Health
Community of Interest Overview

Vision

Washtenaw County is a healthy community in which every resident enjoys the best possible state of health and well-being.

Internal Departments

Public Health
Community Support & Treatment Services
Washtenaw Community Health Organization
Environmental Health Regulation
Washtenaw Health Plan
Head Start
Veteran Services
MSU Extension

External Stakeholders

U-M Health System & M-Care
St. Joseph Mercy Health System
Eastern Michigan University
City of Ann Arbor
SOS Community Services
Hope Clinic
Corner Health Center
Packard Clinic
National Alliance for the Mentally Ill (NAMI)
Chelsea Community Hospital
Human Development Center
Dawn Farm
Washtenaw Housing Alliance
U-M Schools of Public Health & Nursing

Contribution to BOC Areas of Consideration

The Health Community of Interest is involved in almost all of the Board's Areas of Consideration. Selected examples of collaborative efforts in some of these areas are listed below; many more are ongoing but are too numerous to list here.

Mental Health Services and Corrections

- Participation in Mental Health Diversion Taskforce
- Mental health service provision in the Jail

Referrals to Needed Services

- Coordinated approach to intake, screening, & referrals through joint Health Services Access Program
- Project OutReach Team (PORT) services to the chronically homeless, including linking clients to other services

Access to Healthcare

- Third Share Integrated Health Care/Substance Abuse/Mental Health benefits
- Integrated services to individuals with Co-occurring Disorders
- Medical cost control strategies

Coordination of Services for Children

- Wraparound services to families and children
- Coordinated mental health and substance abuse services for families
- Child Advocacy Center to provide comprehensive multidisciplinary response to allegations of child abuse

Environmental and Public Health Regulation and Protection

- Expanded bioterrorism response planning and capacity development
- Community based health promotion initiatives through the Health Improvement Plan
- Emerging issue collaboration on West Nile virus, SARS, and other health-related concerns

Health
2004/05 Goals for Systems Integration

- Develop shared vision, goals, and implementation of an all-inclusive continuum of health services
- Advocate with State and Federal agencies for policy and funding to support vision
- Develop operating principles and standards to guide collaborations across groups
- Coordinate and align administrative structures
- Enhance and strengthen collaboratives such as the Human Services Collaborative Council and Sustainable Washtenaw
- Enhance access for public consumers

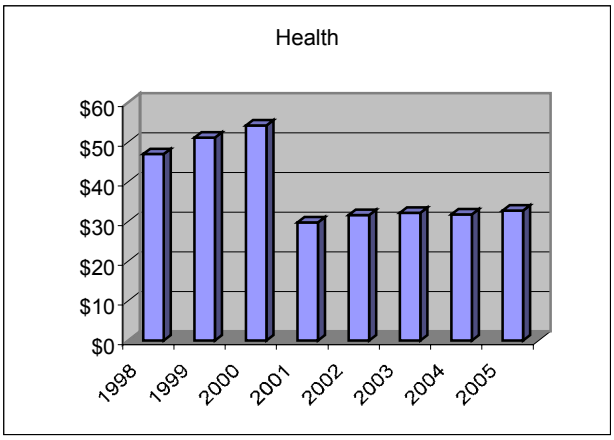
Community of Interest Expenditure Overview

	2002 Unaudited	2003 Budget	2004 Adopted	2005 Adopted
Health				
CSTS (CMH prior to 2001)	$16,630,613	$17,239,724	$17,184,449	$17,567,384
WCHO	$3,143,409	$3,837,027	$3,850,957	$4,089,014
Public Health	$8,099,225	$7,282,756	$6,795,624	$6,929,148
Environmental Health	$3,577,383	$3,650,655	$3,764,131	$3,956,540
Veteran Services	$198,073	$211,652	$210,230	$219,306
Total Health	***$31,648,703***	***$32,221,814***	***$31,805,391***	***$32,761,392***

Variance Analysis

The change from 2000 to 2001 reflects the formation of the Washtenaw Community Health Organization (WCHO) and the subsequent flow of state funding for mental health and substance abuse services to the WCHO. Part of this funding then flows from WCHO to Community Support & Treatment Services and to Public Health, while the rest funds other services providers in the County and the WCHO regional affiliation.

Available state funding for 2002 – 2005 remains flat in spite of increasing costs and community needs.



