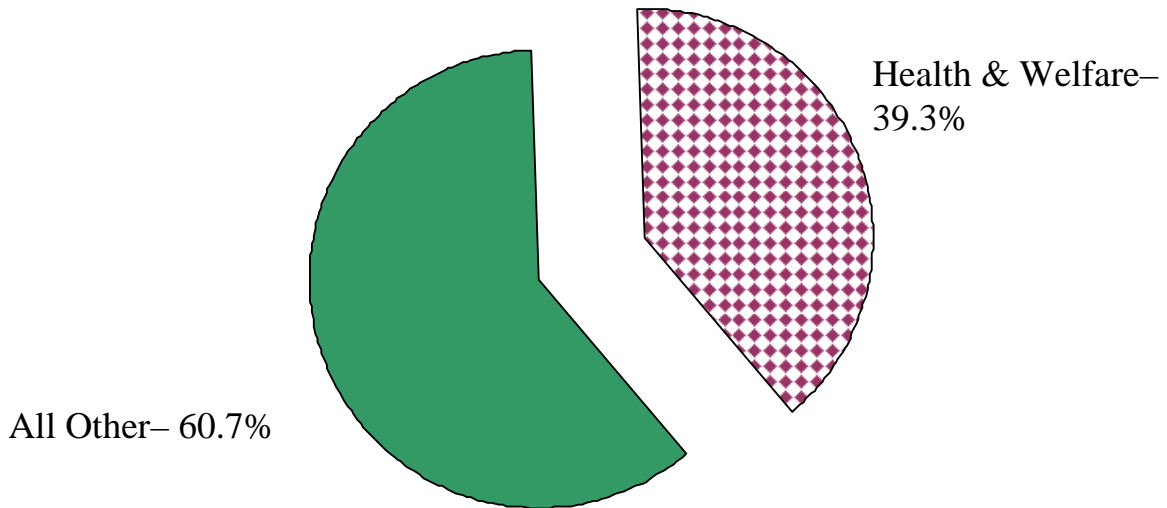


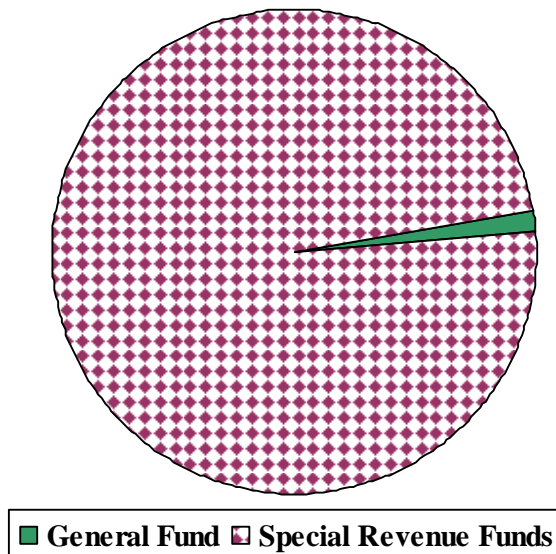
Health & Welfare Functions

Total County Budget Perspective *



* Graph does not reflect operating transfers out since these expenditures are already reflected in the other expenditure categories

Health & Welfare Expenditures by Fund Type



Function Statement

Public Act 2 of 1986 states that at least 50% of the State Convention Facility Tax revenue shall be used for substance abuse programs within the county from which the proceeds originated. It further states that these funds shall be distributed to the coordinating agency designated for that county pursuant to Section 6226 of Act No. 368 of the Public Health Code of 1978. For Ottawa County, that coordinating agency is Lakeshore Coordinating Council (LCC). Ottawa County holds the funds and dispenses them based on contracts, budgets, and expenditure reports approved by LCC. The Council employs the following organizations to meet the substance abuse needs for Ottawa County:

Ottawa Alcoholic Rehabilitation, Inc. (OAR)	Ottawa County Family Independence Agency
Child and Family Services of West Michigan (CFSM)	Salvation Army
Crossroads Family Center/Catholic Social Services (Juvenile Detention)	

Resources

Personnel

No personnel has been allocated to this department.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$692,488	\$729,581	\$790,813	\$880,669	\$880,280
Total Revenues	\$692,488	\$729,581	\$790,813	\$880,669	\$880,280
Expenditures					
Personnel Services					
Supplies					
Other Services & Charges	\$253,804	\$259,190	\$285,593	\$303,301	\$440,140
Total Expenditures	\$253,804	\$259,190	\$285,593	\$303,301	\$440,140

Budget Highlights:

Although expenditures in total are not increasing, more of them are being charged through this department.

Function Statement

The Medical Examiners program is responsible to investigate and attempt to establish the cause of all sudden and unexpected deaths within the County. The program in Ottawa County is staffed by a Chief Medical Examiner, ten Deputy Medical Examiners and a clerical support person (part-time). All of the examiner positions are paid on a retainer/per call basis. The Health Officer provides overall supervision and administrative support for the program.

Resources

Personnel

No permanent personnel has been allocated to this department.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Charges for Services	\$2,028	\$1,595	\$2,234	\$10,000	\$8,000
Total Revenues	\$2,028	\$1,595	\$2,234	\$10,000	\$8,000
Expenditures					
Personnel Services	\$3,567	\$4,709	\$3,895	\$28,548	\$28,548
Supplies	\$854	\$210	\$731	\$1,225	\$1,025
Other Services & Charges	\$200,132	\$237,506	\$240,893	\$224,805	\$229,935
Total Expenditures	\$204,553	\$242,425	\$245,519	\$254,578	\$259,508

Budget Highlights:

The County began billing for cremation permits in 2007.

Function Statement

The Soldiers and Sailors Relief Commission receives burial claims from funeral directors and determines eligibility for the \$300 county burial allowance. Eligibility is determined by the time and length of service during an armed conflict, honorable discharge, and length of residency in Ottawa County. The commission also sees that government headstone markers are ordered and placed if desired by the veteran's spouse or family and that installation and financial restitution be made for the services rendered.

Resources

Personnel

No personnel has been allocated to this department.

Funding

	2004	2005	2006	2007 Current Year	2008 Adopted
	Actual	Actual	Actual	Estimated	by Board
Expenditures					
Other Services & Charges	\$57,162	\$53,100	\$69,355	\$65,000	\$67,000
Total Expenditures	\$57,162	\$53,100	\$69,355	\$65,000	\$67,000

Function Statement

The Veteran's Affairs Committee, formerly the Soldiers and Sailors Relief Commission, consists of three to five members appointed by the Board of Commissioners of Ottawa County. This department records administrative expenditures of the commission such as mileage and per diem costs.

Resources

Personnel

No personnel has been allocated to this department.

Funding

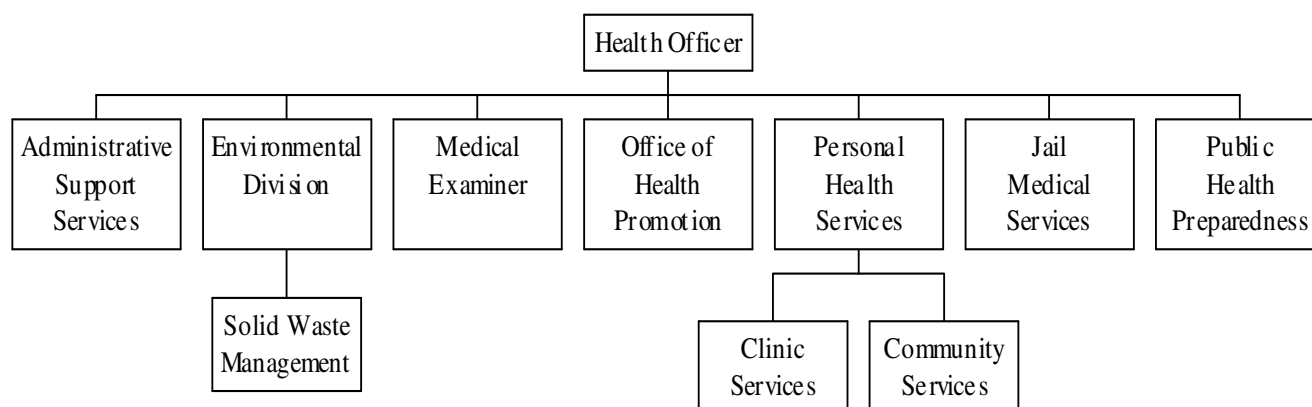
	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Expenditures					
Supplies	\$166	\$135	\$443		
Other Services & Charges	\$1,301	\$58	\$1,724		
Total Expenditures	\$1,467	\$193	\$2,167		

Budget Highlights:

This department has been combined with the claims of the Veterans Affairs Committee reported in Special Revenue fund 2930 - Soldier's & Sailors Relief.

Public Health (2210) Fund Summary

The Ottawa County Health Department provides environmental health services, client health services in both a clinic setting and the field, public health preparedness, and health education services. Services supervised by Health administration but not accounted for in fund 2210 include Landfill Tipping fees (solid waste planning - fund 2272) and Substance Abuse which is recorded in the General Fund (1010-6300).



Budget Summary - Fund 2210

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Licenses & Permits	\$392,928	\$446,122	\$385,459	\$429,140	\$494,840
Intergovernmental Revenue	\$2,870,451	\$2,982,673	\$3,247,491	\$3,680,806	\$3,585,442
Charges for Services	\$765,729	\$871,643	\$833,085	\$840,335	\$878,914
Interest & Rents	\$4,150	\$750			
Other Revenue	\$109,340	\$155,441	\$181,925	\$239,850	\$200,233
Other Financing Sources	\$5,126,235	\$5,645,922	\$5,646,605	\$5,926,607	\$6,221,708
Total Revenues	\$9,268,833	\$10,102,551	\$10,294,565	\$11,116,738	\$11,381,137
Expenditures					
Personnel Services	\$5,792,421	\$6,114,817	\$6,012,194	\$6,444,894	\$6,991,802
Supplies	\$736,240	\$757,769	\$1,313,321	\$1,407,312	\$1,651,757
Other Services & Charges	\$2,184,129	\$2,635,540	\$2,788,217	\$2,993,964	\$2,837,578
Capital Outlay	\$79,293	\$26,653	\$119,118	\$6,308	\$305,000
Other Financing Uses					
Total Expenditures	\$8,792,083	\$9,534,779	\$10,232,850	\$10,852,478	\$11,786,137

Budget Highlights

The State of Michigan revenue is declining while costs continue to increase, the health department is adjusting fees in minor ways to alleviate the loss in revenue while still trying to maintain a healthy community.

The new budget includes \$305,000 for the replacement of QS Patient Care Management System software and hardware. Prior year revenue includes a MACQIC (Michigan Accreditation Continuous Quality Improvement Collaborative) grant to focus on a systemic continuous quality improvement at the local health department level.

Function Statement

The epidemiology division of the Ottawa County Health Department is responsible for defining the causes and distribution of diseases within Ottawa County. This division's activities are directed towards strengthening disease surveillance practices (that enhance disease identification, prevention and control), monitoring the community health status, and providing Ottawa County health data to health providers and the community.

Mission Statement

Analyze the causes and distribution of disease in order to control their course and protect the community.

SERVICES AND ACCOMPLISHMENTS

The Epidemiology Program provides for the collection, and evaluation of local health data in addition to state and national health data. The program also provides guidance to all Health Department programs regarding the collection and processing of data requiring statistical analysis. As a function of Public Health Administration, it is critical that the epidemiologist develops relationships within the department as well as with the external community. The statistical analysis provided by the program is often used to support other departmental goals and objectives. The data reports are also used by other health care providers.

There has been a long-term vacancy in the epidemiologist position. A new epidemiologist is scheduled to begin work at the Health Department in early June 2007. The initial tasks of the epidemiologist will reflect the need to evaluate the current program in full, and to develop an epidemiology work plan for the department that will best ensure the highest quality of public health for Ottawa County.

HEALTH-EPIDEMIOLOGY

Goal: Determine the current health status of Ottawa County residents.

Objective: Collect and analyze Ottawa County data on the 10 leading causes of mortality (national)

Measure: Data collected on 100% of the 10 leading causes of mortality

Objective: Coordinate, analyze and report the Youth Assessment survey

Measure: Youth Assessment survey report complete

Objective: Coordinate, analyze and report the Behavioral Risk Factor Survey (BRFS)

Measure: BRFS report complete

Objective: Coordinate, analyze and develop the report for collected Body Mass Index (BMI) data

Measure: BMI report complete

Objective: Develop a project work plan for the Community Health Profile (to be published in 2009)

Measure: Work plan complete

Objective: Develop process for updating data for the Community Health Profile (to be published in 2009)

Measure: Process complete

Goal: Integrate and enhance existing disease surveillance systems in Ottawa County to detect, monitor, evaluate and report public health threats.

Objective: Promote and evaluate the use of the Michigan Disease Surveillance System (MDSS) by Ottawa County medical providers as a mechanism for disease reporting by March 2008

Measure: Evaluate the number of medical providers using the MDSS system

Measure: Develop plan to increase the use of the MDSS

Objective: Develop plan to promote and evaluate the use of the state influenza sentinel provider program by Ottawa County medical providers

Measure: Plan/study complete

Objective: Collaborate with Medical Director and applicable Department programs in the analysis and modeling of disease and public health threats

Measure: # of program partnerships established

Measure: % of Department programs utilizing epidemiological service

Goal: To improve communication of Ottawa County health data to the human services community for planning and promoting health in the community.

Objective: To use and maintain appropriate statistical analysis technology and methods to interpret and communicate data through October 2008

Measure: Maintain appropriate epidemiological/statistical modeling software

Measure: Review epidemiological data collection sites daily

Measure: Identify local surges in communicable disease within three days

Objective: Provide 100% accessibility of all current Ottawa County health data reports to the human services community and the public

Measure: % of all current year health data reports posted on the website

Measure: # of current year health data reports posted on the website

Objective: Advise health department staff of emerging public health issues

Measure: Develop a communication mechanism to distribute information internally

Objective: Provide analytical and data support to managers and supervisors for program development, integration and quality improvement

Measure: % of all current year health data reports provided to health department managers and supervisors

Measure: Assist with development of department, and program goals and objectives

Objective: Assist in the development of quarterly data watch reports

Measure: Four data watch reports completed

Measure: # Data Watch reports distributed

Objective: Survey recipients of Data Watch for feedback regarding quality and quantity of materials

Measure: Survey tool developed

Measure: % reporting positive response

Objective: Provide data analysis and planning support for Ottawa County Human Services Coordinating Council (OCHSCC), Access to Healthcare Committee

Measure: Report of area health trends related to healthcare access

Measure: Provide research data to committee as requested

Measures:	2005	2006	2007 Estimated	2008 Projected
<i>Output:</i>				
<i>data collected on the 10 leading causes of mortality(yes/no)</i>	N/A	Yes	Yes	Yes
<i># of Ottawa County health data reports posted on the website (current year)</i>	N/A	0	3	4
<i># of health data reports sent to the human services community</i>	N/A	3 (estimate)	0	4
<i>Youth Assessment survey report complete-biannual</i>	Yes	N/A	Yes	N/A
<i>Behavioral Risk Factor report complete-biannual</i>	Yes	N/A	Yes	N/A
<i>BMI data report complete-biannual</i>	Yes	N/A	Yes	N/A
<i># Quarterly Data Watch Reports distributed</i>	350	350	350	350
<i>Community Health Profile database update process complete</i>	N/A	N/A	N/A	Yes
<i>Community Health Profile work plan complete</i>	N/A	N/A	N/A	Yes
<i># Ottawa County health data reports provided to HD staff</i>	N/A	N/A	2	4
<i>MDSS evaluation and plan complete</i>	N/A	N/A	N/A	Yes
<i>Influenza sentinel plan complete</i>	N/A	N/A	N/A	Yes
<i># of HD program partnerships</i>	N/A	N/A	N/A	7
<i>Maintain Epi/stats software</i>	Yes	Yes	Yes	Yes
<i># of monthly health data reports posted to website</i>	N/A	All Historical	1	12
<i>Data Watch survey developed/distributed</i>	N/A	N/A	N/A	Yes
<i>Assist OCHSCC</i>	N/A	N/A	N/A	Yes
Efficiency:				
<i>% Review epi data daily/report monthly</i>	100%	100%	100%	100%

Function Statement

The Ottawa County Health Department (OCHD) Public Health Preparedness program is a state mandated program which serves as the central point of contact for communication with the state and local officials regarding public health emergency planning and response. The Public Health Preparedness (PHP) program develops essential protocols and provides critical training for an emergency response. This program ensures that local health department employees and community stakeholders are knowledgeable and appropriately trained about biological, chemical, radiological and nuclear agents and infectious diseases resulting in public health emergencies assuring rapid and effective public health response to such events.

Mission Statement

Provide a point of contact for state and local officials for use in a public health emergency

SERVICES AND ACCOMPLISHMENTS

The Public Health Preparedness program plays a critical role in planning, public education and risk communication. Funding has allowed the OCHD to enhance our ability to collaborate and communicate with essential stakeholders. Highlighted are a few of the major partnerships and accomplishments the program has been diligently working to achieve.

Pandemic Influenza Coalition

The Public Health Preparedness program has enhanced community collaboration and communication through the development of a Pandemic Influenza Coalition. Throughout 2006 the Coalition has focused on both the medical and socio-economic impact a pandemic could have on our community and workforce. Planning has ranged from identifying local and regional response partners to the beginning stages of developing a “surge capacity” management plan. The goal for the Coalition is to help organizations collectively plan how to prepare and respond for what may be experienced in the event of a pandemic.

Community Outreach and Exercises

On January 25, the OCHD conducted a school closure table top exercise, which provided community and school leaders a forum to discuss the topic of school closing as a potential means to prevent a pandemic influenza outbreak. The community impact of school closures and the responsibilities of private and public school systems were discussed. Over fifty professionals, representing all eleven school districts, law enforcement, public health, and business participated in the exercise. Participants commented on the success of the exercise, its design and the opportunity to discuss potential situations, as well as their outcomes. One participant stated “This was a good opportunity to meet people from other organizations that deal with the same issues I face”.

Medical Reserve Corps

The Public Health Preparedness program was approved by the U.S. Department of Health and Human Services – Office of the Surgeon General to establish a Medical Reserve Corps (MRC) for Ottawa County. The Ottawa County Medical Reserve Corp is one of only twelve in the State of Michigan, with the goal being to enhance the community’s existing healthcare, public health, and emergency response personnel needed to provide medical care and services during a public health emergency. This MRC is recognized as part of the White House’s USA Freedom Corps initiative and the Department of Homeland Security’s Citizen Corps.

STATE/LOCAL CDC BT COOPERATIVE AGREEMENT

The Public Health Preparedness Program functions under the supervision of the Michigan Department of Community Health – Office of Public Health Preparedness Program (MDCH-OPHP). All program goals and objectives are determined by the State of Michigan and the Centers for Disease Control and Prevention and funded under a federal/state mandated grant. Each year the Public Health Preparedness program is provided with a BT Cooperative Agreement Workplan between the OCHD and the State of Michigan with quarterly reporting mechanisms. The agreement includes critical tasks, performance measures and completion time frames for all tasks. The BT Cooperative Agreement is provided to the Public Health Preparedness Program between late July and early September. Therefore, the goals and objectives indicated below are subject to change based on the federal/state mandates. The goals and objectives reflect what the Public Health Preparedness program foresees the mandates requiring from conversations with the state.

Goal: Enhance and maintain preparedness capacity to respond to public health emergencies

Objective: By February 28, 2008, update the Emergency Response Plan (ERP) to result in a 2% grade increase given by MDCH-OPHP

Measure: % given to the ERP by MDCH – OPHP (projected to be received by June 2008)

Objective: By February 28, 2008 update the SNS Plan (Mass Prophylaxis Plan) of the ERP to result in a 2% grade increase given by MDCH- OPHP

Measure: % given to the SNS Plan by MDCH – OPHP (project to be received by June 2008)

Objective: Increase participation in community preparedness by assisting medical partners in the development of plans, procedures, and protocols in regard to surge capacity, mass prophylaxis, and PH emergency planning

Measure: # of community outreach (surge capacity, mass prophylaxis) meetings held
% of positive participation in community outreach planning (surge capacity, mass prophylaxis)

Objective: Public Health Preparedness program will complete quarterly mandated reports (February, May, August, and November) for the Ottawa County Health Department ERP

Measure: % of completed reports submitted to MDCH each quarter

Objective: Establish a Medical Reserve Corps in Ottawa County to enhance the community's existing healthcare, public health, and emergency response personnel needed to provide medical care and services during a public health emergency.

Measure: Develop an operations and recruitment plan

Goal: Enhance disease surveillance capacity in Ottawa County

Objective: Establish/Improve a system for sharing and generating health information

Measure: # of medical providers that receive health information from the Data Watch and Alerts
of Mass Fax Alerts sent within one year

Objective: Increase the usage and levels of surveillance system in Ottawa County

Measure: % of hospitals and infection control departments using state designated surveillance mechanisms for disease tracking

Goal: Improve timeliness and accuracy of communication regarding the threat of public health emergencies

Objective: Implement quarterly testing mechanisms (February, May, August, November) for communication technologies regarding emergency response

Measure: # of tests completed for each communication technology device (aka: HAN 800 MHz)
% of response rate achieved on technology testing

Objective: Establish Public Information Officer (PIO) communication workgroup with community partners regarding methods for communication during a crisis situation.

