

Kent County Board of Commissioners

PREVENTION SUBCOMMITTEE

Report and Recommendations



Co-Chair Elaine Buege, Commissioner
Co-Chair Rick Smoke, Commissioner
Jack Boelema, Commissioner
Harold Mast, Commissioner
Beverly Rekeny, Former Commissioner
Jim Talen, Former Commissioner

AUGUST 23, 2001

EXECUTIVE SUMMARY

The Prevention Subcommittee was established by Board Chair Steven Heacock in January 2000, with the following Mission and Charge:

To study, provide necessary information and make recommendations to the Board of Commissioners regarding the County's involvement in the prevention of costly destructive social and health problems through early intervention.

Based on interviews with a broad range of individuals both inside and outside County government, the Subcommittee compiled a list of findings and a series of recommendations based on the findings. Among the themes heard most often by the Committee were the significance of family and home life, the positive impact of early prevention, and the extent to which substance abuse is a contributor to health and social problems.

The Subcommittee recommendations include:

- Adoption of a vision statement for prevention programming
- Emphasizing evaluation of all prevention activities, including both short- and long-term outcomes, and increasing utilization of the Human Service Committee and the Kent County Family and Children's Coordinating Council
- Establishing three specific areas as priorities for service expansion:
 - 1) Primary prevention family support services.
 - 2) Services for families where child abuse or neglect has been reported but has not been substantiated to the degree necessary to warrant intervention by the State – still, the family has admitted to a problem and asked for help.
 - 3) All levels of substance abuse prevention (primary, secondary and tertiary) because it is such a dominant risk factor and predictor of future, more serious problems in both the current generation and the next.
- Being more pro-active with respect to grant and State funding for prevention
- Directing the County Administrator/Controller to develop a plan to fund the recommendations

The report emphasizes prevention as an investment – an investment in the lives of Kent County residents that will mature in reduced costs for delinquent, abused and neglected youth, reduced costs for incarceration and reduced costs for mental and physical health services.

INTRODUCTION

The Prevention Subcommittee was established by Board Chair Steven Heacock in January 2000, and provided with the following Mission and Charge:

To study, provide necessary information and make recommendations to the Board of Commissioners regarding the County's involvement in the prevention of costly destructive social and health problems through early intervention.

Commissioners Elaine Buege and Rick Smoke served as co-chairs and Commissioners Jack Boelema and Harold Mast, and former Commissioners Beverly Rekeny and Jim Talen served as members.

Topics proposed for consideration by the Subcommittee included the following:

- ❖ What prevention services are currently provided by the County?
- ❖ What prevention services are being provided by other organizations in the County?
- ❖ What vision should guide the County's provision of prevention services?
- ❖ What is required to achieve the County's vision?

SCOPE AND PROCESS

The Subcommittee believed that while the County's departments and agencies perform a major role in prevention programming, a significant amount of work is also done by individuals, private and community-based organizations, and other public entities.

As a result, the Subcommittee spent considerable time gathering information from a broad range of individuals both inside and outside County government, about what programs are in place and how well they are working. As a subset of the Board of Commissioners, the Subcommittee focused its attention on issues within the County's purview, and sought to identify ways in which County policy and activity could best further prevention efforts and support individual and collective efforts in prevention.

In determining which of the many knowledgeable individuals from within the community they could meet with on this issue, the Subcommittee emphasized meeting with individuals who had experience with multiple disciplines and organizations, could present a broad range of perspectives, and would represent the diversity of our community. Discussions were held informally and individually. Presenters were encouraged to be candid and wide-ranging in their response to the following questions: With respect to prevention programming in the community, is what's being done working? Why or why not? What else needs to be done? What should the County's vision for prevention be?

The Subcommittee is greatly indebted to the following individuals for their time and thoughtful input into this report:

Susan Broman

Steelcase Foundation

The Honorable Nanaruth Carpenter

17th Circuit Court Family Division

Ross Cate

Kent Intermediate School District

Vaneese Chandler

Family Outreach Center

John Cole

Family Independence Agency

Candace Cowling

Child and Family Resource Council

David Crampton

Ph.D. Candidate, University of Michigan
School of Social Work and Evaluation Consultant

Joyce Durr, R.N.

Browning Claytor Clinic
Healthy Kent 2010 Infant Mortality I-Team

John Gussenbauer

Healthy Kent Violence Prevention I-Team

Bonnie Huntley Ph.D

Kent Community Mental Health

Douglas Mack, M.D.

Kent County Health Department

Virginia Moralez

Clinica Santa Maria

James Mueller

The Salvation Army

Christine Nelson, Ph.D.

Early Childhood and Prevention Consultant

The Rev. Arlan Palmer

WEB (Wedgwood, Eastern CRC, Baxter)
Community Center

Jack Roedema

17th Circuit Court Family Division

Diana Sieger

Grand Rapids Community Foundation

Andrea Sykes

Family Outreach Center

Barbara Terry

Kent County Health Department

David Van Rooy

St. John's Home

Deborah Willis

Ph.D. Candidate, University of Michigan
School of Social Work and Evaluation Consultant

One of the first tasks faced by the Subcommittee was deciding on a common definition of prevention that would focus on the specific task assigned to the Subcommittee. The definition used and provided below is based on the definition used by the Children's Trust Fund:

Primary Prevention

Primary Prevention is defined as services provided for the total population to reduce the incidence of an identified problem or disorder, but not focused on specific risk factors. The major components of primary prevention efforts are: 1) available to all members of a general population; and 2) seek to promote wellness.

Secondary Prevention (Early Intervention)

Secondary Prevention services are provided for individuals with early signs of risk factors for a specific problem or disorder. The major components of secondary prevention are: 1) offered to a predefined group of families or individuals; 2) voluntary; and 3) may be more problem-focused than primary prevention.

