

## **Project Abstract**

Eastern Michigan University proposes a project to provide comprehensive wrap-around social services for high-risk teen parents and their families. This project will expand services for the State's most vulnerable families, specifically teen parents who are homeless, have mental health problems, who are or have been involved with juvenile justice, and/or are foster children who become parents while still in care or when aging out, as well as the children (under age 8) of these teen parents. The project will provide integrated human services to high-risk families to prevent juvenile justice (re)involvement for the parents and emotional disturbance in their children. It will implement theory-driven prevention practices that focus on the Wrap Around model, empowering the teen parents through ongoing Person-Centered Planning, as well as developing a network of social supports to assist the teen parents as a preferred alternative to government agencies. Due to documented disproportionate representation of teens of color within each of these categories, however, this program will specifically study the impact of intervention on children of color in the welfare and justice systems in two populous counties in Michigan, predicting service for approximately 80 teen parents in year one.

## **Statement of the Problem/Program Narrative**

A bipartisan legislative mandate was included in the Michigan Department of Human Services budget bill for FY 2005. The requirements included forming a statewide Task Force to study overrepresentation of children of color in the child-abuse and neglect and juvenile justice systems in Michigan. A joint report by the Skillman Foundation and the Michigan DHS (Goss & Udow, 2006) outlined 11 recommendations.

Recommendation #8 specifically targets the need to ensure that resources are focused on the most vulnerable families, which include teen fathers and mothers, parents of children with

emotional/medical needs, physically, mentally or developmentally challenged parents, and foster children who become parents while still in care, among others (Goss & Udow, 2006, pg. 21).

Among the obstacles to achieving Recommendation #8 (identified at the State Task Force Monitoring Meeting held October 10, 2006) is the inability to redirect resources from long-standing programs and a lack of interagency collaboration. State progress toward this goal as of the October 10, 2006, Task Force Meeting indicated that additional resources must be identified to make this recommendation viable. Using the targeted earmark funds for a Wrap Around Services model (c.f. *Systems of Care: Promising Practices in Children's Mental Health Series*, 2001, 2000, 1998) based in Person-Centered Planning will enable state agencies to benefit from needed funds to address a pervasive statewide issue in a proactive and research-based way, making maximum use of federal funding to dovetail with State priorities.

State-level need for Wrap Around services for youth who have emotional disturbance and/or are involved in juvenile detention and corrections facilities, and early intervention practices for children under 3 are also strenuously emphasized within the 2006 report by the Michigan Committee on Juvenile Justice. The proposed Wrap Around Services Model will use start-up funding to allow flexibility in bringing together representatives from key agencies to plan and initiate a full-service model in Washtenaw and Oakland counties as field-test sites to address the State recommendations. The OJJDP Strategic Planning Tool, to include the Community Resource Inventory, Risk Factors and Program Matrix information, will be a key planning and organizing tool for the project. Adaptation of the tool will be necessary because the original goal for these instruments was narrower than the expanded focus of teen parents. Linking individuals with agencies and organizations already providing services will eliminate duplication of cost and effort (i.e., housing and food, counseling, medical services, GED or high

school diploma programs, rehabilitation services, counseling, etc.) and promote sustainability of the project.

Program-affiliated facilitators will be hired and trained to conduct Person-Centered Planning/Family-Centered Planning (PCP/FCP). This approach empowers the teen parents to be actively involved in self-determined, strength-based plans for education, employment, mental health care, and providing for their children (Cornell University, (n.d.); Falvey, Forest, Pearpoint, Rosenberg, 1997; Forest, O'Brien, & Pearpoint, 1993; Ludlum, 1993; Mount, 2000; O'Brien & O'Brien, 2002; O'Brien, 2000). The second part of each teen parent's plan will be the gradual development of an informal Circle of Support for each teen parent. This support team will consist of members of the community, mentors, and peers participating in the program, as well as family members or other friends whom the teen parents identify as important in their lives. The goal of this close "family-centered" support is to improve the lives of the teen parents and their children, and assist them to directly cultivate non-paid social supports to complement their needs for social services. The PCP/FCP facilitator will review the progress and activities of each teen parent's person-centered plan every 10-14 days, to support the successful navigation of identified steps and activities.

