

County Administrator's Digest

September 23, 2011

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MEA CULPA!

I reported in a recent Digest that SB-7, the new healthcare law, was signed by Governor Snyder. In fact, as of yesterday, the bill still had not been signed into law. This is a little curious because the legislation has an effective date of September 15, which is of course well past. There is nothing to suggest that he won't sign the law or that it won't otherwise go into effect.

CONSUMERS POWER - PORT SHELDON TOUR

Every few years Commissioners tour the Consumers Power Port Sheldon coal fired electric plant and a group did so last week. Chair Kuyers, Vice-Chair Holtrop, Commissioner Karsten, Commissioner Baumann, Commissioner DeJong and his son Alex, Keith Van Beek and I attended the tour. Public Affairs Director Dennis McKee led the tour and provided in-depth explanations of how the plant works and the regulatory and legislative status of the industry. It was a fascinating time and will plan a return visit in a couple of years.

OTTAWA COUNTY PLANNING COMMISSION TO HOST SPEAKER, Mark Knudsen

Jim Byrum, President of the Michigan Agri-Business Association will be speaking about *The Future of Agricultural and Agri-Business Growth in Michigan* at the Ottawa County Planning Commission meeting on Monday, September 26, 2011. The meeting will be held at 7:00 p.m. in the Board Room at the County's Fillmore Street Complex (12220 Fillmore Street in West Olive).

This presentation clearly outlines the current and future prognosis for agriculture in our economy as well as its comprehensive value to our State. Jim is a captivating speaker who adeptly addresses the following agri-business topics: Current status of agriculture in Michigan; Future trends expected in agricultural; Opportunities that can be utilized, and challenges that must be addressed, to maximize agricultural production; And, a roadmap to increase competitive advantages in the future.



The public is invited to attend and something should be in the GR Press regarding the event. If you have any questions about the presentation, please contact the Planning and Performance Improvement Department at plan@miottawa.org or 616-738-4852.

SHERIFF'S OFFICE POLICE CITIZEN'S POLICE ACADEMY, Sheriff Rosema

Not everyone is built for the demands of a career in law enforcement. Many of us have probably thought about it at one time or another. Why else are police shows like CSI, Criminal Minds, and Cops so popular? Because, many are intrigued by what goes on the world of law and order, and wonder what it would be like to put on the badge. The Ottawa County Sheriff's Office provides an opportunity for those that have had those thoughts to find the answers to what really goes on. For the third year now the sheriff's office has hosted a twelve week Citizens Police Academy.

This year 30 county residents have sought out enrollment and are learning about the Ottawa County Sheriff's Office. Participants will have the opportunity to not only learn about the structure of the sheriff's office, but will learn about the different services provided. Services like, K-9 patrols, undercover drug teams, Community Policing, Marine Patrol and Dive Team. They will practice fingerprinting evidence, tour the Jail and 911 as well as spend time with other aspects of the criminal justice system.

It is the goal of the academy to give participants not only an understanding of the Sheriff's Office but a better understanding of the entire Criminal Justice System. Those that have attended in the past describe the experience as one of the best things they ever did and walk away with a favorable image of our law enforcement community. Many past attendees have taken what they have learned and found ways to serve either as a Volunteer with the Sheriff's Office, or within their community. While others have sought additional educational training to further their interest in the criminal justice field

MAC CONFERENCE

Chair Kuyers, Vice-Chair Holtrop, Commissioner Rycenga, Commissioner Swartout, Commissioner Disselkoen, Commissioner Ruiters, Bob Spaman and I attended the MAC Conference in Traverse City this week on Monday and Tuesday.

There were some informative sessions on the national and state economy and I plan to include some of this information in the Digest as it becomes available. The topic of the week in my way of thinking is personal property tax elimination and the different possible approaches to replacing some or all of the tax revenue to local units of governments. We would not only have the \$2.7 million personal property tax revenue amount in the General Fund at risk. If Headlee was not changed to reflect a new law that eliminates personal property tax, the formula change could cause much greater tax losses.

GOVERNOR SNYDER'S SPEECH ON HEALTHCARE

I've included Governor Snyder's speech on healthcare in this digest (click here). If you follow the web address contained within the document there is a lot of good data related to healthcare on the State website as well.

COUNTY CONNECTIONS NEWSLETTER

Please click here for the Ottawa County employee newsletter "County Connections" that recently went out.

6TH ANNUAL WATER QUALITY FORUM

The 6th Annual Water Quality Forum will be held on **Friday, November 4**, at the Fillmore Complex in the Main Conference Room. Invitations and the draft agenda will be available on www.miottawa.org and will be sent out sometime next week .

GARY SCHOLTEN – REGISTER OF THE YEAR, Kathy Haiker

Kudo's to Gary on this career accomplishment!

Gary Scholten, Ottawa County Register of Deeds was chosen to receive the "Register of the Year" award at the 97th Annual Michigan Association of Registers of Deeds Conference on Tuesday, September 20, 2011. This award is given to an individual who has made important contributions for the betterment of his office and the association, as well as being actively involved on committees, or serving as an officer or chosen to serve on the MARD Board of Directors.

Gary was given tributes from:

Lansing Dignitaries representing Districts 30th, 74th, 89th and 90th & Governor Snyder; Congressman Bill Huizenga; Former Congressman Pete Hoekstra; Gary's Family & Staff; Ernest Rikken, President, Fidar Technologies; and the Board of Commissioners.



These special tributes signify & acknowledge Gary's commitment to his community and to his office:

"Gary was chosen to receive this award to honor his exemplified leadership, ingenuity and excellence in his office. Excellence in government is a challenge in our ever-changing world. Delivering top quality service during good times is easy; only those with long-term vision are able to continue to deliver quality service in bad times."

– State of Michigan Special Tribute

“...I was approached by none other than Mr. Scholten, whom I had not met before. We had the most engaging and thought provoking conversation – something totally unexpected and I would eventually learn that such conversations were a trademark of Mr. Scholten....Little did I know that he was as focused on MAKING things happen as he was BRAINSTORMING on how things might happen. Because of this mutual thirst for results, Mr. Scholten has been the driving force behind countless innovations, integrations, and efficiencies that we and all our clients enjoy.” - Ernest Rigger, President Fidlar Technologies

“We love how you challenge us to think outside the box and allow us to express and implement some of our own ideas, giving us a voice. You allow us to make decisions regarding daily work. You ask our opinions and value them. You treat each of us as a valued team member and not just a replaceable employee. We appreciate your open-door approach. You take time to get to know each of us as individuals and show concern and care.” - Gary's staff

Thank you Gary for your talents and energies that not only benefited Ottawa County citizens but extended to other counties in the state. We are grateful for your achievements which continue to help our county and state, now and in the future. Congratulations!

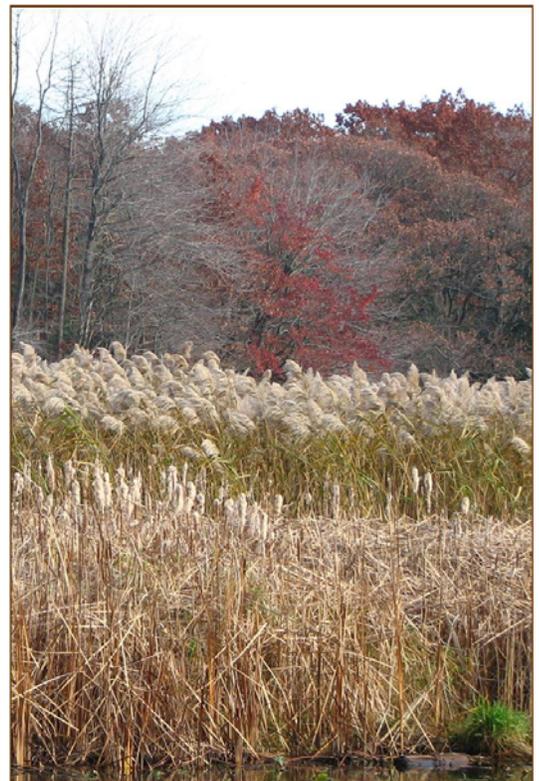
PHRAGMITES EDUCATIONAL SUMMIT, John Scholtz

With all the talk about invasive species in the news today, it can be difficult to tease out the greatest threats that need our attention. *Phragmites australis* is an invasive plant that stands out as one of the most threatening to the economy and ecology of West Michigan.

Native to Europe, phragmites (frag-mites) quickly invades wetlands, degrading wildlife habitat and blocking scenic views. Like most invasive species, phragmites does not provide food for wildlife. Without natural predators, there is little that slows this aggressive plant from creating impenetrable stands reaching heights of 15 feet. Established stands can spread 60' in one year!

Stopping the spread of this plant early in its invasion is the most effective means of preventing ecologic and economic damages. In northern Michigan, including Beaver Island and Leelanau County, large-scale efforts are eradicating phragmites from the shoreline before property values decline and wetland habitat is irreparably degraded.

We are at a point in West Michigan in which treatment would be most cost effective and success is possible. Last year the Ottawa County Invasive Phragmites Control Group (OCIPCG) formed to strategize on what can be done in Ottawa County to manage phragmites. Ottawa



County Parks is part of OCIPCG and is controlling phragmites within the County's parks and open spaces, but realizes that broader efforts are needed if we are going to prevent this plant from dominating the landscape in Ottawa County.

One outcome of OCIPCG is the **Phragmites Educational Summit** being held at the Fillmore Complex on **Wednesday, October 12, 2011** from **6-8 PM**. This free seminar is for public officials wanting to know more about the effects of phragmites from state and local experts. Registration is not required.

