

DCH SC 3-9-15
Lindsey Brieschke

**Michigan House of Representatives
Appropriations Subcommittee on Community Health Committee Meeting**

Tuesday, March 3, 2015

Text of Public Testimony Provided by Lindsay Brieschke, Alzheimer's Association – Michigan Chapters

Representative VerHeulen and members of the Committee,

My name is Lindsay Brieschke. I am the Director of Public Policy for the Alzheimer's Association – Michigan Chapters. Thank you for hearing my testimony today.

- Alzheimer's disease is the most common type of dementia. It is a progressive, degenerative, neurological disorder with no known cure, effective treatment, or even a way to slow its progression.
- 170,000 Michiganders are living with Alzheimer's or another dementia. Michigan has the seventh highest prevalence of Alzheimer's disease nationwide.
- It is the sixth leading cause of death in our country and one in three persons over age 85 will die of some form of dementia or Alzheimer's disease.
- Lastly, Alzheimer's disease prevalence has increased by 68% since 2000 and it is expected to continue to skyrocket with the aging of the baby boomers. Michigan is anticipating nearly a 30% increase in Alzheimer's by the year 2025.

With this information as background, I'd like to urge the committee members to support the continuation of the Michigan Alzheimer's Care and Support Pilot which is currently funded in 2015 at \$150,000. This pilot program is modeled after a statewide project in North Dakota that showed that the programs provided by the Alzheimer's Association can and do provide a return on investment to the state by helping seniors remain in their homes longer.

Continuation of this Michigan pilot project would require an investment of \$300,000 over two years (\$150,000 in the FY '16 budget). The project provides care and support programs in three Michigan counties – Monroe, Macomb and St. Joseph. In these counties, Master's-level social workers provide comprehensive care and support for people living with Alzheimer's disease and their caregivers. Along with these services, the Alzheimer's Association is partnering with the University of Michigan to study the program's return on investment to the State of Michigan.

In order to prepare for the aging of the baby boomers, we must invest in programs and services like these that help seniors plan for the emotional and financial toll of this disease, and for some, can delay and prevent Medicaid long-term care placement.

Until 2009, the Alzheimer's Association received some state funding to support programs that are helping to fill gaps in services provided through Area Agencies on Aging and senior service providers. However, this funding was completely eliminated in 2009 and the need has only continued to grow since then. Investing in the continuation of this pilot program will support state agencies charged with caring for the elderly and will help to prepare Michigan for the aging of the baby boomers. I kindly ask that you will consider our request to continue to fund the Michigan Alzheimer's Care and Support Pilot at \$300,000 over two years.

Thank you again for hearing my testimony. I will be happy to take any questions.

Sincerely,

Lindsay Brieschke
Director of Public Policy
Alzheimer's Association - Michigan Chapters
lbacon@alz.org
734-320-8898

DCH SC
3-9-15

Special programs & initiatives by county

ALGER

LifeTracker - A radio controlled device that a person with Alzheimer's wears in case they wander from caregivers.

CLINTON

Early-Stage Social Engagement - An ongoing program for people with Early-Stage Alzheimer's disease to come together for social engagement and support.



DELTA

Gather at the Gallery - Museum-led gallery discussion and studio time for people with memory loss.

EATON

Early-Stage Social Engagement - An ongoing program for people with Early-Stage Alzheimer's disease to come together for social engagement and support.

GENESEE

Genesee County Case Management and Referral Services - Provides evaluations and coordinated care plans for residents.

INGHAM

Care Partner in Touch - A telephone based support program for persons caring for a loved one with dementia.

Early-Stage Social Engagement - An ongoing program for people with Early-Stage Alzheimer's disease to come together for social engagement and support.

Approaching Alzheimer's - Free training for first responders to provide an overview of dementia and Alzheimer's disease and give them tools for successful outcomes when dealing with persons with dementia.

KALAMAZOO

Care Partner in Touch - A telephone based support program for persons caring for a loved one with dementia.

KENT

Secondary Caregiver Program - Meets the unique needs of those that are not the primary caregiver for a person with dementia.

LENAWEE

LifeTracker - A radio controlled device that a person with Alzheimer's wears in case they wander from caregivers.

