

Agenda
Health & Human Services Committee
West Olive Administration Building – Board Room
12220 Fillmore Street, West Olive, Michigan 49460
Wednesday, May 9, 2012
8:30 a.m.

Consent Items:

1. Approval of the Agenda.
2. [Approval of the Minutes from the April 11, 2012 Health and Human Services Committee meeting.](#)

Action Items:

None

Discussion Items:

3. [MiTeam, Nate Bishop, Ottawa County DHS](#)
4. Update of the Homeless Youth Coalition, Cara Zerbel, Homeless Youth Coalition
5. [Meningococcal Meningitis, Paul Heidel, MD, MPH](#)
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: April 11, 2012
TIME: 8:30 a.m.
PLACE: Fillmore Street Complex
PRESENT: James Holtvluwer, James Holtrop, Greg DeJong, Robert Karsten, Stu Visser

STAFF & GUESTS: Alan Vanderberg, Administrator; Lisa Stefanovsky, Health Officer; Dr. Paul Heidel, Medical Director; Lois Havermans, Oral Health Team Supervisor; Michelle Martin, Dept. of Human Services Director; Marcia Knol, Epidemiologist; Sherri Sayles, Deputy Clerk; Greg Rappleye, Corporate Counsel; Keith Van Beek, Assistant Administrator; Colton Leese, GVSU Student; Max, Concerned Ottawa County Citizen

SUBJECT: CONSENT ITEMS

HHS 12-007 Motion: To approve the agenda of today as presented and to approve the minutes of the February 8, 2012 meeting as presented.
Moved by: Karsten UNANIMOUS

SUBJECT: DISCUSSION ITEMS

1. Fluoride – Colton Leese addressed the Committee regarding health issues relating to fluoride in the water supply.

Lois Havermans reported that over the past 65 years, studies have shown fluoride in the water is safe. Fluoride is also beneficial for the senior population. The complete loss of teeth has dropped 70% in the higher income senior population. For every dollar spent on water fluoridation, \$38.00 has been saved in dental cost. Lower income residents also receive the benefits for fluoridated water. The decision to put fluoride in the water is up to the municipalities not the County.

2. “Snapshot” Overview of the recent Community Health Needs Assessment Data – Marcia Knol reported the Needs Assessment results were released to the public last week. A full presentation will be made on April 25th in the main conference room. It is federally mandated for all community hospitals to do a study. Community Mental Health, United Way, the Health Department and the three local hospitals partnered together on the assessment. Ottawa County fairs better than most in Michigan or the nation.

3. Department Updates –

Dept. of Human Services – Michelle Martin reported on the Cash Assistance Program. The State is again involved in a law suit. She also reported foster care has been extended from age 18 to 21 for those who are disabled, going to school or working 20 hours or less per week. She briefly updated the Committee on the Michigan Youth Opportunity Initiative, the Centralized CPS Intake and Bridge Cards.

Administration – Mr. VanderBerg reported Shannon Felgner began yesterday in the Administrator’s Office. She will be working there 25% of her time. Mr. Karsten requested Shannon be involved with the set-up schedule for WHTC.

Health Department – Dr. Heidel reported a new vaccine is being work on for the Norovirus. He also reported since spring has arrived, more bats are being brought in.

SUBJECT: ADJOURNMENT

HHS 12-008

Motion: To adjourn at 9:38 a.m.
Moved by: Karsten

UNANIMOUS

Michigan Child Welfare Practice Model

MiTEAM

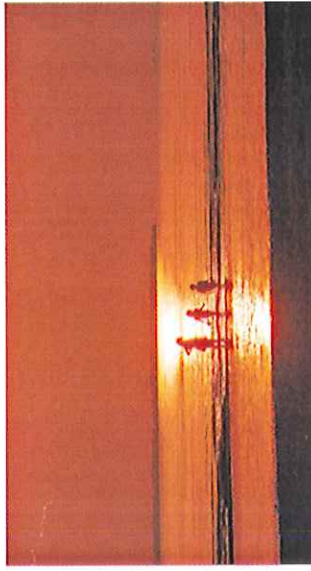
Creating Brighter Futures

MiTEAM Goal

We will empower all families and youth to improve outcomes in safety, stability, child well-being, and permanency through engaging them from first contact through the end of our intervention.

