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Richard Schmidt

Manistee County Board of Commissioners

Manistee County Courthouse • 415 Third Street • Manistee, Michigan 49660

CLERK
Marilyn Kliber
(231) 723-3331
CONTROLLER/ADMINISTRATOR
Thomas Kaminski
(231) 398-3500

WAYS & MEANS COMMITTEE REPORT

Tuesday, July 12, 2011
9:00 A.M.

Courthouse and Government Center
Board of Commissioner's Room

Members Present: Ervin Kowalski, Chairperson; Glenn Lottie; and Jim Krolczyk

Others Present: Thomas Kaminski, County Controller/Administrator; Russell Pomeroy, County Treasurer; Neil Assante, Community Corrections Director; Scott Alexander, Probation Officer; Bruce Schimke, Maintenance Supervisor; Jeri Lyn Prielipp, Finance Assistant; and Ken Grabowski, Manistee News Advocate

The meeting was called to order at 9:00 A.M.

DRAFT

ITEMS REQUIRING BOARD ACTION

Jeri Lyn Prielipp, Finance Assistant, presented the Committee with Claiming Summaries for June 14, 2011 through July 12, 2011, and a summary of the On-Demand checks for their review and approval. Totals are as follows:

101 General Fund	$197,968.67
201 County Road Fund	0.00
215 Friend of the Court Fund	0.00
216 Department Contingency Fund	0.00
218 Elections Fund	510.02
225 Recycling Fund	2,890.00
230 County Employee Training Fund	0.00
234 Judicial Technology Fund	0.00
235 District Court Services Fund	577.45
236 Maintenance of Effort Fund	16,951.04
241 JAWS of Life Fund	0.00
242 Bear Lake Improvement Fund	0.00
243 Brownfield Redevelopment Authority Fund	0.00
244 Brownfield Redevelopment-Joslin Cove	0.00
245 Public Improvement Fund	0.00
246 Township Improvement Revolving Fund	0.00
251 Capital Improvement Fund	47,217.70
252 Tax Refund Fund	0.00
253 Remonumentation Fund	0.00
254 Medical Care Depreciation Fund	0.00
255 Brownfield Site Assessment Fund	4,157.52
256 Register of Deeds Automation Fund	0.00

257 Budget Stabilization Fund	0.00
258 Mounted Search and Rescue	165.00
259 Legal Defense Fund	0.00
260 Health Insurance Fund	130,464.44
261 9-1-1 Service Fund	0.00
262 Dive Equipment Fund	25.76
263 Sheriff's Office Forfeited Assets Fund	0.00
264 Family Counseling Services Fund	600.00
265 Juvenile Drug Court Fund	0.00
266 Law Enforcement Training Fund	2,198.78
267 Friends of Animal Control Fund	0.00
268 Homeland Security Grant Fund	0.00
269 Law Library Fund	5,035.70
271 County Library Fund	0.00
272 County Library Trust Fund	0.00
273 Computer Technology Fund	22,871.27
274 Drug Testing - District Court Fund	66.00
275 Dial-A-Ride Fund	0.00
276 Forestry Fund	0.00
277 Air Photo Fund	0.00
278 LEPC Grant Fund	0.00
279 Economic Development - Housing Fund	183.84
280 MSHDA Grant Fund	0.00
281 Law Enforcement Technology Fund	1,840.92
282 EDO CDBG Grant Fund	0.00
283 F.I.A. Benzie County	0.00
284 Community Corrections Fund	524.44
285 Drunk Driving Case Flow Fund	0.00
286 Juvenile Intervention Fund	1,300.78
287 JABGN Grant Fund	0.00
288 Sheriff Dog Census Fund	0.00
290 Department of Human Services Fund	0.00
292 Child Care Fund	14,964.24
293 Soldiers & Sailors Relief Fund	0.00
294 Veterans Trust Fund	503.82
295 Airport Authority Fund	4,755.56
296 Juvenile Justice Fund	0.00
297 Compensated Services Fund	0.00
298 County Employee Separation Fund	0.00
299 Unemployment Fund	0.00
356 Fair Board Debt Fund	0.00
360 9-1-1 Expansion Construction Fund	0.00
361 Jail Expansion Construction Fund	50,559.43
362 Jail Building Bond	0.00
368 Library Loan Fund	0.00
369 Building Authority Debt Fund	375.00

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370 County Road Building Debt Fund	0.00
461 Building Authority Construction Fund	0.00
462 County Road Construction Fund	0.00
512 Medical Care Facility Fund	0.00
603 Vehicle Fund	0.00
606 Tax Revolving Fund	0.00
609 2009 Tax Revolving Fund	3,566,095.09
620 Tax Revolving - State Sales	894.88
701 Trust and Agency	0.00
Total:	$4,073,697.35
On Demand checks total:	$2,687.08

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Mr. Lottie recommended that the on demand checks and bills issued, be accepted in the amount of $4,073,697.35 and that the same be placed on file. No alternative recommendation was proposed.

The Committee considered approving the payment of unused accumulated vacation and personal hours to Sally Palsrok, former employee of the 19th Judicial Circuit Court Juvenile Division, who retired from employment with the court effective June 30, 2011.

Mr. Lottie recommended approving the payment of unused accumulated vacation and personal hours to Sally Palsrok in the amount of $2,385.92. No alternative recommendation was proposed. (APPENDIX A)

The Committee considered a request from the Manistee Conservation District to release $7,000 as Manistee County's contribution to the Household Hazardous Waste and Clean Sweep Collection, which will take place on August 20, 2011. This appropriation is budgeted in the County's General Fund.

Mr. Kowalski recommended releasing $7,000 to the Manistee Conservation District from Line Item #101 957 969.044 as the County's contribution to the household hazardous waste and clean sweep collection. No alternative recommendation was proposed. (APPENDIX B)

The Committee considered a temporary Soil Erosion and Sedimentation Control Inspection Service Agreement between Manistee County and Michael J. Solomon (APPENDIX C). This agreement is recommended by Administration to cover Soil Erosion and Sedimentation Control Inspection services on a temporary basis during the medical leave of absence of Murray Stall, who currently serves under contract as Manistee County's Soil Erosion and Sedimentation Control Officer. This agreement provides for not more than 10 hours per week at Mr. Stall's hourly wage, plus mileage. It is anticipated that this temporary agreement will terminate on or about August 31, 2011. Mr. Kaminski informed the Committee that Mr. Solomon is the Wexford County Drain Commissioner and he also contracts with Osceola County for their Soil Erosion and Sedimentation Control.

Mr. Lottie recommended that Manistee County enter into a Manistee County Soil Erosion and Sedimentation Control Inspection Temporary Services Agreement with Michael J. Solomon. No alternative recommendation was proposed. (APPENDIX C)

Mr. Assante appeared to request that the Committee consider submitting the Community Corrections plan and application for fiscal year 2012 to the State of Michigan. A local Community Corrections Board is recommending its approval (APPENDIX D). Mr. Assante provided detailed explanation of the various programs that he operates. He also distributed a history report for the 18 years that he has been the Community Corrections Director. This report depicts the average number of participants per year who participate in various corrections programs, the average number of prison diversions, jail bed days saved, etc., (APPENDIX E). Community Corrections currently operates on an annual budget of $80,000, however Mr. Assante indicated that the State of Michigan keeps changing its reimbursement criteria and the State may not be funding any community service related programs for FY 2012. Mr. Kaminski explained that the whole purpose of the Community Corrections program is mainly to keep offenders out of jail and to run them through various Community Corrections programs.

Mr. Kowalski recommended that the Community Corrections Director submit the Community Corrections plan and application for $80,000 for fiscal year 2012 to the State of Michigan. No alternative recommendation was proposed. (APPENDIX D)

DRAFT

ITEMS NOT REQUIRING BOARD ACTION

Mr. Schimke updated the Committee on the following maintenance items:

- The LED (lighting) project at the Courthouse and Sheriff's Department is complete. There were a couple of complaints from nearby residents that the lights were too bright so he is to attempt to restrict the lighting by installing deflectors.

- The electrical project in the Courthouse is also complete and the building is now balanced out to within 5%. There was a problem with a panel that was replaced, which brought the building to about 75 AMPS of being in phase. Mr. Schimke will ask Consumers Energy to come back to perform more tests/monitoring of the electrical usage.

- The water softener at the jail failed last weekend and went into back flush. The concern is the unknown gallons of water that ran through the 1" pipe before this failure was discovered. It is shut off now and the jail is using un-softened water. There will be some type of alarm installed that will trigger if this should ever happen again.

- The contractor who installed the flooring at the jail has agreed to replace the flooring in the jail kitchen.

Mr. Kaminski reported that all of the budget requests have been entered into the 2011/12 budget and at this time the budget is substantially unbalanced, which is not unusual in the beginning of the process. He does not anticipate any big changes in revenues and he is concerned that the revenues are currently showing

$118,000 less than what was budgeted for FY 2010/11, but that is nowhere near to being finalized. Mr. Kaminski anticipates that in the next couple of weeks, he will be prepared to meet with the Ways & Means Committee to start going over the budget.

Mr. Kaminski brought the Committee's attention to a letter that is going out to all of the County entities who receive voted millage allocations (APPENDIX F). The Ways & Means Committee each year reviews the financials of these entities to determine if the maximum millage should be allocated in the following year. The entities will be invited to meet with the Ways & Means Committee at the August 9, 2011 meeting.

Mr. Pomeroy is putting together the RFP for the County's annual audit. He indicated that the certifications have changed so much that he needs to do further research.

Mr. Kaminski reported that the fixed millage expires in 2012 and a Tax Allocation Board needs to be set up to determine how much millage is given to each entity, or the Tax Allocation Board could make the recommendation to put it back on the ballot and fixed for a certain number of years. This is not an increase, it is simply a redistribution (or it will stay the same) of how much millage everyone receives. The County Board of Commissioners need to appoint a person to sit on the Tax Allocation Board "who is not officially connected with or employed by any local or county unit of government". The County Clerk advertised for this position, however no one applied. Mr. Kaminski encouraged the Committee to think about recruiting someone to sit on that Board.

DRAFT

Mr. Kaminski indicated that he was visited by Chris Riley, who works for the United States Forest Service, and they have a deadline to apply for funds from the Great Lakes Restoration Initiative, which is a fund that provides monies for dealing with invasive species and other restoration projects which effect the Great Lakes. Mr. Riley is applying for approximately $287,000 to put a 3-year program into effect. The program is basically the purchase of a big power washer and setting up stations at various boat ramps throughout the County and hiring people to power wash off boats as they come out of the water and compile data as to what kind of invasive species are on the boats. The County would actually be running the program and be responsible for purchasing the power washer, hiring the people and be responsible for some of the program expenses, and then the County would be reimbursed through grant funds. Mr. Kaminski indicated that the County could apply for a grant from the Revenue Sharing Board to cover the County's expenses for this program. Mr. Kaminski inquired if the Committee was interested in participating in this program? The Committee was divided on whether or not the County should participate in this program. Mr. Krolczyk stated that he would be more interested in applying for money from the Great Lakes Restoration Initiative to clean up the beaches. Following these discussions, the Committee suggested that Mr. Riley be invited to give a presentation to the Board.

The meeting adjourned at 10:50 A.M.

Ervin Kowalski, Chairperson

Jim Krolczyk, Commissioner

Glenn Lottie, Commissioner

(APPENDIX A)

Manistee County

OFFICE OF CONTROLLER/ ADMINISTRATOR
231-398-3500 • Fax 231-723-1795
www.manisteecountymi.gov

Manistee County Courthouse • 415 Third Street • Manistee, Michigan 49660

MEMORANDUM

TO: Manistee County Board of Commissioners

FROM: Karen M. Molby, Personnel Officer/Administrative Assistant KMM

DATE: July 1, 2011

RE: Unused Accumulated Vacation, Sick Time and Personal Day Payment

---

Employee Name:	Sally Palsrok
Department:	Juvenile Office
Employee #:	1144
Hourly Rate:	$20.48
Retirement Date:	June 30, 2011

2011 Unused Vacation Hours:	31.0
2012 Earned Vacation Hours:	56.0
2011 Unused Accumulated Sick Hours:	0.0
2011 Unused Personal Day Hours:	29.5
2011 Unused Vacation Payment:	$634.88
2012 Earned Vacation Payment:	$1,146.88
2011 Unused Sick Time Payment:	$0.00
2011 Unused Personal Day Payment:	$604.16
2011 Unused Cleaning Allowance Due County:	$0.00
2011 Shift Differential Due Employee:	$0.00
Total Amount Due:	$2,385.92

Payment to be made from the "Employee Separations" Account #298 000 701.001.

Approved for payment by the Manistee County Board of Commissioners on Tuesday, July 19, 2011.

Jim Krolczyk, County Board Chairperson

(APPENDIX B)

MANISTEE
CONSERVATION DISTRICT

8840 Chippewa Highway (U.S. 31)
Bear Lake, Michigan 49614-9400
(231) 889-4761 Fax (231) 889-4020
www.manisteecd.com

RECEIVED
JUN 23 2011

June 22,2011

Mr. Tomas Kaminski
Manistee County Courthouse
415 Third Street
Manistee, Michigan 49660

RE: 2011 Household Hazardous Waste

Dear Mr. Kaminski,

As per our phone conversation, I am requesting the release of the Manistee County funds set aside for the counties annual contribution to the Household Hazardous Waste collection to be held on August 20, 2011. These funds total $7,000 and enable the Manistee Conservation District to offer this collection service each year.

If you have any questions or concerns, please contact me.