The proposed project will encompass two counties in Michigan, Oakland and Washtenaw. Each county currently operates under different organizational structures: Oakland County has a centralized system that creates wrap-around service plans for teens, while Washtenaw County has a decentralized system that provides services to teens by individual program. The two organizational systems were selected through searching the SMART system to target high-risk geographical areas and to provide a platform in which each type of social service

system can be studied with regard to how well the Wrap Around Person-Centered Planning and added social networking will impact teens.

Each of the two counties has different data-collection and reporting procedures, both of which are troublesome with regard to identifying and tracking teen parents. Within Oakland County, it is clear that 245 teens received Wrap Around services through the County last year. It is not possible to determine from existing data which of those teens may have fit within the challenges of aging out of foster care, court-involved/incarcerated, emotionally disturbed, or homeless. It is also not currently possible to track the teens' outcomes with regard to family DHS involvement or implementation quality or success of the Wrap Around Plans. Within Washtenaw County, individual programs collect and maintain data, so there is no central agency that can provide accurate numbers of teen parents served, screen for duplication of teen participation (if the teens attend two programs or four programs, their data appear in the datasets for two to four agencies, respectively), or to determine how many teens meet the program criteria for this particular project.

Available data within the two counties provides justification of the need for these services, beyond the need documented by the State Task Force (2005) and the Michigan Committee on Juvenile Justice (2006). Both counties experience significant levels of homelessness and mental illness in the child and adult populations. Data specifically addressing the incidence of each among teen parents is not currently available due to the above-described system-level constraints that will be remedied through the first quarter activities of this project. Data estimates provided illustrate the depth of challenges in population subcategories within each county. For example, it is unclear how many homeless individuals are teen parents as that data is not currently collected. The County estimates, however, approximately 2,700 homeless

persons of all ages. In 2005, according to the Department of Health report, *Mind Matters* (Waller, 2007), Washtenaw County documented that approximately 33-55% of homeless citizens had concurrent mental illnesses. In addition, approximately 21% of the County's children aged 9-17 have a diagnosed mental disorder that could include anxiety, mood, disruptive behavior, or substance abuse. Moreover, in 2003, Washtenaw County documented 1,587 discharges from inpatient hospitals for mental illnesses and another 275 discharges related to alcohol/drug abuse and dependence. It is not currently possible to determine how many of those were young adults/parents. Finally, within the State of Michigan 5,142 teens resided in juvenile detention and correctional facilities during 2005 (Children's Defense Fund, 2006). While data regarding the number of those youth who are also diagnosed with an emotional disturbance is not readily available, in 2005, approximately 27% of the Washtenaw County (adult) jail inmates reported taking psychotropic medications. It is well documented that inmates frequently experience diagnosed and non-diagnosed forms of mental illnesses. Individuals who are homeless and who are in need of mental-health services are at extremely high risk for DOJ and DHS involvement. This project aims to accurately identify the numbers of teen parents or expectant parents within each population and recruit them to participate in this program.

Statistics for teen mothers and related factors in the counties of Oakland and Washtenaw are presented in Table 1 below. Providing maternal support to teens regarding proper nutrition, weight gain, and prenatal/postnatal health care can make a positive impact on child development. Moreover, it will increase maternal knowledge of child care and parenting responsibilities during and after the infant's birth, thereby decreasing the need for immediate DHS involvement. National data show that 93% of child fatalities due to parental abuse and neglect occur to children under the age of 7. Of these, 35.5% were attributed to neglect alone. According to the

Child Welfare Information Gateway (Children’s Bureau, 2007.), “Frequently, the perpetrator is a young adult...without a high school diploma, living at or below the poverty level, depressed, and who may have difficulty coping with stressful situations. In many instances, the perpetrator has experienced violence first-hand.” This program, therefore, intends to provide care and support to high-risk teen parents whose children are under age 8.

