St. Vincent Home—Hope Hall.

## HOLY CROSS CHILDREN'S SERVICES - continued

**Education.** St. Vincent Home–Hope Hall has an on-grounds school, that is under the auspices of the Saginaw School District, with six highly qualified teachers, including two special education teachers, and a school social worker. When needed, the Saginaw School District provides speech therapy and other special education services as needed. Youth attend school Monday through Friday year long. Daily attendance and youth's academic progress are monitored, recorded and submitted to the treatment team and family on a quarterly basis. Youth are also encouraged and assisted in tutoring services to support educational success.

**Spirituality.** Youth who would like to participate in spiritual services have voluntary access to a non-denominational chaplain or can request spiritual services in the community.

**Medical.** St. Vincent Home–Hope Hall youth receive medical, dental, and vision services through Great Lakes Bay Health Center (FQHC), which has a medical and dental clinic onsite. St. Vincent Home–Hope Hall has an RN onsite, and two other RNs at other locations, who assist in providing 24/7 on-call services as well. The nearest hospital for emergency care, Covenant Hospital, is located eight miles from the facility, and Med Express is located two miles from the facility.

**Community.** Youth are actively involved in the community through community service opportunities and partnerships with local community organizations. Some examples include volunteerism at local nursing homes and refugee center, Michigan State University Extension Program educational sessions related to gender identity, healthy sexuality, and healthy relationships and MYOI partnerships.

**Recreation.** Youth are provided with daily physical activity opportunities. The program has many different recreational areas on grounds for youth to utilize. Youth go to the gym and play intramural sports programs that are designed to promote teamwork and sportsmanship. Other recreational activities are social in nature and provide opportunities for youth to pursue personal interests and hobbies.

**Transition planning/aftercare.** Transition planning begins at Intake and continues throughout treatment. For youth who have wraparound services provided by CMH or a PIHP, the family therapist will assess any and all needs the client and family has that is not covered by CMH or a PIHP, document in the transition and discharge plan, as well as the after care plan, and will complete appropriate referrals to other community resource. Our family transition coordinator will participate in CMH or PIHP wraparound meetings with the team and will maintain contact with the youth and family for six months after discharge, assisting the family with establishing community supports, and addressing any remaining needs. The first post-discharge meeting will be within five days of discharge, will include a review of the remaining needs and will include an agreement with the youth and family on how the remaining needs will be addressed/met. Face-to-face meetings will occur biweekly for the first 30 days and monthly thereafter for the remaining five months. Interventions may include DBT skills refreshers and referrals to community programs to meet identified needs.

For level 2, the family therapist will do an aftercare assessment of the needs and strengths at least 30 days prior to discharge and include this information in the release and aftercare plan. Post discharge, the family therapist will meet with the youth and family (face-to-face) in the family home, review the aftercare plan and adjust the aftercare as needed. The youth and family will be provided crisis on-call services by the family therapist and the family transition coordinator. Interim therapeutic services will be provided during the discharge transition period until services are transferred to a community provider. The family transition coordinator will continue to provide skills support to both the youth and family and will help the family find other activities and community programs and supports to help them maintain the youth in the home successfully. Face-to-face visits will continue weekly for the first 30 days, then bi-weekly for the 2nd month, followed by once per month for the next four months.

**Therapeutic home visits.** Therapeutic home visits provide opportunities for day and overnight visits with the parents/guardians. The youth and their family can practice new skills and basic expectations in the community. All therapeutic home visits are pre-approved by the referring agency.

**Staffing.** The treatment team consists of a program coordinator/therapist, psychiatrist, family therapist, family transition coordinator, treatment specialists, and teachers. Staffing ratios are 1:4 during waking hours and 1:10 sleeping hours.

## HOLY CROSS CHILDREN'S SERVICES - continued

<b>Program name:</b>	<b>St. Vincent Home – Matthew Hall</b>		
<b>Contract type:</b>	<b>RFC Juvenile Justice: Youth with Problematic Sexual Behaviors</b>		
<b>Daytime staffing ratio:</b>	1:6		
<b>Specialty:</b>	Certified sexual offender therapy; substance abuse		
<b>Address/city/zip:</b>	925 N. River Road, Saginaw, MI 48609	<b>County:</b>	Saginaw
<b>Eligibility type:</b>	Juvenile justice	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, private pay, tribes	<b># of beds licensed:</b>	64

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

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## HOLY CROSS CHILDREN'S SERVICES - continued

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## HOLY CROSS CHILDREN'S SERVICES - continued

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**Aftercare:** For children who have wraparound services provided by CMH or a PIHP post residential care, and are considered level 1, we will assess any and all needs the client and family has that is not covered by CMH or a PIHP, document in the transition and discharge/aftercare plan and seek out/complete appropriate referrals to other community resources as needed. Our family transition coordinator (FTC), will participate in CMH or PIHP wraparound meetings with the team, and will maintain contact with the youth and family for six months after discharge. The first post-discharge contact will be within five days of discharge, will include a review of the remaining needs, and will include an agreement with the youth and family on how those remaining needs will be addressed/met. Face-to-face meetings will occur biweekly for the first 30 days and monthly thereafter for the remaining five months. Intervention may include DBT life skills support, and assist the family in setting up services in community programs to meet identified needs. Reporting, will include the services offered by CMH or a PIHP and other programs within 30, 90 and 180 days post discharge. The reports will be provided to the DHHS worker within 15 days of each period.

For level 2, the family therapist will create with the youth and family an aftercare assessment of needs and strengths at least 30 days prior to discharge and include this information in the release plan. Post discharge, the family therapist will meet with the youth and family (face-to-face) in the youth's home, review the aftercare plan and make adjustments as needed. Both the therapist and the FTC will provide crisis on-call services. Interim therapeutic services will be provided during the discharge transition period until services are transferred to a community provider. Interim services include psychiatric services with our psychiatrist. Therapeutic supports will include family therapy, and DBT life skills for both the youth and the client. The FTC will continue to provide skills support to both the youth and family and will help the family find other activities and community programs and supports to help them maintain the youth in the home successfully. The FTC, in collaboration with the family therapist and family, will continue to assess the need for CMH intervention and wraparound services. Face-to-face visits will continue weekly for the first 30 days, then bi-weekly for the 2nd month, followed by once per month for the next four months. Reports will be completed after 30, 90 and 180 days post discharge. The reports will be provided to the referring worker within 15 days of each time period.

**Program description:** Holy Cross Services is a trauma-informed organization whose primary focus is safety and permanence. St. Vincent Home—Matthew Hall is located at 925 North River Road, Saginaw, Michigan 48609. The facility has recreational space, which includes a gym, swing sets, sand box, baseball diamond, swimming pool (3-5 feet deep), volleyball courts, basketball courts, soccer field, disc golf and a 3-hole golf course. It also has a garden area (youth plant vegetables and flowers as part of science class), and a courtyard with tables and chairs. There is a large parking lot and long driveways and spacious grounds where youth can ride trikes, bikes, roller skate, skateboard and take walks. St. Vincent Home—Matthew Hall is a Mental Health Behavior Stabilization Program which serves males who have experienced significant adjustment problems at home, in school and/or in the community as a result of complex trauma, abuse, neglect, mental health problems and/or other environmental risk factors. Youth in this program are 12 to 17 years old. The structure and design of the program allows for each client to have opportunities to interact in a daily 24/7 residential living environment while maintaining a level of therapeutic independence within the group.

## HOLY CROSS CHILDREN'S SERVICES - continued

Intake includes administration of the Adverse Childhood Experiences Screening (ACES), and within 14 days of admission, the CANS-Trauma, the CANS, FANS, Ansel/Casey life skills inventory and the modified mGAS/mGAF, J-SOAP II risk assessment within 30 days of admission and every 90 days thereafter are completed. Assuming that the assessment will include recent information, the strengths, needs and goals identified by the third party assessor will also be reviewed, discussed with the youth and family and documented with youth/family input in the Initial Services Plan (ISP). A review of the youth/family strengths, needs, and treatment goals will occur with the youth/family input on a quarterly basis.

**Referral/Pay Source.** Youth may be referred by the Residential Placement Unit (RPU) from the Department of Health and Human Services (DHHS), Adoption Subsidy, and dual wards with Title IV-E eligibility.

**Program Components.** Matthew Hall is a JJ Youth with Problematic Sexual Behavior program who also takes in A/N youth who have a history of sexual offending behavior but who have not been charged. Matthew Hall therapists have completed the training and are considered "Credentialed Sexually Abusive Youth Clinician" (CSAYC). The Therapist administers the J-SOAP II risk assessment to all youth within 30 days of admission and every 90 days thereafter. Therapists are also trained in Trauma, Dialectical Behavior Therapy (DBT), and Cognitive Behavioral Therapy (CBT), and work with the youth to administer the Ansell Casey life skills assessment within 30 days of admission, and every 90 days thereafter. (Please see complete narrative in the St. Vincent Home application, as all information there occurs for Matthew as well). The direct care staff are trained in trauma, to provide DBT and other life skills, and support youth in completing their goal work. All staff are trained in Therapeutic Crisis Intervention (TCI) and receive quarterly refreshers on TCI, trauma and ethics/boundaries. Assessment tools include ACES, Trauma-CANS, CANS, and FANS within 14 days of admission, and quarterly thereafter. Individual therapy occurs at least once per week, group therapy which includes anger management, sex education, recidivism prevention, victim awareness and empathy occurs 4-5 days per week, and interventions (skills classes) focusing on trauma, sexualized behavior, relapse prevention and life skill development occurs daily.

We utilize Trauma Informed Dialectical Behavior Therapy (TI-DBT) in our individual and group sessions and teach skills classes multiple times per week. The skills classes include but are not limited to, TI-DBT, Mindfulness, dialectics, emotional regulation, distress tolerance, interpersonal effectiveness, cognitive modification, problem solving substance abuse and addictive behaviors, building a satisfying life, anger management, sex education, recidivism prevention, victim awareness, victim empathy, sexualized behavior and relapse prevention. Other interventions include: childhood trauma tool kit which includes thoughts-thinking skills, telling their story and safety planning; memory cloud walk (telling my story without shame, guilt, judgments), communication skill building, alliance building, developing reciprocal relationships, pro-social skill development, resilience, symptom relief, self-assessing emotions, connecting with the present, quieting the body and connecting the body with emotions.

Other workbook interventions/action steps include but are not limited to: The Self Compassion Workbook; The Anxiety Workbook; Mind/Body Workbook for Anger; Grief Recovery; The Gender Quest Workbook; Don't Let Emotions Run Your Life; Pathways: A Guided Workbook for Youth Beginning Treatment with Sexual Behavior Problems; and The Anger Workbook for Teens.

Families are also offered skills classes in all of the above, and receive therapy related to: Parenting Styles, working through the dialectical dilemmas of Excessive Leniency vs. Authoritarian Control, and Pathologicalizing Normative Behaviors vs. Normalizing Pathological Behaviors; how to decrease family interactions that contribute to the adolescents life threatening (self-harm/suicidal ideation) or emotional/rationally harmful behaviors; how to reduce family or parent behaviors that interfere with adolescent's treatment; how to reduce family interactions that interfere with the family's quality of life; and how to increase family's behavioral skills.

We believe that all youth have a constitutional right to freedom of speech and freedom of expression, which includes the right to be open about their sexual orientation and express their core gender through such things as their clothing and hairstyle. Youth receive training on treating others with respect regardless of their race, religion, sexual orientation, gender, politics, likes and dislikes, family situation, personal history, etc.

**Psychiatric services.** St. Vincent Home—Matthew Hall utilizes Holy Cross Services Psychiatrist for all psychiatric services including evaluation, psychiatric consultation and medication reviews. Prescriptions are filled by Genoa Pharmaceuticals and delivered directly to St. Vincent Home—Matthew Hall.

**Education.** St. Vincent Home—Matthew Hall has an on-grounds school that is under the auspices of the Saginaw School District, with six highly qualified teachers, including two special education teachers, and a school social worker. When needed, the Saginaw School District provides speech therapy and other special education services as needed. Youth attend school Monday through Friday year long. Daily attendance and youth's academic progress are monitored, recorded, and submitted to the treatment team and family on a quarterly basis. Youth are also encouraged and assisted in tutoring services to support educational success.

## HOLY CROSS CHILDREN'S SERVICES - continued

**Spirituality.** Youth who would like to participate in spiritual services have voluntary access to a non-denominational chaplain or can request spiritual services in the community.

**Medical.** St. Vincent Home–Matthew Hall youth receive medical, dental and vision services through Great Lakes Bay Health Center (FQHC), which has a medical and dental clinic onsite. St. Vincent Home–Matthew Hall has an RN onsite, and two other RNs at other locations, who assist in providing 24/7 on-call services as well. The nearest hospital for emergency care, Covenant Hospital, is located eight miles from the facility, and Med Express is located two miles from the facility.

**Community.** Youth are actively involved in the community through community service opportunities and partnerships with local community organizations. Some examples include volunteerism at local nursing homes and refugee center, Michigan State University Extension Program educational sessions related to gender identity, healthy sexuality and healthy relationships, and MYOI partnerships.

**Recreation.** Youth are provided with daily physical activity opportunities. The program has many different recreational areas on grounds for youth to utilize. Youth go to the gym and play intramural sports programs that are designed to promote teamwork and sportsmanship. Other recreational activities are social in nature and provide opportunities for youth to pursue personal interests and hobbies.

**Transition Planning/Aftercare.** Transition planning begins at Intake and continues throughout treatment. For youth who have wraparound services provided by CMH or a PIHP, the family therapist will assess any and all needs the client and family has that is not covered by CMH or a PIHP, document in the transition and discharge plan, as well as the after care plan, and will complete appropriate referrals to other community resource. Our family transition coordinator will participate in CMH or PIHP wraparound meetings with the team and will maintain contact with the youth and family for 6 months after discharge, assisting the family with establishing community supports, and addressing any remaining needs. The first post-discharge meeting will be within 5 days of discharge, will include a review of the remaining needs and will include an agreement with the youth and family on how the remaining needs will be addressed/met. Face-to-face meetings with occur biweekly for the first 30 days and monthly thereafter for the remaining five months. Interventions may include DBT skills refreshers and referrals to community programs to meet identified needs.

For level 2, the family therapist will do an aftercare assessment of the needs and strengths at least 30 days prior to discharge and include this information in the release and aftercare plan. Post discharge, the family therapist will meet with the youth and family (face-to-face) in the family home, review the aftercare plan and adjust the aftercare as needed. The youth and family will be provided crisis on-call services by the family therapist and the family transition coordinator. Interim therapeutic services will be provided during the discharge transition period until services are transferred to a community provider. The family transition coordinator will continue to provide skills support to both the youth and family and will help the family find other activities and community programs and supports to help them maintain the youth in the home successfully. Face-to-face visits will continue weekly for the first 30 days, then bi-weekly for the 2nd month, followed by once per month for the next four months.

**Therapeutic Home Visits.** Therapeutic home visits provide opportunities for day and overnight visits with the parents/guardians. The youth and their family can practice new skills and basic expectations in the community. All therapeutic home visits are pre-approved by the referring agency.

**Staffing.** The treatment team consists of a program coordinator/therapist, psychiatrist, family therapist, family transition coordinator, treatment specialists, and teachers. Staffing ratios are 1:6 during waking hours and 1:10 sleeping hours.

### Other services provided by the agency

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### Agency narrative

Holy Cross Services is a 501(c)3 whose mission is “to bring hope, promote change and help people live free, healthy and productive lives. Holy Cross Services include foster care, independent living, JJ and A/N residential, substance abuse residential, outpatient and recovery, and homeless services for veterans, and families.



## HOPE NETWORK BEHAVIORAL HEALTH SERVICES

Agency representative to the Federation:

**Megan Pena, Director of Specialized Residential Treatment** • mpena@hopenetwork.org

3075 Orchard Vista Drive, SE • PO Box 890 • Grand Rapids, MI 49518-0890

**616-847-4460 • Fax 616-235-2066**

**www.hopenetwork.org**

**Accredited by CARF**

**Service area:** Allegan, Arenac, Barry, Bay, Calhoun, Clinton, Eaton, Genesee, Ingham, Ionia, Kalamazoo, Kent, Marquette, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw and Wayne counties

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	Kari Terpstra, Admissions Coordinator		
<b>Daytime phone:</b>	616-726-5165	<b>After-hours or on-call phone:</b>	616-450-9069
<b>Email:</b>	khaller@hopenetwork.org		

<b>Intake coordinator:</b>	Glenn Kutzli, Clinical Supervisor		
<b>Daytime phone:</b>	616-726-1942		
<b>Email:</b>	GKutzli@hopenetwork.org		

<b>Intake coordinator:</b>	Amanda Waidelich, Director of Children's Residential Services, D.A.R.T.		
<b>Daytime phone:</b>	616-726-1958, ext. 17105		
<b>Email:</b>	AWaidelich@hopenetwork.org		

<b>Program name:</b>	<b>D.A.R.T.</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Developmentally Disabled/Cognitively Impaired</b>		
<b>Daytime staffing ratio:</b>	1:1 approval needed; 1:2		
<b>Specialty:</b>	Developmental disabilities, cognitive impairments, diagnoses related to abuse, neglect, and/or prolonged acute trauma, including attachment disorders, mood disorders, post-traumatic stress disorder		
<b>Address/city/zip:</b>	3333 36th St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	8-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, private pay, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	20

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Two full-time registered nurses onsite and/or available 24/7. On-call nursing is always available within 60 minutes to the agency at all times.

**Trauma-informed care:** Clinicians may utilize the Seeking Safety trauma specific intervention model and The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma model to increase skill building for managing stress. DART will determine which curriculum is more appropriate for each child based on cognitive ability and functioning level. Some children may benefit from material from both curriculums. Additionally, DART heavily utilizes occupational therapy assessment to evaluate the social, emotional, and physiological effects of trauma, and develop OT treatment plans designed to address sensory components of behavior. Clinicians are at minimum Limited Licensed clinicians that were trained in evidence based trauma specific interventions during their educational coursework and attend additional trainings/certifications when possible. DART also utilizes a BCBA to evaluate behavior data and create trauma informed behavior specific treatment plans for those youth that could benefit from skilled behavioral intervention.

## HOPE NETWORK BEHAVIORAL HEALTH SERVICES - continued

**Family engagement:** In conjunction with MDHHS, CMH, and WMPC, when identified or approved family members, caregivers and/or supportive persons are involved, DART provides opportunity for daily calls, weekly family visits and/or family therapy sessions to engage in treatment. These contacts are documented in the youth's record and included in service plans. Additionally, families are contacted anytime there is a behavioral incident to keep those supportive members involved in the treatment goals of youth. Families are also contacted regarding any changes in the treatment plans and/or discharge plans/preparation to provide clarity and get their feedback as well as being invited to family team meetings (FTMs) where the family, treatment providers, workers, and court appointees can come together to support the youth.

**Aftercare:** Aftercare services will be provided for 6 months following discharge for youth who discharge to a community setting. DART case managers/clinicians will be providing all aftercare services. Having the case managers/clinicians that are assigned to youth complete the aftercare services will provide continuity of care as they know the case, have been involved with placement agencies and family/supportive persons involved in the case, have an established relationship with the youth, and know the youths' triggers and coping skills. The case manager/clinician assigned to each youth shall complete an aftercare report at 30, 90, and 180 days after a youth's discharge from the facility to a community setting. The aftercare report will include any clinical assessments and treatment goals as well as contacts made with youth/family, services received, and progress towards goals. DART provides two service levels of aftercare service based on if CMH is established to be working with the youth and family upon discharge. Aftercare service levels provide different levels of referral and ensuring services, monitoring the meeting of needs, participation in Wraparound meetings, and monthly contact with CMH service providers along with weekly to monthly contact with the youth and family.

**Program description:** DART is a residential treatment facility in Grand Rapids, MI, founded in 2005. DART is licensed as a private child caring institution by the State of Michigan, serving children with cognitive impairments. DART's ultimate goal is to transition each child back to a family and/or community setting.

DART provides trauma-informed services, recognizing that the majority of children in institutional care have experienced disrupted attachments and often resided in chronically stressful environments. The program implements training in the Culture of Gentleness, supporting our belief that change occurs when children feel safe and supported by those around them. To help children increase positive, pro-social behaviors and decrease unsafe and other undesirable behaviors, DART utilizes principles of Applied Behavioral Analysis (ABA) as a tool as well as cognitive, occupational, and speech therapies.

The 20-bed program comprises three adjoined units, an outside playground, and shares a peaceful campus setting with the Center for Autism. DART offers 24-hour services, 365 days a year, in a secured and structured setting. The staffing-to-resident ratio is one staff member to two residents.

Individual therapy, group therapy, case management, behavior analysis, psychiatric services, occupational therapy (as deemed necessary), speech language pathology (as deemed necessary), nursing services, coordination of any and all medical and dental services and any follow up, special education coordination, and dietary coordination.

### Other services provided by the agency

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### Agency narrative

In Christian service, Hope Network empowers people to overcome challenges and to achieve their highest level of independence. Hope Network operates within the Christian tradition, and consistent with that concept reaches out to partner with organizations of many faith backgrounds to better serve each person individually with dignity and compassion.



## HOUSE OF PROVIDENCE

Agency representative to the Federation:

**Jason Dunn, Founder & CEO** • jdunn@thehofp.org

PO Box 18, Oxford, MI 48371 • Oakland County

**313-579-1825 • www.thehofp.org**

Accredited by COA

Service area: Statewide

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	Margaret Dunn, Clinical Director
<b>Daytime phone:</b>	313-579-1825, ext. 208
<b>Email:</b>	intake@thehofp.org

<b>Program name:</b>	<b>House of Providence</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Developmentally Disabled/Cognitively Impaired RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4; 1:1 approval needed		
<b>Specialty:</b>	Abuse/neglect		
<b>Address/city/zip:</b>	PO Box 18, Oxford, MI 48371	<b>County:</b>	Oakland
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	All	<b>Ages served:</b>	7-17
<b>Referral sources:</b>	MDHHS, courts, private pay, tribes, West Michigan Partnership for Children, post-adoption services	<b># of beds licensed:</b>	6 girls; 8 boys

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** We have 24-hour on-call nursing and clinical team access.

**Trauma-informed care:** HoP is a Family Simulation Model that aids the child in addressing maladaptive behaviors that prevent them from safe community integration, through the vehicle of a family. In this model, we work on attachment repair, stabilization, cessation of maladaptive responses to trauma and triggers, authority acceptance, increasing of psychological, educational, relational, mental and physical dimensionality in the sense of self to aid in trauma processing and self-acceptance. Our model has been empirically tested, and we have a robust data collection system to aid in the overall service delivery, and treatment quality improvement steps, holistically.

**Family engagement:** We offer full-family attachment repair and familial wraparound aftercare.

**Aftercare:** We align with, and fulfill the requirements set forth by the QRTP contract to aid in the successful reunification or placement of a child in a family setting. Our aftercare coordinator begins the work months prior to discharge to ensure rapport and relationship building add to continuity of care.

**Program description:** We exist to instill hope in children who have only known the intense instability of foster care by emulating the unconditional love of a healthy family to them. Taking a data-driven approach to intervention, we provide the individualized care and attention that affords these children the felt security to stabilize, build confidence, and begin processing their difficult journey through trauma focused therapy. Finally, we help them reintegrate into the community through family. We are dedicated to bringing excellence to foster care, awareness to the public, and hope to these children...Until every child has a home.

### Other services provided by the agency

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### Agency narrative

There are thousands of children in foster care waiting for a family to call their own. We provide a therapeutic and familial environment for minors who are languishing in the system and facing the grim possibility of aging out. Aging out of foster care should not be a viable solution. House of Providence offers a safe and secure home for foster youth to stabilize and thrive, finding hope, healing, and permanency.



**METHODIST CHILDREN’S HOME SOCIETY**

*Agency representative to the Federation:*

**Kevin Roach, CEO** • kroach@mchsmi.org

26645 West Six Mile Road • Redford, MI 48240 • Wayne County

**313-531-4060 • Fax 313-531-1040**

**www.mchsmi.org**

**Accredited by COA**

**Service area:** Southeast Michigan

**Qualified Residential Treatment Program Information**

<b>Intake coordinator:</b>	<b>Kim O’Neal</b> , Chief Impact Officer		
<b>Daytime phone:</b>	313-683-9587		
<b>Email:</b>	koneal@mchsmi.org		

<b>Intake coordinator:</b>	<b>Melissa Fernandez</b> , Chief Operating Officer		
<b>Daytime phone:</b>	313-531-9940	<b>After-hours or on-call phone:</b>	313-213-1261
<b>Email:</b>	mfernandez@mchsmi.org		

<b>Intake coordinator:</b>	<b>Amy Savage</b> , Director of Residential Services		
<b>Daytime phone:</b>	313-683-9588	<b>After-hours or on-call phone:</b>	313-920-0179
<b>Email:</b>	asavage@mchsmi.org		

<b>Program name:</b>	<b>Methodist Children’s Home Society</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>		
<b>Address/city/zip:</b>	26645 West Six Mile Rd, Redford, MI 48240	<b>County:</b>	Wayne
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	5-18
<b>Referral sources:</b>	MDHHS, courts, West Michigan Partnership for Children	<b># of beds licensed:</b>	60

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** MCHS has licensed nursing staff onsite and/or available 24/7.

**Trauma-informed care:** MCHS utilizes TF-CBT.

**Family engagement:** MCHS focuses heavily on family engagement.

**Aftercare:** MCHS provides aftercare services.

**Program description:** Our residential treatment program, set on a beautiful 80-acre campus, serve male youth ages 5-18 who are temporary or permanent wards of the State. We accept young people from all over the state into our program. Restraint free and family focused, MCHS provides case management, clinical services, medical services, aftercare, and much more to foster permanency.

## METHODIST CHILDREN'S HOME SOCIETY - continued

<b>Program name:</b>	<b>Methodist Children's Home Society</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Abuse/neglect		
<b>Address/city/zip:</b>	26645 West Six Mile Rd, Redford, MI 48240	<b>County:</b>	Wayne
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	5-18
<b>Referral sources:</b>	MDHHS, courts, West Michigan Partnership for Children	<b># of beds licensed:</b>	60
<p><b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b>  <b>Nursing/clinical staff:</b> MCHS has licensed nursing staff onsite and/or available 24/7.  <b>Trauma-informed care:</b> MCHS utilizes TF-CBT.  <b>Family engagement:</b> MCHS focuses heavily on family engagement.  <b>Aftercare:</b> MCHS provides aftercare services.</p>			
<p><b>Program description:</b> Our residential treatment program, set on a beautiful 80-acre campus, serve male youth ages 5-18 who are temporary or permanent wards of the State. We accept young people from all over the state into our program. Restraint free and family focused, MCHS provides case management, clinical services, medical services, aftercare, and much more to foster permanency.</p>			

### Other services provided by the agency

Foster care, adoption, independent living, transitional housing, charter school, special needs outdoor recreation, prevention, senior services, behavioral health services, and unaccompanied minors/refugees.

### Agency narrative

Methodist Children's Home Society (MCHS) is a private 501(c)3 nonprofit, with headquarters in Redford Township, but with multiple locations through Michigan. MCHS provides an array of services for youth, families, and adults. MCHS is accredited by the Council on Accreditation and licensed by the Department of Health and Human Services (DHHS) as a child caring institution and as a child-placing agency.





**SAMARITAS**

(formerly known as Lutheran Social Services of Michigan)

Agency representative to the Federation:

**Kevin Van Den Bosch, COO, Child & Family Services** • kvan3@samaritas.org

8131 East Jefferson Avenue • Detroit, MI 48214 • Wayne County

**313-823-7700 • www.samaritas.org**

Accredited by COA

Service area: Statewide

**Qualified Residential Treatment Program Information**

\*These programs are not currently certified as QRTPs.

<b>Intake coordinator:</b>	<b>Martha Hess</b> , Licensing Supervisor
<b>Daytime phone:</b>	517-321-7663
<b>Email:</b>	mhess@samaritas.org
<b>Intake coordinator:</b>	<b>Sara Keegstra De Hernandez</b> , Intake Discharge Coordinator, Transitional Residential Shelter
<b>Daytime phone:</b>	517-282-4149
<b>Email:</b>	skeeg@samaritas.org

<b>Program name:</b>	<b>Jackson Group Home*</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Unaccompanied Children (federal only)</b>		
<b>Daytime staffing ratio:</b>	1:8		
<b>Specialty:</b>	Unaccompanied migrant/refugee teen boys preparing for independence		
<b>Address/city/zip:</b>	511 East Jackson St., Jackson, MI 49203	<b>County:</b>	Jackson
<b>Eligibility type:</b>	Unaccompanied refugee minors	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	16-18
<b>Referral source:</b>	Lutheran Immigration and Refugee Service	<b># of beds licensed:</b>	12

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** —

**Trauma-informed care:** Program provides weekly counseling and groups for youth using trauma informed techniques.

**Family engagement:** —

**Aftercare:** Program provides aftercare by providing case management services until the youth is independent.

**Program description:** The Jackson IL Group Home for unaccompanied youth is a residential home designed to meet the needs of 12 teen boys referred for our programs. The youth come from different countries and speak various languages. Many of these youth have been in shelters for years; many have experienced abuse, neglect, trafficking, slavery, kidnapping, or witnessed death. These youth are grateful to be in a safe environment and start a new life in the United States.

