



COUNTY ADMINISTRATOR  
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TO: Conan Smith, Chair  
Ways and Means Committee

THROUGH: Robert E. Guenzel  
County Administrator

FROM: Richard M. Fleece,  
Interim Health Officer

DATE: July 8, 2009

SUBJECT: National Association of County & City Health Officials (NACCHO)  
Grant Application for funds available through the Advanced  
Practice Centers

**BOARD ACTION REQUESTED:**

It is requested that the Board of Commissioners ratify the signature of the County Administrator on the National Association of County and City Health Officials (NACCHO) grant application for funds available through the Advanced Practice Centers (APCs) in the amount of \$466,489 for the period of October 1, 2009 through September 29, 2010, authorize the creation of a grant status 1.0 FTE Health Educator and a grant status 1.0 FTE Sanitarian. It is further requested that the Board of Commissioners authorize the Administrator to sign the Notice of Grant Award, amend the budget, and authorize the Administrator to sign delegate contracts.

**BACKGROUND:**

The Department actively seeks out coalitions to carry out its public health mandates in partnership with the community. Notably the Community Collaborative of Washtenaw County (CCWC) is one such partnership. The CCWC supports a total of 15 different initiatives and coalitions that have been formed to enhance collaboration, integrate service delivery, and to support systems change around current and emerging issues which represent the greatest unmet Health and Human Services needs in Washtenaw County. It is one of 76 such state recognized bodies in Michigan, and officially began in 2006 fulfilling the mandate that each Michigan community have a multi-purpose collaborative body (MPCB).

The Human Services Emergency Response Network (HSERN) is one of the 15 initiatives that are endorsed by the CCWC. This network brings together human service agencies that work with Washtenaw County's vulnerable/at-risk populations on a daily

basis, with a mission to assure a coordinated, effective response by these agencies during a local disaster or emergency (or to a disaster in another community that has local impact).

The Health Emergency Response Coalition (HERC) membership includes public health staff, local hospital representatives, university liaisons, Emergency Management, FBI, Emergency Medical Service, Intermediate School District, elected County Commissioners, veterinarians, pharmacists and other response and human service agency representatives. The purpose of HERC is to optimize our collective capabilities to prepare for, respond to, and mitigate the effects of the complete range of natural and deliberately caused disasters in Washtenaw County by sharing resources when applicable, developing plans that integrates easily for a coordinated response, and training and exercising the same.

### **DISCUSSION:**

The distribution of medical countermeasures quickly and safely is a key responsibility of local public health – one that sets it apart from other first responders and requires significant planning, collaboration and practice. Unfortunately, many health departments do not have the resources to develop and test a viable emergency dispensing network capable of reaching entire, diverse communities within the federally-defined 48 hour period. In response, Washtenaw County Public Health (WCPHD) proposes to develop, refine and disseminate a resource kit and process for developing a community-based network of closed points of dispensing (PODS) with the capacity to serve vulnerable population groups appropriately and to maximize the availability of limited public health resources during a health emergency.

To accomplish this, WCPHD will work closely with the Michigan Office of Public Health Preparedness, the University of Michigan Center for Public Health Preparedness, numerous local partners and local health departments. In any jurisdiction, public health cannot take on the enormous task of dispensing emergency medical countermeasures on its own. Significant portions of the population are more vulnerable and will be better and more appropriately served by the organizations or businesses that serve them routinely. Institutionalized or homebound populations are a clear example; however, in most if not all communities, there are multiple other populations that would have difficulty reaching a public dispensing site or would greatly prefer to receive services via their own organization or employer. Examples include first responders, persons speaking languages other than English, low-income persons, persons with physical or mental disabilities, large student populations or persons with distinct religious or political views. Moreover, a strong network of community-based, closed PODS will significantly decrease the need for public PODS run by local public health. Local public health departments simply do not have enough staff to facilitate a full-scale dispensing operation without significant community support and involvement.

Few, if any departments, however, have the capacity to fully develop an alternate, or closed, dispensing process that prioritizes vulnerable populations and lessens the demand for limited public health resources during a health emergency. Health education

and outreach programs are nonexistent at smaller health departments and increasingly threatened at larger ones. The current economic crisis may curtail remaining programs, as municipalities across the country find themselves dealing with huge budget shortfalls. The proposed program will provide local health departments with the expertise they may lack by developing and testing a process and resources that can be readily implemented in a variety of communities. Experienced health education and outreach staff will define a step-by-step program for building a community-based dispensing network – complete with relevant guidance, tools and resources.

