

**Kent County
Family & Children's
Coordinating Council**



KCFCCC Meeting Minutes
February 3, 2015 12:00pm – 1:30pm
Kent County Admin Office – **Room 311**
300 Monroe Ave NW

Members/Alternates

Present:

Teresa Branson, Wayman Britt, Candace Cowling, Lynne Ferrell, Patricia Gardner, Scott Gilman, Jack Greenfield, Gary Lemke, Adam London, Jacob Maas, George Meek, Maureen Noe, Julie Ridenour, Savator Selden-Johnson, Michael Zoerhoff.

Members Absent:

Tom Czerwinski (Sandra Ghosten-Jones represented), William Forsyth, Cynthia Gladyness, Lynn Heemstra, Kevin Konarska, Sharon Loughridge (Donna Tefft represented), Nancy Marshall, Teresa Neal, Diana Sieger (Marcia Rapp represented), Patti Warmington (Sharon Briggs represented).

Guests:

Sharon Briggs, Veneese Chandler, Dynetta Clark, Tracie Coffman, Kathy Freberg, Tim Gehrke, Sandra Ghosten-Jones, Kristen Gietzen, Maureen Kirkwood, Anthony Mueller, Marcia Rapp, Jim Talen, Donna Tefft, Matthew VanZetten.

1. Welcome & Call to Order

Lynne Ferrell opened the meeting with a welcome and introductions were done. The agenda was reviewed and accepted.

The January minutes were reviewed. A motion to accept the minutes was provided by George Meek, second by Jack Greenfield – vote was UNANIMOUS.

2. Public Comment

None.

3. **Kent County Health Department REACH**

Matthew VanZetten introduced Teresa Branson – Kent County Health Department (KCHD) Deputy Administrative Health Officer – to provide an overview of the REACH (Racial Ethnic Approaches to Community Health) Grant which the KCHD received from the Centers for Disease Control (CDC).

Teresa shared that the REACH project is for three years, and focused on policy. A handout was distributed that included a budget summary for the grant, a map of the targeted areas for delivery of services and the first year of expected activities.

According to Teresa, the Health Department partnered with Spectrum Health and multiple community partners previously on a Community Transformation Grant to build capacity and coalitions to address healthy eating, active living and community clinical services. The REACH project is an extension of that work.

The grant requires targeting at least two of four risk factors: healthy eating, active living; improved health systems for chronic disease prevention and tobacco reduction. The KCHD will focus on all four. The grant also requires choosing one or two ethnic populations to focus service delivery. The KCHD will work with the African-American and Latino populations in Kent County. Other criteria includes targeting of high poverty rates of at least 30% in areas of low high school completion rates of less than 75%. The Hope Zones in Kent County were chosen to meet that criteria.

The grant is not a direct services type of program. The CDC requires addressing policy change, systems change and environmental change. Once the grant money is gone, the policy and systems changes will be more sustainable.

Community youth leaders will be engaged to determine what types of things children and families would like to see in activities in smoke-free environments. Activities planned to achieve healthy eating include increase of Veggie Van sites (offering fresh produce) and bringing healthy foods such as fresh vegetables into convenience stores. In the Active Living category, they plan to identify walking routes in the parks and joint-use agreements with area community partners and agencies to bring physical activity opportunities to the community. In the Clinical and Community Linkages side, plans are to assist in establishing a community referral network and to address chronic diseases in non-clinical ways.

In all of these initiatives, community input will be used to determine what changes will be put in place. The focus areas are broken down into three census tracts within the identified community with the focus on one area each year. By the end of the three years, the goal will be the implementation of various systems, policy and environmental changes done in relation to healthy eating, tobacco-free living and active living, linking them to care. Long-term the CDC would like to see a 5% reduction in tobacco-related death and disability; 3% reduction in the prevalence of obesity and a 3% reduction in death and disability due to diabetes, heart disease and stroke.

Adam London added his comments, stating the past several years we have come to a greater understanding of the social determinants of health. This is an opportunity for us to make an impact in these areas to make some difference.

Comments from the group included additional community organizations that would be good to reach out to partner with. They include the Hispanic Center of West Michigan, Community Food Club and Shape Michigan. Teresa agreed to include them.

Lynne Ferrell asked if the Health Department could come back in one year for an update for the Council.

4. **Health Net of West Michigan**

Matthew VanZetten introduced Maureen Kirkwood to provide an overview of Health Net.

Health Net has been in existence since April 1, 2014, as a result of a merger between the former Kent Health Plan and the Children's Healthcare Access program. Health Net is a neutral entity, bridging gaps in care, working in the space between the health care system and the network of social services in West Michigan. Their focus is being a bridge to services, not duplicating what is already available, also identifying gaps that exist and filling them if appropriate.

Prior to the merger, Kent Health Plan was insuring very low income, childless adults. These were mostly men before the expansion of Medicaid. Plan A has now gone away with the expansion of Medicaid, but the Plan B program remains for those ineligible for any type of government programs, and is now called WellNet. This mainly consists of the undocumented population, or those ineligible for any other type of government program or insurance or purchase on the exchange. The coverage for Well Net includes primary care, specialty care, labs, medications and urgent care. There are about 400 or so people who will be eligible.