Note: The business plans for Environmental Health Regulation and MSU Extension are contained within the Planning, Development & Environment Community of Interest; Head Start is in the Children's Well-Being Community of Interest. These departments do work that cross various Community of Interest initiatives. Please see the Table of Contents at the beginning of the Departmental Summary section to identify the location of these business plans.

Community Support & Treatment Services

555 Towner, P.O. Box 915, Ypsilanti, MI 48197-0915
Phone: (734)484-6620 Fax: (734)484-6634

Our Mission

Our mission is to support the people we serve in leading lives rich in community membership and personal fulfillment.
We accomplish our purpose through:
>Excellence in service to individuals and families
>Advocacy and Education
>Partnerships and Alliances with others who share our vision

Our talented and committed staff light a path to an inclusive future.

Our Vision

An inclusive community, that embraces and meets the needs of all of it's members.

How We Are Structured:

Community Support & Treatment Services Services We Provide (Programs)

O.B.R.A.	Provides screening need for specialized mental health treatment of persons referred for nursing home placement and provides treatment for nursing home residents.
Services to Persons with Developmental Disabilites	A full continuum of services are available to individuals with developmental disabilities.
Youth & Family Servies	A comprehensive range of mental health services is available for children ages 0-18, their parents, guardians, and families.
Services for Adults with Mental Illness	A full continuum of services are available to adults diagnosed with severe and persistent mental illness.

Community Support & Treatment Services

What We Do ⇢ (Process/Activities)

Services for Adults with Mental Illness

Implementation of 3 best practice models of services

Services to Persons with Developmental Disabilites

Implement 3 best practice models of services

Youth & Family Servies

Support best practice model of services
Best Practices evaluation

What We Produce ⇢ (Outputs)

Implement substance abuse services
Number of best practices implemented

Services based on evidence based practices

All new CSTS staff are oriented to family centered approach to services.

How Efficient Are We

(Process Measures)

Measurement	2002	2003	2004	2005
Number of best practices implemented	1	2	1	1
Implement substance abuse services		1	1	1
All new staff oriented to family centered approach to services.	100%	100%	100%	100%

Community Support & Treatment Services

Who We Serve ..... ▶
(Customers)

Citizens of Washtenaw County

Mentally Ill and Developmentally Disabled

Who We Work With
(Partners)

Health, Homelessness & Housing, Children's Well-Being, and Public Safety & Justice

What We Are Accomplishing
(Outcomes)

O.B.R.A.

Persons residing in nursing homes who are identified as needing specialized mental health treatment receive it.

Services for Adults with Mental Illness

Community supports will be identified in treatment planning.

Consumers belong to and participate in a community they choose.

CSTS will be staffed with valued qualified employees

Washtenaw County is an inclusive community that offers a high quality of life to all.

Services to Persons with Developmental Disabilites

Community supports will be identified in treatment planning.

Consumers are able to access and participate in the community they choose..

CSTS staff are a team of valued, qualified employees committed to excellence in service.

Washtenaw County is an inclusive community that offers a high quality of life to all.

Youth & Family Servies

Community supports will be identified in treatment planning.

Consumers belong to and particpate in a community they choose.

CSTS staff are vauled, qualifed employees.

Washtenaw county is an inclusive community that offers high quality life to all.

How Effective Are We
(Program Measures)

Measurement	2002	2003	2004	2005
Individuals receiving services will be satisfied with the quality of services	89%	85%	85%	85%
Consumers will have a current Person Centered Plan	100%	95%	95%	95%
All staff will have current evaluations and workplans.		95%	95%	95%
Adults with serious and persistant mental illness live in their own homes	81%	80%	80%	85%
100% of persons residing in nursing homes identified as needing specialized mental health treatment, receive it.	93%	100%	100%	100%
% of consumers with Person Centered Plans where natural supports are addressed		80%	80%	80%
% of consumers with community participation goals.			100%	100%
% of children with serious emotional disorders living with their families.	99%	92%	92%	92%
% of adults with developmental disabilities living in their own homes.	54%	55%	55%	60%

Community Support & Treatment Services

POSITION TYPE	No. POSITIONS 1-1-2002	No. POSITIONS 1-1-2003	No. POSITIONS 1-1-2004	No. POSITIONS 1-1-2005
MANAGERIAL	8.58	8.58	10.00	10.00
PROFESSIONAL	208.00	208.00	181.25	181.25
SUPPORT	54.50	54.50	40.50	40.50
Total	271.08	271.08	231.75	231.75

