MUSKECON COUNTY BOARD OF COMMISSIONERS
MUSKEGON COUNTY, MICHIGAN

AGENDA

HUMAN SERVICES COMMITTEE
Hall of Justice
990 Terrace Street, Muskegon, MI
June 4, 2019 – 3:30 PM
Charles Nash, Chair
Marcia Hovey-Wright, Vice-Chair

1. Call to Order

2. Roll Call

3. Approval of the Minutes of May 7, 2019

4. Presentation: Public Health Update

5. Public Comment (on an agenda item)

6. Items for Consideration

   HS19/06 – 13 (Public Health) Authorize Public Health to Subcontract with the Red Project and Muskegon County Cooperating Churches to Address Opioid Abuse

   HS19/06 – 14 (Public Health) Approve Reimbursement to Senior Resources for the Cost of Coordinating and Processing Millage Funded Purchase-of-Service Transactions and Medicare/Medicaid Community Educational Services

   HS19/06 – 15 (Public Health) Approve Public Health to Amend its Budget which Includes Grant Funding Changes, Program Line Item Adjustments and Staff/Funding Transfers

   HS19/06 – 16 (Public Health) Approve Proposed Position Changes for Public Health to Improve Operational Efficiencies and Reduce Salaries/Fringe Expenses

   HS19/06 – 17 (Veterans Affairs/Administration) Approve Revised Veterans Millage Renewal Language

Public Comment
Persons may address the Commission during the time set aside for Public Comment or at any time by suspension of the rules. All persons must address the commission and state their name for the record. Comments shall be limited to two (2) minutes for each participant, unless time is extended prior to the public comment period by a vote of a majority of the commission.
7. Old Business
8. New Business
9. Public Comment
10. Adjournment

Board Work Session
Tuesday, June 4th – 2:30 PM
6th Floor Jury Room
Senior Activities Committee/
Senior Millage

AMERICAN DISABILITY ACT POLICY FOR ACCESS TO OPEN MEETINGS OF THE
MUSKEGON COUNTY BOARD OF COMMISSIONERS AND ANY OF ITS
COMMITTEES OR SUBCOMMITTEES

The County of Muskegon will provide necessary reasonable auxiliary aids and services, such as signers for the
hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities
who want to attend the meeting upon 24-hours' notice to the County of Muskegon. Individuals with disabilities
requiring auxiliary aids or services should contact the County of Muskegon by writing or calling: Administration, 890
Terrace Street, Muskegon, MI 49442 (231) 724-6520
Muskegon County
Human Services Committee Meeting
May 7, 2019
4:00 p.m.
Hall of Justice, 4th Floor
Muskegon, MI

Charles Nash, Chair
Marcia Hovey-Wright, Vice-Chair

MINUTES

CALL TO ORDER

The meeting was called to order by Commissioner Hovey-Wright at 4:02 p.m.

ROLL CALL

Present: Gary Foster, Marcia Hovey-Wright, Susie Hughes, Zach Lahrng, Bob Scolnik, John Snider, Il, Rillastine Wilkins

Excused: Kenneth Mahoney, Charles Nash

Also Present: Doug Hughes, Williams Hughes, PLLC, Corporate Counsel; Mark Eisenbarth, County Administrator; Lisa Chalko, Administrative Coordinator

APPROVAL OF MINUTES

It was moved by Commissioner Wilkins, supported by Chairman Hughes, to approve the minutes of the April 9, 2019, meeting as written. Motion carried.

PUBLIC COMMENT (On an agenda item)

Mr. Benjamin Spencer addressed the Board regarding motion #2019-146.

COMMUNICATION
Planned Parenthood of Michigan Correspondence Dated April 26, 2019

It was moved by Chairman Hughes, supported by Commissioner Snider, to accept the communication and place on file. Motion carried.

ITEMS FOR CONSIDERATION

HS19/05 - 10

It was moved by Commissioner Foster, supported by Commissioner Lahrng, to Authorize Public Health to subcontract with GVSU Annis Water Resources Institute (AWRI) to conduct FY19 Great Lakes Beach Water Monitoring, using pass through funds received from the Michigan Department of Environment, Great Lakes, and Energy (EGLE), formerly
known as Michigan Department of Environmental Quality (MDEQ), with no effect on county general fund. Motion carried.

HS19/05 – 11 It was moved by Commissioner Foster, supported by Commissioner Wilkins, to authorize Public Health to accept $44,966 from Muskegon Community Health Project, and subcontract with Coalition for Community Development to provide community level technical support and training to help empower the neighborhood groups and/or representatives in the Resilience Zone; and to refer/link them to existing community resources. Motion carried.

HS19/05 – 12 It was moved by Chairman Hughes, supported by Commissioner Foster, to approve 15 senior millage funding awards and 1 contract amendment, totaling $496,228 as recommended by the Senior Activities Committee; and to authorize the designated Senior Millage Grants Administrator, Senior Resources to proceed with the administration of the programs. Motion carried.