Table 1. Statistics within Oakland and Washtenaw Counties

|   | Oakland County | Washtenaw County |
|---|----------------|------------------|
| Births to teen mothers (under age 20)                       | 720            | 195              |
| Repeat births   | 113            | 29               |
| Less than adequate prenatal care                            | 2050           | 965              |
| DHS confirmed reports of abuse or neglect                   | 2142           | 468              |
| Out-of-Home placement for abuse and/or neglect              | 1259           | 226              |
| No paternity  | 1112           | 366              |
| Infant deaths   | 101            | 27               |
| Mother’s educational level fewer than 12 years of education | 1258           | 313              |

Source: Annie E. Casey Foundation (2006). KidsCount databook. Baltimore MD: Author.

**Impact/Outcomes and Evaluation**

The anticipated impact and outcomes of this project have been illustrated in the Logic Model presented in Appendix A. In this section, the proposed goals, objectives and performance measures to be pursued by the project are outlined. Carefully and appropriately monitoring progress toward the stated goals and objectives will be continuously observed through the data on progress toward indicated performance measures. The Project Leadership, however, believes strongly in the importance of a non-biased program evaluation, both formative and summative. Therefore, a line item in the proposed budget will allow for hiring an independent evaluator to monitor progress and provide data on the successes and challenges throughout the phases of

project implementation, as well as to formulate a summative evaluation at the completion of the project.

***Goals and Program Objectives and Performance Measures***

The goals for this project are: (1) to develop an accurate tracking system within Oakland and Washtenaw Counties to identify and serve teen parents who are homeless, aging out of foster care, emotionally disturbed, or court involved/incarcerated; (2) to provide a Person-Centered Wrap Around services approach that includes strengthening the social supports for vulnerable teen parents; and (3) to improve parental functioning and financial independence for high-risk families.

*The program has the following objectives:*

- OBJ. 1 To improve communication and collaboration among DHS, Community Mental Health Services, Juvenile Justice, public schools, and EMU in both counties that will enable targeted data searches that identify and track vulnerable teen-parent families.
- OBJ. 2 Increase the number of teen parents who complete a GED or diploma and obtain competitive employment.
- OBJ. 3 Decrease the numbers of social services required by teen parents by building nonpaid, naturally occurring social supports as appropriate.
- OBJ. 4 Increase the quality of parenting skills demonstrated by teen parents.
- OBJ. 5 Increase consistent use of mental-health care among those parents/families in need.

OBJ. 6 Increase the autonomy of high-risk teens to develop life plans that are realistic and attainable.

*Performance Measures* embedded within the project design have been divided into outcomes and outputs. The project proposes outputs directly related to its activities, which will be explained in the section to follow. Outputs include:

1. Compilation of accurate, timely disaggregated data to identify high-risk teen parents and current levels of involvement across systems (DHS, Community Mental Health Services, DOJ, and Education) that are accessible to all key stakeholder agencies.
2. Creation of a data system that will reflect relative odds ratios for each teen's involvement in DOJ and DHS.
3. Producing and disseminating a report to key stakeholders and State agencies on case studies of Washtenaw and Oakland counties current system of services for high-risk teen parents.
4. Creation of an online database of public, faith-based, and private social services accessible to key stakeholders and searchable by teen-parent characteristics.
5. Provision of competency-based training for 2 Person-Centered Planning facilitators completed.
6. Memoranda of Understandings (MOUs) signed between DHS, DOJ, educational systems, Community Mental Health Services, and EMU providing for collaboration and provision of shared services to teen parents.