MiTEAM Practice Skills

We will guide all families, children and staff to reach their full potential by utilizing best practice skills. Through Teaming, Engaging, Assessing and Mentoring, leaders, staff and caregivers will coach families to successfully improve outcomes in child safety, stability, well-being, and timely permanency.



MiTEAM Practice Model

“Nothing About Me
Without Me”

Engaging Families
Every Step of the Way
for Successful Outcomes
towards Permanency

State of Michigan
Bureau of Child Welfare
PO Box #30037
Lansing, MI 48909
(517) 335-3499
(517) 241-7047 fax
www.michigan.gov

For Families and Children
Involved with Child Welfare

A Practice Model ...

that strongly emphasizes family, child and caregiver involvement throughout the life of a case. Families, children and youth will have a strong voice and influence the planning process every step of the way. When parents, children and youth are engaged and empowered to be full participants in their case planning they achieve successful outcomes. MiTEAM applies strength-based social work practice that has been proven effective in providing positive outcomes for children and families.

MiTEAM

Mi

is for Michigan & "My meeting" for youth, families, and caregivers

E

is for Engagement

A

is for Assessment

M

is for Mentoring

T

is for Teaming

Teaming

The skill that workers utilize to assemble, become a participant of, or lead a group or groups that provide needed support, services and resources to children or families and that help resolve critical child and family welfare related issues. Child welfare is a community effort and necessitates a team approach.¹

Family Team meetings are held for various case planning activities. Parents/youth/ caregivers are encouraged to identify supportive team members and select a neutral meeting location.

¹The Child Protection Best Practice Bulletin (2007), <http://www.hunter.cuny.edu/soowork/mrcfcp/fewpt/definitions.htm>

Engagement

The skill vital to successfully establishing a relationship with children, parents, and individuals that work together to help meet a child or family's needs to resolve child welfare related issues.¹

Parent's, Youth and Caregivers are engaged throughout the case from first contact to case closure.



Assessment

The skill that assists staff to acquire information about a child and family's need for child welfare related services.¹

Parents, youth and caregivers will assist in identifying areas of needs and strengths.

Mentoring

The skill that assists staff and caregivers guide and empower staff, youth and parents. Through mentoring one person shares knowledge, skills, information and perspective to foster the personal and professional growth of someone else.

Staff, families and caregivers will be engaged in a partnership that involves coaching & mentoring.

Key Elements:

- Preparation Interview
- Family Focused, Child Centered
- Parent and/ or youth take a lead in the case planning process
- Staff provided practice skills /tools that are reinforced through supportive supervision

Public & Private Child Welfare

MiTEAM Model



MiTEAM Practice Model

Directors Letter



I am excited to announce the implementation of a Child Welfare Practice Model in Michigan - **MiTEAM**. While Michigan has performed admirably in many areas to improve outcomes for children and families, we can do better. I am in full support of the vision of this model and believe it will be the catalyst needed to strengthen our practice.

The MiTEAM model will serve to improve engagement practices and establish a unified approach that helps families, children, youth, and caregivers by:

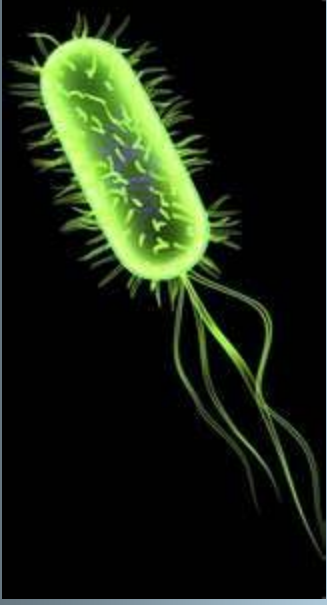
- Providing for consistency in practice.
- Clarifying roles and expectations for staff.
- Informing policy, training, and quality assurance.
- Explaining how child welfare intervention and services are delivered to children and families.
- Focusing reform efforts by using accepted principles of good social work practice.
- Encouraging family driven solutions.