Comprehensive case management, trauma therapy, medical, dental, clinical, educational and independent living skill development support are provided to youth who live at this program. Participants in the program must demonstrate maturity and the ability to work toward independence. This home is located near downtown Jackson, which provides prime employment opportunities to youth.

## SAMARITAS - continued

<b>Program name:</b>	<b>Charlotte Group Home*</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Unaccompanied Refugee Minors</b>		
<b>Daytime staffing ratio:</b>	1:8		
<b>Specialty:</b>	Refugee teen boys preparing for independence		
<b>Address/city/zip:</b>	4551 East Kinsel Highway, Charlotte, MI 48813	<b>County:</b>	Eaton
<b>Eligibility type:</b>	Unaccompanied refugee minors	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	16-18
<b>Referral source:</b>	Lutheran Immigration and Refugee Service	<b># of beds licensed:</b>	12
<p><b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b>  <b>Nursing/clinical staff:</b> —  <b>Trauma-informed care:</b> Program provides weekly counseling and groups for youth using trauma informed techniques.  <b>Family engagement:</b> —  <b>Aftercare:</b> Program provides aftercare by providing case management services until the youth is independent.  <b>Program description:</b> The Charlotte IL Group Home is a residential home designed to meet the needs of teen boys being referred for the refugee foster care program. This program accepts 12 youth. Comprehensive case management, trauma therapy, medical, dental, educational and independent living skill development support are provided to youth who live at this program.</p>			

<b>Program name:</b>	<b>Samaritas Shelter Grand Rapids*</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Unaccompanied Children (federal only)</b>		
<b>Daytime staffing ratio:</b>	1:10		
<b>Specialty:</b>	Unaccompanied teen boys waiting to unite with relatives in the United States		
<b>Address/city/zip:</b>	2361 Knapp NE, Grand Rapids, MI 49503	<b>County:</b>	Kent
<b>Eligibility type:</b>	Unaccompanied refugee minors	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	14-17
<b>Referral source:</b>	Lutheran Immigration and Refugee Service	<b># of beds licensed:</b>	24
<p><b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b>  <b>Nursing/clinical staff:</b> —  <b>Trauma-informed care:</b> —  <b>Family engagement:</b> —  <b>Aftercare:</b> —  <b>Program description:</b> The Samaritas Shelter Grand Rapids is designed to temporarily meet the needs of teen boys referred to the transitional foster care program with the purpose of prompt unification with family in the United States. This program accepts 24 youth. Comprehensive case management, trauma therapy, medical, dental, and educational support are provided to youth who live at this program.</p>			

### Other services provided by the agency

Refugee foster care, refugee independent living, transitional foster care, refugee independent living plus, foster care, independent living, independent living plus, therapy, therapeutic foster care, adoption, senior living, assisted living, in-home care, rehabilitation, memory care, affordable housing, behavioral health, family preservation, community support, disability support, home health, home care assistance, refugee resettlement.

### Agency narrative

Samaritas is the largest faith-based nonprofit organization in the state of Michigan. The organization provides services for people in all walks of life, offering a safe harbor in crisis and coming through when others don't with a path home. We provide foster care, refugee resettlement, assisted living, affordable housing, and many, many other programs, including one of only 28 refugee foster care programs in the nation. Our mission is serving people as an expression of the love of Christ.



## TEACHING FAMILY HOMES OF UPPER MICHIGAN

Agency representative to the Federation:

**James Whalen, Executive Director** • [jwhalen@tfhomes.org](mailto:jwhalen@tfhomes.org)

1000 Silver Creek Road • Marquette MI 49855 • Marquette County

**906-249-5437, ext. 122** • Fax **906-249-5438**

[www.teachingfamilyhomes.org](http://www.teachingfamilyhomes.org)

Accredited and certified by Teaching Family Association

Service area: Statewide

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	James Whalen, Executive Director		
<b>Daytime phone:</b>	906-249-5437, ext. 122	<b>After-hours or on-call phone:</b>	906-235-4934
<b>Email:</b>	<a href="mailto:jwhalen@tfhomes.org">jwhalen@tfhomes.org</a>		
<b>Intake coordinator:</b>	Michael Smith, Residential Director		
<b>Daytime phone:</b>	906-249-5437, ext. 118	<b>After-hours or on-call phone:</b>	906-869-0497
<b>Email:</b>	<a href="mailto:mSmith@tfhomes.org">mSmith@tfhomes.org</a>		
<b>Intake coordinator:</b>	Dana Koziara, Deputy Director		
<b>Daytime phone:</b>	906-249-5437, ext. 130	<b>After-hours or on-call phone:</b>	906-869-3951
<b>Email:</b>	<a href="mailto:dkoziara@tfhomes.org">dkoziara@tfhomes.org</a>		
<b>Program name:</b>	<b>Cedar Creek</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:8		
<b>Specialty:</b>	Abuse/neglect general residential, co-ed, girls streamlined when possible		
<b>Address/city/zip:</b>	1020 Silver Creek Road, Marquette, MI 49855	<b>County:</b>	Marquette
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	5-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, private pay, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	8
<p><b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b></p> <p><b>Nursing/clinical staff:</b> Well-child checks and routine follow-up with medications concerns and affects occur weekly, and/or daily as directed. Routine health care concerns and recommendations provided.</p> <p><b>Trauma-informed care:</b> Program that is trauma-informed with emphasis placed upon the impact of trauma, and understands potential paths for healing by recognizing the signs and symptoms of trauma within clients, staff and others who are involved. Program fully integrates knowledge of trauma into policies, procedures, best-practices, and settings. Emphasis placed on de-escalation of behaviors with conceptualized approaches and methodology.</p> <p><b>Family engagement:</b> Family engagement and involvement is an essential component of assessing and addressing the client's overall environment and needs. We strongly encourage family and other provider's involvement from the date of intake, throughout their treatment and discharge. We assist identifying services which extend beyond the residential program, and for the interventions to be taught and integrated into the home and community, and shared with other involved providers.</p> <p><b>Aftercare:</b> Extending services beyond the residential setting transfers the knowledge and prepares the youth and families for a productive life that is independent of caring systems. We collaborate with community providers in meeting their needs and goals.</p>			

## TEACHING FAMILY HOMES OF UPPER MICHIGAN - continued

**Program description:** Cedar Creek hosts family-style residential care for troubled youth, featuring trauma-informed psycho-educational treatment in the least restrictive environment, focusing on the development of pro-social skills. Family specialists work in the home with the parent and the youth to establish rules, consistent discipline, positive and negative consequences, as well as address other barriers to family reunification. Onsite counseling and educational services provided as necessary with no additional cost.

<b>Program name:</b>	<b>South Bluff</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:8		
<b>Specialty:</b>	General residential, co-ed, streamlining girls when possible		
<b>Address/city/zip:</b>	1005 Silver Creek Road, Marquette, MI 49855	<b>County:</b>	Marquette
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	5-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, private pay, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	8

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Well-child checks and routine follow-up with medications concerns and affects occur weekly, and/or daily as directed. Routine health care concerns and recommendations provided.

**Trauma-informed care:** Well-child checks and routine follow-up with medications concerns and affects occur weekly, and/or daily as directed. Routine health care concerns and recommendations provided.

**Family engagement:** Family engagement and involvement is an essential component of assessing and addressing the client's overall environment and needs. We strongly encourage family and other provider's involvement from the date of intake, throughout their treatment and discharge. We assist identifying services which extend beyond the residential program, and for the interventions to be taught and integrated into the home and community, and shared with other involved providers.

**Aftercare:** Extending services beyond the residential setting transfers the knowledge and prepares the youth and families for a productive life that is independent of caring systems. We collaborate with community providers in meeting their needs and goals.

**Program description:** South Bluff hosts family-style residential care for troubled youth, featuring trauma-informed psycho-educational treatment in the least restrictive environment, focusing on the development of pro-social skills. Family specialists work in the home with the parent and the youth to establish rules, consistent discipline, positive and negative consequences, as well as address other barriers to family reunification. Onsite counseling and educational services provided as necessary with no additional cost.

## TEACHING FAMILY HOMES OF UPPER MICHIGAN - continued

<b>Program name:</b>	<b>Lakes Area</b>		
<b>Contract type:</b>	<b>RFC Juvenile Justice: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Intensive residential – delinquency issues, including sexual or substance abuse, onsite schooling		
<b>Address/city/zip:</b>	7820 State Hwy M-123 Newberry, MI 49868	<b>County:</b>	Luce
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect by exception only</li> <li>• Juvenile justice</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	10-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, private pay, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	8
<p><b>In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:</b></p> <p><b>Nursing/clinical staff:</b> Well-child checks and routine follow-up with medications concerns and affects occur weekly, and/or daily as directed. Routine health care concerns and recommendations provided.</p> <p><b>Trauma-informed care:</b> Program that is trauma-informed with emphasis placed upon the impact of trauma and understands potential paths for healing by recognizing the signs and symptoms of trauma within clients, staff and others who are involved. Program fully integrates knowledge of trauma into policies, procedures, best-practices, and settings. Emphasis placed on de-escalation of behaviors with conceptualized approaches and methodology.</p> <p><b>Family engagement:</b> Family engagement and involvement is an essential component of assessing and addressing the client’s overall environment and needs. We strongly encourage family and other provider’s involvement from the date of intake, throughout their treatment and discharge. We assist identifying services which extend beyond the residential program, and for the interventions to be taught and integrated into the home and community, and shared with other involved providers.</p> <p><b>Aftercare:</b> Extending services beyond the residential setting transfers the knowledge and prepares the youth and families for a productive life that is independent of caring systems. We collaborate with community providers in meeting their needs and goals.</p>			
<p><b>Program description:</b> Lakes Area works with troubled boys, ages 10-17, with delinquency problems including sexual and substance abuse issues. Lakes Area provides intensive treatment services, with a low youth-to-staff ratio, in a family-style residential care setting for troubled youth, featuring trauma-informed psycho educational treatment in the least restrictive environment, focusing on the development of pro-social skills. Family specialists work in the home with the parent and the youth to establish rules, consistent discipline, positive and negative consequences, as well as address other barriers to family reunification. Onsite individual and group counseling and special education services are provided with no additional cost.</p>			

### Other services provided by the agency

Teaching Family Homes offers a full continuum of cutting-edge services, including intensive and general residential services, and family preservation services, including Families First of Michigan, Family Assistance Program, Parenting Time, and Juvenile Justice Diversion and Reintegration Alternatives programs.

### Agency narrative

Teaching Family Homes, developed by Boys Town in 1981, utilizes evidenced-based best practices and the Teaching Family Model of care. TFH offers a continuum of care through its variety of cutting-edge programs to help children, families, and other child-care providers. TFH is certified by the International Teaching Family Association. TFH participates in advocacy services at the state level through the Michigan Federation for Children and Families.



## VISTA MARIA

Agency representative to the Federation:

**Angela Aufdemberge, President/CEO** • AAufdemberge@vistamaria.org  
 20651 West Warren Avenue, Dearborn Heights, MI 48127 • Wayne County  
**313-271-3050** • **www.vistamaria.org**

Accredited by COA  
 Service area: Statewide

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	Vickie Tyler, Director of Intake and Client Relations		
<b>Daytime phone:</b>	313-271-3050 ext. 222	<b>After-hours or on-call phone:</b>	313-590-1941
<b>Email:</b>	vtyler@vistamaria.org		
<b>Intake coordinator:</b>	Anne Scheiwe, Intake and Program Marketing Specialist		
<b>Daytime phone:</b>	313-271-3050 ext. 360	<b>After-hours or on-call phone:</b>	313-720-8089
<b>Email:</b>	ascheiwe@vistamaria.org		
<b>Intake coordinator:</b>	Keisha Price, Intake Specialist		
<b>Daytime phone:</b>	313-271-3050 ext. 271	<b>After-hours or on-call phone:</b>	313-720-8089
<b>Email:</b>	kprice@vistamaria.org		

<b>Program name:</b>	Rose Hall – Unity Program and Special Care Unit Program		
<b>Contract type:</b>	RFC Abuse/Neglect: Mental Health and Behavior Stabilization		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Mental health stabilization		
<b>Address/city/zip:</b>	20651 West Warren Avenue Dearborn Heights, MI 48127	<b>County:</b>	Wayne
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female and transgender male	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	28

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Vista Maria’s Integrated Behavioral Health team includes a health services department led by a Health Services Manager (RN) and a team of 4 nurses and 1 medical assistant to provide all medical services for each youth. Medical personnel is located on campus. In addition, on-call nursing services are provided 24/7 and available for all emergencies. Contracted pediatricians and psychiatrists are also available for urgent and emergent medical care and consultation.

**Trauma-informed care:** Risking Connection is a relational framework, which enables healing through traumatic experiences, serves as a resource to strengthening staff skills to respond to trauma and utilizes train the trainer approach to impact organizational trauma-informed culture. It provides a training platform that improves staff’s trauma informed responsiveness, creates a culture with a uniform language, and enhances treatment planning for traumatized youth. Understanding the basis of trauma can be overwhelming. The Risking Connection model provides a framework that guides teams of how adverse childhood experiences can affect a youth’s development of forming relationships or attachment to others, body and brain development, and the ability to express strong emotions in a healthy way.

## VISTA MARIA - continued

**Family engagement:** Vista Maria has dedicated staff in the role of Youth and Family Specialist, who engages with family from the time of intake, through treatment and then aftercare. This role connects with the youth and the family and is a liaison with the therapist and clinical team. They are available to the families during treatment as well as in the transition to community reintegration and aftercare. Each youth is assigned a therapist, who develops the treatment plan with the youth and family. Goals and treatment plans take into account family and other supportive persons. In addition, our Director of Intake and Client Relations is also available to families if there are any concerns regarding care. Our Director will triage and resolve any concerns, communication challenges, etc. to ensure that families are heard and supported.

All of these team members work together to ensure that Vista Maria fulfills our Philosophy of Care, which includes Families United which is defined as, "We unconditionally accept and believe in the power of families and communities. Communities are built one strong family at a time." We believe in the unity and power of healthy and supportive families and our goal is to strengthen and reunify children and families through supportive services and restorative relationships. When family restoration is not possible, we enable the creation of alternative familial structures, or personal support networks including mentors, tutors, family friends and others.

Operationally, we engage families in treatment include greeting families at the time of admission and providing them with an orientation into their child's program. Families are welcomed to tour the program prior to admission and meet the assigned therapist and other team members. Families are an integral part of the treatment team; and therefore, engagement from the treatment team will be frequent throughout the youth's stay via family team meetings, family therapy, youth/family expressive art activities and periodic treatment updates from the assigned therapist, youth and family specialist and other treatment team members. Program handbooks are provided for families to review and understand program guidelines. Family and Caregiver support continues as preparation for discharge occurs. It is essential that successful community day and overnight passes occur as families can practice the skills learned, feel confident after discharge and throughout aftercare.

**Aftercare:** Vista Maria's Aftercare Program is an intensive six (6) month program that emphasizes the preparation and transition of youth from a residential treatment setting into the community through a closely supported approach. The youth and family specialist is the primary staff accountable for connecting with family and building the transition plan with the youth and case worker early in the youth's residential care placement. This model offers enhanced service delivery while focusing on recognizing potential risk and protective factors. The Aftercare Program model encompasses a diverse collaboration to reduce the level of recidivism and to maintain continued success,

The goal of the Aftercare Program is to utilize core principles to maintain the youth's level of participation and the quality of services. The following principles for success have been identified and incorporated as the foundation for the Aftercare Model:

1. Develop rapport with youth and family upon admission into Vista Maria's residential treatment programs
2. Provide continued transitional preparation throughout the youth's stay in residential care
3. Prepare youth for progressively increased responsibility and autonomy in the community
4. Assist with bridging the gap between the youth and their transition into the community
5. Work with youth and targeted community support systems (families, peers, school, community mental health, activity centers and health centers) on those qualities needed for constructive interactions that advance the youth's reintegration into the community
6. Develop additional resources and support services for youth
7. Participation in individual case planning that incorporates family and community input

**Program elements:** Vista Maria has a responsibility to provide a framework for positive change through a therapeutic process. It starts with a collaborative relationship upon admission with the youth, family, therapists, and program staff and continues post discharge with the aftercare program staff. We believe that change starts with the individual but must include the individual's relationship to family, community and culture. Our aftercare services offer hope, healing, and a healthy lifestyle, while maintaining a continuum of care for our youth. We believe that by assisting the youth to achieve stability post placement and to become successful in educational endeavors, employment opportunities, and societal relationships are the measures that reduce the number of clients returning to residential treatment programs.

**Program description:**

**Unity Program:** Intensive care for acute psychiatric stabilization.

**Special Care Unit Program:** A structured program to support or help girls with episodic emotional and/or psychiatric instability.

## VISTA MARIA - continued

<b>Program name:</b>	<b>Beata Hall – Special Care Unit Program, Cognitively Impaired Program, Mental Health Substance Abuse Program</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Developmentally Disabled/Cognitively Impaired RFC Abuse/Neglect: Mental Health and Behavior Stabilization RFC Abuse/Neglect: Substance Abuse Rehabilitation</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Mental health and trauma programming focus on psychiatric stabilization, cognitive impairment, and co-occurring diagnoses of mental health and substance abuse		
<b>Address/city/zip:</b>	20651 West Warren Avenue Dearborn Heights, MI 48127	<b>County:</b>	Wayne
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female, transgender male, transgender female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	28

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Vista Maria’s Integrated Behavioral Health team includes a health services department led by a Health Services Manager (RN) and a team of 4 nurses and 1 medical assistant to provide all medical services for each youth. Medical personnel is located on campus. In addition, on-call nursing services are provided 24/7 and available for all emergencies. Contracted pediatricians and psychiatrists are also available for urgent and emergent medical care and consultation.

**Trauma-informed care:** Risking Connection is a relational framework, which enables healing through traumatic experiences, serves as a resource to strengthening staff skills to respond to trauma and utilizes train the trainer approach to impact organizational trauma-informed culture. It provides a training platform that improves staff’s trauma informed responsiveness, creates a culture with a uniform language, and enhances treatment planning for traumatized youth. Understanding the basis of trauma can be overwhelming. The Risking Connection model provides a framework that guides teams of how adverse childhood experiences can affect a youth’s development of forming relationships or attachment to others, body and brain development, and the ability to express strong emotions in a healthy way.

**Family engagement:** Vista Maria has dedicated staff in the role of Youth and Family Specialist, who engages with family from the time of intake, through treatment and then aftercare. This role connects with the youth and the family and is a liaison with the therapist and clinical team. They are available to the families during treatment as well as in the transition to community reintegration and aftercare. Each youth is assigned a therapist, who develops the treatment plan with the youth and family. Goals and treatment plans take into account family and other supportive persons. In addition, our Director of Intake and Client Relations is also available to families if there are any concerns regarding care. Our Director will triage and resolve any concerns, communication challenges, etc. to ensure that families are heard and supported.

All of these team members work together to ensure that Vista Maria fulfills our Philosophy of Care, which includes Families United which is defined as, “We unconditionally accept and believe in the power of families and communities. Communities are built one strong family at a time.” We believe in the unity and power of healthy and supportive families and our goal is to strengthen and reunify children and families through supportive services and restorative relationships. When family restoration is not possible, we enable the creation of alternative familial structures, or personal support networks including mentors, tutors, family friends and others.

Operationally, we engage families in treatment include greeting families at the time of admission and providing them with an orientation into their child’s program. Families are welcomed to tour the program prior to admission and meet the assigned therapist and other team members. Families are an integral part of the treatment team; and therefore, engagement from the treatment team will be frequent throughout the youth’s stay via family team meetings, family therapy, youth/family expressive art activities and periodic treatment updates from the assigned therapist, youth and family specialist and other treatment team members. Program handbooks are provided for families to review and understand program guidelines. Family and Caregiver support continues as preparation for discharge occurs. It is essential that successful community day and overnight passes occur as families can practice the skills learned, feel confident after discharge and throughout aftercare.

**Aftercare:** Vista Maria’s Aftercare Program is an intensive six (6) month program that emphasizes the preparation and transition of youth from a residential treatment setting into the community through a closely supported approach. The youth and family specialist is the primary staff accountable for connecting with family and building the transition plan with the youth and case worker early in the youth’s residential care placement. This model offers enhanced service delivery while focusing on recognizing potential risk and protective factors. The Aftercare Program model encompasses a diverse collaboration to reduce the level of recidivism and to maintain continued success.



## VISTA MARIA - continued

The goal of the Aftercare Program is to utilize core principles to maintain the youth’s level of participation and the quality of services. The following principles for success have been identified and incorporated as the foundation for the Aftercare Model:

1. Develop rapport with youth and family upon admission into Vista Maria’s residential treatment programs
2. Provide continued transitional preparation throughout the youth’s stay in residential care
3. Prepare youth for progressively increased responsibility and autonomy in the community
4. Assist with bridging the gap between the youth and their transition into the community
5. Work with youth and targeted community support systems (families, peers, school, community mental health, activity centers and health centers) on those qualities needed for constructive interactions that advance the youth’s reintegration into the community
6. Develop additional resources and support services for youth
7. Participation in individual case planning that incorporates family and community input

**Program elements:** Vista Maria has a responsibility to provide a framework for positive change through a therapeutic process. It starts with a collaborative relationship upon admission with the youth, family, therapists, and program staff and continues post discharge with the aftercare program staff. We believe that change starts with the individual but must include the individual’s relationship to family, community and culture. Our aftercare services offer hope, healing, and a healthy lifestyle, while maintaining a continuum of care for our youth. We believe that by assisting the youth to achieve stability post placement and to become successful in educational endeavors, employment opportunities, and societal relationships are the measures that reduce the number of clients returning to residential treatment programs.

**Program description:**

**Special Care Unit.** A structured program to support or help with episodic emotional and/or psychiatric instability.

**Mental Health/ Substance Abuse.** Intensive substance abuse and mental health treatment program supporting youth through recovery through strength based and relational modalities.

**Cognitive Impaired Program.** A structured program supporting youth with a co-occurring diagnoses of mental health and cognitive impairment of IQ 45-69.

<b>Program name:</b>	<b>DeRoy Hall – Wings Program and Bridges Program</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b> <b>RFC Abuse/Neglect: Human Trafficking Reintegration</b> <b>RFC Abuse/Neglect: Human Trafficking Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Mental health and trauma treatment for adolescent survivors of human trafficking specifically commercial sexual exploitation		
<b>Address/city/zip:</b>	20651 West Warren Avenue Dearborn Heights, MI 48127	<b>County:</b>	Wayne
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female, transgender male, transgender female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	16

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Vista Maria’s Integrated Behavioral Health team includes a health services department led by a Health Services Manager (RN) and a team of 4 nurses and 1 medical assistant to provide all medical services for each youth. Medical personnel is located on campus. In addition, on-call nursing services are provided 24/7 and available for all emergencies. Contracted pediatricians and psychiatrists are also available for urgent and emergent medical care and consultation.

**Trauma-informed care:** Risking Connection is a relational framework, which enables healing through traumatic experiences, serves as a resource to strengthening staff skills to respond to trauma and utilizes train the trainer approach to impact organizational trauma-informed culture. It provides a training platform that improves staff’s trauma informed responsiveness, creates a culture with a uniform language, and enhances treatment planning for traumatized youth. Understanding the basis of trauma can be overwhelming. The Risking Connection model provides a framework that guides teams of how adverse childhood experiences can affect a youth’s development of forming relationships or attachment to others, body and brain development, and the ability to express strong emotions in a healthy way.

## VISTA MARIA - continued

**Family engagement:** Vista Maria has dedicated staff in the role of Youth and Family Specialist, who engages with family from the time of intake, through treatment and then aftercare. This role connects with the youth and the family and is a liaison with the therapist and clinical team. They are available to the families during treatment as well as in the transition to community reintegration and aftercare. Each youth is assigned a therapist, who develops the treatment plan with the youth and family. Goals and treatment plans take into account family and other supportive persons. In addition, our Director of Intake and Client Relations is also available to families if there are any concerns regarding care. Our Director will triage and resolve any concerns, communication challenges, etc. to ensure that families are heard and supported.

All of these team members work together to ensure that Vista Maria fulfills our Philosophy of Care, which includes Families United which is defined as, "We unconditionally accept and believe in the power of families and communities. Communities are built one strong family at a time." We believe in the unity and power of healthy and supportive families and our goal is to strengthen and reunify children and families through supportive services and restorative relationships. When family restoration is not possible, we enable the creation of alternative familial structures, or personal support networks including mentors, tutors, family friends and others.

Operationally, we engage families in treatment include greeting families at the time of admission and providing them with an orientation into their child's program. Families are welcomed to tour the program prior to admission and meet the assigned therapist and other team members. Families are an integral part of the treatment team; and therefore, engagement from the treatment team will be frequent throughout the youth's stay via family team meetings, family therapy, youth/family expressive art activities and periodic treatment updates from the assigned therapist, youth and family specialist and other treatment team members. Program handbooks are provided for families to review and understand program guidelines. Family and Caregiver support continues as preparation for discharge occurs. It is essential that successful community day and overnight passes occur as families can practice the skills learned, feel confident after discharge and throughout aftercare.

**Aftercare:** Vista Maria's Aftercare Program is an intensive six (6) month program that emphasizes the preparation and transition of youth from a residential treatment setting into the community through a closely supported approach. The youth and family specialist is the primary staff accountable for connecting with family and building the transition plan with the youth and case worker early in the youth's residential care placement. This model offers enhanced service delivery while focusing on recognizing potential risk and protective factors. The Aftercare Program model encompasses a diverse collaboration to reduce the level of recidivism and to maintain continued success.

The goal of the Aftercare Program is to utilize core principles to maintain the youth's level of participation and the quality of services. The following principles for success have been identified and incorporated as the foundation for the Aftercare Model:

1. Develop rapport with youth and family upon admission into Vista Maria's residential treatment programs
2. Provide continued transitional preparation throughout the youth's stay in residential care
3. Prepare youth for progressively increased responsibility and autonomy in the community
4. Assist with bridging the gap between the youth and their transition into the community
5. Work with youth and targeted community support systems (families, peers, school, community mental health, activity centers and health centers) on those qualities needed for constructive interactions that advance the youth's reintegration into the community
6. Develop additional resources and support services for youth
7. Participation in individual case planning that incorporates family and community input

**Program elements:** Vista Maria has a responsibility to provide a framework for positive change through a therapeutic process. It starts with a collaborative relationship upon admission with the youth, family, therapists, and program staff and continues post discharge with the aftercare program staff. We believe that change starts with the individual but must include the individual's relationship to family, community and culture. Our aftercare services offer hope, healing, and a healthy lifestyle, while maintaining a continuum of care for our youth. We believe that by assisting the youth to achieve stability post placement and to become successful in educational endeavors, employment opportunities, and societal relationships are the measures that reduce the number of clients returning to residential treatment programs.

**Program description:**

**WINGS program.** Residential treatment program providing mental health stabilization (as necessary), substance abuse treatment, therapy and psychiatric care, and trauma recovery for girls who are survivors of human trafficking and sexual exploitation.

**Bridges Program.** An open program that focuses on family and community reintegration while continuing to provide psychiatric services.

## VISTA MARIA - continued

<b>Program name:</b>	<b>Myriam Hall – Transitions</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Community reintegration/Supervised independent living		
<b>Address/city/zip:</b>	20651 West Warren Avenue Dearborn Heights, MI 48127	<b>County:</b>	Wayne
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female, transgender male, transgender female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	8

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Vista Maria’s Integrated Behavioral Health team includes a health services department led by a Health Services Manager (RN) and a team of 4 nurses and 1 medical assistant to provide all medical services for each youth. Medical personnel is located on campus. In addition, on-call nursing services are provided 24/7 and available for all emergencies. Contracted pediatricians and psychiatrists are also available for urgent and emergent medical care and consultation.

**Trauma-informed care:** Risking Connection is a relational framework, which enables healing through traumatic experiences, serves as a resource to strengthening staff skills to respond to trauma and utilizes train the trainer approach to impact organizational trauma-informed culture. It provides a training platform that improves staff’s trauma informed responsiveness, creates a culture with a uniform language, and enhances treatment planning for traumatized youth. Understanding the basis of trauma can be overwhelming. The Risking Connection model provides a framework that guides teams of how adverse childhood experiences can affect a youth’s development of forming relationships or attachment to others, body and brain development, and the ability to express strong emotions in a healthy way.