Regards,

Dick Jenkins

Dick Jenkins

Administrator

Manistee Conservation District

[illegible] without regard to race, color, national origin, religion, sex, age, marital status, handicap, height or weight.

(APPENDIX C-1)

Manistee County Board of Commissioners

Manistee County Courthouse • 415 Third Street • Manistee, Michigan 49660

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CLERK
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(231) 723-3331
CONTROLLER/ADMINISTRATOR
Thomas Kaminski
(231) 398-3500

MANISTEE COUNTY SOIL EROSION AND SEDIMENTATION CONTROL INSPECTION TEMPORARY SERVICES AGREEMENT

THIS AGREEMENT, made and entered into on _____, 2011, by and between Manistee County (hereinafter referred to as the "County), and Michael J. Solomon, 123 S. Davidsen Road, Cadillac, MI 49601 (hereinafter referred to as the "Inspector");

Manistee County requires, on a temporary contractual basis, the services of an individual who has the qualifications and experience to perform the responsibilities of Soil Erosion and Sedimentation Control Program Inspector, pursuant to the provisions of Part 91, Soil and Sedimentation Control of the Natural Resources and Environmental Protection Act 451 of 1994, as amended;

IT IS HEREBY AGREED, that the temporary Inspector will perform the following services for the County:

1) During the medical leave absence of Murray Stall, current contractual Soil Erosion and Sedimentation Control Officer for Manistee County, the temporary Inspector shall process permit applications, conduct inspections in a timely manner so as to not impede the natural flow of a project, and stop all work that is substandard until corrected.

2) The temporary Inspector shall work together with Planning Department personnel to process, from start to finish, the entire permit application.

3) The temporary Inspector shall keep accurate records of time spent on each permit, general office hours and other records required to complete each project.

4) The temporary Inspector will conduct himself in a professional manner while acting on behalf of Manistee County.

5) The temporary Inspector shall work with Planning Department and Administrative personnel to resolve all complaints regarding the program in a timely manner.

6) The temporary Inspector shall be required to remain certified to perform the work required under the Soil Erosion and Sedimentation Control Program.

7) The temporary Inspector agrees to make himself available for office hours and/or inspections on an as-needed basis, at least one day per week. The County agrees to provide the temporary Inspector with sufficient space to meet with the public and complete necessary paperwork. The County Planning Department personnel shall process all paperwork, serve as a message center and assist in the program's application process during times the temporary Inspector is unavailable.

(C-2)

COMPENSATION: For the services rendered, the temporary Inspector shall receive the sum of Eighteen and 50/100 ($18.50) dollars per hour for all hours worked processing permit applications, meeting with the public and completing inspections. In addition, the temporary Inspector shall be paid for all mileage at the current county government rate, currently $0.555 per mile while doing Soil Erosion and Sedimentation Control related business on behalf of Manistee County. The temporary Inspector's billable time commences at the time the Inspector leaves his residence through the time the last inspection is concluded. The temporary Inspector's billable time for office hours begins at the time the Inspector arrives at the Courthouse through the time office hours are concluded. Any hours worked by the temporary Inspector in excess of ten hours per week shall require advance permission to proceed by the County Controller/Administrator. It is expressly understood and agreed by the County and the temporary Inspector that the payment of compensation as set forth in this section has been based on their intent and belief that the Inspector is an independent contractor. The temporary Inspector shall keep itemized accurate records of all billable time and mileage and submit an itemized invoice to the Manistee County Controller/Administrator on a bi-weekly basis. It is expected that this contract will terminate on August 31, 2011, however, the contract may be terminated by the County upon seven days advance written notice to the temporary Inspector. The contract may also be extended, with mutual consent by both parties.

Manistee County hereby agrees to defend, pay on behalf of, indemnify and hold harmless Michael J. Solomon for any and all claims, demands, suits or losses which may be asserted or claimed against him while acting only within the scope of duty as the Manistee County Soil Erosion and Sedimentation Control Program Inspector for Manistee County. This agreement does not apply to any other work or job performed by Michael J. Solomon for any other governmental entity, corporation, partnership, business venture or self-employment opportunity.

The temporary Inspector shall not assign this agreement to any other contractor.

This contract may be terminated by the temporary Inspector with fourteen days advance written notice to Manistee County.

If any provision of this agreement is held to be invalid, it shall be considered to be deleted and the remainder of this agreement shall not be affected thereby.

Dated: _____

_____
Michael J. Solomon
Temporary Soil Erosion & Sedimentation Control Inspector

Dated: _____

_____
Jim Krolczyk, Chairman
Manistee County Board of Commissioners

{rmh soil agreement2011 temp}

MICHIGAN DEPARTMENT OF CORRECTIONS

"Expecting Excellence Every Day"

(APPENDIX D-1)

Office of Community Alternatives

Community Corrections Plan and Application
Fiscal Year 2012

CCAB Name: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*

Application Type: *Annual/Full*

Email the application to: **MDOC-OCC@michigan.gov**
and,
Send one copy of the application to: DEPARTMENT OF CORRECTIONS
Office of Community Alternatives
P.O. Box 30003
Lansing, Michigan 48909

DUE DATE: June 1, 2011

NOTE: CCABs in a multi-year contract will need to complete SECTION I (A, B, C) as well as the new BUDGET form and program descriptions for any proposed program changes.

(C-2)

COMPENSATION: For the services rendered, the temporary Inspector shall receive the sum of Eighteen and 50/100 ($18.50) dollars per hour for all hours worked processing permit applications, meeting with the public and completing inspections. In addition, the temporary Inspector shall be paid for all mileage at the current county government rate, currently $0.555 per mile while doing Soil Erosion and Sedimentation Control related business on behalf of Manistee County. The temporary Inspector's billable time commences at the time the Inspector leaves his residence through the time the last inspection is concluded. The temporary Inspector's billable time for office hours begins at the time the Inspector arrives at the Courthouse through the time office hours are concluded. Any hours worked by the temporary Inspector in excess of ten hours per week shall require advance permission to proceed by the County Controller/Administrator. It is expressly understood and agreed by the County and the temporary Inspector that the payment of compensation as set forth in this section has been based on their intent and belief that the Inspector is an independent contractor. The temporary Inspector shall keep itemized accurate records of all billable time and mileage and submit an itemized invoice to the Manistee County Controller/Administrator on a bi-weekly basis. It is expected that this contract will terminate on August 31, 2011, however, the contract may be terminated by the County upon seven days advance written notice to the temporary Inspector. The contract may also be extended, with mutual consent by both parties.

Manistee County hereby agrees to defend, pay on behalf of, indemnify and hold harmless Michael J. Solomon for any and all claims, demands, suits or losses which may be asserted or claimed against him while acting only within the scope of duty as the Manistee County Soil Erosion and Sedimentation Control Program Inspector for Manistee County. This agreement does not apply to any other work or job performed by Michael J. Solomon for any other governmental entity, corporation, partnership, business venture or self-employment opportunity.

The temporary Inspector shall not assign this agreement to any other contractor.

This contract may be terminated by the temporary Inspector with fourteen days advance written notice to Manistee County.

If any provision of this agreement is held to be invalid, it shall be considered to be deleted and the remainder of this agreement shall not be affected thereby.

Dated: _____

_____
Michael J. Solomon
Temporary Soil Erosion & Sedimentation Control Inspector

Dated: _____

_____
Jim Krolczyk, Chairman
Manistee County Board of Commissioners

{m h \soil_agreement2011_temp}

(D-2)

SECTION I: INTRODUCTION –

Name of CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	Federal I.D. Number: Click here to enter text.

A: General Contact Information:

	Contact Person (manager)	Fiscal Agent	CCAB Chairperson
Name:	*NEIL ASSANTE*	*RUSS POMEROY*	*SCOTT ALEXANDER*
Title:	*DIRECTOR*	*COUNTY TREASURER*	*CHAIRPERSON*
Address:	*415 3RD ST*	*415 3RD ST*	*415 3RD ST*
City:	*MANISTEE*	*MANISTEE*	*MANISTEE*
State:	*MI*	*MI*	*MI*
Zip:	*49660*	*49660*	*49660*
Phone:	*231-723-1495*	*231-723-3546*	*231-723-7215*
Fax:	*231-723-0036*	*231-398-3526*	*231-723-0036*
Email:	*nassante@manisteecountymi.gov*	*rapomeroy@manisteecountymi.gov*	*alexansj@michigan.gov*

Type of Community Corrections Board: ***Regional***
Counties/Cities Participating in the CCAB: ***MANISTEE,BENZIE***
Date application was approved by the local CCAB: ***6/10/2011***
Date application was approved by county board(s) of commissioners (and city council): Click here to enter text.
Date application was submitted to OCA: Click here to enter text.

B: CCAB Membership

Representing:	Name (and email if available):
County Sheriff:	*DALE KOWALKOWSKI(MANISTEE), RORY HECK(BENZIE)*
Chief of Police:	Click here to enter text.
Circuit Court Judge:	*HON. JAMES M. BATZER*
District Court Judge:	*HON. THOMAS BRUNNER*
Probate Court Judge:	Click here to enter text.
County Commissioner(s):	*KEN HILLIARD(MANISTEE), TOM KELLY(BENZIE)*
Service Area:	Click here to enter text.
County Prosecutor:	*FORD STONE(MANISTEE), J.B. DAUGHERTY(BENZIE)*
Criminal Defense:	Click here to enter text.
Business Community:	Click here to enter text.
Communications Media:	Click here to enter text.
Circuit/District Probation:	*SCOTT ALEXANDER, SHAUN ANCHAK, CHARLES KENNARD, JAMES PARINELLO*
General Public:	Click here to enter text.
City Councilperson:	Click here to enter text.

When were your bylaws last updated (send copy)? ***9/28/2009***

Does your CCAB have a "definition of a pattern of violence" that excludes offenders from any PA511 programming?
NO, eligibility is dealt with in each program.

(D-3)

C: Summary - Briefly summarize the key points of your Community Corrections Plan: (all fields permit carriage returns)
1. What programs, practices and policies contribute to a reduction of (or maintenance of low) prison commitment rates: ***ELECTRONIC MONITORING, MORAL RECONATION THERAPY,COMMUNITY SERVICE WORK, PROBATION RESIDENTIAL SERVICES***
a. How do they contribute to reduced/maintained PCRs? ***The programs listed above give the 19th Circuit Court Hon. James M. Batzer alternative and rehabilitive options instead of prison.***
b. Explain what data/measures show your PA511 funded programs have contributed to reductions in your PCR: ***Fiscal year 2010 OMNI data shows that Manistee has an overall 6.5% PCR, while Benzie has a 27.9% PCR. Manistee is well below the state average of 20.5%. Manistee had 3 presumptive prison cases sentenced to probationary sentences.***
2. What programs, practices and policies contribute to improved jail utilization? ***Electronic Monitoring and probation residential services.***
a. How do they contribute to improved jail utilization? ***They free up jail space on a day for a day basis.***
b. Explain what data/measures show your PA511 funded programs have contributed to improvements in your jail utilization: ***Electronic monitoring and probation residential services average 6 bed days saved per day. No emergency overcrowding declarations have been made in the last three years in either county.***

(D-4)

SECTION II: ANALYSIS & STRATEGIC PLAN

A: INTRODUCTION AND INSTRUCTIONS FOR STRATEGIC PLAN

Strategic Issues, Goals, and **Priorities** have been established by the Office of Community Alternatives in accordance with Public Act 511 and State Board priorities. CCABs will be required to establish **Objectives** and **Strategies** based upon OMNI Felony Disposition, JPIS, CCIS and local data that will support State **Goals** and **Priorities.**

Strategic Issues are identified as ***Felony Dispositions, Jail Utilization*** and ***Local Priorities***.

OCA will provide the CCABs with **OMNI Felony Disposition** and **JPIS** data. CCABs shall analyze this data along with local **CCIS data** (reports run locally from Case Manager) and develop **Key Objectives** and supporting **Strategies** that will lead toward attainment of **Goals** and **Priorities** established by the State Board and OCA, as well as local objectives and priorities promoted in the comprehensive plan.

A thorough review of the data should include:

- Overall PCRs, rates within sentencing guideline ranges, PCRs within Group 1 and Group 2 offense categories, status at time of offense and technical probation violation PCRs
- Reference to changes in PCRs compared to prior years
- Other changes in your CCAB/area that influence changes (new stakeholders, policies, emerging crimes, offender characteristics, etc.)
- Review your past OCA funding proposals for ideas

Example:

For the Strategic Issue of Felony Dispositions, consider the stated **Goal** and **Priority** as outlined on the following pages and complete an analysis of your county's prison commitment rate data provided by OCA. Establish objectives related to prison commitment rates. For example:

1. Reduce PV commitment rate from 32% to 25%
2. Reduce Straddle rate to from 43% to 35%

Under each **OBJECTIVE** outline in bullet form those **STRATEGIES** (steps) to be taken, including continuing, new and revised programs, or established and revised policies or practices, that will support the attainment of the objectives you have specified. Identify if these are "new", "continuations," or "modifications," or for short term (this fiscal year) or long term implementation.

Keep in mind that all of the programs for which you are requesting PA511 funding should be identified as strategies. Additionally, policies and practices you propose (such as targeting specific populations or characteristics) are also strategies. Strategies may apply to more than one objective and should be repeated under each objective as appropriate.

For Example, the objective or "Reduce PV rate from 32% to 25%" may have the following strategies:

1. Initiate structured sentencing with jail followed by RS followed by community Cognitive Behavioral Treatment program that targets Level 2 and 3 probation violators. (New, FY 2012)
2. Target PVs Level 2 and 3 PVs as priorities for Residential Services. (Continuation)

The same strategies (with modifications) would be appropriate for the objective of reducing the PCR of Straddle Cell offenders. Further OMNI data analysis may support an additional strategy of:

3. Target CJRP eligible straddle cells, especially those from Group 2 without MDOC status, for local sanctions including _____.

