## 26th JUDICIAL CIRCUIT COURT **Juvenile Division**

#### **ALPENA COUNTY**

719 W. Chisholm St., Suite 8 Alpena, MI 49707 (989) 354-9696 Fax (989) 354-9786

#### MONTMORENCY COUNTY

P.O. Box 789 Atlanta, MI 49709 (989) 785-8059 Fax (989) 785-8078

# Memorandum

T0:

Alpena County Board of Commissioners

From:

Janelle Mott, Juvenile Officer

Date:

October 21, 2025

RE:

FY2026 Child Care Fund Budget

Attached please find the proposed FY2026 Child Care Fund Budget for Alpena County. The cover page presents an overview of all programming and funding the Juvenile Division is funding through the Child Care Fund for Fiscal Year 2026 (October 1, 2025 - September 30, 2026).

The total budget requested totals \$1,485,520.00. This is an increase \$204,800 from last year's request. The increase is both in community-based services and out-of-home care, including foster care and independent living. We have seen an increase in both independent living and foster care expenses this past year, and anticipate that trend will continue.

As was the same last year, all Community Based Programming, which includes Probation Services, as well as our PIVOT Program. will be reimbursed at 75%, while foster care and out-of-home care will be reimbursed at 50%. Further, the Iuvenile Court will continue to receive 10% of gross back in lieu of cost allocation for FY2026.

While the overall request has increased for FY2026, there is NOT a request for an increase in allocation, as the increase in reimbursement has resulted in the ability for the Child Care Fund to provide more services with less local money.

I am requesting approval for the full amount requested, and I look forward to discussing this Janl Molt 1025 proposal at the upcoming meeting.

Thank you.

#### **County Child Care Budget Summary (DHS-2091)**

Michigan Department of Health and Human Services (MDHHS) Children's Services Agency

Alpena County for October 1, 2025 through September 30, 2026

Organization Court Contact Person		Telephone Number	Number Email Address	
Alpena County	Janelle Packer - CCF Organization (989) 354-9705 Fiscal Staff		packerj@alpenacounty.org	
Fiscal Year MDHHS Contact Person		Telephone Number	Email Address	
October 1, 2025 through September 30, 2026	Tina Smigelski - CCF Organization Management	(989) 362-0316	smigelskit@michigan.gov	

Cost Sharing Ratios		Anticipated Expenditures			
		MDHHS	Court	Combined	
A. Out of Home Care - Court or Tribal Supervised	County 50% / State 50%	\$0.00	\$300,000.00	\$300,000.00	
B. In-Home Care	County 25% / State 75%	\$0.00	\$1,179,000.00	\$1,179,000.00	
C. County/Court-Operated Facilities	County 50% / State 50%	\$0.00	\$0.00	\$0.00	
D. Subtotals (A+B+C)		\$0.00	\$1,479,000.00	\$1,479,000.00	
E. Revenue		\$0.00	\$50,000.00	\$50,000.00	
F. Net Expenditure		\$0.00	\$1,429,000.00	\$1,429,000.00	

Cost Sharing Ratios County 50% / State 50%	Anticipated Expenditures			
	MDHHS	Court	Combined	
A. Out of Home Care - Neglect Abuse	\$0.00	\$75,000.00	\$75,000.00	

Please Note: The Neglect/Abuse Out-of-Home Care amount reflects ONLY the county court's share of these expenditures. Effective October 2019 the State of Michigan pays 100% of Neglect/Abuse Out-of-Home placements and the county then reimburses the state 50%.