MACOMB

Wraparound Program - Offers in home assessments and family meetings to assist caregivers and families with difficult issues.

MARQUETTE

LIVEWISE - An education and exercise group for people with Early-Stage Alzheimer's and their caregivers.

Gather at the Gallery - Museum-led gallery discussion and studio time for people with memory loss.



MUSKEGON

Care Partner in Touch - A telephone-based support program for persons caring for a loved one with dementia.

WASHTENAW

Care Partner in Touch - A telephone-based support program for persons caring for a loved one with dementia.

Early-Stage Social Engagement - An ongoing program for people with Early-Stage Alzheimer's disease to come together for social engagement and support.

Approaching Alzheimer's - Free training for first responders to provide an overview of dementia and Alzheimer's disease and give them tools for successful outcomes when dealing with persons with dementia.

WAYNE/OAKLAND

Minds on Art - Museum-led gallery discussion and studio time for people with memory loss.

Wraparound Program - Offers in home assessments and family meetings to assist caregivers and families with difficult issues.

Adult Day Programs - Individualized recreational programming for older adults with Alzheimer's.

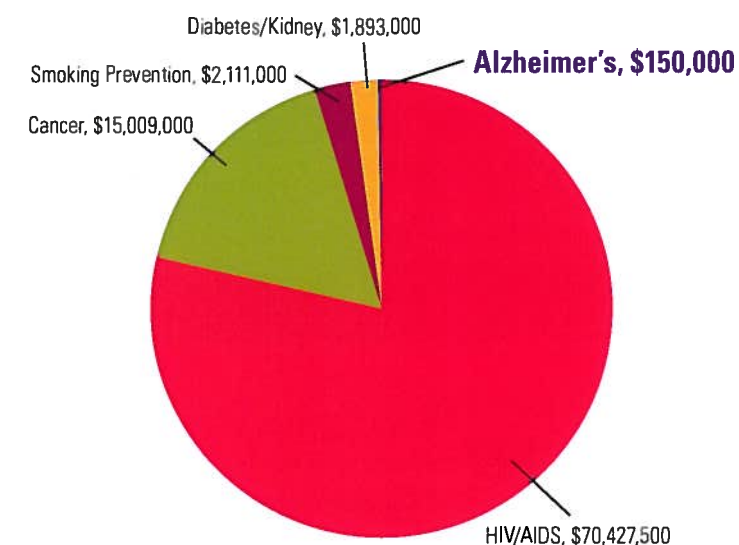
Integrated Care Counseling Program - A health care partnership with Henry Ford Health System for comprehensive diagnosis and care management.

Michigan cannot afford to ignore Alzheimer's.

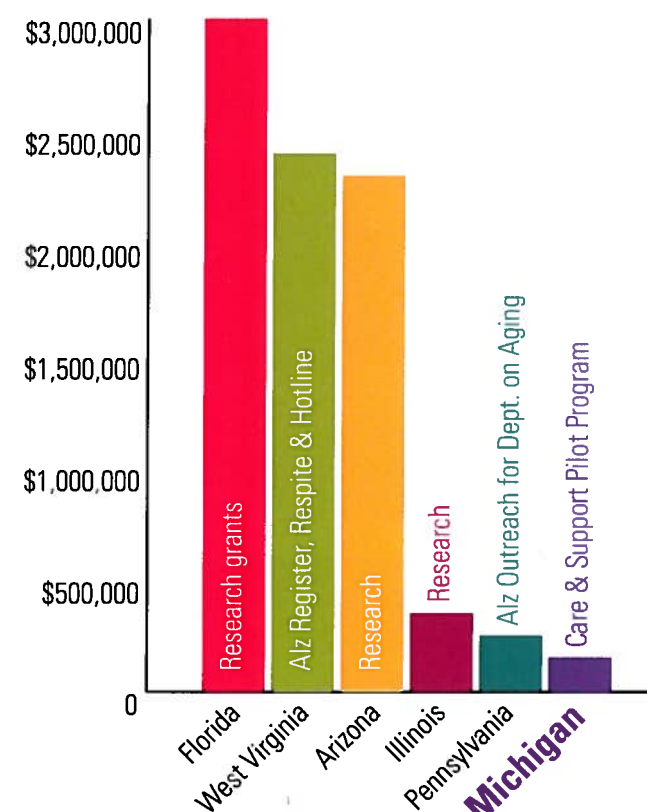
6 Alzheimer's is the 6th leading cause of death in the U.S.