If you are unable to attend the Educational Summit, watch a 12 minute video to learn more about impact of this invasive plant at <http://www.insitevideo.com/phragmitesinfo/resources.html>.

QUADRANT MEETINGS

The County has held quadrant meetings with local units of government since I began my duties as County Administrator nearly 8 years ago. Many times these meetings have resulted valued exchanges and the chance for local unit officials to meet and interact with many county elected and administrative officials that they may otherwise not meet face to face with. The meetings have provided both a forum for the County to update cities, townships, and the Village of Spring Lake on what is happening at the county level and offers a forum for local unit officials to ask questions and express concerns to County officials. Attendance has been all over the board. We have had over 40 and we have had 0 depending on location and whatever else is going on in the world at that time.

We are continually evaluating our communication activity. We also started the local unit newsletter years ago and dropped that after deciding to send the Digest to local units of government. The newsletter became too duplicative of the Digest message.

We will be evaluating the quadrant meetings during the fall and spring cycles to determine whether the value is still there enough to merit continuing these meetings.

The quadrant meeting schedule for this fall follows:

Southeast

September 26, 2011 from 2-4 PM at the City of Zeeland

Southwest

September 29, 2011 from 2 – 4 PM at Holland Charter Township

Northwest

October 4, 2011 from 10 AM – 12 PM at Grand Haven Charter Township

Northeast

October 20, 2011 from 2 – 4 PM at the City of Coopersville

REVERSE AUCTION PROCESS, Christine Miller, Laura Deal

What is a Reverse Auction?

Some of you may have heard that Ottawa County is teaming up with Kent County, to implement a *reverse auction* process in purchasing that was developed by the Kent County Purchasing Department.

What is a reverse auction? A reverse auction is when an entity, in this case Kent County, posts an item on their website, such as paper towel, with a maximum list price. Participating vendors bid down from that price during the 15 minute window that the auction is open. However, the auction may extend for an additional 10 minutes if a vendor places a bid during the final two minutes. This prevents a vendor from waiting until the last minute to place a bid. All bidders are notified of the bid results electronically and shipping arrangements are also made by the system.

Some items Ottawa County has bought through the reverse auction include soap, 1 ply toilet tissue, and roll towels used at the jail. Other items include 2 - ply toilet tissue, multi fold paper towels used by the Fillmore Administrative Complex and other locations, and rock salt. Savings thus far total about \$593.58 per week which translates into \$32,118.64 per year. Many other items will be added to the reverse auction process and once the bugs have been worked out, we will work with local units of government to implement this process in their operation if they desire to take advantage of this.

Special thanks to Doug Maas in Facilities Maintenance who has been very helpful in providing usage information as well coordinating weekly ordering with the vendors.

By utilizing the reverse auction Ottawa County will be able to save tens of thousands of dollars each year. Between the soap, toilet tissue, and paper towel used by the jail the savings add up to \$18,844.80 per year. And our savings will only increase with added items. Some items to be added in the future include hand soap, gloves, copy paper, and toner.

CHOOSE PROGRAM RECEIVES AWARD, Lisa Stefanovsky

Congratulations to Health Department staff and their community partners on a job well done!

We received notification that the CHOOSE program has received the SAMHSA Science and Service Award. There were 11 recipients but only one in the category of Substance Abuse Prevention which is what we have been recognized for. I really want to commend the community and governmental partners for their commitment to evidence based practice and collaborative approaches. Without a strong coalition, this would not be possible. I am particularly thankful to Ron Frantz and Gary Rosema who have provided leadership, and support throughout the life of the project. Also Stephanie Vanderkooi, Substance Abuse Health educator, Becky Young, Health Promotion Supervisor and Sandy Boven Health Promotion Manager are commended for their excellent work. Kori White Bissott from LCC has really done a great job providing assistance, advocating for funding, and assuring a comprehensive approach to both qualitative and quantitative evaluation over the past five years.

I also very much appreciate the funding support from the County Board of Commissioners and Administration.

Award recipients included the following:

State	Organization
Arizona	Magellan Health Services, <i>Phoenix</i>
California	Butte County Connecting Circles of Care, <i>Chico</i>
	Star View Community Services, <i>Compton</i>
	The Parent Training Institute, <i>San Francisco</i>
Colorado	Invest in Kids, <i>Denver</i>
Connecticut	Community Health Resources, <i>Windsor</i>
Illinois	Community Counseling Centers of Chicago, <i>Chicago</i>
Michigan	Ottawa County Health Department, <i>Holland</i>
	St. Clair County Community Mental Health, <i>Port Huron</i>
Ohio	Center for Cognition and Recovery, <i>Beachwood</i>
Tennessee	Ridgeview Psychiatric Hospital and Center, Inc., <i>Oak Ridge</i>

<http://www.samhsa.gov/scienceandservice/sap2011.aspx>

GOVERNOR SNYDER'S TRANSPARENCY INITIATIVES

Governor Snyder presented the Michigan Dashboard shortly after assuming office in January and stated that his administration would be judged based on improvement in the data contained in the dashboard. We quickly put up an Ottawa County dashboard with data that mirrored the categories contained in the Michigan Dashboard. We also began work on a more Ottawa County specific dashboard and then the State put out a recommended template for local governments as well. Mark Knudsen and the Planning staff have completed these first two dashboards and they are available on miOttawa.org. A third dashboard more unique to Ottawa County is under development and we are also looking at completing a dashboard related to health indicators.

So why develop these dashboards? Is there value in this activity? We believe that working in concert with the state to make county government more transparent and understandable is clearly part of the Board of Commissioners Strategic/Business Plan and Communications Plan and welcome feedback on how we are doing in this regard.

The second transparency initiative by Governor Snyder is the Dollars and Sense Guide to state finance and a template was also created for local government. Local governments were asked to complete this report and get it on their websites by October 1. Dollars and Sense: How Ottawa County Spends Your Monday was uploaded to miOttawa.org earlier today. This 22-page document boils the several hundred page audit and budget reports into a snapshot of County finances. We hope that it provides citizens with greater ease in understanding County finance and welcome suggestions for improvement. Follow this link to the Dollars and Sense document: <http://www.miottawa.org/pdf/DollarsSense.pdf>

The Citizens Research Council of Michigan published an excellent report titled *Local Government Performance Dashboards and Citizens' Guides* that can be found at this link:

<http://www.crcmich.org/PUBLICAT/2010s/2011/memo1108.pdf>

THE NEW MICHIGAN TAX STRUCTURE: WHAT WILL IT MEAN AND WHAT YOU NEED TO KNOW

The following article on the new Michigan Tax Structure is interesting.

The new Michigan tax structure: What will it mean and what you need to know

Published: Friday, September 16, 2011, 8:43 AM

By **Rosemary Parker | Kalamazoo Gazette**

What taxpayers need to know about changes signed into law by Gov. Rick Snyder.

- 1. Not yet.** The changes have no impact on tax returns due in 2012. For the most part, taxpayers have a year to learn the new order, because the first returns affected are those due in 2013.
- 2. The older filer counts.** For retirement income, the older spouse's birth date determines the age category for joint filers. That's important because taxpayers born before 1946 pay no pension tax, those born from 1946-52 receive an exemption and those born after 1952 are fully taxed. The state Supreme Court is considering the legality of such distinctions, as well as whether public pensions can be taxed.
- 3. Just state taxes.** The changes affect state taxes only, not federal credits or deductions.
- 4. Some changes affect everyone, many affect only a few.** Starting with the biggest-ticket items, here's what's new.

Pensions taxed

Who is affected: Retirees and pensioners, except for Social Security and military pensions.

Filers born before 1946: No change from current law that exempts \$45,120 in private pension for single filers and \$90,240 for joint filers. Public employee pensions remain exempt.

Filers born 1946-52: First \$20,000 of public or private pension is exempt for single filers, \$40,000 for joint filers. Exemptions disappear for households of greater wealth: \$75,000 single or \$150,000 joint.

Filers born after 1952: All public and private pension subject to tax. Taxpayers turning 67 may choose to have Social Security taxed instead.

Budget impact: Generates \$343 million.

Rationale: To avoid shoving more of the state tax burden onto younger wage earners as a wave of Baby-Boomers prepares to retire.

Personal exemption qualifier

Who's affected: Upper-income households. The \$3,700 personal exemption begins to reduce for single filers making \$75,000 and joint filers making \$150,000. It's eliminated entirely for single filers making \$100,000 and joint filers making \$200,000.

Budget impact: Raises \$84 million.

Rationale: To broaden the principle of "shared sacrifice" from those on the upper end of the income scale.

Homestead Property Tax Credit

Who is affected: Homeowners and renters. Those making more than \$50,000 no longer qualify, and those making \$41,000 will receive less. (The previous income ceiling was \$82,650.) Those with homes worth more than \$135,000 would no longer qualify.

Budget impact: Generates more than \$271 million.

Rationale: Lowering the threshold for relief clarifies it's intended for those who most need it.

Michigan Earned Income Tax Credit

Who is affected: The working poor. The state credit now equals 6 percent of the same federal credit, versus 20 percent previously. That will reduce the average credit from \$430 to \$143.

Budget impact: Generates \$262 million.

Rationale: Intended to simplify the state's tax system. Snyder originally sought to scrap the credit, but it was partly restored by lawmakers."

Smaller deductions

Who is affected: Families lose a \$600-per-child tax deduction. The unemployed for whom the benefit check represents more than half of household income lose a \$2,300 deduction. Seniors lose a \$2,300 deduction. New parents lose \$1,200 income tax credits to defray adoption expenses. College students that might have attended a university where tuition increases don't exceed inflation will lose a tax credit. Those who pay city income taxes lose an offsetting credit. So will donors to public broadcasters, universities, homeless shelters, food banks and community foundations.