Tertiary Prevention (Intervention and Treatment)

Tertiary Prevention services are provided to individuals who have already displayed signs of a specific problem or disorder, in order to prevent the recurrence of the problem. The major components of tertiary prevention are:

1) offered to a predefined group of families or individuals with a specific problem or disorder; 2) may be voluntary or required; and 3) are focused on treating a specific problem or disorder with the goal of preventing its recurrence.

As a result, the report contains some findings and recommendations that may not have previously been considered by individuals who use a different definition of prevention, and excludes activities outside of the direct service or human services fields. The Subcommittee's decision to include both secondary prevention and (to a limited extent) tertiary prevention activities is consistent with the mission provided to the Subcommittee, and recognizes that prevention of a medical or social concern in the next generation may be accomplished through intervention in the lives of the population with which the County comes into contact today.

FINDINGS

THEMES ARISING DURING COMMUNITY INPUT

Despite the wide variety of backgrounds, and a concerted effort by Subcommittee members not to sway or influence the presenters, common themes emerged early in the series of meetings and remained consistent throughout:

- ◆ Family and home life are critical.
- ◆ The earlier prevention activities take place, the better.
- ◆ Substance abuse is a major contributor to many health and social problems.
- ◆ A community plan and vision are needed.
- ◆ Kent County has a wealth of good programs and services, and more programs are not necessarily the answer. The issues are effectiveness, focus, a common vision, and measurable results. Additional funding for programs demonstrating positive results needs to be addressed. There has to be an understanding that programs must be approached with a long-term perspective - and long-term funding - in mind.
- ◆ Information about and access to existing programs can be improved; outreach and service delivery needs to be culturally sensitive.
- ◆ Agencies and departments need to be more accountable for the dollars spent on prevention programming. Evaluation is critical and needs to be emphasized more, with programmatic and funding decisions based on evaluation. Evaluation needs to be long-term and look at outcomes as well as short-term process issues.
- ◆ The Kent County Family and Children's Coordinating Council is ready and able to play a more active role in coordination and evaluation of services.

CURRENT PREVENTION ACTIVITIES

Developing a list of current prevention activities provided by the County and the community proved to be one of the more challenging aspects of the committee's work. As the Subcommittee heard repeatedly, there is much activity taking place within both the County and the broader community to prevent "costly destructive social and health problems." Any list would be seemingly endless, provide only a "snapshot" of a constantly changing environment, and be open to widely varied interpretations based on each reader's definition of "prevention."

Still, the Subcommittee wanted to provide some information on the many programs and services available through the County. To that end, a list of County prevention programming considered to be consistent with goals and mission of the Subcommittee was prepared and is included as Attachment A. The list is categorized according to the definition of "prevention" used by the Committee.

For community-based programs, the Subcommittee received copies of the Child and Family Resource Council's *Family Resource Guide*, which provides a wealth of information on community-based services, many of which meet the definition of "prevention." Like most information currently compiled on this topic, it is formatted as a referral tool. Converting the data into a format useful for a gap analysis has begun, but should take place with broad community input so that the information will be useful for multiple purposes. This was not feasible within the Subcommittee's timeframe, nor required for the scope of its work. The work done to date will be referred to the Coordinating Council.

RECOMMENDATIONS

- 1. The County should adopt a formal vision statement relative to prevention programming. The vision statement recommended by the Prevention Subcommittee is as follows:**

Kent County will use its resources to enable all residents to develop healthy, positive lives by emphasizing primary and secondary prevention activities.

A formally adopted vision statement provides guidance to the various boards and subcommittees appointed by the Board of Commissioners, as well as direction to staff. A vision statement should flow from and be consistent with the County's mission statement:

The mission of the County of Kent is to be an effective and efficient steward in delivering quality services for our diverse community. Our priority is to provide mandated services, which may be enhanced and supplemented by additional services to improve the quality of life for all our citizens within the constraints of sound fiscal policy.

Primary prevention, except in very few cases, is not a mandated activity of County government, however, a significant amount of mandated County programming may be considered secondary or tertiary prevention. In addition, reducing the need for a

mandated service is one way of fulfilling it, and may also be considered an “additional service to improve the quality of life.”

As a statement from the Board of Commissioners, the vision will have both direct and indirect influence on County staff, departments, agencies, and appointed boards in establishing priorities and reviewing budget requests, performance measures, etc.

2. Evaluation of prevention programming should be a high priority, incorporated into the County’s standard way of doing business, and used as part of the decision-making process in setting priorities and determining funding levels.

While most County programs are evaluated in some fashion, it is not always long-term or outcome-based evaluation, nor is it regularly reported to the Board or to the community. In addition, some programs have relied on evaluation data from national or another region’s programs, which may or may not be applicable to the local environment and programming. Evaluation should be performed for two reasons: 1) to allow for revisions to the program to ensure continuous improvement within the program, and 2) for comparison against traditional or other on-going programming which may result in a re-directing of current resources or support for requests made during the annual budget process.

a. The Board of Commissioners should require all County departments and agencies currently providing or proposing to provide a new primary, secondary or tertiary prevention program to have a plan to evaluate results which includes both short-term AND long-term (e.g. up to 20 years or as appropriate) measures.

i) This plan should be included as part of the information submitted to the Board when requesting approval/funding of the program. Costs of the evaluation should be included and resources identified as part of the program summary included in the request. The plan should also include a process for the evaluation data to be reported, at least annually, to the Human Services Committee and then on to the appropriate Board standing committee.

