

RESTORE HOPE

STABILIZING THE LIVES OF YOUTH AND FAMILIES IN CRISIS



40,000

KENTUCKY

CHILDREN &

FAMILIES

CAN'T

AFFORD TO

WAIT LONGER

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RESTORE HOPE

STABILIZING THE LIVES OF YOUTH AND FAMILIES IN CRISIS BY:

Resolving Current Behavioral Problems

Preventing the Need for Social Service or Judicial System Interventions

Mobilizing Community Support to Provide After-Care

THE “FORGOTTEN ONES”

47,000 AT RISK
- 7,000 SERVED
40,000 FORGOTTEN

KIDS AT RISK

Kentucky continues to rank in the bottom seventeen states for child well-being.¹ Many youth are experiencing abuse or neglect, and are exposed to violence, substance abuse and other negative influences at a very young age. Not having skills for how to deal with trauma, at-risk youth begin skipping school, running away from home, exhibiting behavioral or mental health problems, abusing drugs, tobacco, or alcohol, or acting out in other ways. These children are found in Kentucky families across the state, existing in every socioeconomic bracket and every racial category. They are desperate for our help.

40,000 FORGOTTEN CHILDREN

In Kentucky, over 47,000 youth and children are involved in child abuse/neglect investigations each year (130 per day).² The Cabinet for Health and Family Services takes custody of approximately 7,000 of those youth each year.³ The 7,000 served are those who are in imminent danger of being removed from the home, or have already been placed elsewhere for abuse, neglect, or harm to themselves or others.

This leaves 40,000 overlooked children identified

as experiencing potential abuse and/or neglect or exhibiting dysfunctional family patterns with nowhere to turn. Virtually no services or programs are in place to address their needs. These are the “Forgotten Ones.”

Limited funding makes state care reactive. Many at-risk youth have a family member who, with a little bit of guidance and support, could provide safety, stability, and care for their at-risk family member. But the state does not prioritize this kind of holistic, first-response care. Unaddressed trauma causes at-risk youth to drop out of school, becoming unemployable, and oftentimes spiraling into worse behaviors that create lives of crime, poverty, and substance abuse.

Private services meant to respond more quickly and keep kids in their homes by resolving current behavioral issues before they become worse are virtually non-existent in most areas. Those that do exist have eligibility criteria that often rule out the 40,000 at-risk families, and are too costly for many to afford to pay on their own.

As a result, 40,000 “Forgotten Ones” each year are slowly working themselves into the 7,000 state-custody cases, when all of this could have been prevented with timely, affordable, accessible care.



ALEXA

ONE OF 40,000 FORGOTTEN

Alexa's trauma was overlooked until she was forced to leave her home.

Alexa grew up in an affluent family that, from the outside, appeared healthy. She lived in the suburbs with her father, a business owner and country club member, and her stay-at-home mother. Alexa's family seemed like a normal, upper-class family, but domestic violence was secretly destroying them. Alexa was also sexually assaulted by a neighbor in her teen years. Alexa kept silent, a decision she now says she regrets. "Every few weeks dad would get aggressive. Mom would start crying - sometimes she would run out of the house, sometimes it took hours for us to find her. I used to get really worried," Alexa told us. Alexa's parents eventually divorced. The silence Alexa maintained for so long about her abuse and the violence in her home finally paid its toll. Alexa became angry, withdrawn, isolated from friends and family, and deep in depression.

Because of the unaddressed trauma she faced, Alexa began acting out, placing her as one of the 40,000 at-risk youth in Kentucky. Her mom was scared, intimidated, and felt powerless to change. Individual therapy was not enough to address Alexa's behavioral and mental health needs or to address the entire family dynamic causing the behaviors. The at-risk behaviors worsened as Alexa spiraled, and altercations worsened between Alexa and her mother. After the police had been contacted on multiple occasions, Alexa was left with no option but to leave her home to receive treatment.

There simply were not appropriate options to intervene for Alexa and her family at the onset of problems. Alexa became one of the 7,000 children in state custody because she was overlooked and forgotten. Alexa's time in treatment lasted for nine months, cost \$56,700, and was not able to appropriately address the issues that first caused her to enter residential care.