Strengthening Michigan's family engagement practice is critical to meet federal outcomes in the areas of safety, permanency and well-being of children and families. When families, children, youth and caregivers are engaged in case planning, they are more motivated to make long lasting, sustainable change that improves functioning in all areas.

Michigan is committed to engage and partner with all families in the child welfare system to develop plans for the safety, permanency, and well-being of children. I would like to thank all of you for your time and commitment to this process. I know that together we can make the necessary changes needed to improve the outcomes of Michigan's children and families.

Required Family Teaming Meetings

- Family Requested
- In-home Court Intervention
- Out-of-home Court Intervention
- Change of Placement
- Child in Care in Six Months
- Change in Permanency Goal
- 16+ Transition Meeting
- 90 Day Discharge
- Case Opening
- CPS Case Service Plan Development
- CPS Family Plan Reassessment
- FC Case Service Plan Development
- FC Family Plan Reassessment
- Case Closure



Meningococcal Meningitis



"Meningococcal disease is the most lethal infectious disease known to man. I have seen cases where someone has been well at breakfast and dead by dinner."

**Clayton Golledge, MD
Microbiologist and Infectious Diseases expert**

VOICES OF MENINGITIS™

A Meningococcal Disease Prevention Campaign
from the National Association of School Nurses
In collaboration with sanofi pasteur

I'm a Parent I'm a School Nurse

[Hear the Stories](#) [Get the Facts](#) [Protect Your Family](#) [Raise Your Voice](#)



Like us on
Facebook.



**Real people.
Real stories.**
Listen and learn
how to help protect
your family from
meningitis.



Health-care Providers:
Your 16-18 year-old
patients may need
a booster.

GET RESOURCES
TO REMIND THEM

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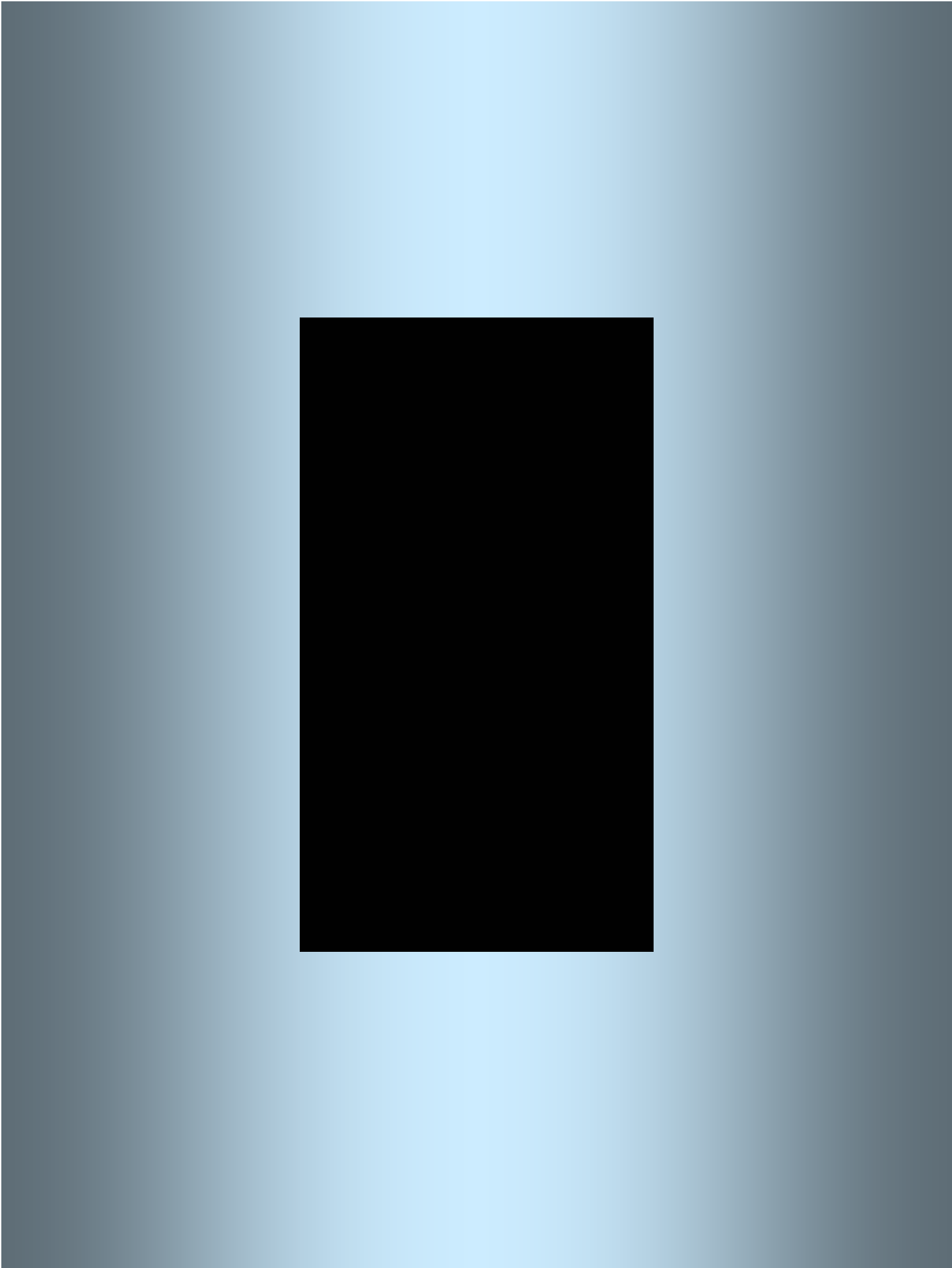
The National Association of School Nurses supports the health and educational success of children and youth by developing and providing leadership to advance school nursing practice by specialized registered nurses.