*Outcome Measures* have been subdivided into short- and long-term timelines. Short-term outcomes are: (1) 60% of eligible teens participating in program in year one, 75% in year two; (2) maintain a maximum of 15% program attrition rate among high-risk teens in year one, 10% in year two; (3) by the end of year one, all participants will have PCPs in place with two-week follow up contacts and six-month review/revisions documented (based on enrollment dates); (4) all teens will have a plan developed within 20 business days of entering program; (5) all teens will begin receiving follow-along supports to implement PCP within 5 business days after the PCP has been created. Long-term outcomes will be measured in a percent-change between (pre)intake and (post)one-year enrollment figures and disaggregated by gender, race, number of children, and relative risk/odds ratios (which will be analyzed in incremental intervals). Long-term outcomes will be significant at the  $p=.05$  levels using pre-post t-tests. Proposed long-term outcomes include: (1) decrease in first-time arrest rates; (2) decrease in repeat-offender arrest rates; (3) decrease in first-time DHS family involvement; (4) decrease repeat DHS family involvement; (5) increase in rate of competitive employment rates; (6) increase the longevity of competitive employment rates; (7) increase the number of teens actively involved in completing GED or diploma; (8) increase in number and types of nonpaid social supports utilized by teen parents.

### ***Project/Program Design and Implementation***

#### ***Program Design***

A timeline of project activities is included in the proposal section for “Other Attachments.” The Wrap Around Services model proposed by EMU will be implemented

through a phase-in model that begins with a three-month preparation period in which the following activities will begin:

1. A series of meetings held between DHS, DOJ, the education system, Community Mental Health Services and EMU representatives will occur for the purpose of creating MOUs that specifically outline data sharing and access, as well as shared responsibility for service coordination/provision to teen parents in each county.
2. Development of an odds-ratio model to predict highest-risk teen parents within the four subpopulations based on teen characteristics.
3. Development of a data-tracking system to accurately identify timely disaggregated data regarding which teens in the various systems are parents, what services they are currently receiving, and what their relative risk for DHS or DOJ involvement based on the odds-ratio model.
4. Produce a Case Study of each county's present system of services, interagency coordination, and outcomes for teen parents, including strengths and unique challenges presented within the decentralized system and the centralized system of care, and a cost-benefit analysis of each county's current program.

During the second quarter of funding, the focus will become recruitment and training of three person-centered planners. Training will be provided in 5 full-day increments with a competency-based approach to evaluate the skills and preparedness of trainees prior to beginning their work with teens. During the training period, facilitators will receive theory and practice information regarding PCP, Circles of Support, teen parenting, local paid and volunteer agencies and the services they provide, confidentiality, legal issues, familiarization with the organizational structures of key stakeholders by county, ethical issues, and personal safety. PCP facilitators will

be required to pass a set of professional competency tests and observe a minimum of 5 PCP sessions with teens or adults prior to beginning their work duty. PCP facilitators will be observed conducting a mock-PCP meeting as part of competency attainment and once per year will be observed, evaluated, and provided written feedback on a PCP meeting that they have led. Additional supports and training will be provided as necessary based on facilitator needs or requests.

The second quarter will also involve development of a searchable online database of public, faith-based, and private social services that will be accessible to key stakeholders and searchable based on teen characteristics. This database will provide contact information, enrollment/participation requirements, services offered, location, days/hours of operation, fee structure, and program size. While a vast number of service organizations exist, particularly in Washtenaw County's decentralized system of care, it is difficult to locate possible programs, to compare programs or to discern whether a particular teen would be suited to the program.

Finally, in the second quarter, all program staff will be hired and trained. Publicity efforts will announce the new program. Eligible teens will be contacted by mail, phone, and/or direct conversation and recruited to participate. Recruitment strategies will also include fliers, billboards, mail-outs to juvenile courts, court-appointed attorneys, faith-based institutions, and local health clinics. A toll-free hotline will be advertised to allow teens or others to contact project staff directly to learn more about the program or to participate. Mentors will be recruited from local organizations in southeastern Michigan. Southeastern Michigan boasts the highest rate of mentor volunteers in the State (2005). All mentors involved in this project will be screened, hired and trained using materials developed by the National Mentoring Center.