Measure: # of PIO communication meetings held
% of workgroup members that attend PIO communication workgroup meetings

Objective: By February 28, 2008 update the Crisis Emergency Risk Communication (CERC) section of the ERP to result in a 2% grade increase given by MDCH- OPHP

Measure: % given to the CERC Section of ERP by MDCH – OPHP (projected to be received by June 2008)

Goal: Educate and exercise response to Public Health Emergencies

Objective: Facilitate the development of exercises with state, local, and regional partners to test jurisdictional support and response to Public Health Emergencies

Measure: % of people whose knowledge is increased through the participation in OCHD facilitated exercises
Evaluation of OCHD facilitated exercises
Completion of state mandated reports and corrective action plans (OCHD facilitated)

Objective: Develop and implement an online training utilizing the Lotus Notes system (Front Page)

Measure: Implementation of an online training plan
of trainings established online for Public Health Preparedness
of people trained online

Objective: Facilitate the development of trainings to increase the knowledge of internal and external stakeholders on OCHD emergency policies and procedures

Measure: # of trainings offered to internal and external stakeholders
of people trained
% of people whose knowledge is increased through training on public health preparedness (internal and external stakeholders)

Objective: Develop and Implement a Medical Reserve Corps training to increase awareness and participation in the newly established Ottawa County Medical Reserve Corps (MRC)

Measure: # of trainings held in regard to the Medical Reserve Corps
% of people whose knowledge is increased through the participation in Medical Reserve Corps trainings
of registered members in the Ottawa County MRC

50 registered volunteers in the Ottawa County MRC by January 30, 2008

Objective: Participate in local, regional, and state exercises to test Ottawa County response to emergencies**Measure:** # of exercises participated in by the EPC and CERC positions
Completion of federal and state mandated reports and corrective action plans in regard to exercises participated in (external)**Goal:** Assist in the maintenance of Pandemic Influenza planning in Ottawa County**Objective:** Maintain/Increase community partnerships in regard to the Pandemic Influenza coalition and workgroups**Measure:** # of meetings held by each workgroup in regard to Pandemic Influenza Planning
% of participating community members that attend the Pandemic Influenza meetings**Objective:** Increase community awareness on the threat of a pandemic and the preventative strategies**Measure:** # of website hits on the Influenza webpage at www.miOttawa.org
of events/fairs attended to distribute marketing tools in regard to Pandemic Influenza planning**Objective:** Education of community partners and Ottawa county residents regarding Pandemic Influenza**Measure:** # presentations held (Pandemic Influenza Presentations)

Measures:	2005	2006	2007 Estimated	2008 Projected
<i>Output:</i>				
# of community outreach (surge capacity, mass prophylaxis) meetings held	N/A	4	9	12
# of community outreach attendees	N/A	N/A	N/A	100
Develop operations and recruitment plans	N/A	N/A	N/A	2
# of medical providers that receive health information from the Data Watch and Alerts	N/A	N/A	350	350
# of tests completed for each communication technology device (aka: HAN, 800 MHZ)	1 per quarter per technology device	1 per quarter per technology device	1 per quarter per technology device	1 per quarter per technology device
Completion of state mandated reports and corrective action plans - OCHD facilitated (Yes/No)	Yes	Yes	Yes	Yes
Implementation of an online training plan	N/A	N/A	N/A	1
# of trainings established online for Public Health Preparedness	N/A	N/A	1	2
# of people trained online	N/A	N/A	N/A	25
# of trainings offered to internal and external stakeholders	15	6	5	5
# of people trained	N/A	N/A	N/A	75
# of trainings held in regard to the Medical Reserve Corps(dependant on recruitment #s)	N/A	N/A	N/A	4
# of exercises participated in by the EPC and CERC positions	4	5	6	6
Completion of Federal and State mandated reports and corrective action plans in regard to exercises participated in (external)	2	2	2	2
# of meetings held by each workgroup in regard to Pandemic Influenza Planning	N/A	9	6	6
# of website hits on the Influenza webpage at www.miOttawa.org	N/A	N/A	250 to 300 per month (Sept. – March)	300 per month (Sept – March)
# of events/fairs attended to distribute marketing tools in regard to Pandemic Influenza planning	N/A	20	15	15
# presentations held (Pandemic Influenza Presentations)	3	20	15	15
# of PIO communication meetings held	N/A	N/A	6	4
# of Mass Fax Alerts sent within one year	18	5	5	10 to 15
<i>Efficiency:</i>				
% given to the ERP by MDCH – OPHP (projected to be received by June 2008)	N/A	72%	74%	85%
% given to the SNS Plan by MDCH – OPHP (project to be received by June 2008)	N/A	96%	98%	100%
% of positive participation in community	N/A	N/A	50%	75%

Measures:	2005	2006	2007 Estimated	2008 Projected
<i>outreach planning (surge capacity, mass prophylaxis)</i>				
<i>% of response rate achieved on technology testing</i>	80%	85%	91%	95%
<i>% of members that attend PIO communication workgroup meetings</i>	N/A	N/A	50%	75%
<i>% given to the CERC Section of ERP by MDCH – OPHP (projected to be received by June 2008)</i>	N/A	97%	99%	100%
<i>50 registered members in the Ottawa County MRC by January 30, 2008</i>	N/A	N/A	N/A	50
<i>Evaluation of OCHD facilitated exercise (jurisdictional support)</i>	N/A	N/A	5	5
<i>% of community members that participate in Pandemic Influenza meetings</i>	N/A	75%	50%	75%
<i>% of completed reports submitted to MDCH each quarter</i>	100%	100%	100%	100%
Outcome:				
<i>% of hospitals and infection control departments using surveillance mechanisms for disease tracking</i>	75%	100%	100%	100%
<i>% of people whose knowledge is increased through the participation in OCHD facilitate exercises</i>	N/A	N/A	97%	95%
<i>% of people whose knowledge is increased through training on public health preparedness (internal and external stakeholders)</i>	50%	50%	N/A	50%
<i>% of people whose knowledge is increased through the participation in Medical Reserve Corps trainings</i>	N/A	N/A	N/A	50%
<i># of registered members in the Ottawa County MRC</i>	N/A	N/A	N/A	50

Resources

Personnel	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary	
PH Preparedness Coordinator	1.000	1.000	1.000	\$55,746	
Prog. Coord-Crisis Communication	1.000	1.000			
	2.000	2.000	1.000	\$55,746	
Funding	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$314,871	\$259,271	\$285,931	\$308,492	\$199,032
Total Revenues	\$314,871	\$259,271	\$285,931	\$308,492	\$199,032
Expenditures					
Personnel Services	\$83,584	\$128,563	\$134,519	\$175,365	\$153,296
Supplies	\$87,365	\$39,897	\$31,217	\$9,686	\$7,407
Other Services & Charges	\$35,590	\$40,438	\$95,971	\$94,793	\$22,420
Capital Outlay	\$79,293	\$26,653			
Total Expenditures	\$285,832	\$235,551	\$261,707	\$279,844	\$183,123

Budget Highlights:

2007 includes a \$103,000 grant for Pandemic Flu.

Function Statement

Programs and services of the Environmental Health Division are all aimed at protecting resident and visitor's health through control and prevention of environmental conditions that may endanger human health and safety. We are the defense system and response team. Our business as environmental health professionals is to identify, respond and prevent, or eliminate factors that create risk to human health by taking appropriate action based on professional judgment and accepted standards/methods. Sanitarians routinely inspect restaurants, school kitchens, vending locations, and temporary food service establishments for proper food storage, preparation, and handling to protect the public from food-borne illnesses. Public and private water supplies are regulated, evaluated, and sampled to eliminate the risks of water-borne disease and toxic exposure. Through soil evaluations, issuance of permits and inspections of new on-site sewage disposal systems, the sanitarians protect against illness and health hazards. The safety and sanitation of public swimming pools, spas, and bathing beaches are maintained through inspections and testing of water quality. Potential homebuyers are provided with results of water quality and condition of sewage disposal systems through a unique real estate evaluation program. Sanitarians also inspect and evaluate mobile home parks, campgrounds, child care centers, adult and child foster homes, marinas, schools, new sub-divisions, and general nuisance complaints as well as provide educational and consultative services for the public.

Mission Statement

Environmental Health Services protect public health by assuring risks from exposure to environmental hazards are minimized through prevention, identification, and response. Hazards such as unsafe food, contaminated drinking water, polluted surface water, and hazardous materials seriously threaten the health of Ottawa County residents and visitors. It is the mission of the Environmental Health Services team to address those threats by providing State and locally mandated programs in an efficient and effective manner.

Statements of Fact:

- Improperly functioning septic systems are the second greatest threat to groundwater quality. (US Environmental Protection Agency, 1996)
- Improperly functioning septic systems pollute groundwater with microbial pathogens and chemical contaminants such as nitrate which has been shown in epidemiological studies to contribute to cancer and negative reproductive health effects. (Ward, et al., 2005)
- Globally, there are 1.2 billion annual cases of disease and at least 3 million fatalities caused by contaminated drinking water. 80% of those affected are under the age of five. (World Health Organization, 1996)
- From 1997 to 2002, the U.S. Center for Disease Control reported 87 waterborne disease outbreaks resulting in over 5,000 illnesses and 9 deaths nationwide.
- In a Wisconsin study, septic system density was identified as being a risk factor for sporadic cases of diarrhea. (Borchardt, 2003)
- 5.8 million Michigan residents depend on groundwater wells for their drinking water supply. (Michigan Association for Local Public Health, 2004)
- 85% of waterborne disease outbreaks are directly linked to contaminated groundwater wells. (Centers for Disease Control)
- Local health departments in Michigan respond to an average of 350 violations (contamination) of federal drinking water standards per year at small public supplies. (Michigan Association for Local Public Health, 2004)
- There is a significant correlation between exposure to contaminated swimming water and illness. (US Environmental Protection Agency, 2005)
- Approximately 20,000 people die every year from radon-induced lung cancer. (US Environmental Protection Agency)
- Lead exposure has been found to adversely affect IQ scores, cognitive development, and behavior of young children. (Canfield, et al., 2003; and Lanphear, et al., 2000)

ENVIRONMENTAL HEALTH – ON-SITE

Goal: Protect the safety of on-site drinking water supplies

Objective: Continue to operate private and non-community public water supply protection programs in accordance with State of Michigan and Ottawa County requirements

Measure: Michigan Department of Environmental Quality water supply program evaluations.

Measure: # of groundwater water supply systems inspected prior to real estate transfers

Objective: Monitor and map areas of impaired groundwater quality and quantity

Measure: Areas of impaired groundwater quality and quantity identified and mapped.

Goal : Ensure the safe disposal of sewage from homes and businesses served by on-site wastewater disposal systems

Objective: Continue to meet or exceed the State of Michigan’s minimum program requirements for residential and commercial on-site wastewater disposal

Measure: 100 % compliance with State of Michigan’s program requirements

Measure: # of wastewater disposal systems inspected prior to real estate transfer

Measure: # of complaints received and resolved regarding illegal wastewater disposal

Measure: # of new and repair wastewater disposal systems permits issued.

Goal : Prevent exposure to unsafe surface and/or swimming waters

Objective: Collect water samples at public beaches on a weekly schedule between Memorial Day and Labor Day and issue “No Swim” advisories as needed

Measure: # of water samples collected and tested

Measure: # of times advisories were issued when E. coli levels exceeded acceptable limits.

Measure: # of times advisories were issued due to sewage overflows.

Measure: 100 % of public swimming pools will be inspected annually

Measure: # of closing/correction orders issued to public swimming pools

Goal : Prevent exposure to health hazards in various shelter environments

Objective: Maintain inspection schedule for all permanent and temporary campgrounds, and issue correction orders as needed

Measure: 100% of permanent and temporary campgrounds will be inspected annually.

Measure: # of correction orders for permanent and temporary campgrounds

Objective: Increase testing for residential radon and lead levels

Measure: # of homes investigated for lead

Measure: # of homes tested for radon

Goal: Assess the unmet Environmental Health needs of Ottawa County

Objective: Conduct the Protocol for Assessing Community Excellence in Environmental Health

Measure: Completion of assessment and report

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Output:				
<i># of Sewage Disposal System Permits issued for new construction</i>	432	291	275	275
<i># of Sewage Disposal System Permits issued for repair/replacements at existing homes</i>	228	196	200	200
<i># of Vacant Property Evaluations completed for future development</i>	311	268	270	275
<i># of New and Replacement Well Permits issued</i>	524	429	425	425
<i># of Wastewater Disposal Systems inspected prior to real estate transfers</i>	912	883	880	880
<i># of Groundwater Supply Systems (wells) inspected prior to real estate transfers</i>	589	465	460	460
<i># of regulated Type II Water Supplies monitored</i>	218	223	225	225
<i># of Public Swimming Pools licensed and inspected</i>	116	129	132	135
<i># of Public Beaches sampled weekly during the Summer</i>	17	17	17	17
<i># of Campgrounds licensed and inspected</i>	19	23	23	23
<i># of homes tested for Radon</i>	103	263	350	400
<i># of Lead Poisoning investigations</i>	10	14	5	10

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
# of Animal specimens submitted for Rabies Testing	25	17	20	20
# of Septage Hauling Vehicles inspected	11	15	16	17
Efficiency:				
% of Water and Wastewater Permits issued in accordance with County and State requirements	100%	100%	100%	100%
% of Type II facilities, Swimming Pools, Beaches, Campgrounds, and Septage Hauling Trucks inspected in accordance with State Requirements	100%	100%	100%	100%
% of Lead Investigations conducted by certified personnel	100%	100%	100%	100%
% of Customers reporting satisfactory experience with Environmental Health Services	N/A	N/A	N/A	90
Outcome:				
# of new Gallons of Wastewater properly handled and disposed of in an environmentally safe system	70,956,000	47,796,750	45,168,750	45,168,750
# of Gallons of Wastewater from existing failing systems which were corrected	37,449,000	32,193,000	32,850,000	32,850,000
# of New Home Owners provided with information about and/or protection from faulty septic systems	912	883	880	880
# of New Home Owners provided with information about and/or protection from unsafe water supplies	589	465	460	460
# of Homes and Businesses provided with safe drinking water	742	652	650	650
# of Reported Injuries or Fatalities at licensed pools or campgrounds resulting from non-compliant Environmental Health factors	0	0	0	0
# of times public was protected from contaminated swimming water at public beaches	6	13	14	14
# of Children protected from further adverse effects of lead poisoning	10	5	10	10

ENVIRONMENTAL HEALTH - FOOD SERVICE SANITATION

Statements of Fact:

- There are 76,000,000 annual cases of foodborne illness in the United States. (Centers for Disease Control)
- There are 325,000 hospitalizations each year in the United States due to foodborne illness. (Centers for Disease Control)
- On average, there are 5,000 deaths each year as a result of foodborne illness. (Centers for Disease Control)
- "The estimated economic cost of foodborne illness in terms of pain and suffering, reduced productivity, and medical expenses is substantial, in the range of \$10-83 billion each year." (Food and Drug Administration, 2004)
- Public health food safety programs create an overall reduction in the number of violations at restaurants. (Jones, et al., 2004)
- Inspections have been demonstrated to prevent foodborne illness. (Allwood, et al., 1999)

Goal: Reduce the risk of food borne illnesses in food service establishments

Objective: Continue to meet or exceed the State of Michigan's minimum program requirements for a local health department food service sanitation program

Measure: 100 % of State of Michigan's minimum program requirements will be met for food sanitation.

Objective: Partner with food service establishments with persistent or emerging problems to offer solutions by way of risk control plans and standard operating procedures

Measure: Risk factors for foodborne illness will be reduced

Goal: Improve the level of food safety knowledge among the food service community

Objective: Provide monthly "Leading the Way to Food Safety" training sessions for food service employees

Measure: 90 % of session participants will report improved understanding of food sanitation on their program evaluations

Objective: Produce and distribute semi-annual "FOOD WRAP" newsletter

Measure: # of FOOD WRAP newsletters distributed

Objective: Create/refine an interactive basic food service sanitation training module on the County website

Measure: # of hits to food service training module

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Output:				
<i># of Fixed Food Establishment Inspections</i>	1,032	1,121	1,100	1,100
<i># of Vending Machine and STFU Inspections</i>	87	105	80	80
<i># of Temporary Food Establishment Inspections</i>	258	235	215	215
<i># of Reinspections Conducted</i>	709	709	700	700
<i># of Plans Reviewed</i>	48	43	35	35
<i># of Complaints Investigated</i>	84	61	60	60
<i># of Foodborne Illness Investigations</i>	35	15	35	35
<i># of Enforcement Actions Taken</i>	49	119	90	90
<i># of Foodservice Employees Attending "Leading the Way to Food Safety" training</i>	417	644	700	700
<i># of FOOD WRAP letters produced</i>	N/A	2	2	2
<i># of FOOD WRAP letters distributed</i>	N/A	1,100	1,100	1,100
Efficiency:				
<i>% of Facilities receiving required inspections</i>	99%	99%	100%	100%
<i>% of Facilities receiving reinspections</i>	69%	63%	70%	70%
<i>% of Michigan Program Requirements met</i>	100%	100%	100%	100%
<i>% increase in attendance of our free training seminars for food service workers</i>	330%	54%	9%	10%
<i>% change in Enforcement Actions</i>	92%	59%	-32%	0%
<i>% of food training participants successfully passing the test</i>	N/A	N/A	N/A	90%
Outcome:				
<i>% decrease in Overall Critical Violations</i>	N/A	9%	10%	10%
<i>Decrease in # of confirmed Foodborne Illness Outbreaks</i>	43	2	0	0
<i># of satisfied FOOD WRAP readers</i>	N/A	N/A	N/A	500
<i># of Food Service Employees passing the "Leading the Way to Food Safety" test</i>	388	522	480	500

Resources

Personnel

Position Name	2006 # of Positions	2007 # of Positions	# of 2008 # of Positions	Budgeted 2008 Budgeted Salary
Records Processing Clerk II	2.800	2.800	2.800	\$78,247
Records Processing Clerk III	0.500	0.500	0.500	\$16,884
Environmental Health Manager	1.000	0.780	0.780	\$51,452
On Site Program Supervisor	1.000	1.000	0.000	\$0
Team Supervisor/UO	1.000	1.000	2.000	\$121,712
Senior Environmental Health Specialist	1.000	9.000	9.000	\$434,517
Sanitarian II	8.000	0.000	0.000	\$0
	15.300	15.080	15.080	\$702,812

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Licenses and Permits	\$392,928	\$446,122	\$385,459	\$429,140	\$494,840
Intergovernmental Revenue	\$81,254	\$104,724	\$88,581	\$87,975	\$85,430
Charges for Services	\$148,608	\$162,128	\$150,223	\$147,280	\$172,480
Other Revenue	\$11,385	\$15,829	\$15,325	\$40,300	\$41,360
Total Revenues	\$634,175	\$728,803	\$639,588	\$704,695	\$794,110

Expenditures

Personnel Services	\$759,500	\$892,460	\$843,947	\$951,631	\$1,046,028
Supplies	\$36,273	\$42,035	\$29,212	\$37,582	\$43,773
Other Services & Charges	\$188,650	\$186,592	\$188,862	\$201,150	\$192,708
Capital Outlay					
Total Expenditures	\$984,423	\$1,121,087	\$1,062,021	\$1,190,363	\$1,282,509

Function Statement

Community Health Services provides quality support, education and prevention programs to families, children and pregnant women throughout Ottawa County. Services are provided at the four satellite office locations, in clinic settings, in homes, in schools and in community locations. Services within this department include; Early-On, Hearing and Vision Screenings, Scoliosis Screenings/Childhood Obesity, Pre-natal care (PNC) and Enrollment, Children’s Special Health Care Services, and Maternal and Infant Support Services.

Mission Statement

The mission of Community Health Services is to provide quality support, education, and prevention programs to families, children and pregnant women in Ottawa County.

GUIDING RESEARCH

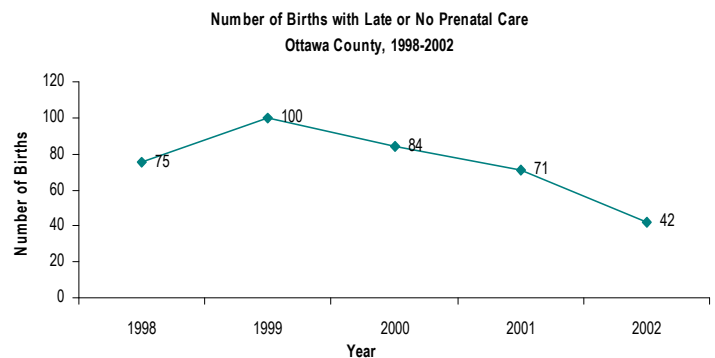
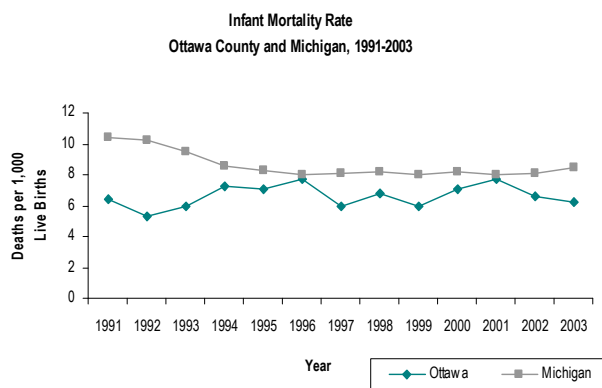
There is extensive data to support the benefits of home-visitation programs for pregnant and parenting women. The following is one study that supports the concept.

Effects of nurse home-visiting on maternal life course and child development: age 6 follow-up results of a randomized trial:

In contrast to counterparts assigned to the comparison group, women visited by nurses had fewer subsequent pregnancies and births (1.16 vs 1.38 pregnancies and 1.08 vs 1.28 births, respectively), longer intervals between births of the first and second children (34.28 vs 30.23 months), longer relationships with current partners (54.36 vs 45.00 months), and, since the previous follow-up evaluation at 4.5 years, fewer months of using welfare (7.21 vs 8.96 months) and food stamps (9.67 vs 11.50 months). Nurse-visited children were more likely to have been enrolled in formal out-of-home care between 2 and 4.5 years of age (82.0% vs 74.9%). Children visited by nurses demonstrated higher intellectual functioning and receptive vocabulary scores (scores of 92.34 vs 90.24 and 84.32 vs 82.13, respectively) and fewer behavior problems in the borderline or clinical range (1.8% vs 5.4%). Nurse-visited children born to mothers with low levels of psychologic resources had higher arithmetic achievement test scores (score of 88.61 vs 85.42) and expressed less aggression (score of 98.58 vs 101.10) and incoherence (score of 20.90 vs 29.84) in response to story stems. Olds DL, Kitzman H, Cole R, Robinson J, Sidora K, Luckey DW, Henderson CR Jr, Hanks C, Bondy J, Holmberg J.

COMMUNITY HEALTH – MATERNAL HEALTH (MHP) AND INFANT HEALTH (IHP) PROGRAM (MIHP) AND FAMILY SERVICES

The Community Health Profile of 2006 indicated positive trends both in the infant mortality rate as well as prenatal care. Ottawa County’s infant mortality rate is lower than the State as a whole, and more mothers are receiving prenatal care. The Community Health division is striving to maintain or improve these outcomes.



PROGRAM GOALS AND OBJECTIVES

Note: Family Service clients receive the same services as Maternal Infant Health Program (MIHP) clients. Only the payment mechanism is different. Therefore, MIHP goals and measures combine both Family Services and MIHP together.

Goal: To reduce incidence of infant mortality and morbidity

Objective: The MIHP program will promote regularly scheduled prenatal care for maternal clients one month from enrollment through the duration of the pregnancy and the IHP program will promote regularly scheduled infant medical care for MIHP infants one month from enrollment through the duration of the program.

Measure: total numbers participating in Maternal Services and Infant Services

Measure: 100% of MHP participants will receive regularly scheduled prenatal care

Measure: 100% of IHP participants will receive regularly scheduled infant medical care

Measure: The infant mortality rate of MIHP clients (infant deaths/live births multiplied by 1,000) will be less than 8

Measure: The MIHP infant mortality rate will be equal to or less than the County's infant mortality rate (infant deaths/live births multiplied by 1,000)

Objective: Participants in the MIHP program who smoke will abstain from smoking around the infant.

Measure: 50% of smokers will abstain from smoking around infant for duration of their MIHP involvement.

Objective: Participants in the MIHP program with domestic violence (DV) issues will receive counseling or be referred to program within one month of staff awareness of the DV issue.