EXPENDITURES	2002 Actuals	2003 Adopted	2004 Requested	2004 Adopted	2005 Adopted
Personal Services	12,983,407	13,369,114	14,413,598	13,752,224	14,135,159
Supplies	351,113	331,000	322,371	322,371	322,371
Other Services	1,341,501	1,610,939	1,210,392	1,090,392	1,090,392
Internal Service Charge	1,898,427	1,882,299	1,892,299	1,867,299	1,867,299
Capital Outlay	56,165	46,372	152,163	152,163	152,163
Transfers Out	0	0	0	0	0
Total	$16,630,613	$17,239,724	$17,990,823	$17,184,449	$17,567,384

VARIANCE ANALYSIS

Personal Services: Increases in salary and fringes reflect labor contract agreements and estimated fringe rates for 2004 and 2005. Between 2003 and 2004, many positions were put on Hold Vacant or eliminated due to funding cuts.

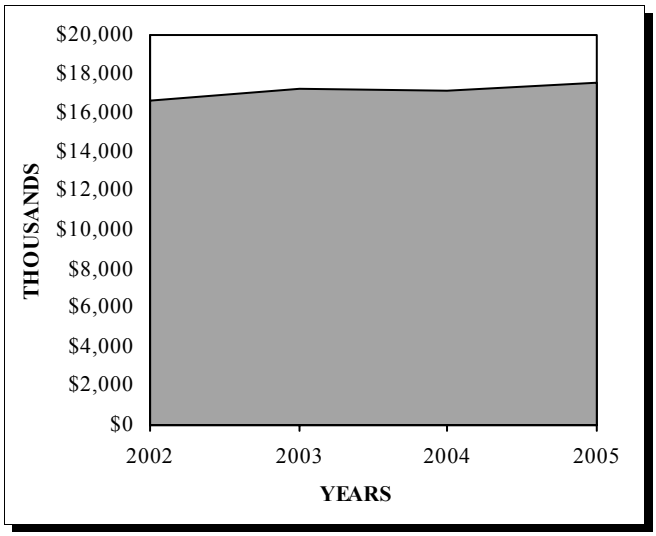
Supplies: Reduced due to funding cuts.

Other Services and Charges: Contractual services reduced and work restructured due to funding cuts.

Internal Service Charges: Change due to allocation of indirect cost recalculation on annual basis. Fleet reduction in 2004.

Capital Outlay: New software system implementation.

EXPENDITURES



Public Health

555 Towner, Ypsilanti, MI 48197
Phone: (734)484-7200 Fax: (734)481-2457

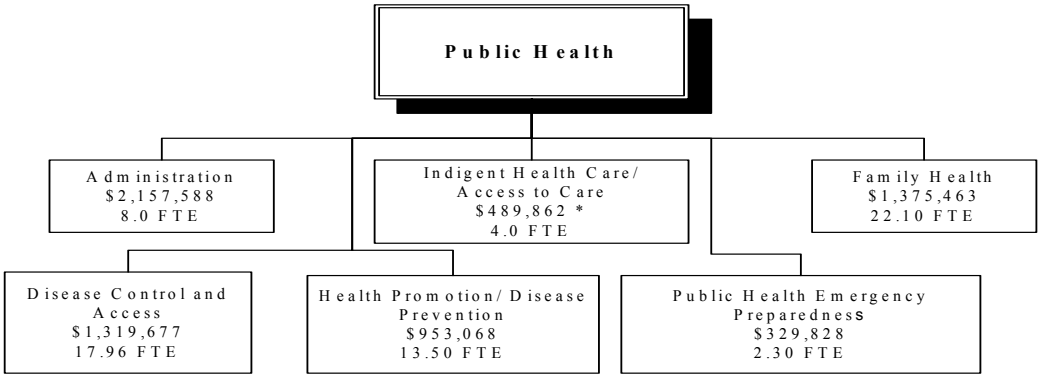
Our Mission

To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs

Our Vision

A healthy community in which every resident enjoys the best possible state of health and well being.

How We Are Structured:



* Indigent Health Care is grant funded. In addition, grant funding of $175,859 supports Health Promotion activities.