Using the Human Services Committee as the initial forum for developing evaluation plans and progress will allow for discussion of expectations of outcomes with the policy makers. It will also allow for a peer review process and promote sharing of resources, expertise and information relative to evaluation methods. Human Services Directors sitting on the Committee will be able to discuss with policymakers and each other what outcomes are most valuable and how they can be reasonably collected and measured. It should be noted that the expectation is not for pure, academic research and evaluation, but for a process which reasonably demonstrates whether the program results in an improvement in the quality of life for the individual and the community, and/or reduces the long-term costs of individual treatment or community impact if the situation goes unchecked.

- ii) **A plan for phasing in this recommendation with respect to potential future and appropriate current programming should be developed in consultation with the various departments. Evaluation requirements should be incorporated into existing budget and performance measurement review processes, as opposed to being established as a separate, stand-alone, duplicative reporting activity.**

- b. **The Board of Commissioners should request the Kent County Family and Children’s Coordinating Council (KCFCCC) to compile information regarding significant primary and secondary prevention programs offered in the community:**
 - ◆ **to determine if an effective continuum of services exists;**
 - ◆ **to evaluate effectiveness of outreach and access (including ease of access and cultural appropriateness);**
 - ◆ **to look at the available evaluation data to see if it measures long-term effectiveness; and**
 - ◆ **to see what the evaluation data is showing, including comparative data between different levels of programming.**

As a result of its recent reorganization and the creation of a committee structure, the Council is in an excellent position to carry out this charge. The Board of Commissioners’ direct request for the information will empower the Council and its committees to work with the broader community to achieve its goals.

- 3. **The Board of Commissioners should establish the following as high priority areas for prevention programming and support additional funding for them:**
 - ◆ **substance abuse,**
 - ◆ **early intervention for children at risk of abuse and neglect, and**
 - ◆ **primary prevention family support services.**

Overall comparative effectiveness of prevention programming was of special concern to the committee, which heard repeatedly that the most effective dollars were those spent early in the life cycle. It was also noted that children of parents who lack parenting skills or who are abusive frequently grow up to be abusive or lacking in parenting skills themselves. Substance abuse also impacts future generations, as children of individuals with these problems often suffer from abuse and neglect, and are at greater risk for substance abuse, as well as being abusive or lacking in parenting skills when they become parents. The Subcommittee believes that investment in these programs will provide the greatest return. The Board should revisit these priorities every five years to determine if they continue to represent priority needs for the community. Attachment B contains additional descriptive information on the three high priority service areas, including information relative to cost savings and cost avoidance associated with prevention programming in these areas.

4. The County should be more pro-active in its approach to grant funding for prevention programming.

Funding for prevention programming often comes from a variety of sources, most frequently from grants, and as such is viewed as “outside” the primary focus of County government, despite their relationship to and impact on General Fund and/or mandated activities. As a result, grant-funded activities are often not as closely scrutinized by the Board of Commissioners, or considered for expansion with County dollars. Grant funding can provide a strong incentive to investigate new methods, and the County should approach such opportunities with an open mind to incorporating new programming that appears promising. The Committee offers two specific recommendations regarding the funding of prevention programming from outside sources:

- a. Funding for prevention programs should be considered a legislative priority for the Board of Commissioners. When appropriate, the County should use its resources to initiate efforts or support the efforts of others to secure or maintain outside funding, particularly for the three high priority program areas (i.e. substance abuse, early intervention for children at risk of abuse and neglect, and primary prevention family support services).**
- b. The County should revise the Fiscal Policy on Grants and Contracts to require that indirect administrative costs and prioritization of resources be considered in determining whether or not the County will participate in the program. If the County chooses to participate, evaluation data collected as part of the program must be reported, and effectiveness of the program compared against other County-funded programming for effectiveness and possible re-direction of existing funds. The policy should also encourage departments to creatively and actively pursue funding for prevention programming consistent with the priorities established by the Board of Commissioners. Grant-funded programs must be evaluated, and if effective, should be considered for funding with County dollars.**

In some cases, the support and resources of the Board of Commissioners can provide a significant boost to lobbying efforts currently left to community groups or to individual departments and their associations. Prior to extending its resources for program-specific funding, the County should make certain that the program is collecting and using evaluation data, and that the program is consistent with applicable County policies and procedures, and community standards.

5. The Board of Commissioners should direct the County Administrator/Controller to develop a plan to fund the implementation of this report, particularly for evaluation and for expanded programming in the three high priority program areas (i.e. substance abuse, early intervention for children at risk of abuse and neglect, and primary prevention family support services).

The Prevention Subcommittee believes very strongly that County departments and agencies must be accountable for the dollars they are already allocated for prevention, as indicated by the priority placed on evaluation and reporting. The Subcommittee also believes that some re-direction of funding and prioritization toward the proposed vision is possible. Further, the support of the Board of Commissioners for the evaluation and prevention programming recommended in this report will be crucial to the realization of the vision.