Measure: 100% of MIHP participants with DV issues will be referred for DV counseling

Objective: MIHP participants will exhibit positive interaction with their baby during the duration of the program.

Measure: 50% of participants will exhibit positive interaction with baby

Objective: Participants in the MIHP program will abstain from alcohol and drug use for the term of their pregnancy

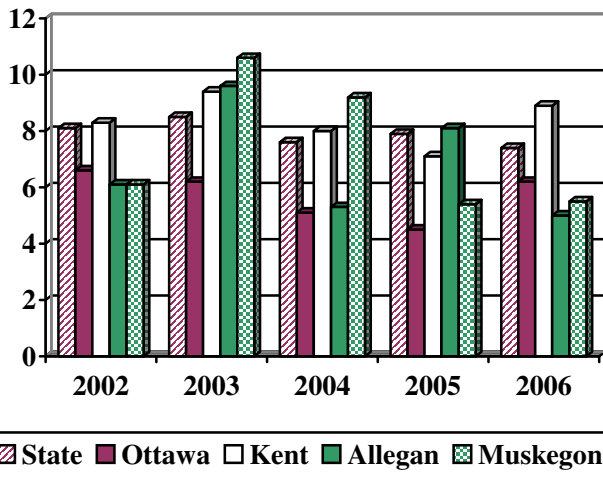
Measure: 50% of participants will abstain from substance use

Objective: Participants in the MIHP program with alcohol/drug abuse issues will be referred to a substance abuse program within one month of staff awareness of this issue.

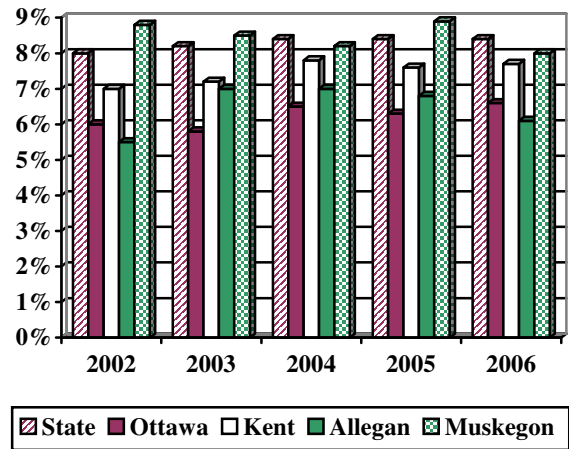
Measure: 100% of participants with substance abuse issues will be referred to substance abuse program within one month of staff awareness of the issue.

Measures:	2005	2006	2007 estimated	2008 projected
Output:				
<i># of MHP visits provided</i>	1,235	1,222	1,100	1,100
<i># of IHP visits provided</i>	2,148	2,368	2,000	2,000
<i># of Family Service visits</i>	622	361	350	350
Efficiency:				
<i>% of MHP clients receiving regularly scheduled prenatal care</i>	N/A	98%	100%	100%
<i>% of IHP clients receiving regularly scheduled infant medical care</i>	N/A	95%	100%	100%
<i>% of MIHP clients identified as substance abusers abstaining from substance abuse during pregnancy</i>	N/A	50%	50%	50%
<i>% of MIHP clients with identified substance abuse issues referred to substance abuse program within 1 month of enrollment</i>	N/A	50%	100%	50%
<i>% of MIHP clients identified as smokers abstaining from smoking during pregnancy</i>	N/A	50%	50%	50%
<i>% of MIHP clients identified as smokers abstaining from smoking around infant</i>	N/A	89%	50%	50%
<i>% of MIHP clients with domestic violence issue who receive referral for counseling</i>	N/A	70%	50%	50%
Outcome:				
<i>% of MIHP clients who exhibit positive interaction with baby</i>	N/A	89%	50%	50%
<i>Infant mortality rate of MIHP clients</i>	N/A	<8	<8	<8
<i>% of newborns with a low birth weight</i>	N/A	<8%	<8%	<8%

Infant Mortality Rate



% of Newborns with Low Birth Weight



These outcome benchmark graphs show that Ottawa County’s birth statistics are in line with our neighboring counties and are significantly better than the State as a whole.

COMMUNITY HEALTH – CHILDRENS SPECIAL HEALTH CARE SERVICES (CSHCS)

GUIDING PRINCIPALS

Federal Maternal and Child Health Bureau 2010 goals are expected of all programs for children and youth with special health care needs across the country. Those goals are as follows:

1. Families of children with special health care needs will partner in decision making at all levels and will be satisfied with the services they receive.
2. All children with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.
3. All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.
4. All children will be screened early and continuously for special health care needs.
5. Community-based service systems will be organized so families can use them easily.
6. All youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.

PROGRAM GOALS AND OBJECTIVES

Goal: Improve access to medical care for children with special health care needs who are enrolled in CSHCS

Objective: Promote CSHCS by providing program representation and advocacy to potential enrollees

Measure: Number of new enrollments will increase

Objective: Eligible children with possible CSHCS qualifying conditions will be referred for diagnostic evaluation

Measure: # of suspected eligible children will be referred for diagnostic evaluation

Measure: % of those referred for diagnostic who are enrolled in program

Objective : Provide case management and /or care coordination for enrollees who require additional assistance.

Measure: At least 2% of qualified enrollees will receive case management and/or care coordination

Measures:	2005	2006 Estimated	2007 estimated	2008 projected
Output:				
# of new CSHCS enrollees	103	150	100	100
Efficiency:				
# of suspected eligible children referred to diagnostic evaluation	125	108	110	115

Measures:	2005	2006 Estimated	2007 estimated	2008 projected
<i>% of CSHCS enrollees receiving case management and/or care coordination</i>	0%	1%	2%	2%
Outcome:				
<i>% of enrollees who feel CSHCS has increased access to healthcare</i>	N/A	N/A	N/A	90%

COMMUNITY HEALTH – EARLY ON

GUIDING RESEARCH

There is substantial research showing the benefits of early identification and interventions for children with suspended developmental disabilities:

With as many as one in eight children having mental retardation and/or a developmental disability (Glascoe 1997), it is vital that delays and disabilities are identified as early as possible so these children receive the benefits of early detection and intervention. Scientific research consistently shows that the first three years of life are critical for the development of brain structure and functioning. Because developmental screening is a process that selects those children who will receive the benefits of more intensive evaluation, or of treatment, all infants and children should be screened for developmental disabilities, otherwise some may be denied access to needed care. (AAP, 1994)

Goal: Link children at risk for developmental disabilities to Early On services.

Objective: Assess all referrals for possible developmental delays.

Measure: 100% of referrals will be assessed for developmental delays within 3 weeks of first contact.

Objective: Enroll children identified as at risk for developmental disabilities into the Early On program.

Measure: 100% of children identified as at risk for developmental disabilities will be enrolled into the program-

Objective: Refer enrollees found to have growth and development delays to appropriate services within 4 weeks of enrollment

Measure: 100% of enrollees will be referred to appropriate services within 4 weeks of enrollment

Measure: % referred receiving service

Measures:	2005	2006	2007 estimated	2008 projected
Output:				
<i># of Early On enrollees</i>	123	118	110	110
Efficiency:				
<i>% of children identified as at risk for developmental disabilities enrolled</i>	100%	100%	100%	100%
<i>% of Early On enrollees referred to appropriate services within 4 weeks of enrollment</i>	100%	100%	100%	100%
Outcome:				
<i>% of referrals that receive services</i>	N/A	N/A	N/A	90%

COMMUNITY HEALTH – VISION AND HEARING

GUIDING RESEARCH

- Healthy People 2010 Goals - Vision is an essential part of everyday life, depended on constantly by people at all ages. Vision affects development, learning, communicating, working, health, and quality of life. In the United States, an estimated 80 million people have potentially blinding eye diseases, 3 million have low vision, 1.1 million people are legally blind, and 200,000 are more severely visually impaired.

In 1981, the economic impact of visual disorders and disabilities was approximately \$14.1 billion per year. By 1995, this figure was estimated to have risen to more than \$38.4 billion—\$22.3 billion in direct costs and another \$16.1 billion in indirect costs each year.

- Of the hundreds of thousands of Michigan children screened each year, between 5 and 15 percent of these same children are referred. Follow-up studies have indicated that between 80 and 90% of those referred are diagnosed with an eye condition requiring treatment

-Healthy People 2010 Goals for hearing - An estimated 28 million people in the United States are deaf or hard of hearing. Some 1,465,000 individuals aged 3 years or older are deaf in both ears. Deafness or hearing impairment may be caused by genetic factors, noise or trauma, sensitivity to certain drugs or medications, and viral or bacterial infections. Early identification of deafness or hearing loss is a critical factor in preventing or getting rid of language delay or disorder in children who are deaf or hard of hearing, allowing appropriate intervention or rehabilitation to begin while the developing brain is ready. Early identification and intervention have lifelong implications for the child's understanding and use of language.

Goal: Provide early identification of visual impairment in children 17 years and younger and refer as necessary for further assessment

Objective: Screen preschoolers, school aged children and special education children for visual impairments by October 1 of each year

Measure: 90% of Ottawa County children from preschool age to age 17 will be screened

Objective: Screen early childhood (under 3 yrs) children for visual impairments by October 1 of each year

Measure: 90% of eligible early childhood children will be screened

Objective: Refer children identified as having possible visual impairments for further medical treatment by October 1 of each year

Measure: 100% of identified children will be referred

Objective: Children who are referred will receive medical follow-up

Measure: 80% of referred children will receive medical follow-up

Goal: Increase identification of hearing loss or impairment in children and adolescents under age 17 years

Objective: Screen preschoolers, school aged children and special education children for hearing impairments by October 1 of each year

Measure: 90% of Ottawa County children from preschool age to age 17 will be screened

Objective: Screen early childhood (under 3 yrs) children for hearing impairments by October 1 of each year

Measure: 90% of eligible early childhood children will be screened

Objective: Refer children identified as having possible hearing impairments for further medical treatment by October 1 of each year

Measure: 100% of identified children will be referred

Objective: Children who are referred will receive medical follow-up

Measure: 80% of referred children will receive medical follow-up

Measures:	2005	2006	2007 estimated	2008 projected
Output:				
# of children vision screened	17,891	18,587	19,000	18,950
# of children vision referral	1,011	1,227	1,150	1,150
# of children hearing screened	12,499	14,931	14,750	14,750
# of children hearing referral	395	410	450	450
Efficiency:				
% of eligible children screened for vision and hearing impairments	N/A	90%	95%	95%
% of children identified referred to appropriate services	100%	100%	100%	100%
Outcome:				
% of children receiving medical follow up	N/A	N/A	80%	80%
% of referrals prescribed assistive devices	N/A	N/A	N/A	80%

COMMUNITY HEALTH – PRENATAL CARE (PNC) and ENROLLMENT**GUIDING RESEARCH**

There is significant research to support the importance of prenatal care:

Prenatal care and prematurity: is there an association in uncomplicated pregnancies?

A retrospective investigation examined patterns of use of prenatal care and pregnancy outcomes (low birth weight and preterm births) in 6,176 pregnancies without ante partum medical complications. Prenatal care use patterns differed significantly by mother's age, marital status, race, education, method of payment, and gravidity. By controlling for these differences through a logistic regression procedure, results showed that prenatal care was associated with significant reductions in the number of infants who were delivered preterm or had low birth weight. Fewer very low-birth weight (less than 1,500 g) infants were among the preterm infants delivered to mothers with prenatal care compared with women who received no prenatal care. These data suggest that significant improvements in pregnancy outcomes are seen among women who use prenatal care, and these benefits occur in the absence of ante partum complications. Hulsey TC, Patrick CH, Alexander GR, Ebeling M.

Goal: Ensure that pregnant women receive prenatal care within the first trimester and at regular intervals during their pregnancy.

Objective: Assist low income pregnant women in applying for Medicaid/MOMS programs

Measure: 100% of eligible clients will be assisted.

Measure: # of clients assisted

Objective: Assist families in applying for health insurance coverage

Measure: 350 new families will be assisted in applying for health insurance coverage each year

Measure: % receiving health insurance

Objective: Assist families in acquiring a prenatal care medical provider.

Measure: # of consultations

Measure: Assist 35 families in finding prenatal care medical providers

Measures:	2005	2006	2007 estimated	2008 projected
<i>Output:</i>				
<i># of new families assisted in finding prenatal care medical providers</i>	28	30	35	35
<i># of new families assisted in applying for health insurance coverage</i>	319	350	350	350
<i>Efficiency:</i>				
<i>% of eligible clients assisted in applying form Medicaid/MOMS programs</i>	N/A	100%	100%	100%
<i>% of clients receiving appointment within one week</i>	N/A	N/A	90%	90%
<i>Outcome:</i>				
<i>% of clients assisted that receive health care coverage</i>	N/A	N/A	N/A	80%

COMMUNITY HEALTH – SCOLIOSIS SCREENING/CHILDHOOD OBESITY INITIATIVE

Program is changing focus this year to childhood obesity screening and intervention.

Scoliosis Program terminating October 1, 2007

Goal: Identify and refer children aged 17 and under with spinal curvatures in their earliest stages so that progression can be prevented

Objective: Provide scoliosis screenings in schools for selected age groups by October 1

Measure: Number of scoliosis screenings

Objective: Refer screening failures on to further medical evaluation

Measure: 100% of screening failures will be referred for medical evaluation

Objective: Ensure referrals made receive medical follow up within 6 months

Measure: Percentage of referrals receiving medical follow-up within 6 months

Measures:	2004	2005	2006	2007 estimated
Output:				
<i># of scoliosis screenings</i>	6,950	6,841	6,841	6,500
Efficiency:				
<i>% of screening failures referred on</i>	100%	100%	100%	100%
Outcome:				
<i>% of referrals receiving medical follow up</i>	N/A	N/A	55%	90%
<i>% students screened found to have scoliosis</i>	NA	.69%	.68 %	.68%

COMMUNITY HEALTH – CHILDHOOD OBESITY INITIATIVE (Tentative)

GUIDING RESEARCH

From the Department of Pediatrics, University of Colorado Health Sciences Center, Denver, Colorado; and Nutrition and Health Promotion Program, International Life Sciences Institute (ILSI), Atlanta, Georgia.

The threat of obesity is greater than ever for US children and adolescents. All indications are that the current generation of children will grow into the most obese generation of adults in US history. Furthermore, there is every expectation that the next generation of children is likely to be fatter and less fit than the current generation. Despite the recognition of the severe health and psychosocial damage done by childhood obesity, it remains low on the public agenda of important issues facing policy makers. Perhaps this is because the most serious health effects of obesity in today's children will not be seen for several decades. Action must be taken now to stem the epidemic of childhood obesity. This action will require a prioritization of research into the etiology, treatment, and prevention of childhood obesity. It is unlikely that sufficient resources for such research will be available from public and private sources until the issue of childhood obesity is moved higher on the public agenda.

The Childhood Obesity initiative is a partnership activity between Community Health and Health Promotions. The goal of the initiative is to gather Body Mass Index (BMI) data from Ottawa County elementary students.

Goal: Assess BMI status of children in Ottawa County

Objective: By September 30, 2008, the Obesity Task Force will coordinate the BMI screening of 2,600 preschool, third and sixth grade students in Ottawa County.

Measure: # of children screened.

Goal : Increase Ottawa County residents access to resources that promote healthy eating and physical activity in children.

Objective: By September 30, 2008, the Obesity Task Force will provide educational resources to 100% of OC pediatric and family practice physicians.

Measure: % of physicians who receive educational resources.

Objective: By September 30, 2008, the Obesity Task Force will provide educational information to 100% of OC parents whose children participate in the BMI screening.

Measure: % of parents who received educational information.

Objective: By September 30, 2008, the Obesity Task Force will develop an educational website to promote health eating and physical activity (via existing county web site) to OC parents.

Measure: # of "hits" to website

Objective: By September 30, 2008, the Obesity Task Force will research and develop a home based intervention program.

Measure: Adoption of a home based intervention plan

Measures:	2005	2006	2007 estimated	2008 projected
Output:				
<i># of children screened for BMI</i>	N/A	2,678	N/A	2,600
<i>Home based intervention plan</i>	N/A	N/A	N/A	complete
Efficiency:				
<i>% of physicians receiving info</i>	N/A	N/A	N/A	100%
<i>% of parents receiving info</i>	N/A	N/A	N/A	100%
Outcome:				
<i># of "hits" on wellness website</i>	N/A	N/A	N/A	500

COMMUNITY HEALTH – PRENATAL EDUCATION

Goal: Provide education to increase awareness of pregnancy related issues in teenaged program participants

Objective: Provide educational classes to pregnant teens and their support person

Measure: # of teens participating

Objective: Increase awareness of program participants of prenatal expectations, labor and delivery, and post natal issues as evidenced by improved scores on post-tests.

Measure: Program Participants on average will score a minimum of 50% higher on the post-test than they did on the pre-test.

Objective: Increase awareness of other Public Health Services as well as other community resources that can positively impact parenting teens

Measure: 90% of participants will be able to identify at least 2 Health Department services on the post-test questionnaire

Measures:	2005	2006	2007 estimated	2008 projected
Output:				
# of teens participating	N/A	80 est.	90	90
Efficiency:				
% of participants that indicate class was beneficial	N/A	N/A	N/A	90%
Output:				
% of clients scoring at least 50% higher on the program post-test	N/A	N/A	100%	100%
% of clients able to identify 2 or more Health Department Services	N/A	N/A	90%	90%

COMMUNITY SERVICES – CHILDREN’S ADVOCACY CENTER PARTNERSHIP

Community Services and Clinical Services work together to provide the Children's Advocacy Center (CAC) with approximately eight nursing days per month to assess, treat and investigate instances of child abuse in our community. The CAC is a child-focused, community-oriented, facility-based program in which representatives from many disciplines partner to discuss and make decisions about investigation, treatment and prosecution of child abuse cases. They also work to prevent further victimization of children.

Goal: Provide community outreach services to help reduce the instance and impact of child abuse within our community.

Objective: Provide the Children's Advocacy Center (CAC) with assistance to assess, treat and investigate instances of child abuse in our community.

Measure: # of nursing days provided per month (average)

Measure: % of requested assessments completed

Measures:	2005	2006	2007 estimated	2008 projected
Output:				
# days per month (average) provided	N/A	N/A	8	8
Output:				
% of requested assessments completed for CAC	N/A	N/A	100%	100%

Resources

Personnel

Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Records Processing Clerk III	3.250	2.450	0.000	\$0
Records Processing Clerk II	0.500	0.750	0.500	\$15,942
Health Technician	3.200	3.200	3.200	\$114,552
Community Health Nurse II	4.400	0.000	0.000	\$0
Community Health Nurse I	4.500	8.600	8.100	\$425,538
Team Supervisor/UO	0.370	2.000	0.000	\$0
CSHCS Program Representative *	0.000	1.000	1.000	\$35,797
Community Health Manager	1.000	0.310	0.000	\$0
Community Services Manager	0.000	0.690	1.000	\$73,441
Jail RN	0.600	0.000	0.000	\$0
Child Health Supervisor	0.630	0.000	0.000	\$0
Registered Dietician	1.000	1.000	0.500	\$24,734
Scoliosis Screening & Hearing	1.000	1.000	1.000	\$35,797
Team Supervisor	1.000	0.000	2.000	\$122,225
Public Health Social Worker	4.200	4.200	3.200	\$158,299
	25.650	25.200	20.500	\$1,006,325

* Childrens Special Health Care Service Program Representative

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$491,406	\$573,027	\$503,726	\$542,046	\$506,173
Charges for Services	\$108,188	\$145,792	\$172,911	\$189,129	\$187,810
Other Revenue	\$6,976	\$9,103	\$10,571	\$16,184	\$15,705
Total Revenues	\$606,570	\$727,922	\$687,208	\$747,359	\$709,688
Expenditures					
Personnel Services	\$1,441,098	\$1,566,128	\$1,615,969	\$1,641,248	\$1,635,898
Supplies	\$32,851	\$52,262	\$29,903	\$45,374	\$47,075
Other Services & Charges	\$213,223	\$198,806	\$255,043	\$274,188	\$278,552
Capital Outlay					
Total Expenditures	\$1,687,172	\$1,817,196	\$1,900,915	\$1,960,810	\$1,961,525

Function Statement

Clinic Services are provided out of homes, schools, clinics and community locations. Programs included are: Communicable Disease, investigation and follow-up; Tuberculosis Program, evaluation, treatment, and education; Sexually Transmitted Disease (STD) Clinics, confidential testing, treatment and education of STDs and anonymous counseling and testing for HIV/AIDS; Immunization Services, vaccine administration, monitoring, and distribution; Travel Clinic, information for travel and immunizations; Family Planning Program, medical exams, pregnancy testing/counseling, prescription birth control, and education.

Mission Statement

Provide family planning, communicable disease and immunization services to underserved populations to reduce unplanned pregnancies and the occurrence and spread of communicable diseases in the County.

CLINICAL SERVICES - FAMILY PLANNING/STD

GUIDING REASERCH:

“Michigan has the 27th highest teenage pregnancy rate of any state.” However, “Michigan’s teenage pregnancy rate declined by 31% between 1992 and 2000”, according to the *Gutmacher Institute, Contraception Counts*. Ottawa County is 9th for teens having a lower teen pregnancy rate among the counties. However, Holland is ranked 45th out of 58 communities for teen births, according to Michigan Department of Community Health, Kids Count.

Offering affordable and confidential Family Planning services, especially to teens, is one of the ways the OCHD makes an impact on teen pregnancy.