**Family engagement:** Vista Maria has dedicated staff in the role of Youth and Family Specialist, who engages with family from the time of intake, through treatment and then aftercare. This role connects with the youth and the family and is a liaison with the therapist and clinical team. They are available to the families during treatment as well as in the transition to community reintegration and aftercare. Each youth is assigned a therapist, who develops the treatment plan with the youth and family. Goals and treatment plans take into account family and other supportive persons. In addition, our Director of Intake and Client Relations is also available to families if there are any concerns regarding care. Our Director will triage and resolve any concerns, communication challenges, etc. to ensure that families are heard and supported.

All of these team members work together to ensure that Vista Maria fulfills our Philosophy of Care, which includes Families United which is defined as, “We unconditionally accept and believe in the power of families and communities. Communities are built one strong family at a time.” We believe in the unity and power of healthy and supportive families and our goal is to strengthen and reunify children and families through supportive services and restorative relationships. When family restoration is not possible, we enable the creation of alternative familial structures, or personal support networks including mentors, tutors, family friends and others.

Operationally, we engage families in treatment include greeting families at the time of admission and providing them with an orientation into their child’s program. Families are welcomed to tour the program prior to admission and meet the assigned therapist and other team members. Families are an integral part of the treatment team; and therefore, engagement from the treatment team will be frequent throughout the youth’s stay via family team meetings, family therapy, youth/family expressive art activities and periodic treatment updates from the assigned therapist, youth and family specialist and other treatment team members. Program handbooks are provided for families to review and understand program guidelines. Family and Caregiver support continues as preparation for discharge occurs. It is essential that successful community day and overnight passes occur as families can practice the skills learned, feel confident after discharge and throughout aftercare.

**Aftercare:** Vista Maria’s Aftercare Program is an intensive six (6) month program that emphasizes the preparation and transition of youth from a residential treatment setting into the community through a closely supported approach. The youth and family specialist is the primary staff accountable for connecting with family and building the transition plan with the youth and case worker early in the youth’s residential care placement. This model offers enhanced service delivery while focusing on recognizing potential risk and protective factors. The Aftercare Program model encompasses a diverse collaboration to reduce the level of recidivism and to maintain continued success.

## VISTA MARIA - continued

The goal of the Aftercare Program is to utilize core principles to maintain the youth’s level of participation and the quality of services. The following principles for success have been identified and incorporated as the foundation for the Aftercare Model:

1. Develop rapport with youth and family upon admission into Vista Maria’s residential treatment programs
2. Provide continued transitional preparation throughout the youth’s stay in residential care
3. Prepare youth for progressively increased responsibility and autonomy in the community
4. Assist with bridging the gap between the youth and their transition into the community
5. Work with youth and targeted community support systems (families, peers, school, community mental health, activity centers and health centers) on those qualities needed for constructive interactions that advance the youth’s reintegration into the community
6. Develop additional resources and support services for youth
7. Participation in individual case planning that incorporates family and community input

**Program elements:** Vista Maria has a responsibility to provide a framework for positive change through a therapeutic process. It starts with a collaborative relationship upon admission with the youth, family, therapists, and program staff and continues post discharge with the aftercare program staff. We believe that change starts with the individual but must include the individual’s relationship to family, community and culture. Our aftercare services offer hope, healing, and a healthy lifestyle, while maintaining a continuum of care for our youth. We believe that by assisting the youth to achieve stability post placement and to become successful in educational endeavors, employment opportunities, and societal relationships are the measures that reduce the number of clients returning to residential treatment programs.

**Program description:**

**Transitions.** A residential supervised independent living (SIL) program in a group home setting with a focus on community reintegration with support services available. An emphasis is placed on the practical application of self-management and functional independence.

<b>Program name:</b>	<b>Freedom Center – Wings Program</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Human Trafficking Reintegration</b> <b>RFC Abuse/Neglect: Human Trafficking Stabilization</b> <b>RFC Juvenile Justice: Human Trafficking Reintegration</b> <b>RFC Juvenile Justice: Human Trafficking Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Mental health and trauma treatment for survivors of human trafficking		
<b>Address/city/zip:</b>	20651 West Warren Avenue Dearborn Heights, MI 48127	<b>County:</b>	Wayne
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Female, transgender male, transgender female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	16

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Vista Maria’s Integrated Behavioral Health team includes a health services department led by a Health Services Manager (RN) and a team of 4 nurses and 1 medical assistant to provide all medical services for each youth. Medical personnel is located on campus. In addition, on-call nursing services are provided 24/7 and available for all emergencies. Contracted pediatricians and psychiatrists are also available for urgent and emergent medical care and consultation.

**Trauma-informed care:** Risking Connection is a relational framework, which enables healing through traumatic experiences, serves as a resource to strengthening staff skills to respond to trauma and utilizes train the trainer approach to impact organizational trauma-informed culture. It provides a training platform that improves staff’s trauma informed responsiveness, creates a culture with a uniform language, and enhances treatment planning for traumatized youth. Understanding the basis of trauma can be overwhelming. The Risking Connection model provides a framework that guides teams of how adverse childhood experiences can affect a youth’s development of forming relationships or attachment to others, body and brain development, and the ability to express strong emotions in a healthy way.

## VISTA MARIA - continued

**Family engagement:** Vista Maria has dedicated staff in the role of Youth and Family Specialist, who engages with family from the time of intake, through treatment and then aftercare. This role connects with the youth and the family and is a liaison with the therapist and clinical team. They are available to the families during treatment as well as in the transition to community reintegration and aftercare. Each youth is assigned a therapist, who develops the treatment plan with the youth and family. Goals and treatment plans take into account family and other supportive persons. In addition, our Director of Intake and Client Relations is also available to families if there are any concerns regarding care. Our Director will triage and resolve any concerns, communication challenges, etc. to ensure that families are heard and supported.

All of these team members work together to ensure that Vista Maria fulfills our Philosophy of Care, which includes Families United which is defined as, "We unconditionally accept and believe in the power of families and communities. Communities are built one strong family at a time." We believe in the unity and power of healthy and supportive families and our goal is to strengthen and reunify children and families through supportive services and restorative relationships. When family restoration is not possible, we enable the creation of alternative familial structures, or personal support networks including mentors, tutors, family friends and others.

Operationally, we engage families in treatment include greeting families at the time of admission and providing them with an orientation into their child's program. Families are welcomed to tour the program prior to admission and meet the assigned therapist and other team members. Families are an integral part of the treatment team; and therefore, engagement from the treatment team will be frequent throughout the youth's stay via family team meetings, family therapy, youth/family expressive art activities and periodic treatment updates from the assigned therapist, youth and family specialist and other treatment team members. Program handbooks are provided for families to review and understand program guidelines. Family and Caregiver support continues as preparation for discharge occurs. It is essential that successful community day and overnight passes occur as families can practice the skills learned, feel confident after discharge and throughout aftercare.

**Aftercare:** Vista Maria's Aftercare Program is an intensive six (6) month program that emphasizes the preparation and transition of youth from a residential treatment setting into the community through a closely supported approach. The youth and family specialist is the primary staff accountable for connecting with family and building the transition plan with the youth and case worker early in the youth's residential care placement. This model offers enhanced service delivery while focusing on recognizing potential risk and protective factors. The Aftercare Program model encompasses a diverse collaboration to reduce the level of recidivism and to maintain continued success.

The goal of the Aftercare Program is to utilize core principles to maintain the youth's level of participation and the quality of services. The following principles for success have been identified and incorporated as the foundation for the Aftercare Model:

1. Develop rapport with youth and family upon admission into Vista Maria's residential treatment programs
2. Provide continued transitional preparation throughout the youth's stay in residential care
3. Prepare youth for progressively increased responsibility and autonomy in the community
4. Assist with bridging the gap between the youth and their transition into the community
5. Work with youth and targeted community support systems (families, peers, school, community mental health, activity centers and health centers) on those qualities needed for constructive interactions that advance the youth's reintegration into the community
6. Develop additional resources and support services for youth
7. Participation in individual case planning that incorporates family and community input

**Program elements:** Vista Maria has a responsibility to provide a framework for positive change through a therapeutic process. It starts with a collaborative relationship upon admission with the youth, family, therapists, and program staff and continues post discharge with the aftercare program staff. We believe that change starts with the individual but must include the individual's relationship to family, community and culture. Our aftercare services offer hope, healing, and a healthy lifestyle, while maintaining a continuum of care for our youth. We believe that by assisting the youth to achieve stability post placement and to become successful in educational endeavors, employment opportunities, and societal relationships are the measures that reduce the number of clients returning to residential treatment programs.

### **Program description:**

**Wings Program.** Residential treatment program providing mental health stabilization (as necessary), substance abuse treatment, therapy and psychiatric care, and trauma recovery for youth who are survivors of human trafficking and sexual exploitation.

## VISTA MARIA - continued

### Other services provided by the agency

AA/NA groups are provided for youth in the mental health and substance abuse program.

On campus educational program with two options:

- **Clara B. Ford Academy (CBF)** provides an innovative learning environment integrating treatment and academic goals for students in grades 5–12 and Vista Meadows Academy is an alternative high school creates a positive learning community that teaches students how to participate in making decisions, and fosters strong work ethic and outstanding academic performance.
- **Journey to Success** is a comprehensive extracurricular program developed within Vista Maria’s Integrative Behavioral Health treatment approach to empower and embolden our youth while in our care. Services include: academic mentoring, expressive therapies, and values education and afterschool programs.

### Agency narrative

Vista Maria was founded as an orphanage in 1883 by the Sisters of the Good Shepherd. The Sisters’ legacy of rescuing and restoring women and children provides the foundation for the agency’s mission today: to provide the care and support necessary to heal so that our children, teens and families have the opportunity for a new beginning. Filled with compassion and a sense of responsibility to care for women and girls who were homeless, or caught in abusive, destructive and dangerous situations, the Sisters devoted their lives to helping women and girls regain their self-worth, dignity and become self-sufficient—in much the same way as Vista Maria does today.

The agency has continued to meet the growing and changing needs of the vulnerable children and their families in our care and is expanding its capacity to serve the community through after-school programming, in-home counseling, and a charter school for youth in the community. Our continued growth and expansion now offers alternative education, daily living assistance and provides a place for children to grow and have a new beginning.



## WEDGWOOD CHRISTIAN SERVICES

Agency representative to the Federation:

**Daniel T. Gowdy, President/CEO** • dgowdy@wedgwood.org  
 3300 36<sup>th</sup> Street SE • Grand Rapids, MI 49512 • Kent County  
**616-942-2110** • [www.wedgwood.org](http://www.wedgwood.org)  
 Accredited by COA  
 Service area: Statewide

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	<b>Mary Monsma</b> , Associate Director
<b>Daytime phone:</b>	616-942-2110 ext. 610
<b>Email:</b>	mmonsma@wedgwood.org

<b>Intake coordinator:</b>	<b>Kathy Maysick</b> , Admissions Specialist
<b>Daytime phone:</b>	616-942-2110 ext. 612
<b>Email:</b>	kmaysick@wedgwood.org

<b>Intake coordinator:</b>	<b>Phil Slachter</b> , Admissions Specialist
<b>Daytime phone:</b>	616-942-2110 ext. 611
<b>Email:</b>	pslachter@wedgwood.org

<b>Program name:</b>	<b>Antonini Home (girls)</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health and Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Mental health and behavior stabilization		
<b>Address/city/zip:</b>	3300 36 <sup>th</sup> St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Medium secure
<b>Gender served:</b>	Female	<b>Ages served:</b>	6-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, tribes, West Michigan Partnership for Children, adoption subsidy	<b># of beds licensed:</b>	14

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Licensed nursing staff are onsite and available throughout the day. They can be reached via phone 24/7.

**Trauma-informed care:** Wedgwood emphasizes Trauma Informed Treatment that focuses on understanding the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. Clinicians are trained to meet the standards of practice for their license and provide therapy utilizing an eclectic approach which incorporates elements of CBT, DBT, Motivational Interviewing and other treatment modalities.

Recreation Therapy Specialists use a variety of interventions to build healthy leisure skill development, including experiential assertiveness and self-esteem therapy. Other unique treatment tools and opportunities used in the program may include optional activities like dog therapy, exercise classes, intramural sports and group games, expressive arts classes (drama, dance, and music). Age-appropriate life skills are taught in activity-based and classroom settings. Clients are also given the option to engage in faith-based groups such as Young Life as well as attend church services and devotional activities.

## WEDGWOOD CHRISTIAN SERVICES - continued

**Family engagement:** Wedgwood assigns multiple workers to be involved in the child’s treatment, including a Masters-Level Clinician, Home Supervisor, Goal Worker (works 1:1 with the client), Education Specialist, Activity Specialist, Registered Nurse, Physician Assistant, and Psychiatrist. The Clinician oversees development and implementation of the client’s treatment plan. Coordination of treatment is completed through daily communication across the interdisciplinary team and various meetings focusing on the clients and coordinating risk assessment and safety planning. The program holds regularly scheduled team meetings to focus on clients’ recent progress/stabilization in treatment, to review safety plans, and develop resources for discharge planning. Clients, parents/guardians and referring workers are included in this planning process. Quarterly Case Review meetings, including parents/guardians and referring workers, are held for clients whose placement in Residential Treatment extends beyond three months.

**Aftercare:** Short-term stabilization services can be accessed (contingent upon bed availability) for children in response to urgent, unplanned needs for residential placement. On occasions when a youth escalates into behaviors that put self or others at risk, a brief placement out of the home can provide opportunity for assessment and renewal of personal resources. Goals for short-term stabilization stays are to (1) provide a safe and stable placement for the child; (2) allow the family and their treatment provider to resolve any immediate family conflicts and stabilize family relationships; (3) accomplish these goals in the shortest possible time frame. The same admissions criteria used for formal programming will be used to assess the appropriateness for short-term stabilization placement.

An educational packet is completed and sent with the discharged client to assist with school enrollment.

**Program description:** The Antonini Home offers intensive residential treatment with a high staff to client ratio and an onsite school. We serve female clients ages 6 to 17, who have experienced abuse and /or neglect. We also occasionally serve youth who come to us as court referrals if the primary diagnosis is mental health related.

<b>Program name:</b>	<b>Boelkins Home (co-ed)</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:3		
<b>Specialty:</b>	Mental health and behavioral health – co-ed		
<b>Address/city/zip:</b>	3300 36 <sup>th</sup> St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Medium secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	7-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, tribes, West Michigan Partnership for Children, adoption subsidy	<b># of beds licensed:</b>	12

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Licensed nursing staff are onsite and available throughout the day. They can be reached via phone 24/7.

**Trauma-informed care:** Wedgwood emphasizes Trauma Informed Treatment that focuses on understanding the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. Clinicians are trained to meet the standards of practice for their license and provide therapy utilizing an eclectic, client-centered approach which incorporates elements of various treatment modalities.

Activity Therapy Specialists use a variety of interventions to build healthy leisure skill development, including experiential assertiveness and self-esteem therapy. Other unique treatment tools and opportunities used in the program may include optional activities like dog therapy, exercise classes, intramural sports and group games, expressive arts classes (drama, dance, and music). Age-appropriate life skills are taught in activity-based and classroom settings. Youth are given the option to engage in faith-based groups such as Young Life as well as attend church and devotional activities. Youth 14 years and older who have made adequate progress in their treatment plan may apply to work in our Employment Training Program.



## WEDGWOOD CHRISTIAN SERVICES - continued

**Family engagement:** Wedgwood assigns multiple workers to be involved in the child’s treatment, including a Masters-Level Clinician, Home Supervisor, Goal Worker (works 1:1 with the client), Education Specialist, Activity Specialist, Registered Nurse, Physician Assistant, and Psychiatrist. The Clinician oversees development and implementation of the client’s treatment plan. Coordination of treatment is completed through daily communication across the interdisciplinary team and various meetings focusing on the clients and coordinating risk assessment and safety planning. The program holds regularly scheduled team meetings to focus on clients’ recent progress/stabilization in treatment, to review safety plans, and develop resources for discharge planning. Clients, parents/guardians and referring workers are included in this planning process.

Quarterly Case Review meetings, including parents/guardians and referring workers, are held for clients whose placement in Residential Treatment extends beyond three months.

**Aftercare:** Discharge planning begins at admission and continues throughout care, transitioning to aftercare services at discharge. Every effort is made to identify and secure necessary follow-up services for residents in anticipation of discharge from residential treatment. This can include but is not necessarily limited to identifying the community supports coordinator, psychiatrist, or other health care provider. This work is done in conjunction with the resident’s referring worker (e.g. foster care worker, supports coordinator, probation officer). The clinician will continue to be available for phone consultation during normal business hours after a resident has been discharged. Residents are also typically discharged with a 30-day supply of medications and/or prescriptions for caregivers to obtain said medications.

For clients under the MDHHS Abuse/ Neglect contract who discharge from residential care to a community setting, up to 6 months of Aftercare is provided. This service is fulfilled by a full time Transitions Services Coordinator who operates under the requirements of the Aftercare portion of the MDHHS CCI contract.

An educational packet is completed and sent with the discharged client to assist with school enrollment.

**Program description:** The Boelkins Home is an intensive residential treatment co-ed program for youth who exhibit an emotional or behavioral disturbance with a primary mental health diagnosis.

<b>Program name:</b>	<b>Cook-Claus Home – Manasseh Trauma Recovery Center</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Human Trafficking Reintegration RFC Abuse/Neglect: Human Trafficking Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:3		
<b>Specialty:</b>	Girls who have been sex trafficked and sexually traumatized		
<b>Address/city/zip:</b>	3300 36 <sup>th</sup> St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Medium secure
<b>Gender served:</b>	Female	<b>Ages served:</b>	10-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	20

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Licensed nursing staff are onsite and available throughout the day. They can be reached via phone 24/7.

**Trauma-informed care:** Wedgwood emphasizes Trauma Informed Treatment that focuses on understanding the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. Residential Services Clinicians have been trained in a variety of evidence-based therapeutic methods, including Dialectical Behavioral Treatment (DBT), Relationship Trauma Repair (RTR), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Activity Specialists use a variety of interventions to build healthy leisure skill development, including experiential assertiveness and self-esteem therapy. Other unique treatment tools and opportunities used in the program may include optional activities like dog therapy, exercise classes, intramural sports and group games, expressive arts classes (drama, dance, and music). Age-appropriate life skills are taught in activity-based and classroom settings. Clients are also given the option to engage in faith-based groups such as Young Life as well as attend church and devotional activities.

## WEDGWOOD CHRISTIAN SERVICES - continued

**Family engagement:** Wedgwood assigns multiple workers to be involved in the child’s treatment, including a Masters-Level Clinician, Home Supervisor, Goal Worker (works 1:1 with the client), Education Specialist, Recreational Therapy Specialist, Registered Nurse, Physician Assistant, and Psychiatrist. The Clinician oversees development and implementation of the client’s treatment plan. Coordination of treatment is completed through daily communication across the interdisciplinary team and various meetings focusing on the clients and coordinating risk assessment and safety planning. The program holds regularly scheduled team meetings to focus on clients’ recent progress/stabilization in treatment, to review safety plans, and develop resources for discharge planning. Clients, parents/guardians and referring workers are included in this planning process. Quarterly Case Review meetings, including parents/guardians and referring workers, are held for clients whose placement in Residential Treatment extends beyond three months.

**Aftercare:** Discharge planning begins at admission and continues throughout care, transitioning to aftercare services at discharge. Every effort is made to identify and secure necessary follow-up services for residents in anticipation of discharge from residential treatment. This can include but is not necessarily limited to identifying the community supports coordinator, psychiatrist, or other health care provider. This work is done in conjunction with the resident’s referring worker (e.g. foster care worker, supports coordinator, probation officer). The clinician will continue to be available for phone consultation during normal business hours after a resident has been discharged. Residents are also typically discharged with a 30-day supply of medications and/or prescriptions for caregivers to obtain said medications. An educational packet is completed and sent with the discharged client to assist with school enrollment.

For clients under the MDHHS Abuse/Neglect contract who discharge from residential care to a community setting, up to 6 months of Aftercare is provided. This service is fulfilled by a full time Transitions Services Coordinator who operates under the requirements of the Aftercare portion of the MDHHS CCI contract.

An educational packet is completed and sent with the discharged client to assist with school enrollment.

**Program description:** The Cook-Claus – Manasseh Trauma Recovery Center is a home for girls who have been sex trafficked or otherwise severely abused.

<b>Program name:</b>	<b>DeVos Home</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Youth with Problematic Sexual Behaviors</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Boys with sexual behavior issues		
<b>Address/city/zip:</b>	3300 36 <sup>th</sup> St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Medium secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	10-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	14

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Wedgwood has licensed nurses onsite throughout the day and on call 24/7.

**Trauma-informed care:** Wedgwood emphasizes Trauma Informed Treatment that focuses on understanding the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. Residential Service Clinicians have been trained in a variety of evidence-based therapeutic methods.

Activity Treatment Specialists use a variety of interventions to build healthy leisure skill development, including experiential assertiveness and self-esteem therapy. Other unique treatment tools and opportunities used in the program may include optional activities like dog therapy, exercise classes, intramural sports and group games, expressive arts classes (drama, dance, and music). Age-appropriate life skills are taught in activity-based and classroom settings. Clients are also given the option to engage in faith-based activities such as attending church, Young Life and devotional activities.

**Family engagement:** Wedgwood assigns multiple workers to be involved in the child’s treatment, including a Masters-Level Clinician, Home Supervisor, Goal Worker (works 1:1 with the client), Education Specialist, Activity Specialist, Registered Nurse, Physician Assistant, and Psychiatrist. The Clinician oversees development and implementation of the client’s treatment plan. Coordination of treatment is completed through daily communication across the interdisciplinary team and various meetings focusing on the clients and coordinating risk assessment and safety planning. The program holds regularly scheduled team meetings to focus on clients’ recent progress/stabilization in treatment, to review safety plans, and develop resources for discharge planning. Clients, parents/guardians and referring workers are included in this planning process. Quarterly Case Review meetings, including parents/guardians and referring workers, are held for clients whose placement in Residential Treatment extends beyond three months.

## WEDGWOOD CHRISTIAN SERVICES - continued

**Aftercare:** Discharge planning begins at admission and continues throughout care, transitioning to aftercare services at discharge. Every effort is made to identify and secure necessary follow-up services for residents in anticipation of discharge from residential treatment. This can include but is not necessarily limited to identifying the community supports coordinator, psychiatrist, or other health care provider. This work is done in conjunction with the resident's referring worker (e.g. foster care worker, supports coordinator, probation officer). The clinician will continue to be available for phone consultation during normal business hours after a resident has been discharged. Residents are also typically discharged with a 30-day supply of medications and/or prescriptions for caregivers to obtain said medications.

For clients under the MDHHS Abuse/Neglect contract who discharge from residential care to a community setting, up to 6 months of Aftercare is provided. This service is fulfilled by a full time Transitions Services Coordinator who operates under the requirements of the Aftercare portion of the MDHHS CCI contract.

An educational packet is completed and sent with the discharged client to assist with school enrollment.

**Program description:** The DeVos Home is a specialized treatment program for boys ages 10-17 who are developmentally disabled or cognitively delayed, who have a history of inappropriate sexual behaviors.

<b>Program name:</b>	<b>Van Anandel Summit Home</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health and Behavior Stabilization</b> <b>RFC Abuse/Neglect: Substance Abuse Rehabilitation</b>		
<b>Daytime staffing ratio:</b>	1:3		
<b>Specialty:</b>	Co-ed mental health and behavioral stabilization and substance use disorder treatment		
<b>Address/city/zip:</b>	3300 36 <sup>th</sup> St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Medium secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	10-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	14

**In addition to Q RTP requirements identified on page 6, Q RTP program components unique to this program:**

**Nursing/clinical staff:** Licensed nursing staff are onsite and available throughout the day. They can be reached via phone 24/7.

**Trauma-informed care:** Wedgwood emphasizes Trauma Informed Treatment that focuses on understanding the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. Residential Services Clinicians have been trained in a variety of evidence-based therapeutic methods, including Dialectical Behavioral Treatment (DBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Activity Specialists use a variety of interventions to build healthy leisure skill development, including experiential assertiveness and self-esteem therapy. Other unique treatment tools and opportunities used in the program may include optional activities like dog therapy, exercise classes, intramural sports and group games, expressive arts classes (drama, dance, and music). Age-appropriate life skills are taught in activity-based and classroom settings. Faith based activities are optional but may include attending church, Young Life and devotional activities.

The Stages of Change model is used in the substance abuse program for those with co-occurring issues of substance abuse and mental illness. Clients with active substance abuse or dependence receive treatment that is person-centered focused. Clients are encouraged to evaluate, learn, and develop healthy coping skills. Clients work to identify their substance use triggers and ways to cope with them. They also process pros and cons of their substance use and are educated on how substances affect their physical, social, spiritual and emotional life. Relapse prevention and healthy interventions are identified to reduce the risk of future substance use.

**Family engagement:** Wedgwood assigns multiple workers to be involved in the child's treatment, including a Masters-Level Clinician, Home Supervisor, Goal Worker (works 1:1 with the client), Education Specialist, Recreational Therapy Specialist, Registered Nurse, Physician Assistant, and Psychiatrist. The Clinician oversees development and implementation of the client's treatment plan. Coordination of treatment is completed through daily communication across the interdisciplinary team and various meetings focusing on the clients and coordinating risk assessment and safety planning. The program holds regularly scheduled team meetings to focus on clients' recent progress/stabilization in treatment, to review safety plans, and develop resources for discharge planning. Clients, parents/guardians and referring workers are included in this planning process. Quarterly Case Review meetings, including parents/guardians and referring workers, are held for clients whose placement in Residential Treatment extends beyond three months.

## WEDGWOOD CHRISTIAN SERVICES - continued

**Aftercare:** Discharge planning begins at admission and continues throughout care, transitioning to aftercare services at discharge. Every effort is made to identify and secure necessary follow-up services for residents in anticipation of discharge from residential treatment. This can include but is not necessarily limited to identifying the community supports coordinator, psychiatrist, or other health care provider. This work is done in conjunction with the resident's referring worker (e.g. foster care worker, supports coordinator, probation officer). The clinician will continue to be available for phone consultation during normal business hours after a resident has been discharged. Residents are also typically discharged with a 30-day supply of medications and/or prescriptions for caregivers to obtain said medications.

For clients under the MDHHS Abuse/Neglect contract who discharge from residential care to a community setting, up to 6 months of Aftercare is provided. This service is fulfilled by a full time Transitions Services Coordinator who operates under the requirements of the Aftercare portion of the MDHHS CCI contract.

An educational packet is completed and sent with the discharged client to assist with school enrollment.

**Program description:** Van Andel Home is a co-ed program for teens, ages 10-17 with substance use disorders and/or co-occurring mental health diagnosis.

<b>Program name:</b>	<b>Zondervan Home</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Mental Health and Behavior Stabilization</b>		
<b>Daytime staffing ratio:</b>	1:3		
<b>Specialty:</b>	Mental health and behavioral stabilization for boys		
<b>Address/city/zip:</b>	3300 36 <sup>th</sup> St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male	<b>Ages served:</b>	6-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	13

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Licensed nursing staff are onsite and available throughout the day. They can be reached via phone 24/7.

**Trauma-informed care:** Wedgwood emphasizes Trauma Informed Treatment that focuses on understanding the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. Clinicians are trained to meet the standards of practice for their license and provide therapy utilizing an eclectic, client-centered approach which incorporates elements of various treatment modalities.

Activity Therapy Specialists use a variety of interventions to build healthy leisure skill development, including experiential assertiveness and self-esteem therapy. Other unique treatment tools and opportunities used in the program may include optional activities like dog therapy (when available), exercise classes, intramural sports and group games, expressive arts classes (drama, dance, and music). Age-appropriate life skills are taught in activity-based and classroom settings. Youth are given the option to engage in faith-based groups such as Young Life, attend church or be involved in other devotional activities.

**Family engagement:** Wedgwood assigns multiple workers to be involved in the child's treatment, including a Masters-Level Clinician, Home Supervisor, Goal Worker (works 1:1 with the client), Education Specialist, Recreational Therapy Specialist, Registered Nurse, Physician Assistant, and Psychiatrist. The Clinician oversees development and implementation of the client's treatment plan. Coordination of treatment is completed through daily communication across the interdisciplinary team and various meetings focusing on the clients and coordinating risk assessment and safety planning. The program holds regularly scheduled team meetings to focus on youth's progress in treatment, review safety plans, and develop resources for discharge planning. Youth, parents/guardians and other workers are included in its ongoing process.