B: Felony Disposition Analysis

(NOTE: Regional CCABs should complete analysis for each county. Carriage returns are permitted in this section.)

Strategic Issue: Felony Dispositions

Public Act 511 of 1988 stipulates that counties shall develop a community corrections comprehensive plan and provide an explanation of how the county or counties' prison commitment rate will be reduced by diverting non-violent offenders, and promote recidivism reduction while public safety is maintained. The Act is intended to encourage the participation in community corrections programs of offenders who would likely be sentenced to imprisonment in a state correctional facility or jail, who would not increase the risk to public safety, have not demonstrated a pattern of violent behavior, and do not have a criminal record that indicates a pattern of violent offenses.

Goal: Reduce demand for prison resources and related budgetary requirements.

Priority: Reduce prison commitment of offenders who can be safely and effectively sanctioned and treated in the community by following the principles of effective intervention (i.e., risk, need, responsivity).

Your analysis forms the basis for your objectives and strategies. A weak connection between data analysis, objectives and proposed programming (strategies) may result in denial or conditional approval of your plan.

B-1: Using OMNI Felony Disposition data supplied by OCA for CY 2009 and FY 2010:

1. Are felony dispositions increasing, decreasing, or stable? *STABLE*
2. Describe changes within SGL categories. Report rates and elaborate: *In 2009, Manistee had 2 SGL NA, 38 INTERMEDIATE, 15 STRADDLE, AND 8 PRESUMPTIVE. In 2010, Manistee had 2 SGL NA, 46 INTERMEDIATE, 11 STRADDLE, AND 3 PRESUMPTIVE. In 2009, Benzie had 2 SGL NA, 32 INTERMEDIATE, 6 STRADDLE, AND 1 PRESUMPTIVE. In 2010, Benzie had 1 SGL NA, 32 INTERMEDIATE, 9 STRADDLE, AND 1 PRESUMPTIVE.*
3. What, if any, significant changes are reflected in distribution of dispositions among SGL categories? *There were no significant changes in the distribution of dispositions in Benzie. Manistee had 5 more presumptive prison cases in 2009 than 2010.*
4. Can you attribute any changes to strategies/programs in your comprehensive plan? *NO*
5. Describe any changes in criminal justice system stakeholders that may have contributed to changes in rates: *NONE*
6. Describe any changes in felony populations or offender characteristic that warrant a change in your plan: *NONE*
7. Provide additional analysis you feel necessary to explain your prison commitment rates here: *Straddle cell PCR is adversely affected by small numbers, 9 in Benzie and 11 in Manistee.*

B-2: Key Objectives and Strategies

NOTE:

- Five objectives are not required; objectives should be measurable and provide sufficient detail so progress can be monitored.
- Each objective should be followed by **at least** one strategy (step, action, policy, program) that will help you achieve your objective.
- Your objectives and strategies should be supported by the analysis you did above. If you did not provide analysis for a PV or Group 2 population, you wouldn't develop an objective related to that population.
- Keep in mind that all programs for which you are requesting funding are considered ***strategies***. Be sure to clearly identify them as strategies.

1. Objective #1: *Maintain or reduce the overall prison rate below State's 20.5% AVERAGE*

Strategies in support of Objective #1 (number and separate strategies by using carriage return [enter]):

(D-6)

Promote repeated commitments to substance abuse treatment, MRT, community service work and tether in lieu of jail or prison commitments (Continuation, FY 10). Focus on matching needs and risks of Offense 2 Straddle Cell offenders with programs by utilizing Compas screenings and collaboration with Probation Officers on case plans during the PSI stage (Continuation, FY 10).
2. Objective #2: Click here to enter text.
Strategies in support of Objective #2:
Click here to enter text.
3. Objective #3: Click here to enter text.
Strategies in support of Objective #3:
Click here to enter text.
4. Objective #4: Click here to enter text.
Strategies in support of Objective #4:
Click here to enter text.
5. Objective #5: Click here to enter text.
Strategies in support of Objective #5 :
Click here to enter text.

B-3: Assessment
• Use OMNI data to track changes in prison commitment rates that were identified as objectives. • Monitor and report on changes in local circumstances or offender populations/characteristics that prevent attainment of your objectives. • Use CCIS data to determine the utilization of your programs by your targeted populations.
What steps will you take if you find that you are not meeting your objectives or your strategies are not being implemented as planned? ***Re-examine local data, ask OCA for suggestions, and change or address strategies as necessary.***

(D-7)

C: Jail Utilization Analysis:

(NOTE: Regional CCABs should complete analysis for each county.)

Current Jail Utilization

County	*Manistee*	*Benzie*	*NA*	*NA*	*NA*	*NA*
RDC (including offline beds)	*60*	*47*	*NA*	*NA*	*NA*	*NA*
Utilization as % of RDC	*86%*	*80% including boardered in*	*NA*	*NA*	*NA*	*NA*
Operational beds # and % of RDC	*100%*	*100%*	*NA*	*NA*	*NA*	*NA*

1. Does your county have a written county jail population management plan per PA 139 of 2007? *YES both counties have one*
2. In CY 2010, did your sheriff initiate a reduction in population because the jail exceeded 95% of RDC for 5 consecutive days per Public Act 140 of 2007? *NO* If YES, explain how this was carried out: Click here to enter text.
3. In CY 2010 how many times did the county declare an official (in writing) jail overcrowding state of emergency (over 100% of RDC for 7 consecutive days) per Public Act 140 of 2007? *0 times for both Manistee and Benzie Counties*
4. Does your jail submit JPIS data? *YES, MANISTEE COUNTY RECENTLY SUBMITTED DATA FOR 2010 AND 2011)*
5. What vendor or jail management software is used to report jail utilization? *ID NETWORK JMS for Manistee and shortly for Benzie.*

Strategic Issue: Jail Utilization

Jail resources should be prioritized for use by individuals convicted of crimes against persons and/or offenders who present a higher risk of recidivism or risk to the public. Local comprehensive community corrections plans should reduce the demand for jail beds by diverting non-violent and lower-risk offenders, promote recidivism reduction while maintaining public safety and reduce jail overcrowding.

Goal: Operate local jails at 90% or less of the rated design capacity which can reduce the costs and liability for the county.

Priority: Improve jail utilization and reduce need to board inmates in other facilities; avoid releases under the emergency overcrowding act; maintain jail below the rated design capacity.

C-1: Using JPIS data (or local data as available) provide an analysis of local jail utilization including the average daily populations/lengths of stay of jail populations including felon and misdemeanant utilization, sentenced and unsentenced populations, partially sentenced populations, boarders, and offense categories. (Regionals: use carriage return [Enter] to separate information by jail)

1. This application uses *JPIS data.*
2. Are bookings up, down, or stable? Elaborate: *Stable*
3. Describe changes in ADP or AvLOS for major population groups: *stable*
4. Provide additional information to explain your jail utilization here including changes in stakeholders, law enforcement priorities, bed closures, etc.: *na*

C-2: Describe policies and practices that influence jail population:

1. Does the jail have a "bed allocation plan"? *NO*
2. Does the county have a "jail task force" in place to address jail utilization issues? *NO*

(D-8)

3.	How are sheriff's good time and trustee credits awarded/forfeited? ***GOOD TIME IS ONE DAY FOR EVERY SIX DAYS SERVED. NO TIME IS GIVEN FOR TRUSTEE***
4.	Is the jail "closed" to certain types of offenses/offenders/warrants? ***NO***
5.	Does the jail accept boarders from other counties? ***YES*** If YES, what is the daily rate charged for a boarder? ***$33***
6.	Does the jail have a county-imposed cap on local bed utilization to provide space for boarding? ***NO*** If YES, report number of boarders and the % of the RDC for all boarders. Click here to enter text.
7.	Does the jail accept Parole Violators on MDOC detainers? ***YES (what is the daily rate paid)***
8.	Does the jail accept MDOC or Federal boarders under contract? ***NO*** If YES, what is the daily rate charged for MDOC and/or Federal boarders? Click here to enter text.
9.	What was the revenue from boarders for CY 2010? ***$10500 Manistee, $119460.25 Benzie***
10.	What was the revenue from County Jail Reimbursement in CY 2010? ***0***
11.	Which CJRP "option" did the county select for FY 2011? ***Option A - $43.50 Straddle PRV 35+...*** Which will the county select for FY 2012 if given an opportunity to change? ***Option A - $43.50 Straddle PRV 35+...***
12.	Does the jail operate a work release program (offenders leave the jail to work and then return to the jail)? ***YES*** If YES, how many beds (number and % of RDC) are work release beds? ***WORK RELEASE ARE HOUSED IN GENERAL POPULATION*** How much are offenders charged to be on work release? ***$18 Manistee, $60 Benzie***
13.	Does the jail accept weekend sentences? ***YES*** If YES, approximately how many weekenders book in each weekend? ***0-1 ONLY OCCASIONALLY USED both counties***
14.	Provide additional analysis you feel is necessary to explain your jail utilization here: Click here to enter text.

C-3: Key Objectives and Strategies

NOTE:

- Five objectives are not required; objectives should be measureable and provide sufficient detail so progress can be monitored.
- Each objective should be followed by at least one strategy (step, action, policy, program) that will help you achieve your objective.
- Your objectives and strategies should be supported by the analysis you did above. If you did not identify the LOS of misdemeanants in your analysis, you wouldn't develop an objective related to that population.
- Refer to the most recent JPIS data (or your local data/snapshot if you don't have JPIS).
- Keep in mind that all programs for which you are requesting funding are considered *strategies*. Be sure to clearly identify them as strategies.

1. Objective #1: ***STAY BELOW THE 90% RDC OF THE MANISTEE COUNTY JAIL***
Strategies in support of Objective #1 (number and separate strategies by using carriage return):
PROMOTE DISTRICT COURT SENTENCING MISDMEANANTS TO CSW CREW ILO JAIL FOR FAILURE TO PAY FINES AND COSTS(NEW 2012). USE TETHER,MRT, AND PRS AS ALTERNATIVES TO JAIL FOR PROBATION VIOLATORS(CONTINUATION 2012).
2. Objective #2: Click here to enter text.
Strategies in support of Objective #2:
Click here to enter text.
3. Objective #3: Click here to enter text.
Strategies in support of Objective #3:
Click here to enter text.
4. Objective #4: Click here to enter text.
Strategies in support of Objective #4:
Click here to enter text.
5. Objective #5: Click here to enter text.

(D-9)

Strategies in support of Objective #5 :
Click here to enter text.

C-4: Assessment
• Use JPIS data (or local snapshot if JPIS isn't available) to track changes in jail utilization that were identified as objectives. • Monitor and report on changes in local circumstances or offender populations/characteristics that prevent attainment of your objectives. • Use CCIS data to determine the utilization of your programs by your targeted populations.
What steps will you take if you find that you are not meeting your objectives or your strategies are not being implemented as planned? ***ASK OCA FOR ASSISTANCE AND DISCUSS WITH JAIL ADMINISTRATORS***

(D-10)

D: Local Priorities
Present any local priorities such as development of criminal justice coordinating councils, jail expansion/repair, public education, etc., which have not been identified in the above sections:
Developing a work crew program in Manistee to reduce the number of misdemeanants sentence to jail for failure to pay for fines a costs.

(D-11)

Program Cost Descriptions
for
Enter CCAB Name Here

Salary & Wage Costs

Position 1

Title:	Director of Community Corrections	Name of Individual:	Neil A. Aasonto
Number of Hours Worked Per Year (Full Time is 2,080):	2080.00	FTE Equivalent:	1.00

Funding Sources & Cost Allocation

Program Code	CPS	Local/Other	Fee Revenue	Totals	Duties and Responsibilities
Administration	17,888			17,888	Grant writing, maintaining offender files, data entry, data analysis, board meetings
C01 - Anger Management	4,472			4,472	Same as MRT
C01 - Relapse Prevention	4,472			4,472	Data entry, maintaining offender treatment files, facilitating the program, reporting client progress to probation or the court
C01 - Moral Reconation Therapy	29,068	2,500		31,804	Data entry, maintaining offender treatment files, facilitating the program, reporting client progress to probation or the court
C01 - Thinking Matters	2,236				Data entry, maintaining offender treatment files, facilitating the program, reporting client progress to probation or the court
0					
D08 - Electronic Monitoring	13,416		3,000	16,416	Data entry, maintaining schedules, intial hook-up and orientation, written violation reports
I22 - Campus/Substance Abuse	17,888			17,888	Data entry, recommendation to probation officer
Totals	89,440	2,500	3,000	94,940	

Position 2

Title:		Name of Individual:	
Number of Hours Worked Per Year (Full Time is 2,080):		FTE Equivalent:	0.00

Funding Sources & Cost Allocation

Program Code	CPS	Local/Other	Fee Revenue	Totals	Duties and Responsibilities
Totals					

Position 3

Title:		Name of Individual:	
Number of Hours Worked Per Year (Full Time is 2,080):		FTE Equivalent:	0.00

Funding Sources & Cost Allocation

Program Code	CPS	Local/Other	Fee Revenue	Totals	Duties and Responsibilities
Totals					

Position 4

Title:		Name of Individual:	
Number of Hours Worked Per Year (Full Time is 2,080):		FTE Equivalent:	0.00

Funding Sources & Cost Allocation

Program Code	CPS	Local/Other	Fee Revenue	Totals	Duties and Responsibilities
Totals					

Position 5

Title:		Name of Individual:	
Number of Hours Worked Per Year (Full Time is 2,080):		FTE Equivalent:	0.00

Funding Sources & Cost Allocation

Program Code	CPS	Local/Other	Fee Revenue	Totals	Duties and Responsibilities
Totals					

Program Code	Program Name	
Administration	Administration	Administration
C01	Moral Reconation Therapy	C01 - Moral Reconation Therapy
C01	Anger Management	C01 - Anger Management
C01	Thinking Matters	C01 - Thinking Matters
C01	Relapse Prevention	C01 - Relapse Prevention
D08	Electronic Monitoring	D08 - Electronic Monitoring
I22	Campus/Substance Abuse	I22 - Campus/Substance Abuse
A25	Manatee County Sheriff's Work Crew	A25 - Manatee County Sheriff's Work Crew
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0

D-12

Contractual Services

Contract 1

Name of Provider:	Monterey County Sheriff's Department		
Services Provided:	Supervision of work crew	Terms of Reimbursement:	$4000 for Supervision of 40 offenders on work crew at $333 a month

Funding Sources & Cost Allocation

Program Code	CPB	Local/Other	Fee Revenue	Totals
A23 - Monterey County	4,000	10,000		14,000
Total	4,000	10,000		14,000

Contract 2

Name of Provider:			
Services Provided:		Terms of Reimbursement:	

Funding Sources & Cost Allocation

Program Code	CPB	Local/Other	Fee Revenue	Totals
Total				

Contract 3

Name of Provider:			
Services Provided:		Terms of Reimbursement:	

Funding Sources & Cost Allocation

Program Code	CPB	Local/Other	Fee Revenue	Totals
Total				

Equipment

(Equipment is typically defined as items items with a life expectancy of more than one year).