In the third quarter, provision of services will begin. As teens are successfully recruited to the program, entry information will be collected that will provide key data for pre- and post-treatment analyses, as well as to ascertain what services the teen family currently receives and what needs the family has. PCP facilitators will begin a PCP meeting with the teen, including present provider representatives when possible, a mentor, and any key friends or family members identified by the teen. Follow-along services will be provided to assist teens to implement the plan. Plan elements include identification of the teen's autonomous goals for independence in terms of education, employment, housing, personal development, and parenting. While teens are able to determine the nature and sequence of their goals, PCP facilitators will be needed to assist teens in "fleshing out" the specifics of the plan in terms of short-term objectives toward meeting their longer term goals, problem-solving obstacles to goal attainment, assistance in navigating the various agencies/services the teen is associated with (i.e., parole, food stamps, health care). Within the planning process, teens will begin to identify people currently involved in their lives, what role they play in terms of helping the teen meet his/her goals, and whether the person is paid to be involved in the teen's life. Discussions of the relevance and level of need for that person/service in the teen's family life will enable the PCP facilitator, teen parent, and PCP participants to determine what people are most helpful, what services are most important, and whether there may be possibilities to creatively attain services needed in a way that promotes a personal social network as opposed to a paid support system. Clearly, teen families in the four subgroups will require a number of paid services (i.e., food stamps), and some will be non-negotiable (i.e., parole officer). In other situations, however, alternative supports may be developed gradually over time, such as a child-care co-op among teen parents and their affiliated

church members, or a mentor/ “grandparent” who can be called when the child is sick or crying extensively to provide support at key moments.

The primary philosophy of the Person Centered Planning model is that teens must be given the opportunity to develop plans and determine their life’s direction. Services cannot be “put” on the teen or the teen’s child. If lasting change is to occur in the teen’s life, a wrap-around service model is one of the best documented strategies for high-risk families, and self-determination provides a structure in which the teen is more likely to “buy-in” because he or she has determined the plan and thought through the supports that will be needed in order to see the plan through to fruition. It is assumed that teens will be imperfect at planning and achieving their goals, and that their goals may change and fluctuate. The role of the PCP facilitator is to assist the teens to identify goals, to invite service providers, mentors, and people important to them to participate in the planning meetings, and to provide adult leadership and supervision of plan implementation. This may mean different things for different teens as each teen parent’s plan will be unique. It may mean assisting teens to make and attend appointments regularly (i.e. mental health care visits, court visits, meetings with attorneys, etc.), to learn about budgeting household expenses, to complete applications for housing or for food subsidies, to understand appropriate nutrition needs and behavioral expectations for their children, or a variety of other tasks. The role of EMU in the project will be to serve as a conduit of information and linkages to the appropriate agencies, to provide an adult who can help the teen parent to think through and develop life goals, and to do some of the “foot work” to locate mentors, supports, and services that will help the teen realize his or her goals for an independent life, improved parental functioning, and a better sense of empowerment to accomplish his goals. In some circumstances, when the teen requires a service that is not currently available in the community, such as a subset

of teen parents who need anger management classes, employability skills classes (such as appropriate dress, completing job applications, reading work schedules, interviewing, etc.), counseling, or help in teaching their children early literacy skills, faculty from EMU who possess such specializations may be directly approached and asked to contribute to the project through a variety of means (such as one-to-one assistance, small group meetings, etc.).