Budget impact: Together they generate about \$90 million.

Rationale: To make the tax code more "simple, fair and efficient," in Snyder's words.

— Lansing bureau reporter Peter Luke contributed to this article.



STATE OF MICHIGAN
EXECUTIVE OFFICE
LANSING

RICK SNYDER
GOVERNOR

BRIAN CALLEY
LT. GOVERNOR

September 14, 2011

*A Special Message from Governor Rick Snyder:
Health and Wellness*

To Michiganders and the Michigan Legislature:

To build a stronger Michigan, we must build a healthier Michigan. My vision is for Michiganders to be healthy, productive individuals, living in communities that support health and wellness, with ready access to an affordable, patient-centered and community-based system of care.

There is much to like about our health care system. As we enter the 21st century, significant advances in medical science have saved many lives. Scientific research has led to the development of evidence-based practice standards, and new advances regularly occur that have increased life expectancy and improved health status.

But our health care system is also costly and often confusing. Duplication of services, inconsistent clinical outcomes, and insufficient community-based access are areas of concern. We also have too few physicians and other health care providers to meet demand. This shortage will grow substantially when more than 1 million uninsured Michiganders obtain coverage under federal health care reform.

The increasing cost of health care is one of the most significant economic challenges facing Michigan and the United States. In 1970, annual health care spending in the United States averaged \$356 per resident and accounted for 7.2% of the U.S. gross domestic product (GDP). For 2011, these amounts are projected to increase to \$8,648.50 in spending per resident and 17.6% of GDP. Both employees and employers are experiencing increased costs. From 2001 to 2009, the average employee contribution for family health coverage nearly doubled, from \$1,741 to \$3,474. Employer contributions increased at roughly the same pace. These increased costs are depressing wages and causing some employers to stop providing health care coverage.

Wellness and economics are linked. For example, costs due to coronary heart disease (CHD), the most prevalent and preventable form of heart disease, exceed \$5.9 billion per year in Michigan. Treatment of heart disease accounts for 1 in every 6 health care dollars spent. But even modest improvements in wellness can significantly reduce our risk of CHD and similar chronic conditions. While economic considerations are certainly important, the real value of a healthy lifestyle is quality of life. The good news is that

evidence-based practices have demonstrated that each of us can significantly improve our personal health by practicing four key healthy behaviors:

- (1) maintain a healthy diet;
- (2) engage in regular exercise;
- (3) get an annual physical examination; and
- (4) avoid all tobacco use.

In conjunction with these key healthy behaviors, we should all be aware of four key health measures that are closely tied to the incidence of chronic disease:

- (1) body mass index (BMI);
- (2) blood pressure;
- (3) cholesterol level; and
- (4) blood sugar level.

Taking personal responsibility to manage these measures can significantly increase life expectancy, avoid disability, and improve overall quality of life. Taken together, these four behaviors, and four measures, can be characterized as the Michigan 4x4 plan. If each of us practice the Michigan 4x4 plan, our lives will be fuller, our health costs dramatically reduced, and our ability to take advantage of all that is Michigan enhanced.

But, as we individually take these steps, there are other steps that Michigan institutions need to take. To have a health care system that works for Michiganders, we need to develop a primary-care based system with a patient-centered medical home, where care is coordinated, patients receive appropriate preventive services, such as cancer screenings and dental care, electronic health records are utilized, and health information is shared in a secure and efficient manner.

To help track our progress, we have created a new Michigan health dashboard with key public health metrics to measure our progress on a statewide level. Local communities will be able to join our efforts by using the County Health Rankings, available at <http://www.countyhealthrankings.org/michigan>, to identify local health priorities, develop evidence-based programs and policies, and evaluate the success of their efforts.

Building a healthier Michigan will be no easy task, but the benefits will be real and sustainable if we seize the opportunity.

Health and Wellness

Health and wellness are important across the continuum of life from prenatal care, to providing children and adults with opportunities for nutritious food and physical activity, to the option of home-based long-term care for seniors who need it. Michigan can and must do better in all of these areas.

As a first step, Michigan must focus on the health and wellness of state employees and their families. Michigan's voluntary employee wellness programs include confidential health risk assessments, on-line tools and coaching, confidential on-line depression and substance abuse screening services, smoking cessation services, and weight loss

services. To help state employees and their families achieve healthy lifestyles and avoid or better manage chronic health conditions, we need to increase awareness of these programs and encourage participation. I will be asking the Civil Service Commission to join me in efforts to dramatically increase state employee participation in these services.

Infant Mortality & Teen Pregnancy

Infant mortality is a critical indicator of the overall health and welfare of Michigan and the quality and accessibility of prenatal care for women. While the rate of infant mortality generally has been decreasing in the United States, it has increased in Michigan over the past three years. To address this problem, the Michigan Department of Community Health (MDCH) has called a summit of health experts and stakeholders to develop solutions to reverse this trend. The summit, *Michigan Call to Action to Reduce and Prevent Infant Mortality*, will identify and prioritize strategies to mobilize partners across multiple sectors to prevent infant mortality in our state. The summit will convene in Ypsilanti on October 17, 2011, with the welcome support of several Michigan foundations. I expect the participants in the infant mortality summit to develop practical, implementable, and sustainable policy recommendations that will move the needle in the right direction on infant mortality.

Because infant mortality is principally a problem in urban centers and among low-income groups, we need a targeted plan. Although infant mortality is not limited to young mothers, it is related to the problem of teenage pregnancy. Babies of teenage mothers are more likely to die in the first year of life nationally and in Michigan. Because teen mothers and newborn babies face numerous health risks, it is imperative that young mothers take full advantage of available medical care to give themselves and their children the best chance to thrive.

There are bright spots in our state. For example, there is a program called the Nurse-Family Partnership that successfully brings at-risk young families into the health care system by sending nurses on home visits with low-income women expecting their first baby. The Nurse-Family Partnership helps vulnerable young women to have a healthy pregnancy and delivery, to become responsible and competent parents, to support strong child health and development, and to improve the economic self-sufficiency of the family. The program has demonstrated improved prenatal health, reduced childhood injuries and abuse, and lessened mental health problems for the children. This, in turn, has resulted in cost reductions to government and society, as well as better lives for families starting out on the lowest rungs of the economic and health care ladders.

The Nurse-Family Partnership is an example of how we can provide access to the right health care services for Michigan in a smart and cost-effective way and represents the kind of “best practice” that I hope will be identified during the summit. The federal government is making over \$1.5 billion in funding available over the next five years for the Maternal, Infant and Early Childhood Home Visiting Program. Because these programs have been shown to improve public health and reduce health care costs over time, I am directing the MDCH to pursue funding for Michigan to expand current programming. I look forward to a full report on the results of the October summit.

Obesity, Nutrition, & Food Safety

Obesity is another major public health problem facing Michigan and the United States. Michigan now ranks eighth in the nation with an adult obesity rate of 31.7%. Michigan's combined rate of obese and overweight adult residents is 67%. Obesity is a significant contributor to diabetes, heart disease, cancer, stroke, renal disease related to hypertension, circulatory diseases, and dementia. Statewide, nearly \$3 billion in annual medical costs are attributed to obesity. The potential savings in both health care costs and productivity from reducing obesity are immense.

Of special concern are the 12.4% of Michigan youths who are now obese. These young people have a head start on developing chronic health conditions that will threaten their quality of life and potentially compromise Michigan's economic prospects for years to come. Studies show that 70% of overweight youths already have at least one risk factor for cardiovascular disease, such as high cholesterol or high blood pressure. If these young people do not adopt healthier lifestyles, they likely will be the first generation in the history of this state that will not live as long as their parents.

To combat the problem of childhood obesity, I will be encouraging the Michigan Department of Education (MDE) to work with schools to facilitate participation in physical activity and health education throughout all grade levels. I also encourage all schools to adopt healthier nutrition standards. The MDE has recommended a set of nutritional standards, which has been the subject of a pilot program supported by the Centers for Disease Control & Prevention. The goal of this program is to achieve better nutrition in a cost neutral manner. On November 7 through 12 of this year, school and community leaders will be trained in the Michigan Nutrition Standards as part of the statewide implementation of the Michigan Nutritional Standards project. Our schools can and must serve as models of nutrition.

I have also directed the Michigan Department of Agriculture and Rural Development (MDARD) to focus on ways that Michigan's farmers can help alleviate Michigan's obesity problem. Toward this end, MDARD will expand the access to a safe and healthy food supply by partnering with food corporations such as Meijer, Spartan Stores, Kroger, Gerber, and Kellogg to promote healthy lifestyles with local products.

To further ensure a safe and healthy food supply and reduce the risk of food borne illnesses, I encourage the Legislature to pass an update to the Michigan Food Law of 2000. This proposed change in law will adopt the current United States Food and Drug Administration (FDA) model Food Code. It will keep our law up to date with current science and streamline licensing requirements for many food establishments. The proposed changes to Michigan's food safety rules will also adopt a number of federal regulations relating to food processing establishments, which will ensure that state evaluators have the same authority and cite the same laws as the FDA when inspecting a processing establishment.