Kent County
Prevention Programming

Department	Program	Description	Category	Mandate or Other	2001 Budget Amount	General Fund Contribution
Health						
Administration						
	Family Planning	Services include pregnancy and sexually transmitted disease prevention, medical services, educational services, and program evaluation.	Primary	Agreement	\$1,385,935	\$0
	Cardiovascular Disease Program	Community-based and worksite-based screening for cholesterol and blood pressure, smoking cessation, exercise, and nutrition classes.	Primary	Agreement	\$327,429	\$0
Community Nursing						
	Maternal/Infant Support Services (MSS/ISS)	Counseling, education, and case coordination, delivered by Public Health Nurses, infant mental health specialists, nutritionists, and social workers.	Secondary	Agreement	\$4,745,000	\$2,200,000
	Child Well Being	Public Health Nurses visit FIA-sanctioned families to provide information on Medicaid, food stamps, WIC, immunizations, daycare and other community resources and to evaluate the safety of the children in the home.	Primary	Discretionary	\$140,128	\$120,128
	Maternal/Infant Health Advocacy Service (MIHAS)	In-home based program serves pregnant women with infants up to one year of age, encouraging them to keep health appointments & providing referrals. Works closely with MSS/ISS.	Secondary	Agreement	\$200,333	\$42,739
	Vision/Hearing Screening	Screening for children pre-school through high school; generally scheduled through schools, but individual screening available by appointment.	Primary	Mandate	\$355,430	\$57,404
	Healthy Start	Family support program that provides services (phone call or home visiting component) to new, first-time parents whose children are less than 3 years old.	Primary	Agreement	\$181,200	\$101,200
	North County Parenting	Bi-weekly group support meetings for mothers with young children; child care provided. Offered in Cedar Springs & Rockford.	Primary	Discretionary	\$52,250	\$52,250
	Inter-Agency Community Nurse	Public Health Nurse works exclusively with residents of the Heartside district and provides coordination between these agencies, St. Mary's Hospital clinics and other agencies.	Primary	Discretionary	\$62,745	\$41,830
Clinical Services						
	Immunizations	Childhood, adult, and international travel immunizations	Primary	Mandate	\$1,781,506	\$803,003
	Women-Infants-Children (WIC)	Health and nutrition program for pregnant, breast-feeding, or post-partum women, infants, and children up to age 5. Nutritious food, nutrition education, and community referrals provided.	Secondary	Agreement	\$2,138,407	\$713,407
Health Promotion/Disease Prevention						
	Fetal Alcohol Education	Training for professionals to prevent Fetal Alcohol Syndrome, and to diagnose and treat existing cases	Primary	Discretionary	\$14,450	\$0
	Women's Health Network	Free breast and cervical cancer screening for low-income women over age 40 who have no insurance coverage for these services.	Primary	Agreement	\$246,300	\$0
	Violence Prevention Coalition	Coalition of members interested in preventing violence; quarterly educational/networking meetings, notices of funding opportunities, and quarterly newsletter.	Primary	Agreement	\$270,000	\$210,000
	Sexual Assault Prevention	Educational sessions provided to youth age 12 to 18 to reduce risk of sexual assault. Curriculum tailored to three specific target groups: Latino youth, high risk youth and Native American Youth.	Primary	Discretionary	\$59,837	\$24,837
	Burton School Project	Health education to students and families at Burton School based on an annual needs survey.	Primary	Discretionary	\$40,000	\$14,286
	Nutrition Education	Public Health Dietician available to answer nutrition questions, provide presentations and classes, develop printed nutrition education materials.	Primary	Discretionary	\$58,812	\$58,812
	Tobacco Education	Awards grants for tobacco reduction programs; provide presentations on tobacco prevention; distribute quit kits, smoke-free business packets and other prevention materials.	Primary	Agreement	\$100,000	\$0

Kent County
Prevention Programming

Department	Program	Description	Category	Mandate or Other	2001 Budget Amount	General Fund Contribution
Kent/MSU Extension						
	Family Nutrition Program/ Expanded Food & Nutrition Education Program (FNP/EFNEP)	Nutrition education program delivered in-home or in small groups; FNP provided to persons eligible or who receive food stamps, EFNEP provided to limited income families with young children.	Secondary	Agreement	\$282,444	\$26,950
	Youth EFNEP	Nutrition education program offered in schools to low-income children and youth	Secondary	Agreement	\$22,553	\$1,200
	4-H Youth Development	Youth development program for youth ages 5 to 19, focuses on providing positive educational experiences for youth.	Primary	Agreement	\$143,136	\$94,968
	Nutrition Education	Education on Food safety or food preservation, provided through a "hotline" service.	Primary	Agreement	\$40,140	\$8,028
	Gardening and Growing in Grand Rapids	Youth development/violence prevention program that provides education in gardening and community service experience to low-income youth in areas of Kent County served by CDBG funding.	Secondary	Agreement	\$34,827	\$0
	Families in Touch	In-home or small group instruction on nutrition, money management, and parenting skills.	Secondary	Agreement	\$131,000	\$0
CDBG						
	Sparta Township Teen Parenting Program	In-home and group support and parenting skills training for pregnant and parenting teens.	Secondary	Agreement	\$4,000	\$0
	Village of Sparta Teen Parenting Program	In-home and group support and parenting skills training for pregnant and parenting teens.	Secondary	Agreement	\$5,500	\$0
CMH						
	Healthy Start	Family support program that provides services (phone call or home visiting component) to new, first-time parents whose children are less than 3 years old.	Primary	Agreement	\$100,000	\$10,000.00
	Arbor Circle Infant Mental Health	Mental health services to parents who have mental illness or developmental delay or to infants who are experiencing an attachment disorder or developmental delay/disability.	Secondary	Agreement	\$545,874	\$54,587.00
	Perspective 21	Prevention services (counseling, parenting skills training, social support, self-improvement, child's behavior, mental health, and substance abuse services) for at-risk families who have been referred to Child Protective Services, but are un-substantiated. Participation is voluntary.	Secondary	Agreement	\$100,000	\$10,000.00
	Mental Health Nursing Home Consultation	Provides information about mental illness to nursing home staff to help them better serve persons with mental illness so that the person is able to remain in the placement.	Tertiary	Agreement	\$266,840	\$26,684.00
	DD Nursing Home Consultation	Provides information about developmental disabilities to nursing home staff to help them better serve persons with DD so that the person is able to remain in the placement.	Tertiary	Agreement	\$130,811	\$13,810
	Substance Abuse - Prevention/Education	Variety of alcohol, tobacco, and other drug (ATOD) prevention services provided by Family Outreach Center, Gerontology Network, Native American Community Services, Newaygo County Police-School Liaison, Project Rehab, and Wedgwood Christian Youth & Family Services.	Primary	Agreement	\$1,213,600	\$0
Friend of the Court						
	Focus Program/Parent Awareness	Educational service provided to clients of the FOC, including an orientation of expectations associated with the Court and a Parent Awareness Class focusing on communication, problem solving, child developmental stages and general parenting issues that arise during this difficult life change.	Secondary	Discretionary	\$30,000	\$10,000
Sheriff						
	D.A.R.E.	Anti-drug education delivered to fifth and sixth grade students by uniformed officers.	Primary	Discretionary	\$150,560	\$150,560
	Women's Sober Living Unit	Specialized substance abuse programming for female offenders housed in the Kent County Correctional Facility	Tertiary	Discretionary	\$63,300	\$31,650
	Community Services	Safety education and community awareness activities provided by Community Policing Officers (Child Watch, Neighborhood Watch presentations, etc.).	Pri/Sec	Discretionary	\$110,000	\$110,000