The concept of Circles of Support has been established in the field of special education (Jay, 2007). Many individuals who have disabilities find themselves in situations where the majority, if not all, of their daily interactions are through paid service providers. By fostering nonpaid supports over a period of time, these individuals are able to attain a lifestyle that better approximates the lives of autonomous individuals. The model was extended to mental health intervention by Garfinkel and his colleagues at the University of Minnesota (1993) by application to address depression and self-destructive behavior in adolescents. Further, adaptations of this model have been used to support foster and kinship care providers in New York City (NYC Children's Services, n.d.) Given the number of specific risk factors at play in the lives of teens who find themselves aging out of foster care or incarceration/court involvement, are homeless, or have emotional disturbances, many teens in these categories face an equal number of challenges that involve paid supports. Most also lack supportive family members and friends who can serve in these nonpaid roles. One of the challenging but necessary goals of this project will be to assist teen parents to develop such a network of naturally occurring, nonpaid social supports. Strategies to embark on this process include: establishing mentors from the community who can serve as "grandparents" to the teen's child, facilitating connections between teens in the program who share personality or situational characteristics, promoting teen involvement in community-service projects or social activities through which

they can begin to see themselves as part of a functional community of people sharing a common goal (such as a basketball league, Habitat for Humanity, or the like), and, at least initially, through the supports provided by a project- recruited and supervised mentor who can invest time and energy in learning about the teen's specific strengths and talents and finding ways those can be used to interact with new, positive role models.

During the fourth and fifth quarters, service provision will continue. Simultaneously, project leadership will reconvene the committee of key agencies who serve as partners in this project to begin planning sustainability efforts. Data analyzed by project staff, by cooperating agencies, and by the independent evaluator will be used to determine the substantive "roadblocks," challenges and adaptations needed to maintain the present program and to extend its effectiveness. These meetings will occur by county, given the very different organizational structures within each. In addition, careful examination of successful practices, cost-benefit of project services, and feasibility of transferring promising practices to state agencies will occur.

Project leadership proposes to use this federal earmark to establish the program within a one-and-a-half year period. It is unrealistic, however, to expect that long-term goals for and by teens can be achieved within that timeframe. During the fourth, fifth, and sixth quarters of this funding, application for extension funding through federal and private organizations will be pursued. A project that proposes significant impact on the lives of high-risk teen parents will logically require a period of at least five years working consistently with the same set of teens in order to measure its true efficacy. Within this project proposal, therefore, our initial 16-month plans to establish the program using earmark funding are outlined, but it is expected that to attain the proposed long-term goals, initial data that substantiates this approach as a promising practice will be needed before it would be prudent to assume its expansion. Projected plans for program

development, after preliminary study, include establishment of control groups in comparable counties in Michigan and cohort analysis by duration of year(s) in this program.

SMART data

Project directors queried the OJJDP SMART system to identify pertinent information regarding placement of the program to best meet the needs in Oakland and Washtenaw counties. The Pontiac area of Oakland County is an area of high need, as is eastern Ypsilanti in Washtenaw County. Placement of a storefront site for the high-risk teen parents to access will be targeted for eastern Ypsilanti, and the Project Coordinator will be responsible for communicating with Middle School and High School counselors and social workers in both counties, but especially for developing relationships with those in the Ypsilanti and Pontiac areas.

In the SMART data systems under the indices of percentage of 5-17 year-olds not enrolled in school, we were able to locate various data tracks. The tracks provided us with insight into local and regional probabilities for students to best utilize the Wrap Around program. In Washtenaw County, it was observed that track number 421900 had the largest percentage of youth not currently enrolled. Other track numbers, such as track number 415200, also showed high percentages of youths not currently enrolled in the K-12 school systems. This data was also generated and reviewed for Oakland County. In this review of Oakland County, track numbers 161600 and 167100 were also noted as having high percentages for youths not currently enrolled in schools. These above- mentioned tracks include areas north of Pontiac, MI, along with the southeastern section of Oakland County. This data will help inform the regional probabilities of needed Wrap Around services.