MDARD is also working with local, state, and federal partners to strengthen our Farm to School Network for access to local/fresh foods in the school meal programs. Three

months ago, the United States Department of Agriculture (USDA) announced that Michigan will be one of only two states to participate in a new pilot program giving schools increased ability to use locally produced fruits and vegetables in school lunches. This program, overseen by the USDA, will help boost Michigan's growing agriculture industry and provide healthy and fresher produce to school children. I also support the expansion of the Double Up Food Bucks program, now run by the Fair Food Network, which allows Michigan residents using the Supplemental Nutrition Assistance Program to double their purchasing power at farmers' markets without any additional cost to the state.

I have also directed the MDCH to incorporate information about BMI in the Michigan Care Improvement Registry (MCIR), which tracks childhood immunization records. This rule change will allow a health care provider to report height and weight measurements on MCIR. The goal is to increase obesity screening rates and improve treatment of childhood obesity, which is significantly under-diagnosed in children. This will improve the quality of care by highlighting the need for an annual screening of BMI, which correlates with future obesity, hypertension, and diabetes. Determining BMI is an important first step in managing pediatric obesity. Although the proposed rule would apply only to persons under the age of 18, I will support expanding MCIR to apply to persons of all ages, which would give all Michiganders greater awareness of and control over the state of their own health.

Today, children are spending too much time indoors, adversely affecting their health. Besides obesity, we are seeing increased vitamin D deficiency, early onset of diabetes, reduced attention spans, increased aggressiveness, and sleep deprivation. The Department of Environmental Quality is partnering with the Department of Natural Resources, the National Wildlife Federation, and hundreds of organizations comprising the Michigan "No Child Left Inside" Coalition, to get children outdoors in an effort to promote healthier lifestyles and environmental stewardship. I fully support these efforts.

Finally, because obesity is a matter of such great concern, the MDCH has organized a summit to develop a statewide plan to reduce obesity. Headlined, *Michigan Call to Action to Reduce and Prevent Obesity*, summit health experts and stakeholders will provide solutions and outline targeted interventions throughout the state to make a difference. The summit will convene in Lansing on September 21, 2011, with the support of Michigan's foundation community. As with the infant mortality summit, I expect the participants in the obesity summit to develop practical, implementable policy recommendations that will improve Michigan's health.

Wellness Programs

Throughout Michigan, communities, employers, providers, non-profits and citizens are developing innovative programs to promote health and wellness. In many cases, multiple community stakeholders are combining their efforts and resources to educate Michiganders on healthy lifestyles and encourage healthy decisions. This community-based collaboration is the key to advancing wellness and making Michigan a leader in the national wellness movement.

Michigan hospitals are demonstrating innovative leadership by adopting best practices to build healthier communities and reduce costs. Hospitals like Allegiance Health in Jackson, Michigan have won national recognition for forming community partnerships to identify and address the unique health needs of their local residents by creating a culture of wellness. Allegiance set about achieving this transformation by developing a network of partners, including government, local businesses, schools and other nonprofit organizations. They partnered with the University of Michigan to identify specific health risks that were plaguing the community - risks like smoking, obesity, and stress. They also began working with neighborhoods and social service agencies to address complex, generational problems like teen pregnancy and infant mortality. To track their progress, they developed, like we have, a dashboard. And they invested over \$20 million to accomplish these goals.

The Michigan Health and Hospital Association has committed to supporting the sharing of best practices like these and facilitating collaboration among state hospitals to preserve and expand access to health care. I applaud this commitment and encourage Michigan's hospitals to remain dedicated to creating a culture of wellness in their communities.

Employers can also play an important role in alleviating Michigan's health problems. Research has shown that employers who promote their employees' healthy life choices reap direct economic benefits in the form of reduced health care costs and increased productivity. One recent study concluded that each employer dollar spent on intervention resulted in \$6 worth of savings. Accordingly, I call on employers to consider both the economic and civic benefits of instituting employee wellness programs. Throughout Michigan, a number of private and public employers, including Steelcase, Peckham, and Oakland County, have instituted a variety of successful wellness programs. These programs help employees improve their quality of life, increase productivity at work, and reduce both employer and employee health care costs.

Community-based foundations and non-profit organizations can play an important role in improving the wellness of Michiganders. A best practice is the work being done by the Chelsea-Area Wellness Foundation, which has instituted the Five Healthy Towns Project (5H) with the goal of making Chelsea, Dexter, Manchester, Grass Lake and Stockbridge the five healthiest towns in the Midwest. The 5H is a comprehensive, community-based project designed to expand wellness programs, infrastructure, and policies that spotlight wellness issues, foster collaboration, and close wellness gaps. Similarly, the Grand Rapids YMCA, with grants from the Kellogg Foundation, the Frey Foundation, and the Van Andel Institute, is providing new walking clubs, community gardens and fitness classes to Michigan residents in the Grand Rapids area.

Communities are also increasing physical activity by improving safety, access and availability for daily recreation and transportation. The City of Marquette is proving that creating a healthier physical environment produces economic benefits. Marquette is one of the few communities in Michigan to have gained population in the last decade. This is due, in part, to the fact that Marquette has been a leader in providing residents with a

high quality of life. Marquette has passed three “Complete Street” policies to improve the walkability and bike-ability of its streets, completed infrastructure improvements giving its children “Safe Routes to School,” developed hands-on projects to help students learn about gardening, planted four community gardens, constructed a non-motorized trail connecting seven communities, assisted in the establishment of two new farmer’s markets, and developed worksite wellness policies supporting fitness and good nutrition. I encourage other Michigan communities to follow Marquette’s lead.

Seniors

Michiganders are living longer and Michigan’s senior population is increasing at an unprecedented rate. These realities mirror national trends and require us to look at new, innovative ways to support older residents in a manner that respects their independence, choice and dignity.

The vast majority of Michigan’s older population is concerned about their ability to maintain independence at home. While long-term care facilities are important options, older individuals should be able to live in the setting of their choice, which in most cases is at home. The Office of Services to the Aging (OSA) is working to develop innovative approaches to community-based care with a focus on evidence-based programs and outcomes. For example, OSA funds a statewide care management program that sends caseworkers into an individual’s home to provide assessments and connect individuals with services to help those who might otherwise default to nursing home placement.

I have directed the MDCH to develop new practices to reduce the MI Choice waiting period for home-based services. Under current practice, seniors leaving nursing home facilities are given priority for MI Choice home care over those who never left home. Incentivizing seniors to move out of nursing home care when they are physically able is a laudable goal, but it has the unintended consequence of causing seniors to enter nursing home care as a means to accessing MI Choice home care.

Finally, another important issue for all Michiganders is stopping elder abuse, the fastest growing crime in Michigan. I support the elder abuse legislation, Senate Bills 454-468, now pending in the legislature. This legislation will increase coordination between state and local authorities to expedite investigations, better define forms of elder abuse, create stricter penalties, and implement necessary guardianship reforms to further protect elderly adults from financial and physical harm. Michigan’s most vulnerable adults deserve these protections.

Oral Health

Increasingly, research supports the connection between oral health and systemic health. Oral health complications exacerbate general health conditions. Periodontal disease is associated with diabetes, cardiovascular disease, coronary heart disease, respiratory disease, and adverse pregnancy outcomes. Poor oral health results in school absences and inappropriate use of emergency rooms. The 2011 Institute of Medicine Report, *Improving Access to Oral Health Care for Vulnerable and*

Underserved Populations, concluded that oral health care is an essential component of comprehensive health care.

I am asking the MDCH, with assistance from the Department of Licensing and Regulatory Affairs (LARA), to work with the dental community to develop and disseminate educational materials to the public and policy makers on the importance of adequate access to oral health care, the link between systemic and oral health, and the consequences of not having access to oral health care services.

I also encourage Michigan's dentists to volunteer their services to programs like the Michigan Donated Dental Services (MDDS) program, which treats patients who are disabled and elderly with seriously neglected dental problems. As a result of their age or disability, many cannot work and depend on public assistance for their health care. Medicare, however, does not provide dental benefits and Michigan's Medicaid program limits eligibility, procedures and the frequency of procedures for adult recipients. The Michigan Dental Association and the National Foundation of Dentistry for the Handicapped launched the statewide MDDS project in 1995. Delta Dental Plan of Michigan is a major partner in the Michigan effort and donates office space as well as many other support services. At an annual cost of \$125,000 (for administration and some laboratory costs), the MDDS program annually provides over \$1 million worth of dental care, provided by over 850 dentists and 217 dental laboratories. The return on investment is \$7.63 of donated treatment per dollar of operating costs.

Another excellent program treating a different population in need of care is the Healthy Kids Dental (HKD) program, which serves 308,000 Medicaid-enrolled children in 65 counties. The HKD program has been a great success where it operates, raising the number of Medicaid-eligible children who visit the dentist by 64.7% compared to counties without the program. Unfortunately, the HKD program is absent from some of our most populous counties, where the greatest disparities in dental care exist. Because of the positive results obtained through the HKD program, the expansion of HKD to all of Michigan's 83 counties will be given every consideration during the Fiscal Year 2013 budget cycle.

Tobacco Use

Tobacco use is dangerous and expensive. It is the leading cause of preventable death, killing 14,419 Michiganders in 2009. It contributes significantly to heart disease, cancer, chronic respiratory illness, influenza, pneumonia, renal disease related to hypertension, and circulatory diseases. Despite the long term decrease in the percentage of smokers, tobacco use continues to be one of the biggest public health problems confronting Michigan. The adult smoking rate is currently 18.9%. For youths, the rate is 18.1%. These rates are dramatically higher for low-income residents, Medicaid participants, and disabled people. Tobacco users cost the state over \$3.4 billion per year in tobacco related health care costs. The annual cost to Medicaid alone is \$1.1 billion. Even though tobacco users live significantly shorter lives, smokers incur an average of \$15,000 to \$17,000 more in lifetime health care costs than non-smokers.