JOSH

ONE OF 40,000 FORGOTTEN

Josh's troubles were overlooked until he was forced to leave his home.

Josh had a loving mother, who attended school and worked full-time to provide for their family, an involved grandmother, and two brothers. But Josh's dad, who was addicted to drugs, was not involved in his life. His father's absence caused Josh to feel rejected, creating a great deal of pain for him. Josh was also facing significant problems at school, where he was bullied for being overweight. Josh grew depressed and suicidal. Feeling unsafe at school, he started skipping classes. "No one notices me except to call me fat or gross, why should it matter if I go?" he said. Josh's mother tried to control his behavior, but nothing seemed to work.

Because of the unaddressed troubles he faced, Josh became one of the 40,000 at-risk youth in Kentucky. The school Josh attended finally reported him to the court system for skipping school and being beyond their control. Josh was left with no options but to leave his home to receive treatment. Josh wondered why he was being punished for the ways others had treated him. While Josh did successfully graduate the program, he first underwent the most traumatic event of a child's life - being removed from the home.

There simply were not appropriate options to intervene for Josh and his family at the onset of problems. Josh left residential treatment to return to the same school and family situation with little natural supports built around him to help him successfully navigate the challenges of bullying at school and rejection from his father. Josh became one of the 7,000 children in state custody because his challenges simply did not fit the options available to him. Josh's time in treatment lasted five months, cost \$31,500, and was not able to address or resolve the issues at home that first caused him to enter state custody.



CASEY

ONE OF 40,000 FORGOTTEN

Casey's family dysfunction was overlooked until she was forced to leave her home.

Casey's parents struggled to make ends meet and lived in poverty and sub-standard housing. Both parents drank heavily. At age 12, Casey followed their lead and started drinking and smoking marijuana daily. She used drugs so she "didn't have to think about anything." Casey was acting out because she had no stability at home. Casey explained, "For someone who is only 13, I have been through a lot in my life already. I have always had to take care of myself because my family never properly looked after me."

Because of the unaddressed family dysfunction she lived with, Casey became one of the 40,000 at-risk youth in Kentucky.

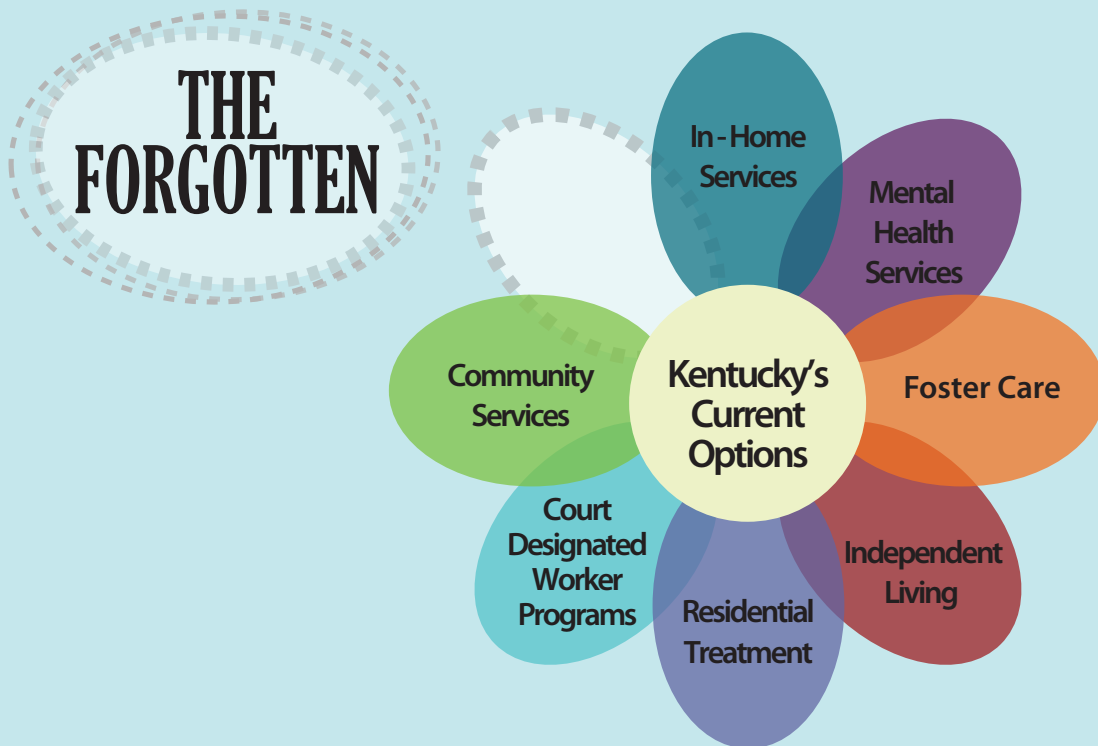
Casey said, "I hated school because I was always in trouble for having fights with other kids or with the teachers. But also I hated being at home. I used to stay over at friend's houses, and sometimes I would sleep out in cars. The more I stayed away, the more scared I was of going back home." Soon Casey was removed from her home and placed into state custody for parental neglect. During her time in the social services system, Casey reported that she did feel cared for, but she missed her family.