1 in every 5 Medicare dollars is spent caring for someone with Alzheimer's, making it the most expensive disease in the country. \$\$\$

7 Michigan currently has the 7th highest prevalence of Alzheimer's nationwide. There are 170,000 people in our state living with the disease, a number that is expected to reach more than 220,000 by 2025.



Michigan Department of Community Health Disease-specific appropriations FY 2015



State appropriations for Alzheimer's 2014

There are more than 500,000 Michiganders serving as caregivers for someone with Alzheimer's. [Icon of 5 people]

Average per-person Medicaid spending for seniors with Alzheimer's and other dementias is 19 times higher than for all other seniors. \$\$\$\$\$

\$300 thousand needed State Legislators can help by supporting \$300,000 in the state budget over two years for the Michigan Care & Support Pilot project.

800.272.3900 alzheimer's association® www.alz.org

The Michigan Care & Support Pilot Project

Programs & services for Michigan residents



Michigan **must invest** in caring for people with Alzheimer's in their own homes.

three counties served

In 2014 Michigan implemented year one of the Alzheimer's Care and Support Pilot project in Monroe, Macomb and St. Joseph Counties.

Through this project with the Alzheimer's Association's Michigan Chapters, social workers are **providing care and support services for approximately 250 people living with Alzheimer's disease** and their caregivers. Services include:

- 24/7 Helpline
- care planning and ongoing consultation
- dementia education and community support groups

The Alzheimer's Association Michigan Chapters **received \$150,000 to support** year one of this pilot.

\$150 thousand

cost savings

Modeled after the North Dakota Care and Support Pilot, the Association is partnering with a third party researcher to collect and analyze program data related

to **cost savings in Medicaid long term care, 911 calls, ambulance services, emergency room visits and hospitalizations.**

\$300 thousand needed

An investment of \$300,000 over two years will provide ongoing support & services to complete the project and **demonstrate savings**

by delaying and preventing Medicaid skilled nursing home care.

The average cost of a semi-private room in a nursing home in 2012 was \$228 per day, or \$83,230 per year. At the same time, the average cost for a paid non-medical home health aide was \$168 a day, or \$42,336 per year.*

savings of \$40+ thousand per family each year

saving Michigan \$\$\$

By supporting families at home, we can **delay, and in some cases prevent** the need for skilled nursing care; thus **saving our state money.**

The **Alzheimer's Association** provides care and support for Michigan residents living with or caring for someone with Alzheimer's disease. Our mission is to eliminate Alzheimer's disease through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer's disease.®

The two chapters in Michigan - **Greater Michigan Chapter and Michigan Great Lakes Chapter** - provide education, care and support services **in all 83 counties of our state.** The following programs are available to all Michigan residents.



24/7 Helpline - Serves 11,000 people annually. The 24/7 Helpline - 800.272.3900 - provides support, education and referral services to individuals seeking information about Alzheimer's disease and related dementias.



Care Consultations - Serves 3,500 families annually. Care Consultations help families understand Alzheimer's disease and develop an individualized care plan that maximizes symptom management and communication.



Education Programs - Annually reaches over 6,000 people through over 400 programs. Education programs inform professionals, families, and the community about Alzheimer's disease and research trends.



Safety Services - One in six seniors with Alzheimer's disease will wander. MedicAlert® + Alzheimer's Association Safe Return® and Comfort Zone® are devices and services that help protect and locate individuals with memory loss who wander or have a medical emergency.



Early-Stage Programs such as Social Clubs, Support Groups and Lectures - Reaches about 200 people every year.

Participants in the early stages of memory loss meet to engage in activities that promote cognitive, physical and social stimulation. The Early-Stage Lecture Series is a six-week series that allows individuals in the early stages and their caregivers to learn about and discuss Alzheimer's disease.