The Children's Health Care Access Program now includes adults and is called the Community Health Care Access Program (CHAP). The program provides adults on Medicaid and the uninsured population with supportive services, working with Medicaid health plans to provide transportation, education of appropriate use of the emergency department, importance of preventative health visits, etc. Tobacco Free Partners is in the process of dissolving their 501(c)3 and will be joining Health Net.

The Health Net steering committee, a revitalization of the old steering committee with broadened membership, will meet soon and will convene quarterly, likely under a new name. The first meeting they will focus on the gaps in mental health. Each meeting will have a different focus.

Health Net is located at 620 Century, sharing the building with the Homeless VA and Star Tickets.

5. Nomination Committee Report

Matthew mentioned that the committee met over the holidays to complete this task. A nomination list for the Executive Committee was included in the agenda packet for this meeting. With some unexpected challenges due to retirements, the committee's work has taken longer than normal.

The Committee recommended the following individuals to serve as the Executive Committee:

- Patricia Gardner – Chair
- Adam London – Vice-Chair
- Cynthia Gladyness
- Candace Cowling
- Diana Sieger
- Scott Gilman
- Lynne Ferrell
- Julie Ridenour
- Patti Warmington

Matthew thanked the committee for all of their hard work.

Maureen Noe made a motion to accept the recommendations of the Nominating Committee, Seconded by Julie Ridenour, Vote was UNANIMOUS.

Matthew mentioned the Executive Committee meetings will move to the 2nd Thursday of the month, beginning in April.

6. Human Services Legislative Priorities

Matthew VanZetten provided a handout that outlined the Human Services Legislative Priorities for Kent County.

As a bit of background, Matthew stated the Kent County Human Services Committee works to inform the Board Chair and County Administrator of many things occurring in organizations such as ACSET, the Health Department, Kent County DHS, network180, and ENTF. This year we had some significant funding issues that needed to be brought to the Board of Commissioners for inclusion in its priorities. The County Board funds many different activities, but does not necessarily have oversight over any of them. As a result, it is important to utilize their influence when appropriate. This year the Board leadership noted the important work the Council has been doing and how some of these are at risk due to State funding issues.

Three things related to human services are included on the formal agenda for the Board of Commissioners to share with the Legislators. Matthew felt it was important for the

Council to know what these three things are.

- The first is Mental Health Funding. A) We are asking for a supplemental appropriation for State General Funds because too much was pulled back last year. The County has a Jail Mental Health fund of \$600,000 this year. B) The other is changing the funding formula. Medicaid funds are calculated based on 50% need and 50% on past spending. We lost over \$1 million per year of funding in our community because it is not 100% need-based. The State General funds they don't use the most recent census to distribute the funding. They use the components of the 1999 poverty census data instead. This creates a loss of over \$1.5 million in State General Funds.
- The Child Welfare/Performance-Based Funding will create some one-time costs associated with it, in terms of establishing risk pools, funding a consortia and some technology needs. We are asking the Legislature to provide some money to get it up and running. The cost will be close to \$500,000. Matthew said they are still working on getting hard numbers. The private agencies are being asked to assist in funding the risk reserves too.
- The last priority identified is Regionalization Opt-Out for Large Four Counties. Kent County has seen significant harm in going to a regional model. We have specific experiences we can speak to. The State is currently talking about regionalization of the Health Department and Michigan Works. The Board wants to be sure that they are aware the larger size counties may be harmed by regionalization. We are asking to opt out of regionalization, along with the three South East Michigan Counties, Oakland, Wayne and Macomb.

The Board will be bringing these issues forth when they meet with their Legislators in the next week and a half.

7. Miscellaneous

- Adam London stated there will be an event at Celebration Cinema South on April 16, titled "The Raising of America" at 11:30 AM and 6:30 PM. It is a one-hour documentary focused on early childhood development. A panel discussion will follow each showing.

Lynne Ferrell asked for a copy of the link to the information for this event be sent out to members of the committee.

- George Meek mentioned that most of the work we talk about on the Council is in the greater Grand Rapids area. He wanted to know if we are not reaching out to the further points in Kent County, or are they included in the stats provided for Grand Rapids.

Matthew responded that we are looking at North Kent County because we know there

is rural poverty there. The Health Department, DHS and others created a satellite for Kent School Services Network with Cedar Springs Public Schools, and DHS has a satellite office in the Sparta area. He said the REACH grant, in looking at the census data, pockets of challenge pop up. We are committed to looking at where there are areas and pockets of need in trying to get to those areas with a different engagement mechanisms.

Wayman added comments about a strategic effort that took place a few years ago. One of the things that grew out of that was the Kent School Services Network. That included a county-wide survey to determine where the hot spots were. The outlying areas were identified as part of the need. The KSSN is now in 30 different schools in 8 different school districts around the County.

Adam added comments about the Community Health Needs Assessment that will help to show where the needs are. The report will be provided to this group.

- Matthew mentioned that we would recognize the outgoing chair, Lynne Ferrell, and the other members of the Executive Committee who will not be part of that committee at the Council meeting in April.
- Maureen thanked Lynne for her leadership and outlined some of the accomplishments during her role as Chair.

8. Adjournment

The meeting adjourned at 1:13 p.m. The next meeting will take place on Tuesday, April 14, 2015, at the Kent County Administration Building, Room 311.