There simply were not appropriate options to intervene for Casey and her family at the onset of problems.

Casey became one of the 7,000 children in state custody because she was overlooked and forgotten until the situation came to a crisis point. Ultimately, Casey returned to her same home situation where her parents had the same struggles as before. The help she had received to get her life in shape and dream about the future could only go so far. Everything had changed for Casey; unfortunately, nothing had changed for her parents. Casey's time in treatment lasted eleven months, cost \$69,300, and was not able to address or resolve the issues at home that first caused her to enter state custody.

CURRENT OPTIONS

The current options available to Kentucky's families fall short. Families and youth slip through the cracks of a system inclined to react only after trauma has reached extreme levels. **They come on the scene too late, cost too much, are limited in scope, and remove children from their homes.**



KENTUCKY'S CURRENT OPTIONS & LIMITATIONS

In-Home Services are holistic interventions for the family provided by professional social workers who observe families in their own homes. Needs of the family are identified and the family is connected with community resources to meet their needs.

Programs are scarce due to lack of funding.

Local communities do not provide support or mentoring from churches.

**IN-HOME
SERVICES**

Mental Health Counseling and Services are provided in some regions to address specific emotional and psychological disorders.

Even the reduced payment can be prohibitive for the working poor.

These types of services are also sparse in rural areas, even for families that can afford them.

**MENTAL HEALTH
SERVICES**

Foster Care provides children removed from their homes with temporary placement in a group home or private home setting.

Child is removed from their natural support system.

There is no opportunity to provide holistic family intervention.

**FOSTER
CARE**

Independent Living Programs provide youth (ages 16-21) with placement outside of the home in which they can learn self-sustaining life skills.

This program is only for youth who have no identified family support and who are capable of living on their own with limited supervision.

**INDEPENDENT
LIVING
PROGRAMS**

Residential Treatment Programs provide intensive treatment for severe behavior problems in an in-patient residential setting.

The child is removed from his or her natural support system.

Children must be exhibiting extreme behavior and emotional problems.

There is no opportunity to provide holistic family intervention.

**RESIDENTIAL
TREATMENT**

Court Designated Worker (CDW) Programs are designed for youth who have been involved in minor offenses. A CDW develops a contract between the youth and the court designed to address the presenting problem.

This program serves only youth who have been brought before a judge.

No intervention is provided to the family as a whole.

**COURT
DESIGNATED
WORKER
PROGRAM**

Community Service Programs serve particular target populations with specific issues such as food and clothing provision, substance abuse recovery, mentorship, and more.

Services are limited to specific populations and specific problems, and are not available in all areas of the state.

**COMMUNITY
SERVICES**

KENTUCKY
FAMILIES
NEED US TO
RESTORE
HOPE



THE ULTIMATE GOAL

STABILIZING THE LIVES OF YOUTH AND FAMILIES IN CRISIS BY:

- *Resolving Current Behavioral Problems*
- *Preventing the Need for Social Service or Judicial System Interventions*
- *Mobilizing Community Support to Provide After-Care*

Restore Hope exists to help youth avoid unnecessary placement into foster, group, or institutional care and to prevent the corresponding typical downward spiral into the child welfare or criminal justice systems. The ultimate goal of Restore Hope is to stabilize the lives of youth and families in crisis by resolving current behavioral problems, preventing the need for social or judicial system interventions, and mobilizing community support to provide after-care. Restore Hope answers the call of the "Forgotten Ones", providing privately-funded, fully-accessible, state-wide, holistic services for families of all economic means to keep children of all ages in their homes.