[Site Map](#) | [Additional Resources](#) | [References](#) | [Press](#) | [About Voices of Meningitis](#)

[NASN Home Page](#) | [About NASN](#) | [Research](#) | [Policy & Advocacy](#) | [Publications](#)



National
Association of
School Nurses











Incidence

- 1,000-1,500 new US cases each year
- 10-15% die
- 10-20% experience at least one of these:
 - Loss of arms or legs
 - Mental retardation
 - Strokes
 - Seizures
 - Deafness
 - Nervous system problems













Vaccination Recommendations

- *Advisory Committee On Immunization Practices*
- *Center for Disease Control (CDC)*
- *American Academy of Pediatrics*
- *Society for Adolescent Medicine*
- *American Academy of Family Practice*
- *American Academy of Obstetrics and Gynecology*
- *Grand Rapids Family Physicians*

Vaccinations

- Purpose:
 - Individual protection
 - Protection of the general public
 - “Herd immunity”
 - Protection of those at special risk
 - Pregnant
 - Immune compromised
 - Unimmunized (because of age or medical condition)

Meningococcal Vaccine

- **Two vaccinations:**
 - **Primary vaccination at age 11-12**
 - **Booster vaccination at age 16 -18**

Vaccines and Vaccination Waivers

- Vaccines mandatory for school admission
- Waivers
 - Medical waivers
 - Non-medical waivers
 - Religious reasons
 - “Philosophical” reasons

Waiver Availability

- Medical waivers: all states
- Religious waivers: all states but 2
- Philosophical waivers:
 - No: 30 states and Washington, DC
 - Yes: 20 states

Legal Authority for Waiver Policy

- Ruling by Michigan Attorney General 2007
- Legal review: Ottawa County Corporate Council
- Michigan Department of Community Health

Reasons for “In-Person” Signing

- Education:
 - Disease itself
 - Complications of the disease
 - Consequences if an outbreak occurs
 - Answer questions
- Informed decision

“I can’t/won’t come in because...”

- **“You can tell me over the phone”**
- **“I talked to my doctor”**
- **“I researched this on the internet”**
- **“I am have a college education”**
- **“I can’t take time off of work”**
- **“I don’t have transportation”**

What are others doing?

- Neighboring counties:
 - Muskegon
 - Allegan
 - Kalamazoo
- States with pending legislation:
 - California
 - Vermont
 - Washington

The best Public Health is invisible

- the disease you didn't get -

- the accident you didn't have -

- the disaster that didn't happen!