

Agenda
Health & Human Services Committee
West Olive Administration Building – Board Room
12220 Fillmore Street, West Olive, Michigan 49460
Wednesday, July 13, 2011
8:30 a.m.

Consent Items:

1. Approval of the Agenda.
2. Approval of the Minutes from the June 8, 2011 meeting.

Action Items:

None

Discussion Items:

3. New Report: Most Aging Baby Boomers Face Poor Mobility Options, Jim Holtrop
4. Housing Choice Voucher Program, Bill Raymond
5. Emerging Tobacco Products, Heather Alberda, Health Educator
6. Department Updates

Adjournment

Comments on the day's business are to be limited to three (3) minutes.

HEALTH & HUMAN SERVICES COMMITTEE

Proposed Minutes

DATE: June 8, 2011

TIME: 8:30 a.m.

PLACE: Fillmore Street Complex

PRESENT: James Holtvluwer, Stu Visser, Robert Karsten, Greg DeJong

ABSENT: James Holtrop

STAFF & GUESTS: Alan Vanderberg, Administrator; Dr. Paul Heidel, Medical Director; Sherri Sayles, Deputy Clerk; Pam Curtis, Senior Resources; Amy Flores, Senior Resources; Lynne Doyle, CMH; Michelle Martin, Dept. of Human Services Director; Greg Rappleye, Corporate Counsel; Lisa Stefanovsky, Health Officer; Donna Cornwell, Human Services Coordinating Council; Bill Raymond, MI Works!/CAA

SUBJECT: CONSENT ITEMS

Approve by consent the agenda of today as presented and approve by consent the minutes of the May 11, 2011, meeting as presented.

SUBJECT: SENIOR RESOURCES ANNUAL IMPLEMENTATION PLAN FY 2012

HHS 11- 012 Motion: To approve and forward to the Board of Commissioners the Resolution approving the Senior Resources Annual Implementation Plan FY 2012.

Moved by: Karsten

UNANIMOUS

SUBJECT: DISCUSSION ITEMS

1. Department Updates –

Health Dept. – An update on the E-coli outbreak was presented by Dr. Heidel. He also reported on a new strain of bed bugs that are now carrying MERSA. Dr. Heidel reported a number of veterinarians have contacted the Health Dept. due to the high number of dogs getting Lyme disease.

Lisa Stefanovsky reported on the State's new E-grams system and the number of problems they are having with it. She spoke briefly on the possibility of a new accreditation program.

Mental Health – Lynne Doyle reported the Department of Community Health revisited CMH and she believes they did fairly well. The audit results are not back yet. She stated the budget for next year is looking okay with the increase of State Medicaid dollars. She discussed briefly the National Health Care Reform and that CMH is looking at all the options.

MI Works!/CAA – Bill Raymond reported on personnel changes and all the possible cuts in the 2012 budget. He reported an agreement has been reached with Kandu. They have agreed to provide services for another year.

Human Services – Michelle Martin is waiting on the budget fallout and how it will affect DHS. She reported DHS is trying to put together a list of applicants who have been receiving assistance for a number of years to notify them that it could be ending.

Human Services Coordinating Council – Donna Cornwell updated the committee on the Food Policy Counsel, Access to Health, teen suicide prevention and local food banks.

SUBJECT: ADJOURNMENT

The meeting adjourned at 9:43 a.m.



Fw: T4A Aging Stuck Report Press Release

James Holtrop to: Misty Cunningham

Cc: roths

06/15/2011 11:38 AM

History: This message has been replied to.

Hi Misty! Could you please add this to the next HHS agenda as a discussion item. Thanks!