THE RESTORE HOPE METHOD

The Restore Hope method of care is based on a proven services model called "Wraparound." Wraparound services employ a team of individuals who are invested in the well-being of the client to collaboratively "wraparound" them, providing support and care from all possible angles.⁴

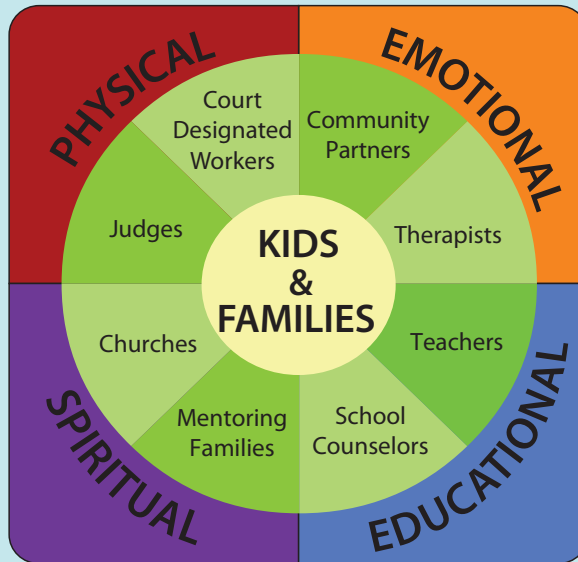
The Restore Hope method assigns a Community Counselor for each family to lead the wraparound services. Family members, judges, court-designated workers, community partners, therapists, teachers, school counselors, churches, and volunteering

mentor families from local Christian churches are all involved in the process, encircling youth and families in crisis.

This holistic, team-based approach tackles the challenges that at-risk youth and families face head-on, ensuring that fitting resources are provided so no needs go unmet. All invested parties are involved in developing and implementing a customized plan of care. Physical, emotional, spiritual, and educational needs are all addressed.

The Restore Hope method builds on family strengths and provides culturally appropriate

interventions that fit the family's needs and goals, empowering them for a better future.



A PROVEN MODEL

ASSESSMENT, ENGAGEMENT AND GOAL SETTING
IN-HOME SERVICES
COMMUNITY COORDINATION & MENTORING
INDIVIDUALLY TAILORED SERVICES
ONE COUNSELOR WITH TEAM BACK-UP
SHORT TERM 24/7 ACCESSIBILITY

In programs using models similar to the Restore Hope method:

After receiving services, over

34%

of caregivers reported needing less assistance in managing the daily needs of the child/children in their care.⁵

75%

of children were prevented from having to leave home.⁶

Youth were

less likely

to miss school unexcused, get expelled or suspended from school, run away from home, or be picked up by police as youth who received juvenile court conventional services.⁷

Youth were nearly

6 times

more likely to be living in regular community placements, attending school and/or working, and had fewer than 3 days of serious behavior problems during the previous month compared to those receiving traditional mental health services.⁸

THE RESTORE HOPE DIFFERENCE

MENTORING

Restore Hope is uniquely Christian and serviced by our existing connections with the United Methodist Church. Each family who enters the Restore Hope program will be given the option to connect with a Christian mentoring family who will serve as a vital part of the team-based approach of care. Mentoring families will be trained to put their faith into action, reaching out to families in their local context who need support, connecting them to local resources and support, serving as sounding boards, offering advice and perspective, accountability, and assistance with tough decisions. These mentoring families will continue to offer natural support within the family's local community, aiding continued growth once the transition out of Restore Hope services is completed.

ACCESSIBILITY

We act as first-responders, meeting at-risk families where they live and when they need us.