Goal: Assure access to high quality clinical family planning services

Objective: Provide a comprehensive system of family planning services that includes education, prevention, contraception and treatment

Measure: 100% of Family Planning clients will be offered the Title X required services

Measure: 100% of Family Planning clients will be evaluated based on income according to a sliding fee schedule to improve affordability of Family Planning services

Goal: Reduce unintended pregnancy in Ottawa County

Objective: Maintain Family Planning enrollment of highest risk populations

Measure: 30% of the enrollees in the Family Planning Program will be teens

Measure: The number of clients utilizing Family Planning services between 19 and 44 years of age and at or below 185% of the poverty level will increase by 10%

Goal: Reduce Sexually Transmitted Infections (STI)

Objective: Educate all family planning and STD clients on the risk factors affecting STIs including domestic violence, sexual coercion, drugs and alcohol

Measure: % of OCHD STD clients who have Chlamydia

Measure: 100% of clients who tested positive for Chlamydia will be offered partner notification, education and treatment

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
<i>Output:</i>				
# of Family Planning Clients	4,535	4,458	4,500	4,440
% of clients evaluated for sliding scale fee reductions	100%	100%	100%	100%
% of teenage Family Planning clients	31%	32%	32%	≥30%
Family Planning Advisory Committee will review all educational material	N/A	N/A	100%	100%
% of Chlamydia clients offered partner notification and treatment	100%	100%	100%	100%
# of STD Clients served	1,977	2,283	2,200	2,100
% of positive cases of Chlamydia	N/A	10%	10%	≥10%
# Dist. Education STD treatment education packets to doctors	N/A	N/A	N/A	100

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
<i>Efficiency:</i>				
<i>Networks will be utilized for each client to identify insurance</i>	N/A	N/A	100%	100%
<i>All Family Planning clients will be evaluated for Plan First! per office visit (# of applications submitted)</i>	N/A	845	1,536	1,300
<i>Meet 100% Title X requirements</i>	100%	100%	100%	100%
<i>Title X required services to be offered annually:</i>	N/A	N/A	4,500	4,440
<i>Contraceptive Method</i>	N/A	N/A	4,500	4,440
<i>STI and Treatment</i>	N/A	N/A	4,500	4,440
<i>Health History and Exam</i>	N/A	N/A	4,500	4,440
<i>Teens (parental involvement)</i>	N/A	N/A	4,500	4,440
<i>Coercion Assessment</i>	N/A	N/A	4,500	4,440
<i>% of teen enrollment (ages 19 and under) participating in the Family Planning program</i>	31%	32%	32%	≥30%
<i># of Family Planning clients that are uninsured</i>	N/A	2,953	3,000	3,000
<i># of Family Planning clients served at or below 200% poverty level</i>	N/A	3,973	3,973	3,950
<i># enrolled in Plan First! (effective 7-1-06)</i>	N/A	612	1,000	900
<i># of Family Planning medical exams (Dr/NP)</i>	1,925	2,078	2,200	2,200
<i>Outcome:</i>				
<i>% of Family Planning clients chose a contraceptive method who are not planning a pregnancy</i>	N/A	N/A	98%	98%

CLINICAL SERVICES - IMMUNIZATION/COMMUNICABLE DISEASE (CD) /TUBERCULOSIS (TB)

Goal: To protect the community against vaccine preventable disease

Objective: 90% Children 19-35 months old will be fully immunized

Measure: 90% of 19-35 months old clients of the Health Department will be fully immunized per the Michigan Care Improvement Registry (MCIR)

Objective: To provide education and support to school/daycare/preschool personnel to assure that children enrolled in these programs will have consistently high rates of immunization

Measure: Daycare/preschools will report that ≥90% of students are fully immunized per the MCIR/SIRS October report

Measure: School districts will report that ≥95% of children are fully immunized per the MCIR/SIRS February report

Objective: To increase the percentage of fully immunized 19-35 month olds and 12-13 year olds in Ottawa County by providing immunization education to provider offices staff

Measure: 83% of 19-35 month olds in Ottawa County will be fully immunized per the MCIR

Measure: 60% of 11-12 year olds in Ottawa County will be fully immunized per the MCIR

Goal: To minimize the spread of communicable disease

Objective: Reported CD cases will be investigated to confirm the diagnosis

Measure: # of reported cases of pertussis will be less than 10

Measure: 100% of reported CD cases will be completed and filed with MDSS within 30 days

Measure: 100% of reported CD cases will be data entered into the MDSS within 1 business day

Measure: 100% of reported active TB cases will be investigated and diagnosed

Objective: Confirmed cases will receive prevention, education and treatment

Measure: 100% of confirmed CD/TB cases will receive prevention, education and treatment

Objective: 100% of reported "close contacts" will receive surveillance, education and treatment if necessary.

Measure: 100% close contacts receive surveillance, education and treatment

Goal: To protect the traveling community against vaccine preventable disease and travel-related health risks

Objective: To provide vaccines and itinerary specific education to people traveling to developing countries for business, vacation, mission work, etc.

Measure: 100% of traveling clients of the OCHD will be offered the appropriate vaccine(s) and education

Measure: 100% travel clients receive recommended vaccinations

<i>Output:</i>	2005	2006	2007 Estimated	2008 Projected
<i># of OCHD Travel Immunization clients</i>	2,234	1,880	1,900	1,900
<i>Imm. team conducts app't reminder post cards and phone calls for all OCHD clients</i>	N/A	100%	100%	100%
<i>Provide education to community & providers on Immunizations as requested</i>	N/A	100%	100%	100%
<i>Educate providers on the MICR as requested</i>	N/A	100%	100%	100%
<i>Provide quarterly private provider Immunization meetings</i>	N/A	100%	100%	100%
<i>Provide school/daycare in-services</i>	N/A	100%	100%	100%
<i>Imm team send out monthly recall letters for 7-35 month olds OCHD clients</i>	988	1,753	1,370	1,400
<i>Imm team send out annual recall letters for all Ottawa County 19-35 month olds</i>	849	659	675	675
<i>Provide TB education on how to administer and read a TB test</i>	N/A	100%	100%	100%
<i>Provide CD education to doctors offices and community members</i>	N/A	100%	100%	100%
<i>Efficiency:</i>				
<i>% of reported active TB cases investigated and diagnosed</i>	100%	100%	100%	100%
<i>% confirmed CD/TB cases entered into MDSS within 1 day</i>	100%	100%	100%	100%
<i>% of Reported CD cases will be completed and filed with MDSS within 30 days</i>	N/A	N/A	95%	95%
<i>% of 19-35 month olds in Ottawa County fully immunized</i>	73%	77%	83%	83%
<i>% of 19-35 month olds clients of the Health Department fully immunized</i>	87%	89%	90%	90%
<i>% of 11-12 year olds in Ottawa County fully immunized</i>	N/A	N/A	60%	60%
<i>% of school age children fully immunized</i>	N/A	99%	99%	99%
<i>% of daycare/preschool children fully immunized</i>	N/A	97%	97%	97%
<i>% travel clients receiving recommended vaccinations</i>	N/A	N/A	N/A	100%
<i>% of travel client survey results indicated the education they received was beneficial</i>	N/A	N/A	95%	95%
<i>Outcome:</i>				
<i># of Tuberculosis cases</i>	5	6	8	<8
<i># of reported cases of pertussis</i>	4	8	<10	<10
<i>95% of Private Provider survey results will indicate they benefited from the training and would recommend it to others</i>	N/A	N/A	95%	95%
<i>% of confirmed CD/TB cases receiving education and treatment</i>	100%	100%	100%	100%
<i>% close contacts receiving education and treatment</i>	100%	100%	100%	100%

*One of the Health People 2010 goals is to have an immunization rate of 90% for 19-35 month olds.

The Health Promotion Division of the Ottawa County Health Department strives to promote positive health behaviors that enable people to increase control over and improve their health. Health Promotion Services provides comprehensive prevention education programs, collaborative community project leadership, community health assessment, substance abuse prevention, chronic disease prevention programs, and oral health services.

Division Mission Statement

Assess public health threats in the community and develop and implement prevention programs to mitigate those threats.

HEALTH PROMOTION-CHRONIC DISEASE PREVENTION PROGRAM

SERVICES AND ACCOMPLISHMENTS

As part of the strategic planning process, the Health Department gathered data for the Ottawa County Youth Assessment Survey (YAS) in 2005 in order to monitor the prevalence of youth health risk behaviors in Ottawa County. The survey was completed by 8th, 10th, and 12th graders in public schools in Ottawa County; a total of 2,008 surveys were returned.

In addition, also during 2005, data was gathered to form an Ottawa County Community Health profile. Like the YAS, the Community Profile was developed to identify health risk behaviors and trends. The results of the YAS and the Community Profile, which were distributed in 2006, are critical in designing programs that focus resources on developing and/or chronic problems found in the community. Many of the programs are constructed based on proven research driven models to better link outputs to outcomes. There will be several references to both studies throughout the discussion of Health Department goals, objectives, and performance indicators.

OTTAWA COUNTY COMMUNITY DATA

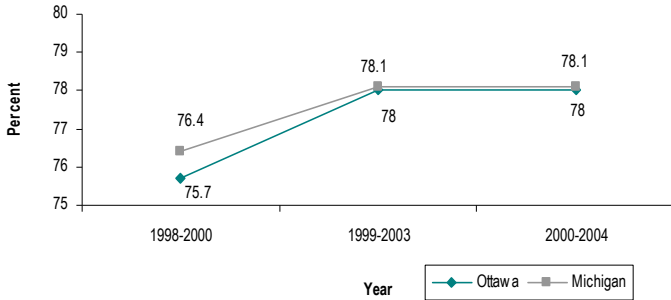
The results of the YAS indicated some negative trends in Ottawa County youth, especially related to dietary behavior and weight. These results helped guide the programs and goals that follow:

2005 OTTAWA COUNTY YOUTH ASSESSMENT SUVEY		
Risk Category	Behavior	% Agreement
Dietary Behavior	Ate less than 5 servings of fruits or vegetables per day	64.8%
	Drank soda 2 or more times on an average day	36.7%
Weight *	Were classified as overweight (self-reported)	81.5%
	Thought that they were overweight (self-reported)	26.4%
Physical Activity	Participated in vigorous physical activity for 20+ minutes on at least 3 of the past 7 days	71.2%
	Participated in moderate physical activity for 30+ minutes on at least 5 of the past 7 days	29.1%

- A body mass index (BMI) report was also completed by the Health Department on 2,678 Ottawa County students that were pre-kindergarten, 3rd graders and 6th graders. The results were still troubling in that 32% were classified as “at risk” or were overweight.

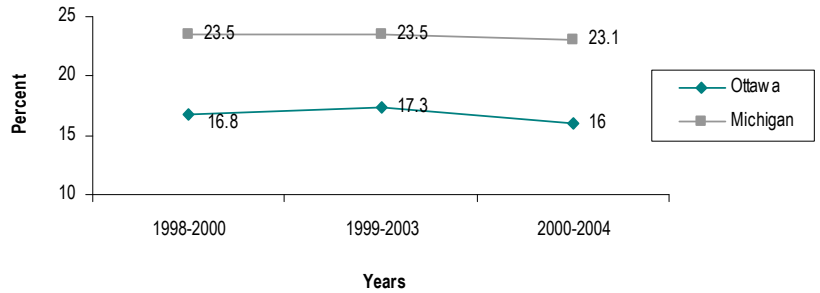
The results from the Community Profile also identified some problems. Specifically, nutrition, weight and physical activity all indicate the need for improvement:

**Respondents Who Do Not Consume 5 Servings of Fruits and Vegetables per Day
Ottawa County and Michigan, 1998-2004**



**Weight Status Based on BMI Category.
Ottawa County and Michigan 1998-2004**

**No Physical Activity, Recreation or Exercises in Their Leisure Time Within the
Past Month.
Ottawa County and Michigan, 1998-2004**

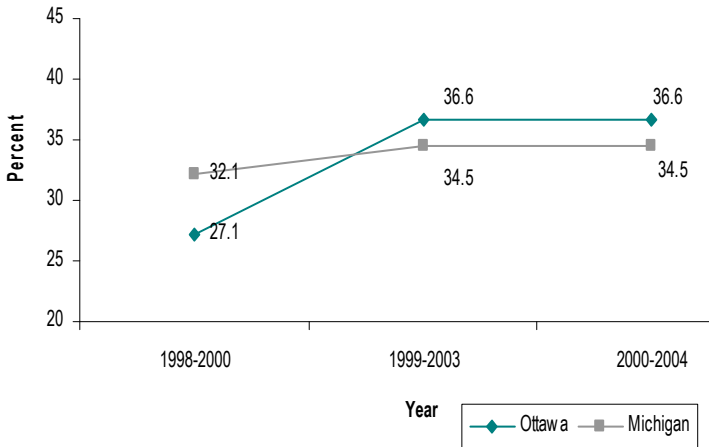


The graphs above show that the consumption of fruits and vegetables fell after 2000, and the rate of overweight persons in Ottawa County is greater than that of the State as a whole.

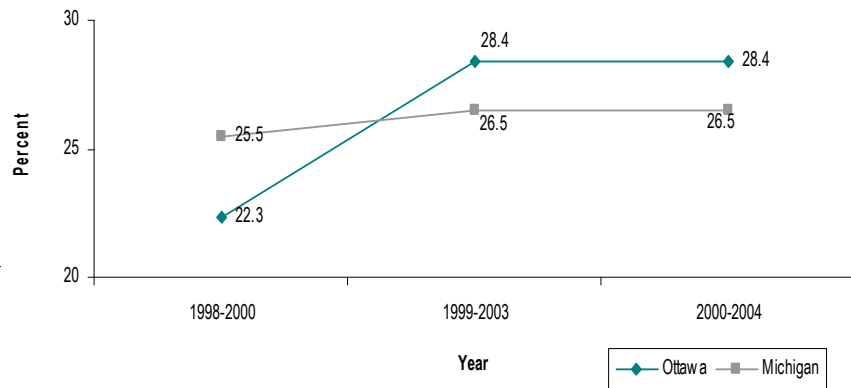
Although County residents are less likely to report no physical activity than the State as a whole, there is still room for significant improvement. 16% of County residents are estimated to get no physical exercise at all, and this is more likely in lower income residents.

Indicators for cardiovascular disease are also discouraging. Of the three main risk factors for cardiovascular disease - cholesterol, blood pressure, and diabetes - the rates in Ottawa County for two of them are above those of the State as a whole:

**Those Who Have Been Told Their Cholesterol Was High*
Ottawa County and Michigan, 1998-2004**

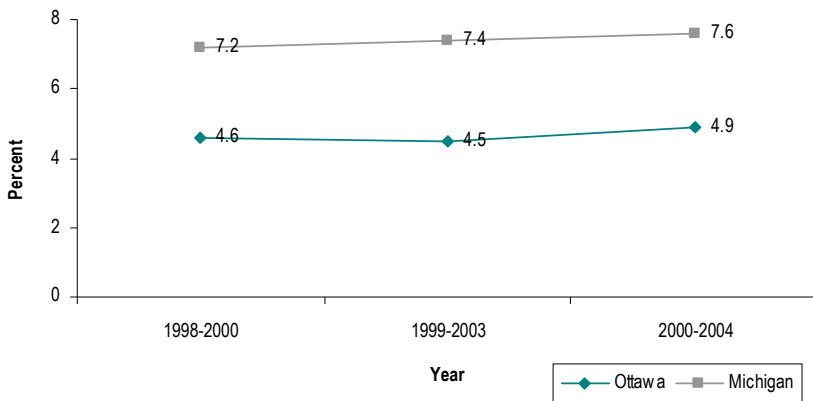


**Those Who Have Been Told That Their Blood Pressure Was High
Ottawa County and Michigan, 1998-2004**



*Among respondents who reported having had their cholesterol checked.

Those Who Have Been Told They Have Diabetes
Ottawa County and Michigan, 1998-2004



The results of both the YAS, the Community profile and the BMI screening are driving the goals and objectives listed next.

GUIDING RESEARCH

According to an independent task force convened by the Centers for Disease Control and Prevention, there is strong evidence of effectiveness for environmental and policy approaches to increase physical activity including enhancing access to places for physical activity and informational outreach activities. (www.preventioninfo.org/works_physicalactivity.htm)

PROGRAM GOALS AND OBJECTIVES

Goal: Increase Ottawa County residents' access to resources that promote healthy eating and physical activity in children.

Objective: By September 30, 2008 Wellness Team will assist in providing toolkits to 100% of Ottawa County physicians (pediatric and family practice)

Measure: All toolkits delivered

Measure: Satisfaction postcard

Objective: By September 30, 2008 Wellness Team will assist in providing information sheets to 100% of Ottawa County parents whose children participate in the Body Mass Index (BMI) screening

Measure: All information sheets delivered

Measure: Website hits

Measure: Satisfaction postcard

Objective: By September 30, 2008 Wellness Team will assist in researching and developing an in-home intervention to promote healthy eating and physical activity to Maternal and Infant Health Program (MIHP) clients

Measure: Program developed

Goal: Assist in the assessment of BMI data

Objective: By September 30, 2008 Wellness Team will assist in coordinating the implementation of BMI screenings to 2,600 Ottawa County students

Measure: 2,600 Pre-K, 3rd and 6th grade youth screened

Goal: Increase Ottawa County residents access to physical activity and healthy food choices.

Objective: By September 30, 2008 Wellness Team will increase the percentage of schools to 23% who have completed the Healthy School Action Tool (HSAT) assessment (currently at 19%)

Measure: 5 schools complete HSAT

Objective: By September 30, 2008, Wellness Team will assist 1 school in implementing their action plan

Measure: Action plan implemented

Objective: By September 30, 2008, Wellness Team will assist in providing 2 initiatives to Ottawa County youth ages (6-18)

to encourage physical activity and healthy eating
Measure: 2 initiatives implemented

Objective: By September 30, 2008, Wellness Team will fulfill the Ottawa County Health Department's responsibilities in the Ottawa County Wellness Strategic Plan (yet to be defined).

Measure: Strategic plan implemented

Objective: By September 30, 2008, Wellness Team will collaborate with Evergreen Commons and Holland Recreation Department to implement a community garden

Measure: A community garden implemented

Goal: Increase healthy environments in Ottawa County worksites.

Objective: By September 30, 2008, Wellness Team will increase by 10, the # of businesses who have assessed their health environment using the Designing Healthy Environments in the Worksite (DHEW) assessment and have developed an action plan

Measure: 10 DHEW action plans developed

Objective: By September 30, 2008, Wellness Team will provide assistance to 5 businesses in the southeast quadrant of Ottawa County in implementing their action plans

Measure: At least 1 new policy or environmental change per business

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Output:				
<i>Toolkits delivered to 100% of family practice and pediatric physicians</i>	0	0	0	Complete
<i># of Information sheets delivered to parents</i>	0	0	4	2,600
<i># BMI screenings completed</i>	0	2,678	0	2,600
<i># of HSAT assessments completed</i>	0	10	10	5
<i># of Policy/environmental changes implemented in schools</i>	0	4	2	5
<i># of initiatives promoting healthy eating and physical activity to youth provided</i>	0	1	1	2
<i># of Ottawa County Wellness Coalition initiatives assisted</i>	N/A	N/A	Completed 1	Completed 3
<i># of DHEW assessments completed</i>	0	0	5	10
<i># of DHEW action plans implemented</i>	0	0	5	5
<i>Provide materials for implementation of a community garden.</i>	N/A	N/A	N/A	Complete
<i>BMI Analysis report complete</i>	N/A	Complete	N/A	Complete
Efficiency:				
<i>Information sent to physicians by 9/30/2008</i>	0	0	0	Complete
<i>Information sent to parents by 6/30/2008</i>	N/A	0	0	Complete
<i>BMI screenings completed by 6/30/2008</i>	N/A	Complete	0	Complete
<i>HSAT action plans developed by 9/30/2008</i>	N/A	Complete	Complete	Complete
<i>HSAT action plans implemented by 9/30/2008</i>	N/A	Complete	Complete	Complete
<i>Successful implementation of OCWC initiatives by 9/30/2008.</i>	N/A	N/A	Complete	Complete
<i>Met expectations as a partner in the implementation of a community garden</i>	N/A	N/A	N/A	Complete
<i>Community Garden implemented by 9/30/2008</i>	N/A	N/A	N/A	Complete
<i>DHEW action plans developed by 9/30/08</i>	N/A	N/A	Complete	Complete
<i>DHEW action plans implemented by 9/30/2008</i>	N/A	N/A	Complete	Complete
Outcome:				
<i>Increased availability of resources about healthy eating and physical activity.</i>	N/A	N/A	N/A	Complete

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Increased % of schools who completed the HSAT	N/A	N/A	19%	23%
Policy or environmental changes promoting healthy eating and physical activity in schools.	N/A	Complete	Complete	Complete
An active and functioning OCWC	N/A	N/A	Complete	Complete
Increased # of worksites who have completed DHEW	N/A	N/A	N/A	20%
% increase of policies and environmental changes implemented at worksites	N/A	N/A	20%	30%
# of youth and seniors working in the community garden.	N/A	N/A	N/A	60

Long-term Outcomes:

Currently, strategies to counter the negative trends are being implemented. Yet, it will likely take at least five years before improvement will be seen on the indicators from the YAS and the Community profile. The next Community Profile is planned for 2011.

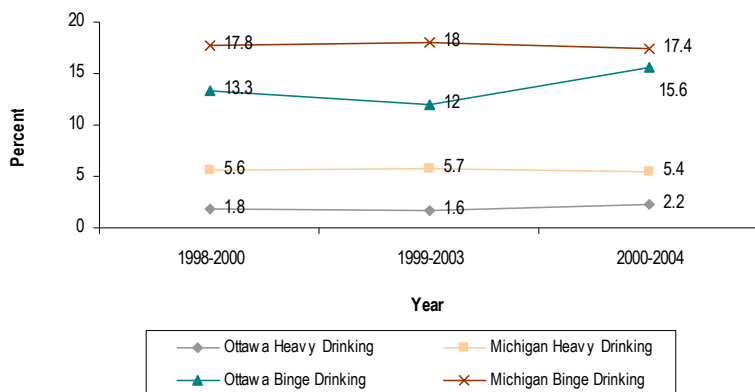
HEALTH PROMOTION-COMMUNITIES HELPING OTTAWA OBTAIN A SAFE (ALCOHOL) ENVIRONMENT (CHOOSE)

As with chronic disease prevention, the results of the YAS and the Community Health Profile also identified issues in substance abuse:

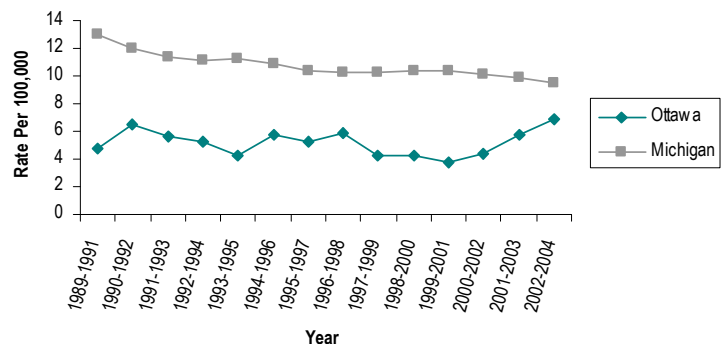
2005 OTTAWA COUNTY YOUTH ASSESSMENT SUVEY		
Risk Category	Behavior	% Agreement
Alcohol Use	Ever drank alcohol	48.2%
	Planned to get drunk sometime in the next year	28.7%
	Felt it was very easy/sort of easy to access alcohol	60.2%
Drug Use	Ever used marijuana	26.7%
	Ever used cocaine	4.9%
	Ever used methamphetamine	3.1%
	Planned to stay away from marijuana	83.0%
	Committed to a drug free life	82.5%

The results of the Community Health profile identified some disturbing trends in alcohol consumption in Ottawa County. While the state rate for reported binge drinking is decreasing slightly, there is a significant increase in binge drinking noted for Ottawa County residents. Not surprisingly, the liver disease death rate is also on the rise:

Heavy Drinking and Binge Drinking in the Past Month
Ottawa County and Michigan, 1998-2004



Liver Disease Age Adjusted Death Rates
Three Year Moving Averages
Ottawa County and Michigan, 1989-2004



Although it will take time to affect these measures, the programs and strategies listed below along with their intermediate outcome measures should result in improvement of the above problems in the long-run.