----- Forwarded by James Holtrop/County of Ottawa on 06/15/2011 11:36 AM -----



"Stanley Roth"

<roths@triton.net>

06/14/2011 09:41 PM

To <JHoltrop@miottawa.org>

cc "Dan Carlton" <dcarlton@georgetown-mi.gov>

Subject T4A Aging Stuck Report Press Release

TUESDAY, JUNE 14, 2011

CONTACT:

Tim Fischer, Michigan Environmental Council, 734-255-9206

Megan Owens, Transportation Riders United: 248-259-2439

Dave Bulkowski, Disability Network/Michigan: 616-560-2293

Karen Kafantaris, AARP of Michigan: 517-267-8916

NEW REPORT: MOST AGING BABY BOOMERS FACE POOR MOBILITY OPTIONS

More than two-thirds in Metro Detroit have poor access to public transportation

Washington, D.C. and Lansing, MI – By 2015, more than 15.5 million Americans 65 and older – nearly a half-million of them in Metropolitan Detroit and hundreds of thousands in other regions of Michigan – will live in communities where public transportation service is either poor or non-existent, a new study shows. That number is expected to continue to grow rapidly as the baby boom generation ages in suburbs and exurbs with few mobility options for those who

do not drive.

The report, *Aging in Place, Stuck without Options*, ranks metro areas by the percentage of seniors with poor access to public transportation, now and in the coming years, and presents other data on aging and transportation.

It ranks Metro Detroit as tied for third from the bottom among major cities when judging seniors' projected access to public transportation by the year 2015. An estimated 68 percent of Detroiters will have "poor" access, the report concludes. That ranks only ahead of Atlanta (90 percent) and Riverside-San Bernadino CA (69 percent).

"The bad news isn't surprising – Detroit is near the bottom when it comes to providing transportation options to its residents, including senior citizens," said Tim Fischer of the Michigan Environmental Council. "The good news is that there is growing consensus on the tools we need to fix it. Light rail on Woodward in Detroit, consistent funding sources, consolidation of services, regional coordination and other improvements are getting closer to reality."

Other Michigan regions and the percentages of seniors who will lack access to public transportation include: Grand Rapids-Muskegon-Holland (78 percent); Kalamazoo-Battle Creek (69 percent); and Lansing-East Lansing (60 percent).

"The baby boom generation grew up and reared their children in communities that, for the first time in human history, were built on the assumption that everyone would be able to drive an automobile," said John Robert Smith, president and CEO of Reconnecting America and co-chair of Transportation for America. "What happens when people in this largest generation ever, with the longest predicted lifespan ever, outlive their ability to drive? That's one of the questions we set out to answer in this report."

Karen Kafantaris, AARP Michigan associate state director for livable communities, said: "As much as older Americans want to age comfortably in the homes and communities they love – and nine out of ten do – they fear being stuck at home when they don't drive. But the suburbs and exurbs that will turn gray with the boomers in the next few decades are almost totally car dependent. The good news is that the range of public transportation services and improvements that aging boomers will need to get to the doctor, the grocery store and the movies will improve the quality of life for everyone."

Kafantaris added the report indicates "this is the worst possible time" for Detroit City Council and other municipal governments to consider cutting transit funding.

“Communities like Detroit have an enormous challenge before us, but it’s also an opportunity,” said Richard Murphy of the Michigan Suburbs Alliance. “It’s true that many of our suburban neighborhoods were built without considering the needs of an aging population. But many of the steps we could take to fix that – improving public transportation service, retrofitting our streets to be safer for walking – will improve quality of life for the entire community.”

“The basic findings come as little surprise as the locally available options are already being rationed,” said David Bulkowski, of Disability Network/Michigan. As the efforts to address this in our area progress, it is great to have a national framework to help show the widespread nature of the need and the many options available to address that need for seniors and persons with disabilities.”