Any family experiencing crisis in Kentucky is eligible for our program, and families will not be limited by their locale or their ability to pay. Services will be provided in all regions of the state and to children of all ages. Restore Hope will reach families when they are first flagged as needing services. Our referrals will come from current connections with court-designated workers, probation officers, schools, the Department for Juvenile Justice, and the Kentucky Cabinet for Health & Family Services, enabling us to intervene immediately for families, before problems escalate to the point that children must be removed from their homes.

PRIVATELY FUNDED

Restore Hope is privately-funded, non-governmental intervention for families in need.

While other private programs similar to Restore Hope are funded with grants,⁹ potentially limiting their sustainability, or by governmental entities, limiting freedom to provide spiritual care, Restore Hope is different. Because we are privately funded, we can provide the type and level of care needed - proactively, holistically, and spiritually.

CONNECTING THE CHURCH

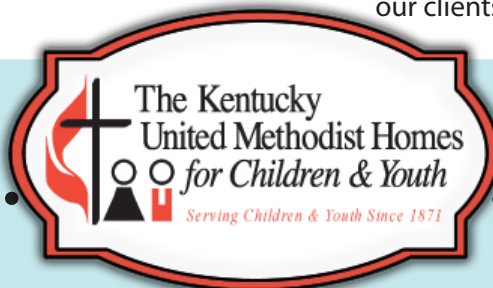
The Kentucky United Methodist Homes for Children and Youth has been serving Kentucky families for over 140 years. Beginning as a widows' and orphans' home, we have continued to evolve with the changing needs of children and families. Today, our residential and community services spread throughout the Commonwealth serving over 1400 clients annually. Our history of cultivating and nurturing relationships with Kentucky United Methodist churches provides the expertise needed to help us connect not only to United Methodist churches, but churches of all denominations, providing mentoring opportunities for forgotten families.

Providing important community interaction to at-risk families is part of our heritage. United Methodists have always emphasized mission, local service, and community connection.

THE UNITED METHODIST CHURCH BELIEVES:

"God's love for the world is an active and engaged love, a love seeking justice and liberty. We cannot just be observers. So we care enough about people's lives to risk interpreting God's love, to take a stand, to call each of us into a response, no matter how controversial or complex."¹⁰

With a legacy of caring for those whose needs are forgotten, Restore Hope is part of KYUMH's future-minded solutions for families in crisis. Our professional clinicians use evidence-based treatments, the most effective, research supported, proven methods of care. This ensures we give the highest level of care to produce the best results for our clients.



A MISSION THAT FITS US



THE STRATEGY

1

ASSESSMENT, ENGAGEMENT AND GOAL SETTING

Workers conduct a client-directed assessment across all areas of the family's life. Community Counselors use a collaborative approach to treatment. Specific behavioral, measurable goals and outcomes are developed and evaluated with the family. Family participation in goal setting is key to engaging and motivating the family in the healing process.

2

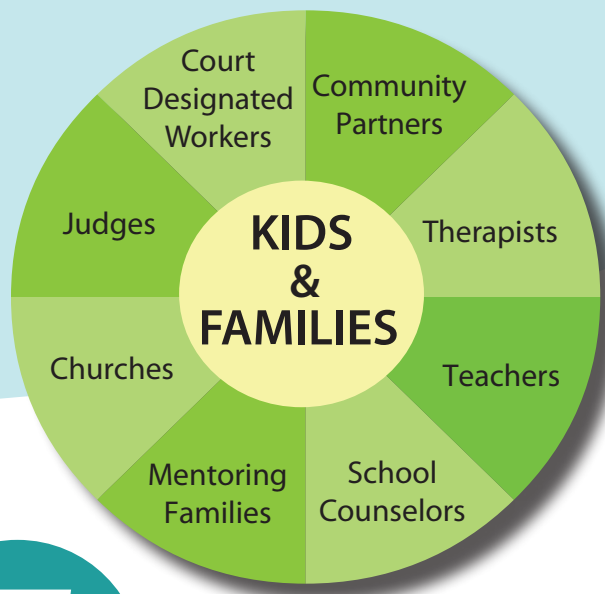
IN-HOME SERVICES

Services are provided in-home rather than in an office setting, allowing more accurate assessments and more useful treatment plans. Observing clients and witnessing their interactions in their own environment enables the Community Counselor to quickly assess the efficacy of the treatment plan and make necessary adjustments to the plan without delay as it plays out in the family dynamic. In-home interventions increase the likelihood that all family members will participate in the therapeutic process.