Public Health Services We Provide (Programs)

Indigent Health Care/Access to Care	Assure universal access to quality health care services for all county residents, with particular focus on uninsured and vulnerable county residents
Health Promotion / Disease Prevention	To promote healthier lives for individuals, groups, and the community at large through education, integrated with advocacy, community mobilization and policy initiatives
Public Health Emergency Preparedness	Assure that Washtenaw County Public Health is fully prepared to respond, in a timely and comprehensive manner, to any public health emergency
Family Health	To promote equality of health for all county residents while respecting their dignity and cultural diversity
Disease Control and Access	Services to protect the community from communicable and environmental threats
Administration	To facilitate access to the resources necessary to enable the delivery of public health services to our communities

Public Health

What We Do ⟶ (Process/Activities)	What We Produce ⟶ (Outputs)
Administration	
Contract Management	Contracts executed adhering to procurement policy and procedure
Medical Direction	Achievement of Medical Directors work plan objectives
Medical Examiner	Review of all unexplained deaths.
Disease Control and Access	
Communicable Disease	Promoting community-wide surveillance, treatment and reporting
Immunization	Promote county-wide immunizations, surveillance, and reporting
Family Health	
Children's Special Health Care Services (CSHCS)	Coordination of services for children with special health needs
Hearing/Vision Screening	Number of referrals made per number of screens performed
Maternal and Infant Support Services (MSS/ISS)	Maximize allowable visits for each client
Women, Infants, and Children Program	Customer participation based on total caseload
Health Promotion / Disease Prevention	
Build community infrastructure to support Health Promotion policy development	Participate on community boards and advisory groups
Health Improvement Plan	Number of community presentations and community projects initiated
Indigent Health Care/Access to Care	
Third Share Program	Enrollment in 1/3 share
Washtenaw Health Plans A & B	Enrollment in Plan A & B
Public Health Emergency Preparedness	
All Hazards Preparedness Plan Approval	All Hazards Preparedness plan
Bioterrorism Preparedness plan approval	Bioterrorism Preparedness plan

How Efficient Are We

(Process Measures)

Measurement	2002	2003	2004	2005
Plan approval			80%	80%
Percentage of contracts executed on time	100%	100%	100%	100%
Percentage of children 19-35 months, surveillance, and reporting			75%	90%
Participation rate.			97%	97%
Number's enrolled			4000	4500
Number of cases referred to the medical examiner	100%	100%	100%	100%
number of cases provided care coordination services			75	75
Internal HIP data collection tools			15	20
Average number of vists per client			5	5

Who We Serve

(Customers)

Washtenaw County residents

Who We Work With

(Partners)

Community Leaders
County Finance Department
HIP staff
Human Service Agencies
Huron Valley Ambulance
Local medical and school providers
Michigan Department of Community Health
Public and private schools
Washtenaw Community Health Organization
Washtenaw Health Plan

What We Are Accomplishing

(Outcomes)

Administration

Provide department with resources required to deliver public health services to the community

Disease Control and Access

To screen for disease and/or prevent the spread of tuberculosis infection

Family Health

To reduce fetal/infant mortality within Washtenaw County.

Health Promotion / Disease Prevention

Participation in regular physical activity

Indigent Health Care/Access to Care

Reduce number of uninsured citizens in Washtenaw County

Public Health Emergency Preparedness

Public Health Emergency Plans completed and functional

How Effective Are We

(Program Measures)

Measurement	2002	2003	2004	2005
Workplan objectives met			100%	100%
Percentage of uninsured county residents			9%	8%
Number of individuals screened and/or treated for tuberculosis infection			10	10
Increase the number of residents participating in regular physical activity			25%	30%
Fetal/infant mortality rates			7%	7%

Public Health

POSITION TYPE	No. POSITIONS 1-1-2002	No. POSITIONS 1-1-2003	No. POSITIONS 1-1-2004	No. POSITIONS 1-1-2005
MANAGERIAL	6.27	6.27	9.00	9.00
PROFESSIONAL	51.10	51.10	40.06	40.06
SUPPORT	32.82	32.82	18.80	18.80
Total	90.19	90.19	67.86	67.86

EXPENDITURES	2002 Actuals	2003 Adopted	2004 Requested	2004 Adopted	2005 Adopted
Personal Services	4,519,614	4,683,140	4,617,413	4,262,797	4,396,321
Supplies	231,500	237,966	172,002	172,002	172,002
Other Services	841,103	835,929	811,569	811,569	811,569
Internal Service Charge	851,562	856,721	856,571	856,571	856,571
Capital Outlay	3,223	19,000	11,500	11,500	11,500
Transfers Out	0	0	21,185	21,185	21,185
Total	$6,447,002	$6,632,756	$6,490,240	$6,135,624	$6,269,148