Kent County
Prevention Programming

Department	Program	Description	Category	Mandate or Other	2001 Budget Amount	General Fund Contribution
FIA						
Children's Services - In-Home and Emergency						
	Bethany Christian. Services. - Early Impact Project	In-home intervention services (counseling, parenting skills training, social support, self-improvement, child's behavior, mental health, and substance abuse services) for families with substantiated CPS charges that do not warrant placing the children in foster care.	Tertiary	Mandated	\$281,347	\$281,347
	Bethany Christian. Services. - Advanced Impact	Intensive in-home intervention services for families with substantiated CPS charges that do not warrant placing the children in foster care.	Tertiary	Mandated	\$91,594	\$45,797
	Lutheran Child & Family Services. - Adv. Impact	Intensive in-home intervention services for families with substantiated CPS charges that do not warrant placing the children in foster care.	Tertiary	Mandated	\$119,720	\$59,860
	Family Intervention	Intensive therapy to restore healthier family functioning targeted to teens in jeopardy of out-of-home placement due to incorrigibility and acting out behavior.	Tertiary	Mandated	\$80,000	\$40,000
	YWCA - Child Sex Abuse Treatment	Individual and family counseling for families of children who are victims of sexual abuse or at risk of sexual abuse when the perpetrator is removed from the home, rather than the child.	Tertiary	Mandated	\$474,291	\$237,145
	Family Outreach Center - Parenting Instruction	Culturally-specific (Effective Black Parenting and Effective Hispanic Parenting) program for parents of children in foster care or bound for foster care.	Tertiary	Mandated	\$10,000	\$5,000
	YWCA - Parenting Instruction	15-week program for parents of children in foster care or bound for foster care; goal is to reduce time children are in out-of-home care.	Tertiary	Mandated	\$10,000	\$5,000
	Substance Abuse Testing	Testing of parents who have substantiated CPS case or whose children are in foster care in which substance abuse on the part of the parent has been a contributing factor.	Tertiary	Mandated	\$50,000	\$25,000
	Community Reintegration	Service for delinquent and neglect youth and their families to assure a successful transition to community living, and return to their families.	Tertiary	Mandated	\$50,000	\$25,000
	St. John's Home - Kidsfirst	Temporary custodial care, assessment and treatment to children who are, or are at risk of, being abused and neglected.	Sec/Ter	Mandated	\$1,048,155	\$524,077
Client Support & Unmet Needs						
	YWCA - Assailants Counseling	With a goal of eliminating domestic violence, Individual assessment and group treatment of assailants, focusing on confrontation, power distribution, impulse control, anger management, and education.	Tertiary	Agreement	\$24,000	\$24,000
Discretionary Funds						
	Children's Assessment Center - Crisis Services	Provides intervention, assessment, and one-on-one body safety education to children identified by law enforcement as being involved in sexually abusive behavior where both children involved are under the age of seven.	Tertiary	Agreement	\$5,000	\$5,000
	Family Talk, Inc. - Reclaiming Youth at Risk	Family counseling services for families with at-risk adolescents/teens. Referrals are made by GRPS, Kentwood Public Schools, and the 17th Circuit Court – Family Division.	Sec/Ter	Agreement	\$9,000	\$9,000
	Dispute Resolution Center - Child Protection Permanency Planning	Facilitates a process to determine safe, permanent home for at risk low-income children under court supervision or at risk of court supervision, due to abuse and/or neglect.	Sec/Ter	Agreement	\$5,000	\$5,000
	Grand Rapids Opportunities for Women - Economic Literacy Program	Economic literacy training to low-income women of Kent County, thereby enhancing their ability to independently obtain the necessities of daily life	Secondary	Agreement	\$10,000	\$10,000
	Life Guidance Services - Women's Outreach	Short-term counseling service for women suffering from the effects of domestic violence, depression, anxiety disorders, family dissolution, substance abuse, physical illness, and repeated victimization.	Sec/Ter	Agreement	\$7,000	\$7,000
	Rose Haven Ministry - Case Management	Advocates for homeless women in prostitution, educates the public regarding sexual exploitation, and provides resources and services for physical safety and personal, spiritual, emotional, and vocational growth.	Tertiary	Agreement	\$10,000	\$10,000