Compatibilities/Competencies

The two co-Directors of this project are professors in Special Education at Eastern Michigan University, located in Ypsilanti, Michigan. Both directors have worked at least 25 or more years in public schools (as administrators and teachers) and with students with emotional problems and high-risk behaviors. Dr. Karen Carney completed her doctoral studies under the direction of Dr. Robert Rutherford at ASU and previously worked directly with the National Center for Education, Juvenile Justice and Disability. Dr. Fries has extensively studied high school completion requirements and juvenile dropouts who are incarcerated. Each will provide 25-50% effort during the 16 months of this Earmark grant to direct and oversee all grant activities. This will include hiring and supervising project staff, providing guidance and training opportunities for staff and agency personnel as needed, problem solving and resolution of issues that arise, budget oversight, and research oversight. They will coordinate and assist in the design of related University activities as well as facilitate the successful operation of the project, collection and evaluation of data, and dissemination of results.

A consultant to the program will be Dr. Laura T. Sanchez Fowler. She is the author of the Wrap Around project proposal for earmark funding. Dr. Sanchez Fowler has extensive experience as the Principal Investigator on federal grant projects that have included a mentoring and tutoring program for minority students attending a low-performing, high-poverty middle school in Cleveland, OH. She has received research funding from the National Institutes of Mental Health through a career development award for minority researchers. Within that project she studied the school-adjustment characteristics of minority youth and examined the relationship between those characteristics and the identification of African-American youth as “Emotionally Disturbed” under special education law. Dr. Sanchez Fowler holds leadership

positions at the national level in the field of behavioral disorders, and in the State of Michigan as an invited member of the special Task Force on Disproportionate Representation of Minority Youth in DHS and Juvenile Justice programs. Dr. Sanchez Fowler will be responsible for planning and implementing the program in consultation with the two project directors, for leading the first-quarter collaboration meetings among key collaborators, for developing the odd-ratio model of relative risk among teen parents, and for pursuing additional funding as appropriate. With a doctoral emphasis on early intervention services, a graduate certificate in supported employment and transition services, and postdoctoral study of adolescent mental health and developmental psychopathology, Dr. Sanchez Fowler possesses requisite training to guide grant endeavors. Dr. Sanchez Fowler will dedicate 20 full day equivalents (in person, by telephone, and through web-conferencing) to this project over the projected 16 months of funding.

The project calls for a Person-Centered/Family-Centered Planning (PCP/TCP) Trainer. Dr. Sally Burton-Hoyle is a professor in Special Education at Eastern Michigan University who has expertise in the Wrap Around Service model and Person-Centered/Family-Centered Planning. She has many years of experience providing this service to students with autism in the public school system and is known statewide for her expertise. She will provide 25% effort during the 16 months of this Earmark grant to train and evaluate three facilitators in delivering best-practice planning sessions for targeted teen parents. This will include the skills involved in empowering the teen parents to identify their own needs as well as identifying a supportive Circle of Friends. In addition, it will involve successful collaboration with agency personnel in a positive, strength-based, youth-centered approach. This trainer will also access or create training materials that are appropriate for the success of this activity.

A fulltime Project Coordinator (40 hours/week) is needed to coordinate all day-to-day activities of this project. A priority will be setting up a Hotline phone number, advertising this entry point for teen parents, and manning the phone on a daily basis. This position includes managing of the storefront activities, facilitating training activities, interagency collaboration, problem-solving/resolution, and regular communication and oversight for the three PCP/FCP facilitators and transition activities involved in this project. Since the Hotline and storefront will need a person who is warm and supportive, this person will need to be strong in relationship building and knowledgeable about local agencies and community supports as well as understanding teens. This position requires someone with at least a Bachelor's degree.

A halftime Project Secretary (20 hours/week) will be responsible for organizing the paperwork, data collection and assimilation, filing of grant reports, and handling records.