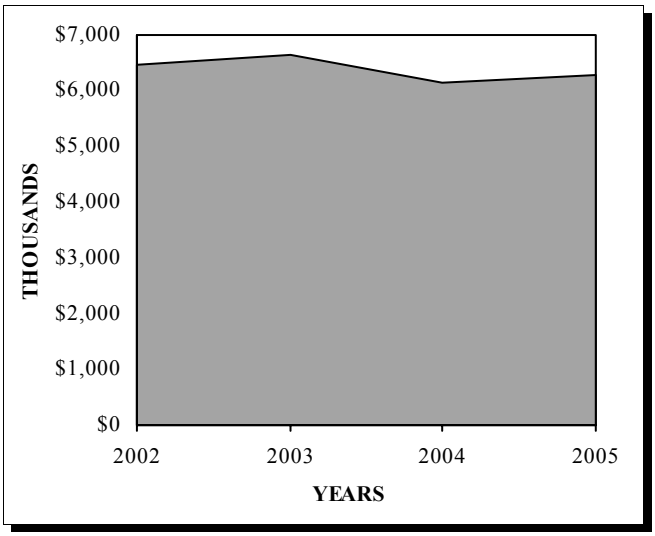
VARIANCE ANALYSIS

Personal Services: Increases in salary and fringes reflect labor contract agreements and estimated fringe rates for 2004 and 2005. Personal Services is significantly reduced for 2004 due to funding cuts resulting in position reductions. Positions reduced in the areas of Administration, MIHAS, Hearing & Vision, CSHCS.

Supplies: Reduced for 2004 due to funding cuts.

Internal Service Charges: Change due to allocation of indirect cost recalculation on annual basis.

EXPENDITURES



Veteran Services

2140 E. Ellsworth Road, Ann Arbor, MI 48108
Phone: (734)971-2195 Fax: (734)971-2276

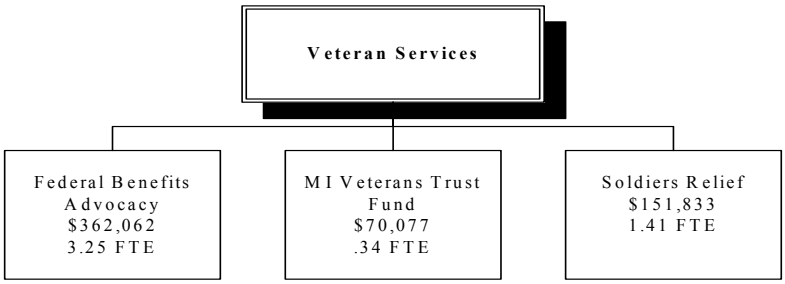
Our Mission

To provide accurate, efficient and timely service to ensure delivery of benefits to veterans and their families.

Our Vision

Enhance the ability of others to create community impact.

How We Are Structured:



Veteran Services Services We Provide (Programs)

Soldiers Relief	Provides payment to eligible wartime veterans and their dependents for both emergency relief and veterans burial expenses, to include, in certain cases, reimbursement for the cost of setting a government marker.
Michigan Veterans Trust Fund	The Michigan Veterans Trust Fund provides temporary assistance for emergencies or hardships to eligible wartime veterans and their families.
Federal Benefits Advocacy	In this program, professional Service Officers provide counseling, guidance, expertise, and research for veterans, their dependents and survivors for claim's development. Claims are presented to the appropriate federal agency for adjudication.

Veteran Services

What We Do (Process/Activities)	What We Produce (Outputs)
Federal Benefits Advocacy	
Development of Claims	Claims filed
Management of Claims	Contacts made
Michigan Veterans Trust Fund	
Interview, investigate, document, and prepare applications	Finished Trust Fund application
Soldiers Relief	
Assess, investigate, document, and prepare application	Completed SRC application

How Efficient Are We

(Process Measures)

Measurement	2002	2003	2004	2005
Total number of contacts	13251	13700	14150	14600
Number of Trust Fund applications	35	50	55	60
Number of SRC applications	219	280	285	290
Number of claims	1133	1290	1450	1610

Who We Serve

(Customers)

Veterans, their dependents and survivors

Wartime era veterans, their dependents and survivors

What We Are Accomplishing

(Outcomes)

Federal Benefits Advocacy

Benefits received: compensation, pension, education, insurance

Maximize entitlement eligibility for veterans and or their dependents.