**Aftercare:** Discharge planning begins at admission and continues throughout care, transitioning to aftercare services at discharge. Every effort is made to identify and secure necessary follow-up services for residents in anticipation of discharge from residential treatment. This can include but is not necessarily limited to identifying the community supports coordinator, psychiatrist, or other health care provider. This work is done in conjunction with the resident's referring worker (e.g. foster care worker, supports coordinator, probation officer). The clinician will continue to be available for phone consultation during normal business hours after a resident has been discharged. Residents are also typically discharged with a 30-day supply of medications and/or prescriptions for caregivers to obtain said medications.

## WEDGWOOD CHRISTIAN SERVICES - continued

For clients under the MDHHS Abuse/Neglect contract who discharge from residential care to a community setting, up to 6 months of Aftercare is provided. This service is fulfilled by a full time Transitions Services Coordinator who operates under the requirements of the Aftercare portion of the MDHHS CCI contract.

An educational packet is completed and sent with the discharged client to assist with school enrollment.

**Program description:** The Zondervan Home is an intensive residential treatment programs for boys who exhibit an emotional/behavioral disturbance or mental health diagnosis.

<b>Program name:</b>	<b>VanderArk Home</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Developmentally Disabled/Cognitively Impaired</b>		
<b>Daytime staffing ratio:</b>	1:2		
<b>Specialty:</b>	Co-ed program for clients with DD/CI diagnosis		
<b>Address/city/zip:</b>	3300 36 <sup>th</sup> St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Eligibility type:</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect</li> <li>• Juvenile justice by exception only</li> </ul>	<b>Security level:</b>	Medium secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	6-17
<b>Referral sources:</b>	MDHHS, courts, community mental health, tribes, West Michigan Partnership for Children	<b># of beds licensed:</b>	12

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Licensed nursing staff are onsite and available throughout the day. They can be reached via phone 24/7.

**Trauma-informed care:** Wedgwood emphasizes Trauma Informed Treatment that focuses on understanding the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services. The Clinician model is based on a cognitive-interpersonal approach emphasizing relationship and community; and incorporating concepts of Applied Behavioral Analysis (ABA). There is a heavy focus on self-control and life skill development with the residents in care.

Several measures of client progress in treatment are used. They include Assessment of Functional Life Skills (AFLS), which is administered within 30 days after admission and then on a quarterly basis. Casey Life Skills is given to clients 14 years and older within 30 days of admission and then quarterly. Tests published by Pearson Education is administered within 30 days of admission and then near the time of discharge. This test is to track communication skills.

**Family engagement:** Wedgwood assigns multiple workers to be involved in the child's treatment, including a Masters-Level Clinician, Home Supervisor, Goal Worker (works 1:1 with the client), Education Specialist, Recreational Therapy Specialist, Registered Nurse, Physician Assistant, and Psychiatrist. The Clinician oversees development and implementation of the client's treatment plan. Coordination of treatment is completed through daily communication across the interdisciplinary team and various meetings focusing on the clients and coordinating risk assessment and safety planning. The program holds regularly scheduled team meetings to focus on clients' recent progress/stabilization in treatment, to review safety plans, and develop resources for discharge planning. Clients, parents/guardians and referring workers are included in this planning process. Quarterly Case Review meetings, including parents/guardians and referring workers, are held for clients whose placement in Residential Treatment extends beyond three months.

**Aftercare:** Discharge planning begins at admission and continues throughout care, transitioning to aftercare services at discharge. Every effort is made to identify and secure necessary follow-up services for residents in anticipation of discharge from residential treatment. This can include but is not necessarily limited to identifying the community supports coordinator, psychiatrist, or other health care provider. This work is done in conjunction with the resident's referring worker (e.g., foster care worker, supports coordinator, probation officer). The clinician will continue to be available for phone consultation during normal business hours after a resident has been discharged. Residents are also typically discharged with a 30-day supply of medications and/or prescriptions for caregivers to obtain said medications.

For clients under the MDHHS Abuse/Neglect contract who discharge from residential care to a community setting, up to 6 months of Aftercare is provided. This service is fulfilled by a full time Transitions Services Coordinator who operates under the requirements of the Aftercare portion of the MDHHS CCI contract.

Respite services can be accessed (contingent upon bed availability) for children who can benefit from brief placements to provide a therapeutic break. On occasions when a youth escalates into behaviors that put self or others at risk, a brief placement out of the home can provide opportunity for assessment and renewal of personal resources.

## WEDGWOOD CHRISTIAN SERVICES - continued

Goals for respite stays are (1) provide a safe and stable placement for the child; (2) allow the family and their treatment provider to resolve any immediate family conflicts and stabilize family relationships or to allow the family as needed, planned break; (3) accomplish these goals in the shortest possible time frame. The same admissions criteria used for formal programming will be used to assess the appropriateness for respite placement

**Program description:** The VanderArk home is a co-ed program for children with a developmental disability and/or intellectual disability falling within or around mild-to-moderate range (IQ 40-70), with chronic/persistent behavioral presentation.

### Other services provided by the agency

- Individual and family therapy
- Group and activity therapies
- Behavior modification programming
- Educational planning services
- Occupational therapy (through Medicaid when advisable)
- Employment skills training
- Life skills classes
- Chaplaincy/voluntary spiritual life activities
- Medical/Nursing with 24 hour on call
- Client Rights Advisor
- Wellness Center (cardio and strength equipment for mental and physical health)

### Agency narrative

Wedgwood Christian Services is one of Michigan's most highly regarded experts for helping hurting children, teens, families, and adults, and is dedicated to boldly taking on the toughest issues facing them today through residential care, counseling services, and community programs.

As a nonprofit organization, Wedgwood provides a wide-range of social services to meet the needs of our community. Wedgwood's comprehensive continuum of care is one of the largest among social services agencies in the state of Michigan.

**Mission:** Wedgwood Christian Services extends God's love to youth, adults, and families through professional counseling and educational services.



**WELLSPRING LUTHERAN SERVICES**

*Agency representative to the Federation:*

**David Gehm, President/CEO** • dgehm@wellspringlutheran.com

2825 Wieneke Road, Saginaw MI 48603 • Saginaw County

**989-686-7650** • [www.wellspringlutheran.com](http://www.wellspringlutheran.com)

Accredited by COA

Service area: Statewide

**Qualified Residential Treatment Program Information**

<b>Intake coordinator:</b>	<b>Marie Tolen</b> , Executive Director
<b>Daytime phone:</b>	248-476-9550
<b>Email:</b>	mtolen@wellspringlutheran.com

<b>Intake coordinator:</b>	<b>Tancier Baker</b> , Clinical Supervisor
<b>Daytime phone:</b>	248-476-9550
<b>Email:</b>	tbaker@wellspringlutheran.com

<b>Program name:</b>	<b>New Directions</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Developmentally Disabled/Cognitively Impaired</b>		
<b>Daytime staffing ratio:</b>	1:4		
<b>Specialty:</b>	Cognitive impairment and developmental disability		
<b>Address/city/zip:</b>	28000 W. 9 Mile Rd, Farmington Hills, MI 48336	<b>County:</b>	Oakland
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS	<b># of beds licensed:</b>	48

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** New Directions employs a nurse who is on campus up to 20 hours per week and on-call.

**Trauma-informed care:** All components of the residential treatment living experience are designed to address the physical and emotional needs of youth who have experienced trauma in different forms. Program staff receive ongoing training to recognize and respond therapeutically to the many ways that complex trauma manifests itself in the lives of youth who have been abused, neglected, and suffered repeated and abrupt moves and losses through their stay in the foster care system.

- Therapists in the New Directions provided Trauma Focused CBT
- The program’s crisis de-escalation and behavior management program (NVPCI) is taught in tandem with the NVPCI Trauma care training assuring that maximum care is taken to avoid re-traumatizing residents with physical management.
- The Zones of Regulation framework is utilized at New Directions to foster regulation and emotional control
- Emphasis on resident “Voice and Choice” in daily living as well as Resident Council
- Use of Art, Music, Dance/Movement Therapists expose residents to new avenues of expression which serve to improve how they relate and interact with their environments and families.
- Residents complete Crisis Management plans with their therapists to identify specific and unique triggers as well as the self-calming and self-soothing strategies that work best for them.
- Staff members develop practical and concrete plans with each resident to implement the strategies that residents report are helpful to them. Therapists help family members to understand the role that trauma plays in the problems bringing residents into care.
- Emotional dysregulation and reactive behaviors are viewed by the treatment team as sequela of trauma rather than negative or maladaptive behaviors. Music, taking walks and finding quiet places to be alone are viewed as coping strategies to be encouraged rather than privileges to be earned.

## WELLSPRING LUTHERAN SERVICES - continued

- As part of the initial service planning, residents also complete a standardized trauma screening tool to assist therapists to assess the severity of the trauma. The agency psychiatrist reviews these assessments in making diagnostic formulations and looks first at the possible effects of trauma when making decision about medications that might be useful to target psychiatric symptoms that may accompany trauma.
- Residents’ progress in the treatment component of the program is viewed, not only in traditional areas of behavior and achievement in school and on the milieu, but also in stages of a trauma recovery model. Progress and setbacks in treatments are examined first considering the inner resources available for the resident to overcome the effects of trauma.
- Youth Specialist staff conduct groups with the residents on creating a living environment in which all residents can feel safe and secure. Residents are urged to identify any conflicts that create feelings of anxiety or insecurity. Residents are offered night lighting, roommates, staff look- ins, window treatments, and other environmental items that help them to feel safe and on the living unit

**Family engagement:** Connection to support outside of program staff is critical for our youth. Case Managers at New Direction work with the youth and involved DHHS staff to identify and encourage regular weekly contact with family. When the child does not have a nuclear family, connections are nurtured with extended family, fictive kin, community supports or mentors to provide supports to the child.

**Aftercare:** —

**Program description:** Located on a spacious and serene 80-acre campus, New Directions offers comprehensive and specialized community-based residential treatment services to youth with an array of developmental disabilities, cognitive impairment and psychiatric/behavioral disorders. New Directions is an open, community program located in Farmington Hills (suburban Detroit). Residents are enrolled in Farmington Public School and are placed in a variety of schools based on each child’s IEP.

<b>Program name:</b>	<b>New Directions – SDD</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: Specialized Developmental Disability</b>		
<b>Daytime staffing ratio:</b>	1:1.5		
<b>Specialty:</b>	Youth with autism requiring Applied Behavior Analysis (ABA) Therapy		
<b>Address/city/zip:</b>	28000 W. 9 Mile Rd, Farmington Hills, MI 48336	<b>County:</b>	Oakland
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	11-17
<b>Referral sources:</b>	MDHHS	<b># of beds licensed:</b>	48

**In addition to Q RTP requirements identified on page 6, Q RTP program components unique to this program:**

**Nursing/clinical staff:** New Directions employs a nurse who is on campus up to 20 hours per week and on-call.

**Trauma-informed care:** All components of the residential treatment living experience are designed to address the physical and emotional needs of youth who have experienced trauma in different forms. Program staff receive ongoing training to recognize and respond therapeutically to the many ways that complex trauma manifests itself in the lives of youth who have been abused, neglected, and suffered repeated and abrupt moves and losses through their stay in the foster care system.

- Therapists in the New Directions provided Trauma Focused CBT
- The program’s crisis de-escalation and behavior management program (NVPCI) is taught in tandem with the NVPCI Trauma care training assuring that maximum care is taken to avoid re-traumatizing residents with physical management.
- The Zones of Regulation framework is utilized at New Directions to foster regulation and emotional control
- Emphasis on resident “Voice and Choice” in daily living as well as Resident Council
- Use of Art, Music, Dance/Movement Therapists expose residents to new avenues of expression which serve to improve how they relate and interact with their environments and families.
- Residents complete Crisis Management plans with their therapists to identify specific and unique triggers as well as the self-calming and self-soothing strategies that work best for them.
- Staff members develop practical and concrete plans with each resident to implement the strategies that residents report are helpful to them. Therapists help family members to understand the role that trauma plays in the problems bringing residents into care.
- Emotional dysregulation and reactive behaviors are viewed by the treatment team as sequela of trauma rather than negative or maladaptive behaviors. Music, taking walks and finding quiet places to be alone are viewed as coping strategies to be encouraged rather than privileges to be earned.



## WELLSPRING LUTHERAN SERVICES - continued

- As part of the initial service planning, residents also complete a standardized trauma screening tool to assist therapists to assess the severity of the trauma. The agency psychiatrist reviews these assessments in making diagnostic formulations and looks first at the possible effects of trauma when making decision about medications that might be useful to target psychiatric symptoms that may accompany trauma.
- Residents' progress in the treatment component of the program is viewed, not only in traditional areas of behavior and achievement in school and on the milieu, but also in stages of a trauma recovery model. Progress and setbacks in treatments are examined first considering the inner resources available for the resident to overcome the effects of trauma.
- Youth Specialist staff conduct groups with the residents on creating a living environment in which all residents can feel safe and secure. Residents are urged to identify any conflicts that create feelings of anxiety or insecurity. Residents are offered night lighting, roommates, staff look- ins, window treatments, and other environmental items that help them to feel safe and on the living unit

**Family engagement:** Connection to support outside of program staff is critical for our youth. Case Managers at New Direction work with the youth and involved DHHS staff to identify and encourage regular weekly contact with family. When the child does not have a nuclear family, connections are nurtured with extended family, fictive kin, community supports or mentors to provide supports to the child.

**Aftercare:** —

**Program description:** This Specialized Developmental Disability Unit (SDD) of New Directions is designed to meet the needs of youth involved in the child welfare system whose level of developmental impairment warrants a significant sensory sensitive, individualized treatment setting than other residents admitted to the standard New Directions program. The SDDU is primarily designed for youth diagnosed with Autism Spectrum Disorder (ASD) who would benefit from Applied Behavior Analysis. The SDDU is designed to support children who have deficits in social communication skills, sensory sensitivity, and a limited ability to conduct daily living tasks without intensive support which prevents the youth from adjusting satisfactorily to a lesser restrictive treatment environment such as a residential setting with a higher staff to resident ratio or a family setting. This unit was on the premise that these identified youth can be served more effectively in a controlled treatment environment that is specifically tailored to their developmental and functioning level.

Supervision on the SDD is intensive (no less than two staff for every three youth during awake hours). The Unit houses male, female and gender non-conforming youth.

The SDD's physical environment was designed by a multidisciplinary treatment team with specialized training in creating sensory-friendly and intellectually accessible programming. Design of the physical environment on the living unit is intentional and therapeutic. The unit is structured, predictable, and welcoming, offering several visuals for residents to refer to throughout the day. Visuals include developmentally appropriate individually tailored schedules, clear word/picture labels on items, and word/picture prompts and interpretations of all tasks expected of youth. Tablets are provided to program youth for assistance with communication as necessary.

Special attention is paid to lighting, color, and content of all of the rooms on this unit. Autistic children process "visual information" differently. Some are overwhelmed by this sensory input, and others need more visual stimulation to regulate themselves. Rooms that are meant to be stimulating and active are predictably this way, while other rooms are tailored to offer calm and concentration. This unit offers alternatives to florescent lighting throughout the day and minimizes residents' exposure to light while they're sleeping. Residents diagnosed on the Autism Spectrum often have difficulty maintaining a healthy sleep regimen, thus the intention is to take a proactive approach to offering an environment cohesive to treating disruptive sleep patterns. The unit is also designed to be conscious of color's impact on resident mood.

Treatment plans are designed by a full time Board Certified Behavior Analyst (BCBA) who provides ongoing modeling/coaching to direct care staff who have access to Registered Behavior Technician (RBT) training.

Program youth are enrolled in an appropriate classroom setting through Farmington Public Schools.

## WELLSPRING LUTHERAN SERVICES - continued

### Other services provided by the agency

In addition to our ABA and Trauma Informed treatment interventions, room, board and 24 hour supervision, New Directions provides the following services:

- Onsite psychiatric services provided by certified child and adolescent psychiatrist.
- Medical, dental and vision care through private providers. Specialist care provided primarily through Children's Hospital of Detroit.
- Full participation in five Team Farmington Special Olympics sports activities
- Campus and community based recreation for maximum opportunities for normalization and inclusion;
- Summer camping experience
- Weekly expressive therapies (Art, Music, Dance/Movement offered by trained therapists)
- Year-round individual tutoring and remediation with certified special education teachers through the EPIC program.
- Optional participation in religious activities

### Agency narrative

The Child & Family Division of Wellspring Lutheran Services (formerly Lutheran Child & Family Service of Michigan) was founded in 1899 in response to human need following a series of great fires in Michigan that left many children orphaned. Wellspring continues work today with families in crisis for a variety of reasons, with services throughout the state and offices in Bay, Chippewa, Clare, Genesee, Grand Traverse, Ingham, Kent, Oakland, Oscoda, Otsego, and Wayne counties. Wellspring has been accredited by the Council on Accreditation since 1977, with most recent re-accreditation in 2019. Agency administrators hold leadership roles in various DHHS public-private partnership task forces. The agency maintains national and statewide memberships in the Alliance for Children and Families, Lutheran Services in America, the Michigan Federation for Children and Families, and Michigan Home-Based Family Service Association.



## WHALEY CHILDREN'S CENTER

Agency representative to the Federation:

**Mindy Williams, President/CEO** • mwilliams@whaleychildren.org

1201 N. Grand Traverse • Flint, MI 48503 • Genesee County

**810-234-3603** • [www.whaleychildren.org](http://www.whaleychildren.org)

Accredited by CARF

Service area: Statewide

### Qualified Residential Treatment Program Information

<b>Intake coordinator:</b>	Kendall Smith, ksmith@whaleychildren.org		
<b>Daytime phone:</b>	810-600-0128	<b>After-hours or on-call phone:</b>	810-444-7408
<b>Email:</b>	ksmith@whaleychildren.org		

<b>Program name:</b>	Mott Residence		
<b>Contract type:</b>	RFC Abuse/Neglect: General Residential		
<b>Daytime staffing ratio:</b>	1:3; 1:1 approval needed		
<b>Specialty:</b>	General residential		
<b>Address/city/zip:</b>	1201 N. Grand Traverse, Flint, MI 48503	<b>County:</b>	Genesee
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	5-17
<b>Referral sources:</b>	MDHHS, courts	<b># of beds licensed:</b>	24

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Registered or licensed nursing staff is onsite and/or available 24/7. The nursing staff are always available within 60 minutes to the agency at all times. We have a full medical department consisting of one Licensed Practical Nurse who oversees 4 Certified medical Aids. In addition, our Clinical Department consists of 3 Licensed Clinicians and 3 Limited Licensed Clinicians. Both our Medical and Clinical Staff maintain 24 hours on-call services. In addition, the Mott Residence is located directly next door to Hurley Medical Center, the city's 443 bed public hospital and a verified Level 1 Trauma Center and Level II Pediatric Trauma Center.

**Trauma-informed care:** Whaley Children's Center (WCC) is a Qualified Residential Treatment Facility (QRTF). Our QRTF-General Residential Program is a short-term intervention designed to meet a youth's specific needs and goals. WCC uses trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Our goal is to provide a safe place for youth to address mental and behavioral health needs, process past trauma, and learn healthy coping and life skills to prepare them for a successful transition to a less restrictive setting. While in our care, they are provided extracurricular and enrichment activities to expand their interests and engagement for emotional and developmental growth. Youth are cared for 24 hours a day with structured programming and individualized care to best meet their needs.

We are focused on providing therapeutic intervention and structured programming to provide individualized care to move youth toward a more stable, less intensive level of care and independence. We strive to provide an array of recreational activities daily that meet the interests of every youth. Our on-campus recreational areas include a gym and baseball diamond where we play a wide range of sports, a sand volleyball court, a video game room, art room, library, and computer lab. The youth also participate in community activities such as shopping, going to the movie theater, camp experiences, our annual trip to Michigan's Adventures, and so much more.

All treatment provided to the youth residing at Whaley is trauma-informed and evidence based; such as Therapeutic Crisis Interventions, Trauma Focused Cognitive Behavioral Therapy, S.E.L.F. curriculum from the Sanctuary Model, and Eye Movement Desensitization and Reprocessing. As the youth work through their past traumas, they begin to understand healthy relationships, learn to utilize appropriate coping skills, and develop effective ways to manage their emotions.

## WHALEY CHILDREN'S CENTER - continued

**Family engagement:** WCC uses trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Treatment planning is family driven and youth guided to ensure participation of a supportive adult from admission through aftercare. The Family Therapist will work with the family to ensure a higher likelihood for success throughout the process and into the transition. Once a discharge date is set, the discharge plan will be reviewed, including services provided during the youth's stay at Whaley, recommended mental health and/or medical services post discharge, and aftercare services.

**Aftercare:** The youth's assigned Youth and Family Coordinator will provide aftercare services to youth that transition to less restrictive settings such as those that reunify with family, transition to an adoptive family, or to an Independent Living program. The Youth and Family Coordinator will remain connected with the family for up to six months post discharge to ensure all needs are being met. Referrals will be made as needed to programs in the youth's community in collaboration with CMH and MDHHS, family members.

**Program description:** Whaley's Mott Residence is licensed to serve children as young as age 5 and both genders. The children at the Mott Residence receive constant supervision and support as the facility provides the highest staff-to-child ratios amongst child caring institutions (3 children to 1 staff). WCC provides an open, client centered program for youth to participate in their treatment plan. Services provided to youth and families include residential treatment, individual, group, and family counseling, medical, dental, mental, and behavioral health care, educational services, independent living preparation programming for youth 14+, and aftercare services. Youth are empowered to be active participants in decision-making as it relates to their treatment plan and programming.

<b>Program name:</b>	<b>Rotary House</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:3; 1:1 approval needed		
<b>Specialty:</b>	General residential		
<b>Address/city/zip:</b>	1213 W. Hamilton Milbourne, Flint, MI 48504	<b>County:</b>	Genesee
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	5-17
<b>Referral sources:</b>	MDHHS, courts	<b># of beds licensed:</b>	6

**In addition to Q RTP requirements identified on page 6, Q RTP program components unique to this program:**

**Nursing/clinical staff:** Registered or licensed nursing staff is onsite and/or available 24/7. The nursing staff are always available within 60 minutes to the agency at all times. We have a full medical department consisting of one Licensed Practical Nurse who oversees 4 Certified medical Aids. In addition, our Clinical Department consists of 3 Licensed Clinicians and 3 Limited Licensed Clinicians. Both our Medical and Clinical Staff maintain 24 hours on-call services.

**Trauma-informed care:** Whaley's (WCC) Rotary House is a Qualified Residential Treatment Facility (QRTF). Our QRTF-General Residential Program is a short-term intervention designed to meet a youth's specific needs and goals. We use trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Our goal is to provide a safe place for youth to address mental and behavioral health needs, process past trauma, and learn healthy coping and life skills to prepare them for a successful transition to a less restrictive setting. While in our care, they are provided extracurricular and enrichment activities to expand their interests and engagement for emotional and developmental growth. Youth are cared for 24 hours a day with structured programming and individualized care to best meet their needs.

We are focused on providing therapeutic intervention and structured programming to provide individualized care to move youth toward a more stable, less intensive level of care and independence. We strive to provide an array of recreational activities daily that meet the interests of every youth. Our on-campus recreational areas include a gym and baseball diamond where we play a wide range of sports, a sand volleyball court, a video game room, art room, library, and computer lab. The youth also participate in community activities such as shopping, going to the movie theater, camp experiences, our annual trip to Michigan's Adventures, and so much more.

All treatment provided to the youth residing at Whaley is trauma-informed and evidence based, such as Therapeutic Crisis Interventions, Trauma Focused Cognitive Behavioral Therapy, S.E.L.F. curriculum from the Sanctuary Model, and Eye Movement Desensitization and Reprocessing. As the youth work through their past traumas, they begin to understand healthy relationships, learn to utilize appropriate coping skills, and develop effective ways to manage their emotions.

## WHALEY CHILDREN'S CENTER - continued

**Family engagement:** WCC's Rotary House uses trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Treatment planning is family driven and youth guided to ensure participation of a supportive adult from admission through aftercare. The Family Therapist will work with the family to ensure a higher likelihood for success throughout the process and into the transition. Once a discharge date is set, the discharge plan will be reviewed, including services provided during the youth's stay at Whaley, recommended mental health and/or medical services post discharge, and aftercare services.

**Aftercare:** The youth's assigned Youth and Family Coordinator will provide aftercare services to youth that transition to less restrictive settings such as those that reunify with family, transition to an adoptive family, or to an Independent Living program. The Youth and Family Coordinator will remain connected with the family for up to six months post discharge to ensure all needs are being met. Referrals will be made as needed to programs in the youth's community in collaboration with CMH and MDHHS, family members.

**Program description:** WCC's Rotary House typically serves pre-adolescent and adolescent youth, at Whaley Children's Center, both male and female, usually ages 12-17 but is licensed to serve children as young as age 5. Children at Rotary House receive constant supervision and support as the facility provides the highest staff-to-child ratios amongst child caring institutions (3 children to 1 staff). WCC provides an open, client centered program for youth to participate in their treatment plan. Services provided to youth and families include residential treatment, individual, group, and family counseling, medical, dental, mental, and behavioral health care, educational services, independent living preparation programming for youth 14+, and aftercare services. Youth are empowered to be active participants in decision-making as it relates to their treatment plan and programming.

<b>Program name:</b>	<b>Optimist House</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:3; 1:1 approval needed		
<b>Specialty:</b>	General residential		
<b>Address/city/zip:</b>	1802 Carmanbrook Parkway, Flint, MI 48507	<b>County:</b>	Genesee
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	5-17
<b>Referral sources:</b>	DHHS, courts	<b># of beds licensed:</b>	6

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Registered or licensed nursing staff is onsite and/or available 24/7. The nursing staff are always available within 60 minutes to the agency at all times. We have a full medical department consisting of one Licensed Practical Nurse who oversees 4 Certified medical Aids. In addition, our Clinical Department consists of 3 Licensed Clinicians and 3 Limited Licensed Clinicians. Both our Medical and Clinical Staff maintain 24 hours on-call services.

**Trauma-informed care:** Whaley's (WCC) Optimist House is a Qualified Residential Treatment Facility (QRTF). Our QRTF-General Residential Program is a short-term intervention designed to meet a youth's specific needs and goals. We use trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Our goal is to provide a safe place for youth to address mental and behavioral health needs, process past trauma, and learn healthy coping and life skills to prepare them for a successful transition to a less restrictive setting. While in our care, they are provided extracurricular and enrichment activities to expand their interests and engagement for emotional and developmental growth. Youth are cared for 24 hours a day with structured programming and individualized care to best meet their needs.

We are focused on providing therapeutic intervention and structured programming to provide individualized care to move youth toward a more stable, less intensive level of care and independence. We strive to provide an array of recreational activities daily that meet the interests of every youth. Our on-campus recreational areas include a gym and baseball diamond where we play a wide range of sports, a sand volleyball court, a video game room, art room, library, and computer lab. The youth also participate in community activities such as shopping, going to the movie theater, camp experiences, our annual trip to Michigan's Adventures, and so much more.

All treatment provided to the youth residing at Whaley is trauma-informed and evidence based, such as Therapeutic Crisis Interventions, Trauma Focused Cognitive Behavioral Therapy, S.E.L.F. curriculum from the Sanctuary Model, and Eye Movement Desensitization and Reprocessing. As the youth work through their past traumas, they begin to understand healthy relationships, learn to utilize appropriate coping skills, and develop effective ways to manage their emotions.

## WHALEY CHILDREN'S CENTER - continued

**Family engagement:** WCC's Optimist House uses trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Treatment planning is family driven and youth guided to ensure participation of a supportive adult from admission through aftercare. The Family Therapist will work with the family to ensure a higher likelihood for success throughout the process and into the transition. Once a discharge date is set, the discharge plan will be reviewed, including services provided during the youth's stay at Whaley, recommended mental health and/or medical services post discharge, and aftercare services.

**Aftercare:** The youth's assigned Youth and Family Coordinator will provide aftercare services to youth that transition to less restrictive settings such as those that reunify with family, transition to an adoptive family, or to an Independent Living program. The Youth and Family Coordinator will remain connected with the family for up to six months post discharge to ensure all needs are being met. Referrals will be made as needed to programs within the youth's community in collaboration with CMH and MDHHS, family members.

**Program description:** WCC's Optimist House typically serves the pre-adolescent and adolescent males at Whaley Children's Center usually ages 12-17 years, although it is licensed to serve children as young as age 5 and both genders. The children at Optimist House receive constant supervision and support as the facility provides the highest staff-to-child ratios amongst child caring institutions (3 children to 1 staff). WCC provides an open, client centered program for youth to participate in their treatment plan. Services provided to youth and families include residential treatment, individual, group, and family counseling, medical, dental, mental, and behavioral health care, educational services, independent living preparation programming for youth 14+, and aftercare services. Youth are empowered to be active participants in decision-making as it relates to their treatment plan and programming.