3

COMMUNITY COORDINATION AND MENTORING

Client families often experience difficulty interacting with others in the community. Community Counselors will address this challenge by coordinating and advocating with other service and support systems such as schools, doctors, churches, mental health providers, juvenile justice personnel, and other social service organizations. Mentoring families will be paired with the client to come alongside and serve as peer-to-peer emotional and spiritual support in addition to assisting clients with accessing recommended services.



4

INDIVIDUALLY TAILORED SERVICES

Services are designed to meet the individual needs of the family members. For example, clients may need help with communication skills, self-control, problem solving, depression, drug or alcohol abuse, parenting, mood control and self-management, resisting peer pressure, interpersonal relations, and/or household management. Families may also need temporary assistance in meeting such basic needs as food, clothing or shelter. Community Counselors and other team members will provide connections to needed resources, and will teach clients through educational materials, coaching, practice, feedback, and homework.

5

ONE COUNSELOR WITH TEAM BACK-UP

Services are provided to client families by a single Community Counselor whose job it is to provide counseling and coordinate all services. Having one primary provider allows for a stronger relationship with the family. The Community Counselor leads the team of wraparound individuals created for each family and consisting of all parties invested in the success of the child and family. If needed, a supervisor or second Community Counselor may serve as back-up assistance to the family.

6

SHORT TERM 24/7 ACCESSIBILITY

Intervention is short-term and intensive, and this is conveyed to the family at the onset of services. With a short time frame, the family has hope that change will occur quickly and this motivates them to fully engage in the treatment plan and stay focused on goals. Since services are intensive, Community Counselors are available to their clients 24 hours a day, seven days a week to assist in any crises that occur.

5 STEPS FOR FAMILY SUCCESS

Each family who enters the Restore Hope Program will advance through five phases:

STEP 1: Assessment & Interview

In face-to-face conversations, the Restore Hope staff explains the wraparound philosophy to family members, describes who will be involved in the process, and explains the nature of family and youth/child participation. Further interviews will be used to address pressing needs and concerns, and to explore individual and family needs, strengths, culture, and vision.

STEP 2: The First 30 Days

During this phase, team trust and mutual respect are built while the team collaboratively creates an initial plan of care using a high-quality planning process that reflects the Restore Hope method. Youth and family will feel that they are heard, that the needs chosen are ones on which they want to work, and that the options chosen have a reasonable chance of helping them meet these needs.

STEP 3: Day 31-60

During this phase, the initial care plan is implemented, progress and successes are continually reviewed, and changes are made and implemented in the plan, all while maintaining or building team cohesiveness and mutual respect.



STEP 4: Day 61-90

During this phase, plans are made for a purposeful transition out of formal Restore Hope services to a mix of formal and natural supports in the community. Though the focus on transition is more apparent in this stage, transition preparation is continual during the entire process.

STEP 5: Follow-Up/Aftercare

Restore Hope staff leads the team in creating a procedure for checking in with the youth and family periodically. If new needs emerge that require a formal response, staff and/or other team members may aid the family in accessing appropriate services, possibly including a reconvening of the team. The check-in procedure can be done impersonally (e.g., through questionnaires) or through contact initiated at agreed-upon intervals either by the youth or family, or by another team member.

WHAT DOES IT COST?

Without early interventions like Restore Hope, at-risk youth like Alexa, Josh and Casey often end up dramatically costing the state.

COST OF KENTUCKY'S CURRENT OPTIONS

-\$31,500

Five months of residential treatment¹¹

-\$96,360

One year of juvenile detention¹²

-\$88,000

Teen pregnancy
(includes public health care, child welfare,
and corresponding increased
incarceration rates)¹³

-\$41,300

Excess medical costs and hospital stays resulting
from poverty¹⁴

-\$22,400

28-Day Alcohol Rehab Program¹⁵

\$279,560

Cost to society

CASEY'S BENEFIT FROM RESTORE HOPE

-\$1,236

Restore Hope intensive holistic treatment
(3 months)

PROVIDED BY EMPLOYER

Family & Parental Counseling

FREE

Alcoholics Anonymous Group

FREE

Parenting Skills Classes

FREE

Big Brothers Big Sisters for Casey

+\$1 MILLION

College graduate's lifetime tax contribution¹⁶

\$998,764

Contribution to society



ALEXA

Alexa acted out because she was sexually abused and suffered as she watched domestic violence unfold between her parents. Her treatment cost \$56,700. Imagine the difference Restore Hope could have made.