Michigan Veterans Trust Fund

Grant temporary financial assistance for unforeseen emergencies

Soldiers Relief

Authorize reimbursement for burial expenses

Furnish reimbursement for setting of government marker

Provide temporary financial assistance

Who We Work With

(Partners)

Applicants, MVTF Committee, Michigan Department of Military and Veterans Affairs, landlords, lending institutions, treasurers offices, assessors offices, utility companies, hospitals, dentists, pharmacies, insurance companies, and home repair contractors

Applicants, private physicians, Congressionally Chartered Veteran Service Organizations, and federal, state, and local agencies.

Applicants, Soldiers Relief Commission, landlords, lending institutions, auto finance companies, home repair contractors, funeral homes, cemeteries, hospitals, pharmacies, utility companies, insurance companies, treasurers offices, and assessors offices

Department of Veterans Affairs, Congressionally Chartered Veteran Service Organizations, National Personnel Records Center, and other federal, state, local, and private agencies as appropriate.

How Effective Are We

(Program Measures)

Measurement	2002	2003	2004	2005
VA annual expenditures (in millions of dollars)	$15.71	$17.00	$18.00	$19.00
SRC Setting Fee Amount Reimbursed	$14,867.00	$15,000.00	$15,200.00	$15,400.00
SRC Emergency Grant Money Spent	$14,113.00	$14,500.00	$14,900.00	$15,200.00
SRC Burial Allowance Authorized	$27,300.00	$28,500.00	$29,000.00	$29,500.00
MVTF Emergency Grant Dollars Spent	$30,467.00	$31,000.00	$31,200.00	$31,400.00

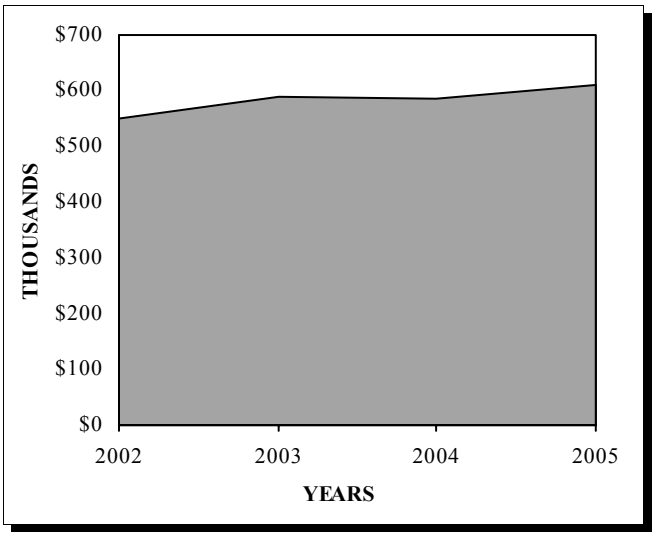
Veteran Services

POSITION TYPE	No. POSITIONS 1-1-2002	No. POSITIONS 1-1-2003	No. POSITIONS 1-1-2004	No. POSITIONS 1-1-2005
MANAGERIAL	1.00	1.00	1.00	1.00
PROFESSIONAL	3.00	3.00	3.00	3.00
SUPPORT	1.00	1.00	1.00	1.00
Total	5.00	5.00	5.00	5.00

EXPENDITURES	2002 Actuals	2003 Adopted	2004 Requested	2004 Adopted	2005 Adopted
Personal Services	341,078	367,883	404,136	404,136	429,348
Supplies	3,580	4,295	4,295	4,295	4,295
Other Services	67,589	78,259	82,387	82,387	82,387
Internal Service Charge	138,067	137,486	93,154	93,154	93,154
Capital Outlay	0	0	0	0	0
Transfers Out	0	0	0	0	0
Total	$550,314	$587,923	$583,972	$583,972	$609,184

VARIANCE ANALYSIS

Personal Services: Increases in salary and fringes reflect labor contract agreements and estimated fringe rates for 2004 and 2005.

Internal Service Charges: Change due to allocation of indirect cost recalculation on annual basis.

EXPENDITURES