Two Person-Centered Planners/Family-Centered Planners (PCP/FCP) will be required to provide the service and ongoing support to the target population. One of these will be assigned to Oakland and one to Washtenaw to match the needs of each county. These positions will require someone with a Master's degree and training in the national approach to wrap-around service, so that they have the knowledge and expertise in working with the multiple agencies involved in the social service network. They will be further trained, supervised, and evaluated in PCP/FCP activities by the Project Trainer. They will be responsible for facilitating planning meetings with the teen parents, implementing and coordinating the delivery of agreed-upon services with agencies and community members, problem solving, and tracking and evaluating the results for each teen parent every 6 months during of the grant. Each PCP/FCP Planner will coordinate data and communicate regularly with the Project Coordinator and the Project Directors.

Within this program, every effort will be made to recruit qualified candidates of color for all hired positions. Recruitment strategies will include advertising the positions of PCP Facilitators, project coordinator, and project secretary in local newspapers, through the Office of Diversity and Educational Equity at EMU, through local Black fraternities and sororities affiliated with either EMU or nearby University of Michigan, the Detroit chapter of the Association of Health Care Executives, the Metropolitan Detroit Alliance for Black School Educators, and through faith-based organizations (located through the National Congress of Black Churches).

References

- Children's Bureau, U.S. Department of Health and Human Services (2007). In *Child Maltreatment 2005*. (retrieved from <http://www.childwelfare.gov/can/perpetrators/characteristics.cfm>, Thursday, March 20, 2008).
- Children's Defense Fund. (2006). *The State of America's Children- Children in Michigan*. Washington, DC: Author.
- Cornell University IRL School Employment and Disability. (n.d.). *The Person Centered Planning Website*. (retrieved from <http://www.ilr.cornell.edu/edi/pcp/>, Thursday, March 20, 2008.)
- Falvey, M., Forest, M., Pearpoint, J., & Rosenberg, R., (1997). *All my life's a circle using the tools: circles, maps & paths*. Toronto, ON: Inclusion Press.
- Forest, M., O'Brien, J., & Pearpoint, J. (1993). *PATH: a workbook for planning positive possible futures*. Toronto, ON: Inclusion Press International.
- Goss, C., & Udow, M. (2005). *Equity: Moving toward better outcomes for Michigan's children*. Lansing, MI: The Advisory Committee for the Overrepresentation of Children of Color in Welfare.
- Jay, (2007). Peer mentorship: Promoting advocacy and mentorship among young people. *Learning Disability Today*, 7(3), 18-21.
- Ludlum, C. (1993 revised). *One candle power: seven principles that enhance lives of people with disabilities and their communities*. Toronto, ON: Inclusion Press
- Michigan Committee on Juvenile Justice (2006). *Michigan Committee on Juvenile Justice Report 2003-2005*. Lansing, MI: Author.

- Mount, B. (2000) *Person-centered planning. Finding directions for change using personal futures planning*. Amenia, NY: Capacity Works.
- New York City Children's Services. (n.d.). Circle of Support. (Retrieved from [http://www.nyc.gov/html/acs/html/support\\_families/circle\\_of\\_support.shtml](http://www.nyc.gov/html/acs/html/support_families/circle_of_support.shtml), Thursday, March 20, 2008).
- O'Brien, J. and Lyle O'Brien, C. (2002). *Implementing person-centered planning: voices of experience*. Toronto, ON: Inclusion Press.
- O'Brien, J. *What's Worth Working For? Leadership for Better Quality Human Services*. Lithonia, GA: Responsive Systems Assoc.
- OJJDP. (n.d.) *Strategic Planning Tool version 1.1*. (Retrieved from <http://www.iir.com/nygc/tool/default.htm> Thursday, March 20, 2008.)
- Walker, J., Garfinkel, B., Toole, J., Bergmann, P. (1993). *Circles of Support*. Minneapolis, MN: University of Minnesota Press.
- Waller, A. (2007). *Mind Matters: A Public Health Approach to Mental Illness and Well-Being*. Ann Arbor, MI: Washtenaw County Public Health.
- Worthington, J., Hernandez, M., Friedman B., & Uzzell, D. (2001). *Systems of Care: Promising Practices in Children's Mental Health, 2001 Series, Volume II*. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.