While tobacco use is down significantly, now is not the time to let up. Therefore, I want to make it clear that I will veto any legislative attempt to reduce taxes on cigarettes or other tobacco products.

I also ask that the legislature give the Department of Natural Resources authority to implement a policy requiring all state owned and operated beaches to be smoke free to promote a clean and healthy environment.

Finally, MDCH will review state policy regarding Medicaid coverage of FDA-approved smoking cessation treatments. At present, only three of Michigan's fourteen Medicaid managed care plans cover all smoking cessation medications. I have asked MDCH to begin work evaluating the efficacy of smoking cessation treatments currently covered by Medicaid and complete an internal assessment of the opportunity for coverage expansion.

Access

By improving access, we can achieve both wellness and cost savings. Michiganders will have improved access to health care through better utilization of benefits for our veterans, updated technology, and an increased focus on developing better services to underserved areas and populations. The current health care system focuses primarily on the treatment of physical aspects of diseases as opposed to an integrated approach of managing a person's health status and preventing illnesses. Insufficient focus on prevention and early diagnosis results in high utilization of hospital emergency rooms. A number of steps can be taken to improve access.

Veterans

According to data provided by the United States Department of Veterans Affairs (VA), Michigan veterans rank 53rd, on a per-capita basis, as recipients of federal VA dollars for total veterans' benefits, when compared to the 50 states, Puerto Rico, Washington D.C., and Guam. This is simply unacceptable. I will work with our policymakers, community partners, and veterans' service providers to ensure that Michigan veterans receive the best possible assistance in accessing their benefits.

All Michigan veterans have the opportunity to apply and potentially qualify for VA health care. Eligibility can only be determined, however, through the VA enrollment process. While many Michigan veterans would qualify for VA medical treatment, only 30% of Michigan veterans complete the enrollment process and only 19% of Michigan's total veteran population utilizes their VA health benefits. Peer states' veteran populations enroll for VA health care at rates closer to 40% and utilize care at rates closer to 25%. Increasing enrollment in VA health care will, in turn, increase access to quality health care for our veterans as well as their standing as an overall recipient of VA assistance.

In the past, veterans participating in the VA health system felt that the only location for treatment was one of the VA hospitals. The VA has recently undertaken a concerted effort to locate outpatient medical facilities for veterans throughout Michigan so veterans have access to high quality, affordable and convenient outpatient care. Today, most

veterans are within a 30-minute drive of a community-based outpatient clinic providing excellent care without the difficulties many experienced seeking primary care at a hospital. Just this year, the VA opened a new outpatient clinic in Cadillac and an additional clinic will be completed in Mackinaw City this fall. It is imperative that all state service providers and their community partners continue to educate veterans and their dependents on the increased availability of outpatient care.

Michigan's veterans face a host of health challenges related to their military service. Veterans' health challenges are often best treated by a VA physician. Accordingly, I am committed to ensuring that every veteran is educated about the importance of enrollment in VA health care. Outreach will be a collaborative effort between state agencies, veteran service organizations, county veterans' offices, and non-traditional partners. Michigan is proud of our veterans. We need to serve them better and I am committed to making that happen.

As we forge new partnerships and improve existing relationships, I have directed the Department of Military and Veterans Affairs to seek state accreditation from the US Secretary of Veterans Affairs. This action will help Michigan become a more committed partner with the United States Department of Veterans Affairs in the provision of veterans' benefits.

We need help to solve access to benefits issues for our veterans, which is why I am calling on the President and our Congressional delegation to provide additional support for veterans here in Michigan. In addition to enrollment in VA health care, veterans have the ability to file for disability compensation for injuries that have occurred as a result of their service. The claims process is cumbersome and many of our veterans are not getting the assistance they need. For example, it would take the Detroit Regional Office at least nine months to respond to the current workload without any new claims being filed. This is nine months that a patient with an illness like heart disease or diabetes cannot always wait for their claim to be examined, and the financial burden of such an illness is significant. We must do better. I will be urging the Congress and the President to assure that Michigan veterans are treated with the respect and sense of urgency they deserve.

Technology

Advances in technology offer excellent opportunities to efficiently connect individuals, government, and the private sector. We must take advantage of these opportunities to increase the quality of health care, promote wellness, and reduce health care costs. In addition, Michigan must become more efficient at providing health care by using technologies that remotely monitor patients and make it easier for doctors and nurses to care for some of their sickest patients before their medical problems reach a crisis. Moreover, in a state with a shortage of primary care providers, technology can reduce the burden on doctors' offices by keeping people healthier at home.

We will develop platforms for sharing electronic health information. The state is in the process of implementing the Michigan Health Information Network (MiHIN), which is

Michigan's initiative to improve health care quality, efficiency, and patient safety through the sharing of electronic health information, while reducing costs. The MiHIN is essential to ensuring that Michigan's health care providers can utilize Electronic Health Records (EHRs) in a meaningful way that will allow for a patient's health information to be available when needed most—at the point of care. With the MiHIN infrastructure in place, health care providers will be in a position to access and share the information within EHRs regardless of specific technology used or where the patient is from. Just one benefit of a network of EHRs will be the ability of physicians to access vital health information in the event that anyone needs emergency medical care.

Individuals can also utilize technology to help manage their own health. The internet affords a wonderful opportunity for leaders in government and the private sector to communicate with and provide useful tools to Michigan residents. These opportunities must be maximized. The MDCH will implement an on-line wellness program with resources for Michiganders to take an active role in achieving a healthy lifestyle. Currently, Michigan government maintains multiple fitness and health websites. A single "Healthy Michigan" portal will be established to aggregate this content in one place, and the redundant websites will be discontinued.

Federally Qualified Health Centers

The recent federal decision not to select Michigan for one of the new FQHC locations was ill-advised, especially given the impact the recession has had on our state. FQHCs are federally funded community organizations that provide primary and preventive care (including oral care and behavioral health care), to persons of all ages, regardless of their ability to pay. They are particularly valuable to underserved populations in urban and rural areas. FQHCs improve the quality of care and save money by providing low income populations with access to medical care before expensive emergency room visits become necessary. For example, the treatment charge for an inner ear infection at an FQHC would be \$75, compared to average billed charges of \$460.70 for the same treatment at an emergency room in eastern Michigan. Michigan has too few of our nation's FQHC's. Only 29 out of 1,048 FQHC's are located in Michigan. I continue to support FQHCs and the role they have in improving access and the quality of health care for our underserved populations. I have directed MDCH to competitively pursue new FQHC's and seek assistance from the Michigan Congressional delegation to help solve this problem.

Behavioral Health & Developmental Disability

Behavioral health is essential to general health. In the United States, persons with mental illness live an average of 25 years less than those without mental illness. We can reduce this disparity if we build a stronger and better coordinated system of care for persons with mental illness, substance use disorders, children with serious emotional disturbance, and persons with developmental disabilities. I have directed MDCH to develop a plan to integrate physical and behavioral health care throughout the continuum of care. I am also asking MDCH to evaluate the spectrum of care from community-based services to inpatient services to ensure appropriate and compassionate care is delivered. This includes the simplification and reduction of

administration to ensure maximum dollars are devoted to direct services. Administrative structures should exist only where they improve health outcomes, increase access, or lower costs.

Improving the system of care will require early intervention with priority populations. A disproportionate share of persons with behavioral health issues ultimately end up behind bars. Accordingly, I am asking the MDCH to facilitate meetings of community stakeholders—the Department of Corrections (MDOC), jails, courts, community mental health boards—to create an action plan for Recommendations 1 through 4 of the “2008 Mental Health Workgroup Report,” to (1) improve mental health services in the community, in the jails, and in the court system, (2) institute diversion programs, (3) improve the management of individuals in jail, and (4) share information appropriately across the criminal justice system. These are consensus recommendations that were developed by MDOC-MDCH and a broad base of community stakeholders toward reducing the number of persons with mental illness, substance use disorders, and disabilities in our prisons and jails.

Finally, Michigan faces significant health care challenges posed by autism. Autism is a pervasive developmental disorder that affects 1 out of every 110 children born today. Autism diagnoses are increasing rapidly with no known cause or cure. Without treatment, the average lifetime cost to Michigan of a single person suffering from autism is \$3.7 million. With early treatment, however, children can achieve much better outcomes and many of these costs can be avoided. Half of diagnosed children can reach normal functionality with appropriate assessment and treatment. Another 40% will show significant improvement. Results are best when treatment is received early.

Michigan is considered one of the 10 worst states in which to raise a child with autism. This is because evidenced-based treatment is largely excluded from insurance coverage. With such widespread exclusion of coverage, treatment options are nearly or totally non-existent throughout most of the state. To date, 27 other states have implemented changes in law to require insurers to cover evidence based therapies for autism that will save taxpayers billions of dollars. It is time for Michigan to join the majority of states in this effort to contain costs and give families access to clinically proven treatment.

Health Care Reform

The MI Health Marketplace

I strongly support establishing a Michigan-based on-line health insurance exchange that will emphasize free market principles and serve as a competitive marketplace for individuals and businesses to obtain health insurance, including some of our most vulnerable residents who are currently uninsured.

The Affordable Care Act (ACA) requires each of the states to establish a health insurance exchange by 2014. If Michigan does not establish its own exchange, then the federal government will step in to operate one for Michigan. While I recognize that all or a portion of the ACA may be repealed or found to be unconstitutional in lawsuits that are

currently pending, Michigan must be prudent and plan to reach the best possible outcome under the existing law. Because Michigan needs a health insurance marketplace that best serves Michiganders, I am asking the Legislature to adopt legislation to create the MI Health Marketplace. This legislation should both satisfy the requirements of the ACA and improve the experience of purchasing health insurance coverage in Michigan.