1. Early intervention would allow Alexa to stay with her family.
2. A Community Counselor would connect Alexa's teachers, mom, pastor, counselor, and other invested parties to create the team tasked with supporting Alexa and her family.
3. A mentoring family would provide weekly emotional and spiritual support and advocacy to Alexa and her mom. Direct parent-to-parent support would help Alexa's mom learn new skills for success as a parent.
4. Alexa would get connected to a peer-to-peer mentoring program (e.g., Big Brothers Big Sisters) to connect her to positive social activities and relationships.
5. Alexa's family would be connected to local services to ensure the family's safety.
6. Alexa's family would be connected to a family therapist for ongoing sessions to continue healing from the past wounds.



JOSH

Josh acted out because he was bullied, depressed, and felt rejected by his father. His treatment cost \$31,500. Imagine the difference Restore Hope could have made.

1. Accessible and appropriate services would allow Josh to stay with his loving family.
2. A Community Counselor would connect Josh's grandmother, brothers, teachers at Josh's school, and other invested parties to create the team tasked with supporting Josh and his family in addressing bullying at school and dysfunction at home.
3. A mentoring family would provide weekly emotional and spiritual support and encouragement to Josh and his family.
4. Josh's father would be offered assistance with substance abuse and parenting issues.
5. Josh's mom would get support through parenting classes, preparing her to be a better support for Josh and his two brothers, as well as a coach for education/employment goals.
6. A Community Counselor would connect Josh to a nutrition/exercise program to address his weight issues.



CASEY

When she left residential care, Casey was healthier, but her home situation was not. Her treatment cost \$69,300. Imagine the difference Restore Hope could have made.

1. Early intervention would allow Casey to stay with a safe family member while the home stabilized.
2. A Community Counselor would connect Casey's teachers, family, and other invested parties to create the team tasked with supporting Casey and her family in addressing family dysfunction.
3. A mentoring family would provide weekly emotional and spiritual support to Casey and her family.
4. Casey's parents would be connected to an Alcoholics Anonymous group, parenting skills classes, and education on child development in their area.
5. A Community Counselor would connect Casey's family to a therapist specializing in family and substance abuse issues.
6. Casey would be connected to a peer mentoring program (e.g., Big Brothers Big Sisters) providing positive youth development activities, increase her self-worth and keep her away from drugs.

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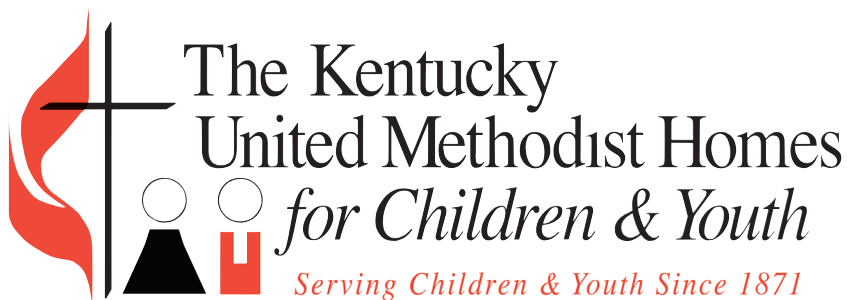
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**GIVE KY FAMILIES A
CHANCE TO SUCCEED**

The Kentucky United Methodist Homes for Children & Youth is a non-profit ministry offering programs which create a safe, therapeutic, nurturing environment to Kentucky's children and youth in crisis.

For more information about our ministry to children and youth, visit our website at www.kyumh.org.



Versailles Campus
PO Box 749
Versailles, KY 40383
(859) 873-4481

Mary Kendall Campus (Owensboro)
201 Phillips Court
Owensboro, KY 42303
(270) 683-6481