Kent County
Prevention Programming

Attachment A

Department	Program	Description	Category	Mandate or Other	2001 Budget Amount	General Fund Contribution
Circuit Court - Family Division In-Home Services						
	Community Probation	Community-based probation services; probation officers work non-traditional hours in satellite offices and in close cooperation with police officers.	Tertiary	Mandate	\$424,863	\$0
	Home Detention	Home detention for Juveniles awaiting a hearing	Tertiary	Agreement	\$48,700	\$24,350
	Parenting Education	Mandatory parenting classes for parents of juvenile delinquents	Tertiary	Agreement	\$6,000	\$6,000
	Shoplifting Diversion Program	School-based education for 5th and 6th graders about the consequences of shoplifting; offered in cooperation with local merchants and the Prosecutors Office.	Primary	Agreement	\$25,000	\$25,000
	Adolescent Sex Offender Program	Juveniles referred to Court by area law enforcement complete intensive assessment to determine risk of re-offending. If appropriate, a 9- to 12- month treatment program follows.	Tertiary	Agreement	\$187,770	\$97,835
	Mentoring and Related Services	Mentoring for young juvenile delinquents	Tertiary	Agreement	\$10,000	\$5,000
	Institutional Placement and Community Reintegration	Specialized probation officers assigned specifically to children in institutional placement, with goal of reintegration into the community supported by a needs-based spectrum of services.	Tertiary	Mandate	\$223,889	\$111,944
	Crisis Intervention Services	24-hour intensive intervention services for juveniles involved with a status offense; goal is to prevent formal court intervention and detention admission.	Secondary	Agreement	\$317,720	\$158,860
	In-Home Medical and Psych Services	In-home medical, counseling and psychological services for juvenile delinquents to prevent further delinquency and further placement	Tertiary	Agreement	\$65,000	\$32,500
	Kentfields	Work-school program for high-risk juvenile offenders; incentive system based on behavior	Tertiary	Agreement	\$211,133	\$105,566
TOTALS						
Primary (Includes Pri/Sec)					\$6,868,458	\$1,892,306
Secondary (Includes Sec/Ter)					\$9,626,813	\$3,762,820
Tertiary					\$2,844,258	\$1,218,488
Mandate					\$5,000,795	\$2,220,577
Agreement					\$13,556,652	\$4,038,684
Discretionary					\$782,082	\$614,353
ALL CATEGORIES					\$19,339,529	\$6,873,614

SERVICES IDENTIFIED AS HIGH PRIORITY AREAS

PRIMARY PREVENTION FAMILY SUPPORT SERVICES

Description

Family support services are broad-based services offered to families with children from birth (or before) to age 5. These services seek to enhance child health and development, reduce family stress and improve family functioning, improve parenting skills and prevent abuse and neglect.

Well-designed community family support programs have a holistic approach that includes a continuum of services designed to impact three separate groups: 1) the general public, 2) at-risk populations, and 3) special needs populations. They include the following services: prenatal care; home visits to provide parents with education about and training on child development, parenting skills, nutrition, and accessing resources; parent group meetings/classes; counseling; health screenings; respite care; and referrals to services.

Local Activities

There are three major and numerous smaller programs that provide family support services within the county:

- ◆ Kent County Healthy Start is a primary prevention family support program that provides services to new, first-time parents whose children are less than 3 years old. Families can access services before and after their child's birth through clinic referrals, participating hospitals at the baby's birth, the Kent County Health Department, Kent County Early On or any Healthy Start service provider site, or by self referral before a child reaches three months of age.

Services provided include phone support from family support volunteers for questions related to infant care, nutrition, immunizations, and child development and to help parents access resources; in-home assessment by a family assessment worker to determine whether the family would benefit from home visitation services; home visitation by family support workers to assist families with issues related to infant care, nutrition, immunizations, and child development and to help parents access resources (such as insurance, medical care, child care, housing, transportation, etc); and referrals/case management. Phone support is made available to the general population. Individuals or families identified as “at-risk” are offered a home assessment and home visitation services.

- ◆ The Kent County Health Department Maternal Support Services/Infant Support Services (MSS/ISS) is a preventive health service which must be delivered by an agency specially certified by the Michigan Department of Health. A team of public health nurses, infant mental health specialists, nutritionists, social workers, and maternal-infant advocates deliver the services, which include home visits; health and development screenings; counseling; and referrals/case management. Services are provided only to the “at-risk” population.

The same array of services is offered by the Department's Maternal/Infant Health Advocacy Service (MIHAS), but in this program, services are delivered by paraprofessionals that work closely with MSS/ISS staff and provide peer support, education, and referrals for pregnant

women and families with infants up to one year of age. MIHAS is also a secondary prevention program.

- ◆ Parents As Teachers (PAT) is a voluntary, early childhood parent education and family support program. Based on the premise that parents are children's first teachers, PAT seeks to educate and empower parents to give their children the best start in life. The program primarily targets children from birth to three years of age, but will continue to provide services to families of children up to age five if their needs are not being met by an early childhood program. Services include home visits from parent volunteers or paraprofessionals, and classes/group meetings. The program is offered in a limited number of school districts in the County, but serves the general public within its area.

In addition to these three broad-based programs, there are also several programs smaller in scope that provide services designed to impact specific communities, at-risk populations, or special populations (e.g. geographic locations, cultural groups, faith-based programming, individuals with mental illness, teen mothers, etc.).