Program Code	Amount	Description
Total		

Supplies

(Supplies are typically defined as items items with a life expectancy of less than one year).

Program Code	Amount	Description
Total		

Travel

Program Code	Amount	Description
Total		

Training

Program Code	Amount	Description
Administration	1,000	Expenses for any training that becomes necessary or is available
Total	1,000	

Board Expenses

Program Code	Amount	Description
Administration	500	Food
Total	500	

Other

Program Code	Amount	Description
Total		

FY 2012 Program Description

Administration

Administration –

D-13

Administration is defined as those activities and related costs that have been incurred for the overall executive and administrative functions of the local office or other expenses of a general nature that do not relate solely to the operation of a specific program as defined/approved within the local plan. They are costs that by their nature are administrative in support of the overall duties and functions of the local OCA. This category must also include its allocable share of fringe benefits, costs, operation and maintenance expenses, and if applicable, depreciation and interest costs.

NOTE: A ***SUPPLY*** has a life expectancy of less than a year (paper, toner, folders, urine testing supplies, etc.) while ***EQUIPMENT*** has a life expectancy of more than a year (fax machine, PBT, leaf blower).

The form permits text, uses drop-down options, and permits additional text after a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

[illegible]
a. Name and title of CCAB manager: ***NEIL ASSANTE***
b. Name(s) and title(s) of clerical and/or administrative support staff: ***NA***
c. Is there a request for funding of other administrative or support personnel such as IT, human resources, etc.? ***NO*** If so, describe: Click here to enter text.
d. How frequently are CCAB meetings held? ***QUARTERLY***
e. Describe what is done to prepare/prepare board members for CCAB meetings and who (manager, clerical, etc.) does what: ***CCAB MANAGER SETS THE DATE FOR A MEETING, RESERVES ROOM, CREATES AGENDA AND PROVIDES RELATED INFORMATION. SECRETARY OF THE CCAB BOARD SENDS OUT NOTICE OF MEETINGS AND RECORDS THE MINUTES.***
f. Do your CCAB meeting agenda include the following items (please remember to forward agenda and meeting minutes to our office):
i. Review of prison commitment rates/recent sentencing trends: ☒
ii. Jail utilization/state of crowding: ☒
iii. Program utilization in general and by targeted populations: ☒
iv. Status of contractual conditions (if applicable): ☒
v. Status of contractual objectives: ☒
vi. Correspondence from Lansing Office of Community Alternatives: ☒
vii. Expenditures and reimbursements to date: ☒
viii. What other items are typically on your meeting agenda? ***ANY OTHER INFORMATION RELATED TO COMMUNITY CORRECTIONS OR OUR CRIMINAL JUSTICE SYSTEM.***
g. Describe how expenditure reports are processed and forwarded to OCA in Lansing: ***REPORTS ARE DONE ON BLANK BUDGE FORM FIRST THEN PUT IN EXCELL AND E-MAILED TO OCA.***
h. How often does the manager meet with, visit, and evaluate contracted programs? ***NA***

FY 2012 Program Description

Administration

D-14

	Explain: ***NO CONTRACTED PROGRAMS AT THIS TIME***
i.	Answer the following two questions only if PA511 funds support the CCAB manager's salary:
	i. How many staff does the manager directly supervise? ***NONE***
	ii. How much time is spent training, evaluating or disciplining staff? ***NONE***
j.	How often does the manager meet with probation supervisors/officers? ***3 TIMES A WEEK OR AS NECESSARY*** Explain: ***DISCUSS PROGRAM RECOMMENDATIONS, PROBATION VIOLATIONS, OFFENDER PROGRESS IN PROGRAMS***
k.	How often does the manager meet with the prosecutor? ***ONLY WHEN NECESSARY OR AT CCAB MEETINGS*** Explain: ***NOTHING USUALLY TO DISCUSS***
l.	How often does the manager meet with judges? ***ONCE A WEEK OR AS NECESSARY*** Explain: ***REQUIRED TO BE IN COURT TO ANSWER QUESTIONS RELATED TO PROGRAMMING AT SENTENCING AND TO RECEIVE PERMISSION TO RELEASE OFFENDERS FROM JAIL INTO PROGRAMMING.***
m.	How often does the manager meet with the sheriff/jail staff? ***ONCE A MONTH OR AS NECESSARY*** Explain: ***DISCUSS ANY SPECIFIC PROBLEMS OR EMERGENCIES***
n.	How often does the manager meet with financial support staff? ***ONCE EVERY 6 MONTHS OR AS NECESSARY*** Explain: ***REVIEW ANY CHANGES OR BUDGET PROBLEMS***
o.	How often are CCIS data reports run and reviewed for accuracy? ***UNABLE TO RUN CCIS DATA AT THIS TIME*** Explain: ***COMPAS REPORTS NOT FUNCTIONING PROPERLY AS OF THIS WRITING***
p.	How much time is spent reviewing OMNI and jail data? ***4 HOURS A MONTH*** Explain: ***REVIEW OMNI DATA AS UPDATED, REVIEW JAIL ROSTERS WEEKLY***
q.	How much time is estimated to be spent developing the plan and application? ***40 HOURS*** Describe when and how the plan is developed: ***PLAN IS DEVELOPED AS SOON AS ALL PERTINENT INFORMATION AND FORMS FROM OCA ARE OBTAINED. THIS WRITER THEN REVIEWS PREVIOUSLY APPROVED GRANT AND DEVELOPS THE PLAN.***
r.	Describe the involvement of other stakeholders or subcommittees in data analysis or plan/program development. ***NONE***
s.	How are utilization and expenditures monitored? ***BY THE CCAB MANAGER***
t.	What actions are taken when programs are under- or over-utilized? ***CCAB MANAGER REVIEWS RELEVENT STATISTICS AND BASED ON THIS REVIEW DISCUSSES IT WITH RELEVENT PARTIES, USUALLY THE JUDGE AND PROBATION OFFICERS, AND MAKE NECESSARY ADJUSTMENTS IF POSSIBLE.***
u.	Who develops the subcontracts for CPS funded services? ***CCAB MANAGER, THEN REVIEWED BY PROSECUTOR AND CCAB BOARD CHAIRMAN.***
v.	Who calculates jail bed days saved and how much time is devoted to that task? ***CCAB MANAGER AND ARE CALCULATED WHEN OFFENDER HAS COMPLETED PROGRAMS AND TAKES NO MORE THEN 2 HRS A MONTH***
w.	What specific tasks are assigned to clerical support and what is the frequency and amount of time dedicated to those tasks? ***THERE IS NO CLERICAL SUPPORT*** If there is no clerical support, describe clerical tasks/frequency and time demands if performed by the manager: ***DATA ENTRY, RESPONDING TO OCA REQUESTS, ANSWERING THE PHONE, MAKING COPIES OF NECESSARY DOCUMENTS OR FORMS, AND PAYING BILLS DEMANDS AT LEAST 10 HOURS A WEEK.***

FY 2012 Program Description

Administration:

D-15

x.	Does the county have procurement or purchasing policies for contractual services, supplies, and/or equipment? ***YES*** Describe: ***CAN BE PROVIDED UPON REQUEST,HOWEVER IN GENERAL NOTHING CAN BE PURCHASED OVER $500 WITHOUT CCAB BOARD APPROVAL***
y.	Please describe the county's policies on travel expense reimbursement (mileage, meal allowance, etc.): ***MILEAGE IS BASED ON THE STATE'S RATE AND MEAL ALLOWANCE OR HOTEL EXPENSES CAN PROVIDED UPON REQUEST.***
z.	Does your county have the facilities to host training (such as for cognitive programs or application training)? ***NO*** How many can your facilities comfortably accommodate? ***NA*** Would you be interested in hosting training? ***NO***
aa.	Does your county have a computer lab available for computer-based training? ***NO*** How many can your computer lab comfortably accommodate? ***NA*** Would you be interested in hosting training? ***NO***

FY 2012 Program Description

Group/Class Delivered Programming

D-16

CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*For OCA Use Only:*
Local Program Name: *ANGER MANAGEMENT*	*Approved CCIS Code:*
Service Provider: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*Approved Projected Enrollment:*
CCIS Service Type: *C01 - Cognitive Programming*	*Budget Recommendation:*
Projected Enrollment: *20*	*Conditions:*
Projected Length of Stay: *75*	*Coordinator:*

Does this program also use DDJR funding? *NO* **If YES, how many OUIL 3rds are projected?** Click here to enter text.

Program Location (select all that apply):	**Jail:** ☐	**Residential:** ☐	**Community:** ☒

Program Status (new, modification, continuation): *New Initiative*

If a modification, describe here: *NA*

List projected enrollment by member county: *20 MANISTEE*

GROUP/CLASS DELIVERED PROGRAMMING –

- **This form is for program activities delivered primarily through a group or class-type structure.**
- **When developing eligibility criteria think about what behavior or characteristic in addition to addressing PCRs or jail utilization that the program is intended to address.**
- **Use of individual sessions should be described when asked for.**
- **New CCIS codes have been established to identify the specialized nature of some programs and their populations.**
- **Cognitive, Substance Abuse Treatment, Sex Offender Treatment, Employment, Life Skills, and Domestic Violence programs are all programs that would use this form.**
- **G00 is an option for "other" group-type programming not specifically identified here (discuss with your coordinator first).**
- **In the future cognitive programs may have separate CCIS codes based on a beginning, intermediate or intensive program design.**
- **It will be recommended that CCABs receive a memorandum of understanding from local school districts, substance abuse coordinating councils, community mental health agencies, etc., clarifying what services are or are not available for your targeted populations under their existing funding and why/why not PA511 funds are required for these services.**

ANSWER ALL QUESTIONS USING "NA" IF NOT APPLICABLE TO THIS PARTICULAR PROGRAM.

The form permits text, uses drop-down options, and permits additional text when a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

1. **Identify the objective(s) from your felony and/or jail analysis (Part I) that this program is designed to address:**

ANGER MANAGEMENT IS DESIGNED TO ALLOW OFFENDERS TO ACQUIRE COGNITIVE TOOLS THAT HELP THEM CONTROL THEIR ANGER, THINK BEFORE THEY ACT, AND AVOID OR ADDRESS SITUATIONS THAT LEAD TO RECIDIVISM, JAIL AND EVENTUALLY PRISON.