I do not support a “one size fits all” federal approach to health reform, which is where we would be if we were to allow the federal government to run a health insurance exchange in Michigan. But even if the act of establishing a health insurance exchange were not mandated by the ACA, I would still be in favor of utilizing technology to create a better customer service experience for Michiganders. Done right, the MI Health Marketplace legislation will allow customers and small businesses to make more efficient and better informed decisions about buying health insurance coverage. When customers are provided with unfettered access to companies, products, pricing, and related information, there is higher confidence in the price and the quality of the products.

To achieve this goal, the MI Health Marketplace must operate under the following set of guiding principles.

- 1. The MI Health Marketplace must empower individuals and small businesses by enabling them to easily compare health insurance options.** Giving customers an additional, streamlined tool to compare health care plans will allow Michiganders to more easily find a plan that best fits their needs. Creating a simple, clear system in which individuals and small businesses can compare plans will encourage health insurance carriers to compete for business by keeping costs down and providing high quality coverage.
- 2. The MI Health Marketplace must not add bureaucracy and complexity that increases the cost to customers.** As the Legislature develops the MI Health Marketplace, it should focus on creating a structure that is simple and straightforward. It should not create a duplicative regulatory structure for health insurance in Michigan, but should focus on creating an efficient mechanism for customers to easily compare different plans. It should encourage healthy competition rather than simply add new transaction costs to the expenses that individuals and small businesses already face. The MI Health Marketplace should be established as a non-profit entity, existing outside of the government rather than another level of government bureaucracy.
- 3. The MI Health Marketplace should be another tool for health insurance customers, but not be the only available option for purchasing health insurance coverage.** While the MI Health Marketplace will enhance the market for health insurance in Michigan, it should not be the only available option for customers. Many Michigan businesses and individuals are pleased with their current health coverage and have been well served by the current system. The

MI Health Marketplace should not force these satisfied customers onto to a health insurance exchange that they do not need.

- 4. The MI Health Marketplace must be customer-service oriented, accountable, reliable, transparent, and expedient.** Excellent customer service must be a hallmark of the MI Health Marketplace. Unlike other sectors of our economy, our health care system has not adopted many technological advances, especially for customers to interact with the health system. Today we can use a smart phone to make reservations at restaurants, pay bills or even make major purchases for our homes. But finding affordable health coverage or even having access to your medical records continues to be a real challenge that technology has not yet been fully tapped to address. Moreover, unlike other sectors of the economy, such as retail or shopping for car insurance, the customer service experience in health care is often frustrating. By using technology, the MI Health Marketplace can make the on-line experience of selecting and purchasing health insurance coverage as easy as selecting and purchasing travel arrangements through websites like Travelocity and Orbitz. This design will incentivize insurance carriers to work hard to earn your business by offering innovative products that strive to control costs and improve quality. The MI Health Marketplace must also be accountable and transparent, by being made subject to the Open Meetings Act and the Freedom of Information Act. The operating costs should be available for public review through simple and reasonable reporting requirements.

These recommendations have been developed through a process of consulting stakeholders in the health care industry, including consumers, employers, health plans, a diversity of health care providers, insurance agents and brokers, labor, local governments, and universities. The Department of Technology, Management, and Budget has developed a technology plan that would allow for the seamless integration of the commercial health insurance products offered on the MI Health Marketplace with new state Medicaid eligibility rules mandated by the ACA. The new technology will establish a MI Health Marketplace portal with a single point of entry for individuals and employers to access information about health care coverage. The internet portal will enable insurance plan shopping and comparisons, validate eligibility and demographics, and enable insurance plan enrollment and payment. We will take all steps necessary to safeguard customer privacy and confidentiality. This plan will leverage existing state technical systems to the extent possible and be funded, to a large extent, by federal grants.

In order to meet the rigid federal guidelines for states to establish their own health insurance exchanges, and to utilize the federal funding, I urge the legislature to enact legislation creating the MI Health Marketplace before this Thanksgiving. Moving quickly will also put Michigan in a position to shape the development of federal health care reform.

Blue Cross and Blue Shield of Michigan

Blue Cross Blue Shield of Michigan plays a critical role in our health care system in Michigan. Approximately 4.3 million Michiganders are insured through Blue Cross, and it is estimated that Blue Cross enjoys a 70% health insurance market share in our State. Blue Cross employs more than 7,000 Michiganders, and has made significant and continuing investments in our State's important urban areas.

The legislation under which Blue Cross operates is more than 30 years old. That legislation has served Michigan well. Our individual and small business health insurance rates are lower than the national average. In fact, we have the 12th lowest individual health insurance rates in the nation. But the ACA requires the state to make certain changes to the way insurance rates are established and reviewed. We do not know whether the ACA will withstand the legal challenges against it, but if it survives, Michigan will have to implement changes this fall. Those changes will include market reforms such as requiring health insurance plans to cover immunizations and preventive care for children and women, prohibiting annual or lifetime limits on coverage, preventing denial of coverage because of a pre-existing condition, continuing children on a parent's plans until 26 years of age, reviewing unreasonable health insurance premium increases, and providing enrollees internal and external reviews of coverage denials.

Beyond these immediate changes, it is time to take a fresh look at the way Blue Cross operates and is regulated. Over the long term, we want to create a health care regulatory environment in Michigan that encourages competition, market speed and innovation, efficiency and cost reduction, and high quality, affordable, and accessible care. This will position Michigan to take advantage of the important market changes that are being driven by ACA and other health care reform, if the Act does survive.

So, we plan to begin examining whether our 30-year-old statute and Blue Cross' current legal and regulatory structure best meet these goals for the Michigan health care marketplace, in this time of great change. Blue Cross belongs to you and me, as a charitable trust established for Michigan's residents to deliver quality and affordable health care coverage. We look forward to working with the legislature to determine the best ways to maximize the long term value of this important asset to Michiganders.

Persons covered dually by Medicare and Medicaid

Michigan has over 205,000 residents who are dually eligible for both Medicare and Medicaid. While this is only 12.5% of our Medicaid population, these individuals account for 38% of Medicaid spending. A strategic priority of our MDCH is to move these persons with dual eligibility from an uncoordinated fee-for-service environment into a coordinated managed care environment. The goal is to take two government programs that traditionally do not work well together—Medicare and Medicaid—and create a coordinated health care delivery system. There is great potential for improving services through integration. There is also great potential for cost savings through better management of services, because approximately \$7.5 billion is spent annually on this

population, including both Medicare and Medicaid, of which over \$1 billion comes from Michigan's general fund.

Michigan has received a \$1 million federal grant to plan for this transition. The target date for the transition is October 2012. We are in the process of getting input from stakeholders (consumers, community based organizations, area agencies on aging, nursing homes, behavioral health care providers, home health providers, hospice, rehabilitation centers, hospitals, doctors, and the insurance industry). I am encouraged that this process will result in better health outcomes, better customer service, and cost savings. I look forward with great anticipation to the report of this stakeholder group.

Improved Governance

In 1978 the Michigan Public Health Code was enacted, creating the regulatory framework for health care in Michigan. Although there have been a significant number of amendments of the Public Health Code, many of the requirements in the Code are now over thirty years old. A number of provisions within the Code are outdated and there are new issues that should be addressed but are not included in the current Act.

One of the problems hospitals and providers encounter when trying to incorporate new technologies is that the new technology may not be acceptable under the current Public Health Code. This delays or prevents implementation of new technologies. For example, medical records are now available electronically or can be forwarded electronically but there is no discussion in the Public Health Code of electronic records and no provision for electronic communications or telemedicine. Similarly, the current Public Health Code also assumes that medical services must be provided face-to-face, but there is a growing trend in mental health arenas to offer counseling via technologies like Skype.

After 33 years, it is time to revisit how we regulate health care in Michigan. I propose that we undertake a comprehensive review of the Michigan Public Health Code. Such a review would be consistent with other initiatives to reinvent regulation in our state. To that end I am directing the MDCH, in conjunction with a newly-appointed Public Health Code Advisory Committee of public health experts, to conduct a systematic review of all existing provisions of the Public Health Code to determine the need to amend or rescind existing language or add new language to accommodate the changing health care environment. The MDCH will submit recommendations for regulatory changes to the Executive Office. Completing the review process and developing recommendations will require a significant investment of time and resources.

Seven years ago we had 17 boards and task forces regulating various health care professions. We now have 25 health profession licensing boards and task forces. In its current form, the Public Health Code does not provide for a sunset review process to determine whether there is value in continuing to regulate a particular health care profession, so the number of boards and regulated professions has continued to grow, unchecked. Likewise, under the current Code, health entities that are credentialed by

nationally recognized organizations are required to go through additional regulatory processes by the state. To reduce unnecessary or additional regulation, and cut down on red tape, the Public Health Code could accept national accreditation or certification instead of requiring additional review at the state level.

The Office of Regulatory Reinvention (ORR), created earlier this year, is looking at these various licensed occupations and supporting boards, to make sure that we are not excessively regulating our health occupations and that our regulations are tailored to provide health and safety benefits. Another area of focus is addressing our current and projected health care professional shortages. Physician shortages, for example, are projected to range from 4,400 to 6,000 by the year 2020. It has been estimated that as a result of the ACA, the size of our shortages may quadruple. Should this estimate hold true, Michigan's physician shortage could be anywhere from 16,000 to 24,000 by 2020. This will make it harder to get an appointment with a physician and access to specialized care may become more difficult. We need to find a way to ensure that Michiganders continue to have access to quality care.