Cost Saving/Cost Avoidance

Although longitudinal evaluation on local programming is not available, research from other areas of the country shows that primary and secondary prevention programs during the early childhood years can result in significant government savings and benefits to society as a whole. The 1998 RAND study of nine prevention programs, *Investing in Our Children, What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*, researchers found significant advantages for program participants compared to individuals in the control group. These advantages included:

- Gains in emotional or cognitive development for the child, typically in the short run, or improved parent-child relationships
- Improvements in educational processes and outcomes
- Increased economic self-sufficiency, initially for the parent and later for the child, through greater labor force participation, higher income, and lower welfare usage
- Reduced levels of criminal activity
- Improvements in health-related indicators, such as child abuse, maternal reproductive health, and maternal substance abuse¹

Many of these differences can be characterized as substantial. For example, the difference in rates of special education and grade retention at age 15 exceeded that of a control group by 20 percent in one of the programs referenced by the RAND study. In the Elmira, New York, Prenatal/Early Infancy Project (PEIP), participating children experienced 33% fewer emergency room visits (through age 4), and their mothers were on welfare 33% less of the time. Indicators for the program participants and their children were tracked for a period of 15 years. The study

¹ Karoly, Lynn A., Peter W. Greenwood, Susan S. Everingham, Jill Houbé, M. Rebecca Kilburn, C. Peter Rydell, Matthew Sanders, James Chiesa, *Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*, RAND 1998, p xv

found that the initial cost of \$6,083 per family resulted in savings of up to \$24,694 per family for high-risk families in direct government costs and approximately \$30,766 in savings to society as a whole.²

The RAND study further sought to identify whether government funds invested early in the lives of some children result in compensating decreases in government expenditures. Researchers compared program costs with eventual government savings for two of the nine programs. The study found that early childhood prevention programs can generate savings to government and society in the following ways:

- Increased tax revenues resulting from increased employment and earnings by program participants, including income tax at the federal and state levels, Social Security contributions by both employer and employee, and state and local sales tax.
- Decreased welfare outlays, including Medicaid, Food Stamps, and AFDC, and general assistance.
- Reduced expenditures for education, health, and other services, including special education, emergency room visits, and stays in homeless shelters. To the extent that the programs reduce the need for other special services that are often not measured in the evaluations, the true savings to the government is generally under-estimated.
- Lower criminal justice system costs, including arrest, adjudication, and incarceration expenses.³

Society as a whole experiences additional monetary benefits through the increased spending power of program participants, and savings to persons that, in the absence of the program, would have been crime victims.⁴ The more carefully the interventions are targeted to children most likely to benefit, the more likely it is that savings will exceed costs.⁵

EARLY INTERVENTION SERVICES FOR CHILDREN AT RISK OF ABUSE OR NEGLECT

Description

Early intervention services could be aptly termed "risk-focused prevention." Early intervention services are more focused than primary prevention in that they target families identified as being "at risk." Early intervention programs also often involve a more intense level of intervention than primary prevention programs.

In the area of abuse/neglect, this means that a child or family has been identified as possessing those characteristics that have been associated with a greater risk for child abuse or neglect.

² *Ibid.*, pp. 86 - 99. Overall savings for Elmira PEIP, higher-risk families (\$24,694) was over four times the cost of the program (\$6,083). Over 80% (\$20,384) of estimated savings is due to the behavior of the mother during the first 15 years of the child's life. Study makes no attempt to estimate increases in the child's future income or decreases in welfare, nor any attempt to guess at possible increases in employment or decreases in welfare usage by the mother after the child is 15 years old. Does not monetarize other effects, such as reduced child abuse/neglect.

³ *Ibid.*, pp. 84-85

⁴ *Ibid.*, p 97

⁵ *Ibid.*, p 90-91

Early intervention programs for children at risk of abuse or neglect provide targeted services (home visitation, counseling, parenting skills, and child skills education) in the early stages, after risk has been identified, but before the situation is severe enough to require Child Protective Services (CPS) involvement.

Local Activities

Four years ago, the Family Independence Agency (FIA) implemented a new program, Perspective 21! (P-21!), whereby the agency began to follow up on all complaints rather than screening out those that did not appear to have sufficient information to result in a substantiation of child abuse or neglect. Under P-21!, all families who are reported to CPS are offered an assessment of their risk for future child abuse and/or neglect. Families with moderate, high, or intensive scores on this assessment who did not have their charge substantiated are offered in-home therapy and case management services. Families with low risk or no risk are not offered services, but are given an information packet and may request services.

About 10 percent of families with non-substantiated charges refuse an assessment, and approximately 15 percent of those assessed who are eligible for prevention services decline such services when they are offered. For those who accept, Master-degree level therapists deliver an average of 14 units of in-home therapy. Types of intervention provided include: counseling, parenting skills training, social support, self-improvement, child's behavior, mental health, and substance abuse services.

Cost Saving/Cost Avoidance

Specific evaluation data showing the cost benefits of early intervention services is not available. However, early intervention programs involve many of the same services as primary prevention, but on a more intensive level. For example, primary prevention programs might offer paraprofessionals who conduct home visits and provide basic education and referral services, whereas an early intervention program might provide a Master-level therapist to provide counseling in specific problem areas. As a result, many of the benefits associated with primary prevention discussed above may be considered applicable to these services as well.

With respect to P-21! Services, evaluation is currently taking place. Two doctoral students from the University of Michigan have been following the program and collecting data to provide an evaluation. The evaluation will include the level of involvement P-21! participants of varying risk levels had with other services, and whether or not they eventually were involved with substantiated child abuse or neglect. It will also evaluate several "process" and indirect impacts of the program. The results of that study will not be available until at least 2002, however, a preliminary review of 2,900 case closure forms completed by therapists indicates that 81 percent of the families who received services had their risk of future maltreatment lowered.⁶

If P-21! is shown to have an impact on future substantiation rates, associated cost savings could be significant. According to the Kent County Family Independence Agency, the cost of providing in-home care to a family with substantiated abuse and neglect range from \$1,649 to

⁶ Willis, Deborah, University of Michigan School of Social Work, March 2001.