2. **Based on your objective(s), what is your target population?**

PROBATION VIOLATERS WITH ANGER MANAGEMENT ISSUES

FY 2012 Program Description

Group/Class Delivered Programming

D-17

3. Describe the program:
a. Based on what your program is intended to address (treatment effects) within your targeted population, what are your eligibility (including exclusionary) criteria? Include requirements for assessments and assessment results. ***PROBATION VIOLATORS WHERE VIOLATION WAS ASSAULTIVE IN NATURE,***
b. Assessment (not screening) is the foundation of evidence-based practices. Referrals to treatment programs should be based upon assessed needs. Please describe your assessment practices below:
i. Is a risk and/or need assessment (includes substance abuse or mental health assessment) required ***prior to referral*** or admission to this program? ***YES, FELON OFFENDERS MUST COMPLETE A COMPAS , DISTRICT COURT ORDERS MISDEMEANORS TO THE PROGRAM***
ii. Who completes the assessment? ***CCAB MANAGER***
iii. Does the substance abuse assessment result in a recommended level of treatment per American Society of Addition Medicine (ASAM) criteria? ***NA***
iv. Is there a process to ensure that offenders receive the recommended level of treatment per the assessment? ***NO***
c. Are recommendations for the program made in the PSI or PV sentence recommendation? ***YES*** Are required assessments completed prior to the recommendation? ***YES***
d. How else are offenders identified and/or referred to the program? ***DISTRICT COURT ORDERS IT FROM THE BENCH.***
e. Identify who is responsible for confirming eligibility and describe the process. ***CCAB MANAGER***
f. Describe your process for addressing referrals not meeting program target/eligibility. ***THEY WILL BE JUDGED ON A CASE BY CASE BASIS***
g. How is CCIS data gathered/entered? ***CCIS DATA IS TAKEN FROM OFFENDER'S PSI, BIR, OR PROBATION ORDER***
h. Describe the program design (programs using this description form should be delivered primarily through a group or class structure):
i. Name of curriculum (if applicable and please spell out abbreviations). ***COPING WITH ANGER BY GREGORY L. LITTLE AND KENNETH D. ROBINSON***
ii. Number of sessions per week per cohort (group): ***ONE***
iii. How many cohorts? ***ONE***
iv. Length of sessions: ***45 MINUTES TO 90 MINUTES***
v. Understanding that some participants may take longer to master skills than others, how many sessions, on average, are anticipated for program completion? ***10***
vi. Identify what skills are taught in this program: ***ANGER MANAGEMENT***
vii. Identify if/how offenders transition between various phases or treatment locations (jail/residential/community) as applicable to your program: ***NA***
viii. Are individual sessions part of the program? ***NO***

FY 2012 Program Description

Group/Class Delivered Programming

D-18

ix. If individual sessions are part of the program and billed separately, how many individual sessions are anticipated per participant? *NA*
x. On what basis would individual sessions be used? *NA*
i. Identify the training or credentials held by your service provider qualifying him/her to provide this service: *MORAL RECONATION THERAPY*
j. How are delivered services (for billing purposes) and offender progress and participation documented by the service provider? *IN WRITING AND IN A CASE FILE*
k. How is offender progress/participation reported to the probation officer or referral source? Include frequency of reporting positive and negative progress and types of reports provided such as intake, monthly, termination, etc. *WEEKLY UPDATES WILL BE PROVIDED IN WRITING AS WELL AS TERMINATION NOTICES.*
l. Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program: *NA*
4. A program must meet at least one of the following objectives and there should be consistency between the objectives and strategies identified in Part I of your application, your targeting and eligibility noted above and your response here:
a. **Will this program reduce prison commitments?** *NO*
i. **If YES, clearly describe how:** Click here to enter text.
b. **Will this program impact jail utilization:** *YES*
i. **If YES, clearly describe how jail credit is awarded <u>and</u> documented for this program:** *OFFENDER IS ORDERED INTO PROGRAM IN LIEU OF JAIL WHICH IS DOCUMENTED IN THE JUDGEMENT OF SENTENCE*
ii. **Estimate how many jail bed days will be saved due to this program and describe how your estimate was calculated:** *600 DAYS, 20 REFERRALS AT 30 DAYS SAVED APIECE*
c. **Is this program intended to impact recidivism?** *YES*
i. **If YES, describe how and how it will be measured:** *OFFENDERS WILL BE FOLLOWED THE LENGTH OF THEIR PROBATION AND ANY NEW ASSAULTIVE OFFENSES WILL BE RECORDED.*
5. **PERFORMANCE MEASUREMENT: At Midyear and Year end you are required to report on the status of the following Key Performance Indicators, at a minimum:**
a. OCA recommends that 75% of PA511 funded program enrollees are from this program's primary target population. This discourages net-widening and focuses on populations in support of your objective(s).
b. Track the changes in PCRs, ADP and/or LOS based upon your program objectives per Part I. This will reflect status toward achievement of your objective(s).
c. Track jail bed days saved if applicable to your program design.
d. Track successful and unsuccessful terminations from the program.
e. Track the successful /unsuccessful discharge from probation for program completions/failures.
6. Develop additional performance indicators based on your program design such as newly acquired or improved skills, tests passed, pre/post test results, etc., as you deem appropriate. Contact your grant coordinator for assistance if necessary.
REARRESTS ON ASSAULTIVE OFFENSES

D-19

FY 2012 Program Description

Assessment Services

D-20

CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*For OCA Use Only:*
Local Program Name: *ASSESSMENTS*	*Approved CCIS Code*
Service Provider: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*Approved Projected Enrollment:*
CCIS Service Type: *I22 - Assessment*	*Budget Recommendation:*
Projected number of assessments (enrollment): *75*	*Conditions:*
	Coordinator:

Does this program also use DDJR funding? *NO* **If YES, how many OUIL 3rds are projected?** Click here to enter text.

Program Location (select all that apply):	**Jail:** ☒	**Residential:** ☐	**Community:** ☒

Program Status (new, modification, continuation): *Continuation*

If a modification, describe here: Click here to enter text.

List projected enrollment by member county: *MANISTEE 50, BENZIE 25*

ASSESSMENT SERVICES - Provides for thorough assessment of offender needs:

- **COMPAS or other objective, commercial risk/need assessment**
- **Assessment for substance abuse, mental health, or pretrial services eligibility**
- **Assessments provided by different service providers will require separate program description forms**
- **In the future OCA may be recommending use of the modified *Virginia Pretrial Risk Assessment* (author Dr. Marie VanNostrand) as a condition of pretrial funding**
- **Funding under assessment also includes the task of using results to develop treatment plans and/or recommendations for available services**

ANSWER ALL QUESTIONS USING "NA" IF NOT APPLICABLE TO THIS PARTICULAR PROGRAM.

The form permits text, uses drop-down options, and permits additional text when a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

1. **Identify the objective(s) from your felony and/or jail analysis (Part I) that this program is designed to address:**

ASSESSMENTS ALLOW FOR THE IDENTIFICATION OF OFFENDERS FOR PROGRAMS IN LIEU OF JAIL. ASSESSMENTS ARE THE FOUNDATION OF EVIDENCE BASED PRACTICES. ASSESSMENTS ALLOW FOR MATCHING RISK AND NEEDS WITH PROGRAMS, WHICH IN TURN REDUCES RECIDIVISM. ASSESSMENT PROVIDE THE SENTENCING JUDGE INFORMATION AND ALTERNATIVE INDIVIDUALIZED CASEPLANS IN LIEU OF PRISON OR JAIL.

2. **Based on your objective(s), what is your target population?**

PROBATION VIOLATORS, PRETRIAL FELONY OFFENDERS

3. **Describe the program:**
   a. Describe eligibility criteria, including exclusionary criteria, for an assessment: *OFFENDERS THAT ARE TO BE SENTENCED IN CIRCUIT COURT OR PROBATION VIOLATORS*
   b. What programs (PA511 and/or locally funded) require this assessment to determine

D-21

	eligibility? *MRT, THINKING MATTERS,ANGER MANAGEMENT*
c.	What assessment instrument is proposed? *COMPAS, DEFENDANT QUESTIONNAIRE*
d.	Is the assessment completed during the presentence investigation period (prior to sentencing)? *YES*
e.	How are offenders identified and/or referred for an assessment? *OFFENDERS ARE REFERRED BY PROBATION AGENTS DURING THE PSI STAGE.*
f.	Is this service contracted to a vendor or does local community corrections staff complete the assessment(s)? *COMMUNITY CORRECTONS COMPLETES THE ASSESSMENT*
g.	Describe the training or credentials of the person(s) doing the assessment(s) which qualify him/her to do them: *COMPAS TRAINING,Graduate Certificate for Alcohol and Drug Abuse from Western Michigan University*
h.	What is the cost of the instrument itself, per use? *COMPAS(NO CHARGE) DEFENDANT QUESTIONNAIRE $7*
i.	How much time is anticipated to complete one assessment (not including subsequent development of a recommendation or plan)? *2 HOURS*
j.	Is the assessment completed through an interview with the offender or would the offender fill out a questionnaire for later scoring? *OFFENDER FILLS OUT QUESTIONNAIRE FOR LATER SCORING*
k.	Is subsequent verification of information required prior to making a recommendation or determining eligibility? *YES, CRIMINAL RECORD AND PERSONAL INFORMATION ARE VERIFIED*
l.	Is the recommendation written? *NO*
m.	How much time is it estimated to take to put all information into a recommendation? *NA* Explain your response. *NO RECOMMENDATION MADE*
n.	Does a substance abuse assessment result in a recommended level of care per ASAM criteria? *YES*
o.	How is the information gained from the assessment used in sentencing recommendations? *PROBATION AGENT USES INFORMATION FOR SENTENCING RECOMMENDATIONS.*
p.	How is completion of assessment documented and invoiced by the service provider? *NA*
q.	How is information about the number of completed assessments entered into Case Manager and tracked for CCIS purposes? *ENTERED INTO COMPAS AS A PROGRAM*
r.	Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program: *NA*
4.	**PERFORMANCE MEASUREMENT: At Midyear and Year end you are required to report on the status of the following Key Performance Indicators, at a minimum:**
a.	OCA recommends that 75% of PA511 funded program enrollees are from this program's primary target population. This discourages net-widening and focuses on populations in support of your objective(s).
b.	Track the changes in PCRs, ADP and/or LOS based upon your program objectives per Part I. This will reflect status toward achievement of your objective(s).
c.	Track the percentage of assessments that result in placement in programming based on

D-22

assessed risk and/or need.
5. Develop additional performance indicators based on your program as you deem appropriate. Contact your grant coordinator for assistance if necessary.
COMPLETED ASSESSMENTS

FY 2012 Program Description

Supervision Services

D-23

CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*For OCA Use Only:*
Local Program Name: *ELECTRONIC MONITORING*	*Approved CCIS Code:*
Service Provider: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*Approved Projected Enrollments:*
CCIS Service Type: *D08 - Electronic Monitoring*	*Budget Recommendation:*
Projected Enrollment: *30*	*Conditions:*
Projected Length of Stay: *90 DAYS*	*Coordinator:*

Does this program also use DDJR funding? *NO* **If YES, how many OUIL 3rds are projected?** Click here to enter text.

Program Location (select all that apply):	**Jail:** ☐	**Residential:** ☐	**Community:** ☒

Program Status (new, modification, continuation): *Continuation*

If a modification, describe here: Click here to enter text.

List projected enrollment by member county: *20 MANISTEE, 10 BENZIE*

SUPERVISION SERVICES –

- **Supervision programs include Day Reporting, Electronic Monitoring, Intensive Supervision and Pretrial Supervision.**
- **It may be proposed that *Day Reporting* be eliminated as a program type since service typically delivered under DR could be funded under Case Management or Intensive Supervision.**
- **PA511 funds can not be used to provide Electronic Monitoring Services for MDOC probationers unless it is for pretrial supervision of a probationer with a new charge (call your grant coordinator for exceptions).**
- **When developing eligibility criteria, think about what behavior or characteristic in addition to addressing PCRs or jail utilization that the program is intended to address.**
- **Supervision programs are not intended to simply provide access to substance abuse testing absent other supervision activities.**
- **Costs associated with Substance Abuse Testing may be incurred as "supply" costs in this program's budget if testing is part of the program design.**
- **OCA recommends that an objective pretrial assessment be used before defendants are referred for pretrial supervision.**

ANSWER ALL QUESTIONS USING "NA" IF NOT APPLICABLE TO THIS PARTICULAR PROGRAM.

The form permits text, uses drop-down options, and permits additional text when a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

1. **Identify the objective(s) from your felony and/or jail analysis (Part I) that this program is designed to address:**

ELECTRONIC MONITORING PROVIDES THE SENTENCING JUDGE AN ALTERNATIVE TO JAIL OR PRISON. ELECTRONIC MONITORING FREES UP JAIL BEDS AND IS USED BY THE 19TH CIRCUIT COURT IN LIEU OF PRISON FOR PROBATION VIOLATORS AND STRADDLE CELLS.

2. **Based on your objective(s), what is your target population?**

STRADDLE CELL OFFENDERS, PROBATION VIOLATORS, OFFENDERS SENTENCED TO OVER 30 DAYS JAIL

FY 2012 Program Description

Supervision Services

D-24

3. Describe the program:
a. Is an assessment required to determine eligibility? *NO*
b. Based on what your program is intended to address within your targeted population, what are your eligibility (including exclusionary) criteria? Be sure to include assessment scores if applicable. ***STRADDLE CELL OFFENDERS, PROBATION VIOLATORS,OFFENDERS ENTENCED TO OVER 30 DAYS JAIL***
c. Are recommendations for the program made in the PSI or PV sentence recommendation? *YES*
d. How else are offenders identified and/or referred to the program? *COURT ORDERED*
e. Identify who is responsible for confirming eligibility and describe the process? ***Hon. James M. Batzer sentences offender to electronic monitoring in lieu of jail.***
f. Describe your process for addressing referrals not meeting program target/eligibility. ***Same as above.***
g. How is CCIS data gathered/entered? *COMPAS*
h. Are offenders supervised through (select all that apply): Office Visits: ☒ EMS: ☒ TX Reporting: ☒ TX System (e.g. OffenderLink): ☐ Field Contacts: ☐ Other (describe): Click here to enter text.
i. If using electronic monitoring or other technology (including phone *systems*) answer and clearly explain the following (use NA if not applicable to your program). ***NOTE:*** *The MDOC charges $6.50 per day for radio frequency or Sobrietor units with monitoring, or, $7.75 per day for both.*
i. What kind of equipment/system: ***VOICE PRINT TETHER***
ii. Vendor for equipment/service: ***MANISTEE/BENZIE COMMUNITY CORRECTIONS***
iii. Cost assessed by the vendor per unit/offender/day (clearly describe): ***$6 a day***
iv. Is there a separate cost associated (by program and/or vendor) with installation/set-up? *NO*
v. Who does the equipment installation/retrieval? ***Manistee/Benzie Community Corrections***
vi. Who sets up schedules and/or monitors compliance? ***Manistee/Benzie Community Corrections***
j. What is the frequency of reporting/contact with the offender? ***Twice a week***
k. How is frequency of reporting/contact determined? ***Standard, one phone contact, one in person report.***
l. What happens during a typical "report" and how long is it estimated to take? ***Schedule is taken and any problems discussed. Takes about 15 minutes***
m. Does the program design include collateral contacts with family, employer, school, treatment provider, etc.? ***YES, schedules are verified and treatment reports are requested***
n. Does the program assist offenders with securing identification and/or refer to additional social or supportive services? *NO*
o. Does the program monitor for new criminal activity? ***YES contact with police or***