Cost Sharing Ratios	County 0% / State 100% \$56,520.00 Maximum	MDHHS	Court	Combined
Basic Grant		\$0.00	\$56,520.00	\$56,520.00
Total Expenditure				\$1,485,520.00

#### **BUDGET DEVELOPMENT CERTIFICATION** THE UNDERSIGNED HAVE PARTICIPATED IN DEVELOPING THE PROGRAM BUDGET PRESENTED ABOVE. We certify that the budget submitted above represents an anticipated gross expenditure for the fiscal year: October 1, 2025 through September 30, 2026; and any requests for reimbursement shall adhere to all state law, administrative rules and child care fund handbook authority. Presiding Judge Date County Director of MDHHS Signature Date Chairperson, Board of Commissioner's Signature Date And/or County Executive Signature Date Michigan Department of Health & Human Services (MDHHS) will not discriminate **AUTHORITY:** Act 87, Publication of of 1978, as amended. against any individual or group because of race, religion, age, national origin, color, COMPLETION: Required. height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under PENALTY: State reimbursement will be withheld from local the Americans with Disabilities Act, you are invited to make your needs known to an government. MDHHS office in your area.

# FY2026 ALPENA COUNTY CHILD CARE FUND

	FY2026 Proposed	FY2025 Proposed
Family Foster Care	\$45,000.00	\$15,000.00
Institutional Care	\$250,000.00	\$250,000.00
Independent Living	\$5,000.00	\$1,500.00
In Home Care	ķ	
Intensive	\$1,179,000.00	\$1,035,700.00
Basic Grant	\$56,520.00	\$56,520.00
Sub-Total:	\$1,535,520.00	\$1,358,720.00
Est. Revenue:	\$50,000.00	\$78,000.00
TOTAL REQUEST:	\$1 485 520.00	\$1,280,720,00

Increase:

\$204,800.00

# **INTENSIVE PROBATION**

A. PERSON	<u>NNEL</u>						
1. Salary a	nd Wages						
	<b>Bobby Allen</b>	Ι	Diversion Worke	er	35	\$52,000.00	
	Kristy Butch	I	ntake Worker		35	\$52,000.00	
	Christopher Grant	: F	Probation Office	r		\$26,000.00	·
	Melissa Werth	(	Case Manager		17.5	\$26,000.00	
	Trevia Ineson	(	Case Manager		8.75	\$14,000.00	
	Janelle Mott	J	uvenile Officer		11.5	\$26,000.00	
						\$196,000.00	
2. Fringe I	Benefits (Specify)						
	Priority Health					\$75,000.00	
	Vision Insurance					\$1,800.00	
	Dental Insurance					\$5,000.00	
	MERS					\$80,000.00	
	STD & Life Insurance				\$2,000.00		
FICA				\$15,000.00			
	On-Call					\$8,000.00	
	Workman's Comp					\$2,200.00	
						\$189,000.00	,
						TOTAL =	\$385,000.00
B. PROGRA	<u>AM SUPPORT</u>						
1. Travel	Youth Monitoring,	/Home Vis	sits	0.75	6,000	\$4,500.00	
2. Supplies	s & Materials						
	Office Supplies/Ma	aintenanc	e/Printing		\$5,500.00		
	Postage				\$5,000.00		
	Cell Phone				\$1,000.00		
3. Other Co	osts						
	Trainings				\$5,000.00		
						TOTAL =	\$21,000.00
C. CONTRA	ACTUAL SERVICES						
Drug Testi	ing	500			\$18,000.00		
Psych eval	ls/assessments	1500	15		\$24,000.00		

		\$125,000.00
5,000		\$30,000.00
1		\$200,000.00
1,500	10	\$15,000.00
		\$25,000.00
75,000		\$78,000.00
52,500		\$115,000.00
85,000		\$90,000.00
		\$15,000.00
		\$18,000.00
		\$10,000.00
	1 1,500 75,000 52,500	1 1,500 10 75,000 52,500

D NON-SCHEDIII ED PAVMENTS	

Non-scheduled Payments 10,000.00 **TOTAL** = **\$10,000.00** 

INTENSIVE TOTAL = \$1,179,000.00

\$763,000.00

TOTAL =

## **BASIC GRANT**

A. PERSONNEL

**B. PROGRAM SUPPORT** 

C. CONTRACTUAL SERVICES

Counseling

Bridges of Northern Michigan

\$56,520.00

## D. NON-SCHEDULED PAYMENTS

**BASIC GRANT TOTAL = \$56,520.00**