**IMPACT ON HUMAN RESOURCES:**

Public Health is requesting to create a 1.0 FTE Health Educator and a 1.0 FTE Sanitarian, both as grant status upon receipt of award of this grant. The .20 FTE EPC/Program Manager will utilize an existing, staffed position within Public Health.

**IMPACT ON BUDGET**

The total program budget is \$466,489 in Federal Revenue. The County is not required to provide a cash or in kind match as part of the grant application.

**IMPACT ON INDIRECT COSTS:**

Indirect costs of \$59,431 for the current Public Health Department CAP have been included in this application.

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

Washtenaw County Public Health will work closely with the Michigan Office of Public Health Preparedness, the University of Michigan Center for Public Health Preparedness, numerous local partners and local health departments in Michigan.

**CONFORMITY TO COUNTY POLICIES:**

This request is in conformance with County policies.

**ATTACHMENTS/APPENDICES:**

National Association of County and City Health Officials Grant Application for funds available through the Advanced Practice Centers.

A RESOLUTION RATIFYING THE SIGNATURE OF THE COUNTY ADMINISTRATOR ON THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) GRANT APPLICATION FOR FUNDS AVAILABLE THROUGH THE ADVANCED PRACTICE CENTERS (APCS) PRORGAM IN THE AMOUNT OF \$466,489 FOR THE PERIOD OF OCTOBER 1, 2009 THROUGH SEPTEMBER 29, 2010; AUTHORIZING THE ADMINISTRATOR TO SIGN THE NOTICE OF GRANT AWARD; AMENDING THE BUDGET; CREATING A GRANT STATUS 1.0 FTE HEALTH EDUCATOR AND A GRANT STATUS 1.0 FTE SANITARIAN CONTIGENT UPON RECEIPT OF THE GRANT AWARD; AND AUTHORIZING THE ADMINISTRATOR TO SIGN DELEGATE CONTRACTS

WASHTENAW COUNTY BOARD OF COMMISSIONERS

July 8, 2009

WHEREAS, Washtenaw County Public Health has submitted an application to the National Association of County and City Health Officials for funds available through the Advanced Practice centers program in the amount of \$466,489; and

WHEREAS, the distribution of medical countermeasures quickly and safely is a key responsibility of local public health – one that sets it apart from other first responders and requires significant planning, collaboration and practice; and

WHEREAS, many health departments do not have the resources to develop and test a viable emergency dispensing network capable of reaching entire, diverse communities within the federally-defined 48 hour period; and

WHEREAS, Washtenaw County Public Health proposes to develop, refine and disseminate a resource kit and process for developing a community-based network of closed points of dispensing (PODS) with the capacity to serve vulnerable population groups appropriately; and

WHEREAS, the proposed program will provide local health departments with the expertise they may lack by developing and testing a process and resources that can be readily implemented in a variety of communities; 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 application to the National Association of County and City Health Officials for funding available through the Advanced Practice Centers program in the amount of \$466,489 for the period October 1, 2009, through September 29, 2010 as on file with the County Clerk.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners takes the following actions contingent upon the receipt of the grant award in conformity with the grant application:

1. Authorizing the Administrator to sign the Notice of Grant Award
2. Amending the budget, as attached hereto and made a part hereof
3. Authorizing the Administrator to sign delegate contracts in conformity with the application/award upon review of Corporation Counsel, to be filed with the County Clerk.
4. Authorizing the creation of a grant status 1.0 FTE Health Educator position and a grant status 1.0 FTE Sanitarian position contingent upon receipt of the grant award.

<u>Position #</u>	<u>Title</u>	<u>Grade</u>	<u>Group</u>	<u>Create</u>
2063-00XX	Health Educator I/II	20/22	11	1.0
2571-00XX	Sanitarian	22/25	11	1.0

Public Health  
 NACCHO-Advanced Practice Centers  
 2962097110  
 October 1, 2009 – September 29, 2010

		<u>Current</u>	<u>Revised</u>	<u>Variance</u>
Revenue:				
50000	Federal Revenue	\$0	\$466,489	\$466,489
	Total	\$0	\$466,489	\$466,489
Expenditures:				
70050	Personal Services	\$0	\$181,785	\$181,785
72600	Supplies	\$0	\$ 22,300	\$ 22,300
80000	Other Services & Charges	\$0	\$191,873	\$191,873
94000	Internal Service Charges	\$0	\$ 59,431	\$ 59,431
95000	Capital Outlay	\$0	\$ 11,100	\$ 11,100
	Total	\$0	\$466,489	\$466,489
Indirect Costs = \$59,431				