FY 2012 Program Description

Supervision Services

D-25

district court probation office
p. This program *does not address* drug/alcohol testing.
q. Explain involvement in 'p' above including the frequency/cost of testing if provided: *n/a*
r. How are delivered services (for billing purposes) and offender progress and participation documented by the service provider? *COMPAS*
s. How is offender progress/participation reported to the probation officer or referral source? Include frequency of reporting positive and negative progress and types of reports provided such as intake, monthly, termination, etc. *MEET WITH PROBATION OFFICER ONCE A WEEK TO DISCUSS PROGRESS, MORE OFTEN IF THERE ARE ISSUES. TERMINATION GIVEN UPON COMPLETION*
t. Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program: *NONE*
4. A program must meet at least one of the following objectives and there should be consistency between the objectives and strategies identified in Part I of your application, your targeting and eligibility noted above and your response here:
a. Will this program reduce prison commitments? *YES*
i. If YES, clearly describe how: *PROVIDES SENTENCING JUDGE WITH AN ALTERNATIVE TO PRISON*
b. Will this program impact jail utilization: *YES*
i. If YES, clearly describe how jail credit is awarded <u>and</u> documented for this program: *JAIL CREDIT IS AWARDED AND DOCUMENTED IN OFFENDER'S PROBATION ORDER OR AN AMMENDED ORDER.*
ii. Estimate how many jail bed days will be saved due to this program and describe how your estimate was calculated: *750 DAYS, CALCULATED BASED ON AVERAGE OF 30 DAYS SAVED PER OFFENDER.*
c. Is this program intended to impact recidivism? *NO*
i. If YES, describe how and how it will be measured: Click here to enter text.
5. PERFORMANCE MEASUREMENT: At Midyear and Year end you are required to report on the status of the following Key Performance Indicators, at a minimum:
a. OCA recommends that 75% of PA511 funded program enrollees are from this program's primary target population. This discourages net-widening and focuses on populations in support of your objective(s).
b. Track the changes in PCRs, ADP and/or LOS based upon your program objectives per Part I. This will reflect status toward achievement of your objective(s).
c. Track jail bed days saved if applicable to your program design.
d. Track successful and unsuccessful terminations from the program.
e. Track the successful /unsuccessful discharge from probation for program completions/failures.
6. Develop additional performance indicators based on your program design such as securing of identification, completion of other monitored programs and conditions, etc., as you deem appropriate. Contact your grant coordinator for assistance if necessary.
NA

FY 2012 Program Description

Group/Class Delivered Programming

D-26

CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*For OCA Use Only:*
Local Program Name: *MORAL RECONATION THERAPY*	
Service Provider: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*Approved CCIS Code:*
CCIS Service Type: *C01 - Cognitive Programming*	*Approved Projected Enrollment:*
Projected Enrollment: *30*	*Budget Recommendation:*
Projected Length of Stay: *152*	*Conditions:*
	Coordinator:

Does this program also use DDJR funding? *NO* **If YES, how many OUIL 3rds are projected?** Click here to enter text.

Program Location (select all that apply):	**Jail:** ☒	**Residential:** ☐	**Community:** ☒

Program Status (new, modification, continuation): *Continuation*

If a modification, describe here: *NA*

List projected enrollment by member county: *20 MANISTEE, 10 BENZIE*

GROUP/CLASS DELIVERED PROGRAMMING –

- **This form is for program activities delivered primarily through a group or class-type structure.**
- **When developing eligibility criteria think about what behavior or characteristic in addition to addressing PCRs or jail utilization that the program is intended to address.**
- **Use of individual sessions should be described when asked for.**
- **New CCIS codes have been established to identify the specialized nature of some programs and their populations.**
- **Cognitive, Substance Abuse Treatment, Sex Offender Treatment, Employment, Life Skills, and Domestic Violence programs are all programs that would use this form.**
- **G00 is an option for "other" group-type programming not specifically identified here (discuss with your coordinator first).**
- **In the future cognitive programs may have separate CCIS codes based on a beginning, intermediate or intensive program design.**
- **It will be recommended that CCABs receive a memorandum of understanding from local school districts, substance abuse coordinating councils, community mental health agencies, etc., clarifying what services are or are not available for your targeted populations under their existing funding and why/why not PA511 funds are required for these services.**

ANSWER ALL QUESTIONS USING "NA" IF NOT APPLICABLE TO THIS PARTICULAR PROGRAM.

The form permits text, uses drop-down options, and permits additional text when a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

1. **Identify the objective(s) from your felony and/or jail analysis (Part I) that this program is designed to address:**

MRT IS DESIGNED TO ALLOW OFFENDERS TO ACQUIRE CONITIVE TOOLS THAT WILL HELP THEM SET GOALS, THINK BEFORE THEY ACT, AND AVOID OR ADDRESS SITUATIONS THAT LEAD TO RECIDIVISM, JAIL, AND EVENTUALLY PRISON. MRT PROVIDE THE COURT WITH AN ALTERNATIVE TO JAIL OR PRISON.

2. **Based on your objective(s), what is your target population?**

FY 2012 Program Description

Group/Class Delivered Programming

D-27

STRADDLE CELL OFFENDERS, PROBATION VIOLATORS, FELONY OFFENDERS WITH APPROPRIATE COMPAS SCORES

3. Describe the program:
a. Based on what your program is intended to address (treatment effects) within your targeted population, what are your eligibility (including exclusionary) criteria? Include requirements for assessments and assessment results. ***SCORES OF MEDIUM OR HIGH PROBABILITY ON AT LEAST FOUR OF THE FOLLOWING COMPAS SCALES: RISK OF VIOLENCE, RISK OF RECIDIVISM, CRIMINAL PERSONALITY, CRIMINAL THINKING SELF REPORT, COGNITIVE BEHAVIORAL, HISTORY OF NON-COMPLIANCE, SOCIALIZATION FAILURE. PROBATION VIOLATERS.***
b. Assessment (not screening) is the foundation of evidence-based practices. Referrals to treatment programs should be based upon assessed needs. Please describe your assessment practices below:
i. Is a risk and/or need assessment (includes substance abuse or mental health assessment) required ***prior to referral*** or admission to this program? ***YES, COMPAS***
ii. Who completes the assessment? ***MANISTEE/BENZIE COMMUNITY CORRECTIONS***
iii. Does the substance abuse assessment result in a recommended level of treatment per American Society of Addition Medicine (ASAM) criteria? ***NA***
iv. Is there a process to ensure that offenders receive the recommended level of treatment per the assessment? ***YES, IF THEY MEET THE ABOVE CRITERIA THEY ARE REFERRED TO MRT, IF NOT THEY ARE REFERRED TO THINKING MATTERS IF A COGNITIVE-BASE TREATMENT IS NECESSARY.***
c. Are recommendations for the program made in the PSI or PV sentence recommendation? ***YES*** Are required assessments completed prior to the recommendation? ***YES***
d. How else are offenders identified and/or referred to the program? ***REFERRED BY PROBATION AGENTS AS A RESPONSE TO A PROBATION VIOLATION.***
e. Identify who is responsible for confirming eligibility and describe the process. ***COMMUNITY CORRECTIONS IS RESPONSIBLE FOR CONFIRMING ELIGIBILITY AND IT IS BASED ON THE ABOVE CRITERIA.***
f. Describe your process for addressing referrals not meeting program target/eligibility. ***THEY ARE JUDGED ON A CASE BY CASE BASIS AND ARE EITHER PUT IN MRT OR THINKING MATTERS.***
g. How is CCIS data gathered/entered? ***DONE IN COMPAS***
h. Describe the program design (programs using this description form should be delivered primarily through a group or class structure):
i. Name of curriculum (if applicable and please spell out abbreviations). ***MORAL RECONATION THERAPY***
ii. Number of sessions per week per cohort (group): ***ONE***
iii. How many cohorts? ***THREE***

FY 2012 Program Description

Group/Class Delivered Programming

D-28

iv.	Length of sessions: ***45 MINUTES TO 90 MINUTES***
v.	Understanding that some participants may take longer to master skills than others, how many sessions, on average, are anticipated for program completion? ***15***
vi.	Identify what skills are taught in this program: ***GOAL SETTING, DELAYED GRATIFICATION, COGNITIVE THINKING, IMPULSE CONTROL,PRO-SOCIAL SKILLS***
vii.	Identify if/how offenders transition between various phases or treatment locations (jail/residential/community) as applicable to your program: ***THEY TRANSFER FROM JAIL TO THE COMMUNITY FROM THE LAST STEP THEY COMPLETED***
viii.	Are individual sessions part of the program? ***NO***
ix.	If individual sessions are part of the program and billed separately, how many individual sessions are anticipated per participant? ***NA***
x.	On what basis would individual sessions be used? ***NA***
i.	Identify the training or credentials held by your service provider qualifying him/her to provide this service: ***MORAL RECONATION THERAPY TRAINING***
j.	How are delivered services (for billing purposes) and offender progress and participation documented by the service provider? ***SIGN IN SHEET AND PROGRESS IS NOTED ON A FORM AND PLACED IN OFFENDER'S FILE***
k.	How is offender progress/participation reported to the probation officer or referral source? Include frequency of reporting positive and negative progress and types of reports provided such as intake, monthly, termination, etc. ***ONCE A WEEK AND AT TERMINATION IN WRITING***
l.	Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program: Click here to enter text.
4.	**A program must meet at least one of the following objectives and there should be consistency between the objectives and strategies identified in Part I of your application, your targeting and eligibility noted above and your response here.**
a.	**Will this program reduce prison commitments?** ***YES***
i.	**If YES, clearly describe how:** ***EVIDENCE BASED THAT MRT PARTICIPANTS ARE LESS LIKELY TO COMMIT NEW OFFENSES OR PROBATION VIOLATIONS WHICH LEAD TO A PRISON COMMITMENT.***
b.	**Will this program impact jail utilization:** ***YES***
i.	**If YES, clearly describe how jail credit is awarded <u>and</u> documented for this program:** ***JAIL BED DAYS ARE SAVED INDIRECTLY AS MRT IS PART OF A PROBATIONARY SENTENCE THAT THE COURT IMPOSES IN LIEU OF A LONGER JAIL SENTENCE OR PRISON AND ARE DOCUMENTED IN THE JUDGMENT OF SENTENCE.***
ii.	**Estimate how many jail bed days will be saved due to this program and describe how your estimate was calculated:** ***900 DAYS, 30 OFFENDERS AT AN AVERAGE OF 30 DAYS SAVED APIECE.***
c.	**Is this program intended to impact recidivism?** ***YES***
i.	**If YES, describe how and how it will be measured:** ***PROGRAM COMPLETION AND SUCCESSFUL COMPLETION OF PROBATION***

FY 2012 Program Description

Group/Class Delivered Programming

D-29

5. **PERFORMANCE MEASUREMENT: At Midyear and Year end you are required to report on the status of the following Key Performance Indicators, at a minimum:**
a. **OCA recommends that 75% of PA511 funded program enrollees are from this program's primary target population. This discourages net-widening and focuses on populations in support of your objective(s).**
b. **Track the changes in PCRs, ADP and/or LOS based upon your program objectives per Part I. This will reflect status toward achievement of your objective(s).**
c. **Track jail bed days saved if applicable to your program design.**
d. **Track successful and unsuccessful terminations from the program.**
e. **Track the successful /unsuccessful discharge from probation for program completions/failures.**
6. Develop additional performance indicators based on your program design such as newly acquired or improved skills, tests passed, pre/post test results, etc., as you deem appropriate. Contact your grant coordinator for assistance if necessary.
NA

FY 2012 Program Description

Group/Class Delivered Programming

D-30

CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*For OCA Use Only:*
Local Program Name: *RELAPSE PREVENTION*	*Approved CCIS Code:*
Service Provider: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*Approved Projected Enrollment:*
CCIS Service Type: *C01 - Cognitive Programming*	*Budget Recommendations:*
Projected Enrollment: *20*	*Conditions:*
Projected Length of Stay: *60 DAYS*	*Coordinator:*

Does this program also use DDJR funding? Choose an item. **If YES, how many OUIL 3rds are projected?** Click here to enter text.

Program Location (select all that apply):	**Jail:** ☐	**Residential:** ☐	**Community:** ☒

Program Status (new, modification, continuation): *New Initiative*

If a modification, describe here: Click here to enter text.

List projected enrollment by member county: *15 MANISTEE, 5 BENZIE*

GROUP/CLASS DELIVERED PROGRAMMING –

- **This form is for program activities delivered primarily through a group or class-type structure.**
- **When developing eligibility criteria think about what behavior or characteristic in addition to addressing PCRs or jail utilization that the program is intended to address.**
- **Use of individual sessions should be described when asked for.**
- **New CCIS codes have been established to identify the specialized nature of some programs and their populations.**
- **Cognitive, Substance Abuse Treatment, Sex Offender Treatment, Employment, Life Skills, and Domestic Violence programs are all programs that would use this form.**
- **G00 is an option for "other" group-type programming not specifically identified here (discuss with your coordinator first).**
- **In the future cognitive programs may have separate CCIS codes based on a beginning, intermediate or intensive program design.**
- **It will be recommended that CCABs receive a memorandum of understanding from local school districts, substance abuse coordinating councils, community mental health agencies, etc., clarifying what services are or are not available for your targeted populations under their existing funding and why/why not PA511 funds are required for these services.**

ANSWER ALL QUESTIONS USING "NA" IF NOT APPLICABLE TO THIS PARTICULAR PROGRAM.