PROGRAM GOALS AND OBJECTIVES

Goal: Reduce alcohol related traffic crashes (auto, motorcycle, boat, ATV) by 2014.

Objective: Increase the drinking and driving arrest rates in Ottawa County by 10% by 2010

Measure: Increase in the reported # of arrests for OUIL, OWI, MIP, open receptacle by law enforcement agencies

Objective: By September 30, 2011, The CHOOSE coalition will decrease public's perception that they will be not be arrested if they were stopped while driving after drinking by 10% (From 70%-60%)

Measure: Adult Survey (to be conducted May 2011)

Objective: By September 30, 2008, The CHOOSE coalition will increase percentage of managers/servers at on-site alcohol retail establishments in Ottawa County who have been Training for Intervention Procedures (TIPS) trained by 10 % (28% trained currently)

Measure: 38% manager/servers at on-site establishments on-site retail establishments have completed TIPS training

Measure: Quality of presentation

Measure: Compliance rates

Objective: By September 30, 2008, The CHOOSE coalition will increase the number of on-site establishments with developed policies and procedures which require correct serving practices

Measure: 10 on-site establishments that develop and implement Responsible Beverage Service (RBS) policies

Objective: By September 30, 2008, The CHOOSE coalition will increase RBS trainings to off-site establishments by 7% (5 establishments)

Measure: 7% of managers at off site retail establishments have completed TIPS training

Measure: Quality of presentation

Objective: By September 30, 2008 The CHOOSE coalition will increase Responsible Beverage Service among Ottawa County off-site retail establishments by 1% to 97%

Measure: RBS increase by 1%

Performance Measures:	2005	2006	2007Estimated	2008 Projected
Output:				
# of sites for the Blood Alcohol Test (BAT) mobile	0	0	0	4
# of media sources the "You Drink, You Drive, You Lose" is advertised	0	0	0	5
Implementation of the Mobile Eyes media campaign	0	0	0	Complete
# of locations for summer campaign advertising	0	0	0	50
On-site TIPS training is completed for each quadrant of the County plus 6 others	0	0	0	10
# of off site TIPS trainings	0	0	0	5
Safe Prom/Graduation packets delivered to 20 hotels 150 alcohol/tobacco retailers 3 limo services	0	0	0	20 hotels 150 retailers 3 limo services
Fast 50 is marketed using 4 avenues	0	0	0	4
Radio stations, Johnny advertising, and newspaper promote the, "You had to wait, so should they" campaign	0	0	0	Complete
Quality:				
# of hours of visibility of the Blood Alcohol Test (BAT) mobile	0	0	0	8

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
<i>BAT mobile visible during peak times/places</i>	N/A	N/A	N/A	Complete
<i># of people who called the Mobile Eyes during the marketing time</i>	0	0	0	30
<i>% of positive TIPS training evaluations</i>	0	0	0	100%
Outcome:				
<i>% increase in alcohol related arrests</i>	0	0	0	3%
<i>% of managers/servers of on-site establishments that have received TIPS training</i>	0	0	28%	38%
<i># of establishments that Safe serving practice policies are adopted</i>	0	0	0	10
<i>% participants pass TIPS trainings</i>	0	0	0	100%
<i>% increase in calls to law enforcement regarding alcohol related parties involving minors</i>	0	0	0	5%
<i>% positive evaluations of prom/graduation packet</i>	0	0	0	100%

HEALTH PROMOTION- SUBSTANCE ABUSE PREVENTION

Goal: Decrease the % of students reporting all substances as a no/slight risk.

Objective: By September 30, 2008 100% of students participating in presentations will be able to identify at least 2 consequences involved and skills to prevent substance use

Measure: Students list at least two consequences and skills on post-test

Objective: By September 30, 2008 Substance Abuse Prevention will collaborate with the Ottawa County courts to provide Project TND (Toward No Drugs) and Anger Management

Measure: Complete 8, 5 week Project Toward No Drug Abuse classes and 7, 4 week anger management classes

Measure: Quality of presentation- post test

Objective: By September 30, 2008 Substance Abuse Prevention will collaborate with Pathways to provide Project Charlie and Strengthening Families

Measure: Complete 4 Project Charlie curriculums, and 3, 7 week Strengthening Families programs

Measure: Quality of presentation- post test

Objective: By September 30, 2008 Substance Abuse Prevention will increase the availability of resources and materials to assist in preventing the use of substances to Ottawa County parents

Measure: 500 parent packs distributed for Parenting Awareness Month, and participation in RecoveryFest.

Objective: By September 30, 2008 Substance Abuse Prevention will increase the availability of resources and materials to assist students in preventing the use of substances at 15 schools

Measure: Distribute red ribbon week materials at 15 schools

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Output:				
<i># of peer educators recruited and trained</i>	0	0	0	12
<i># of presentations at schools</i>	0	0	0	20
<i># of presentations at JDC sessions</i>	0	0	0	4
<i># of presentations at Girls group sessions</i>	0	0	0	2
<i># of project TND curriculums implemented</i>	0	0	0	8
<i># of anger management program implemented</i>	0	0	0	7
<i># of project Charlie curriculum implemented</i>	0	0	0	4
<i># of strengthening families program implemented</i>	0	0	0	3

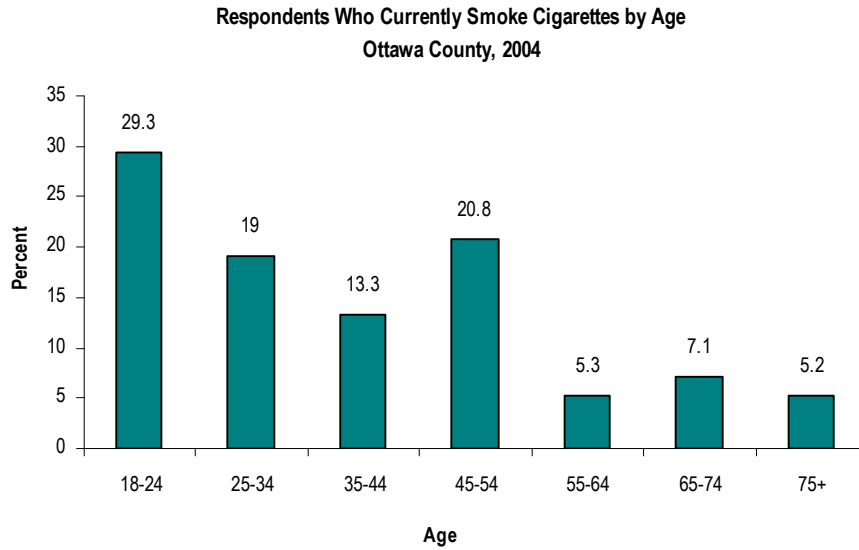
<i># of parenting awareness month statewide committee meetings attended</i>	0	0	0	2
<i># of local parenting awareness committee meetings attended</i>	0	0	0	7
<i># of parent information packets distributed</i>	0	0	0	500
<i># of recoveryfest committee meetings attended</i>	0	0	0	3
Efficiency:				
<i>% of positive evaluations from peer educators</i>	0	0	0	100%
<i>% of positive evaluations from teachers</i>	0	0	0	85%
<i>% of positive presenter evaluations from Project TND students.</i>	0	0	0	85%
<i>% of positive presenter evaluations from Anger management students and parents</i>	0	0	0	85%
<i>% of positive presenter evaluations from Project Charlie students</i>	0	0	0	90%
<i>% of positive presenter evaluations from Strengthening families participants</i>	0	0	0	85%
<i>% of positive evaluations from parent packets</i>	0	0	0	90%
<i>% of positive evaluations from red ribbon packets</i>	0	0	0	85%
Outcome:				
<i>Increased access to materials and resources about substance use and prevention.</i>	0	0	0	Complete
<i>% of participants aware of consequences and resistance skills from substance use.</i>	0	0	0	100%
<i>% of students able to list risks and prevention after presentations</i>	0	0	0	90%

HEALTH PROMOTION-TOBACCO/METHANPHETAMINE PREVENTION

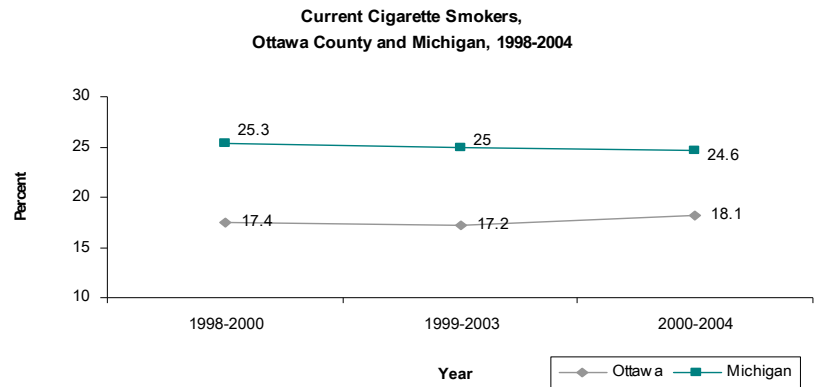
The results of the YAS below indicate that cigarettes are quite easy to access, and this results in Ottawa County youth experimenting with cigarettes at a young age.

2005 OTTAWA COUNTY YOUTH ASSESSMENT SUVEY		
Risk Category	Behavior	% Agreement
Tobacco Use	Ever smoked cigarettes	26.6%
	Reported age of onset of cigarette use before age 13	40.4%
	Felt it was very easy/sort of easy to access cigarettes	64.1%

Unfortunately, this early onset of tobacco use generally carries into young adulthood as indicated by the Community Health Survey:



In addition, although Ottawa County’s percentage of cigarette smokers is lower than the State’s, the rate has begun to increase. Consequently, it is important to develop programs that address it.



GUIDING RESEARCH

The Task Force on Community Preventive Services (TFPCS) has conducted systematic reviews on 14 selected interventions, which are appropriate for communities and health-care systems, and has made recommendations regarding use of these interventions. This report summarizes the recommendations, identifies sources that offer full reviews of the interventions and details about applying the interventions locally, and provides an update of the Task Force's work. To reduce youth initiation, the TFPCS strongly recommends:

1. Increasing the unit price for tobacco products, particularly through raising state and federal excise taxes, and
2. Developing extensive and extended mass media campaigns particularly when they are the centerpiece along with other strategies to decrease the effects of environmental tobacco smoke (ETS). The TFPCS strongly recommends:

1. Developing laws and regulations to restrict or ban tobacco consumption in workplaces and general areas used by the public. *Am J Prev Med 2001;20(S2)*

Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke. (U.S. Department of Health and Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006)

Goal: Reduce the number of vendors in the determined target area who sell tobacco to minors.

Objective: By September 30, 2008 Tobacco Prevention will coordinate baseline compliance checks in ‘new’ target area during the 1st quarter of 07/08 for a total of 14 law enforcement checks and 30 civilian checks

Objective: By September 30, 2008 Tobacco Prevention will coordinate law enforcement tobacco compliance checks in each of the 2nd, 3rd, and 4th quarters at 65%, 65%, and 100% respectively (1st quarter is baseline)

Measure: % of compliant tobacco retailers

OR

Objective: By September 30, 2008 Tobacco Prevention will maintain law enforcement tobacco compliance checks with 15% of the retailers in Holland for each of the 2nd, 3rd and 4th quarters if target area for 07/08 is new

Objective: By September 30, 2008 if target area is a repeat, then provide 65% compliance checks during each of the 1st, 2nd, and 3rd quarters with 100% in 4th quarter

Measure: % of compliant tobacco retailers

Goal: Assist in the coordination of the implementation of Smoke Free Ottawa: A tobacco reduction coalition strategic plan.

Objective: By September 30, 2008 tobacco prevention will carry out Ottawa County Health Department's responsibilities defined in the Smoke Free Ottawa: A tobacco reduction coalition's strategic plan (yet to be determined)

Measure: Successful implementation of OCHD responsibilities defined in Smoke Free Ottawa strategic plan

Objective: By September 30, 2008 tobacco prevention will increase the number of smoke free public and private worksites that pass a smoke-free indoor air policy by 5%.

Measure: 5% increase in public and private worksites passing a smoke-free indoor air policy (currently collecting base line data)

Objective: By September 30, 2008 Tobacco prevention will increase the percentage of smoke-free restaurants and bars in Ottawa County

Measure: 75% restaurants will be smoke-free by September 30, 2008

Objective: By September 30, 2008 Tobacco prevention will facilitate the process of implementing a smoke-free campus policy for all county properties in Ottawa

Measure: Process in place for implementing a smoke-free campus policy for all county properties

Goal: Determine the need for the implementation of a methamphetamine prevention program.

Objective: By September 30, 2008 Tobacco prevention will assist in data analysis from the 2006/2007 Ottawa County Methamphetamine Assessment administered by Lakeshore Coordinating Council

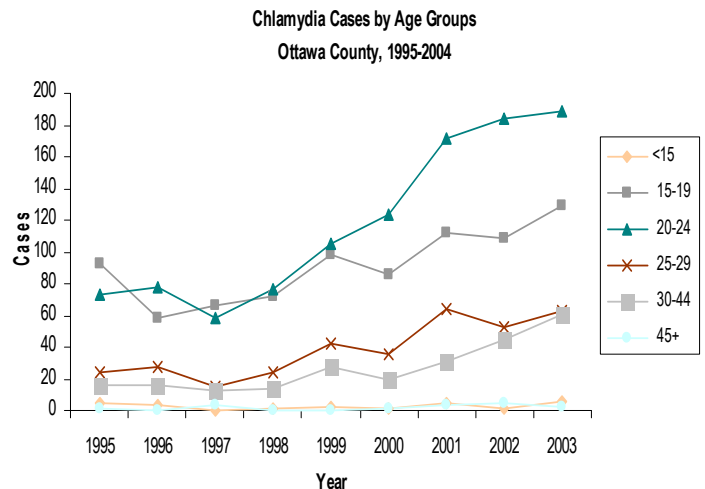
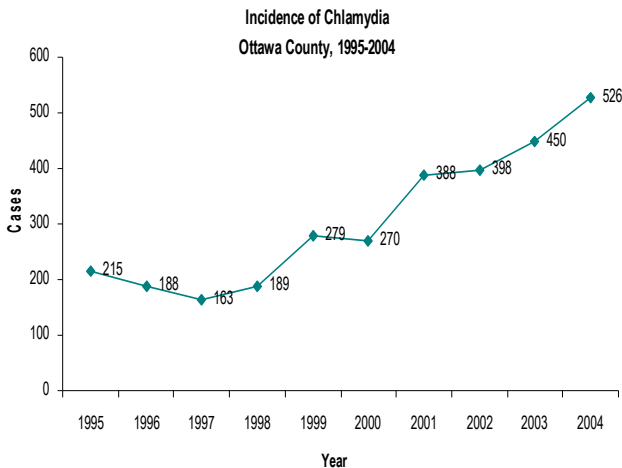
Measure: Data analysis complete with program if needed

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Effort:				
# of enforcement compliance checks for the new focus area in the 1 st quarter.	0	0	0	14
# of civilian compliance checks for the new focus area in the 1 st quarter.	0	0	0	30
% of law enforcement tobacco compliance checks coordinated for the 3 rd quarter.	0	0	65%	65%
% of law enforcement tobacco compliance checks coordinated for the 4 th quarter.	0	0	100%	100%
# of smoke free workplace implementation phase plans distributed	0	0	0	500
# of quarterly(4) media releases about smoke free workplaces.	0	0	0	4
# of smoke free policy tool kits distributed to non- smoke free restaurants and bars	0	0	0	15
Quality:				
Enforcement compliance checks completed by 12/07(for first quarter).	N/A	N/A	N/A	Complete
Vendors notified of pass/fail by 1/08(for first quarter)	N/A	N/A	N/A	Complete
LCC notified of sale/no sale by 1/08 (for first quarter)	N/A	N/A	N/A	Complete
Civilian compliance checks completed by 12/07 (for first quarter)	N/A	N/A	N/A	Complete
Vendors notified of pass/fail by 1/08 (for first quarter)	N/A	N/A	N/A	Complete

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
<i>LCC notified of sale/no sale by 1/08 (for first quarter)</i>	N/A	N/A	N/A	Complete
<i>Law enforcement compliance checks completed by 3/08 (for second quarter)</i>	N/A	N/A	N/A	Complete
<i>Vendors notified of pass fail by 4/08 (for second quarter)</i>	N/A	N/A	N/A	Complete
<i>LCC notified of sale/no sale by 4/08 (for second quarter)</i>	N/A	N/A	N/A	Complete
<i>Law enforcement compliance checks completed by 6/08 (for third quarter)</i>	N/A	N/A	N/A	Complete
<i>Vendors notified of pass fail by 7/08 (for third quarter)</i>	N/A	N/A	N/A	Complete
<i>LCC notified of sale/no sale by 7/08 (for third quarter)</i>	N/A	N/A	N/A	Complete
<i>Vendor education distributed 100% of non-compliant within a month of receiving the results of the checks.</i>	0	0	0	100%
<i>% of positive evaluation of smoke free worksite implementation plan.</i>	0	0	0	100%
<i>Record and distribute Smoke Free Ottawa meeting minutes monthly</i>	0	0	0	12
<i>Determined need for methamphetamine prevention in Ottawa County</i>	N/A	N/A	N/A	Complete
Outcome:				
<i>% establishments that did not sell tobacco to minors.</i>	0	0	0	80%
<i>% increase in the number of smoke free public and private worksites that pass a smoke free indoor air policy.</i>	0	0	0	5%
<i>% smoke free restaurants in Ottawa county</i>	0	0	Increased by 20%	75%
<i>A process for implementing smoke free campuses for Ottawa County properties</i>	N/A	N/A	N/A	Complete
<i>Implementation of Smoke Free Ottawa: A tobacco reduction coalition implementing their strategic plan.</i>	N/A	N/A	N/A	Complete

HEALTH PROMOTION-REPRODUCTIVE HEALTH

Based on the results of the Community Health Profile, Chlamydia is a growing problem in Ottawa County:



GUIDING RESEARCH

A review of five rigorously evaluated adolescent pregnancy prevention programs shows that all five incorporate an emphasis on abstinence or delay of sexual initiation, training in decision-making and negotiation skills, and education on sexuality and contraception. Four of the five directly or indirectly provide access to contraceptive services. The most successful programs provided access to contraceptive services and targeted adolescents who were younger and those who were not yet sexually experienced. Two programs significantly decreased the proportion of adolescents who became pregnant; these programs were the two that were most active in providing access to contraceptive services.

PROGRAM GOALS AND OBJECTIVES**Goal: Increase the awareness of Ottawa County services that prevent unintended pregnancy and STIs.**

Objective: By September 30, 2008 Reproductive Health will assist Family Planning staff in maintaining 30% teen enrollment (ages 19 and under) in the family planning program

Measure: 30% teen enrollment

Objective: By September 30, 2008 Reproductive health will assist the Family Planning staff in increasing the number of 19-44 year olds who are at or below 185% poverty level utilizing the family planning services by 10%

Measure: 10% increase in 19-44 year olds at or below 185 % poverty level

Objective: By September 30, 2008 Reproductive health will assist STI clinic staff in increasing the percentage of youth who use the STI clinic by 10% (based on baseline data)

Measure: 10% increase in teens using STI clinic

Objective: By September 30, 2008, 100% of students participating in presentations will be able to identify at least 2 consequences involved and skills to prevent the consequences related to risky sexual behavior

Measure: Evaluations from Peer Education presentations

Goal: Assist in the implementation of the strategic plan developed by the Ottawa County Youth Sexual Health Coalition

Objective: By September 30, 2008 Reproductive Health will implement the OCHD responsibilities defined in the Ottawa County Youth Sexual Health Strategic plan (to be determined)

Measure: Coalition is strengthened; intervention, prevention, and promotion subcommittees are formed and functioning

Goal: Increase access to resources to the community regarding the consequences of sexual activity

Objective: By September 30, 2008 Reproductive Health will increase the availability of resources and materials to assist in preventing teen risky sexual behavior to 200 Ottawa County parents

Measure: parent packet evaluations

Measure: 2 parent workshops completed

Objective: By September 30, 2008 Reproductive Health will implement one service learning project to increase the availability of resources and materials to assist students in preventing risky sexual behavior.

Measure: Service learning project evaluations

Objective: By September 30, 2008 Reproductive Health will increase the availability of resources and materials to assist students in preventing risky sexual behavior at 3 events

Measure: Teen Forum evaluations and Day to Prevent Teen Pregnancy Event evaluations

Goal: To reduce the risk of bloodborne and tuberculosis exposure to Ottawa County employees.

Objective: By September 30, 2008, Ottawa County employees will be trained on the Prevention of bloodborne exposure

Measure: 100% of Ottawa County "A" classified employees will be trained on prevention of bloodborne pathogens

Measure: 100% of Ottawa County "A" classified employees will be trained on prevention of TB exposure

Objective: By September 30, 2008, Health Promotion Services will assist the Safety and Security Committee in updating the Bloodborne Pathogen Exposure Control Plan

Measure: The bloodborne pathogen plan will be updated

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Output:				
# of peer education presentations completed	0	0	0	20
# of presentations to schools/JDC/Girls Group/Harbor House/Hope/ GVSU	0	0	0	65
# of materials (brochure, cards, teen help card) distributed about STI/ Family Planning services	0	0	0	4,000
# of OCYSH Coalition steering committee meetings conducted	0	0	0	6
# of OCYSH intervention sub-committee meetings (OCTPR)	0	0	0	12
# of OCYSH prevention sub-committee meetings	0	0	0	6
"talk early talk often" parent workshops advertised	N/A	N/A	N/A	Complete
# of "talk early talk often" parent workshops	0	0	0	2
# of research based service learning project implemented	0	0	0	1
# of parent packs distributed	0	0	0	200
Market 2 teen forum workshops through newspaper, flyer (advertisements)	N/A	N/A	N/A	Complete
# of Teen Forum workshops completed	0	0	0	2
Market the teen pregnancy on-line survey at all area schools	N/A	N/A	N/A	Complete
# of Challenge of Children meetings chaired	0	0	0	11
# of Program Committee meetings for Challenge of Children chaired	0	0	0	12
# of GLCSOPHE executive board Meetings conducted	0	0	0	12
Assist the Safety and Security committee in updating the Bloodborne Pathogen Exposure Control plan.	N/A	N/A	N/A	Complete
Efficiency:				
% of positive evaluations from peer educators	0	0	0	100%
% of positive evaluations of peer ed presentations from teachers	0	0	0	85
% of positive evaluation of overall Challenge of Children conference	0	0	0	100%
% of positive evaluation of overall Challenge of children workshops	0	0	0	100%
Provide bloodborne pathogen training to 100% "A" classification Ottawa County employees	0	0	100%	100%
Implementation of OCYSH committee initiatives	N/A	N/A	N/A	Complete
% of positive evaluations from "Talk Early, Talk Often" workshops.	0	0	0	100%
%of positive evaluation of service learning project	0	0	0	90%
% of positive evaluations of parent packs	0	0	0	90%
% of positive evaluations of teen forum.	0	0	0	90%
Encouraging participation in the teen pregnancy online survey at 2 schools	0	0	0	2
# of participants attending Challenge of Children	0	0	0	900
Outcome:				
% of students participating in peer ed	0	0	0	100%

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
<i>presentations are able to list 2 risks and consequences for engaging in risky sexual behavior</i>				
<i>% teen enrollment (ages 18 and under) in the family planning program</i>	0	0	30%	30%
<i>% increase of 19-44 year olds who are at or below 185% poverty level utilizing the family planning services.</i>	0	0	10% increase	10% increase
<i>% increase in youth who use the STI clinic</i>	0	0	10%	10%
<i>Increased access to resources about the consequences of risky sexual behavior for students and parents</i>	N/A	N/A	N/A	Complete
<i>% of participants planning to use the information gained from the Challenge of Children conference</i>	0	0	0	85%

HEALTH PROMOTION-DENTAL

GUIDING RESEARCH

A systematic review of published studies, conducted on behalf of the Task Force on Community Preventive Services by a team of experts, found that school-based and school-linked dental sealant delivery programs are effective in reducing tooth decay in children and adolescents. Based on strong evidence of effectiveness, the Task Force recommends that these programs be included as part of a comprehensive population-based strategy to prevent or control dental caries in communities. The Task Force strongly recommends community water fluoridation and schoolbased or schoollinked pit and fissure sealant delivery programs for prevention and control of dental caries.