The transportation issues of an aging America are national in scope, and cash-strapped state and local governments will be looking for federal support in meeting their needs. As Congress prepares this summer to adopt a new, long-term transportation authorization, *Aging in Place, Stuck without Options* outlines policies to help ensure that older Americans can remain mobile, active and independent, including:

- Increase funding support for communities looking to improve service such as buses, trains, vanpools, paratransit and ridesharing;
- Provide funding and incentives for transit operators, nonprofit organizations, and local communities to engage in innovative practices;
- Encourage state departments of transportation, metropolitan planning organizations, and transit operators to involve seniors and the community stakeholders in developing plans for meeting the mobility needs of older adults;
- Ensure that state departments of transportation retain their authority to “flex” a portion of highway funds for transit projects and programs;

- Include a “complete streets” policy to ensure that streets and intersections around transit stops are safe and inviting for seniors.

. “Today, about four in five seniors age 65 and older live in suburban or rural communities that are largely car-dependent, said Megan Owens, executive director of Transportation Riders United. “Without access to affordable travel options, seniors age 65 and older who can no longer drive make 15 percent fewer trips to the doctor, 59 percent fewer trips to shop or eat out and 65 percent fewer trips to visit friends and family, than drivers of the same age. Also, as the cost of owning and fueling a vehicle rises, many older Americans on a fixed income are looking for lower-cost options.”

To view the full report and see the extended rankings, please click
<http://t4america.org/pressers/2011/06/14/most-aging-baby-boomers-will-face-poor-mobility-options/>

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Ottawa County Housing Commission/Housing Choice Voucher Program

Presentation to Ottawa County Health & Human Services
Committee: July 13, 2011
Draft Start-up Budget/Plan for Program Viability: 2011/2012
Bill Raymond, Executive Director Ottawa County MI
Works/CAA

Issues/Questions

- Housing Choice Voucher (HCV) program becoming too expensive
- Need to subsidize HCV is growing
- Decrease in funding for CSBG (Community Service Block Grant – our most flexible \$)
- Staff burn-out and turnover – high expectations and administrative detail
- Continue to establish viable role for OCHC
- Can OCHC and HCV be combined for cost savings?

Goals

- To determine the best short-term course of action for OCHC and HCV
 - To secure funding for a consultant/manager to oversee the next steps in the establishment of the OCHC as a viable housing commission.
 - To identify and secure additional, temporary and short-term, operational funding for the Housing Choice Voucher program for a one-year period.
 - Determine long-term viability of HCV and OCHC

Projected Yearly Income Sources

Source	Amount	Notes
MSHDA	112,000	428 vouchers x \$22 x 12 months ¹
CSBG	5,990	Flexible \$ to supplement HCV ²
Housing Reserves	42,000	Funds from CAA reserves
Private donations	40,000	1x Projected requests/needs
Total:	\$199,990	

¹Funding to operate program – not housing subsidy amount

²Depends on funding amount coming from federal government – still uncertain

Expenses: Salary/Fringe: 2011/12

Position	FTE	Amount	Notes
Consultant	0.5	20,000	Contractual – no benefits ²
HCV Specialist	0.8	44,150	Case Management
HCV Specialist	0.8	47,734	Case Management
HCV Clerical	0.75	38,691	Re-certifications
HCV Supervision	0.1	8,015	CAA Program Supervisor
Inspections		15,000	Contractual inspectors
Subtotal:	2.95	\$173,590	
			² 1x costs only in first year

Program Expenses: 2011/12

Item	Budget	Notes
Office Supplies	1,200	Consumable office supplies
Printing	50	Outside printing
Postage	4,750	Mandatory mailings
Operational Supplies	250	
Service Contracts	1,000	Technical assistance/training
Memberships	500	
Admin Costs	6,500	County charges
Data Processing	5,000	County charges
Telephone	800	

Program Expenses: 2011/12

Item	Budget	Notes
Travel	1,500	Inspections
Conferences	500	Outside training
Advertising	0	
Insurance	1,750	Liability Insurance
Office Equip. Repair	0	
Building Rent	2,500	Prorated – per square footage
Equipment Rental	100	Prorated postage meter
Subtotal:	\$26,400	
Total Expenses:	\$199,990	