The form permits text, uses drop-down options, and permits additional text when a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

1. **Identify the objective(s) from your felony and/or jail analysis (Part I) that this program is designed to address:**

RELAPSE PREVENTION IS DESIGNED TO ALLOW OFFENDERS WITH DRUG OR ALCOHOL PROBLEMS TO AQUIRE THE COGNITIVE SKILLS TO THINK BEFORE THEY ACT(IMPULSE CONTROL) AND AVOID SITUATIONS THAT MIGHT LEAD TO RELAPSE THEREBY AVOIDING JAIL OR PRISON SENTENCES ON SUBSTANCE ABUSE VIOLATIONS.

2. **Based on your objective(s), what is your target population?**

FY 2012 Program Description

Group/Class Delivered Programming

D-31

PROBATION VIOLATORS WHO HAD SUBSTANCE ABUSE TECHNICAL VIOLATIONS, OFFENDERS COMING OUT OF PRS OR RESIDENTIAL PROGRAMS

3. Describe the program:
a. Based on what your program is intended to address (treatment effects) within your targeted population, what are your eligibility (including exclusionary) criteria? Include requirements for assessments and assessment results. ***TECHNICAL VIOLATORS THAT ARE SUBSTANCE ABUSE RELATED, OFFENDERS WHO HAVE COMPLETED RESIDENTIAL OR PRS.***
b. Assessment (not screening) is the foundation of evidence-based practices. Referrals to treatment programs should be based upon assessed needs. Please describe your assessment practices below:
i. Is a risk and/or need assessment (includes substance abuse or mental health assessment) required ***prior to referral*** or admission to this program? ***NO***
ii. Who completes the assessment? ***NA***
iii. Does the substance abuse assessment result in a recommended level of treatment per American Society of Addition Medicine (ASAM) criteria? ***NA***
iv. Is there a process to ensure that offenders receive the recommended level of treatment per the assessment? ***NA***
c. Are recommendations for the program made in the PSI or PV sentence recommendation? ***NO*** Are required assessments completed prior to the recommendation? ***NA***
d. How else are offenders identified and/or referred to the program? ***OFFENDERS WHO HAVE A SUBSTANCE ABUSE RELATED TECHNICAL VIOLATION AND WHO HAVE ALREADY COMPLETED A RESIDENTIAL OR PRS PROGRAM ARE REFERRED BY A PROBATION OFFICER OR OFFENDERS WHO HAVE JUST COMPLETED A RESIDENTIAL OR PRS PROGRAM.***
e. Identify who is responsible for confirming eligibility and describe the process. ***COMMUNITY CORRECTIONS IS RESPONSIBLE FOR CONFIRMING ELIGIBILITY BY VERIFYING THE OFFENDERS TREATMENT HISTORY.***
f. Describe your process for addressing referrals not meeting program target/eligibility. ***NA***
g. How is CCIS data gathered/entered? ***COMPAS***
h. Describe the program design (programs using this description form should be delivered primarily through a group or class structure):
i. Name of curriculum (if applicable and please spell out abbreviations). ***STAYING QUIT***
ii. Number of sessions per week per cohort (group): ***1***
iii. How many cohorts? ***1***
iv. Length of sessions: ***45 TO 90 MINUTES***
v. Understanding that some participants may take longer to master skills than others, how many sessions, on average, are anticipated for program completion? ***8***

FY 2012 Program Description

Group/Class Delivered Programming

D-32

vi. Identify what skills are taught in this program: ***COGNITIVE SKILLS, IMPULSE CONTROL, AND HOW TO AVOID SITUATIONS THAT LEAD TO RELAPSE***

vii. Identify if/how offenders transition between various phases or treatment locations (jail/residential/community) as applicable to your program: ***NA***

viii. Are individual sessions part of the program? ***NO***

ix. If individual sessions are part of the program and billed separately, how many individual sessions are anticipated per participant? ***NA***

x. On what basis would individual sessions be used? ***NA***

i. Identify the training or credentials held by your service provider qualifying him/her to provide this service: ***MRT TRAINED, WMU GRADUATE CERTIFICATE PROGRAM FOR ALCOHOL AND DRUG ABUSE***

j. How are delivered services (for billing purposes) and offender progress and participation documented by the service provider? ***SIGN IN SHEETS AND WEEKLY WRITTEN PROGRESS REPORTS***

k. How is offender progress/participation reported to the probation officer or referral source? Include frequency of reporting positive and negative progress and types of reports provided such as intake, monthly, termination, etc. ***WEEKLY PROGRESS REPORTS AND AT TERMINATION***

l. Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program: ***NA***

4. A program must meet at least one of the following objectives and there should be consistency between the objectives and strategies identified in Part I of your application, your targeting and eligibility noted above and your response here:

a. **Will this program reduce prison commitments?** ***NO***

i. **If YES, clearly describe how:** Click here to enter text.

b. **Will this program impact jail utilization:** ***NO***

i. **If YES, clearly describe how jail credit is awarded <u>and</u> documented for this program:** Click here to enter text.

ii. **Estimate how many jail bed days will be saved due to this program and describe how your estimate was calculated:** ***NA***

c. **Is this program intended to impact recidivism?** ***YES***

i. **If YES, describe how and how it will be measured:** ***PROGRAM COMPLETION***

5. **PERFORMANCE MEASUREMENT: At Midyear and Year end you are required to report on the status of the following Key Performance Indicators, at a minimum:**

a. OCA recommends that 75% of PA511 funded program enrollees are from this program's primary target population. This discourages net-widening and focuses on populations in support of your objective(s).

b. Track the changes in PCRs, ADP and/or LOS based upon your program objectives per Part I. This will reflect status toward achievement of your objective(s).

c. Track jail bed days saved if applicable to your program design.

d. Track successful and unsuccessful terminations from the program.

e. Track the successful /unsuccessful discharge from probation for program completions/failures.

6. Develop additional performance indicators based on your program design such as newly

D-33

acquired or improved skills, tests passed, pre/post test results, etc., as you deem appropriate. Contact your grant coordinator for assistance if necessary.
NA

FY 2012 Program Description

Group/Class Delivered Programming

D-34

CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*For OCA Use Only:*
Local Program Name: *THINKING MATTERS*	*Approved CCIS Code:*
Service Provider: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*Approved Projected Enrollment:*
CCIS Service Type: *C01 - Cognitive Programming*	*Budget Recommendation:*
Projected Enrollment: *20*	*Conditions:*
Projected Length of Stay: *30 DAYS*	*Coordinator:*

Does this program also use DDJR funding? *NO* **If YES, how many OUIL 3rds are projected?** Click here to enter text.

Program Location (select all that apply):	**Jail:** ☐	**Residential:** ☐	**Community:** ☒

Program Status (new, modification, continuation): *Continuation*

If a modification, describe here: Click here to enter text.

List projected enrollment by member county: *15 MANISTEE, 5 BENZIE*

GROUP/CLASS DELIVERED PROGRAMMING –

- **This form is for program activities delivered primarily through a group or class-type structure.**
- **When developing eligibility criteria think about what behavior or characteristic in addition to addressing PCRs or jail utilization that the program is intended to address.**
- **Use of individual sessions should be described when asked for.**
- **New CCIS codes have been established to identify the specialized nature of some programs and their populations.**
- **Cognitive, Substance Abuse Treatment, Sex Offender Treatment, Employment, Life Skills, and Domestic Violence programs are all programs that would use this form.**
- **G00 is an option for "other" group-type programming not specifically identified here (discuss with your coordinator first).**
- **In the future cognitive programs may have separate CCIS codes based on a beginning, intermediate or intensive program design.**
- **It will be recommended that CCABs receive a memorandum of understanding from local school districts, substance abuse coordinating councils, community mental health agencies, etc., clarifying what services are or are not available for your targeted populations under their existing funding and why/why not PA511 funds are required for these services.**

ANSWER ALL QUESTIONS USING "NA" IF NOT APPLICABLE TO THIS PARTICULAR PROGRAM.

The form permits text, uses drop-down options, and permits additional text when a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

1. **Identify the objective(s) from your felony and/or jail analysis (Part I) that this program is designed to address:**

THINKING MATTERS IS DESIGNED TO ALLOW OFFENDERS TO ACQUIRE COGNITIVE TOOLS THAT WILL HELP THEM THINK BEFORE THEY ACT AND AVOID OR ADDRESS SITUATIONS THAT LEAD TO RECIDIVISM, JAIL, AND EVENTUALLY PRISON.

2. **Based on your objective(s), what is your target population?**

PROBATION VIOLATERS, FELONS OR MISDMEANANTS THAT DO NOT QUALIFY FOR MRT

FY 2012 Program Description

Group/Class Delivered Programming

D-35

3. Describe the program:
a. Based on what your program is intended to address (treatment effects) within your targeted population, what are your eligibility (including exclusionary) criteria? Include requirements for assessments and assessment results. ***OFFENDERS THAT DO NOT QUALIFY FOR MRT***
b. Assessment (not screening) is the foundation of evidence-based practices. Referrals to treatment programs should be based upon assessed needs. Please describe your assessment practices below:
i. Is a risk and/or need assessment (includes substance abuse or mental health assessment) required ***prior to referral*** or admission to this program? ***YES, COMPAS***
ii. Who completes the assessment? ***MANSITEE/COUNTY COMMUNITY CORRECTIONS***
iii. Does the substance abuse assessment result in a recommended level of treatment per American Society of Addition Medicine (ASAM) criteria? ***NA***
iv. Is there a process to ensure that offenders receive the recommended level of treatment per the assessment? ***YES, OFFENDERS ARE PLACE IN THE COGNITIVE PROGRAM AS ASSESSED BY COMPAS***
c. Are recommendations for the program made in the PSI or PV sentence recommendation? ***YES*** Are required assessments completed prior to the recommendation? ***YES***
d. How else are offenders identified and/or referred to the program? ***COURT ORDERED OR REFERRED BY PROBATION OFFICER AS A RESPONSE TO A PROBATION VIOLATION***
e. Identify who is responsible for confirming eligibility and describe the process. ***COMMUNITY CORRECTIONS IS RESPONSIBLE FOR CONFIRMING ELIGIBILITY AND IS BASE OF THE ABOVE CRITERIA.***
f. Describe your process for addressing referrals not meeting program target/eligibility. ***OFFENDERS NOT MEETING PROGRAM ELIBILITY ARE JUDGED ON A CASE BY CASE BASIS AND EITHER DENIED OR PLACE IN AN APPROPRIATE PROGRAM.***
g. How is CCIS data gathered/entered? ***COMPAS***
h. Describe the program design (programs using this description form should be delivered primarily through a group or class structure):
i. Name of curriculum (if applicable and please spell out abbreviations). ***THINKING MATTERS***
ii. Number of sessions per week per cohort (group): ***1***
iii. How many cohorts? ***1***
iv. Length of sessions: ***45 MINUTES TO 90 MINUTES***
v. Understanding that some participants may take longer to master skills than others, how many sessions, on average, are anticipated for program completion? ***4***
vi. Identify what skills are taught in this program: ***COGNITIVE THINKING, IMPULSE CONTRO***
vii. Identify if/how offenders transition between various phases or treatment

FY 2012 Program Description

Group/Class Delivered Programming

D-36

locations (jail/residential/community) as applicable to your program: *NA*
viii. Are individual sessions part of the program? *NO*
ix. If individual sessions are part of the program and billed separately, how many individual sessions are anticipated per participant? *NA*
x. On what basis would individual sessions be used? *NA*
i. Identify the training or credentials held by your service provider qualifying him/her to provide this service: ***THINKING MATTERS TRAINING***
j. How are delivered services (for billing purposes) and offender progress and participation documented by the service provider? ***IN WRITING AND COPIES OF SIGN IN SHEETS TO PROBATION OFFICERS***
k. How is offender progress/participation reported to the probation officer or referral source? Include frequency of reporting positive and negative progress and types of reports provided such as intake, monthly, termination, etc. ***IN WRITING ONCE A WEEK AND UPON TERMINATION***
l. Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program: *NA*
4. **A program must meet at least one of the following objectives and there should be consistency between the objectives and strategies identified in Part I of your application, your targeting and eligibility noted above and your response here:**
a. **Will this program reduce prison commitments?** *NO*
i. **If YES, clearly describe how:** Click here to enter text.
b. **Will this program impact jail utilization:** *NO*
i. **If YES, clearly describe how jail credit is awarded <u>and</u> documented for this program:** Click here to enter text.
ii. **Estimate how many jail bed days will be saved due to this program and describe how your estimate was calculated:** *NA*
c. **Is this program intended to impact recidivism?** *YES*
i. **If YES, describe how and how it will be measured:** *PROGRAM COMPLETIONS*
5. **PERFORMANCE MEASUREMENT: At Midyear and Year end you are required to report on the status of the following Key Performance Indicators, at a minimum:**
a. OCA recommends that 75% of PA511 funded program enrollees are from this program's primary target population. This discourages net-widening and focuses on populations in support of your objective(s).
b. Track the changes in PCRs, ADP and/or LOS based upon your program objectives per Part I. This will reflect status toward achievement of your objective(s).
c. Track jail bed days saved if applicable to your program design.
d. Track successful and unsuccessful terminations from the program.
e. Track the successful /unsuccessful discharge from probation for program completions/failures.
6. Develop additional performance indicators based on your program design such as newly acquired or improved skills, tests passed, pre/post test results, etc., as you deem appropriate. Contact your grant coordinator for assistance if necessary.
NA

FY 2012 Program Description

Community Services

D-3

CCAB: *MANISTEE/BENZIE COMMUNITY CORRECTIONS*	*For OCA Use Only:*
Local Program Name: *A25*	*Approved CCIS Code*
Service Provider: *MANISTEE COUNTY SHERIFF'S DEPARTMENT*	*Approved Projected Enrollment:*
CCIS Service Type: *A25 - Work Crew (Inmate)*	*Budget Recommendation:*
Projected New Enrollment: *40*	*Conditions:*
Projected LOS: *30*	*Coordinator:*

Does this program also use DDJR funding? *NO* **If YES, how many OUIL 3rds are projected?** Click here to enter text.