<b>Program name:</b>	<b>Zonta House</b>		
<b>Contract type:</b>	<b>RFC Abuse/Neglect: General Residential</b>		
<b>Daytime staffing ratio:</b>	1:3; 1:1 approval needed		
<b>Specialty:</b>	General residential		
<b>Address/city/zip:</b>	2954 Concord, Flint, MI 48504	<b>County:</b>	Genesee
<b>Eligibility type:</b>	Abuse/neglect	<b>Security level:</b>	Non-secure
<b>Gender served:</b>	Male and female	<b>Ages served:</b>	5-17
<b>Referral sources:</b>	DHHS, courts	<b># of beds licensed:</b>	6

**In addition to QRTP requirements identified on page 6, QRTP program components unique to this program:**

**Nursing/clinical staff:** Registered or licensed nursing staff is onsite and/or available 24/7. The nursing staff are always available within 60 minutes to the agency at all times. We have a full medical department consisting of one Licensed Practical Nurse who oversees 4 Certified medical Aids. In addition, our Clinical Department consists of 3 Licensed Clinicians and 3 Limited Licensed Clinicians. Both our Medical and Clinical Staff maintain 24 hours on-call services.

**Trauma-informed care:** Whaley's (WCC) Zonta House is a Qualified Residential Treatment Facility (QRTF). Our QRTF-General Residential Program is a short-term intervention designed to meet a youth's specific needs and goals. We use trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Our goal is to provide a safe place for youth to address mental and behavioral health needs, process past trauma, and learn healthy coping and life skills to prepare them for a successful transition to a less restrictive setting. While in our care, they are provided extracurricular and enrichment activities to expand their interests and engagement for emotional and developmental growth. Youth are cared for 24 hours a day with structured programming and individualized care to best meet their needs.

We are focused on providing therapeutic intervention and structured programming to provide individualized care to move youth toward a more stable, less intensive level of care and independence. We strive to provide an array of recreational activities daily that meet the interests of every youth. Our on-campus recreational areas include a gym and baseball diamond where we play a wide range of sports, a sand volleyball court, a video game room, art room, library, and computer lab. The youth also participate in community activities such as shopping, going to the movie theater, camp experiences, our annual trip to Michigan's Adventures, and so much more.

All treatment provided to the youth residing at Whaley is trauma-informed and evidence based, such as Therapeutic Crisis Interventions, Trauma Focused Cognitive Behavioral Therapy, S.E.L.F. curriculum from the Sanctuary Model, and Eye Movement Desensitization and Reprocessing. As the youth work through their past traumas, they begin to understand healthy relationships, learn to utilize appropriate coping skills, and develop effective ways to manage their emotions.

## WHALEY CHILDREN'S CENTER - continued

**Family engagement:** WCC's Zonta House uses trauma-informed practices to engage and support family members, caregivers and identified permanent connections to ensure a successful transition back home or to a community placement. Treatment planning is family driven and youth guided to ensure participation of a supportive adult from admission through aftercare. The Family Therapist will work with the family to ensure a higher likelihood for success throughout the process and into the transition. Once a discharge date is set, the discharge plan will be reviewed, including services provided during the youth's stay at Whaley, recommended mental health and/or medical services post discharge, and aftercare services.

**Aftercare:** The youth's assigned Youth and Family Coordinator will provide aftercare services to youth that transition to less restrictive settings such as those that reunify with family, transition to an adoptive family, or to an Independent Living program. The Youth and Family Coordinator will remain connected with the family for up to six months post discharge to ensure all needs are being met. Referrals will be made as needed to programs within the youth's community in collaboration with CMH and MDHHS, family members.

**Program description:** WCC's Zonta House typically serves the pre-adolescent and adolescent males at Whaley Children's Center usually ages 12-17 years, although it is licensed to serve children as young as age 5 and both genders. The children at Zonta House receive constant supervision and support as the facility provides the highest staff-to-child ratios amongst child caring institutions (3 children to 1 staff). WCC provides an open, client centered program for youth to participate in their treatment plan. Services provided to youth and families include residential treatment, individual, group, and family counseling, medical, dental, mental, and behavioral health care, educational services, independent living preparation programming for youth 14+, and aftercare services. Youth are empowered to be active participants in decision-making as it relates to their treatment plan and programming. .

### Other services provided by the agency

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### Agency narrative

Whaley Children's Center empowers youth and families to overcome trauma. Through dynamic leadership and dedicated staff and volunteers, Whaley Children's Center is a source of hope, care, and treatment to Michigan's abused, neglected and traumatized children. WCC has a commitment to treating all children and families with fairness, dignity, and respect regardless of race, age, creed, ethnicity, orientation, or ability. We embrace and encourage strength-based relationships through the sharing of experiences and celebration of multiculturalism in a supportive atmosphere.

# MATRIX OF BEHAVIORAL HEALTH SERVICES PROGRAMS

Federation member agencies providing behavioral health services	Behavioral health services locations		Page	Program name	
	County	City			
<b>Bethany Christian Services</b>	Allegan	Allegan, Holland	82	Children, Adult, Family Counseling	
	Kent	Grand Rapids	82	Children, Adult, Family Counseling	
	Ottawa	Grand Haven	82	Children, Adult, Family Counseling	
<b>Catholic Charities of Southeast Michigan</b>	Lapeer	Lapeer	83	Behavioral Health Program	
	Monroe	Monroe	83	Behavioral Health Program	
	Oakland	Royal Oak	83	Behavioral Health Program	
	St. Clair	Port Huron	84	Behavioral Health Program	
	Wayne	Detroit	84	Behavioral Health Program	
<b>Catholic Charities West Michigan</b>	Kent	Grand Rapids	85	Outpatient Counseling	
	Mecosta	Big Rapids	85	Outpatient Counseling	
	Montcalm	Stanton	85	Outpatient Counseling	
	Muskegon	Muskegon	86	Kolbe Detox Center	
	Ottawa	Holland	86	Outpatient Counseling	
<b>Catholic Social Services of the Upper Peninsula</b>	Delta	Escanaba	87	Behavioral Health Outpatient Treatment	
	Marquette	Marquette	87	Behavioral Health Outpatient Treatment	
<b>Child &amp; Family Charities</b>	Ingham	Lansing	88	Behavioral Health Services	
<b>Child &amp; Family Services of Northwestern Michigan</b>	Emmett	Harbor Springs	89	Counseling	
	Grand Traverse	Traverse City	89	Counseling	
	Otsego	Gaylord	89	Counseling	
<b>The Children's Center</b>	Wayne	Detroit	90	Developmental Disabilities Clinical Outpatient Ages 3-21	
			90	Supports Coordination Ages 3-21	
			90	Homebased Services (SED/IDD) Ages 7-21	
			90	Wraparound/SED Waiver Services Ages 6-21	
			91	Peer Support Services Ages 6-21	
			91	Care Crisis Screening Assessment & Intervention Services Ages 0-18	
			91	Hospital Liaison Services Ages 0 -21 SED and IDD	
			91	Outpatient Services SED Ages 6-21	
			91	School Based Services SED Ages 6-21	
			92	Substance Use Disorder (SUD) Services Ages 6-21	
			92	Dialectical Behavioral Therapy (DBT) Services SED Ages 6-21	
			92	Trauma Focused Cognitive Behavioral Therapy (TFCBT) Services SED Ages 6-21	
92	Early Childhood Services Outpatient SED Ages 4-6				
92	Infant Mental Health Services Ages 0-3				
<b>CNS Healthcare</b>	Macomb/Oakland/Wayne – All CNS locations		93	Suicide Prevention	
	Macomb	COMING SOON	93	Children, Adult, Family Behavioral Health Clinic	
	Oakland	Novi		93	Adult, Family Behavioral Health Clinic
		Pontiac		93	Visions Clubhouse – Psychosocial Rehabilitation
		Pontiac		94	Adult, Family Behavioral Health Clinic
		Southfield		94	Our House Clubhouse – Psychosocial Rehabilitation
		Southfield		94	Adult, Family Behavioral Health Clinic
		Waterford		94	Adult Behavioral Health Clinic
	Wayne	Detroit – Conner		94	Crisis Services
		Detroit – West		95	Children, Adult, Family Behavioral Health Clinic
Detroit – East			95	Children, Family Behavioral Health Clinic	
Detroit – East			96	Adult Behavioral Health Clinic	
<b>Development Centers, Inc.</b>	Wayne	Detroit	97	Child and Adolescent Services	
			97	Adult Services	
			98	North Central Health	
			98	McKenny Center	
			98	School Based Services	
<b>Eagle Village</b>	Osceola	Hersey	99	Mental Health Behavior Stabilization	
<b>Family &amp; Children Services</b>	Kalamazoo	Kalamazoo	100	Case Management Services	
			100	Family & Community Treatment (FACT)	
			101	Mobile Crisis Response	
			101	The Counseling Center	
			101	Therapeutic Residential Services	



# MATRIX OF BEHAVIORAL HEALTH SERVICES PROGRAMS

Federation member agencies providing behavioral health services	Behavioral health services locations		Page	Program name
	County	City		
Family Outreach Center	Kent	Grand Rapids	102	Outpatient Mental Health & Substance Use Disorder Services
			102	Children's In-Home Services
			102	Recovery Management & Jail Mental Health & Diversion Service
Family Service & Children's Aid	Jackson	Jackson	103	Behavioral Health Department
The Guidance Center	Wayne	Detroit	104	Kids-TALK Children's Advocacy Center
		Lincoln Park	104	Children's Crisis Screening
			104	Children's Home-based Services
	104		Multi-systemic Therapy (MST)	
	Southgate	105	Children's Outpatient	
		105	Assertive Community Treatment	
		105	Adult Case Management	
		105	Community Recovery Program	
		106	Mental Health & Substance Use Disorder Services	
		106	Psychiatric Services	
		106	Supported Employment	
		106	Infant & Early Childhood Mental Health	
		107	Intellectual & Developmental Disabilities Program	
		107	Autism Benefit	
	107	Adult & Family Services		
107	Kids-TALK Children's Advocacy Center			
Hands Across the Water	Washtenaw	Ann Arbor	108	Behavioral Health
Holy Cross Services	Saginaw	Saginaw	109	Trinity
Hope Network Behavioral Health Services	Kent	Grand Rapids	111	D.A.R.T.
Judson Center	Macomb	Warren	112	Behavioral Health Services
	Oakland	Royal Oak	112	Behavioral Health Services
	Wayne	Redford	112	Behavioral Health Services
Livingston County Catholic Charities	Livingston	Howell	113	Mental Health & Substance Abuse Treatment
St. Louis Center	Washtenaw	Chelsea	114	St. Louis Center for Exceptional Adults
Samaritas	Calhoun	Battle Creek	115	Children's Mental Health Service
	Eaton	Charlotte	115	Substance Use Disorder Services
	Kalamazoo	Kalamazoo	116	Trauma Assessment
	Oakland	Troy	116	Substance Use Disorder Services
	Ottawa	Grand Haven	116	Substance Use Disorder Services
		Holland	116	Substance Use Disorder Services
Services to Enhance Potential (STEP)	Wayne	Dearborn	117	Dearborn North Resource Center
			117	Dearborn South Resource Center
		Detroit	117	Cooking in the D Culinary Training Program
			117	Detroit Resource Center
	Westland	117	Downriver DREAM Program	
		118	Progressive Art Studio Collective	
		118	Western Wayne County Resource Center	
		118	What's Cooking in Westland Culinary Training Program	
Southwest Solutions	Wayne	Detroit	119	Adult Behavioral Health Services & Certified Community Behavioral Health Clinic (CCBHC)
			119	Children and Family Services & Certified Community Behavioral Health Clinic (CCBHC)
			120	School Based Services
Starr Commonwealth	Wayne	Harper Woods	121	Starr Behavioral Health
Wellspring Lutheran Services	Clare	Clare	122	Substance Use Disorder Family Support Program (SUDFSP)
	Grand Traverse	Traverse City	123	Substance Use Disorder Family Support Program (SUDFSP)
	Kent	Kentwood	123	Eye Movement Desensitization & Reprocessing (EMDR)
			124	Parent Child Interaction Therapy (PCIT)
	Otsego	Gaylord	124	Eye Movement Desensitization & Reprocessing (EMDR)
			125	Parent Child Interaction Therapy (PCIT)



## BETHANY CHRISTIAN SERVICES OF MICHIGAN

Agency representative to the Federation: **Emily Schab, VP of Regional Operations** • eschab@bethany.org

Agency executive director/CEO: **Chris Palusky, President/CEO** • cpalusky@bethany.org

901 Eastern Avenue NE • PO Box 294 • Grand Rapids MI 49501-0294 • Kent County

**616-224-7610 • www.bethany.org**

Accredited by COA

Service area: Kent County

### Behavioral Health Program Information

<b>Program name:</b>	<b>Children, Adults, Family Counseling</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	11335 James Street, Holland, MI 49424 Also offices in Allegan and Grand Haven.	<b>County:</b>	Allegan/Ottawa
<b>Program director:</b>	<b>Alyssa Noe, LMSW</b>	<b>Daytime phone:</b>	616-396-0623
<b>Email:</b>	anow@bethany.org	<b>On-call phone:</b>	—
<b>Program name:</b>	<b>Children, Adults, Family Counseling</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	901 Eastern Avenue NE, Grand Rapids, MI 49501	<b>County:</b>	Kent
<b>Program director:</b>	<b>Eric DeSantis, LPC</b>	<b>Daytime phone:</b>	616-224-7462
<b>Email:</b>	edesantis@bethany.org	<b>On-call phone:</b>	616-224-7617
<p><b>Program description:</b> Bethany's in-office, in-home, and tele-mental health counseling programs serve children and adults; individuals, families, and groups; and persons who are vulnerable, oppressed and living in poverty.</p> <p><b>Fees:</b> We work with almost all commercial insurances. We accept Medicaid HMOs, and we offer income based adjusted fee scales.</p> <p><b>Services:</b> Bethany provides individualized clinical services that enhance well-being and promote mental health and wellness. We believe in and respect the inherent dignity of all children and families. Our clinical services are grounded in research, evidence-based treatment modalities, and up-to-date clinical social work theory and methods. We provide our staff with opportunities for professional development and ensure clinical supervision of services. Staff are credentialed, licensed, and certified based on areas of expertise and state laws. **Bethany offers psychiatric services in coordination with our counseling services.</p> <p><b>Areas of focus:</b></p> <ul style="list-style-type: none"> <li>• Adjustment issues</li> <li>• Adoption issues</li> <li>• Abuse and neglect</li> <li>• Anxiety, stress, and panic</li> <li>• Depression and mood disorders</li> <li>• Behavioral/learning difficulties</li> <li>• Developmental concerns</li> <li>• Eating disorders</li> <li>• Grief and loss</li> <li>• Marital difficulties</li> <li>• Peer/sibling conflicts</li> <li>• Anger management</li> <li>• Traumatic experiences</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• Strengthened individuals and families</li> <li>• Increased resilience</li> <li>• Increased family permanency</li> </ul>			



## CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN

*Agency representative to the Federation:*

**Paul Propson, CEO** • propsonp@ccsem.org

24445 Northwestern Highway, Suite 200 • Southfield, MI 48075 • Oakland County

**586-416-2300** • [www.ccsem.org](http://www.ccsem.org)

**Accredited by CARF**

**Service area:** Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne counties

### Behavioral Health Program Information

<b>Program name:</b>	<b>Behavioral Health Program – Lapeer</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	700 S. Main Street, Suite 211, Lapeer, MI 48446	<b>County:</b>	Lapeer
<b>Program director:</b>	<b>Eric Norat</b>	<b>Daytime phone:</b>	810-664-4646
<b>Email:</b>	norate@ccsem.org	<b>On-call phone:</b>	—
<b>Program description:</b> We provide confidential support at state-licensed facilities through a variety of specialized services. Our counseling programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our therapists are licensed and registered psychotherapy practitioners in the state of Michigan. Our master’s level therapists and clinicians are under the supervision of a board-certified psychiatrist and clinical psychologist. You can learn more about our behavioral health program locations and therapists here. Our experts include certified play therapists for children, substance abuse therapists, and domestic violence specialists. Our counseling programs include individual and group therapy options at flexible appointment times.			

<b>Program name:</b>	<b>Behavioral Health Program – Monroe</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	25 S. Monroe Street, Suite 205, Monroe, MI 48161	<b>County:</b>	Monroe
<b>Program director:</b>	<b>Wendy Klinski</b>	<b>Daytime phone:</b>	734-240-3850
<b>Email:</b>	klinskiw@ccsem.org	<b>On-call phone:</b>	—
<b>Program description:</b> We provide confidential support at state-licensed facilities through a variety of specialized services. Our counseling programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our therapists are licensed and registered psychotherapy practitioners in the state of Michigan. Our master’s level therapists and clinicians are under the supervision of a board-certified psychiatrist and clinical psychologist. You can learn more about our behavioral health program locations and therapists here. Our experts include certified play therapists for children, substance abuse therapists, and domestic violence specialists. Our counseling programs include individual and group therapy options at flexible appointment times.			

<b>Program name:</b>	<b>Behavioral Health Program – Royal Oak</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	1424 E. 11 Mile Road, Royal Oak, MI 48067	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Jackie Smith</b>	<b>Daytime phone:</b>	248-548-4044
<b>Email:</b>	smithj@ccsem.org	<b>On-call phone:</b>	—
<b>Program description:</b> We provide confidential support at state-licensed facilities through a variety of specialized services. Our counseling programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our therapists are licensed and registered psychotherapy practitioners in the state of Michigan. Our master’s level therapists and clinicians are under the supervision of a board-certified psychiatrist and clinical psychologist. You can learn more about our behavioral health program locations and therapists here. Our experts include certified play therapists for children, substance abuse therapists, and domestic violence specialists. Our counseling programs include individual and group therapy options at flexible appointment times.			

## CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN - continued

<b>Program name:</b>	<b>Behavioral Health Program – St. Clair</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	2601 13th Street, Port Huron, MI 48060	<b>County:</b>	St. Clair
<b>Program director:</b>	<b>Kim Burdick</b>	<b>Daytime phone:</b>	810-987-9100
<b>Email:</b>	burdickk@ccsem.org	<b>On-call phone:</b>	—
<p><b>Program description:</b> We provide confidential support at state-licensed facilities through a variety of specialized services. Our counseling programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our therapists are licensed and registered psychotherapy practitioners in the state of Michigan. Our master’s level therapists and clinicians are under the supervision of a board-certified psychiatrist and clinical psychologist. You can learn more about our behavioral health program locations and therapists here. Our experts include certified play therapists for children, substance abuse therapists, and domestic violence specialists. Our counseling programs include individual and group therapy options at flexible appointment times.</p>			

<b>Program name:</b>	<b>Behavioral Health Program – Center for the Works of Mercy</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	8642 Woodward Ave., Detroit, MI 48202	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Anna Licavoli</b>	<b>Daytime phone:</b>	313-335-3261
<b>Email:</b>	licavolia@ccsem.org	<b>On-call phone:</b>	—
<p><b>Program description:</b> We provide confidential support at state-licensed facilities through a variety of specialized services. Our counseling programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our therapists are licensed and registered psychotherapy practitioners in the state of Michigan. Our master’s level therapists and clinicians are under the supervision of a board-certified psychiatrist and clinical psychologist. You can learn more about our behavioral health program locations and therapists here. Our experts include certified play therapists for children, substance abuse therapists, and domestic violence specialists. Our counseling programs include individual and group therapy options at flexible appointment times.</p>			



## CATHOLIC CHARITIES WEST MICHIGAN

*Agency representative to the Federation:*

**David Bellamy, CEO** • dbellamy@ccwestmi.org  
 40 Jefferson SE • Grand Rapids, MI 49503 • Kent County  
**616-456-1443** • [www.ccwestmi.org](http://www.ccwestmi.org)

**Accredited by COA**

**Service area:** West Michigan

### Behavioral Health Program Information

<b>Program name:</b>	<b>Outpatient Counseling</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	40 Jefferson SE, Grand Rapids, MI 49503	<b>County:</b>	Kent
<b>Program director:</b>	<b>Priscilla Kern</b>	<b>Daytime phone:</b>	616-456-1443
<b>Email:</b>	pkern@ccwestmi.org	<b>On-call phone:</b>	877-359-6523
<b>Program description:</b> Individual, couple, family counseling for:			
<ul style="list-style-type: none"> <li>• Parenting issues</li> <li>• Substance abuse</li> <li>• Anxiety           <ul style="list-style-type: none"> <li>» Depression</li> <li>» Life Stressors</li> </ul> </li> </ul>			

<b>Program name:</b>	<b>Outpatient Counseling</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	605 S. Third Ave., Suite AA, Big Rapids, MI 49307	<b>County:</b>	Mecosta
<b>Program director:</b>	<b>Priscilla Kern</b>	<b>Daytime phone:</b>	231-796-1583
<b>Email:</b>	pkern@ccwestmi.org	<b>On-call phone:</b>	877-359-6523
<b>Program description:</b> Individual, couple, family counseling for:			
<ul style="list-style-type: none"> <li>• Parenting issues</li> <li>• Substance abuse</li> <li>• Anxiety           <ul style="list-style-type: none"> <li>» Depression</li> <li>» Life Stressors</li> </ul> </li> </ul>			

<b>Program name:</b>	<b>Outpatient Counseling</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	406 N. State Street, Suite D; PO Box 480 Stanton, MI 48888	<b>County:</b>	Montcalm
<b>Program director:</b>	<b>Priscilla Kern</b>	<b>Daytime phone:</b>	616-855-5923
<b>Email:</b>	pkern@ccwestmi.org	<b>On-call phone:</b>	877-359-6523
<b>Program description:</b> Individual, couple, family counseling for substance abuse.			

## CATHOLIC CHARITIES WEST MICHIGAN - continued

<b>Program name:</b>	<b>Kolbe Detox Center</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	1713 7th Street, Muskegon, MI 49441	<b>County:</b>	Muskegon
<b>Program director:</b>	<b>Priscilla Kern</b>	<b>Daytime phone:</b>	231-726-1214
<b>Email:</b>	pkern@ccwestmi.org	<b>On-call phone:</b>	877-359-6523
<b>Program description:</b> Medically managed detoxification for adults ages 18 or older.			

<b>Program name:</b>	<b>Outpatient Counseling</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	456 Century Lane, Holland, MI 49423	<b>County:</b>	Ottawa
<b>Program director:</b>	<b>Priscilla Kern</b>	<b>Daytime phone:</b>	616-796-9595
<b>Email:</b>	pkern@ccwestmi.org	<b>On-call phone:</b>	877-359-6523
<b>Program description:</b> Individual, couple, family counseling for: <ul style="list-style-type: none"> <li>• Parenting issues</li> <li>• Substance abuse</li> <li>• Anxiety <ul style="list-style-type: none"> <li>» Depression</li> <li>» Life Stressors</li> </ul> </li> </ul>			



## CATHOLIC SOCIAL SERVICES OF THE UPPER PENINSULA

*Agency representative to the Federation:*

**Kyle Rambo, Executive Director** • krambo@cssup.org  
 347 Rock Street • Marquette, MI 49855 • Marquette County  
**(906) 227-9118** • [www.cssup.org](http://www.cssup.org)  
**Accredited by COA**  
**Service area:** Upper Peninsula of Michigan

### Behavioral Health Program Information

<b>Program name:</b>	<b>Behavioral Health Outpatient Treatment</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	347 Rock Street, Marquette, MI 49855	<b>County:</b>	Marquette
<b>Program director:</b>	<b>Liz LaForest</b>	<b>Daytime phone:</b>	906-227-9118
<b>Email:</b>	llaforest@cssup.org	<b>On-call phone:</b>	—
<b>Program description:</b> Substance use disorder and mental health outpatient treatment services, serving individuals, families, and groups.			

<b>Program name:</b>	<b>Behavioral Health Outpatient Treatment</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	1100 Ludington Street, Escanaba, MI 49829	<b>County:</b>	Delta
<b>Program director:</b>	<b>Diane Tryan</b>	<b>Daytime phone:</b>	906-786-7212
<b>Email:</b>	dtryan@cssup.org	<b>On-call phone:</b>	—
<b>Program description:</b> Substance use disorder and mental health outpatient treatment services, serving individuals, families, and groups.			



**CHILD & FAMILY CHARITIES**

*Agency representative to the Federation:*

**Julie Thomasma, Executive Director** • [julie@childandfamily.org](mailto:julie@childandfamily.org)

4287 Five Oaks Drive • Lansing, MI 48911 • Ingham County

**517-882-4000 x123** • [www.childandfamily.org](http://www.childandfamily.org)

**Accredited by COA**

**Service area:** Clinton, Eaton, and Ingham counties

**Behavioral Health Program Information**

<b>Program name:</b>	<b>Behavioral Health Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	4287 Five Oaks Drive, Lansing, MI 48911	<b>County:</b>	Ingham
<b>Program director:</b>	<b>Neal Perry</b>	<b>Daytime phone:</b>	517-882-4000 x155
<b>Email:</b>	<a href="mailto:neal@childandfamily.org">neal@childandfamily.org</a>	<b>On-call phone:</b>	517-881-2690
<p><b>Program description:</b> The Behavioral Health Clinic provides therapy, addiction intervention, and emotional wellbeing supports to children, adolescents, adults, and families. Services are trauma informed and evidence based therapies for individuals, couples, and families.</p> <p>Additional services may include recovery coaching and case management services. The clinic also provides Collaborative Assessment and Management of Suicidality (CAMS), which seeks to keep those with suicidal thoughts out of the hospital and ensure their safety. Individuals work with their therapist to establish safe practices and develop a specific plan to effectively manage suicidal thoughts.</p>			





## CHILD & FAMILY SERVICES OF NORTHWESTERN MICHIGAN

Agency representative to the Federation:

**Gina Aranki, Executive Director** • garanki@cfsmail.org  
 3785 Veterans Drive • Traverse City, MI 49684 • Grand Traverse County  
**231-946-8975 • www.cfsnwmi.org**  
**Accredited by CARF**  
 Service area: Northwestern Lower Peninsula of Michigan

### Behavioral Health Program Information

<b>Program name:</b>	<b>Counseling</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	3434 M-119, Suite F, Harbor Springs, MI 49740	<b>County:</b>	Emmet
<b>Program director:</b>	<b>Paula Smith</b>	<b>Daytime phone:</b>	231-347-4463
<b>Email:</b>	psmith@cfs3L.org	<b>On-call phone:</b>	—
<b>Program description:</b> Therapy for all life's challenges.			

<b>Program name:</b>	<b>Counseling</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	200 Sides Drive, Gaylord, MI 49735	<b>County:</b>	Otsego
<b>Program director:</b>	<b>Paula Smith</b>	<b>Daytime phone:</b>	989-448-8344
<b>Email:</b>	psmith@cfs3L.org	<b>On-call phone:</b>	—
<b>Program description:</b> Therapy for all life's challenges.			

<b>Program name:</b>	<b>Counseling</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	3785 Veterans Drive, Traverse City, MI 49684	<b>County:</b>	Grand Traverse
<b>Program director:</b>	<b>Paula Smith</b>	<b>Daytime phone:</b>	231-946-8975
<b>Email:</b>	psmith@cfs3L.org	<b>On-call phone:</b>	—
<b>Program description:</b> Therapy for all life's challenges.			



## THE CHILDREN'S CENTER

Agency representative to the Federation:

**Debora Matthews, President/CEO** • dmatthews@thechildrenscenter.com

79 Alexandrine West • Detroit, MI 48201 • Wayne County

**313-831-5535** • [www.thechildrenscenter.com](http://www.thechildrenscenter.com)

Accredited by COA

Service area: Metro Detroit

### Behavioral Health Program Information

<b>Program name:</b>	<b>Specialized Behavioral Health Services Developmental Disabilities Clinical Outpatient Ages 3-21</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Mychele Tennille</b>	<b>Daytime phone:</b>	313-262-1090
<b>Email:</b>	mtennille@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Outpatient services intended to increase independence and improve living skills for children who have intellectual and/or developmental disabilities up to the age of 21.			

<b>Program name:</b>	<b>Specialized Behavioral Health Services Supports Coordination Ages 3-21</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Mychele Tennille</b>	<b>Daytime phone:</b>	313-262-1090
<b>Email:</b>	mtennille@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Services to provide support and advocacy throughout multiple systems of care; link families to community resources to meet the child's and/or family's needs.			

<b>Program name:</b>	<b>Specialized Behavioral Health Services Homebased Services (SED/IDD) Ages 7-21</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Mychele Tennille</b>	<b>Daytime phone:</b>	313-262-1090
<b>Email:</b>	mtennille@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Home-based services are provided to families with multiple service needs who require access to a continuum of mental health services to build on family existing strengths to achieve stability. Services primarily include therapy and case management and are delivered in family's home.			

<b>Program name:</b>	<b>Wraparound/SED Waiver Services Ages 6-21</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Laura LeFever</b>	<b>Daytime phone:</b>	313-262-1092
<b>Email:</b>	llefever@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> A team-driven and family-led process involving the family, child, natural supports, agencies, and community services. Individual services and supports build on strengths to meet the needs of children and families across life domains, promoting success, safety and permanence in home, school, and community. Wraparound is a culturally competent process, building on the unique values, preferences and strengths of children and families, and their communities. Plans are developed and implemented based on a collaborative process that includes a balance of formal services and informal community and family supports.			

## THE CHILDREN'S CENTER - continued

<b>Program name:</b>	<b>Peer Support Services Ages 6-21 (Parent Support Partners and Youth Peer Support)</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Laura LeFever</b>	<b>Daytime phone:</b>	313-262-1092
<b>Email:</b>	llefever@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Provided to parents/youth by parents/youth who have experienced trauma or have been diagnosed with an emotional disturbance or mental illness. Services include direct peer-to-peer support, information sharing, mentoring, life skill development, and emotional support.			

<b>Program name:</b>	<b>Care Crisis Screening Assessment &amp; Intervention Services Ages 0-18</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Crystal Coleman</b>	<b>Daytime phone:</b>	313-262-1195
<b>Email:</b>	ccoleman@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Provides immediate, walk-in care to children who are experiencing a non-medical crisis. We focus on helping families achieve safety and stability during and after a crisis.			

<b>Program name:</b>	<b>Hospital Liaison Services Ages 0 -21 SED and IDD</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Crystal Coleman</b>	<b>Daytime phone:</b>	313-262-1195
<b>Email:</b>	ccoleman@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Our hospital liaison clinician serves in local hospitals to help address the mental and emotional needs of children admitted to local hospitals.			

<b>Program name:</b>	<b>General Behavioral Health Care Outpatient Services SED Ages 6-21</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Krystal Armstrong</b>	<b>Daytime phone:</b>	313-262-1165
<b>Email:</b>	karmstrong@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Traditional outpatient individual, family, and group services. Our services are comprehensive and provide care for children's mental, emotional, and physical health.			

<b>Program name:</b>	<b>General Behavioral Health Care School Based Services SED Ages 6-21</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Krystal Armstrong</b>	<b>Daytime phone:</b>	313-262-1165
<b>Email:</b>	karmstrong@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Our clinicians serve in local schools and community partners to help our community address the mental and emotional needs of children.			

## THE CHILDREN'S CENTER - continued

<b>Program name:</b>	<b>General Behavioral Health Care Substance Use Disorder (SUD) Services Ages 6-21</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Krystal Armstrong</b>	<b>Daytime phone:</b>	313-262-1165
<b>Email:</b>	karmstrong@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Services for clients who have a mental health diagnosis and use drugs and/or alcohol. Services include education on the effects of illegal substances, monitoring usage, support towards recovery stages, linkage to community support groups, and a 6-week group intervention for adolescent cannabis users.			

<b>Program name:</b>	<b>General Behavioral Health Care Dialectical Behavioral Therapy (DBT) Services SED Ages 6-21</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Krystal Armstrong</b>	<b>Daytime phone:</b>	313-262-1165
<b>Email:</b>	karmstrong@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> DBT is an evidence-based practice proven effective with adolescents who are suicidal, engage in self-injurious behaviors, struggle with regulating emotions or impulses, experience challenges in relationships, or struggle with symptoms associated with borderline personality disorder.			

<b>Program name:</b>	<b>General Behavioral Health Care Trauma Focused Cognitive Behavioral Therapy (TFCBT) Services SED Ages 6-21</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Krystal Armstrong</b>	<b>Daytime phone:</b>	313-262-1165
<b>Email:</b>	karmstrong@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> An evidence-based practice that support children and families cope with and work towards recovery from traumatic experiences.			

<b>Program name:</b>	<b>General Behavioral Health Care Early Childhood Services Outpatient SED Ages 4-6</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Krystal Armstrong</b>	<b>Daytime phone:</b>	313-262-1165
<b>Email:</b>	karmstrong@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> ECBH Program of TCC provides home-based and community-based services for families with children ages 0-6 and/or pregnant mothers. We provide intervention services to families where life circumstances or family dynamic threatens the parent-child attachment.			

<b>Program name:</b>	<b>General Behavioral Health Care Infant Mental Health Services Ages 0-3</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	79 Alexandrine West, Detroit MI 48201	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Krystal Armstrong</b>	<b>Daytime phone:</b>	313-262-1165
<b>Email:</b>	karmstrong@thechildrenscenter.com	<b>On-call phone:</b>	313-831-5535
<b>Program description:</b> Services provided to young children and their parents/caretaker to promote healthy attachments and relationships. IMH is also beneficial for foster parents, alternate caretakers, and a caretaker who is experiencing symptoms of mental illness, parenting challenges, has a history of post-partum depression, or is a young parent.			



## CNS HEALTHCARE

Agency representative to the Federation:

**Michael K. Garrett, President/CEO** • mgarrett@cnshealthcare.org

24230 Karim Boulevard, Suite 100 • Novi, MI 48375 • Oakland County

**248-745-4900 • www.cnshealthcare.org**

Accredited by CARF, GuideStar

Service area: Macomb, Oakland, and Wayne counties

### Behavioral Health Program Information

<b>Program name:</b>	<b>Suicide Prevention</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	All CNS Locations	<b>County:</b>	Macomb/Oakland/Wayne
<b>Program director:</b>	<b>Kiersten Gutherman</b>	<b>Daytime phone:</b>	800-615-0411
<b>Email:</b>	kgutherman@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411
<b>Program description:</b> We are committed to preventing suicides and use the Zero Suicide model. The model believes that suicide in people under the care of health professionals is preventable. We strive to ensure zero suicides and offer an umbrella of suicide care services to support and develop safety for people receiving services at CNS.			
We are also working with businesses, schools, and community organizations to create a suicide-safe community. This means that people outside of healthcare can also recognize the signs of suicidal thoughts or suicidal ideation and help people get the care they need.			

<b>Program name:</b>	<b>Behavioral Health Clinic</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	TO BE ANNOUNCED SOON	<b>County:</b>	Macomb - COMING SOON
<b>Program director:</b>	<b>Marcy Johnson</b>	<b>Daytime phone:</b>	TBD
<b>Email:</b>	MJohnson4@cnshealthcare.org	<b>On-call phone:</b>	TBD
<b>Program description:</b> Our new office will provide children's, youth, and adult services.			

<b>Program name:</b>	<b>Behavioral Health Clinic</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	24230 Karim Boulevard, Suite 100 Novi, MI 48375	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Marcy Johnson</b>	<b>Daytime phone:</b>	248-745-4900
<b>Email:</b>	MJohnson4@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411
<b>Program description:</b> Our Novi office provides children's, youth, and adult services.			

<b>Program name:</b>	<b>Clubhouses – Visions Clubhouse</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	185 Elizabeth Lake Road Pontiac, MI 48341	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Amy Stern</b>	<b>Daytime phone:</b>	248-668-0922
<b>Email:</b>	astern@cnshealthcare.org	<b>On-call phone:</b>	—
<b>Program description:</b> Clubhouse is a psychosocial program designed for rehabilitating adults diagnosed with a behavioral health challenge. Objectives of the program include job support, education, meaningful relationships, housing support, and an overall improved quality of life.			

## CNS HEALTHCARE - continued

<b>Program name:</b>	<b>Behavioral Health Clinic</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	1841 N. Perry Street Pontiac, MI 48340	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Marcy Johnson</b>	<b>Daytime phone:</b>	248-745-4900
<b>Email:</b>	MJohnson4@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411
<b>Program description:</b> Our office in Pontiac provides adult services.			

<b>Program name:</b>	<b>Clubhouses – Our House Clubhouse</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	28200 Franklin Road Southfield, MI 48034	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Amy Stern</b>	<b>Daytime phone:</b>	248-668-0922
<b>Email:</b>	astern@cnshealthcare.org	<b>On-call phone:</b>	—
<b>Program description:</b> Clubhouse is a psychosocial program designed for rehabilitating adults diagnosed with a behavioral health challenge. Objectives of the program include job support, education, meaningful relationships, housing support, and an overall improved quality of life.			

<b>Program name:</b>	<b>Behavioral Health Clinic</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	24600 Northwestern Highway Southfield, MI 48075	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Marcy Johnson</b>	<b>Daytime phone:</b>	248-745-4900
<b>Email:</b>	MJohnson4@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411
<b>Program description:</b> Our office in Southfield provides adult services.			

<b>Program name:</b>	<b>Behavioral Home Health</b>		
<b>Serving:</b>	<b>Adult</b>		
<b>Address/city/zip:</b>	279 Summit Drive Waterford, MI 48328	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Marcy Johnson</b>	<b>Daytime phone:</b>	248-745-4900
<b>Email:</b>	MJohnson4@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411
<b>Program description:</b> Behavioral Home Health provides integrated mental and physical healthcare services through Oakland Community Health Network and is currently only available in Oakland County. The program provides participants benefits and support including health monitoring equipment, such as activity trackers, exercise and nutrition classes, peer lead wellness groups and more.			

<b>Program name:</b>	<b>Detroit – Connor Building: Crisis Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	2900 Conner Avenue, Building B Detroit, MI 48215	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Tracey Helms</b>	<b>Daytime phone:</b>	313-308-1400
<b>Email:</b>	thelms@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411

**Program description:**

- **Community Outreach for Psychiatric Emergencies (COPE):** COPE provides crisis services including a 7-day a week mobile crisis team. The team operates in Wayne County and provides services at countywide emergency departments, group homes, community mental health clinics, public buildings and other locations. This program is operated in partnership with Hegira Programs, Inc. and Neighborhood Services Organization.
- **Crisis Intervention Team:** CIT diverts people with serious mental illnesses, substance use disorders or developmental disabilities from unnecessary arrests. CIT works with the Detroit Police Department to deescalate crises and ensure that people encountered feel safe, respected, and heard in their community.

## CNS HEALTHCARE - continued

<b>Program name:</b>	<b>Detroit – West: Behavioral Health Clinic</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	15560 Joy Road Detroit, MI 48228	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Marcy Johnson</b>	<b>Daytime phone:</b>	248-745-4900
<b>Email:</b>	MJohnson4@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411
<b>Program description:</b> Our office in Detroit–West provides children’s youth, and adult services.			

<b>Program name:</b>	<b>Detroit – East: Children’s Services</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	Eli Z. Rubin Children’s Wellness Center 20303 Kelly Road Detroit, MI 48225	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Evon Foster</b>	<b>Daytime phone:</b>	877-242-4140
<b>Email:</b>	efoster@cnshealthcare.org	<b>On-call phone:</b>	800-615-0411

**Program description:** Children’s Mental Health Services are aimed at supporting and improving children’s emotional well-being and development. The services also assist children in their relationships with family and friends, aid in their ability to get along with others as well as function effectively at home, school, and in the community.

CNS Healthcare is pleased to offer psychotherapy and psychiatry for minors, under the age of 18. Our trained and experienced staff is equipped to provide a variety of psychotherapy interventions and modalities, for children and adolescents, including Play Therapy, Cognitive Behavioral Therapy, Behavioral health service, Developmental disability, Intellectual disability, Learning disabilities, Solution Focused Therapy, and Substance Use Therapy. Our therapists have experience helping clients with a variety of problem areas including, but not limited to, anxiety, depression, trauma, coping with divorce, adjustment problems, conduct disorders, and Attention Deficit/Hyperactivity Disorders.

### **Children’s Outpatient Services:**

- **ASPIRE/IDD Supports Coordination:** ASPIRE Program provides specialized services for children, adolescents, and adults with intellectual, developmental and/or physical disabilities. These services are currently provided in Wayne and Macomb Counties.
- **Baby Court:** Baby Court focuses on promoting the well-being of infants and young children involved with the child welfare and court systems. This program is a collaboration of judges, infant mental health, clinicians, foster care agencies, and the Michigan Department of Human & Health Services.
- **Children’s Outpatient Therapy:** COP strengthens family relationships to improve functioning at home, school, and in the community. The program provides services that are member-directed, goal oriented, and family-focused
- **Infant and Early Childhood Mental Health Program:** ECMH is a home and community-based service that helps caregiver(s) and infants/young children develop healthy relationships. Topics include: substance use disorders, domestic violence and mental health issues such as post-partum depression and more.
- **Intensive Home Based Services:** IHB addresses on-going challenges that keep children from doing their best at home, school, or in the community.
- **Parent Support Partners:** Parent Support Partners empowers parent(s) and other caregiver(s) with the knowledge and skills to make informed choices. Parent Support Partners seek out resources and supports and shares them with the community
- **Trauma-Focused Cognitive Behavior Therapy:** TF-CBT is an outpatient or home-based service to help children overcome trauma. The program helps decrease negative symptoms of trauma by supporting the child-caregiver relationship.
- **Cornerstone:** Cornerstone provides guidance to youth as they transition to adulthood. This program improves functional skills in education, employment, social supports, wellness, self-management, and residential stability.
- **School Based Services:** SBS provides mental and physical health services to eligible students in an educational setting. Services are provided in the school or home and include therapy, diagnostics services, case management, and more.
- **Wraparound Program:** Wraparound Program is a family-led service promoting success and safety in the home, school, and community.

## CNS HEALTHCARE - continued

<b>Program name:</b>	<b>Detroit – East: Adult Services</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	12800 E. Warren Avenue Detroit, MI 48215	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Marcy Johnson</b>	<b>Daytime phone:</b>	877-242-4140
<b>Email:</b>	MJohnson4@cnshealthcare.org	<b>On-call phone:</b>	877-242-4140
<p><b>Program description:</b> CNS Healthcare Adult Services are designed to foster independence and maximize individual potential while stabilizing and strengthening the community.</p> <p>Adults who meet our minimum criteria, and have a diagnosable mental, behavioral, or emotional disorder, can receive a variety of services including psychological testing, case management, community support services, treatment planning, crisis intervention, and individual, group, and family therapy. Including:</p> <ul style="list-style-type: none"> <li>• <b>ACT – Assertive Community Treatment:</b> ACT and ACT IDDT are community-based mental health services for individuals experiencing serious mental illness. The illness may interfere with a person’s ability to live in the community, attend appointments with professionals in clinics and hospitals, and manage mental health symptoms. The mission of ACT is to help people become independent and integrate into the community as they experience recovery.</li> <li>• <b>Michigan Prisoner Re-Entry Initiative:</b> The mission of the MPRI is to reduce crime and enhance public safety to help offenders transition back into the community.</li> <li>• <b>Targeted Case Management:</b> TCM provides individuals with an advocate and partner to link them with resources and monitor their progress. Case Managers work with people one-on-one to connect persons served to community resources, including employment, housing and physical healthcare. TCM includes specialty services including Michigan Prisoner Re-entry Initiative (MPRI) and Specialized Residential Programs.</li> <li>• <b>Therapy:</b> Therapy services help people work through their thoughts and feelings, learning new coping skills to reach their goals. CNS’ experienced staff provide a variety of approaches including Play Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Solution Focused Therapy and Substance Use Therapy.</li> <li>• <b>Covenant House:</b> Covenant House provides shelter for residents 18-24 years of age who are homeless or at risk of homelessness. Residents receive mental health treatment, referrals for mental health services, and crisis intervention.</li> <li>• <b>Community Resource:</b> CR locates community resources that help people find and/or maintain affordable, permanent housing, appropriate for the person’s level of need.</li> <li>• <b>Individual Placement and Support:</b> IPS provides career opportunities to people traditionally denied jobs due to their medical conditions. IPS employees work with individuals to assess their career interests and prepare them to succeed in the workplace.</li> <li>• <b>Peer Support Services:</b> Peers have lived experiences with mental illness and/or substance use disorders, they provide guidance and support to persons during their journey to recovery. Peers teach skill-building groups on coping skills, community inclusion, healthy living, and wellness.</li> <li>• <b>Wellness Plus Program:</b> The Wellness Plus Program combines mental and physical healthcare to improve a person’s overall health. People in the Wellness Plus Program receive additional support and access to fitness, cooking and healthy living classes.</li> </ul>			





**DEVELOPMENT CENTERS, INC.**

*Agency representative to the Federation:*

**Dr. Catherine Liesman** • CLiesman@develctrs.org  
 17421 Telegraph Road • Detroit, MI 48219 • Wayne County

**313-531-2500** • [www.develctrs.org](http://www.develctrs.org)

**Accredited by CARF**

**Service area:** Greater Metropolitan Detroit

**Behavioral Health Program Information**

<b>Program name:</b>	<b>Child and Adolescent Services</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	17321 Telegraph Rd., Detroit, MI 48219	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Katie Gorney</b>	<b>Daytime phone:</b>	313-255-0900, ext 2210
<b>Email:</b>	kgorney@develctrs.org	<b>On-call phone:</b>	—
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Individual and Group Therapy</li> <li>• Home-based Services</li> <li>• Juvenile Justice and Wrap Around Programs</li> <li>• Parent, Youth and Peer Support Services</li> <li>• Psychiatric and Nursing Services</li> <li>• Infant Mental Health Programs</li> <li>• Evidenced Based Practice(s)</li> <li>• Trauma Informed Care</li> </ul>			

<b>Program name:</b>	<b>Adult Services</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	24424 W. McNichols Rd. Detroit, MI 48219	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Tracie Cozart-Bosley</b>	<b>Daytime phone:</b>	313-255-0900, ext. 3259
<b>Email:</b>	tbosley@develctrs.org	<b>On-call phone:</b>	—
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Individual and Group Therapy</li> <li>• Psychiatric and Nursing Services</li> <li>• Target Case Management</li> <li>• Psycho-social Rehabilitation (PSR) Program</li> <li>• Permanent Supportive Housing</li> <li>• Individual Placement Services (IPS)</li> <li>• Co-Occurring Substance Use Treatment</li> <li>• Trauma Informed Care</li> <li>• Evidence Based practice(s)</li> </ul>			

## DEVELOPMENT CENTERS, INC. - continued

<b>Program name:</b>	<b>North Central Health</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	4321 E. McNichols Rd. Detroit, MI 48212	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Pallavi MuniKrishna</b>	<b>Daytime phone:</b>	313-369-1717
<b>Email:</b>	pmunikrishna@develctrs.org	<b>On-call phone:</b>	—
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Adult and Youth Individual and Group therapy</li> <li>• Targeted Case management</li> <li>• Psychiatric and Nursing Services</li> <li>• Integrate Health Care</li> <li>• Co-Occurring Substance use Treatment</li> <li>• Skills Building Program</li> <li>• Trauma Informed Care</li> <li>• Evidence Based practice(s)</li> </ul>			

<b>Program name:</b>	<b>McKenny Center</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	17590 Burt Rd., Detroit, MI 48219	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Sandhya Mallya</b>	<b>Daytime phone:</b>	313-255-0900, ext 5116
<b>Email:</b>	ksmallya@develctrs.org	<b>On-call phone:</b>	—
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Adult and Child Individual and Group Therapy</li> <li>• Psychiatric and Nursing Services</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Co-Occurring Substance Use Treatment</li> <li>• Trauma Informed Care</li> <li>• Evidence Based practice(s)</li> <li>• Specialty services to:               <ul style="list-style-type: none"> <li>» Veterans</li> <li>» LGBTQ Community</li> <li>» Substance Use Disorders</li> </ul> </li> <li>• Intellectual and Developmental Disabilities Population               <ul style="list-style-type: none"> <li>» Supports Coordination</li> <li>» Individual Therapy</li> <li>» Psychiatric and Nursing Services</li> </ul> </li> </ul>			

<b>Program name:</b>	<b>School Based Services</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	Various schools in Detroit and metropolitan area	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Tamara Tracy</b>	<b>Daytime phone:</b>	313-255-0900, ext 5248
<b>Email:</b>	ttracy@develctrs.org	<b>On-call phone:</b>	—
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Individual and Group Therapy</li> <li>• Prevention Services</li> </ul>			



## EAGLE VILLAGE

Agency representative to the Federation:

**Cathey Prudhomme, CEO** • cprudhomme@eaglevillage.org

5044 175th Avenue • Hersey, MI 49639 • Osceola County

**231-832-2234** • [www.eaglevillage.org](http://www.eaglevillage.org)

Accredited by CARF

Service area: Statewide

### Behavioral Health Program Information

<b>Program name:</b>	<b>Mental Health Behavior Stabilization/Connections (Ashmun/Sherk, Gerber/Putnam) and Passages (Leppien/Hainley)</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	5044 175th Avenue, Hersey, MI 49639	<b>County:</b>	Osceola
<b>Program director:</b>	<b>Melissa Keating</b>	<b>Daytime phone:</b>	231-305-6602
<b>Email:</b>	mkeating@eaglevillage.org	<b>On-call phone:</b>	—
<p><b>Program description:</b> The Eagle Village <b>Connections Program</b> serves youth needing mental health and behavioral stabilization services. Additionally, this program serves as a post-adoption resource for youth struggling in their placement due to past trauma, Reactive Attachment Disorder, and other difficulties. The program accepts males and females ages 8-17.</p> <p>Family involvement is strongly encouraged when appropriate. We believe the progress of the youth is positively and significantly affected when families/guardians are involved. Services are designed to address the consequences of early childhood trauma and help youth build resilience with the result of decreasing frequency and intensity of emotional issues.</p> <p>Youth attend the on-grounds charter school, Eagle Village Lighthouse Academy. Please visit <a href="http://www.eaglevillage.org">www.eaglevillage.org</a> for more detailed information.</p>			
<p><b>Program description:</b> The Eagle Village <b>Passages Program</b> serves youth needing mental health and behavioral stabilization services. Additionally, this program serves as a post-adoption resource for youth struggling in their placement due to past trauma, Reactive Attachment Disorder, and other difficulties. The program accepts males and females ages 15-17.</p> <p>Family involvement is strongly encouraged when appropriate. We believe the progress of the youth is positively and significantly affected when families/guardians are involved. Services are designed to address the consequences of early childhood trauma and help youth build resilience with the result of decreasing frequency and intensity of emotional issues. Youth in the Passages Program are eligible for vocational education and credit recovery, along with life skills geared towards older teens.</p> <p>Youth attend the on-grounds charter school, Eagle Village Lighthouse Academy. Please visit <a href="http://www.eaglevillage.org">www.eaglevillage.org</a> for more detailed information.</p>			

**FAMILY & CHILDREN SERVICES**

*Agency representative to the Federation:*

**Sherry Thomas-Cloud, CEO** • sherry.thomas-cloud@fcsource.org

1608 Lake Street • Kalamazoo, MI 49001 • Kalamazoo County

**269-344-0202 • www.fcsource.org**

**Accredited by COA**

**Service area:** Kalamazoo County

**Behavioral Health Program Information**

<b>Program name:</b>	<b>Case Management Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	1608 Lake Street, Kalamazoo, MI 49001	<b>County:</b>	Kalamazoo
<b>Program director:</b>	<b>Diane Marquees</b>	<b>Daytime phone:</b>	269-344-0202
<b>Email:</b>	dianem@fcsource.org	<b>Business hours crisis:</b>	269-488-7975
		<b>After-hours phone:</b>	269-373-6000
<b>Program description:</b> Case Management/Supports Coordination Services (Kalamazoo) empower individuals/families to participate successfully in a community environment by providing services that are responsive, respectful, and adaptive to individual needs and preferences. This program coordinates services for youth with a mental illness or an intellectual/ developmental disability (IDD) and their families. Additionally, we serve adults with an intellectual/ developmental disability (IDD). Services include comprehensive assessment, development of a person-centered treatment plan, linkage, and referral to appropriate community resources, and ongoing coordination to ensure quality of services and continued advocacy and support. Referral is made by contacting the Case Management Supervisor in Kalamazoo. Funding is through Integrated Services of Kalamazoo (ISK) in Kalamazoo County. Fees are based on ability to pay according to the ISK fee schedules and Medicaid.			

<b>Program name:</b>	<b>Family and Community Treatment (FACT) Home-Based Treatment Services</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	1608 Lake Street, Kalamazoo, MI 49001	<b>County:</b>	Kalamazoo
<b>Program director:</b>	<b>Diane Marquees</b>	<b>Daytime phone:</b>	269-344-0202
<b>Email:</b>	dianem@fcsource.org	<b>Business hours crisis:</b>	269-488-7975
		<b>After-hours phone:</b>	269-373-6000
<b>Program description:</b> Family And Community Treatment (FACT) (Kalamazoo) is a comprehensive, homebased treatment service partnering with families to strengthen their abilities. This program serves families with a child who has a diagnosable mental illness and is experiencing difficulties in multiple areas of life. This service may include individual, couples, group, family and play therapy, parenting support, case management services, 24-hour on-call availability, advocacy and referrals to community supports. Staff work with the entire family providing individualized services for both the youth and family members based on a needs-driven, strength-based approach. Referral is made by contacting the FACT Supervisor in Kalamazoo. Funding is through Integrated Services of Kalamazoo (ISK). Fees are based on ability to pay according to the ISK fee schedules and Medicaid.			

## FAMILY & CHILDREN SERVICES - continued

<b>Program name:</b>	<b>Mobile Crisis Response</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	1608 Lake Street, Kalamazoo, MI 49001	<b>County:</b>	Kalamazoo
<b>Program director:</b>	<b>Diane Marquees</b>	<b>Daytime phone:</b>	269-344-0202
<b>Email:</b>	dianem@fcsource.org	<b>After-hours phone:</b>	269-373-6000
<p><b>Program description:</b> Mobile Crisis Response (MCR) (Kalamazoo) is a 24-hour response team for youth in Kalamazoo County facing a mental health and/or substance use crisis. As a comprehensive community-based program, MCR provides immediate crisis intervention, clinical assessments, assists families in developing practical safety crisis plans, and provides interim follow up services until the youth and family are connected with appropriate ongoing services. Utilizing a needs-driven, strength-based approach, MCR clinicians work with the young person and his/her family in identifying resources and supports, referrals to community services and coordinating emergency mental health placements when indicated. Understanding that seamless service enhances continuity of care, MCR works cooperatively with current service providers involved with the individuals we serve and has initiated collaborative efforts with community agencies to provide follow up care in crises. By providing immediate crisis intervention and working with the family, MCR has been able to assist in effective crisis resolution.</p>			

<b>Program name:</b>	<b>The Counseling Center</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	1608 Lake Street, Kalamazoo, MI 49001	<b>County:</b>	Kalamazoo
<b>Program director:</b>	<b>Diane Marquees</b>	<b>Daytime phone:</b>	269-344-0202
<b>Email:</b>	dianem@fcsource.org	<b>After-hours phone:</b>	—
<p><b>Program description:</b> The Counseling Center (Kalamazoo) provides a wide variety of counseling services including individual, couple, and family in the office or by telehealth. The services enable clients to understand the social, psychological, and interpersonal issues that may be interfering with their relationships or job functioning. As clients learn enhanced coping skills and experience decreased levels of stress, they also learn how to manage future crises more successfully. Clients are served from all socioeconomic levels and are referred by physicians, employers, school personnel, courts, other counseling professionals, ministers, and friends. Referrals are made by calling the Family &amp; Children Services' office. Family &amp; Children Services is a provider for most commercial insurance companies and Medicaid Health Plans.</p>			

<b>Program name:</b>	<b>Therapeutic Residential Services</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	1608 Lake Street, Kalamazoo, MI 49001	<b>County:</b>	Statewide
<b>Program director:</b>	<b>Diane Marquees</b>	<b>House phone:</b>	269-716-1211
		<b>Intake line:</b>	877-296-2062
<b>Email:</b>	dianem@fcsource.org	<b>After-hours phone:</b>	269-488-7975
<p><b>Program description:</b> Gail's House Intensive Stabilization Services for Youth in Foster Care stabilizes youth in crisis while providing diagnostic services and supports for the youth to return to a community-based setting as soon as possible. The program provides a therapeutic environment for youth who are in current crisis or have not been able to maintain stabilized behavior. The program serves up to five female youth, ages 10-15, in a lower staff-to child ratio than other residential programs. This program offers intensive stabilization services in a trauma-informed 45-day program. Placements are coordinated through the Regional Placement Unit (RPU) into a licensed five-bedroom, home-like residential setting. Services include treatment planning, daily living skills training, social activities, counseling, psychiatry, and linkage to services.</p>			

# Family OUTREACH Center

## FAMILY OUTREACH CENTER

*Agency representative to the Federation:*

**Dr. Veneese Chandler, Executive Director/CEO** • vchandler@focgr.org  
 1939 Division Avenue South • Grand Rapids, MI • Kent County  
**616-247-3815** • **www.focgr.org**  
**Accredited by CARF**  
**Service area:** Kent and Muskegon counties

### Behavioral Health Program Information

<b>Program name:</b>	<b>Outpatient Mental Health and Substance Use Disorder Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	1939 Division Avenue South Grand Rapids, MI 49507	<b>County:</b>	Kent
<b>Program director:</b>	<b>Carla M. Waite</b>	<b>Daytime phone:</b>	616-247-3815
<b>Email:</b>	cwaite@focgr.org	<b>On-call phone:</b>	616-336-3909
<b>Program description:</b> Outpatient mental health, substance use disorder, as well as other supportive services, i.e., referral advocacy, treatment groups, and a variety of prevention and education services is offered for low income children, adolescents, adults and families.			