Family Caregiver and Early-Stage Support Groups - Helps over 5,500 people annually. Support groups allow participants a safe and confidential place to share experiences, resources and support.



Creating Confident Caregivers/ Savvy Caregivers - In partnership with the Michigan Office of Services to the Aging and the Area Agencies on Aging, this program provides an in-depth education experience for family caregivers living with the person with dementia. This training program has been proven to reduce caregiver stress by empowering caregivers with useful tools and information.

*2014 Facts and Figures Report. Use and Costs of Health Care, Long-Term Care and Hospice. Pg50-51.

House Testimony
Monday, March 9, 2015

DCH SC
3-9-15
Sally Joy, Linda Smith-Wheelock

Representative VerHeulen and subcommittee members: I'm Sally Joy, with the National Kidney Foundation of Michigan (NKFM). I'm here with my colleague Linda Smith-Wheelock, COO of the NKFM.

We're here to update you on diabetes and kidney disease in Michigan.

- 10 % of adults in Michigan have diabetes AND 35% have prediabetes that will result in a diagnosis of type 2 diabetes – unless steps are taken.
- Diabetes continues to be the leading cause of kidney failure in Michigan.
- Diabetes and kidney disease cost Michigan \$9.6 Billion annually in Michigan.

The good news is that we have programs that:

- Address childhood obesity by teaching children to make healthy lifestyle changes.
- Teach adults to prevent type 2 diabetes
- Teach people with diabetes to manage it to avoid the complications of blindness, amputation, heart attack, stroke, kidney disease and failure.

I've had type 1 diabetes for 49 years and know all about the costs of living with diabetes and its complications.

Linda will now speak about our programs and outcomes.

Linda:

- Thank you for your support that has allowed us to do the things we do to improve health in MI. I will highlight a few of our programs referenced in the handout.
- Good News: Kidney failure incidence, due to diabetes, is declining at a higher rate in Michigan.
- For kids we provide a number of early childhood programs– the childhood obesity rate has dropped from 13.9% (in 2008) to 13.2% (in 2011) – this has been credited by MDCH to the NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) program... the NKFM provides this program with the state funding.
- We also provide Regie's Rainbow Adventure, that educates kids 3-5 years old about eating fruits and vegetables, serving 179 preschools, including 142 Head Starts...This program was highlighted at the White House as part of the *What Works* event...sponsored by the Social Innovation Fund.
- For adults we have many evidence-based programs but we would like to highlight the Diabetes Prevention Program (data provided in the handout)... The DPP is a lifestyle change program recognized by the CDC to prevent or delay type 2 diabetes... Over 300 people in MI have taken this NKFM program with an average of 6.6% weight loss... over 4,000 pounds were lost and 37 people prevented diabetes. The NKFM was the first in MI to be certified by the CDC Recognition Program.
- Another note of interest: A Huffington Post article rated the NKFM as one of the top 11 charities that changed the world in 2014!

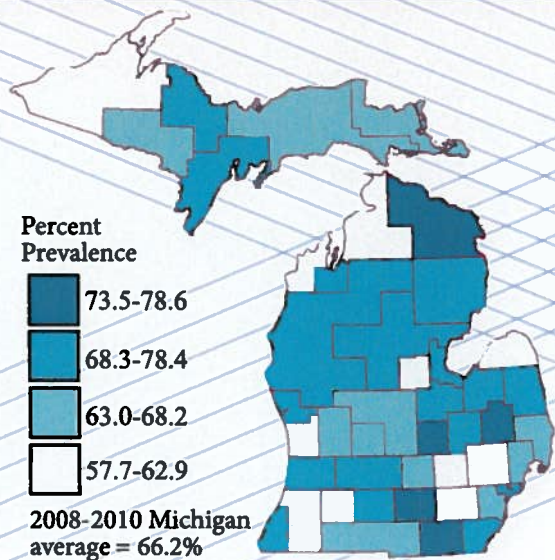
Closing (Sally):

We support the governor's budget that provides stable funding for our diabetes and kidney disease programs. We are funded from the Health and Wellness line. Increased funding is ok too!!

Questions?