\$4,241 per case, depending on the intensity of the intervention.⁷ If the child must be removed from the home, the costs increase dramatically. FIA estimates the costs of removing a child from the home, including child protective worker's time, adjudication, and foster care, to be \$13,000 to \$86,000 per child per year, depending on the type of placement outside the home.⁸ These costs do not include the associated immediate and long-term effects of child abuse and neglect, including developmental delays, health care costs, future delinquency and crime, etc.

SUBSTANCE ABUSE SERVICES

Description

Substance abuse services include primary, secondary and tertiary programs, each with varying levels of intensity. Primary prevention programming is delivered at schools -- both through the health curriculum and through specialized programming and school-community partnership projects -- as well as in community-based settings. Intervention and treatment services include outpatient, intensive outpatient, residential and specialty programs (e.g. programs targeted at special populations such as the Hispanic population, African American males, etc.).

Local Activity

A 1999 Center for Substance Abuse Treatment study estimated that there were 66,663 people in Kent County addicted to substances.⁹ According to this statistic, as many as one in eight persons in Kent County may be addicted to substances. Approximately 3,500 of these individuals seek treatment services through Community Mental Health. Others may seek treatment services through other means (i.e., private or employer-paid programs). Treatment costs for individuals may run as high as \$7,000 to \$10,000 or more per year, depending on the intensity of treatment.¹⁰ A total of \$4,180,992 is budgeted in the four-county region for outpatient, specialty, and residential services in 2001/2002.

As stated earlier, substance abuse prevention programming is a standard part of the primary and secondary school curriculum. In addition, the Kent County Health Department delivers prevention programming as a subcontractor of the MINK Coordinating Agency, prioritizing programs that target youth (as a first priority), women prior to and during pregnancy (second priority) and individuals experiencing major life transitions, including movement to both young adulthood and older adulthood (third priority). A maximum of 25 percent of the programs are school-based, and a minimum of 75 percent are community-based services. Only programs that

⁷ Estimate provided by Kent County FIA. The estimate does not include the cost of the initial investigation or FIA caseworker time, which averages \$632.50 per investigation. According to FIA estimates, the average cost of substantiated cases which require the least intensive form of in-home intervention (CPS Early Impact) is \$1,649 per case. The average cost of substantiated cases that require more intensive in-home intervention (CPS Advance Impact) is \$2638 per case. For sexual abuse cases, the average cost of in-home intervention is \$4241 per case.

⁸ Estimate provided by Kent County FIA. The estimate does not include the cost of the initial investigation or FIA caseworker time, nor does it include Court costs. According to FIA estimates, the average cost of one year of foster care is \$13,000 per child, the average cost for residential care (e.g. Wedgwood, group home) for one year is \$58,000 per child. The cost for specialized residential (e.g., locked setting at Wedgwood) is \$86,000 per child.

⁹ Richard F. Calkins, M.S.W., Georgia B. Aktan, Ph.D., James H. Lock, M.A., *Composite Prevalence Estimates for the Need for Substance Abuse Treatment Services in Michigan* (1999), p. 7.

¹⁰ In FY2000, CMH had 33 clients with costs more than \$10,000 each, and four clients with costs more than \$30,000 each.

have been designated as “Effective Programs” by federal agencies working in the area of substance abuse are made available.¹¹

Substance abuse service providers at all three levels (primary, secondary and tertiary) are selected through a request for proposals process. Prevention programming for the four-county area is budgeted at \$1,213,600.

Cost Savings/Cost Avoidance

Experts at the national as well as local level identify substance abuse as one of our nation's most pervasive problems, affecting every aspect of life for the abuser and his or her family. Substance abuse is linked to increased criminal activity (alcohol is a key factor in 68 percent of manslaughter, 62 percent of assaults, and 48 percent of robberies¹²), health care and treatment costs, increased social welfare usage, and lost wages due to decreased productivity.¹³

While there are no local studies on the cost savings associated with treatment, a 1994 Center for Substance Abuse Treatment study found that providing substance abuse treatment resulted in an average cost savings of approximately \$7,911 per person in reduced health care costs, increased earnings, and reduced crime-related costs.¹⁴ Again, this is only an average; savings for individuals who recover from serious addictions may be much more.

Programs aimed at preventing substance abuse may have an even more dramatic effect on reducing costs. The Kent County Health Department estimates that the cost of its prevention programs averages approximately \$57 per person for direct prevention programs. National studies estimate that every \$1 spent on prevention can save \$4-\$5 in costs for drug abuse treatment and counseling.¹⁵

Substance abuse creates a snowball effect for generations to come. Children of alcohol dependent parents have an 86 percent increased likelihood of becoming alcohol dependent themselves. In addition, they are more likely to have problems in school, and are more at risk for future delinquency.¹⁶ They often suffer from abuse and neglect, and may become abusive parents themselves. Considering the effects of substance abuse on future generations, investment in prevention can result in exponential cost savings.

¹¹ Community Plan for Substance Abuse and Prevention Services 2000-2001, Kent County Health Department.

¹² National Association for Children of Alcoholics, www.nacoa.net/coa3.htm

¹³ Substance Abuse and Mental Health Services Administration, www.health.org/govstudy/bkd265/table1_1.htm and www.health.org/govstudy/bkd265/table1_2.htm

¹⁴ Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, *Center for Substance Abuse Treatment (CSAT) Fax*, 5:6 (May 24, 2000)

¹⁵ National Institute on Drug Abuse, National Institute of Health, *Lessons from Prevention Research*, <http://165.112.78.61/Infofax/lessons.html>

¹⁶ Nancy K. Young, Ph.D., "Effects of Alcohol and Other Drugs on Children," *Journal of Psychoactive Drugs*, 29:1 (January-March 1997), p. 34