<b>Program name:</b>	<b>Children's In-Home Services</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	255 Colrain, SW, Suite #2 Wyoming, MI 49548	<b>County:</b>	Kent
<b>Program director:</b>	<b>Rebecca Stevens</b>	<b>Daytime phone:</b>	616-988-1479
<b>Email:</b>	rstevens@focgr.org	<b>On-call phone:</b>	616-336-3909
<b>Program description:</b> Children's In-Home Services is an integrated approach to working with families with a child or adolescent who has a serious emotional disturbance (SED) diagnosis. Services address mental health and substance use disorders while promoting strong and healthy family function, provide support to families, reunite families who have been separated, and reduce the usage and length of stay in out of home placements.			

<b>Program name:</b>	<b>Recovery Management and Jail Mental Health and Diversion Service</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	1611 Oak Avenue Muskegon, MI 49442	<b>County:</b>	Muskegon
<b>Program director:</b>	<b>Kahana Harrison</b>	<b>Daytime phone:</b>	231-332-4060
<b>Email:</b>	kharrison@focgr.org	<b>On-call phone:</b>	231-724-1111
<b>Program description:</b> Family Outreach Center offers services in Muskegon County in partnership with HealthWest Counseling & Mental Health Services.			
<b>Recovery Management Services:</b> Community-based outreach counseling services are offered for individuals with substance use disorders and co-occurring mental health issues.			
<b>Jail Mental Health and Diversion Services:</b> Screening, assessments, and crisis intervention are offered for the Muskegon County Correctional Facilities inmate population in need of coordination of care, diversion, specialized groups, and individual substance use counseling.			



## FAMILY SERVICE & CHILDREN'S AID

*Agency representative to the Federation:*

**Dr. Robert Powell, Executive Director** • [bpowell@strong-families.org](mailto:bpowell@strong-families.org)

330 W. Michigan Avenue • Jackson, MI 49201 • Jackson County

**517-787-7920** • [www.strong-families.org](http://www.strong-families.org)

**Accredited by COA**

**Service area:** Jackson County

### Behavioral Health Program Information

<b>Program name:</b>	<b>Behavioral Health Department</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	330 W. Michigan Avenue, Jackson, MI 49201	<b>County:</b>	Jackson
<b>Program director:</b>	<b>Jennifer Grant</b>	<b>Daytime phone:</b>	517-787-7920
<b>Email:</b>	<a href="mailto:jgrant@strong-families.org">jgrant@strong-families.org</a>	<b>On-call phone:</b>	517-787-7920
<p><b>Program description:</b> Behavioral Health Program that specializes in trauma therapy, mental health (in office and school based) and substance use treatment. Target populations are children, youth, young adults, adults, families, individuals, and couples. Accepts most insurances including Medicaid and also has a sliding scale fee based on income. Evidence Based Models: TF CBT, CBITS, Bounce Back, EMDR, MRT, Seeking Safety, Helping Men/Women Recovery.</p> <p>Substance Use treatment includes intensive outpatient (9+ hours of treatment a week), outpatient (less than 9 hours a week of treatment), group and/or individual sessions, case management, and peer recovery supports.</p> <p>Substance use treatment also has a Women's Specialty and Enhanced Family Specialty programs, which focus on parenting in recovery by assisting primary care givers of children and pregnant women who have a substance use concern by removing barriers to treatment and offering programming that is trauma informed, gender competent and parent focused. Daycare and transportation assistance is offered for qualifying individuals.</p>			



## THE GUIDANCE CENTER

Agency representative to the Federation:

**Kari D. Walker, President/CEO** • [kwalker@iamtgc.net](mailto:kwalker@iamtgc.net)

13101 Allen Road • Southgate, MI 48195 • Wayne County

**734-785-7700** • [www.guidance-center.org](http://www.guidance-center.org)

Accredited by The Joint Commission

Service area: Wayne County

### Behavioral Health Program Information

<b>Program name:</b>	<b>Kids-TALK Children's Advocacy Center</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	40 East Ferry Street, Detroit, MI 48202	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Melanie Richards</b>	<b>Daytime phone:</b>	734-785-7705, ext. 7294
<b>Email:</b>	<a href="mailto:mrichards@iamtgc.net">mrichards@iamtgc.net</a>	<b>On-call phone:</b>	—
<b>Program description:</b> Throughout Wayne County, Kids-TALK serves children through age 17 and their non-offending family members at two child-friendly facilities in Southgate and Detroit. Services include forensic interviewing, advocacy, onsite medical evaluations, and mental health services. Non-acute medical evaluations (more than 120 hours since the last incident) for child sexual abuse are carried out in the Detroit location in a small private clinic. A DHHS CPS report or a law enforcement report must be sent along with the request for a forensic interview or medical evaluation.			

<b>Program name:</b>	<b>Children's Crisis Screening</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	26300 Outer Drive, Lincoln Park, MI 48146	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Jill Moore</b>	<b>Daytime phone:</b>	313-388-4630 734-785-7705, ext. 7272
<b>Email:</b>	<a href="mailto:jmoore@iamtgc.net">jmoore@iamtgc.net</a>	<b>On-call phone:</b>	—
<b>Program description:</b> The crisis screening program provides timely assessments for at-risk children who are experiencing acute, chronic, or severe disturbances. Once assessed for need, services which maybe arranged through this point of entry include short-term crisis intervention/stabilization, case management, residential care, short- or long-term hospitalization, or any other mental health program available in the community or at The Guidance Center.			

<b>Program name:</b>	<b>Children's Home-based Services</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	26300 Outer Drive, Lincoln Park, MI 48146	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Mary Miller-Strobel</b>	<b>Daytime phone:</b>	313-388-4630 734-785-7705, ext. 7919
<b>Email:</b>	<a href="mailto:mstrobel@iamtgc.net">mstrobel@iamtgc.net</a>	<b>On-call phone:</b>	—
<b>Program description:</b> Intensive therapeutic and case management services provided in the home or community as well as office-based nursing and psychiatric services.			

<b>Program name:</b>	<b>Multi-systemic Therapy (MST)</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	26300 Outer Drive, Lincoln Park, MI 48146	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Tracie McCully</b>	<b>Daytime phone:</b>	313-388-4630 734-785-7700, ext. 7039
<b>Email:</b>	<a href="mailto:tmccully@iamtgc.net">tmccully@iamtgc.net</a>	<b>On-call phone:</b>	—
<b>Program description:</b> MST is an intense family and community-based treatment program for juveniles with serious offenses who may also be abusing substances. The goals of MST are to lower the rates of criminal behaviors in juvenile offenders.			



## THE GUIDANCE CENTER - continued

<b>Program name:</b>	<b>Wraparound</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	13099 Allen Road, Building 3, Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Marsha Hurley</b>	<b>Daytime phone:</b>	734-785-7705
<b>Email:</b>	mhurley@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> Wraparound is a process with a goal to plan and implement services and supports to children and their families. Wraparound facilitators help families develop a team comprised of the family, the supports of their choosing, and involved agencies to create a plan of care. The team develops the plan based upon a global assessment of needs and strengths of the entire family.			

<b>Program name:</b>	<b>Children's Outpatient</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	13101 Allen Road, Building 4, Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Shavonn Burgess</b>	<b>Daytime phone:</b>	734-785-7704
<b>Email:</b>	sburgess@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> Provides therapy and case management services to children ages 5-17. May keep clients after 18 if he/she is still in high school.			

<b>Program name:</b>	<b>Assertive Community Treatment</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	13101 Allen Road, Building 4, Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Erin Blaim</b>	<b>Daytime phone:</b>	734-785-7700 734-556-0658
<b>Email:</b>	eblaim@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> Assertive Community Treatment (ACT) is an evidence-based practice with a set of intensive clinical, medical, and psychosocial services provided by a mobile multi-disciplinary treatment team. ACT services are based on the principles of recovery and person-centered practice, and are individually tailored to meet the needs of the beneficiary. Services are targeted to clients with serious mental illness, who require intensive services, supports, and who without ACT would require more restrictive services and/or settings.			

<b>Program name:</b>	<b>Adult Case Management</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	13101 Allen Road, Building 4 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Rich Casteels</b>	<b>Daytime phone:</b>	734-785-7700 734-785-7705, ext. 7123
<b>Email:</b>	rcasteels@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> Adult Case Management assesses the needs of the client and arranges, coordinates, monitors, evaluates, and advocates for services and community resources designed to meet the client's needs. Adult case managers provide clients with referrals and assistance with a variety of needs such as food, clothing, housing, transportation, medication/prescription assistance program, Medicaid application/issues, applying for SSI/SSDI and referrals for individual/group therapy and Supported Employment (SE). The basic goal of Adult Case Management is to access the client's needs, link and coordinate services to meet their needs, and to assist the client with developing a treatment plan which lays out the objectives and goals for treatment.			

<b>Program name:</b>	<b>Community Recovery Program</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	13101 Allen Road, Building 4 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Rich Casteels</b>	<b>Daytime phone:</b>	734-785-7701 734-785-7705, ext. 7123
<b>Email:</b>	rcasteels@iamtgc.net	<b>After-hours phone:</b>	866-690-8257

**Program description:** The Community Recovery Program provides a variety of welcoming activities, psycho-educational and skill-building workshops, support groups, and individual support services for adults with mental illness and their families. All services are delivered by Peer Support Specialists, persons with mental illness who have been trained to utilize their lived experience as a vehicle to assist others in their recovery process.

## THE GUIDANCE CENTER - continued

<b>Program name:</b>	<b>Mental Health and Substance Use Disorder Services</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	13101 Allen Road, Building 4 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Rich Casteels</b>	<b>Daytime phone:</b>	734-785-7701 734-785-7705, ext. 7123
<b>Email:</b>	rcasteels@iamtgc.net	<b>After-hours phone:</b>	866-690-8257
<b>Program description:</b> The Adult Behavioral Health (ABH) Department provides mental health and substance abuse services to clients who meet criteria for either substance abuse (SA) or dependence, and/or for severe persistent mental illness (SPMI). Services include case management, individual or group therapy, and psychiatric services when deemed appropriate.			

<b>Program name:</b>	<b>Psychiatric Services</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	13101 Allen Road, Building 4 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Mary Griffiths</b>	<b>Daytime phone:</b>	734-785-7700 734-785-7705, ext. 7838
<b>Email:</b>	mgriffiths@iamtgc.net	<b>After-hours phone:</b>	—
<b>Program description:</b> Psychiatric Services comprise a professional team of physicians, nurses, and medical assistants who assist the client with an array of services. Services may include nursing assessment, medication management, injections, nutritional services, diabetic education, disease process education (Chronic Obstructive Pulmonary Disease [COPD] and Congestive Heart Failure), maintaining health stability, and person-centered support of the client's recovery. A case manager or therapist within The Guidance Center must refer the client.			

<b>Program name:</b>	<b>Supported Employment</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	13101 Allen Road, Building 4 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Rich Casteels</b>	<b>Daytime phone:</b>	734-785-7700 734-785-7705, ext. 7123
<b>Email:</b>	rcasteels@iamtgc.net	<b>After-hours phone:</b>	866-690-8257
<b>Program description:</b> Supported Employment (SE) is an evidence-based practice that helps people with mental illness find competitive jobs in their local communities with rapid job search and placement assistance. It is based on a match between the strengths, needs, and interests of the prospective employee and the identified needs of the employer.			

<b>Program name:</b>	<b>Infant and Early Childhood Mental Health</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	18635 Bowie Street Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Genie Lewis</b>	<b>Daytime phone:</b>	734-785-7705, ext. 7211
<b>Email:</b>	clentz@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> Infant and Early Childhood Mental Health Services offer home-based therapeutic services and support for pregnant women and families of infants, toddlers, and preschoolers through age 6. Therapists provide relationship-focused parent-child therapy, developmental guidance, emotional support, advocacy, and linking and coordinating of community resources. For children experiencing difficulties in child care or school, we offer classroom support and consultation. Our goal is to support the parent-child relationship and promote the child's optimal development at home, at school, and in the community.			

## THE GUIDANCE CENTER - continued

<b>Program name:</b>	<b>Intellectual and Developmental Disabilities Program</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	19401 Northline Road, Building 5 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Sara Swanson</b>	<b>Daytime phone:</b>	734-785-7718 734-308-9775
<b>Email:</b>	sswanson@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> The Intellectual & Developmental Disabilities program serves persons of all ages diagnosed with an intellectual and/or developmental disability. Services are provided taking a comprehensive approach and tailor each plan to the needs, wishes, and dreams of the person and their family.			

<b>Program name:</b>	<b>Autism Benefit</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	19401 Northline Road, Building 5 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Dana Weidman</b>	<b>Daytime phone:</b>	734-785-7700 734-785-7705, ext. 7224
<b>Email:</b>	dtoth@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> The Autism Benefit allows eligible children to receive applied behavior analysis (ABA) services. To qualify, children must have a diagnosis of autism, receive Medicaid, and be between the ages of 18 months through 21 years. ABA is an intensive evidence-based practice that teaches children various social, academic, and language skills. This can be done in a clinic-based setting as well as a home-based setting. Children in any program including IDD, Children's Outpatient, Wraparound, Infant Mental Health, and more are eligible for Autism Benefit services.			

<b>Program name:</b>	<b>Adult and Family Services</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	19291 Northline Road, Building 6 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Mark Small</b>	<b>Daytime phone:</b>	734-785-7705, ext. 6222
<b>Email:</b>	msmall@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> In 1986, The Guidance Center's Adult & Family Services was established to offer comprehensive mental health and substance use disorder services to individuals in Southeastern Michigan who have private insurance, Medicare, or self-pay. Adult & Family Services provides a broad range of highly effective services that help children, adults, and families unlock potential and build better lives.			

<b>Program name:</b>	<b>Kids-TALK Children's Advocacy Center</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	19275 Northline, Building 7 Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Melanie Richards</b>	<b>Daytime phone:</b>	734-785-7705, ext. 7294
<b>Email:</b>	mrichards@iamtgc.net	<b>On-call phone:</b>	—
<b>Program description:</b> Throughout Wayne County, Kids-TALK serves children through age 17 and their non-offending family members at two child-friendly facilities in Southgate and Detroit. Services include forensic interviewing, advocacy, onsite medical evaluations, and mental health services. A DHHS CPS report or a law enforcement report must be sent along with the request for a forensic interview or medical evaluation.  Therapy referral line 735-785-7705, ext. 7062			



**HANDS ACROSS THE WATER**

*Agency representative to the Federation:*

**Katie Page Sander, Executive Director** • [kpagesander@hatw.org](mailto:kpagesander@hatw.org)  
 781 Avis Drive • Ann Arbor, MI 48108 • Washtenaw County  
**734-477-0135** • [www.hatw.org](http://www.hatw.org)  
**Accredited by COA**  
**Service area:** Washtenaw and surrounding counties (in person), statewide (virtual)

**Behavioral Health Program Information**

<b>Program name:</b>	<b>Hands Across The Water Behavioral Health</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	781 Avis Drive, Ann Arbor, MI 48108	<b>County:</b>	Washtenaw
<b>Program director:</b>	<b>Jill Dettman</b>	<b>Daytime phone:</b>	734-477-0135
<b>Email:</b>	<a href="mailto:jill@hatw.org">jill@hatw.org</a>	<b>On-call phone:</b>	734-477-0135
<b>Program description:</b> The Hands Across The Water Behavioral Health department serves children, adults, and families. Therapists are highly trained in serving those affected by foster care, adoption, and other trauma issues.			



## HOLY CROSS SERVICES

Agency representative to the Federation:

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1030 N River Road • Saginaw, MI 48609 • Saginaw County

**989-274-1026** • **www.hccsnet.org**

Accredited by CARF

Service area: Statewide

### Behavioral Health Program Information

<b>Program name:</b>	<b>Trinity</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	925 N. River Road, Saginaw, MI 48609	<b>County:</b>	Saginaw
<b>Program director:</b>	<b>Jennifer Montello</b>	<b>Daytime phone:</b>	
<b>Email:</b>	jmontello@hccsnet.org	<b>On-call phone:</b>	—

**Program description:** Trinity provides Intensive Stabilization for girls and boys between the ages of 6-14.

Holy Cross Services is a Trauma Informed Organization whose primary focus is safety and permanence. St. Vincent Home-Intensive Stabilization (IS) is located at 925 North River Road, Saginaw, Michigan 48609. The facility has recreational space, which includes a gym, swing sets, sand box, baseball diamond, swimming pool (3-5 feet deep), volleyball courts, basketball courts, soccer field, disc golf and a 3-hole golf course. It also has a garden area (youth plant vegetables and flowers as part of science class), and a courtyard with tables and chairs. There is a large parking lot and long driveways and spacious grounds where youth can ride trikes, bikes, roller skate, skateboard and take walks. St. Vincent Home-Intensive Stabilization (IS) is an Intensive Stabilization Program which serves males and females who have experienced significant adjustment problems at home, in school and/or in the community as a result of complex trauma, abuse, neglect, mental health problems and/or other environmental risk factors. Youth in this program are 5 to 12 years old. The structure and design of the program allows for each client to have opportunities to interact in a daily 24/7 residential living environment while maintaining a level of therapeutic independence within the group.

Intake includes administration of the Adverse Childhood Experiences Screening (ACES), and within 14 days of admission, T CANS, CANS, FANS, and the modified mGAS/mGAF, are completed. Assuming that the assessment will include recent information, the strengths, needs and goals identified by the third party assessor will also be reviewed, discussed with the youth and family and documented with youth/family input in the Initial Services Plan (ISP). A review of the youth/family strengths, needs, and treatment goals will occur with the youth/family input on a quarterly basis.

**Referral/Pay Source.** Youth may be referred by the Residential Placement Unit (RPU) from the Department of Health and Human Services (DHHS), Adoption Subsidy, and dual wards with Title IV E eligibility.

**Program Components.** We utilize Trauma Informed Dialectical Behavior Therapy (TI-DBT) in our individual and group sessions and teach skills classes multiple times per week. The skills classes include but are not limited to, TI-DBT, Mindfulness, dialectics, emotional regulation, distress tolerance, interpersonal effectiveness, cognitive modification, problem solving, substance abuse and addictive behaviors, building a satisfying life and anger management. Other interventions include Childhood trauma tool kit which includes thoughts-thinking skills, telling their story and safety planning; Memory cloud walk (telling my story without shame, guilt, judgements), communication skill building, alliance building, developing reciprocal relationships, pro-social skill development, resilience, symptom relief, self-assessing emotions, connecting with the present, quieting the body and connecting the body with emotions.

Families are also offered skills classes in all of the above, and receive therapy related to: Parenting Styles, working through the dialectical dilemmas of Excessive Leniency vs Authoritarian Control, and Pathologicalizing Normative Behaviors vs Normalizing Pathological Behaviors; How to decrease family interactions that contribute to the adolescents life threatening (self-harm/suicidal ideation) or emotional/rationally harmful behaviors; How to reduce family or parent behaviors that interfere with adolescent's treatment; How to reduce family interactions that interfere with the family's quality of life; and How to increase family's behavioral skills.

We believe that all youth have a constitutional right to freedom of speech and freedom of expression, which includes the right to be open about their sexual orientation and express their core gender through such things as their clothing and hairstyle. Youth receive training on treating others with respect regardless of their race, religion, sexual orientation, gender, politics, likes and dislikes, family situation, personal history, etc.

## HOLY CROSS SERVICES - continued

**Psychiatric services.** St. Vincent Home-Intensive Stabilization (IS) utilizes Holy Cross Services Psychiatrist for all psychiatric services including evaluation, psychiatric consultation and medication reviews. Prescriptions are filled by Genoa Pharmaceuticals and delivered directly to St. Vincent Home-Intensive Stabilization (IS).

**Education.** St. Vincent Home-Intensive Stabilization (IS) has an on-ground school, that is under the auspices of the Saginaw School District, with 6 highly qualified teachers, including 2 special education teachers, and a school social worker. The elementary school is a standalone facility that is fully equipped to meet each child's unique needs. When needed, the Saginaw School District provides speech therapy and other special education services as needed. Youth attend school Monday through Friday year long. Daily attendance and youth's academic progress are monitored, recorded and submitted to the treatment team and family on a quarterly basis. Youth are also encouraged and assisted in tutoring services to support educational success.

**Spirituality.** Youth who would like to participate in spiritual services have voluntary access to a non-denominational chaplain or can request spiritual services in the community.

**Medical.** St. Vincent Home-Intensive Stabilization (IS) youth receive medical, dental and vision services through Great Lakes Bay Health Center (FQHC), who has a medical and dental clinic on site. St. Vincent Home-Intensive Stabilization (IS) has an RN on site, and two other RN's at other locations, who assist in providing 24/7 on-call services as well. The nearest hospital for emergency care, Covenant Hospital is located 8 miles from the facility and Med Express is located 2 miles from the facility.

**Community.** Youth are actively involved in the community through community service opportunities and partnerships with local community organizations. Some examples include volunteerism at local Nursing Homes and Refuge Center, Michigan State University Extension Program provided educational sessions related to gender identity, healthy sexuality and healthy relationships and MYOI Partnerships.

**Recreation.** Youth are provided with daily physical activity opportunities. The program has many different recreational areas on grounds for youth to utilize, including a gym, areas to ride bikes, skate, and/or skateboard, a pool and playground. Other recreational activities are social in nature and provide opportunities for youth to pursue personal interests and hobbies.

**Transition Planning/Aftercare.** Transition planning begins at Intake and continues throughout treatment. For youth who have wraparound services provided by CMH or a PIHP, the Family Therapist will assess any and all needs the client and family has that is not covered by CMH or a PIHP, document in the transition and discharge plan, as well as the after care plan, and will complete appropriate referrals to other community resource. Our Family Transition Coordinator will participate in CMH or PIHP wraparound meetings with the team and will maintain contact with the youth and family for 6 months after discharge, assisting the family with establishing community supports, and addressing any remaining needs. The first post-discharge meeting will be within 5 days of discharge, will include a review of the remaining needs and will include an agreement with the youth and family on how the remaining needs will be addressed/met. Face to face meetings will occur biweekly for the first 30 days and monthly thereafter for the remaining 5 months. Interventions may include DBT skills refreshers and referrals to community programs to meet identified needs.

For level 2, the family therapist will do an aftercare assessment of the needs and strengths at least 30 days prior to discharge and include this information in the release and aftercare plan. Post discharge, the family therapist will meet with the youth and family (face to face) in the family home, review the aftercare plan and adjust the aftercare as needed. The youth and family will be provided crisis on-call services by the family therapist and the Family Transition Coordinator. Interim therapeutic services will be provided during the discharge transition period until services are transferred to a community provider. The Family Transition Coordinator will continue to provide skills support to both the youth and family and will help the family find other activities and community programs and supports to help them maintain the youth in the home successfully. Face to face visits will continue weekly for the first 30 days, then bi-weekly for the 2nd month, followed by once per month for the next 4 months.

**Therapeutic Home Visits.** Therapeutic home visits provide opportunities for day and overnight visits with the parents/guardians. The youth and their family can practice new skills and basic expectations in the community. All therapeutic home visits are pre-approved by the referring agency.

**Staffing.** The treatment team consists of a Program Coordinator/Therapist, Psychiatrist, Family Therapist, Family Transition Coordinator, Treatment Specialists, and Teachers. Staffing ratios are 2:5 during waking hours and 1:4 sleeping hours.



## HOPE NETWORK

*Agency representative to the Federation:*

**Megan Pena, Director of Clinical Operations** • mpena@hopenetwork.org  
 3075 Orchard Vista Drive SE • PO Box 890 • Grand Rapids, MI 49518-0890 • Kent County  
**616-847-4460 • www.hopenetwork.org**

**Accredited by CARF**

**Service area:** Allegan, Arenac, Barry, Bay, Calhoun, Clinton, Eaton, Genesee, Ingham, Ionia, Kalamazoo, Kent, Marquette, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, and Wayne counties

### Behavioral Health Program Information

<b>Program name:</b>	<b>D.A.R.T.</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	3333 36th St. SE, Grand Rapids, MI 49512	<b>County:</b>	Kent
<b>Program director:</b>	<b>Amanda Waidelich</b>	<b>Daytime phone:</b>	616-726-1958, ext. 17105
<b>Email:</b>	AWaidelich@hopenetwork.org	<b>On-call phone:</b>	—
<p><b>Program description:</b> DART is a residential treatment facility in Grand Rapids, MI, founded in 2005. DART is licensed as a private child caring institution by the State of Michigan, serving children with cognitive impairments. DART’s ultimate goal is to transition each child back to a family and/or community setting.</p> <p>DART provides trauma-informed services, recognizing that the majority of children in institutional care have experienced disrupted attachments and often resided in chronically stressful environments. The program implements training in the Culture of Gentleness, supporting our belief that change occurs when children feel safe and supported by those around them. To help children increase positive, pro-social behaviors and decrease unsafe and other undesirable behaviors, DART utilizes principles of Applied Behavioral Analysis (ABA) as a tool as well as cognitive, occupational, and speech therapies.</p> <p>The 20-bed program comprises three adjoined units, an outside playground, and shares a peaceful campus setting with the Center for Autism. DART offers 24-hour services, 365 days a year, in a secured and structured setting. The staffing-to-resident ratio is one staff member to two residents.</p> <p>Individual therapy, group therapy, case management, behavior analysis, psychiatric services, occupational therapy (as deemed necessary), speech language pathology (as deemed necessary), nursing services, coordination of any and all medical and dental services and any follow up, special education coordination, and dietary coordination.</p>			



# Judson Center

Helping those in need succeed

## JUDSON CENTER

Agency representative to the Federation:

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30301 Northwestern Highway, Suite 100 • Farmington Hills, MI 48334 • Oakland County

**248-837-2111** • **www.judsoncenter.org**

**Accredited by CARF**

**Service area:** Genesee, Livingston, Macomb, Oakland, Washtenaw, and Wayne counties

### Behavioral Health Program Information

<b>Program name:</b>	<b>Behavioral Health Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	12200 East 13 Mile Road, Suite 200 Warren, MI 48093	<b>County:</b>	Macomb
<b>Program director:</b>	<b>Melissa Peters</b>	<b>Daytime phone:</b>	586-573-1810
<b>Email:</b>	Melissa_Peters@judsoncenter.org	<b>On-call phone:</b>	—
<b>Program description:</b> In Home Treatment (children, adolescents, families), Outpatient (children, adults, families); Substance Use Disorder Outpatient (adults; adolescents); Substance Use Disorder Intensive Outpatient (adults) Outpatient Services (including SUD) funded through Macomb County Community Mental Health, Medicaid Health Plans, Commercial Insurances, and Sliding Fee for uninsured.			

<b>Program name:</b>	<b>Behavioral Health Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	4410 West 13 Mile Road Royal Oak, MI 48083	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Melissa Peters</b>	<b>Daytime phone:</b>	586-573-1810
<b>Email:</b>	Melissa_Peters@judsoncenter.org	<b>On-call phone:</b>	—
<b>Program description:</b> Outpatient (children, adults, families), funded through Medicaid Health Plans, Commercial Insurances, and Sliding Fee for uninsured.			

<b>Program name:</b>	<b>Behavioral Health Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	12723 Telegraph, Suite 200 Redford, MI 48239	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Melissa Peters</b>	<b>Daytime phone:</b>	586-573-1810
<b>Email:</b>	Melissa_Peters@judsoncenter.org	<b>On-call phone:</b>	—
<b>Program description:</b> Outpatient (children, adults, families), funded through Detroit Wayne Integrated Health Network, Medicaid Health Plans, and Commercial Insurances, and Sliding Fee for uninsured.			