Friendly amendment as the total amount was in error on the original motion. The total amount should be $496,228 as shown in the revised motion.

OLD BUSINESS

It was moved by Chairman Hughes, supported by Commissioner Foster to reject motion HS19/04 – 09 as presented under Old Business. Motion carried.

HS19/04 – 09 It was moved by Commissioner Foster, supported by Commissioner Snider, to approve 16 senior millage funding awards totaling $523,415 and 1 contract amendment (additional $10,000) as recommended by the Senior Activities Committee; and to authorize the designated Senior Millage Grants Administrator, Senior Resources (excluding the 2 awards granted to Senior Resources) to proceed with the administration of the programs. Motion rejected.

NEW BUSINESS

Commissioner Lahren requested support of a resolution in support of the “heartbeat” bill. There was no support of this motion.
PUBLIC COMMENT

The following individuals addressed the Board:

Jennifer Barnes        Rachel Cereska        Patti Groessl
Faith Groesbeck       Lois Flaig            Donna Pennington
Peggy Jensen          Angela Bush            Larry Hard
Michelle Burley       Toni Way              Melinda Pego
Pablo Babiare         Mitchell Derouin       Mary Valentine
Benjamin Spencer      Anna Derouin           Linda Dykstra
Zach Lahrning         Gail Eichorst         Marcia Hovey-Wright

ADJOURNMENT

There being no further business to come before the Human Services Committee, the meeting adjourned at 4:59 p.m.
REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE
Human Services

BUDGETED X
NON-BUDGETED
PARTIALLY BUDGETED

REQUESTING DEPARTMENT
Public Health

COMMITTEE DATE
June 4, 2019

REQUESTOR SIGNATURE
Kathy Moore

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Public Health is requesting authorization to accept the Local Health Opioid Response grant funding from the Michigan Department of Health and Human Services (MDHHS) in the amount of $65,000; and to subcontract with the Red Project ($6,874) and Muskegon County Cooperating Churches ($7,500) to fulfill a portion of the scope of work before the grand deadline of August 31, 2019. The goal of the outreach/response is to break down the stigma of addiction, educate congregations on the brain science of addiction, provide connections to recovery services, and certify congregation. In addition to reducing emergency room reports of overdose among Muskegon County senior populations.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

Authorize Public Health to subcontract with the Red Project and Muskegon County Cooperating Churches to address opioid abuse in Muskegon County, using pass through funds received from the Michigan Department of Health and Human Services for the Local Health Opioid Response.

ADMINISTRATIVE ANALYSIS (AS APPLICABLE)

HUMAN RESOURCES ANALYSIS:

FINANCE & MANAGEMENT ANALYSIS:
Recommend Approval
B. Dick

CORPORATE COUNSEL ANALYSIS:

ADMINISTRATOR RECOMMENDATION:

If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee

AGENDA DATE: 4/4/19
AGENDA NO: #519/06:13
BOARD DATE: 6/11/19
PAGE NO.

Revised 5/29/19
Exhibit 4: Sole Source Justification Form

Single/ Sole Source Justification

Please explain why the recommended vendor is the only vendor that can meet the required needs. Are there other vendors who can do this job? What conditions (e.g. technological superiority, or performance risks, etc.) exist so that the recommended vendor has a significant advantage over any other vendor who can do this job?

It is important to sufficiently address the key reason for awarding an order without soliciting competitive bids/quotes. The rationale must be clear and convincing, avoiding generalities and unsupported conclusions.

Vendor Name: Muskegon County Cooperating Churches (MCCC)  Requisition #: _________________

<table>
<thead>
<tr>
<th>Complete the Following Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>A specific contractor is the only source of the required item because (check all that apply)</td>
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<tr>
<td>☑️ It is the only source capable of supplying the item/need in the local area where the required need is to be met. Using a provider outside of the local area will substantially increase the cost or not meet the need of the services requested.</td>
</tr>
<tr>
<td>☐ It is not possible to obtain competitive bids for consideration. Documentation* is attached to verify market research to preclude other brands or vendors considered and justification of Single Qualified Source.</td>
</tr>
<tr>
<td>☐ The required item(s) is proprietary to the Contractor. (Branded, Exclusive, Trademarked, Copyright...)</td>
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<tr>
<td>☐ The required item(s) is under warranty to the Contractor and all service agreements / maintenance agreements are exclusive to the Contractor.</td>
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<td>☐ The required item(s) needed to be compatible or interchangeable with existing hardware or system currently in place. Only compatible items can be used for spares, replacements, or modifications to the current system.</td>
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<td>☐ There is a substantial technical risk in contracting with any other contractor, (e.g. only one contractor has been successful to date in implementing / completing this process / project). Documentation* is attached to verify market research to preclude other brands or vendors considered and justification of Single Qualified Source.</td>
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<tr>
<td>☐ A grantor/funding agency or pass-through entity expressly authorizes a noncompetitive proposal in response to a written request. Documentation is attached.</td>
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</table>

*Documentation- Examples of documentation to attach include: A narrative explaining market research, reference checks on vendors, or a clearly written explanation of why a vendor meets the Sole Source Justification Description and any written information gathered in making this determination.

Comments: Reference Attached

______________________________
Signature: Jill Keast

Date: 05/28/2019

Emergency Purchase:

☐ Emergency: It is the only source capable of supplying the item/need in time to meet the required need due to an unforeseen situation involving the breakdown of machinery and/or a threatened termination of essential services, including maintenance and repair of essential office equipment, or a dangerous condition develops, or when supplies are needed for immediate use which may vitally affect the safety, health, property or welfare of the public.

For Emergency Purchases:

Administrator Signature

Date
Muskegon County Cooperating Churches

The term of the MDHHS Demonstration Project grant is 4 months. In order to successfully implement “Recovery Congregations” within such a short time period, the agency serving as coordinator for the project must have a long standing relationship with a multitude of congregations and have the means to communicate between agencies from the start. MCCC has been serving the Muskegon community in this capacity since 1941. As an agency, they have had a considerable amount of experience creating and sustaining programming to meet the needs of the community. Staff member, Reverend Lily Marx, has received comprehensive training in the “Recovery Congregations” model and is prepared to move forward with implementation as soon as possible. While other organizations could also be trained, it would not be possible to meet the project goals by August 31, 2019.
SUBCONTRACT AGREEMENT

between

Public Health – Muskegon County

and

Grand Rapids Red Project

1. **Purpose.**

   A. **Grand Rapids Red Project (Red Project)** is providing coordination and implementation services focused on educating Muskegon County senior populations on the hazards of long term opioid use, overdose, improper storage, and the benefits of prescribing naloxone. The overarching purpose of this project is to reduce the high number of emergency room reported overdoses. The main objective is to hold four (4) senior focused educational events for Muskegon County residents by August 31, 2019.

   B. **Public Health – Muskegon County (PHMC)** agrees to provide financial support for the project through funding provided by the Michigan Department of Health and Human Services Demonstration Project fund.

2. **Term of Agreement.** This agreement takes effect April 1, 2019 and ends August 31, 2019.

3. **Payment.** PHMC will pass-through and pay 100% of the $6,874 received from MDHHS to Red Project for contracted services. Payments shall be paid in accordance with the Work Statement and Progress Reports (Exhibit A) and Statement and Invoice Information (Exhibit B) as attached.

4. **Termination Without Cause.** Either party may terminate this Agreement at any time without cause by giving thirty (30) days advance written notice to the other party.

5. **Compliance with Laws.** The parties shall comply with all applicable federal, state and local laws, ordinances, guidelines, rules and regulations in carrying out the terms of this Agreement including, but not limited to Nondiscrimination, Anti-Lobbying Act, Human Research Subject Protections, HIPAA, Confidentiality and Privacy Practice.

6. **Authorized Signatures.** This Agreement has been authorized by the respective Parties and the persons signing below are authorized to represent the Parties throughout the terms of the Agreement.

   [Signatures]

---

Date

Steve Alsum on behalf of Grand Rapids Red Project

Kathy Moore on behalf of Public Health – Muskegon County

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EXHIBIT A

WORK STATEMENT & PROGRESS REPORTS

Sub-Contract Between

Grand Rapids Red Project and Public Health Department - Muskegon County

Public Health – Muskegon County, the leader in population health services and outcomes, will sub-contract with Red Project to fulfill a portion of the scope of work described in the proposal to address opioid abuse in Muskegon County from the MDHHS Demonstration Project fund. The ultimate goal of this work is to reduce emergency room reports of overdose among Muskegon County senior populations.

Scope of Work: April 01, 2019 – August 31, 2019

The services to be performed by Grand Rapids Red Project (Subcontractor) are as follows:

1) Identify and schedule educational presentations at least 4 senior living and/or recreation centers that include:
   a) What is an opioid.
   b) Commonality of addiction and misuse among older populations (reducing stigma).
   c) Diversion prevention.
   d) Recognizing the signs and symptoms of overdose.
   e) Best practices in preventing overdose.
   f) What to do when an overdose occurs.

Progress Reports
At the end of each calendar month, Grand Rapids Red Project will send the Health Education Supervisor at PHMC a report that includes responses to the following:

The major categories to be reported will include:
1) Number and name of senior living and/or recreational centers contacted.
2) Names and dates of scheduled presentations.
3) Number of presentation attendees.
4) Number of storage safety supplies distributed.
5) Presentation evaluation, successes, challenges, and quality improvement strategies

Progress Reports will accompany monthly invoices and will be due ten (10) days following the end of each month. Send Progress Reports to:

Nancy Bramer, Finance Supervisor
209 E. Apple Avenue
Muskegon, MI 49442
Email Address: bramerna@co.muskegon.mi.us
- And -
Jill Montgomery Keast
209 E. Apple Avenue
Muskegon, MI 49442
Email Address: montgomerykeastji@co.muskegon.mi.us
EXHIBIT B

STATEMENT & INVOICE INFORMATION

Sub-Contract Between

Muskegon County Cooperating Churches

and

Public Health Department - Muskegon County

Contract Period: April 1, 2019 – August 31, 2019

Cost Reimbursement Payment Method for salaries and fringe benefits, materials, with documentation of staff time activities and purchases.

Total payments from PHMC to Grand Rapids Red Project (Subcontractor) under this Agreement, not to exceed Six Thousand Eight Hundred and Seventy Four ($6,874). Grand Rapids Red Project shall submit monthly invoices for the services performed during the month within ten days following month-end. Payment to sub-contractor will be within thirty (30) days after receipt by PHMC of an itemized invoice or statement that has been approved by PHMC.

A final invoice must be submitted to PHMC within ten (10) days after the termination date of this contract, unless otherwise agreed in writing by Grand Rapids Red Project. Invoices received after this date without prior approval may not be honored.

Items NOT permitted for purchase under this funding include snacks/food/beverages of any kind, research, purchase of naloxone, purchase of syringes, drug disposal related items, clinical care, or publicity/propaganda (lobbying).

Statements/Invoices should be submitted to:

Nancy Bramer, Finance Supervisor
209 E. Apple Avenue
Muskegon, MI 49442
Email Address: bramerna@co.muskegon.mi.us
- And -
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209 E. Apple Avenue
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Email Address: montgomerykeastji@co.muskegon.mi.us
Exhibit 4: Sole Source Justification Form

**Single/ Sole Source Justification**

Please explain why the recommended vendor is the only vendor that can meet the required needs. Are there other vendors who can do this job? What conditions (e.g. technological superiority, or performance risks, etc.) exist so that the recommended vendor has a significant advantage over any other vendor who can do this job?

It is important to sufficiently address the key reason for awarding an order without soliciting competitive bids/quotes. The rationale must be clear and convincing, avoiding generalities and unsupported conclusions.

Vendor Name: Red Project

Requisition #: 

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*Documentation- Examples of documentation to attach include: A narrative explaining market research, reference checks on vendors, or a clearly written explanation of why a vendor meets the Sole Source Justification Description and any written information gathered in making this determination.

Comments: Reference Attached

---

**Signature**: Jill Keast  
**Date**: 05/28/2019

**Emergency Purchase:**

- Emergency: It is the only source capable of supplying the item/need in time to meet the required need due to an unforeseen situation involving the breakdown of machinery and/or a threatened termination of essential services, including maintenance and repair of essential office equipment, or a dangerous condition develops, or when supplies are needed for immediate use which may vitally affect the safety, health, property or welfare of the public.

**For Emergency Purchases:**  
 Administrator Signature  
 **Date**
Red Project

The Grand Rapids Red Project has been providing overdose education and naloxone administration training in Muskegon County since 2015. In fact, they have been the sole source provider of overdose awareness education and training in West Michigan since 1998. The Red Project is also solely responsible for the training of over 5,000 people including law enforcement, community organizations, and friends and families of those suffering from addiction. Unlike other substance use related organizations, the Red project is able to act as a conduit for users to access safety supplies, peer counseling, and treatment.
SUBCONTRACT AGREEMENT
between
Public Health – Muskegon County
and
Muskegon County Cooperating Churches

1. Purpose.

A. Muskegon County Cooperating Churches (MCCC) is providing coordination and implementation services to pilot a program in Muskegon County called “Recovery Congregations”. The overarching purpose is to build a program where faith based organizations become points of connection to recovery services. Recovery Congregations provide spiritual/pastoral support; view addiction as a treatable disease and not a moral failing; embrace and support people in recovery and their families; provide visible outreach in the community; disseminate recovery information; and host recovery support groups such as Smart Recovery, Celebrate Recovery, Medication Assisted Recovery Anonymous, Alcoholics Anonymous, and Narcotics Anonymous. The main objective is to train and certify five (5) Recovery Congregations by August 31, 2019.

B. Public Health – Muskegon County (PHMC) agrees to provide financial support for program start up through funding provided by the Michigan Department of Health and Human Services Demonstration Project fund.

2. Term of Agreement. This agreement takes effect April 1, 2019 and ends August 31, 2019.

3. Payment. PHMC will pass-through and pay 100% of the $7,500 received from MDHHS to MCCC for the subcontracted services. Payments shall be made in accordance with the Work Statement and Progress Reports (Exhibit A) and Statement and Invoice Information (Exhibit B) as attached.

4. Termination Without Cause. Either party may terminate this Agreement at any time without cause by giving thirty (30) days advance written notice to the other party.

5. Compliance with Laws. The parties shall comply with all applicable federal, state and local laws, ordinances, guidelines, rules and regulations in carrying out the terms of this Agreement including, but not limited to Nondiscrimination, Anti-Lobbying Act, Human Research Subject Protections, HIPAA, Confidentiality and Privacy Practice.

6. Authorized Signatures. This Agreement has been authorized by the respective Parties and the persons signing below are authorized to represent the Parties throughout the terms of the Agreement.

__________________________
Lily Marx on behalf of Muskegon County Cooperating Churches

__________________________
Kathy Moore on behalf of Public Health – Muskegon County

Date

Date
EXHIBIT A

WORK STATEMENT & PROGRESS REPORTS

Sub-Contract Between

Muskegon County Cooperating Churches and Public Health Department - Muskegon County

Public Health – Muskegon County, the leader in population health services and outcomes, will sub-contract with Muskegon County Cooperating Churches (MCCC) to fulfill a portion of the scope of work described in the proposal to address opioid abuse in Muskegon County from the MDHHS Demonstration Project fund. The goal of this work is to break down the stigma of addiction, educate congregations on the brain science of addiction, provide connections to recovery services, and certify congregation so people struggling with recovery can find sanctuary within a faith community.

Scope of Work: April 01, 2019 – August 31, 2019

The services to be performed by MCCC (Subcontractor) are as follows:

1) Identify at least 15 congregations across Muskegon County as possible sites
2) Provide initial outreach and introduction to Recovery Congregations
3) Schedule brain science education delivery to identified congregations
4) Provide and review evaluations to refine content and delivery
5) Work in partnership with identified congregation to meet the certification process and support them for subsequent role as mentor to new congregations interested in becoming Recovery Congregations
6) Engage with congregations and connect to community collaborative groups, such as Drug Free Muskegon and the Opiate Task Force to assure long term connection to the community’s overall prevention/treatment/recovery system
7) Monitor and refine processes and information to meet the needs of participating congregations.

Progress Reports
At the end of each calendar month, MCCC will send the Health Education Supervisor at PHMC a report that includes responses to the following:

The major categories to be reported will include:
1) Number and name of congregations introduced to Recovery Congregations methodology.
2) Tools developed/purchased.
3) Number and name of congregations identified as participants in Recovery Congregations.
4) Brain science and addiction training: Number of attendees, name and number of congregations attending.
5) Number of congregations certified in Recovery Congregations methodology.
6) Program evaluation, successes, challenges, and quality improvement strategies

Progress Reports will accompany monthly invoices and will be due ten (10) days following the end of each month. Send Progress Reports to:

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Muskegon, MI 49442
Email Address: bramera@co.muskegon.mi.us
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EXHIBIT B

STATEMENT & INVOICE INFORMATION

Sub-Contract Between
Muskegon County Cooperating Churches

and

Public Health Department - Muskegon County

Contract Period: April 1, 2019 – August 31, 2019

Cost Reimbursement Payment Method for salaries and fringe benefits, materials, with documentation of staff time activities and purchases.

Total payments from PHMC to MCCC (Subcontractor) under this Agreement, sum of Seven Thousand and Five Hundred ($7,500). MCCC shall submit monthly invoices for the services performed during the month within ten days following month-end. Payment to contractor will be within thirty (30) days after receipt by PHMC of an itemized invoice or statement that has been approved by PHMC.

A final invoice must be submitted to PHMC within ten (10) days after the termination date of this contract, unless otherwise agreed in writing by MCHP. Invoices received after this date without prior approval may not be honored.

Items NOT permitted for purchase under this funding include snacks/food/beverages of any kind, research, purchase of naloxone, purchase of syringes, drug disposal related items, clinical care, or publicity/propaganda (lobbying).

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- And -

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REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>BUDGETED</th>
<th>NON-BUDGETED</th>
<th>PARTIALLY BUDGETED</th>
</tr>
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<tbody>
<tr>
<td>Human Services</td>
<td>X</td>
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<tr>
<th>REQUESTING DEPARTMENT</th>
<th>COMMITTEE DATE</th>
<th>REQUESTOR SIGNATURE</th>
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</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>June 4, 2019</td>
<td>Kathy Moore</td>
</tr>
</tbody>
</table>

**SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)**

At its regular meeting held on March 12, 2019, the Senior Activities Committee (SAC) reviewed and recommended approval to reimburse Senior Resources up to $27,667 for the cost of coordinating and processing millage funded purchase-of-services transactions; as well as, up to $13,583 for Medicare/Medicaid community educational services. These activities/responsibilities are above and beyond the services outlined in the senior millage grants administration contract.

**SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)**

Move to approve reimbursement to Senior Resources up to $27,667 for the cost of coordinating and processing millage funded purchase-of-services transactions; and up to $13,583 for Medicare/Medicaid community educational services.

**ADMINISTRATIVE ANALYSIS (AS APPLICABLE)**

**HUMAN RESOURCES ANALYSIS:**

**FINANCE & MANAGEMENT ANALYSIS:**

Recommend Approval
B. Dick

**CORPORATE COUNSEL ANALYSIS:**

**ADMINISTRATOR RECOMMENDATION:**

If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee.

<table>
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<tbody>
<tr>
<td>4/4/19</td>
<td>4/19/19</td>
<td>6/11/19</td>
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Revised 5/29/19
## Service Name: Case Coordination & Support

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERVICE DEFINITION</strong></td>
<td>The provision of a comprehensive assessment of persons age 60 and over with a complementing role of brokering existing community services and enhancing informal support systems when feasible. Case Coordination and Support (SSC) includes the assessment and reassessment of individual needs, development and monitoring of a service plan, identification of and communication with appropriate community agencies to arrange for services, evaluation of the effectiveness and benefit of services provided, and assignment of a single individual as the caseworker for each participant.</td>
</tr>
<tr>
<td>UNIT OF SERVICE</td>
<td>One unit per month when any CCS activity is provided for an individual.</td>
</tr>
<tr>
<td>COMPONENT</td>
<td>Intake, assessment, reassessment, development of a service plan.</td>
</tr>
</tbody>
</table>

**FUNCTIONS:** Arrangement for each service.

### Minimum Standards

1. Each CCS program must have uniform intake procedures and maintain consistent records. Intake may be conducted over the telephone. Intake records for each potential participant must include at a minimum:
   a) Individual’s name, address and telephone number
   b) Individual’s age or birth date
   c) Physician’s name, address and telephone number
   d) Name, address, and phone number of person, other than spouse or relative with whom individual resides, to contact in case of emergency
   e) Handicaps, as defined by Section 504 of the Rehabilitation Act of 1973, or other diagnosed medical problems
   f) Perceived supportive service needs as expressed by individual and/or his/her representatives
   g) Race (optional)
   h) Gender (optional)
   i) An estimate of whether or not the individual has an income at or below the poverty level for intake and reporting purposes and at or below 125 percent of poverty level for referral purposes

2. If intake indicates a single service need on a one-time or infrequent basis, a less intensive level of support such as information and assistance or options counseling should be offered to the individual. When intake suggests ongoing and/or multiple service needs, a comprehensive individual assessment of need shall be performed within 10 working days of intake. If intake/assessment suggests ongoing or multiple complex service needs at a level
beyond the scope of the CCS program, a more intensive level of support such as Care Management (CM) should be offered to the individual.

3. All assessments and reassessments shall be conducted in person. Each assessment shall provide as much of the following information as is possible to determine the following. Note: Staff must attempt to acquire each item of information listed below but must also recognize and accept the participant’s right to refuse to provide requested items.

a. Basic Information

1. Individual’s name, address, and telephone number
2. Age, date and place of birth
3. Gender
4. Marital status
5. Race and/or ethnicity
6. Living arrangements
7. Condition of environment
8. Income and other financial resources, by source (including SSI and GA)
9. Expenses
10. Previous occupation, special interests and hobbies

b. Functional Status

1. Vision
2. Hearing
3. Speech
4. Oral status (condition of teeth, gums, mouth and tongue)
5. Prosthesis
6. Psychosocial functioning
7. Limitations in activities of daily living (ADLs and IADLs)
8. History of chronic and acute illnesses
9. Eating patterns (diet history)
10. Prescriptions, medications, and other physician orders

c. Supporting Resources

1. Physician’s name, address, and telephone number
2. Pharmacist’s name, address and telephone number
3. Services currently receiving or received in past (including identification of those funded through Medicaid)
4. Extent of family and/or informal support network
5. Hospitalization history
6. Medical/health insurance information
7. Clergy name, address and telephone number, if applicable

d. Need Identification

1. Participant/family perceived
2. Assessor perceived and/or identified from referral source/professional community

Each participant shall be reassessed every six months, or as needed to determine the results of implementation of the service plan.

4. A service plan shall be developed for each person determined eligible and in need of CCS. The service plan shall be developed in cooperation with, and be approved by, the
participant, the participant’s guardian or designated representative. The service plan shall contain at a minimum:

a. Statement of the participant’s problems, needs, strengths, and resources.
b. Statement of the goals and objectives for meeting identified needs.
c. Description of methods and/or approaches to be used in addressing needs.
d. Identification of services and the respective time frames they are to be obtained/provided from other community agencies.
e. Treatment orders of qualified health professional, when applicable.

Each program shall have a written policy/procedure to govern the development, implementation and management of service plans.

5. Each program shall maintain comprehensive and complete case files which include at a minimum:

a. Details of participant’s referral to CCS program.
b. Intake records.
c. Comprehensive individual assessment and reassessments.
d. Service plan (with notation of any revisions).
e. Listing of all contacts (dates) with participants (including units of service per participant).
f. Case notes in response to all participant or family contacts (telephone or personal).
g. Listing of all contacts with service providers on behalf of participant.
h. Comments verifying participant’s receipt of services from other providers and whether service adequately addressed participant need.
i. Record of all release of information about the participant, signed release of information form, and all case files shall be kept confidential in controlled access files.

Each program shall use a standardized release of information form, which is time-limited and specific as to the information being released.

6. Each case file must be assigned status in one of the following categories:

a. **Open.** From initial referral or reassessment of inactive case through current activity in implementing a service plan; or
b. **Closed.** Participant decides to discontinue service, participant needs have been met, another program or agency has assumed responsibility for participant, participant unable to be served and referral of case is not possible, or participant’s death.

7. Each program shall maintain a current listing of isolated older persons, with active case files, which can be made readily available to agencies providing emergency services in the event of a disaster.

8. Each program shall employ caseworkers who have a minimum of a bachelor's degree in a human service field or who, by experience or training, have the ability to effectively determine an older person’s needs and match those needs with appropriate services. If the program does not employ staff with an appropriate bachelor's degree, access to such a caseworker(s) in the community shall be arranged for purposes of technical support and/or consultation. Participants with identified unmet health needs (physical and/or mental) shall be referred to an appropriate health care agency. Only one caseworker may be currently assigned to each individual case.

9. Each CCS program shall provide information and assistance and outreach as supporting services. However, it is not required that such service provision be reported to AASA.
10. Program staff shall receive in-service training at least twice each fiscal year that is specifically designed to increase their knowledge and understanding of the program and participants, and to improve their skills in completion of job tasks.
REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

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<tr>
<th>COMMITTEE</th>
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<th>NON-BUDGETED</th>
<th>PARTIALLY BUDGETED</th>
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<th>REQUESTING DEPARTMENT</th>
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<tbody>
<tr>
<td>Public Health</td>
<td>June 4, 2019</td>
<td>Kathy Moore</td>
</tr>
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</table>

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

The Public Health Department is requesting authorization to amend its current FY19 budget from $5,950,100 to $6,131,295 to reflect changes in the agreement to the Michigan Department of Health and Human Services (MDHHS) and other program revenue and fees. The changes include increases of $89,339 for Essential Local Public Health Services (ELPHS), $49,468 for Hepatitis C, and $55,000 for PFAS Response – Muskegon Airport along with other miscellaneous changes in fees and other revenue.

Also included is a reduction in the general fund appropriation from $1,790,689 to $1,715,689.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

Authorize the Public Health Department to amend its FY19 budget from $5,950,100 to $6,131,295, which includes grant funding changes, program line item adjustments and staff/funding transfers with a $75,000 decrease in the general fund appropriation from $1,790,689 to $1,715,689.

ADMINISTRATIVE ANALYSIS (AS APPLICABLE)

<table>
<thead>
<tr>
<th>HUMAN RESOURCES ANALYSIS:</th>
<th>FINANCE &amp; MANAGEMENT ANALYSIS:</th>
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<td>Recommend Approval B. Dick</td>
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<th>ADMINISTRATOR RECOMMENDATION:</th>
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If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee

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Revised 5/29/19
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<tr>
<th>Fund/Category</th>
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<td>Total Revenues</td>
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**REVENUES**
- 2210 - All Programs Federal & State Grants: $3,435,696 to $3,724,298, Proposed change $288,602
- 2210 - All Programs Fee-for-Services: $676,215 to $646,162, Proposed change -$30,053
- 2210 - All Programs Other Income/Grants & Misc.: $47,500 to $45,146, Proposed change -$2,354
- 2210 - All Programs General Fund Appropriation: $1,790,689 to $1,715,689, Proposed change -$75,000
- **Proposed change Revenues**: $5,950,100 to $6,131,295, Proposed change $181,195

**EXPENDITURES**
- 2210 - All Programs Salaries/Fringes: $4,005,916 to $4,061,946, Proposed change $56,030
- 2210 - All Programs Other Direct Program Costs: $1,409,357 to $1,651,796, Proposed change $242,439
- 2210 - All Programs Indirect/Overhead Costs: $534,827 to $417,553, Proposed change -$117,274
- **Proposed change Expenditures**: $5,950,100 to $6,131,295, Proposed change $181,195
REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE
Human Services