According to the MMWR article "*Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States*": "The recommendations in this report guide dental and other health-care providers, public health officials, policy makers, and the public in the use of fluoride to achieve maximum protection against dental caries while using resources efficiently and reducing the likelihood of enamel fluorosis. The recommendations address public health and professional practice, self-care, consumer product industries and health agencies, and further research. Adoption of these recommendations could further reduce dental caries in the United States and save public and private resources". (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>)

PROGRAM GOALS AND OBJECTIVES

Goal: Reduce dental disease among targeted at-risk populations in Ottawa County

Objective: By September 30, 2008 Dental team will increase access to school-based Oral Health Prevention program for at-risk children by 20 %

Measure: The Sealant Efficiency Assessment for Locals and States (SEALS) Needs Assessment tool

Objective: By September 30, 2008 Dental team will reduce dental disease by 25% for children who were provided Dental Services on "Miles of Smiles" Mobile Dental Unit

Measure: The Michigan Oral Data (MOD) Needs Assessment tool

Objective: Provide 75% of Ottawa County Elementary Schools and Head Start Centers with Oral Health Education Program Information

Measure: 75 elementary schools and 26 Head start programs receive information

Objective: By September 30, 2008 Dental Team will provide 10,845 oral health education resources and materials to Ottawa County residents

Measure: 10,845 resources distributed

Objective: By September 30, 2008 Dental team will provide dental treatment referral services for Ottawa County residents.

Measure: Intra-Agency Referral Form or Incoming Information/Referral Form is used to track calls requesting dental assistance

Objective: By September 30, 2008 Dental team will coordinate advocacy initiatives that will increase accessibility to Dental Services for Ottawa County Residents

Measure: Advocacy initiatives in place.

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Effort:				
<i># of MOD Needs assessments completed for children on Miles of Smiles Mobile Dental Unit.</i>	944	1,013	1,020	1,050
<i># of oral health educational units for at-risk children on miles of smiles mobile dental unit provided</i>	985	1,057	1,060	1,075
<i># of teacher resources regarding Student Oral Health Kits in 75 schools</i>	164	165	165	170
<i># of Oral Health Education Program information sent to teachers</i>	N/A	N/A	N/A	740
<i># of Head Start curriculum resources coordinated with the Head Start Coordinator</i>	506	N/A	515	535
<i># of Oral Health resources provided to preschoolers through the vision and hearing program</i>	2,255	2,160	2,165	2,175
<i># of infant oral health care packets provided to maternal/infant health program and early on program participants</i>	371	2,125	2,130	2,150
<i># of oral health presentation in schools and community</i>	16	22	23	25
<i># of oral health resources distributed at OCHD health events</i>	5,125	5,142	5,150	5,175
<i>Dental Services Referral Network will manage 100% dental treatment needs requests.</i>	100%	100%	100%	100%
<i>Advocacy initiatives that will increase accessibility to dental services for Ottawa County residents</i>	N/A	N/A	N/A	Complete
Quality:				
<i>% of positive evaluations of those who receive services on miles of smile mobile unit</i>	N/A	N/A	N/A	100%
<i>% of positive evaluations of teacher resources regarding Student Oral Health Kits</i>	N/A	N/A	N/A	100%
<i>% of positive evaluations of Oral Health Education Program information to teachers</i>	N/A	N/A	N/A	100%
<i>% of positive evaluations of Early Head Start curriculum resources</i>	N/A	N/A	N/A	100%
<i>% of positive evaluation of infant oral health care packets to maternal/infant health program and early on program participants.</i>	N/A	N/A	N/A	100%
Outcome:				
<i>% reduction in dental disease in children who were provided Dental Services on "Miles of Smiles" Mobile Dental Unit.</i>	36.6%	25.4%	20%	25%
<i># of dentally at-risk elementary school children Fluoride program assisted</i>	4,674	4,697	4,700	4,725
<i># of second and sixth grade children with access to the school-based sealant program.</i>	0	0	280	458
<i># of at-risk children at child Development Services Head Start and Early Head Start with access to the Fluoride Varnish Program</i>	0	0	147	535
<i># of client encounters on Miles of Smiles mobile dental units for prevention and restorative services to dentally at-risk children</i>	1,723	1,974	1,975	2,000
<i># of diagnostic dental services unit provided</i>	2,393	2,399	2,400	2,425

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
<i>for at risk children provided on Miles of Smiles mobile dental unit</i>				
<i># of restorative dental services units for at-risk children provided on Miles of Smiles mobile dental unit</i>	1,278	1,400	1,425	1,450
<i># of oral surgery service units for at-risk children provided on Miles of Smiles mobile dental unit</i>	N/A	180	185	190
<i># of preventive dental service units for at-risk children provided on Miles of Smiles mobile dental unit</i>	2,821	3,209	3,225	3,250

HEALTH PROMOTIONS – PROGRAM EVALUATION

GUIDING RESEARCH

Program evaluation is an essential organizational practice in public health; however, it is not practiced consistently across program areas, nor is it sufficiently well-integrated into the day-to-day management of most programs. Program evaluation is also necessary for fulfilling CDC's operating principles for guiding public health activities, which include a) using science as a basis for decision-making and public health action; b) expanding the quest for social equity through public health action; c) performing effectively as a service agency; d) making efforts outcome-oriented; and e) being accountable. These operating principles imply several ways to improve how public health activities are planned and managed. They underscore the need for programs to develop clear plans, inclusive partnerships, and feedback systems that allow learning and ongoing improvement to occur. One way to ensure that new and existing programs honor these principles is for each program to conduct routine, practical evaluations that provide information for management and improve program effectiveness. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>)

PROJECT GOALS AND OBJECTIVES

Goal: Assist in the collection, assembly and analysis of data available about the health of the community.

Objective: By September 30, 2008 provide 3 data reports to Ottawa county residents

Measure: Data reports

Goal: To assist in the planning and evaluation of health department programs.

Objective: By September 30, 2008 create Program/evaluation plans for 100% of the Health Promotion programs.

Measure: One plan for each health promotion program

Objective: By September 30, 2008 monitor performance measures for 100% of the Health Promotion programs.

Measure: One evaluation report for each health promotion program

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
Output:				
<i>Continue the efforts of the Ottawa County Youth Assessment Survey committee</i>	N/A	N/A	Complete	Complete
<i>Assist in the analysis of the Youth Assessment Survey data</i>	N/A	N/A	Complete	Complete
<i>Assist in the development of the report of the Youth Assessment Survey</i>	N/A	N/A	Complete	Complete
<i>Assist in the analysis of the Behavioral Risk Factor survey results</i>	N/A	N/A	N/A	Complete
<i>Assist in the development of the report of the Behavioral Risk Factor Survey Data</i>	N/A	N/A	N/A	Complete
<i>Assist in the collection of National, State, and Local data for various topics for Data Watch on a quarterly basis</i>	N/A	N/A	4	4
<i>Assist in the collection of data for the Community Health Profile</i>	N/A	N/A	N/A	N/A
<i>Collect and analyze data from the STI/Family</i>	N/A	N/A	N/A	Complete

Performance Measures:	2005	2006	2007 Estimated	2008 Projected
<i>planning clinic surveys</i>				
<i>Report STI/ Family planning clinic survey results quarterly</i>	N/A	N/A	N/A	4
<i>Assist in the data collection for the BMI screenings</i>	N/A	N/A	N/A	Complete
<i>Assist in the analysis of the BMI data</i>	N/A	N/A	N/A	Complete
<i>Assist in the development of the BMI data report</i>	N/A	N/A	N/A	Complete
<i>Collect miscellaneous data as needed by coalitions or other staff members</i>	N/A	N/A	Complete	Complete
<i>Assist in the creation of goals and objectives for each program.</i>	N/A	N/A	Complete	Complete
<i>Assist in the creation of performance measures for each program.</i>	N/A	N/A	Complete	Complete
<i>Assist in the development of evaluation plans for each of the strategic plans for the community coalitions.</i>	N/A	N/A	N/A	Complete
<i>Create a reporting process for each program to evaluate quarterly progress in their program success (performance measures).</i>	N/A	N/A	N/A	Complete
<i>Continue to collect data and research to prove effectiveness and/ or improve the strategies of prevention programs.</i>	N/A	N/A	N/A	Complete
<i># of community wide data reports are distributed/ available to Ottawa county residents</i>	0	1	1	3
<i>Data Watch reports are distributed quarterly</i>	0	0	4	4
<i># of STI/Family planning reports distributed</i>	0	0	0	4
<i>Each health promotion program has a comprehensive program plan</i>	0	0	5	5
<i>Each health promotion program has an evaluation plan</i>	0	0	0	5
<i>Each health promotion program has a database to track data relevant to their program</i>	0	0	0	5
<i>Each health promotion program has a reporting process in order to measure the process of each implementation</i>	0	0	0	5
<i>Each health promotion program has a report reporting effectiveness by the end of the year.</i>	0	0	0	5
Outcome:				
<i>% positive BRFSS report user rate</i>	0	0	0	95%
<i>% positive YRBS report user rate</i>	0	0	0	95%
<i>% positive BMI report user rate</i>	0	0	0	95%
<i>% positive evaluation from health promotion about process of putting together goals and objectives.</i>	0	0	0	100%
<i>% of Health Promotion programs using performance measure matrix.</i>	0	0	0	100%
<i>% of Health Promotion reporting it's easy to implement their evaluations plan</i>	0	0	0	100%

Resources				
Personnel				
Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Records Processing Clerk II	1.150	0.650		
Records Processing Clerk III	1.000	1.000	1.000	\$33,769
Health Educator	5.700	6.300	6.300	\$286,901
Oral Health Supervisor	1.000	0.500	0.000	\$0
Registered Dietician	0.600	0.500	0.000	\$0
Team Supervisor	0.000	1.050	2.000	\$122,224
Nutritionist	0.000	0.000	0.500	\$24,734
Health Promotion Manager	1.000	1.000	1.000	\$71,285
Health Promotion Supervisor	1.000	0.450	0.000	\$0
Dental Clinic Manager	0.800	0.800	0.800	\$36,960
Dental Hygienist	0.800	0.800	0.800	\$44,806
	<u>13.050</u>	<u>13.050</u>	<u>12.400</u>	<u>\$620,679</u>

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$139,430	\$188,307	\$208,768	\$268,912	\$158,916
Charges for Services	\$37,784	\$20,615	\$9,686	\$14,180	\$9,972
Interest & Rents					
Other Revenue	\$17,039	\$54,513	\$93,397	\$141,716	\$96,918
Total Revenues	<u>\$194,253</u>	<u>\$263,435</u>	<u>\$311,851</u>	<u>\$424,808</u>	<u>\$265,806</u>

Expenditures

Personnel Services	\$602,096	\$693,910	\$738,397	\$845,131	\$935,113
Supplies	\$95,522	\$106,822	\$148,747	\$137,578	\$99,124
Other Services & Charges	\$196,134	\$230,614	\$233,825	\$358,109	\$249,645
Capital Outlay				\$6,308	
Total Expenditures	<u>\$893,752</u>	<u>\$1,031,346</u>	<u>\$1,120,969</u>	<u>\$1,347,126</u>	<u>\$1,283,882</u>

Resources

Personnel

No personnel has been allocated to this department.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Estimated	2008 by Board
Revenues					
Intergovernmental Revenue					
Charges for Services	\$55,134	\$29,969	\$20,459	\$20,400	\$20,400
Interest & Rents					
Other Revenue					
Other Financing Sources	\$42,154	\$40,310	\$43,815	\$41,397	\$39,151
Total Revenues	\$97,288	\$70,279	\$64,274	\$61,797	\$59,551
Expenditures					
Personnel Services	\$329,293	\$154,120			
Supplies	\$101,231	\$112,795	\$120,841	\$117,250	\$117,300
Other Services & Charges	\$226,835	\$631,776	\$658,440	\$696,250	\$683,237
Capital Outlay					
Total Expenditures	\$657,359	\$898,691	\$779,281	\$813,500	\$800,537

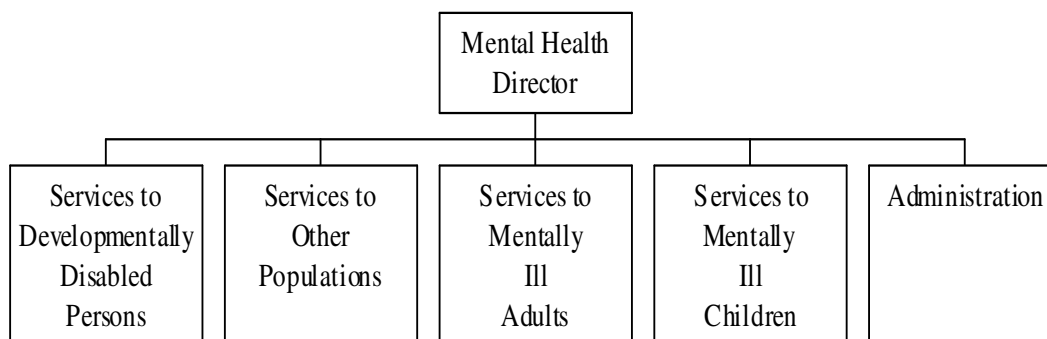
Budget Highlights:

The positions in this department are now contracted out.

Mental Health (2220) Fund Summary

Function Statement

Ottawa County Community Mental Health (CMH) provides services to developmentally disabled children and adults, mentally ill children and adults, and select other populations. Below is a budget summary for the entire fund. Subsequent pages provide information for each of the populations served and CMH administration.



	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$25,378,817	\$27,089,930	\$28,033,325	\$29,697,313	\$30,220,164
Charges for Services	\$834,652	\$398,264	\$547,468	\$371,583	\$381,313
Rents		\$187,935	\$147,593	\$157,398	\$160,948
Interest		\$23,943	\$45,933	\$54,584	\$92,000
Other Revenue	\$43,930	\$65,816	\$72,863	\$92,365	\$42,375
Other Financing Sources	\$476,500	\$476,500	\$476,500	\$476,500	\$583,631
Total Revenues	\$26,733,899	\$28,242,388	\$29,323,682	\$30,849,743	\$31,480,431
Expenditures					
Personnel Services	\$10,183,301	\$11,066,578	\$11,049,670	\$11,598,343	\$12,004,656
Supplies	\$417,698	\$453,008	\$529,231	\$574,312	\$611,853
Other Services & Charges	\$16,105,798	\$16,706,281	\$18,162,179	\$18,759,757	\$18,770,310
Capital Outlay	\$259,401	\$50,000			
Other Financing Uses					
Total Expenditures	\$26,966,198	\$28,275,867	\$29,741,080	\$30,932,412	\$31,386,819

Fund: (2220) Mental Health

The following indicators have been identified by the Michigan Department of Community Health and the Ottawa County CMH Board as critical indicators of performance for CMH of Ottawa County. These indicators represent agency-wide performance indicators.

Goal: Timeliness of inpatient screens assesses CMH’s ability to respond to persons in crisis who are at risk of inpatient hospitalization. Timely response is clinically necessary, but the careful management of inpatient admissions is vital for financial performance as well.

Objective: Screening will be complete within 3 hours of the crisis request.

Goal: Days between initial request and first face to face assessment is another access indicator that measures timely initiation into the CMH service network. This is a measure of the effectiveness of our system to get consumers into services without long delays.

Objective: 95% of consumers requesting service should receive their first service within 14 days of the request.

Goal: Days between the first assessment and ongoing services is a related measure that assures that consumers are not brought into services only to go on program waiting lists.

Objective: 95 % of consumers assessed will receive their next ongoing service within 14 days.

Goal: The indicator on recidivism measures the number of readmissions to inpatient hospitals within a 30 day period. This is a measure of the effectiveness of CMH’s follow-up after discharge, as well as the appropriateness of discharge planning for persons hospitalized.

Objective: No more than 15% of persons discharged will be readmitted within 30 days.

Goal: The indicator on continuity of care measures CMH response to consumers who are discharged from inpatient.

Objective: Persons discharged from hospitals should be seen for follow-up within 7 days. Ottawa is compared against the rest of the state on this measure, but there is no minimum standard.

Goal: Medicaid penetration rate compares the number of Medicaid covered consumers against the total Medicaid eligible population in the county.

Objective: Ottawa’s percentage is compared against other counties in the state.

Service Area	Actual 2005	Actual 2006	Estimated 2007	Budgeted 2008
Persons in Crisis will be screened within 3 hours of request (Standard: 95%)				
Children	100%	96.8%	97%	95%
Adult	99.8%	95.7%	98%	95%
Persons will receive their first face to face assessment within 14 days of the request for service.				
	96.9%	97.5%	98%	95%
Access – Timeliness Measure				
Persons will receive their first ongoing service within 14 days of the initial assessment (Standard: 95%)				
	91.4%	96.5%	95%	95%
Recidivism – Inpatient Care				
The percentage of persons readmitted to inpatient psychiatric units within 30 days of discharge will not be greater than 15%. (Standard 15%)				
Children	6.6%	5.6%	5%	15%
Adults	6.5%	5.6%	8%	15%
Continuity of Care – Follow Up to Inpatient				
Persons discharged from inpatient care will be seen for follow up care within 7 days.				
Children	00%	92.3%	95%	95%
Adults	98.4%	98.4%	98%	98%
Medicaid Population Served				
Number of Medicaid consumers served by CMH as a percentage of the total Medicaid eligible population in Ottawa County.				
	CMH 6.3-6.7%	CMH 5.5-6.2%	CMH 5.2-6.2%	CMH 5.6%
(Compared to state rates)				
	N/A	N/A	N/A	N/A

No State data is produced; # of Medicaid eligibles is increasing (up to 19,295 in April 2007 from 17,975 in October 2005).

Resources**Personnel**

Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Program Supervisor	1.000	1.000	1.000	\$69,034
Program Coordinator-County	0.860	0.000	0.080	\$5,038
Mental Health Clinician	2.500	2.000	3.000	\$130,345
Occupational Therapist	1.000	1.000	1.000	\$52,647
Speech Therapist	0.500	0.500	0.500	\$26,324
Mental Health Nurse	1.750	0.750	1.500	\$69,750
Team Supervisor - M Health	4.000	4.000	4.000	\$228,579
Mental Health Clinician III	1.000	1.000	0.000	\$0
Mental Health Specialist	22.700	21.700	21.700	\$933,702
Mental Health Aide	51.000	36.000	41.000	\$1,192,648
Recipient Right & Info Officer	0.500	0.320	0.320	\$18,383
Mental Health Trainer	2.000	1.000	1.000	\$43,428
Account Clerk I	0.060	0.000	0.000	\$0
Records Processing Clerk III	0.700	0.700	0.700	\$22,220
	89.570	69.970	75.800	\$2,792,096

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$15,875,201	\$16,960,879	\$17,863,811	\$18,536,444	\$18,870,846
Charges for Services	\$649,387	\$203,816	\$337,515	\$254,300	\$271,458
Rents		\$187,935	\$147,593	\$157,398	\$160,948
Other Revenue	\$23,118	\$53,956	\$46,781	\$53,440	\$36,900
Total Revenues	\$16,547,706	\$17,406,586	\$18,395,700	\$19,001,582	\$19,340,152

Expenditures

Personnel Services	\$3,634,130	\$4,108,770	\$4,035,314	\$4,002,424	\$4,264,681
Supplies	\$92,851	\$40,750	\$45,213	\$36,730	\$57,927
Other Services & Charges	\$10,542,361	\$11,026,022	\$11,995,268	\$12,324,400	\$12,637,877
Capital Outlay					
Total Expenditures	\$14,269,342	\$15,175,542	\$16,075,795	\$16,363,554	\$16,960,485

Budget Highlights:

Personnel Services increased due to salary distribution changes. The five Mental Health Aides were not eliminated as reflected in the 2007 budget.

Resources

Personnel

Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Program Coordinator	0.100	0.020	0.020	\$1,261
Mental Health Specialist	0.000	0.250	0.250	\$10,857
	0.100	0.270	0.270	\$12,118

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$157,374	\$361,673	\$355,566	\$326,594	\$351,947
Total Revenues	\$157,374	\$361,673	\$358,598	\$326,594	\$351,947

Expenditures

Personnel Services	\$6,302	\$13,113	\$15,594	\$16,786	\$17,537
Other Services & Charges	\$110,679	\$257,330	\$262,380	\$290,873	\$312,942
Total Expenditures	\$116,981	\$276,636	\$277,974	\$307,659	\$330,479

Resources

Personnel

Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Program Coordinator-County	2.940	3.100	2.770	\$174,441
Psychiatrist	2.000	1.000	1.000	\$189,604
Mental Health Clinician	17.500	19.000	18.000	\$862,419
Mental Health Nurse	5.500	4.500	4.500	\$188,130
Clinical Nurse	0.000	1.000	1.000	\$68,911
Records Processing Clerk I	0.000	0.000	1.000	\$26,526
Team Supervisor	5.000	6.000	6.000	\$316,182
Mental Health Specialist	20.150	21.350	21.150	\$874,651
Residential Worker	15.000	15.000	15.000	\$474,834
Medical Assistant	1.000	1.000	1.000	\$31,742
Nursing Supervisor	0.800	0.800	0.800	\$42,795
Accountant - MH	0.000	0.000	0.170	\$7,770
Account Clerk II	0.000	1.000	0.00	\$0.00
Account Clerk I	1.880	1.000	2.000	\$61,062
	71.770	74.750	74.390	\$3,319,069

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$8,933,297	\$9,235,886	\$9,812,112	\$10,352,960	\$10,429,054
Charges for Services	\$126,107	\$110,230	\$113,290	\$103,050	\$101,331
Rents					
Other Revenue	\$10,638	\$10,605	\$22,578	\$38,375	\$5,175
Total Revenues	\$9,070,042	\$9,356,721	\$9,947,980	\$10,494,385	\$10,535,560

Expenditures

Personnel Services	\$4,049,199	\$4,367,204	\$4,422,670	\$4,896,371	\$5,085,776
Supplies	\$110,837	\$225,886	\$341,543	\$360,902	\$477,564
Other Services & Charges	\$3,291,387	\$3,107,386	\$3,425,629	\$3,548,450	\$3,385,189
Total Expenditures	\$7,451,423	\$7,700,476	\$8,189,842	\$8,805,723	\$8,948,529

Budget Highlights:

The number of consumers receiving injectable medications increased Supplies. Client care expenditures decreased Other Services & Charges due to fewer consumers, fewer days of care, and lower rates.