Resolving the issue requires that we take a look at how other members of the health care team can partner with the medical community to deliver those services. Understanding the role of physician extenders such as advanced practice nurses and physicians' assistants in the delivery of primary care services is critical to addressing access issues. The ability to more effectively utilize mid-level practitioners is limited, however, by our current regulatory system. Accordingly, I have asked ORR to work closely with the MDCH to develop and implement a strategic plan to address our current and anticipated shortages in the health care sector and identify the regulatory reform necessary to successfully posture Michigan for future needs.

Conclusion

In order to see real improvement in our public health, and to make rising health care costs as manageable as possible, all levels of government, the private sector, and individual Michiganders have a part to play. Government and the private sector can and should empower Michiganders with the tools necessary to access quality health care and live a healthy lifestyle. We should act expeditiously and with compassion. At the same time, Michiganders can improve the quality of their own lives, while also reducing the economic burden of health care expenditures, by assuming personal responsibility for their own health and wellness.

Health is the foundation for Michigan's economic transformation—it allows our children to thrive and learn, it readies our graduates for meaningful careers, and it permits our current workforce to grow and adapt to a dynamic economy. In this message, we lay the groundwork for a healthier Michigan, a Michigan in which residents of all ages prosper and contribute.



COUNTY CONNECTIONS

Planning and Performance Improvement Department Receives Three National Achievement Awards

By Paul Sachs

The Planning and Performance Improvement Department was notified that it is the recipient of three 2011 Achievement Awards from the National Association of Counties (NACo). The Achievement Award Program, which is in its 42nd year, recognizes innovative programs that enhance county government. Awards were given for the Department's Electronic Content Management (ECM) System Evaluation, Environmental Data Book, and Model Downtown Zoning Ordinance. A brief description of these programs is as follows:

Electronic Content Management (ECM) System Evaluation:

The ECM System Evaluation is the first full-scale, comprehensive study that verifies, through time-analysis, the actual time and material savings from using an ECM system to process court documents, as well as the resulting cost-savings. The study is being used to justify the need for legislative changes at the state-level that would encourage greater utilization of the technology, thereby further reducing labor and material cost. The award was given under the category of *County Administration and Management*.

Environmental Data Book: The Environmental Data Book is a comprehensive, easy-to-use reference guide that contains an assortment of environmental-related data for Ottawa County. This unique, web-based resource synthesizes pertinent environmental facts and statistics into a single, convenient document that is easily accessible to the public. The award was given under the category of *Civic Engagement and Public Information*.

Model Downtown Zoning Ordinance: The Downtown Zoning Ordinance establishes a precedent for the use of visual illustrations in community planning documents. The first-of-its-kind Ordinance contains over 600 high-quality graphics that clearly convey a community's zoning standards with respect to architecture, setbacks, parking, signage, landscaping, and lighting. The Ordinance was developed for the City of Hudsonville as part of its participation in the County's Urban Smart Growth Demonstration Project. The award was given under the category of *Land Use Planning*.

Getting to know... Kevin Bowling

By Penni DeWitt

Kevin J. Bowling, Court Administrator of the 20th Circuit and Ottawa County Probate Courts was recently elected President of the National Association for Court Management (NACM) at the organization's 26th annual conference in July. NACM is a nonprofit organization dedicated to improving the administration of justice. With approximately 2,000 national and international members, it is the largest organization of court management professionals. In carrying out its purpose, the Association provides members with continuing education and encourages the exchange of information with professionals who share the same values, concerns, and interest in improving the quality of justice.

Kevin's work in the judicial system spans 32 years with service as court manager, attorney, judicial educator and court consultant. For 20 years, Kevin served in a variety of positions with the Michigan Supreme Court, including State Judicial Educator and Regional Court Administrator.

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Newsletter Editorial Board

Sherry Costello Penni DeWitt Shannon Felgner
Kim Hewitt Laura Mousseau Karen Otto

Thank you for your suggestions for the newsletter. We encourage you to continue submitting them to any Newsletter Board member. Every idea is considered even if it does not appear in a newsletter. The Newsletter Editorial Board reserves the right to edit submissions as needed.

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Health Management Program

Important Reminder

If you and your spouse (if applicable) are currently enrolled in one of the three Priority Health Medical Insurance Plans through Ottawa County, you still have the opportunity to **complete one of four Web MD Rewardable Actions to earn \$50.**

These Rewardable Actions include:

- Complete the Weight Management Program (through phase 5)
- Complete the Smoking Cessation Program (through phase 5)
- Complete the Stress Management Assessment
- Utilize one Health Tracker (a minimum of 5 times)



The deadline to complete this step, and to receive the \$50 incentive, is Friday, September 30th. Incentives will be paid to employees in a lump sum at the end of the calendar year.

Log into <http://www.priorityhealth.com> to access your HealthbyChoice Rewards account. If you have questions regarding your HealthbyChoice required actions or timelines, please contact a Priority Health Customer Service Representative by calling (800) 446-5674 or via a secure online message at <http://www.priorityhealth.com/contact/secure>.

Kevin Bowling, continued from page 1

Following the Supreme Court, Kevin consulted in western Africa as Deputy Chief of Party for the Nigeria Justice Sector Assistance Project before returning to western Michigan.

In his capacity as Court Administrator, Kevin has been instrumental in creating a vision for the judicial system and formalized the court's strategic plan. He has been involved with performing wage/classification studies, collective bargaining/contract administration, and continues to provide administrative oversight for courts, judges, and court employees. As needed, Kevin fills in as Attorney Referee for the 20th Judicial Circuit Court.

Kevin received his B.A. in Political Science/Public Administration from Providence College, Rhode Island; a M.S. in Judicial Administration from the University of Denver-College of Law; a J.D. from Thomas M. Cooley Law School, and is a Fellow of the Institute for Court Management. In addition, Kevin volunteers as a mediator and serves on the Board of Directors for Mediation Services in Holland, Michigan. He is a former Vice President of the Michigan Association of Circuit Court Administrators.

Kevin is truly a dedicated professional who is willing to work hard to complete tasks. He has strong time management skills, is self-motivated and conscientious. Kevin gives to the community by way of Mediation Services, as a Red Cross blood donor (10 gallons!), and as a member of St Patrick's Catholic Church. He was an organizer, founding member, and 20-year volunteer for Loaves and Fishes Ministries, Lansing, which provides emergency shelter.

Kounty Kudos

Personal Milestones

Retirees



Vicky VanBronkhorst will be retiring from the Health Department on September 30, after 22 years of providing quality nursing services to the community.

Ed Royce (Community Mental Health) retired from his position as a Mental Health Specialist on August 26 after 26 years with Ottawa County.

Baby News

Marlene Brostrom (Michigan Works!) and her husband JD welcomed Ellie Grace on May 30 at 1:51 pm. Ellie weighed 7 pounds, 14 ounces and was 19 inches long.



Congratulations to Jeremy and **Elizabeth Wiersema** (District Court Probation). Their second little girl, Payton Grace, arrived on August 1, 2011.



Weddings

Congratulations to **Justin Roebuck** (Clerk's Office) and Laura Piscitello, who were married in Zeeland on September 11, 2011. A reception was held at Porto Bello in Grand Haven, and the couple is honeymooning in Mexico.

Great Job!

Beth Kunish (Friend of the Court) was recognized by a fellow employee for her willingness to help with questions from clients on paternity/custody/visitation issues, going above and beyond her job, even when the case isn't hers. Kudos Beth for being an exceptional co-worker and a great representative of Ottawa County.

Professional Milestones

Dawn Scholten (Fiscal Services) completed her Master's thesis, a research project on financial crime investigations, on August 15. She received assistance from Detective Brad Nieboer, and earned an A on both the final project and presentation. Dawn now holds a Master of Business Administration degree (Accounting Concentration) from Davenport University. Her studies were focused on forensic accounting. She also received an Academic Achievement Award and was inducted into the Sigma Beta Delta International Honor Society. Congratulations Dawn!



Christine Miller (Fiscal Services) recently received recognition for serving as the president of the Michigan Public Purchasing Officers Association (MPPOA) for the 2010-2011 year. As chapter president, Christine was responsible for the organization's budget, 2010 annual conference, and the 2015 Strategic Plan. She was also instrumental in updating the organization's by-laws, which were approved at the annual conference. Christine will serve as Past-President through May of 2012.

If you wish to see your personal or professional announcement in this column, you must [submit it](#) to a newsletter editorial board member. Thanks! ☐

Who We Really Are...

In November of 2010 Kristi Hale (Juvenile Detention) located Crash's Landing through www.volunteermatch.org. Crash's Landing is a no-kill cat rescue and placement center in Grand Rapids and runs solely on donations and volunteers. She currently volunteers two separate, four-hour shifts at the first shelter and another three-hour shift at the second shelter, Big Sid's Sanctuary. Big Sid's is a home for cats with either FIV or Feline Leukemia.

A few months ago, Kristi finally caved and added Gus to her family. He had been taken in off the streets in February of this year, was emaciated, and had been injured after being hit by a car. Here he is, completely relaxed. He joins her other cats, Dexter and Chloe, and her dog Lucy.



Gus



Microsoft Office 2010 Coming to a Desktop Near You

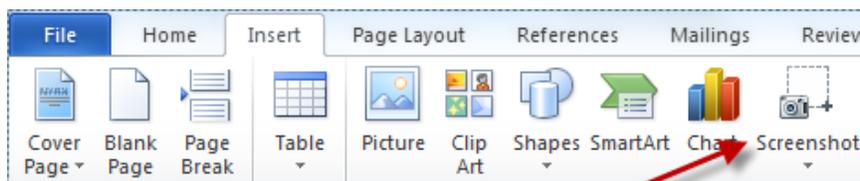
By Tina McConnell

In 2011, the County began deploying all new computers with Microsoft Office 2010. The majority of computers within the County will be upgraded to Office 2010 by the end of 2012. If you haven't used Office 2010 before, there is a learning curve, but most people seem to like the new software once they get used to it.

Office 2010 classes will be offered this fall. The Office 2003 classes have been discontinued. A good place to start your training is with the **Microsoft Office 2010: Making the Transition** class. This class will cover all of the basic differences between the old Office software and this new version.

In the next couple of issues of the County Connections newsletter, we will highlight some cool new features available in Office 2010. This month's featured tool is called Screenshot. The Screenshot tool is available in Word 2010, Excel 2010, and PowerPoint 2010. Screenshot is a tool that allows you to insert a screenshot or picture of any open program that you have on your computer. It's like snapping a picture of one of your open windows and inserting it automatically into your document. Using this tool, you can also capture a particular portion of an open window by creating a screen clipping.

The Screenshot tool can be found on the Insert ribbon in Word, Excel, or PowerPoint. Below is an illustration of where the Screenshot tool can be found in Word 2010.



When you click on the Screenshot tool, a drop-down menu will appear showing all of the open screens that you can capture for your screenshot. All you have to do is click on the screen you wish to capture, and an image of that screen will appear as a picture in the document.

This is a great new tool. It is extremely useful in creating training manuals, procedures, or instructions. This feature is one of the covered topics in the **Office 2010: Making the Transition** class.

Until next newsletter, when I cover another new cool feature in Office 2010, happy screen clipping!

Letitia Harris	Vital Records Clerk I	County Clerk
Djohariah Stevens	Mental Health Specialist - DD Services	CMH
Ryan Gamby	Probation Enforcement Officer	Community Corrections
Deanne McCammon	Clinic Support	Public Health
Barb Becker	Clinic Support	Public Health
Jill Bannink-Albrecht	RPC II	CMH
Matt Dombrowski	Mental Health Aide	CMH
Krista Harlan	Records Processing Clerk II-QI	CMH
Katie Clausing	Mental Health Program Supervisor	CMH
Deb Grant	Mental Health Clinician - Children's Services	CMH
Matt Brevard	Court Services Officer	Community Corrections
Josh Morgan	Appraiser III	Equalization
Phil Vander Vennen	Mental Health Specialist - DD Services	CMH
Dick VanRaalte	Gatekeeper - Riverside Park	Parks
Jeffery Elzinga	Gatekeeper - Riverside Park	Parks
David Rudnick	Appraiser	Equalization
Ryan Dyke	Gatekeeper - Riverside Park	Parks
Sandra Schoeb	Local Emergency Planning Coordinator	Emergency Management
Justin Clark	Case Records Processor I	Clerk
Rebecca Rowden	Circuit Court Clerk	Circuit Court
Mary Armbruster	Case Records Processor I	County Clerk
Gordon Dennis	Grounds Attendant	Parks
Jared Olson	Park Attendant	Parks

Welcome New Employees!

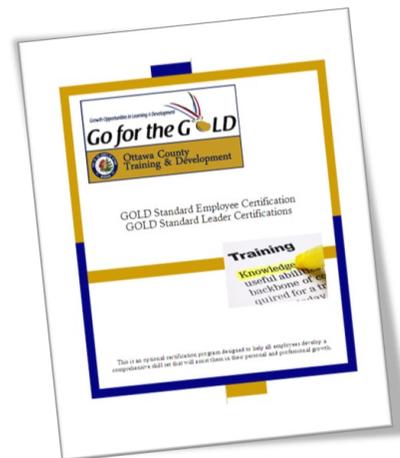
These individuals joined the Ottawa County workforce during the months of August and September.

Go for the GOLD!

Ottawa County GOLD Certification Programs

In August, the Human Resources Department rolled out a new training initiative, building on the GOLD Standard Training Program. This new component allows employees to seek certification as a GOLD Standard Employee or a GOLD Standard Leader (Levels 1 and 2). We have had an excellent response to this new program so far, but there have also been a number of questions. We have attempted to answer some of the more common questions below.

For more information on the GOLD Certification program, contact Human Resources or check out the Employee Training link from the Lotus Notes Front Page.



Are we required to obtain these certifications? No. This is a completely optional program. Employees are welcome to pursue any or all of the certifications, or to attend training classes as desired, without pursuing certification at all.

Do I have to complete the GOLD Employee Certification before working on my GOLD Leader Certification?

No. Employees are welcome to take classes from either program in any order. The certifications can even be sought simultaneously.

Is the GOLD Leader Certification only open to current supervisors? No. All the certifications are available to all employees. However, you still need supervisory approval to participate in any training opportunity. Some departments may elect to have their existing supervisors complete some classes before opening up enrollment to other employees.

Do old classes count toward certification? We are only accepting classes taken since the beginning of the GOLD training program. We have more accurate records of those classes and can track an employee's attendance. It is also a good idea to take a refresher of any of our topics taken prior to 2008, since much of the material and information has changed.

Why is the class I need to take not offered? We cannot offer all classes each semester. There are budget, personnel, and time constraints. There is no expectation that people will complete their certification immediately. It may take years to attend the necessary classes, so people can take them as they are offered, or get them the next time around.

Why can't I take the supervisory electives like FMLA, Interviewing, and Hiring?

Although these classes are open to all employees, it is a department decision on whether or not there is a benefit for your participation in these subjects. Talk with your supervisor about your reasons for wanting to take a class if your enrollment request is declined.

Is there a way to track my classes so I know when I'm close to completion? Yes. Although we will not alert employees when they are close to completion, there are methods for employees to track their own progress. Transcripts are available on the Employee Training site under Classes|Transcript.

Is the certification open to non-employees (Adult Probation, MSU, DHS, etc.) Although we have opened our classes up to some groups of non-county employees working with our programs, the certification program is currently only available to Ottawa County employees.

What do I do when I think I have met all the requirements? Employees who have completed the necessary training classes can submit a request for certification. The forms are located on the Lotus Notes Front Page|Forms, under *Human Resources*. They are titled Request for GOLD Employee Certification and Request for GOLD Leaders Level 2 Certification.

New Employee Development Opportunity

Business Book Club

Code: HR620

Our new business book club seeks to expose participants to a wide variety of business topics with an open and exciting exchange of ideas with a small group of participants. Each monthly meeting focuses on a different business book, selected to support current organizational goals and issues. Employees are welcome to attend one or all of the gatherings. Although these sessions are all planned for the Fillmore complex, if there is interest in the other buildings, additional sessions will be added at other locations.

The books have been selected for our first three meetings. Limited copies of the books are available in the Training Resource Library in Human Resources. To enroll in these sessions, contact HR or enroll online at the Employee Training link on the Lotus Notes Front Page.

Whale Done!: The Power of Positive Relationships

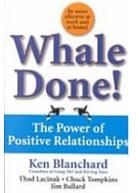
Authors: Ken Blanchard, Thad Lacinak, Chuck Thompkins, and Jim Ballard

Written with top SeaWorld trainers, *Whale Done!* explores how positive reinforcement techniques used with killer whales can have a dramatic effect on our *human* relationships both at work, and at home. The authors show how positive reinforcement and redirection can help increase productivity. These techniques are remarkably easy to use and can be applied equally well at home, allowing readers to become better parents, more committed spouses, and live happier lives.

Wednesday, September 28

12:00pm - 1:00pm

Fillmore Main Conference Room



Customer Mania!: It's Never Too Late To Build A Customer Focused Company

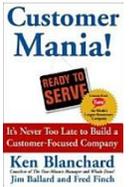
Authors: Ken Blanchard and Sheldon Bowles

In *Customer Mania!*, the key to customer service is creating a people-oriented, performance-driven, customer-first organization. The authors explain why the customer is the right starting place from which to build a successful business. By drawing on examples from the world's largest restaurant company, Yum!—owner of KFC, Taco Bell, Pizza Hut, Long John Silver's, and A&W Restaurants—the authors explain how any company, large or small, can develop a unified, people-first, customer-oriented culture.

Wednesday, October 26

12:00pm - 1:00pm

Fillmore Main Conference Room



QBQ! The Question Behind The Question: Practicing Personal Accountability At Work And In Life

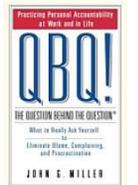
Author: John G. Miller

This book explores the role of personal accountability in one's work and personal life. Many people look for others to blame their problems and conflicts on. The author proposes that instead of asking who is to blame for the situation, we should ask, "What can I do to improve the situation?" Only by being able to ask this "question behind the question" can we take ownership of the problem and start working toward a solution.

Wednesday, November 30

12:00pm - 1:00pm

Fillmore Main Conference Room



Petite Fruit Pizzas

Ingredients:

- 1 16 oz. pkg. ready-to-bake sugar cookies
- 1 8 oz. pkg. cream cheese
- 1 t. vanilla
- ½ c. powdered sugar
- 2 c. of your favorite fresh fruits cleaned & sliced

Prepare and bake cookies according to the package directions. Cool completely. In medium bowl, beat cream cheese, vanilla and powdered sugar until smooth. Spread each cooled cookie with 1 tablespoon cream cheese mixture. Arrange fruit on top of each. Serve immediately, or cover and refrigerate up to 2 hours.