REQUESTING DEPARTMENT
Public Health

COMMITTEE DATE
June 4, 2019

REQUESOR SIGNATURE
Kathy Moore

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Public Health (PHMC) is requesting authorization to reclassify and/or change the pay of several positions to better align actual duties performed with appropriate title and pay; and to enhance our capacity to continuously monitor the provision of programs and services in compliance with legal and contractual obligations. The proposed position changes are as follows: Reclass vacant Accounting Technician position (G03007, GU-00160, $14.57 - $17.97/hr) from full-time to hourly (24 hours per week or less); reclass Fiscal Technician (N34101, NO-00161, $14.94 - $18.91/hr) to a Fiscal Specialist and place incumbent at step 4 ($20.54/hr) of pay table NO-00210, $17.89 - $22.53/hr; reclass Customer Service Specialist (N23701, NO-00210, $17.89 - $22.53/hr) to a Public Health Compliance Specialist at pay table NO-00220, $19.081 - $24.227/hr; adjust the wage of the Public Health Epidemiologist (X76501, NX-00380, $33.395 - $42.469/hr) to pay table NX-00400, $34.875 - $44.347/hr; and adjust the wage of the Disease Intervention Specialist (N27401, NO-00210, $17.89 - $22.531/hr) to pay table NO-00240, $19.629 - $24.714/hr. Implementation of the proposed position changes will help to improve overall operational efficiencies and result in savings and fringes savings of approx. $55,498 in FY19 due to a vacancy most of the year; and salaries and fringes savings of approx. $28,547 in FY20.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

Approve proposed position changes for Public Health to improve operational efficiencies and reduce salaries/fringe expense as follows: Reclass vacant Accounting Technician position (G03007, GU-00160, $14.57 - $17.97/hr) from full-time to hourly (24 hours per week or less); reclass Fiscal Technician (N34101, NO-00161, $14.94 - $18.91/hr) to a Fiscal Specialist and place incumbent at step 4 ($20.54/hr) of pay table NO-00210, $17.89 - $22.53/hr; reclass Customer Service Specialist (N23701, NO-00210, $17.89 - $22.53/hr) to a Public Health Compliance Specialist at pay table NO-00220, $19.081 - $24.227/hr; adjust the wage of the Public Health Epidemiologist (X76501, NX-00380, $33.395 - $42.469/hr) to pay table NX-00400, $34.875 - $44.347/hr; and adjust the wage of the Disease Intervention Specialist (N27401, NO-00210, $17.89 - $22.53/hr) to pay table NO-00240, $19.629 - $24.714/hr to result in a net savings in salaries and fringes.

ADMINISTRATIVE ANALYSIS (AS APPLICABLE)

HUMAN RESOURCES ANALYSIS:

Approve – K. Wade

FINANCE & MANAGEMENT ANALYSIS:

ADMINISTRATOR RECOMMENDATION:

If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee


Revised 5/30/19
<table>
<thead>
<tr>
<th>Reclass</th>
<th>Position #/Class</th>
<th>Hourly Wages</th>
<th>Table-Grade</th>
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<td>$17.89 - $22.531</td>
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<td>Salary Adjustment</td>
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<td>NX-00400</td>
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<td>TO: same</td>
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<tr>
<td>FROM: Disease Intervention Specialist FT</td>
<td>N27401 / NF</td>
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<td>NO-00210</td>
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<td>$19.629 - $24.714</td>
<td>NO-00240</td>
<td>$2,570</td>
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**Overall Budget Impact**

- $28,547  
- $55,498
REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

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<tr>
<td>Administration</td>
<td>June 4, 2019</td>
<td>Michael Baauw</td>
</tr>
</tbody>
</table>

**SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)**

On March 12, 2019, the Muskegon County Board of Commissioners approved authorization to the county of Muskegon Department of Veterans Affairs staff to provide the Muskegon County Clerk with Veterans Millage Renewal language to be included on the August, 2019 primary election ballot.

Move to authorize the County of Muskegon Department of Veterans Affairs staff to provide the Muskegon County Clerk with the following Veterans Millage Renewal language to be included on the August, 2019 primary election ballot:

- Shall the millage approved by Muskegon County voters in 1994 and renewed in 1998 and 2008 for the purpose of providing funds to equip, operate, maintain and defray debt service and provide support and assistance to Veterans through a County Department of Veterans Affairs be renewed and continued (and the limitation continue to be maintained) by an amount not to exceed 1/13th mill ($0.077 per $1,000) on taxable value on all property in the County of Muskegon, for an additional period of ten (10) years, being 2019 through 2028, inclusive, resulting in an annual estimated revenue of $330,534 for 2019?

Staff is requesting approval of the ballot language with the following revisions as shown in red above.

**SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)**

Move to approve the revised Veterans Millage Renewal Language to be included on the August, 2019 primary election ballot:

- Shall the millage approved by Muskegon County voters in 1994 and renewed in 1998 and 2008 for the purpose of providing funds to equip, operate, maintain and defray debt service and provide support and assistance to Veterans through a County Department of Veterans Affairs be renewed and continued (and the limitation continue to be maintained) by an amount not to exceed 1/13th mill ($0.077 per $1,000) on taxable value on all property in the County of Muskegon, for an additional period of ten (10) years, being 2019 through 2028, inclusive, resulting in an annual estimated revenue of $330,534 for 2019?

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**AGENDA DATE:** 6/4/19  **AGENDA NO.:** 4519  **BOARD DATE:** 6/11/19  **PAGE NO.:**