Program Expenses: 2008 – 2011

Item	08/09	09/10	10/11*	Average
Office Supplies	1,127	1,224	1,738	1,363
Printing	0	11	250	87
Postage	3,644	4,601	3,689	3,978
Oper. Supplies	1,598	222	592	804
Service Contracts	1,857	1,068	18,948	7,291
Memberships	0	0	0	0
Admin Costs	4,013	6,164	16,475	8,884
Data Processing	5,965	4,919	6,522	5,802
Telephone	960	767	892	873

*Projected Expenses

Program Expenses: 2008 – 2011

Item	08/09	09/10	10/11	Average
Travel	1,727	1,460	299	1,162
Conferences	319	67	210	199
Advertising	510	0	285	265
Insurance	1,712	1,688	2,113	1,838
Office Equip. Repair	0	0	0	0
Building Rent	2,764	2,112	2,766	2,547
Equip. Rent	0	83	0	28
Total Expenses:	\$24,339	\$24,386	\$54,779	\$34,501

Options

- Continue current course and try to subsidize with other funds
- Try to find a non-profit to take over the program
- Contact MSHDA and turn HCV back over to them – utilizing an independent contractor
- Implement OCHC plan and fold HCV into OCHC

Objectives: Short-Term

	Objective	Person Responsible	Time Frame	Measurement
1.	Hire a consultant/manager on a part-time basis for time period of:	William L. Raymond, LMSW, Executive Director	Consultant in place by:	Signed contract with consultant & negotiated statement of work
2.	Secure additional, temporary operational funding for the Ottawa County HCV program for 2012	William L. Raymond, LMSW, Executive Director	Funding secured by:	Official notification by funding sources of amounts awarded
3.	Begin implementation of the "next steps", as outlined below and in the final report of Hager & Associates	Contractual consultant	Begin By:	Successful completion of next steps

Objectives: Intermediate

1	County Commissioners adopt the revisions to the Ordinance as recommended and reviewed by legal counsel to provide OCPHC the capability to participate in various housing programs/projects that may be available.	Accomplished 10/26/10
2	OCPHC should amend its By-laws as recommended and in accordance with Public Act 18.	Accomplished 10/26/10
3	Create non-profit subsidiary Articles of Incorporation and By-laws to conform to federal and state community housing development organization (CHDO) guidelines for administering affordable housing programs/ developments. The OCPHC Board can serve as the Board for the nonprofit subsidiary.	Documents created by:

Objectives: Intermediate

4	Apply to the Internal Revenue Service for 501(c) (3) status for the non-profit subsidiary. This process can take from 6-12 months if the IRS requires changes and/or revisions to the application. It is important to note that most of the affordable housing program/development opportunities will require a non-profit designation. Applying to the IRS should be immediately considered.	Application submitted by:
5	Submit the required documents as recommended to HUD to obtain formal recognition as a Public Housing Agency (PHA). This would allow the OCPHC to take advantage of future grant opportunities for housing programs that only PHAs are eligible to apply for.	Documents submitted by:
6	Apply for Community Housing Development Organization (CHDO) status to the Michigan State Housing Development Authority (MSHDA) which could provide the OCPHC with some potential operational funding.	Application submitted by:

Objectives: Intermediate

7	Join the National Association of Housing and Redevelopment Officials (NAHRO) so that the OCPHC members and staff can access the resources and information available to assist in the productivity of the agency.	Application submitted by:
8	Discuss and consider staffing options and need. The current relationship with Michigan Works and Community Action Agency should be reviewed to evaluate contractual opportunities. Partnering with local agencies and jurisdictions to identify unmet, county-wide needs is also important. Retaining a consultant is a viable option to allow the agency to gradually build capacity.	Plan in place by:
9	Research and identify 1 – 2 viable housing development projects for initial consideration for OCHC.	Plan in place by: