



COUNTY ADMINISTRATOR  
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TO: Barbara Levin Bergman  
Chair, Ways & Means Committee

THROUGH: Robert E. Guenzel  
County Administrator

FROM: Ellen J. Clement  
Health Officer

DATE: September 3, 2008

SUBJECT: 2008-2009 Comprehensive Planning, Budgeting and Contracting (CPBC)  
Agreement, Interagency Agreement, and 2008-09 Budget

**BOARD ACTION REQUESTED:**

The Department of Public Health requests that the Washtenaw County Board of Commissioners ratify the signature of the County Administrator on the 2008-2009 Comprehensive Planning, Budgeting and Contracting (CPBC) agreement, authorize the signature of the County Administrator on the 2008-09 Interagency Agreement between Public Health and Planning & Environment, authorize the establishment of body art facility inspection fees, approve the 2008-2009 Public Health Budget, authorize the County Administrator to sign delegate contracts, and approve position modifications.

**BACKGROUND:**

Since 1987, the Michigan Department of Public/Community Health (MDCH) has funded local public health programs through the Comprehensive Planning, Budgeting and Contracting (CPBC) agreement which include Local Public Health Operations (LPHO) funding for General Communicable Disease Control, Drinking Water Supply\*, Hearing Screening, Immunizations, On-Site Sewage Treatment Management\*, Sexually Transmitted Diseases, Vision Screening, and Food Service Sanitation. (\*Services funded under a separate agreement with the Michigan Department of Environmental Quality but reimbursed through the CPBC.)

Although it currently falls short of the 50% state share established in the Public Health Code (PA 368 of 1978 Section 2475) for the eight required services, LPHO can also be used to support administrative costs for the eight required services along with other core public health functions including: Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. Ongoing advocacy efforts by local health departments through the Michigan Association for Local Public Health to ensure that the state fully funds its share of LPHO and covers the additional core public health functions have been unsuccessful to date. The last increase in LPHO funding occurred in 1996.

Various other state and federal categorical grants are also allocated to local health departments by MDCH through the CPBC. These include AIDS/HIV Prevention, Children's Special Health Care Services (CSHCS), Emergency Preparedness Planning and Coordination, Immunizations, Sexually Transmitted Disease (STD), Local Tobacco Reduction Coalition, Tuberculosis Control (TB) and Women Infants and Children (WIC) and other competitive grants that vary from year to year.

The State CPBC requires submission of a signed agreement no later than September 8, 2008, followed by submission of other required CPBC materials including all budget materials and program plans no later than November 1, 2008. The board resolution ratifying this signed agreement also establishes the Public Health operating budget for the new fiscal year (October 1<sup>st</sup> through September 30<sup>th</sup>) and any related position modifications needed.

## **DISCUSSION:**

Fiscal year 2008-2009 funding and program requirements specified in the annual CPBC Agreement have been incorporated into this proposed budget. The total operating budget for Public Health for the time period October 1, 2008 through September 30, 2009 represents a net decrease of \$52,038 over the final budget for the 2007-08 fiscal year as amended and brings the Public Health budget in line with the 2009 County General Fund budget reduction target for their programs.

Major funding changes reflected in this budget and the impact on the community is as follows:

- **Emergency Preparedness funding has been reduced by \$122,763**—Public Health has anticipated and planned for this reduction. However, the loss of funding is significant in that fewer positions will be available for this work. More than 80% of this reduction (\$103,185) reflects the loss of federal Pandemic Flu preparedness funding. Most concerning, all the Pandemic Flu preparedness requirements have been continued and are now incorporated into our base grant. We also anticipate the implementation of federal requirements for state and local match in July of 2009 based on a trend toward reducing federal support while maintaining the same level of requirements on local health departments.

Community Impact: The program budget is established based on federal funding levels incorporated into our CPBC agreement. Meeting federal program requirements already requires significant local in-kind resources and federal funding is projected to decline in future years. We have a local Health Emergency Response Committee that helps us carry out our work and participate in the Human Services Emergency Response Committee, the Region 2 South Planning Board and Advisory Committee, the Homeland Security Task Force and the Urban Area Strategic Initiative as well as the Emergency Operations for Washtenaw County and the city of Ann Arbor.

- **Infant Mortality funding has decreased by \$20,480 to \$109,520 in FY 2008-09 versus \$130,000 in FY 2007-08**—This funding comes from the Healthy Michigan Fund which has been at risk in the last two state budget processes. Therefore we have not tied the funding to any permanent positions outside of the management and administrative support.

Community Impact: Public Health has convened a local Infant Mortality Coalition since October 2004 and funded strategic activities identified by the coalition including a Safe Sleep Campaign and Fetal Infant Mortality Review. In spite of local public health feedback regarding the importance of local coalitions, the State's funding is increasingly narrow and prescriptive in what activities are allowable for support. In 2007-08, inter-conceptual care services to women who have experienced a previous negative

pregnancy outcome are the only allowable activity. It is becoming difficult to continue support for convening our local Infant Mortality Reduction Coalition. With our persistent elevated rates for Black infant mortality and low birth weights (4.5 deaths per 1,000 births for Whites compared to 12.1 for Blacks over 2004-6) there is a serious and ongoing need to work on community system change and strategies to eliminate the problem. We hope to leverage enough local resources within our overall budget to continue the coalition.

- **Increased WIC participation in Washtenaw County and across the state during the current year has resulted in an additional program allocation of \$33,378 over the original FY 2007-08 funding level**— WIC caseloads tend to increase significantly during economic downturns and we anticipate a request to increase funding again based on caseload early in the 2008-09 fiscal year. In spite of these funding increases, WIC program requirements are extensive and local funding supports the portion of the program's indirect costs that federal funds do not cover, which is true of the majority of WIC programs in Michigan. Higher WIC caseloads also require Public Health to use some of the additional funding to offset personnel costs for backup/on-call staff at the main clinic plus increased costs at subcontracted sites.

Community Impact: The WIC program serves almost 5,500 women and infants every month with nutritional supplements and education. The economic and health value of WIC food in 2007 (the most recent year available) was \$3,188,451 spent mainly in Washtenaw County by 4,854 women and infants. Services are primarily delivered by the Public Health Department but two subcontracted providers, North Campus Nursing Center and the Corner Health Center, provide enhanced access to their populations. The Public Health WIC services are also delivered in satellite locations including Manchester, two Ann Arbor sites, Head Start and Whitmore Lake to improve access outside the main Ypsilanti public health location. We are pleased that state level program changes are using technology to better serve our clients. Electronic Benefit Cards replaced paper coupons during 2008 for our participants and a new state web based computer system—MiWIC—will replace the outdated DOS-based state system here in early 2009 resulting in program efficiencies.

- **Washtenaw Health Plan (WHP)**— The continuation of the WHP Personnel Lease Agreement is represented in the Public Health budget with personnel and operating expenses plus indirect costs offset by equivalent revenue from WHP. WHP staffing levels and costs increased during 2007-08 and represent \$866,620 of the total 2008-09 Public Health budget. In addition, General Fund appropriations to Public Health make up the largest portion (totaling over \$1.3 million) of the intergovernmental transfer to the state that leverages Medicaid matching dollars to support the WHP budget.
- **Medicaid revenue is unchanged from the 2007-08 budget**— This reflects some uncertainty regarding our largest Medicaid program, the Maternal Infant Health Program (MIHP). State policy changes will mandate all pregnant women and infants enroll in Medicaid health plans effective October 1, 2008. The federal Cost Based Reimbursement (CBR), which provides for higher levels of support for local public health Medicaid providers, is under state appeal of a federal audit finding for the State of Michigan which, if not overturned, would eliminate the recovery of CBR for all our services. We hope that this issue will be favorably resolved in early 2009 as the loss of this revenue could jeopardize our ability to continue to provide these services. Meanwhile, we are doing a full program review for efficiency and effectiveness to do everything possible to be able to maintain these services. Hearing and Vision Program bills about \$30,000 in Medicaid fees for services to eligible children that we did not have three years ago, helping us to sustain our historical levels of service in the community.

Community Impact: The supportive home visits by nurses, social workers and nutritionists are shown by research to have positive results in birth outcomes as well as over the life course for the children and their mothers who receive services. Washtenaw County Public Health is one of four MIHP providers in the community—the others are the University of Michigan Health System, St. Joseph Mercy Hospital and the Corner Health Center. Of these, we are the only provider of the Infant Services component of this program. Washtenaw County continues to experience higher rates of infant mortality and low birth weight births for African Americans compared to Whites (2004-2006 three year average of 4.5 for Whites and 12.1 for Blacks) which, although better than state averages for both groups still show that the number of infant deaths among Blacks are almost three times higher than those among Whites. We are also seeing increasing numbers of referrals for our service along with a trend toward more complicated needs among the women and infants we serve. More of our clients have languages other than English as their primary language and translation services are becoming increasingly important.

Medicaid matching funds also support immunizations and outreach and enrollment services. Outreach and enrollment is provided in the WIC program and through a collaborative program under the Success By 6 (Sb6) initiative. Public Health leverages local public health support combined with a local grant to Sb6 to drawdown Medicaid match dollars. This blended funding stream supports efforts to ensure that all eligible children in our county are enrolled in Medicaid.

- **Health Promotion/Disease Prevention**– We have been fortunate to receive competitive grants for some of our work in this area due to the innovative work being done by Public Health staff in the areas of health promotion. This core service area includes Health Education and receives no LPHO funding from the state. Exemplary practice by staff in evidence based health promotion has resulted in two new grants: the Multi-State Learning Collaborative (for quality improvements in policy development) and Steps Up! (as one of two local health departments selected for a pilot program to help the state demonstrate effective ways to build cardiovascular disease and injury prevention capacity in local health departments).

Community Impact: Our competitive grants and local funding allow us to maintain a health promotion presence in local schools assisting them with their wellness policies and supporting Safe Routes to School efforts at the community level. MSU Extension funding combines with a Building Healthy Communities grant to support work with local community health coalitions on the food environment (farmer's markets) and the creation of environments that are supportive of physical activity. We support additional collaborative community projects for youth, seniors, mental health prevention and crisis response, substance abuse, and suicide prevention with our expertise in health assessment and programming.

- **Body Art Facility Inspection** – Under a revision to the Public Health Code ( PA 368 of 1978 Section 333.13101-13111) which requires all body art facilities to be licensed, local health departments are now required by law to inspect local body art facilities directly or through a contractual arrangement with another local health department. Pursuant to section 2444 a local governing entity of a local health department may establish fees for the services they perform. We are recommending that the Environmental Health Department conduct these inspections and that the Board approves fees at this time in order to assure that a local inspection program can be developed in time for local facilities to receive their inspection prior to January 1, 2009 when they must apply for their new state license.

## Recommended Body Art Facility Inspection Fees

Annual Inspection Fee	\$200
Plan Review Fee (for new or extensively remodeled facility)	\$200
Follow-up Inspections (as required for licensure)	\$100
Temporary Facility Inspection	\$125

Community Impact: For several years, Public Health and Environmental Health have been working on developing a local regulation to license body art facilities due to the health risks associated with body art. Several local health departments in Michigan have had local regulations for several years and the benefits of such programs have been demonstrated. With the new state law, we will achieve the goal of a licensing program that reduces the risks associated with body art. There has been support among the local body art providers for licensing to assure that their industry maintains the highest standards of care. A fee survey of other local health departments shows that our fees are about midway between lowest and highest.

- **Additional Program Changes Anticipated for FY 2008-09**

- We are initiating a pilot in October to integrate the WIC and MIHP programs. In November, we will be coming to the Board for approval of a fully developed plan of integration including budget and position changes. The advantages we gain through this change will benefit clients and ensure fiscal sustainability. Many program participants will be able to receive both services in a single visit. Services will be provided in a more cost-effective manner: by reducing the number of home visits, we will increase our efficiency, reduce travel costs and reduce the number of not-at-home visits. Specific details will be presented to the Board at the September 4<sup>th</sup> Working Session.
- To offset the impact of clerical reductions and the reduced scope of Towner facility improvements scheduled for implementation in 2009, Public Health has redesigned its Towner I reception process to locate a walk-in and phone reception in the clinic area on the first floor. This space reconfiguration in combination with our busy WIC clinic, will make it easier for people to connect with the right Public Health location and service they are seeking. New computer applications currently under development will enable multiple staff to schedule callers and walk-ins for all our services plus enhancements to existing computer applications will facilitate greater efficiencies for specific programs and services.
- New state funding for gonorrhea and chlamydia screening and treatment will be forthcoming as an amendment to our 2008-09 CPBC agreement.
- Tuberculosis (TB) control is an increasing demanding on Public Health with eight separate cases currently requiring Directly Observed Therapy (DOT). DOT means daily visits from public health nurses to patient's homes or other community sites to deliver medicine and observe that it is taken. This strategy is designed to assure that treatment is effective and to stem the spread of multi-drug resistant (MDR) strains that are harder to treat. MDR-TB can require up to two years of daily DOT to complete treatment; we currently have some cases in our community. Each DOT case represents a much larger number of case contacts investigated and tested as part of the effort to stem the spread of TB. In addition, many of the individuals we treat need our help to coordinate extensive community supports in order to help them maintain their housing, basic needs and employment as they recover. Without community support they would be unable to comply with our treatment. State funding for our TB program falls far short of the 50% share.
- Medical Examiner Program enhancements in partnership with the University of Michigan Health System (UMHS) continue. We expect completion of UMHS

- autopsy facility enhancements, implementation of a new MDILog computer system and expansion of our efforts to provide regional services this year.
- Discussions with schools regarding enhancements of the relationship with public health began this summer. Mutually beneficial opportunities under consideration range from providing school nursing services to Public Health - Healthy Schools website enhancements. We have developed information for schools to use when infectious diseases including (vaccine preventable ones) occur in the schools and are establishing a regular annual meeting with school personnel in the fall to provide information on Public Health's role in keeping schools healthy. Washtenaw Intermediate School District (WISD) continues to participate in the Health Emergency Response Coalition convened by Public Health.
  - All fees are under review to ensure consistency across departmental programs. Any new fees will be brought to the Board for approval.

### **IMPACT ON HUMAN RESOURCES:**

Public Health is requesting to create a 0.1 FTE Senior Management Analyst grant status position to expand capacity to execute public health projects in the local community. The additional 0.1 FTE will be incorporated into an existing Senior Management Analyst position currently authorized for 0.7 FTE. The personnel costs for this position will be covered under the 2008-09 CPBC agreement. Continuation of this FTE increase in future years is contingent upon the availability of funding.

### **IMPACT ON BUDGET:**

The Public Health budget for fiscal year 2008-09 beginning October 1, 2008 is \$9,244,089. This budget reflects the various factors discussed above as well as rising labor costs, level funding from the State of Michigan for most programs, and less attrition due to the general economic conditions resulting in more senior staff.

Total expenditures and revenues in 2008-09 reflect a net decrease of \$52,038 over the current budget for the 2007-08 fiscal year. This change incorporates a decrease of 10% (\$355,192) in the level of General Fund support originally budgeted for 2009 as agreed to as part of the County's 2009 budget shortfall solution as well as the net changes in funding in our annual Comprehensive Planning, Budgeting and Contracting Agreement.

### **IMPACT ON INDIRECT COSTS:**

The Cost Allocation Plan remains frozen at \$855,471.

### **IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES:**

This budget reflects an expected renewal of the interagency agreement between Washtenaw Community Health Organization and Public Health for the continuation of substance abuse and mental health prevention services. Also included is the renewal of the Interagency Agreement between Environmental Health and Public Health for submission to the Michigan Department of Community (MDCH) Health to meet the requirement that MDCH approve the local plan of organization for delivery of public health services including the continuation of the organizational separation between the two departments. Contracts with outside agencies are discussed in a previous section.

### **CONFORMITY TO COUNTY POLICIES:**

This request is in conformance with County policies.

**ATTACHMENTS/APPENDICES:**

2008-2009 CPBC Contract Agreement

Public Health/Environmental Health Interagency Agreement

## WASHTENAW COUNTY

### INTERAGENCY AGREEMENT BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND THE DEPARTMENT OF PLANNING & ENVIRONMENT

A Reallocation Agreement for Public Health Services between Agencies of County Government

For Fiscal Year October 1, 2008 through September 30, 2009  
(Original Interagency Agreement dated February 2, 1993)

#### Background and Purpose

The County wishes to continue the organizational separation of Environmental Health from the Public Health Department. Environmental Health Programs, directed by an Environmental Health Director, are within two Divisions that report directly to the Director of the Department of Planning and Environment. The Public Health Department, headed by the Public Health Officer, is a separate Department reporting directly to County Administration.

In order to implement the directives of the Board of Commissioners and in order to comply with the Michigan Public Health Code, this Interagency Agreement/Reallocation Agreement is hereby adopted. This Agreement provides the framework within which the Environmental Health activities of Washtenaw County will be conducted as required by the Public Health Code under the direction of the Health Officer. It shall be renewed annually as required by the Department of Community Health and made part of the annual plan and budget submissions to the Department of Community Health as required by the Public Health Code under the direction of the Health Officer.

#### I. POLICY DEVELOPMENT AND APPROVAL

- a. The Board of Commissioners of Washtenaw County has authority over all public health policies that are implemented within the County and, under the Public Health Code, retains unto itself the role of Board of Health.
- b. The Board of Commissioners of Washtenaw County has appointed the Public Health Officer to implement county and state public health rules and regulations and to propose new rules and regulations to protect and promote the health of county residents.
- c. The Board of Commissioners has created two Divisions within the Department of Planning and Environment which carry out Environmental Health programs.
- d. All Environmental Health policies, rules, regulations and enforcement actions that are proposed by the Department of Planning and Environment require the review and approval of the Public Health Officer, when and as provided by the Public Health Code, before action by the Board of Commissioners or direct implementation by the Department of Planning and Environment. The written approval or order of the Public Health Officer shall be required on all documents if and as specified in the Public Health Code.
- e. The Public Health Officer shall seek the review and comments of the Public Health Advisory Committee/Environmental Appeals Board for all changes in programs and activities that impact the health of the public, including Environmental Health programs and issues such as, but not limited to, investigation of food borne illnesses, epidemics, disasters, lead poisoning, vector-borne illness, and underground water contamination.

#### II. ORGANIZATION STRUCTURE AND STAFFING

##### a. ORGANIZATION STRUCTURE

- i. The organization structure for Public Health in Washtenaw County shall reflect the wishes of the Board of Commissioners.
- ii. The Public Health Officer shall review and approve the initial organizational structure of Environmental Health and any changes thereto prior to any actions by the Board of Commissioners.
- iii. The Public Health Officer must approve organizational changes in Environmental Health that impact program delivery.

b. STAFFING

- i. To assure compliance and accountability an Environmental Health Director shall be designated and retain accountability for all Environmental Public Health Programs.
- ii. The Health Officer must participate in the selection of the senior staff member who manages Environmental Health programs, and must approve the final selection, following criteria specified by the Michigan Department of Public Health, prior to action by the Director of Planning and the Environment and the Board of Commissioners.
- iii. The Health Officer shall review and approve any changes to approved positions that affect Environmental Health programs.

III. ENFORCEMENT – REGULATIONS – APPEALS BOARDS

- a. The Health Officer and the Environmental Health Director will consult prior to and the Health Officer must approve any enforcement actions by Environmental Health programs under the State Public Health Code (e.g., need for immediate closure of licensed food service establishment, or where imminent danger to health or lives of individuals exists [s.2451], where appearance tickets are necessary [s.2463], or injunctive actions are to be initiated [s.2465]).
- b. The Public Health Officer and the Environmental Health Director will jointly review and the Health Officer must approve any proposed public health regulations prior to submission to the Board of Commissioners for adoption.
- c. Appeals and variances will be heard by the Public Health Advisory Committee / Environmental Appeals Board for issues relating to sewage disposal systems, water wells, and facilities regulated by the Washtenaw County Pollution Prevention Regulation. The Food Service Hearing Board will hear appeals on actions regarding food service licenses, and variances shall be issued by the Health Officer.

IV. PROGRAMS

- a. The Director of Environmental Health will have the overall responsibility for assuring that all Environmental Health programs are carried out in conformity with Public Health Code and rules as promulgated by the Department of Community Health, Department of Agriculture, Department of Environmental Quality, and other relevant State Departments, and shall be under constant review by the Public Health Officer.
- b. Changes in Environmental Health programs that are conducted under the authority of the Public Health Code must be approved by the Public Health Officer.
- c. The Health Officer will actively involve the Director of Environmental Health in Public Health decisions, particularly those that may impact on Environmental Health programs.
- d. Environmental Health programs, as directed by the Health Officer, shall work with the Public Health Medical Director and other designated Public Health staff to respond to foodborne illness outbreaks, communicable disease occurrences and other public health situations as required.
- e. Environmental Health programs will actively participate in Public Health Department community health assessment and improvement activities
- f. Environmental Health programs will work in accordance with the County Emergency Operations Plan and the Public Health Emergency Plan under the direction of the Public Health Officer as needed in response to an emergency situation that impacts this County.

V. FINANCE AND BUDGET

- a. All fiscal policies within Environmental Health programs will be carried out in conformity with the agreement between the Michigan Department of Community Health and Washtenaw County Public Health for the Delivery of Specially Designated Health Services known as the Comprehensive Plan and Budget Contract (CPBC).

- b. Environmental Health expenditures and revenues are to be accounted for in the State Health Fund (221) under the Department of Treasury's Uniform Chart of Accounts for local government. This budget and this attendant reallocation agreement shall be submitted by the Health Officer with the CPBC Agreement as an attachment to it.
- c. The preparation of the CPBC Agreement will be done under the direction of the Health Officer in cooperation with the Director of Environmental Health and will include the budget and program outputs including, but not limited to Local Public Health Operations (formerly known as Cost Sharing).
- d. The preparation of the annual County budget is to be done in accordance with the allocations projected from the agreement in V (a) by the Health Officer in consultation with the Director of Environmental Health.
- e. Any changes during the state Agreement year at either the state or local level that require budget revisions to the state Agreement will be carried out under the direction of the Health Officer. Notification of significant changes in revenues or expenditures at either the local or state level shall be a mutual responsibility and occur at the earliest possible time to facilitate the joint development of strategies. Any fiscal changes that may impact services require the concurrence of County Administration and the County Board of Commissioners.
- f. Related financial records including staff time allocations, year end accruals, and audit work papers will be prepared by the Director of Environmental Health or his/her designated fiscal staff in consultation with and subject to, the approval of the Health Officer and County Internal Auditor.
- g. Environmental Health will handle its own local financial requirements, except as contained in the points above.

APPROVED AS TO CONTENT:

\_\_\_\_\_  
 Ellen J. Clement, M.S.W, MPH (Date)  
 Health Officer  
 Public Health Department

APPROVED AS TO FORM:

\_\_\_\_\_  
 Curtis N. Hedger (Date)  
 Office of Corporation Counsel

WASHTENAW COUNTY

BY: \_\_\_\_\_  
 Robert E. Guenzel, Administrator (Date)

APPROVED AS TO CONTENT:

\_\_\_\_\_  
 Richard M. Fleece, R.S. (Date)  
 Director  
 Environmental Health

APPROVED AS TO CONTENT:

\_\_\_\_\_  
 Anthony VanDerworp (Date)  
 Director  
 Department of Planning & Environment

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

BY: \_\_\_\_\_  
 Janet Olszewski, Director (Date)

A RESOLUTION RATIFYING THE COUNTY ADMINISTRATOR'S SIGNATURE ON THE PUBLIC HEALTH DEPARTMENT COMPREHENSIVE PLANNING, BUDGETING AND CONTRACTING (CPBC) AGREEMENT FOR THE PERIOD OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009; AUTHORIZING THE COUNTY ADMINISTRATOR'S SIGNATURE ON THE 2008-09 INTERAGENCY AGREEMENT BETWEEN PUBLIC HEALTH AND PLANNING & ENVIRONMENT; AUTHORIZING THE ESTABLISHMENT OF BODY ART FACILITY INSPECTION FEES; APPROVING THE PUBLIC HEALTH DEPARTMENT'S 2008-2009 BUDGET; AUTHORIZING THE COUNTY ADMINISTRATOR TO SIGN DELEGATE CONTRACTS; AND APPROVING POSITION MODIFICATIONS

WASHTENAW COUNTY BOARD OF COMMISSIONERS

September 17, 2008

WHEREAS, since 1987 Michigan Department of Community Health (MDCH) has funded local public health programs including Environmental Health through a Comprehensive Planning, Budgeting and Contracting (CPBC) Agreement which includes Local Public Health Operations funds for General Communicable Disease Control; Hearing Screening; Immunizations; Sexually Transmitted Diseases; and Vision Screening; Food Service Sanitation, and various other categorical funds allocated to local health departments; and

WHEREAS, the CPBC requires the local health department to have a signed CPBC agreement prior to the start of the 2008-2009 fiscal year on October 1, 2008; and

WHEREAS, annual changes in funding and program requirements at the state level and for local activities requires that a budget be approved prior to the start of the new fiscal year; and

WHEREAS, subsequent changes of state allocations, program requirements and final local budgets may result in adjustments to this proposed plan and budget for the delivery of local public health services; and

WHEREAS, this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, the County Administrator's Office, and the Ways and Means Committee.

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby ratifies the signature of the Administrator on the Comprehensive Planning, Budgeting and Contracting Agreement with the Michigan Department of Community Health for the period October 1, 2008 through September 30, 2009 as on file with the County Clerk.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the signature of the Administrator on the 2008-2009 Interagency Agreement between Public Health and Planning & Environment, as on file with the County Clerk.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the following fees:

**Body Art Facility Inspection Fees**

Annual Inspection Fee	\$200
Plan Review Fee (for new or extensively remodeled facility)	\$200
Follow-up Inspections (as required for licensure)	\$100
Temporary Facility Inspection	\$125

BE IT FURTHER RESOLVED that the Board of Commissioners takes the following actions contingent upon receipt of funding in conformity with the CPBC agreement:

1. Authorizing the budget, as attached hereto and made a part hereof
2. Authorizing the Administrator to sign delegate contracts upon review by Corporation Counsel, to be filed with the County Clerk

BE IT FURTHER RESOLVED that the Board of Commissioners authorizes the creation of positions as follows effective October 1, 2008:

<u>POSITION #</u>	<u>NOTE</u>	<u>POSITION TITLE</u>	<u>GROUP</u>	<u>GRADE</u>	<u>CREATE</u>
3025-0008	a,b	Senior Management Analyst	32	30	0.10

- a. This action will increase position #3025-0008 to .80 FTE status.
- b. This 0.1 FTE creation will be grant status.

C.

**Public Health  
Fund Summary  
October 1, 2008- September 30, 2009  
2960**

<u>Object</u>	<u>Description</u>	<u>Current Budget 2007/08</u>	<u>Original Budget 2008/09</u>	<u>Variance</u>
<b>Revenue:</b>				
50000	Federal Revenue	\$0	\$32,776	\$32,776
54000	State Revenue	\$0	\$2,056,505	\$2,056,505
58000	Local Revenue	\$0	\$2,337,664	\$2,337,664
60000	Fees & Services	\$0	\$1,324,017	\$1,324,017
67000	Other Revenue & Reimbursement	\$0	\$66,900	\$66,900
69000	In-Kind Contributions	\$0	\$959,800	\$959,800
69500	Transfers In	\$0	\$2,466,427	\$2,466,427
	Total Revenue	\$0	\$9,244,089	\$9,244,089
<b>Expenditures</b>				
70050	Personal Services	\$0	\$6,095,510	\$6,095,510
72600	Supplies	\$0	\$220,563	\$220,563
80000	Other Services & Charges	\$0	\$1,105,245	\$1,105,245
93500	In Kind Charges	\$0	\$959,800	\$959,800
94000	Internal Service Charge	\$0	\$855,471	\$855,471
95000	Capital Outlay	\$0	\$7,500	\$7,500
98000	Reserves	\$0	\$0	\$0
	Total Expenditures	\$0	\$9,244,089	\$9,244,089