Resources

Personnel

Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Program Coordinator	0.400	0.100	0.530	\$33,379
Account Clerk I	0.060	0.000	0.000	\$0
Mental Health Clinician	2.000	2.000	2.000	\$98,877
	<u>2.460</u>	<u>2.100</u>	<u>2.530</u>	<u>\$132,256</u>

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$394,023	\$514,906	\$518,420	\$473,013	\$560,015
Charges for Services	\$1,604	\$4,799	\$7,061	\$3,433	\$1,500
Rents					
Other Revenue					
Total Revenues	<u>\$395,627</u>	<u>\$519,705</u>	<u>\$525,481</u>	<u>\$476,446</u>	<u>\$561,515</u>

Expenditures

Personnel Services	\$84,190	\$149,594	\$140,417	\$143,925	\$189,914
Supplies	\$267	\$279		\$425	\$975
Other Services & Charges	\$259,603	\$287,687	\$298,966	\$279,052	\$284,659
Capital Outlay					
Total Expenditures	<u>\$344,060</u>	<u>\$437,560</u>	<u>\$439,383</u>	<u>\$423,402</u>	<u>\$475,548</u>

Budget Highlights:

Medicaid Capitated revenue (included in Intergovernmental Revenue) is higher in 2008 due to increased direct costs.

Resources				
Personnel				
Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Account Clerk I	4.500	3.000	2.250	\$73,805
Account Clerk II	1.000	2.500	2.250	\$68,016
Accountant I	1.000	1.000	1.000	\$39,168
Accountant - M.H. Billing	1.000	1.000	0.830	\$37,935
Administrative Assistant	2.000	1.375	1.250	\$49,035
Administrative Sec I	0.000	0.625	0.750	\$29,421
CMH Business Manager	1.000	1.000	1.000	\$62,972
Community. Dev. & Relations Coordinator	1.000	1.000	1.000	\$46,500
Compliance Manager	1.000	1.000	1.000	\$52,402
Contract Manager	1.000	1.000	1.000	\$49,438
Cost Analyst	1.000	1.000	1.000	\$46,500
Director of QI & Planning	1.000	1.000	1.000	\$62,972
Licensed Psychologist	0.500	0.000	0.000	\$0
Medical Records Assistant	1.000	1.000	1.000	\$37,683
Mental Health Director	1.000	1.000	1.000	\$90,428
Nursing Supervisor	0.200	0.200	0.200	\$10,699
Personnel Specialist	0.500	0.500	0.500	\$30,313
Program Coordinator- County	1.780	1.780	0.600	\$37,788
Program Director	1.000	1.000	1.000	\$82,955
Program Evaluator	1.000	1.000	1.000	\$40,240
Programmer	0.500	0.000	0.000	\$0
Programmer/ Analyst	0.500	1.000	1.000	\$60,372
Quality Improvement/ Managed Care Asst	1.000	1.000	1.000	\$46,500
Quality Improvement Asst	0.000	1.000	1.000	\$31,625
Recipient Rights	0.500	0.680	0.680	\$39,063
Recipient Rights & Info Officer	1.000	1.000	1.000	\$47,804
Records Processing Clerk III	6.000	2.000	2.000	\$62,707
Records Processing Clerk II	9.250	12.250	11.250	\$321,269
Senior Accountant	0.500	0.500	0.500	\$28,723
	41.730	41.410	38.060	\$1,586,334

Resources					
Funding	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Revenues					
Intergovernmental Revenue	\$18,922	\$16,586	-\$516,584	\$8,302	\$8,302
Charges for Services	\$57,554	\$79,419	\$89,602	\$10,800	\$7,024
Rents					
Interest		\$23,943	\$45,933	\$54,584	\$92,000
Other Revenue	\$10,174	\$1,255	\$472	\$550	\$300
Other Financing Sources	\$476,500	\$476,500	\$476,500	\$476,500	\$583,631
Total Revenues	\$563,150	\$597,703	\$95,923	\$550,736	\$691,257
Expenditures					
Personnel Services	\$2,409,480	\$2,427,897	\$2,435,675	\$2,538,837	\$2,446,748
Supplies	\$213,743	\$179,900	\$142,475	\$176,255	\$75,387
Other Services & Charges	\$1,901,768	\$2,027,856	\$2,179,936	\$2,316,982	\$2,149,643
Capital Outlay	\$259,401	\$50,000			
Other Financing Uses					
Total Expenditures	\$4,784,392	\$4,685,653	\$4,758,086	\$5,032,074	\$4,671,778

Budget Highlights:

Estimated investment returns are increasing, so the interest revenue is increasing. The operating transfer reflected in Other Financing Sources is increasing to reflect the portion of rent charged to Mental Health that is ineligible for reimbursement. More computers were purchased in 2007, decreasing Supplies.

Function Statement

The Workforce Investment Act (WIA) provides employment training to youth, adults, and dislocated workers by means of a "one stop" system. Services for adults and dislocated workers may include core services, intensive services, training services, and discretionary services (customized screening and referral of participants and customized services to employers, supportive services, and needs-related payments). Services for youth may include tutoring, study skills training, and dropout prevention activities, alternative secondary school services, summer employment opportunities, paid and unpaid work experience, and occupational skills training.

Resources

Personnel	2006	2007	2008	2008
Position Name	# of Positions	# of Positions	# of Positions	Budgeted Salary
Director - E & T	1.000	1.000	1.000	\$68,440
Program Supervisor - MI Works	3.000	3.000	3.000	\$152,567
Fiscal Supervisor	1.000	1.000	1.000	\$50,855
Senior Secretary	1.000	1.000	1.000	\$35,414
Contract Monitor	1.000	1.000	1.000	\$43,824
Assessment & Eligibility Specialist	4.000	7.000	7.000	\$228,435
Housing Specialist	2.000	0.000	0.000	\$0
Case Manager	1.000	1.000	1.000	\$43,446
Career Counselor	1.000	1.000	1.000	\$38,729
Account Clerk II	1.000	1.000	1.000	\$35,800
Records Processing Clerk IV	1.000	1.000	1.000	\$35,800
Marketing Assistant - MI Works	0.000	0.500	1.000	\$42,904
Records Processing Clerk II	0.200	0.200	0.200	\$2,671
	17.200	18.700	19.200	\$778,885

Workforce Investment Act (WIA) provides administration oversight on more than twenty different grants. These grants provide an array of services to youths and adults and are accounted for in the appropriate fund depending on the funding service and grant period. See individual WIA funds for specific grant services provided.

Funding

	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Revenues					
Intergovernmental Revenue	\$71,704	\$131,672	\$160,151	\$195,045	\$236,625
Other Revenue	\$200	\$450			
Other Financing Sources					
Total Revenues	\$71,904	\$132,122	\$160,151	\$195,045	\$236,625
Expenditures					
Personnel Services	\$50,199	\$87,114	\$84,678	\$132,031	\$166,586
Supplies	\$3,029	\$5,328	\$3,513	\$10,214	\$5,138
Other Services & Charges	\$18,474	\$39,234	\$71,962	\$52,800	\$64,901
Capital Outlay					
Total Expenditures	\$71,702	\$131,676	\$160,153	\$195,045	\$236,625

Fund (2741) Workforce Investment Act - Youth

Function Statement

The Workforce Investment Act (WIA) – Youth Program provides employment training to both in-school and out-of-school youths, ages 14 – 21. This program provides study skills and tutoring, alternative secondary school, summer employment, paid and unpaid work experience, occupational skill training, guidance and counseling, supportive services and others. The Workforce Investment Act funding was new in July of 2000 and funds many of the same client groups as the Jobs Training Partnership Act which ended 6/30/00.

Mission Statement

Provide employment training to eligible youth, adults, dislocated workers and welfare recipients.

MICHIGAN WORKS YOUTH

Goal: To increase the employment, retention and earnings of youth, and/or increase basic and work readiness skills.

Objective: To serve eligible youth by providing employment training to in-school and out-of-school youth.

Measure: # of youth who obtain employment

Measure: # of youth who receive training

Objective: Track youth employment retention and earning information.

Measure: # of youth who retain jobs

Measure: Measure average change in earnings

Objective: Increase basic and work readiness skills of youth.

Measure: Measure credential rate or skill attainment rate

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
# of youth who receive training (older youth)	N/A	35	35	35
# of youth who receive training (younger youth)	N/A	76	64	64
Credential/ skill attainment rate (older youth)	N/A	96%	85%	85%
Credential/ skill attainment rate (younger youth)	N/A	120%	140%	140%
<i>Outcome:</i>				
% of youth who obtain employment (older youth)	N/A	76%	79%	79%
% of youth who retain jobs (older youth)	N/A	100%	80%	80%
Average change in earnings (older youth)	N/A	\$2,853	\$2,500	\$2,500

* Numbers are dependent on receipt of funding.

Fund: 2741 Workforce Investment Act - Youth

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$311,243	\$514,779	\$615,420	\$775,738	\$635,578
Other Revenue					
Other Financing Sources					
Total Revenues	\$311,243	\$514,779	\$615,420	\$775,738	\$635,578
Expenditures					
Personnel Services	\$41,644	\$70,066	\$94,266	\$78,742	\$108,342
Supplies	\$3,609	\$1,593	\$1,818	\$3,212	\$2,890
Other Services & Charges	\$265,989	\$443,118	\$519,334	\$693,784	\$524,346
Capital Outlay					
Total Expenditures	\$311,242	\$514,777	\$615,418	\$775,738	\$635,578

Fund: (2742) Workforce Investment Act - Adult

Function Statement

The Workforce Investment Act (WIA) – Adult Program provides employment training primarily to adults facing serious barriers to employment. This program has three main functions: 1) Core Services provide basic intake and registration tasks, 2) Intensive Services provide classroom training, work experience, and supportive services such as transportation and child care, and 3) Training Services provide occupational and on-the-job training.

Mission Statement

Provide employment training to eligible youth, adults, dislocated workers and welfare recipients.

Goal: To increase the employment, retention and earnings of adults.

Objective: To serve adults by providing employment training to eligible adults.

Measure: Number of adults who obtain employment

Measure: Number of adults who receive training

Objective: Track adult employment retention and earnings information

Measure: Number of adults who retain jobs

Measure: Track replacement wages of eligible adults

Objective: Track credential rates of eligible adults.

Measure: Measure credential rate

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
<i>% of adults who receive training</i>	N/A	40%	45%	45%
<i>Credential/ skill attainment rate</i>	N/A	86%	91%	91%
<i>Outcome:</i>				
<i>% of adults who obtain employment</i>	N/A	81%	87%	87%
<i>% of adults who retain jobs</i>	N/A	72%	80%	80%
<i>Replacement wages of eligible adults</i>	N/A	\$4,991	\$10,000	\$10,000

* Numbers are dependent on receipt of funding.

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$253,503	\$422,199	\$425,048	\$605,045	\$407,272
Other Revenue			\$530		
Total Revenues	\$253,503	\$422,199	\$425,578	\$605,045	\$407,272
Expenditures					
Personnel Services	\$51,306	\$48,543	\$72,583	\$47,843	\$69,695
Supplies	\$4,547	\$15,689	\$1,634	\$8,337	\$1,606
Other Services & Charges	\$197,650	\$339,689	\$360,865	\$548,865	\$335,971
Capital Outlay		\$8,771			
Total Expenditures	\$253,503	\$412,692	\$435,082	\$605,045	\$407,272

Budget Highlights:

Grant award and carry in dollar notifications for some programs were received after the budget process.

Fund: (2743) Workforce Investment Act – 6/30 Grant Programs

Function Statement

The Workforce Investment Act (WIA) – 6/30 Grant Programs fund provides employment training primarily to adult dislocated workers. This program has three main functions: 1) Core Services provide basic intake and registration tasks, 2) Intensive Services provide classroom training, work experience, and supportive services such as transportation and child care, and 3) Training Services provide occupational and on-the-job training. The Workforce Investment Act funds many of the same client groups as the Jobs Training Partnership Act funding which ended 6/30/00.

Mission Statement

Provide employment training to eligible youth, adults, dislocated workers and welfare recipients.

Goal: To increase the employment, retention and earnings of dislocated workers.

Objective: To serve adults by providing employment training to eligible dislocated workers.

Measure: Number of dislocated workers who obtain employment

Measure: Number of dislocated workers who receive training

Objective: Track dislocated worker employment retention and earnings information.

Measure: Number of dislocated workers who retain jobs

Measure: Measure average change in earnings

Objective: Track credential rates of eligible dislocated workers.

Measure: Measure credential rate

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
% of dislocated workers who receive training	N/A	44%	34%	34%
Credential/ skill attainment rate	N/A	97%	18%	18%
<i>Outcome:</i>				
% of dislocated workers who obtain employment	N/A	93%	63%	63%
% of dislocated workers who retain jobs	N/A	86%	88%	88%
Replacement wages of eligible dislocated workers	N/A	\$3,213	\$12,200	\$12,200

* Numbers are dependent on receipt of funding.

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$1,344,348	\$1,907,392	\$1,676,004	\$2,005,192	\$1,600,567
Other Revenue					\$3,013
Total Revenues	\$1,344,348	\$1,907,392	\$1,676,004	\$2,005,192	\$1,603,580

Expenditures

Personnel Services	\$162,352	\$199,194	\$124,209	\$223,671	\$199,719
Supplies	\$39,619	\$86,311	\$78,588	\$58,348	\$10,266
Other Services & Charges	\$1,143,407	\$1,503,484	\$1,484,954	\$1,723,173	\$1,390,582
Capital Outlay		\$8,771			
Total Expenditures	\$1,345,378	\$1,797,760	\$1,687,751	\$2,005,192	\$1,600,567

Budget Highlights:

Grant award and carry in dollar notifications for some programs were received after the budget process.

A few grants were discontinued.

Fund: (2744) Workforce Investment Act – 12/31 Grant Programs

Function Statement

This fund records the Community Development Block Grant which provides home rehabilitation and emergency home repair assistance to eligible homeowners.

Mission Statement

Reduce the effects of poverty within Ottawa County.

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Goal: To improve the living conditions of low-income families.

Objective: To provide home rehabilitation to homeowners.

Measure: Number of homes receiving rehabilitation

Objective: To provide emergency repairs to homeowners.

Measure: Number of homes receiving emergency repair

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
<i># of homes receiving rehabilitation</i>	N/A	7	10	10
<i># of homes receiving emergency repair</i>	N/A	2	4	4

* Numbers are dependent on receipt of funding.

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$169,818	\$252,273	\$54,532	\$611,167	\$337,906
Charges for Services	\$2,230	\$15,980	\$15,188		
Other Revenue	\$24,641	\$90,144	\$68,689		
Other Financing Sources			\$55,742		
Total Revenues	\$196,689	\$358,397	\$194,151	\$611,167	\$337,906

Expenditures

Personnel Services	\$41,555	\$45,590	\$12,574	\$75,708	\$62,055
Supplies	\$1,899	\$1,356	\$1,629	\$2,033	\$1,608
Other Services & Charges	\$152,777	\$258,903	\$188,356	\$533,426	\$274,243
Capital Outlay					
Total Expenditures	\$196,231	\$305,849	\$202,559	\$611,167	\$337,906

Budget Highlights:

Grant award and carry in dollar notifications for two programs were received after the budget process.

Fund: (2748) Workforce Investment Act – 9/30 Grant Programs

Function Statement

The Work First grant from the State of Michigan provides counseling, job referral, and job placement services.

Mission Statement

Provide employment training to eligible youth, adults, dislocated workers and welfare recipients.

Goal: To increase the employment, retention and earnings of welfare recipients.

Objective: To serve welfare recipients by providing employment and training.

Measure: Number of welfare recipients who obtain employment

Measure: Number of welfare recipients who receive training

Objective: Track welfare recipients' employment retention and earnings information.

Measure: Number of welfare recipients who retain jobs

Measure: Cases closed due to earnings

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
# of welfare recipients who receive training	N/A	10%	10%	10%
<i>Outcome:</i>				
% of welfare recipients who obtain employment	N/A	48%	60%	60%
% of welfare recipients who retain jobs	N/A	42%	55%	55%
% of cases closed due to earnings	N/A	30%	35%	35%

* Numbers are dependent on receipt of funding.

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$1,470,598	\$1,188,804	\$1,299,845	\$1,393,894	\$769,268
Other Revenue	\$632				
Total Revenues	\$1,471,230	\$1,188,804	\$1,299,845	\$1,393,894	\$769,268
Expenditures					
Personnel Services	\$99,178	\$140,496	\$214,052	\$235,677	\$202,593
Supplies	\$137,257	\$60,675	\$26,981	\$17,026	\$8,456
Other Services & Charges	\$1,227,097	\$939,205	\$1,087,300	\$1,141,191	\$558,219
Total Expenditures	\$1,463,532	\$1,140,376	\$1,328,333	\$1,393,894	\$769,268

Budget Highlights:

The 2008 Budget does not reflect all Grant awards because we were not notified of the amounts until after the preparation of the above statement.

Fund: 2749 Workforce Investment Act - 3/31 Grant Programs

Function Statement

This fund accounts for various fiscal year ending 3/31 grants.

Resources

Personnel

Personnel information is reported in Fund 2740.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$43,700	\$22,453	\$39,848	\$26,378	\$16,780
Other Revenue					
Total Revenues	\$43,700	\$22,453	\$39,848	\$26,378	\$16,780
Expenditures					
Personnel Services	\$10,950	\$3,712	\$6,248	\$1,626	
Supplies	\$247	\$79	\$3,746	\$2,227	
Other Services & Charges	\$32,502	\$18,664	\$29,852	\$22,525	\$16,780
Total Expenditures	\$43,699	\$22,455	\$39,846	\$26,378	\$16,780

Budget Highlights:

This fund can vary depending on whether grants have been extended or have ended as well as the award amount received from the State. Consequently, the budget can vary significantly from year to year.

Fund: (2800) Emergency Feeding

Function Statement

The Emergency Feeding Program distributes surplus USDA food items four months out of the year to eligible applicants. The Commodities Supplemental Food Program (CSFP) distributes twelve months out of the year to eligible seniors and Mothers, Infants and Children program applicants.

Mission Statement

Reduce the effects of poverty within Ottawa County.

COMMUNITY SUPPLEMENTAL FOOD PROGRAM/THE EMERGENCY FOOD ASSISTANCE PROGRAM (CSFP/TEFAP)

Goal: To strengthen needy families by providing food assistance.

Objective: To provide USDA supplemental foods to eligible households monthly (CSFP).

Measure: Number of individuals obtaining food monthly

Objective: To provide The Emergency Food Assistance Program (TEFAP) quarterly.

Measure: Number of individuals receiving food quarterly

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
# of individuals obtaining food monthly	N/A	5,242	5,136	5,172
# of individuals receiving food quarterly	N/A	3,552	2,664	3,552

* Numbers are dependent on receipt of funding.

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Revenues					
Intergovernmental Revenue	\$44,164	\$44,088	\$197,292	\$154,000	\$170,464
Total Revenues	<u>\$44,164</u>	<u>\$44,088</u>	<u>\$197,292</u>	<u>\$154,000</u>	<u>\$170,464</u>
Expenditures					
Personnel Services	\$8,521	\$21,127	\$17,599	\$8,804	\$18,523
Supplies	\$9,564	\$1,632	\$137,012	\$121,443	\$120,644
Other Services & Charges	\$26,078	\$21,325	\$25,016	\$23,753	\$31,297
Total Expenditures	<u>\$44,163</u>	<u>\$44,084</u>	<u>\$179,627</u>	<u>\$154,000</u>	<u>\$170,464</u>

Budget Highlights:

The 2007 Budget does not reflect all grant awards because the department received notification of additional grant awards after the budget was adopted.

Fund: 2810 Federal Emergency Management Agency (FEMA)

Function Statement

This fund is used to account for monies received through the Emergency Food and Shelter National Board program for utility payments to prevent utility disconnection or heating source loss in households that have exhausted all other resources and do not qualify for other Community Action emergency funds.

Resources

Personnel

No personnel has been allocated to this department.

Funding

Budget Summary	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Revenues					
Intergovernmental Revenue	\$4,400	\$5,000	\$20,000	\$20,000	
Total Revenues	<u>\$4,400</u>	<u>\$5,000</u>	<u>\$20,000</u>	<u>\$20,000</u>	
Expenditures					
Other Services & Charges	\$4,400	\$5,000	\$20,000	\$20,000	
Total Expenditures	<u>\$4,400</u>	<u>\$5,000</u>	<u>\$20,000</u>	<u>\$20,000</u>	

Budget Highlights:

No grant confirmation was received at budget time. Consequently, nothing is budgeted for 2008.

Fund: (2870) Community Action Agency

Function Statement

The Community Action Agency fund is used to account for grant monies to be applied to various community programs for the impoverished residents of Ottawa County. Such grants include employment activities, income management, housing, emergency assistance, and nutrition.

Mission Statement

Reduce the effects of poverty within Ottawa County

Goal: To effectively administer Community Action Agency programs and provide effective customer service by promoting effective partnerships with other agencies.

Objective: To effectively administer Community Action Agency (CAA) programs.

Measure: Utilization of Community Action Agency budget dollars

Objective: To create and maintain partnerships among supporters and providers of service.

Measure: Number of partnerships created/maintained

Objective: To assist every household seeking assistance.

Measure: Number of applicants assisted

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
<i>Utilization of CAA budget dollars</i>	N/A	\$216,189	\$219,114	\$220,000
<i># of partnerships created/maintained</i>	N/A	26	30	35
<i># of applicants assisted</i>	N/A	4,220	5,064	6,076

* Numbers are dependent on receipt of funding.