## LIVINGSTON COUNTY CATHOLIC CHARITIES

*Agency representative to the Federation:*

**Mark T. Robinson, Executive Director** • mark@livingstoncc.org  
 2020 E. Grand River, Suite 104 • Howell, MI 48843 • Livingston County  
**517-545-5944** • [www.livingstoncc.org](http://www.livingstoncc.org)

**Accredited by COA**

**Service area:** Livingston County

### Behavioral Health Program Information

<b>Program name:</b>	<b>Mental Health and Substance Abuse Treatment</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	2020 E. Grand River, Suite 104, Howell, MI 48843	<b>County:</b>	Livingston
<b>Program director:</b>	<b>John Furey, LMSW, CAADC</b>	<b>Daytime phone:</b>	517-545-5944
<b>Email:</b>	john@livingstoncc.org	<b>On-call phone:</b>	—
<b>Program description:</b> Mental Health and Substance Abuse Treatment services for all ages. Substance Abuse Pre-treatment groups and Case Management are provided. In-person and telehealth. Medicare, commercial insurance, MA health plans and sliding-fee for the uninsured.			



**ST. LOUIS CENTER**

*Agency representative to the Federation:* **Deana Fisher, COO** • deanaf@stlouiscenter.org

*Agency executive director/CEO:* **Fr. Enzo Addari, CEO** • frenzo@stlouiscenter.org

16195 Old US 12 • Chelsea, MI 48118 • Washtenaw County

**734-475-8430 • www.stlouiscenter.org**

**Accredited by CARF**

**Service area:** Statewide

**Behavioral Health Program Information**

<b>Program name:</b>	<b>St. Louis Center for Exceptional Adults</b>		
<b>Serving:</b>	<b>Adults with IDD</b>		
<b>Address/city/zip:</b>	16195 Old US 12, Chelsea, MI 48118	<b>County:</b>	Washtenaw
<b>Program director:</b>	<b>Sheryl Mohr</b>	<b>Daytime phone:</b>	734-475-8430
<b>Email:</b>	smohr@stlouiscenter.org	<b>On-call phone:</b>	734-475-8430
<b>Program description:</b> St. Louis Center provides residential services for adults with Intellectual Developmental Disorders. Care is provided for both men and women from ages 18 through end of life. Several different small homes available, serving a variety of IDD residents with all functioning levels. Expertise in working with young adults exiting foster care. Severely aggressive individuals will not be accepted.			



## SAMARITAS

Agency representative to the Federation:

**Kevin Van Den Bosch, COO, Child & Family Services** • kvand@samaritas.org  
8131 East Jefferson Avenue • Detroit, MI 48214 • Wayne County

**313-823-7700 • www.samaritas.org**

Accredited by COA

Service area: All counties in Michigan's Lower Peninsula

### Behavioral Health Program Information

<b>Program name:</b>	<b>Children's Mental Health Service</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	181 North Ave., Lower Level Battle Creek, MI 49017	<b>County:</b>	Calhoun
<b>Program director:</b>	<b>Holly Wixon</b>	<b>Daytime phone:</b>	269-270-2869
<b>Email:</b>	hwixo@samaritas.org	<b>On-call phone:</b>	269-575-5579
<p><b>Program description:</b> Samaritas provides Home-Based mental health services for children and their families (ages 4-17), Infant Mental Health services for mother and child (prenatal-4), and Case Management services (up to age 26), through a contract with Summit Pointe. Access to services are initiated through Summit Pointe, Calhoun County's mental health authority. Our model includes:</p> <ul style="list-style-type: none"> <li>• Functional Assessment (CAFAS, PECFAS)</li> <li>• Treatment Planning</li> <li>• Individual and Family Therapy</li> <li>• Case Management</li> </ul>			

<b>Program name:</b>	<b>Substance Use Disorder Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	128 S. Cochran Avenue, Charlotte, MI 48813	<b>County:</b>	Eaton
<b>Program director:</b>	<b>Holly Wixon</b>	<b>Daytime phone:</b>	517-325-9090
<b>Email:</b>	hwixo@samaritas.org	<b>On-call phone:</b>	517-325-9090
<p><b>Program description:</b> Samaritas provides Substance Use Disorder Services to individuals of any age that struggle with the impact of drugs and/or alcohol. Our model includes:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Individual Therapy</li> <li>• Group Therapy (including Intensive Outpatient Therapy)</li> <li>• Medication-Assisted Treatment</li> <li>• Case Management</li> <li>• Recovery Coaching</li> </ul>			

<b>Program name:</b>	<b>Trauma Assessment</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	4341 South Westnedge Ave., Suite 2000 Kalamazoo, MI 49008	<b>County:</b>	Kalamazoo
<b>Program director:</b>	<b>Holly Wixon</b>	<b>Daytime phone:</b>	269-270-2869
<b>Email:</b>	hwixo@samaritas.org	<b>On-call phone:</b>	269-575-5579
<p><b>Program description:</b> Samaritas provides Trauma Assessment Services for Children involved in the Foster Care and Juvenile Justice systems, or having an open CPS case. The Trauma Assessment team serves several counties in lower Michigan through a contract with the Department of Health and Human Services. Referrals must be made through DHHS or Private Foster Care Agency case manager. Our model includes:</p> <ul style="list-style-type: none"> <li>• In-depth, Trauma-Focused Psychological Assessment</li> <li>• Trauma evaluation, IQ testing, Developmental and Behavioral assessment</li> <li>• Interviews with youth, family and care providers</li> <li>• Written report with specific recommendations</li> </ul>			

## SAMARITAS - continued

<b>Program name:</b>	<b>Substance Use Disorder Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	2170 E. Big Beaver Rd., Troy, MI 48053	<b>County:</b>	Oakland
<b>Program director:</b>	<b>Holly Wixon</b>	<b>Daytime phone:</b>	248-423-2760
<b>Email:</b>	hwixo@samaritas.org	<b>On-call phone:</b>	—
<p><b>Program description:</b> Samaritas provides Substance Use Disorder Services to individuals of any age that struggle with the impact of drugs and/or alcohol. Our model includes:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Individual Therapy</li> <li>• Group Therapy (including Intensive Outpatient Therapy)</li> <li>• Medication-Assisted Treatment</li> </ul>			

<b>Program name:</b>	<b>Substance Use Disorder Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	2450 Van Ommen Dr., Suite C, Holland, MI 49424	<b>County:</b>	Ottawa
<b>Program director:</b>	<b>Holly Wixon</b>	<b>Daytime phone:</b>	616-350-7781
<b>Email:</b>	hwixo@samaritas.org	<b>On-call phone:</b>	616-350-7781
<p><b>Program description:</b> Samaritas provides Substance Use Disorder Services to individuals of any age that struggle with the impact of drugs and/or alcohol. Our model includes:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Individual Therapy</li> <li>• Group Therapy (including Intensive Outpatient Therapy)</li> <li>• Medication-Assisted Treatment</li> <li>• Case Management</li> <li>• Recovery Coaching</li> </ul>			

<b>Program name:</b>	<b>Substance Use Disorder Services</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	524 Washington Ave., Grand Haven, MI 49417	<b>County:</b>	Ottawa
<b>Program director:</b>	<b>Holly Wixon</b>	<b>Daytime phone:</b>	616-350-7781
<b>Email:</b>	hwixo@samaritas.org	<b>On-call phone:</b>	616-350-7781
<p><b>Program description:</b> Samaritas provides Substance Use Disorder Services to individuals of any age that struggle with the impact of drugs and/or alcohol. Our model includes:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Individual Therapy</li> <li>• Group Therapy (including Intensive Outpatient Therapy)</li> <li>• Medication-Assisted Treatment</li> <li>• Case Management</li> <li>• Recovery Coaching</li> </ul>			



**SERVICES TO ENHANCE POTENTIAL (STEP)**

*Agency representative to the Federation:*

**Brent Mikulski, President/CEO** • bmikulski@stepcentral.org  
 2941 S. Gulley • Dearborn, MI 48124 • Wayne County  
**313-274-3040** • [www.stepcentral.org](http://www.stepcentral.org)  
**Accredited by CARF**  
 Service area: Macomb and Wayne counties

**Behavioral Health Program Information**

<b>Program name:</b>	<b>Dearborn North Resource Center</b>		
<b>Serving:</b>	<b>Children, Adults</b>		
<b>Address/city/zip:</b>	2941 S. Gulley, Dearborn, MI 48124	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Jeff Bachynski</b>	<b>Daytime phone:</b>	313-278-3040
<b>Email:</b>	jbachynski@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building, support coordination, and employment services.			

<b>Program name:</b>	<b>Dearborn South Resource Center</b>		
<b>Serving:</b>	<b>Children, Adults</b>		
<b>Address/city/zip:</b>	15200 Mercantile, Dearborn, MI 48120	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Jeff Bachynski</b>	<b>Daytime phone:</b>	313-827-0764
<b>Email:</b>	jbachynski@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building, support coordination, and employment services.			

<b>Program name:</b>	<b>Cooking in the D Culinary Training Program</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	2900 Connor, Detroit, MI 48215	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Terey Delisle</b>	<b>Daytime phone:</b>	734-722-1000
<b>Email:</b>	tdelisle@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building and employment services.			

<b>Program name:</b>	<b>Detroit Resource Center</b>		
<b>Serving:</b>	<b>Children, Adults</b>		
<b>Address/city/zip:</b>	4700 Beaufait, Detroit, MI 48207	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Jeff Bachynski</b>	<b>Daytime phone:</b>	313-267-9777
<b>Email:</b>	jbachynski@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building, support coordination, and employment services.			

## SERVICES TO ENHANCE POTENTIAL (STEP) - continued

<b>Program name:</b>	<b>Downriver DREAM Program</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	13721 Eureka, Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Terey Delisle</b>	<b>Daytime phone:</b>	734-285-3961
<b>Email:</b>	tdelisle@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building, support coordination, and employment services.			

<b>Program name:</b>	<b>Progressive Art Studio Collective</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	13721 Eureka, Southgate, MI 48195	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Terey Delisle</b>	<b>Daytime phone:</b>	313-734-250-8695
<b>Email:</b>	tdelisle@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building and employment services.			

<b>Program name:</b>	<b>Western Wayne County Resource Center</b>		
<b>Serving:</b>	<b>Children, Adults</b>		
<b>Address/city/zip:</b>	450 S. Venoy, Westland, MI 48186	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Jeff Bachynski</b>	<b>Daytime phone:</b>	734-722-1000
<b>Email:</b>	jbachynski@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building, support coordination, and employment services.			

<b>Program name:</b>	<b>What's Cooking in Westland Culinary Training Program</b>		
<b>Serving:</b>	<b>Adults</b>		
<b>Address/city/zip:</b>	555 S. Wayne Road, Westland, MI 48186	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Terey Delisle</b>	<b>Daytime phone:</b>	734-722-1000
<b>Email:</b>	tdelisle@stepcentral.org	<b>On-call phone:</b>	—
<b>Program description:</b> Skill building and employment services.			



## SOUTHWEST SOLUTIONS

*Agency representative to the Federation:*

**Sean de Four, President/CEO** • sdefour@swsol.org  
 5716 Michigan Avenue, Suite 3000 • Detroit, MI 48210 • Wayne County  
**313-293-8881** • **www.swsol.org**

**Accredited by CARF**

**Service area:** Metro Detroit (Macomb, Oakland, and Wayne counties)

### Behavioral Health Program Information

<b>Program name:</b>	<b>Adult Behavioral Health Services &amp; Certified Community Behavioral Health Clinic (CCBHC)</b>		
<b>Serving:</b>	<b>Adults, Families</b>		
<b>Address/city/zip:</b>	1700 Waterman, Detroit, MI 48209	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Denise Elhaje</b>	<b>Daytime phone:</b>	313-841-8900
<b>Email:</b>	delhaje@swsol.org	<b>On-call phone:</b>	313-443-0120
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Individual and Group Therapy</li> <li>• Psychiatric and Nursing Services</li> <li>• Case Management &amp; Target Case Management</li> <li>• Permanent Supportive Housing</li> <li>• Substance Use Disorder Treatment and Co-occurring Treatment</li> <li>• Medication Assisted Treatment</li> <li>• DBT</li> <li>• Trauma Informed Care</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Supports Coordination</li> <li>• Integrated Health Care</li> </ul> Specialty services: <ul style="list-style-type: none"> <li>• Veterans</li> <li>• Homeless</li> <li>• Bilingual Services</li> </ul>			

<b>Program name:</b>	<b>Children and Family Services &amp; Certified Community Behavioral Health Clinic (CCBHC)</b>		
<b>Serving:</b>	<b>Children</b>		
<b>Address/city/zip:</b>	5716 Michigan Ave., Suite 4000, Detroit, MI 48210	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Marquita Felder</b>	<b>Daytime phone:</b>	313-963-2266
<b>Email:</b>	mfelder@swsol.org	<b>On-call phone:</b>	—
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Individual and Group Therapy</li> <li>• Intensive Home-based Services</li> <li>• Case management &amp; targeted case management</li> <li>• Juvenile Justice Care Management</li> <li>• Youth Assistance</li> <li>• Wraparound</li> <li>• DBT and Suicide Prevention</li> <li>• Parent, Youth and Peer Support Services</li> <li>• Psychiatric and Nursing Services</li> <li>• Integrated Health Care</li> <li>• Infant Mental Health Program</li> <li>• Evidenced Based Practice(s)</li> <li>• Trauma Informed Care</li> <li>• Substance Use Disorder Treatment and Co-occurring Treatment</li> <li>• Medication Assisted Treatment</li> </ul>			

## SOUTHWEST SOUTIONS - continued

<b>Program name:</b>	<b>School Based Services</b>		
<b>Serving:</b>	<b>Children, Families</b>		
<b>Address/city/zip:</b>	Various schools in Detroit	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Melodi Litkouhi</b>	<b>Daytime phone:</b>	313-963-2266 ext. 3353
<b>Email:</b>	mlitkouhi@swsol.org	<b>On-call phone:</b>	313-502-0154
<b>Program description:</b>			
<ul style="list-style-type: none"> <li>• Individual and Group Therapy</li> <li>• Prevention Services</li> </ul>			





**STARR COMMONWEALTH**

*Agency representative to the Federation:*

**Elizabeth Carey, President/CEO** • careye@starr.org  
 13725 Starr Commonwealth Road • Albion, MI 49224 • Calhoun County  
**517-629-5591** • **www.starr.org**  
 Accredited by COA  
 Service area: Statewide

**Behavioral Health Program Information**

<b>Program name:</b>	<b>Starr Behavioral Health</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	19992 Kelly Road, Harper Woods, MI 48825	<b>County:</b>	Wayne
<b>Program director:</b>	<b>Rebecca Gerlach</b>	<b>Daytime phone:</b>	248-308-4591
<b>Email:</b>	gerlachr@starr.org	<b>On-call phone:</b>	734-355-5078
<b>Program description:</b> Starr Behavioral Health serves children, adults and families struggling with traumatic events or chronic stress. We provide virtual therapy throughout the state, and in person services at our Harper Woods location. Starr believes in providing holistic and collaborative treatment, often working with other healthcare providers, school personnel and multiple family members to provide the best care possible. Starr has a sensory occupational therapist on staff to provide trauma informed OT to children in need of these services.			



## WELLSPRING LUTHERAN SERVICES

*Agency representative to the Federation:*

**Dave Gehm, President/CEO** • dgehm@wellspringlutheran.com  
 2825 Wieneke Road • Saginaw MI 48603 • Saginaw County  
**989-686-7650** • [www.wellspringlutheran.com](http://www.wellspringlutheran.com)

**Accredited by COA**  
**Service area:** Statewide

### Behavioral Health Program Information

<b>Program name:</b>	<b>Substance Use Disorder Family Support Program (SUDFSP)</b>		
<b>Serving:</b>	<b>Families</b>		
<b>Address/city/zip:</b>	1416 McEwan St., Clare, MI 48617	<b>County:</b>	Clare
<b>Program director:</b>	<b>Paul Wolanin</b>	<b>Daytime phone:</b>	989-386-2101
<b>Email:</b>	pwolanin@wellspringlutheran.com	<b>On-call phone:</b>	—
<b>Geographic area served:</b>	Clare, Gladwin, Isabella, and Midland counties		
<p><b>Program description:</b> Substance Use Disorder Family Support Program (SUDFSP) is an in-home program of the State of Michigan and administered through Wellspring Lutheran Services. The program works with families who are experiencing issues related to a parent who is alcohol- or drug-affected, or has been found to have a co-occurring disorder.</p> <p>Families will receive a skill-based intervention designed to build on the strengths of the family members to bring recovery and stability to the family home. The Wellspring family support specialists work collaboratively with the family to achieve specific goals and promote ongoing recovery support.</p> <p>The Substance Use Disorder Family Support Program is available to parents and/or primary caregivers who are responsible for the care and supervision of minor children and meet one of these qualifications:</p> <ul style="list-style-type: none"> <li>• An open MDHHS case (Category I, II, III or IV)</li> <li>• Families with a closed CPS case or investigation within the last 18 months</li> <li>• Three or more rejected CPS complaints</li> </ul> <p>The program is also available for families who will have their children returning home from foster care. A copy of the court order must be provided at time of referral.</p>			

## WELLSPRING LUTHERAN SERVICES - continued

<b>Program name:</b>	<b>Substance Use Disorder Family Support Program (SUDFSP)</b>		
<b>Serving:</b>	<b>Families</b>		
<b>Address/city/zip:</b>	1401 Douglas Dr, Suite 113 Traverse City, MI, 49696	<b>County:</b>	Grand Traverse
<b>Program director:</b>	<b>Rebecca Wertman</b>	<b>Daytime phone:</b>	231-943-4348
<b>Email:</b>	rwertman@wellspringlutheran.com	<b>On-call phone:</b>	—
<b>Geographic area served:</b>	Antrim, Grand Traverse, Kalkaska, Missaukee, and Wexford counties		
<p><b>Program description:</b> Substance Use Disorder Family Support Program (SUDFSP) is an in-home program of the State of Michigan and administered through Wellspring Lutheran Services. The program works with families who are experiencing issues related to a parent who is alcohol- or drug-affected, or has been found to have a co-occurring disorder.</p> <p>Families will receive a skill-based intervention designed to build on the strengths of the family members to bring recovery and stability to the family home. The Wellspring family support specialists work collaboratively with the family to achieve specific goals and promote ongoing recovery support.</p> <p>The Substance Use Disorder Family Support Program is available to parents and/or primary caregivers who are responsible for the care and supervision of minor children and meet one of these qualifications:</p> <ul style="list-style-type: none"> <li>• An open MDHHS case (Category I, II, III or IV)</li> <li>• Families with a closed CPS case or investigation within the last 18 months</li> <li>• Three or more rejected CPS complaints</li> </ul> <p>The program is also available for families who will have their children returning home from foster care. A copy of the court order must be provided at time of referral.</p>			

<b>Program name:</b>	<b>Eye Movement Desensitization and Reprocessing (EMDR)</b>		
<b>Serving:</b>	<b>Children, Adults</b>		
<b>Address/city/zip:</b>	1715 Sutherland Dr. SE Kentwood, MI, 49508	<b>County:</b>	Kent
<b>Program director:</b>	<b>Steve Zwart, LMSW</b>	<b>Daytime phone:</b>	616-281-4601, ext. 326
<b>Email:</b>	szwart@wellspringlutheran.com	<b>On-call phone:</b>	—
<p><b>Program description:</b> Eye Movement Desensitization and Reprocessing (EMDR) therapy is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. The treatment uses eye movements, similar to what occurs naturally when a person dreams and experiences REM (rapid eye movement) sleep, to help the brain break down traumatic memories and allow them to be stored in a calmed form, properly relegated to the past. It's like a reorganized library of memories within your brain — a story that has been rewritten to include positive feelings and a stronger sense of self-esteem.</p> <p>EMDR is safe for and effective for children, teenagers and adults, and has been shown to effectively treat:</p> <ul style="list-style-type: none"> <li>• Stress Reduction</li> <li>• Panic Attacks</li> <li>• Performance Anxiety</li> <li>• Addiction</li> <li>• Complicated Grief</li> <li>• Dissociative Disorders</li> <li>• Disturbing Memories</li> <li>• Phobias</li> <li>• Pain Disorders</li> <li>• Post-Traumatic Stress</li> <li>• Sexual and/or Physical Abuse</li> <li>• Body Dysmorphic Disorders</li> <li>• Personality Disorders</li> </ul>			

## WELLSPRING LUTHERAN SERVICES - continued

<b>Program name:</b>	<b>Parent Child Interaction Therapy (PCIT)</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	1715 Sutherland Dr. SE Kentwood, MI, 49508	<b>County:</b>	Kent
<b>Program director:</b>	<b>Steve Zwart, LMSW</b>	<b>Daytime phone:</b>	616-281-4601, ext. 326
<b>Email:</b>	szwart@wellspringlutheran.com	<b>On-call phone:</b>	—
<p><b>Program description:</b> Parent Child Interaction Therapy (PCIT) is an evidenced-based, short-term parent coaching program designed to increase positive parent-child interactions for families with young children.</p> <p>With PCIT, a therapist works with both the parents and the child to help manage a child's behavior during a therapy session. Through the help of the therapist, specific parenting techniques are practiced and modeled, which helps parents gain the confidence to address the child's behaviors independently outside of therapy.</p> <p>The American Academy of Pediatrics recommends that doctors prescribe behavioral interventions (parent training) as a first line of treatment for children under age 6 with ADHD. PCIT was found to be one of the top parent training programs available to help reduce the symptoms and problem behaviors associated with ADHD.</p> <p>PCIT is designed for children who exhibit these behavioral challenges:</p> <ul style="list-style-type: none"> <li>• Parent-child relational problems</li> <li>• Refusal and defiance of adult requests</li> <li>• Easy loss of temper</li> <li>• Purposeful annoyance of others</li> <li>• Destruction of property</li> <li>• Difficulty staying seated</li> <li>• Difficulty playing quietly</li> <li>• Difficulty taking turns</li> </ul>			

<b>Program name:</b>	<b>Eye Movement Desensitization and Reprocessing (EMDR)</b>		
<b>Serving:</b>	<b>Children, Adults</b>		
<b>Address/city/zip:</b>	1349 S. Otsego Ave, Suite #11 Gaylord, MI, 49735	<b>County:</b>	Otsego
<b>Program director:</b>	<b>Steve Zwart, LMSW</b>	<b>Daytime phone:</b>	616-281-4601, ext. 326
<b>Email:</b>	szwart@wellspringlutheran.com	<b>On-call phone:</b>	—
<p><b>Program description:</b> Eye Movement Desensitization and Reprocessing (EMDR) therapy is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. The treatment uses eye movements, similar to what occurs naturally when a person dreams and experiences REM (rapid eye movement) sleep, to help the brain break down traumatic memories and allow them to be stored in a calmed form, properly relegated to the past. It's like a reorganized library of memories within your brain — a story that has been rewritten to include positive feelings and a stronger sense of self-esteem.</p> <p>EMDR is safe for and effective for children, teenagers and adults, and has been shown to effectively treat:</p> <ul style="list-style-type: none"> <li>• Stress Reduction</li> <li>• Panic Attacks</li> <li>• Performance Anxiety</li> <li>• Addiction</li> <li>• Complicated Grief</li> <li>• Dissociative Disorders</li> <li>• Disturbing Memories</li> <li>• Phobias</li> <li>• Pain Disorders</li> <li>• Post-Traumatic Stress</li> <li>• Sexual and/or Physical Abuse</li> <li>• Body Dysmorphic Disorders</li> <li>• Personality Disorders</li> </ul>			

## WELLSPRING LUTHERAN SERVICES - continued

<b>Program name:</b>	<b>Parent Child Interaction Therapy (PCIT)</b>		
<b>Serving:</b>	<b>Children, Adults, Families</b>		
<b>Address/city/zip:</b>	1349 S. Otsego Ave, Suite #11 Gaylord, MI, 49735	<b>County:</b>	Otsego
<b>Program director:</b>	<b>Steve Zwart, LMSW</b>	<b>Daytime phone:</b>	616-281-4601, ext. 326
<b>Email:</b>	szwart@wellspringlutheran.com	<b>On-call phone:</b>	—
<p><b>Program description:</b> Parent Child Interaction Therapy (PCIT) is an evidenced-based, short-term parent coaching program designed to increase positive parent-child interactions for families with young children.</p> <p>With PCIT, a therapist works with both the parents and the child to help manage a child’s behavior during a therapy session. Through the help of the therapist, specific parenting techniques are practiced and modeled, which helps parents gain the confidence to address the child’s behaviors independently outside of therapy.</p> <p>The American Academy of Pediatrics recommends that doctors prescribe behavioral interventions (parent training) as a first line of treatment for children under age 6 with ADHD. PCIT was found to be one of the top parent training programs available to help reduce the symptoms and problem behaviors associated with ADHD.</p> <p>PCIT is designed for children who exhibit these behavioral challenges:</p> <ul style="list-style-type: none"> <li>• Parent-child relational problems</li> <li>• Refusal and defiance of adult requests</li> <li>• Easy loss of temper</li> <li>• Purposeful annoyance of others</li> <li>• Destruction of property</li> <li>• Difficulty staying seated</li> <li>• Difficulty playing quietly</li> <li>• Difficulty taking turns</li> </ul>			

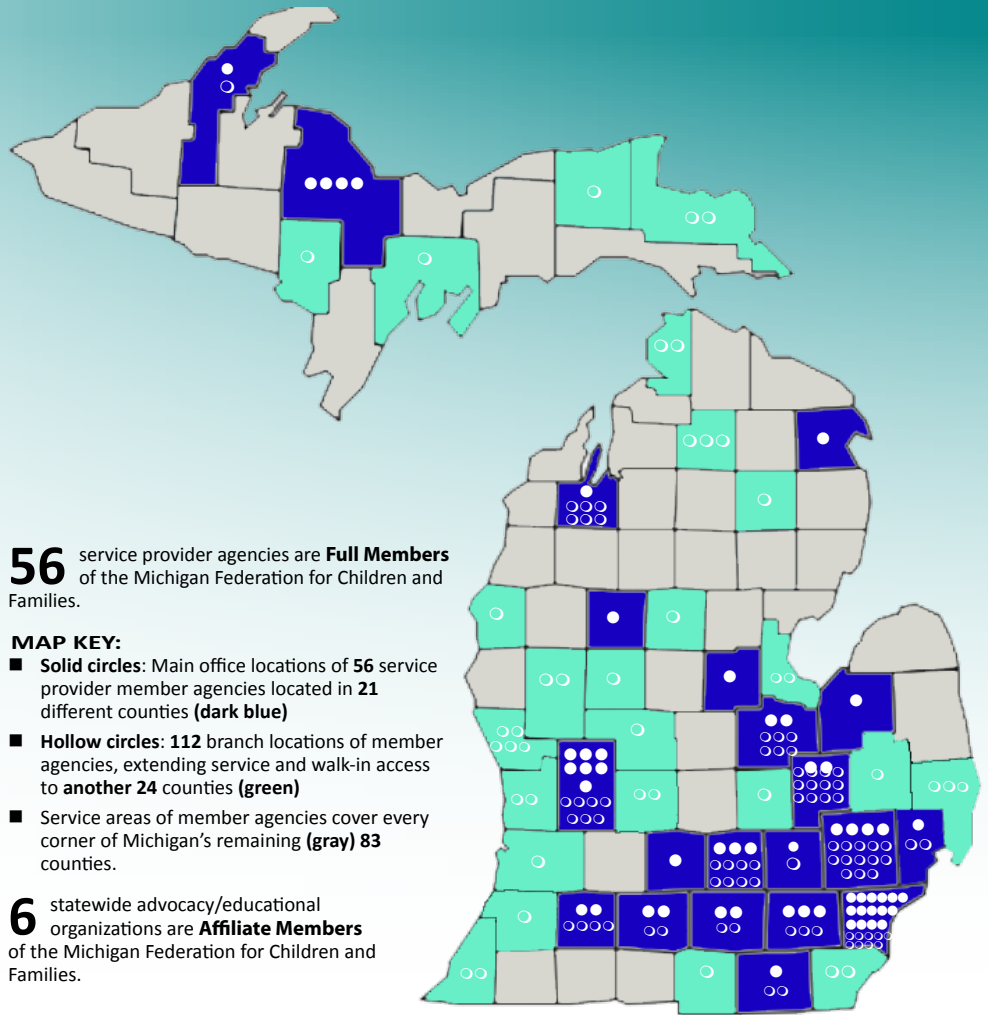


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- Child & Family Services of Northwestern Michigan
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- Michigan CASA, Inc.
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- Michigan State University School of Social Work
- VFW National Home for Children



**56** service provider agencies are **Full Members** of the Michigan Federation for Children and Families.

**MAP KEY:**

- **Solid circles:** Main office locations of **56** service provider member agencies located in **21** different counties (**dark blue**)
- **Hollow circles:** **112** branch locations of member agencies, extending service and walk-in access to **another 24** counties (**green**)
- Service areas of member agencies cover every corner of Michigan’s remaining (**gray**) **83** counties.

**6** statewide advocacy/educational organizations are **Affiliate Members** of the Michigan Federation for Children and Families.

**Michigan Federation for Children and Families**

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