Program Location (select all that apply):	**Jail:** ☒	**Residential:** ☐	**Community:** ☐

Program Status: *New Initiative*

If a modification, describe here: Click here to enter text.

List projected enrollment by member county: *40 MANISTEE*

Recommendation for OCA funding: target populations for Community Service - Placement (A19) are recommended as follows and shall be used in *lieu* of jail, not as a standard condition of probation:

- Felony probation violators
- Misdemeanor probation violators
- Other: Specific Offense Group with documentation to support significant historic jail utilization (discuss with your grant coordinator first)

Proposed minimum credit ratio: 1 day of credit per 3 days worked, results in potential for 25% reduction in jail sentence.

The following definitions are used:

- A19 - Community Service – Placement: Probationers assigned to complete work hours on an individual basis.
- A25 - Work Crew – Inmate: Inmates under the custody of the sheriff who leave the jail under supervision for a work assignment and then return to the jail.
- A26 - Work Crew – Community: Offenders who are assigned to an organized and supervised work crew while living at home.

ANSWER ALL QUESTIONS USING "NA" IF NOT APPLICABLE TO THIS PARTICULAR PROGRAM.

The form permits text, uses drop-down options, and permits additional text when a drop-down option with further instructions is selected. Some text entries where longer responses are anticipated permit carriage returns [press Enter] to create separate paragraphs.

1. Identify the objective(s) from your felony and/or jail analysis (Part I) that this program is designed to address:

Stay below 90% of the RDC of the Manistee County Jail

2. Based on your objective(s), what is your target population?

Probation violators, misdemeanants sentenced to 30 days or more for failure to pay fines and costs

3. **Complete *a-o* for WORK CREW programs. If not a WORK CREW go to #4:**

FY 2012 Program Description

Community Services

D-38

a.	Are workers jail inmates (living in the jail, not at home/EMS on inmate status)? ***YES***
b.	Do workers report to the jail or work site and work as a supervised crew? ***Workers will report to the jail.***
c.	Is the crew transported off site for work? Explain: ***Yes***
d.	Do inmates work as a crew under supervision? Explain: ***Yes***
e.	Who supervises the crew? ***Manistee County Sheriff's Department***
f.	Who identifies, organizes, develops worksites? ***Manistee County Sheriff's Department***
g.	Do inmate workers earn at least one day of credit for three days worked? ***YES***
h.	What is the credit rate? ***Day for day***
i.	How are credits monitored and new release date calculated? ***Supervisory Staff of the Manistee County Sheriff's Department*** Who calculates credit and release date? ***Supervisory staff of the Manistee County Sheriff's Department.***
j.	Is the supervising probation officer/judge advised of the projected new jail release date? ***NO*** If YES, who provides that notification and how? Click here to enter text.
k.	How many offenders typically are on a crew? ***8***
l.	How many supervisors per crew? ***1***
m.	Based on your specific program design (including where offenders may be working) and your target population, what are your eligibility (including exclusionary) criteria? ***Probation Violators, misdemeanors sentence to at least 30 days jail for failure to pay fines and costs***
n.	Do you have insurance for your workers? ***NO***
o.	Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program. ***na***
	(Work Crew description is complete - Continue on to #5)
4.	**Complete the following for COMMUNITY SERVICE – PLACEMENT programs:**
a.	Program is used in LIEU of jail time, including weekends: Choose an item.
b.	There is a policy giving employed offenders a certain number of days to complete each 10 hours of court ordered community service work. Choose an item. How many? Click here to enter text.
c.	There is a policy giving unemployed offenders a certain number of days to complete each 10 hours of court ordered community service work. Choose an item. How many? Click here to enter text.
d.	Probation Order/Commitment Order reflects the number of hours of ordered community service work: Choose an item.
e.	Probation Order/Commitment Order reflects the number of jail bed saved: Choose an item.
f.	Based on your specific program design (including where offenders may be working) and your target population, what are your eligibility (including exclusionary) criteria? Click here to enter text.
g.	Do you have insurance for your workers? Choose an item.
h.	PA511-funded staff establishes work locations: Choose an item.
i.	PA511-funded staff place offenders and establish work schedules: Choose an item.
j.	PA511-funded staff monitors completion of ordered hours: Choose an item.

FY 2012 Program Description

Community Services

D-31

k. Probation officer/referral source is notified of satisfactory compliance:
l. CCAB has a policy/procedure for notifying probation officer/referral sources for noncompliance. Choose an item.
m. Summarize the placement, monitoring and notification process here: Click here to enter text.
n. Review your answers above. Summarize other aspects of the program not specifically identified above that you feel are critical to understanding this program. Click here to enter text.
5. **FOR ALL PROGRAMS:** A program must meet at least one of the following objectives and there should be consistency between the objectives and strategies identified in Part I of your application, your targeting and eligibility noted above and your response here.
a. **Will this this program reduce prison commitments?** ***NO***
i. **If YES, clearly describe how:** Click here to enter text.
b. **Will this program impact jail utilization?** ***YES***
i. **CLEARLY describe how jail credit is awarded and documented for this program.** ***Jail credit is given on a day for day basis and is documented in offenders jail file and new release date.***
ii. **Estimate how many jail bed days will be saved due to this program and describe how your estimate was calculated.** ***1200 jail days saved calculated by 40 participants and an average of 30 day saved per offender***
c. **Is this program intended to impact recidivism?** ***NO***
i. **If YES, describe how and how it will be measured:** Click here to enter text.
6. **PERFORMANCE MEASUREMENT: At Midyear and Year end you are required to report on the status of the following Key Performance Indicators, at a minimum:**
a. OCA recommends that 75% of PA511 funded program enrollees are from this program's primary target population. This discourages net-widening and focuses on populations in support of your objective(s).
b. Track the changes in PCRs, ADP and/or LOS based upon your program objectives per Part I. This will reflect status toward achievement of your objective(s).
c. Jail bed days saved.
7. Develop additional performance indicators based on your program such as number of hours worked, projects completed, public comment on services, etc., as you deem appropriate. Contact your grant coordinator for assistance if necessary.
Number of hours worked

(APPENDIX E)

	Participants Per Year		# of Yrs. Program in effect		Total
AVG # TETHER PARTICIPANTS	20	X	18	=	360
AVG # PRS PARTICIPANTS	15	X	18	=	270
AVG # CSW PARTICIPANTS	30	X	18	=	540
AVG # MRT PARTICIPANTS	22	X	5	=	110
AVG # SCREENINGS	80	X	18	=	1440
AVG # PRISON DIVERSIONS	12	X	18	=	216
AVG # JAIL BED DAYS SAVED	1200	X	18	=	21600
AVG # JAIL BED SAVED PER DAY	3.2				
ONE JUVENILE TETHER	120 DAYS				$24,000
MANISTEE CTY CONTRIBUTION	$0				
SAVINGS TO MANISTEE CTY					$996,000
ZERO TOLERANCE GRANT					$110,000
JUVENILE DRUG COURT					$160,000
COMMUNITY CORRECTIONS	$80,000	X	18	=	$1,440,000
					$1,710,000

Community Corrections Annual Budget

(APPENDIX F-1)

Manistee County

OFFICE OF
CONTROLLER/
ADMINISTRATOR
231-398-3500 • Fax 231-723-1795
www.manisteecountymi.gov

Manistee County Courthouse • 415 Third Street • Manistee, Michigan 49660

MEMORANDUM

TO: James Espvik, 9-1-1 Director/Central Dispatch; Charles Haemker, Library Administrator; Linda Duchon, Medical Care Facility Administrator; Richard Strevey, General Manager, Manistee County Transportation, Inc.; and Lora Laurain, Director, Council on Aging

FROM: Thomas D. Kaminski, County Controller/Administrator

DATE: July 12, 2011

RE: Financial Statement Request

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For the past several years, the Manistee County Board of Commissioners has combined the adoption of the County budget and the truth in taxation process by holding one Public Hearing. The hearing, which this year will be held during the September meeting, allows the public to comment on the County's tentative budget and the 2011 levy of allocated and special millage. Immediately following this Public Hearing, the Board of Commissioners will adopt a fiscal year 2011/12 County budget and approve the 2011 levy of millage. A copy of the preliminary maximum allowable millage levy for 2011 is enclosed for your review. In an effort to make an informed decision on the 2011 levy of millage, the Ways & Means Committee is requesting that you please provide the following information no later than Monday, August 1, 2011.

1) Most recent completed audit.

2) Most recent month end balance sheet including fund balance.

3) A copy of your fiscal year 2011/12 tentative budget if completed. If not yet completed, an overview in letter form of anticipated revenue and expense projections is acceptable.

This information can be mailed to my attention at the Manistee County Courthouse, 415 Third Street, Manistee, Michigan 49660. It is the Committee's intention to review this financial information at the Ways & Means Committee meeting which is scheduled for Tuesday, August 9, 2011 at 9:30 A.M. in the Board of Commissioners meeting room. If you would like to attend and provide further explanation of your revenue needs and answer questions from the Committee, please contact me and I will schedule you for a specific time on the agenda.

On behalf of the Ways & Means Committee, thank you for your immediate attention to this matter. If you have any questions, please contact me.

Enclosure

cc: Manistee County Board of Commissioners
Roger Elbers, Equalization Director
Russell Pomeroy, County Treasurer
Jeri Lyn Prielipp, Finance Assistant

[rn h:\budget\FY_2011_12\financial stmt request 2011]

Michigan Department of Treasury
614 (3-00)

This form is issued under MCL Sections 211.24e, 211.34 and 211.34d. Filing is mandatory; Penalty applies.

ORIGINAL TO: County Clerk(s)
COPY TO: Equalization Dept.(s)
COPY TO: Each Twp or City Clerk

L-4029

2011 TAX RATE REQUEST
MILLAGE REQUEST REPORT TO COUNTY BOARD OF COMMISSIONERS

County	2011 Taxable Value of ALL Properties in the Unit as of 5-23-11
MANISTEE	(Not Including Ren Zone) 1,086,690,227
Local Government Unit	
MANISTEE COUNTY	

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE CAREFULLY.

You must complete this form for each unit of government for which a property tax is levied. Penalty for non-filing is provided under MCL Sec. 211.119.

The following tax rates have been authorized for levy on the 2011 tax roll.

(1) Source	(2) Purpose of Millage	(3) Date of Election	(4) Millage Authorized by Election, Charter, etc.	(5) 2010 Millage Rate Permanently Reduced by MCL 211.34d	(6) 2011 Current Year Millage Reduction Fraction	(7) 2011 Millage Rate Permanently Reduced by MCL 211.34d	(8) Sec. 211.34 Millage Rollback Fraction	(9) Maximum Allowable Millage Levy*	(10) Millage Requested to be Levied July 1	(11) Millage Requested to be Levied Dec. 1	(12) Expiration Date of Millage Authorized
ALLOCATION	OPERATING	08/06/06	5.5000	5.4615	1.0000	5.4615	1.0000	5.4615	5.4615	N/A	Dec-2011
VOTED	LIBRARY	08/05/08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	Dec-2012
VOTED	MEDICAL CARE	08/03/10	0.5000	0.5000	1.0000	0.5000	1.0000	0.5000		0.5000	Dec-2015
VOTED	911	08/05/08	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		0.7000	Dec-2012
VOTED	DIAL A RIDE	08/06/06	0.3300	0.3276	1.0000	0.3276	1.0000	0.3276		0.3276	Dec-2013
VOTED	COUNCIL ON AGING	08/03/10	0.3000	0.3000	1.0000	0.3000	1.0000	0.3000		0.3000	Dec-2015

Truth in Taxation procedure accomplished through annual budget process

Prepared by	Title	Date
Roger Elbers	Equalization Director	06/01/11

As the representatives for the local government unit named above, we certify that these requested tax levy rates have been reduced, if necessary, to comply with the state constitution (Article 9, Section 31), and that the requested levy rates have also been reduced, if necessary, to comply with MCL Sections 211.24e, 211.34, and for LOCAL school districts which levy a Supplemental (Hold Harmless) Millage, MCL 380.1211(3).

		Signature	Type Name	Date
[X]	Clerk	Marilyn Kliber	Marilyn Kliber	5/31/2011
[ ]	Secretary			
[X]	Chairperson		Jim Krolczyk	5/31/2011
[ ]	President			

Under Truth in Taxation, MCL Section 211.24e, the governing body may decide to levy a rate which will not exceed the maximum authorized rate allowed in column 9. A public hearing and determination is required for an operating levy which is larger than the base tax rate but not larger than the rate in column 9.

**** IMPORTANT:** See instructions on the reverse side for the correct method of calculating the millage rate in column (5).