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004	2005	2006	2007 Current Year Estimated	2008 Adopted by Board
	Actual	Actual	Actual	Estimated	by Board
Revenues					
Intergovernmental Revenue	\$313,696	\$406,965	\$477,256	\$642,372	\$437,976
Other Revenue	\$26,459	\$18,992	\$36,917	\$37,126	\$20,000
Other Financing Sources	\$29,000	\$29,000	\$29,000	\$29,000	\$29,000
Total Revenues	\$369,155	\$454,957	\$543,173	\$708,498	\$486,976
Expenditures					
Personnel Services	\$168,753	\$200,845	\$218,874	\$376,886	\$324,674
Supplies	\$14,771	\$32,426	\$70,058	\$76,918	\$11,757
Other Services & Charges	\$189,064	\$214,573	\$217,669	\$254,694	\$150,545
Other Financing Uses	\$939		\$55,742		
Total Expenditures	\$373,527	\$447,844	\$562,343	\$708,498	\$486,976

Budget Highlights:

This fund can vary depending on whether grants have been extended or have ended as well as the award amount received from the State. Consequently, the budget can vary significantly from year to year.

Fund: (2890) Weatherization

Function Statement

The Weatherization Program supplies funds for weatherizing homes of the disadvantaged, elderly, and impoverished persons. The Weatherization Program also provides energy education.

Mission Statement

Reduce the effects of poverty within Ottawa County

Goal: To improve the conditions in which low-income persons live.

Objective: To provide energy education to customers.

Measure: Number of individuals receiving energy-saving education

Objective: To provide energy-savings measures to eligible participants.

Measure: # of homes receiving energy-saving measures

Measure	2005	2006	2007 Estimated	2008 Projected *
<i>Output:</i>				
<i># of individuals receiving energy-saving education</i>	N/A	141	80	80
<i># of homes receiving energy-saving measures</i>	N/A	120	58	58

* Numbers are dependent on receipt of funding.

Resources

Personnel

Personnel information is recorded in Fund 2740.

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$246,372	\$185,726	\$306,793	\$268,980	\$175,180
Other Financing Sources	\$939				
Total Revenues	\$247,311	\$185,726	\$306,793	\$268,980	\$175,180
Expenditures					
Personnel Services	\$41,759	\$34,830	\$82,987	\$65,791	\$31,557
Supplies	\$69,029	\$70,033	\$175,530	\$154,855	\$102,606
Other Services & Charges	\$136,527	\$80,863	\$48,270	\$48,334	\$41,017
Total Expenditures	\$247,315	\$185,726	\$306,787	\$268,980	\$175,180

Budget Highlights:

Grant awards can fluctuate based on need.

Fund: 2900 Family Independence Agency

Function Statement

This fund is used primarily to account for the State of Michigan Department of Human Services activities in Ottawa County. These services include welfare, child protection services, and various other assistance programs to disadvantaged citizens. Currently, the County assists in funding a program aimed at improving parenting skills.

Resources

Personnel

Position Name	2006 # of Positions	2007 # of Positions	2008 # of Positions	2008 Budgeted Salary
Director	1.000	1.000	0.000	\$0
Family Resource Technician	1.000	0.000	0.000	\$0
Family Resource Specialist	7.750	8.750	1.000	\$47,338
	9.750	9.750	1.000	\$47,338

Funding

	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$300,341	\$225,581	\$196,035	\$240,000	\$240,000
Charges for Services	\$36,420	\$35,658	\$44,856	\$39,060	\$36,000
Interest and Rents					
Other Revenue	\$726	\$300	\$565	\$832	
Other Financing Sources	\$683,127	\$702,578	\$731,564	\$729,070	\$278,862
Total Revenues	\$1,020,614	\$964,117	\$973,020	\$1,008,962	\$554,862
Expenditures					
Personnel Services	\$579,905	\$591,427	\$592,136	\$655,129	\$57,014
Supplies	\$310,312	\$221,826	\$188,860	\$234,582	\$228,850
Other Services & Charges	\$99,930	\$113,906	\$116,658	\$118,390	\$268,998
Operating Transfers					\$500,000
Total Expenditures	\$990,147	\$927,159	\$897,654	\$1,008,101	\$1,054,862

Budget Highlights:

The Planning and Grants department completed an evaluation of the Parenting Plus program and noted low program completion rates, low caseloads and high per client costs which in turn necessitated a difficult decision to decrease County funding, eliminating 8.75 positions. Also, in July of 2007, the Board approved a transfer of \$500,000 to cover a portion of the Grand Haven and West Olive building project costs.

Function Statement

To administer justice, provide restorative services and apply the law with equality, integrity and timeliness through trained courteous staff in a manner that inspires public trust.

Goal: To reduce juvenile delinquency

Detention

Objective: Improve detainee behavior

Measure: Increase daily average, upper level detainees by 2 per day

Juvenile Community Interventions (JCJ)

Objective: Expand community-based programs to meet the need for alternatives to Detention programming

Measure: Evaluate existing programs for efficacy and need

Measure: Increase programming for supervised community services programming by one session per month

Objective: Reduce the number of Detention days for Court Wards

Measure: Increase the use of community-based and prevention-focused programs by 10%

Measure: Track the number of referrals to community partner agencies that operate prevention, restorative and intervention programs

Measure: Track the number of referrals to court-operated intervention programs

Objective: Increase foster care options by 1 home

Measure: Identify 4 resources for advertising the need for foster homes

Measure: Identify and present to at least 3 community organizations for the purpose of creating interest and generating new foster home applicants

Objective: Reduce the number of days youth remain in foster care by 5% with the exception of JCJ program youth

Measure: Track and report on a monthly basis how many days each youth has resided in foster care

Measure: Establish a monthly progress report of each youth residing in foster care

Objective: Reduce the number of days used for out-of-home residential, treatment care by 3%

Measure: Establish target exit dates for each youth placed upon entry into program

Measure: Track total number of days youth reside in residential, treatment facilities

Objective: Maintain a high level of diversity, quality and casework staff participation of training opportunities

Measure: Track staff participation in training (number and types of training)

Measure: Evaluate saliency of each training utilizing evaluation instrument

Treatment

Objective: Reduce the number of adjudications for new law violations by 3%

Measure: Track the number of adjudications per youth in Courage, Choice and JCJ

Objective: Reduce the number days of out-of-home Detention by 5%

Measure: Track the number of juveniles placed in Detention from the Courage Program

Intensive Surveillance Program (ISP)

Objective: Reduce the number of adjudications for new law adjudications by 3%

Measure: Track adjudications prior to entry into ISP and during participation in ISP

Goal: To provide quality resources for professional staff

Detention

Objective: Seek to obtain American Correctional Association re-accreditation

Measure: Obtain American Correctional Association accreditation by January 2007

Objective: Increase the utilization of Detention's resources

Measure: Increase bed rental by one bed to outside counties

Juvenile Community Interventions

Objective: Provide resource materials for professional development of staff and use in community-based programs

Measure: Establish a library of materials for staff reference and use in community-based programming and staff development that includes videos, educational tools and written materials

Objective: Increase staff training and professional development

Measure: Provide 4 trainings for professional staff development reflecting the needs of staff

Measure: Implement and/or support the implementation of a centralized Training Committee for the Courts per the Court’s Strategic Plan

Treatment, Intensive Surveillance Program

Objective: Increase staff training and professional development

Measure: Staff will attend 4 trainings for professional staff development reflecting the needs of the Court and program.

Measure: Implement and/or support the implementation of a centralized Training Committee for the Courts per the Court’s Strategic Plan

Goal: To provide exceptional facilities for all Court users

Detention

Objective: Update Technology to assist in the management of day-to-day operations

Measure: Install Midstate security system which includes the replacement of all electronic door locks within detention 2nd quarter of 2007 budget year

Measure: Install updated cameras and recording hardware to color and digital by 2nd quarter of 2007 budget year

Measure: Reconfigure control center area. 2nd quarter of 2007 budget year

Measure: Upgrade to Circuit Court Web Based Case Management System (“CourtStream”) by 3rd quarter of 2007 budget year

Juvenile Community Interventions, Treatment

Objective: Provide a response to equipment repair/replacement and safety issues

Measure: Track requests for equipment repair/replacement to ensure responses are quick and appropriate

Measure: Court’s Safety Committee will meet quarterly; review safety issues and incident reports to ensure follow-through

Objective: Maintain Holland building site

Measure: Complete a monthly, Holland building checklist for maintenance items

Objective: Complete work orders within 24 hours of incident

Measure: Track the number of work orders completed and sent to the Maintenance Department

Measure: Track completed monthly building checklist

<i>Measures</i>	2005	2006	2007 Estimated	2008 Projected
<i>Output:</i>				
<i>Increase in daily average of upper level detainees</i>	N/A	Target = 2/day average Outcome = 3/day average	3	4
<i>Evaluate existing programs for efficacy and need</i>	N/A	Completed; all programs are reviewed and evaluated on an annual basis	Completion	Completion
<i>Increase # of programming sessions for supervised community services</i>	N/A	1	Current level	1
<i>Track the number of referrals to court-operated intervention programs</i>	N/A	1,236	1,273	1,311
<i># of resources identified for advertising</i>	N/A	Program currently under review; may	If service is contracted, this	0

Fund: (2920) Child Care – Circuit Court

Measures	2005	2006	2007 Estimated	2008 Projected
<i>the need for foster homes</i>		contract service	won't be needed	
<i># of presentations to community organizations to generate new foster home applicants</i>	N/A	Please see above	Please see above	0
<i>% decrease in the # of days each youth has resided in foster care</i>	N/A	+16% increase due to increased number (from 3 to 10) of shelter placements	N/A -Too difficult to predict as it is based on need variables	N/A -Too difficult to predict as it is based on need variables
<i>Establish a monthly progress report of each youth residing in foster care.</i>	N/A	Completed -Case progress is noted on an ongoing basis in Court Stream	Protocol continued	Protocol continued
<i>Establish target exit dates for each youth placed upon entry into program</i>	N/A	Monthly residential report	Monthly residential report Continued	Monthly residential report continued
<i>% decrease in the # number of days youth reside in residential, treatment facilities</i>	N/A	3,931 days	4% =3,813 days	3% =3,699 days
<i>Track staff participation in training (number and types of training)</i>	N/A	Not including professional organizational meetings, 34 professional development trainings were offered staff	Similar level as 2006	Similar level as 2007
<i>Evaluate saliency of each training utilizing evaluation instrument</i>	N/A	99% rated as useful on the job	Similar to 2006	Similar to 2007
<i>% decrease in the # of adjudications per youth in Courage, Choice and JCJ</i>	N/A	Choice =2.4% Courage =2.7% JCJ =2%	2006 Level	1%
<i>% decrease in the # of juveniles placed in Detention from the Courage Program</i>	N/A	Reduced by 26%; 31 total youth, 26 detained, 5 never detained	N/A – Program has merged into Choice providing outreach services	N/A – Program has merged into Choice providing outreach services
<i>% decrease in the # of adjudications prior to entry into ISP and during participation in ISP</i>	N/A	6%	4%	3%
<i>Obtain American Correctional Association</i>	N/A	Successful Completion	Ongoing	Ongoing
<i>Increase in bed rental to outside counties</i>	N/A	Increased 1 contract bed/Oceana Co.	42% projected based on current history of bed rentals	20%
<i>Establish a library of materials for reference education</i>	N/A	Completed	Ongoing	Ongoing
<i>Implement and/or support the implementation of a centralized Training Committee for the Courts</i>	N/A	Completed	Ongoing	Ongoing
<i>Install Midstate security system</i>	N/A	Budgeted	Completed in Summer 07	N/A
<i>Install updated cameras and recording hardware</i>	N/A	Budgeted	Completed in Summer 07	N/A

Fund: (2920) Child Care – Circuit Court

<i>Measures</i>	2005	2006	2007 Estimated	2008 Projected
<i>Reconfigure control center area 2nd quarter of budget year</i>	N/A	Budgeted	Completed in Summer 07	N/A
<i>Upgrade to Circuit Court Web Based Case Management System</i>	N/A	Budgeted	Completed in Summer 07	N/A except enhancements and evaluation
<i>Track requests for equipment repair/replacement</i>	N/A	Completed	Ongoing	Ongoing
<i>Court's Safety Committee will meet quarterly</i>	N/A	Completed	Ongoing	Ongoing
<i>Design and complete a monthly Holland building checklist for maintenance items</i>	N/A	Completed	Ongoing	Ongoing

2007 Accomplishments

Treatment

Choice Program:

- Revised truancy policy with Ottawa County Intermediate School District
- Moved one treatment specialist into liaison role with Juvenile Justice Institute
- Began teen court process for juveniles in Juvenile Justice Institute
- Moved one treatment specialist into a partnership with a probation officer to co-facilitate the after hours boys groups
- Began using the court's web-based case management system to enroll, monitor and track each juvenile placed in Choice
- Begin training of one treatment specialist to earn certification to administer and provide training for the court in the use of the GAIN
 - 27% reduction in adjudications after a youth was enrolled in the program
 - 61% of the enrolled youth did not escalate further into the system
 - 62% decrease in the number of days youth spent in out-of-home placements
 - Modified Program to provide counseling and crisis management of adjudicated youth
 - Instituted a Determinate Sentence group and crisis management in the Detention Center

Courage Program:

- Began strategic planning process on combining Choice and Courage programs into one home-based program
- Decreased the use of detention and increased the use of community sanctions for program violations
- Updated policies and procedures
- Improved academic enrollment to 100% school enrollment
- Reduced or eliminated alcohol and other drugs (AOD) by 83%
- 25% decrease in adjudications after a youth was enrolled in the program
- Passed the Ropes Course inspection with 100% compliance

Juvenile Community Justice:

- 87% decrease in adjudications after a youth was enrolled in the program
- Decreased the number of youth committed to residential care by 20 youth
- Increased the number of youth in JCJ by from 14 to average of 17

Fund: (2920) Child Care – Circuit Court

- Increased by 6 the number of youth returning early from placement through State Wardship
- Increased referral procedures to maximize utilization of JJI student population
- Completed a JJI – “Living Consciously” curriculum evaluation of program
- Revised JCJ policy and procedure manual
- 79% maintained an AOD-free lifestyle
- Increased employment by 14%

Juvenile Drug Treatment Court (JDTC):

- Evaluated expansion needs in order to increase outreach and after school, pro-social program
- Increased individualized pro-social activities, with court staff and in partnership with Barnabas Ministries
- Implemented a parent support group
- Increased use of specific incentives and sanctions (other than detention)
- Moved to full utilization of the State of Michigan’s DTC web-based case management system
- Modified DTC team to include prosecuting attorney, defense attorney and court treatment specialist
- Increased participant graduation rate
- Certified one trainer in administration of GAIN instruments
- Trainer conducted Court staff training for GAIN implementation
- Expanded the JDTC treatment curriculum to include centralized programming
- Reviewed and updated JDTC policies
- Revised the referral process for DTC
- Successfully transitioned new Case Manager position
- Successfully transitioned new therapist into JDTC Team

Detention

- Renewed accreditation
- Enhanced programming for males; implemented a Boys’ Group
- Upgraded security system – new locks and cameras
- New staff scheduling utilizing Lotus Notes
- Achieved 100% compliance on licensing
- Added academic and Special Education support to daily school schedule
- Implemented a medical immunization program
- Established training calendar and training meeting
- Assisted Strategic Issue Team #1 to implement a Court-wide intern program
- Increased revenue and services to out-of-county rentals by offering psychological testing through the utilization of Treatment staff
- Increased drug-specific training materials for drug pod
- Developed web-based system for identified Detention Center functions

Intake/Juvenile Community Probation

- Intake Unit became the Youth Services Unit to comply with Child Care Fund requirements

Fund: (2920) Child Care – Circuit Court

- Implemented a new petition processing procedure. Major changes are: screening of each juvenile petitioned for risk level, increased use of Consent Calendar (and community agency referrals), elimination of “limited” probation, use of case escalation/event form to track Consent Calendar usage and response to violations, increased judicial oversight of cases screened for formal adjudication and increased focus on balanced and restorative justice principles.
- Revised policies regarding petition and case processing, use of detention, victim rights, and assessing court costs, assessments, court fees and minimum state costs.
- Added significant enhancements to the web-based case management system (“CourtStream”), increasing the ability of caseworkers to communicate with service providers, detention and each other.
- In CourtStream, added new court orders and enhanced the contact log, increasing caseworkers’ ability to create court orders and to eliminate the use of paper contact logs sheets (allowing for more accurate data collection, accuracy and oversight).
- Implemented the use of the Global Appraisal of Individual Needs (GAIN) short screener instrument to better identify juveniles with substance abuse issues and to clarify the referral process to community service providers and the Juvenile Drug Treatment Court.
- Moved senior caseworker position from treatment to probation, allowing for an additional p.o. in community probation.
- Eliminated “status time” (essentially suspended detention sentencing) and replaced it with detention hearings and preliminary hearings for probation violations.
- Implemented a monthly residential tracking process and step-down planning meetings with the JCJ committee (in order to better identify a juvenile’s post-placement treatment).
- Continued leadership of court staff in local boards, initiatives and community collaborations.
- Juveniles in ISP committed 90% less offenses during ISP than prior to beginning ISP.
- No juveniles in ISP were subsequently committed to residential placement.
- Completed cross training for ISP deputies to assist in community probation.

Programs

- Transitioned facilitation of the Anger Management and FOCUS Programs to The Ottawa County Health Department
- Worked with BizStream to enter Program data onto system to facilitate on line enrollment and reports
- 100% Successful Child Care Fund Audit
- Successfully transitioned Habitual Offender Group (HOG) and Court Incentive Group (CIG) from contract staff-facilitated to Court-facilitated groups
- Licensed new foster home in conjunction with Barnabas Ministries
- Assisted in the development of new Court-wide Intern Program
- Hosted Adoption Day Celebration
- Certified one PRIDE Trainer
- Developed new Anger Management curriculum
- Transitioned to assisting Treatment supervision part time
- Developed and implemented a new Anger Management Program curriculum for juveniles and parents

Fund: (2920) Child Care – Circuit Court

- Developed Memorandum of Understanding with Barnabas Ministries to open a foster home for girls

Resources				
Personnel	2006	2007	2008	2008
Position Name	# of Positions	# of Positions	# of Positions	Budgeted Salary
Detention Superintendent	1.000	1.000	1.000	\$73,438
Assistant Superintendent	1.000	1.000	1.000	\$58,122
Assistant Director of Juvenile Services	0.750	0.875	0.875	\$64,259
Training Coordinator	1.000	1.000	1.000	\$49,100
Administrative Aide	4.000	4.000	4.000	\$134,766
Group Leader - Juvenile	6.000	6.000	6.000	\$224,071
Youth Specialist	20.150	19.650	19.650	\$664,496
Shift Supervisor	4.000	4.000	4.000	\$204,718
Casework Services Manager	0.750	1.000	1.000	\$59,959
Senior Caseworker	1.750	2.000	2.000	\$106,666
Treatment Specialist	6.000	6.000	6.000	\$308,169
Programs Supervisor	1.000	1.000	1.000	\$56,285
Treatment Services Manager	1.000	1.000	1.000	\$59,959
Caseworker	6.000	11.000	11.000	\$528,494
Assistant Juvenile Register	0.000	1.000	1.000	\$36,463
Sergeant	0.300	0.300	0.300	\$19,242
Assessment Unit Coordinator	1.000	1.000	1.000	\$54,662
Deputy	3.000	3.000	3.000	\$168,121
	58.700	64.825	64.825	\$2,870,990

Funding	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Revenues					
Intergovernmental Revenue	\$2,268,490	\$2,912,947	\$3,648,195	\$4,043,922	\$3,886,336
Other Revenue	\$230,582	\$599,894	\$566,104	\$656,000	\$558,569
Other Financing Sources	\$4,023,408	\$3,846,024	\$3,974,892	\$4,077,104	\$4,158,115
Total Revenues	\$6,522,480	\$7,358,865	\$8,189,191	\$8,777,026	\$8,603,020
Expenditures					
Personnel Services	\$2,557,878	\$3,309,913	\$3,855,089	\$4,052,279	\$4,355,622
Supplies	\$184,264	\$177,961	\$204,715	\$250,369	\$271,560
Other Services & Charges	\$2,912,924	\$3,396,434	\$4,049,575	\$4,341,717	\$3,975,838
Total Expenditures	\$5,655,066	\$6,884,308	\$8,109,379	\$8,644,365	\$8,603,020

Budget Highlights:

2007 Other Services & Charges includes \$460,000 for the expansion of the web-based case management system. No further development is planned for 2008.

Fund: 2921 Child Care-Social Services

Function Statement

The Child Care - Social Services fund is used to account for the foster care of children under the direction of the Ottawa County Family Independence Agency.

Resources

Personnel

No personnel has been allocated to this department.

Funding

Budget Summary	2004 Actual	2005 Actual	2006 Actual	2007 Current Year Estimated	2008 Adopted by Board
Revenues					
Intergovernmental Revenue	\$16,870	\$18,583	\$21,450	\$21,125	\$21,125
Other Revenue					
Other Financing Sources	\$23,250	\$20,000	\$26,500	\$21,125	\$21,125
Total Revenues	\$40,120	\$38,583	\$47,950	\$42,250	\$42,250
Expenditures					
Other Services & Charges	\$33,741	\$37,220	\$42,900	\$47,500	\$42,250
Total Expenditures	\$33,741	\$37,220	\$42,900	\$47,500	\$42,250

Fund: 2930 Soldiers & Sailors Relief

Function Statement

The Soldiers & Sailors Relief Commission determines the eligibility of claims from indigent veterans and authorizes the requested payments. Eligibility is determined by the time and length of service during an armed conflict, honorable discharge, and length of residency in Ottawa County.

Resources

Personnel

No personnel has been allocated to this department.

Funding

Budget Summary	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Revenues					
Other Financing Sources	\$97,094	\$90,000	\$100,719	\$35,000	\$60,000
Total Revenues	<u>\$97,094</u>	<u>\$90,000</u>	<u>\$100,719</u>	<u>\$35,000</u>	<u>\$60,000</u>
Expenditures					
Other Services & Charges	\$97,093	\$90,001	\$100,719	\$35,000	\$60,000
Total Expenditures	<u>\$97,093</u>	<u>\$90,001</u>	<u>\$100,719</u>	<u>\$35,000</u>	<u>\$60,000</u>

Budget Highlights:

In 2007 the Board approved new County regulations, defining available assistance as well as restrictions to both the total dollar available, as well as the number of occurrences within a six month period. A document verification process as well as a five member Committee oversight was also implemented.

Fund: 2940 Veterans Trust

Function Statement

The Veteran's Trust fund was established under Section 35.607 of the State of Michigan Compiled Laws of 1970. It is used to account for monies received by the state and distributed to needy veterans.

Resources

Personnel

No personnel has been allocated to this department.

Funding

Budget Summary	2004	2005	2006	2007	2008
	Actual	Actual	Actual	Current Year Estimated	Adopted by Board
Revenues					
Intergovernmental Revenue	\$18,230	\$21,808	\$21,673	\$24,694	\$12,347
Other Financing Sources					
Total Revenues	\$18,230	\$21,808	\$21,673	\$24,694	\$12,347
Expenditures					
Other Services & Charges	\$18,152	\$21,808	\$21,898	\$24,694	\$12,347
Total Expenditures	\$18,152	\$21,808	\$21,898	\$24,694	\$12,347