Prevention Possible

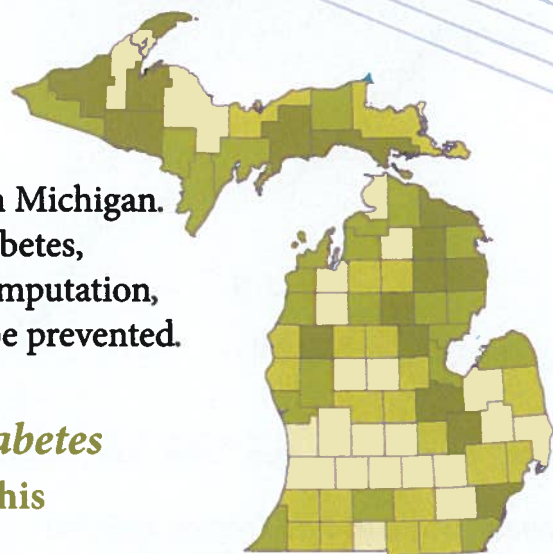
In the State of Michigan



Obesity

- 66% of people are overweight or obese in Michigan.
- 2.6 million have prediabetes.

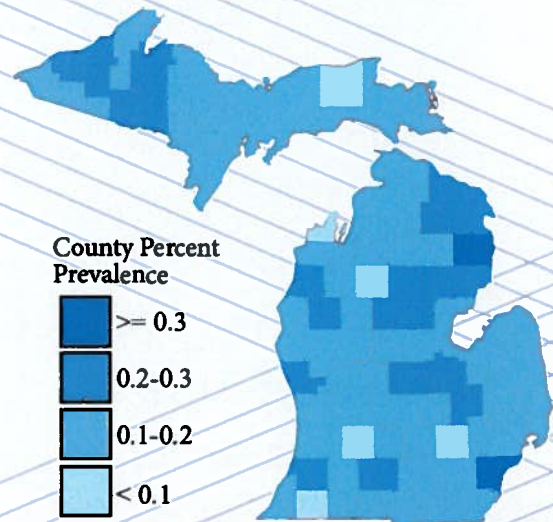
My Choice...My Health: Diabetes Prevention Program reduces the risk of those with prediabetes developing type 2 diabetes by 58%.



Diabetes

- Over 1 million have diabetes in Michigan.
- When people manage their diabetes, complications like blindness, amputation, heart attacks, and stroke may be prevented.

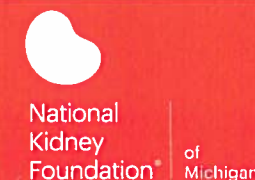
★ **My Choice...My Health: Diabetes Prevention Program** keeps this number from growing.



Kidney Disease

- Over 900,000 have chronic kidney disease.
- African Americans, Asian Americans, Hispanic Americans, and Native Americans are at increased risk of developing kidney disease.

★ **Kidney failure can be caused by diabetes or high blood pressure. Take the first step and prevent diabetes by programs such as My Choice...My Health: Diabetes Prevention Program.**



Diabetes and Kidney Disease



2015 Guide for Policy Makers

In Michigan:



>1 million people are living with diabetes



2.6 million have prediabetes



diabetes is the leading cause of kidney failure



annual costs:
diabetes: \$8.2 billion
kidney failure: \$1.4 billion

Take Action, Support Solutions, See Results

Reducing Diabetes Reduces Kidney Failure



My Choice... My Health: Diabetes Prevention Program is a year long lifestyle change program that brings the proven success of the diabetes prevention clinical trial to people in communities around the country. The NKFM's program was the first in Michigan to be certified by the the CDC* Recognition Program.

Saving Michigan Money

- ✓ \$208,292 in healthcare savings over a lifetime
- ✓ 375 healthy work days saved

Saving Michigan Lives

- ✓ 34 cases of type 2 diabetes prevented
- ✓ 25 people will no longer need high blood pressure and cholesterol medication
- ✓ 4,007 lbs were lost

All references available upon request.
*Centers for Disease Control and Prevention

Program Outcomes

Increased physical activity



Improved food choices



Lost 5-7% body weight



National Kidney Foundation
of Michigan

1169 Oak Valley Dr
Ann Arbor, MI 48108
734-222-9800
www.nkfm.org



Only 1% of charities receive 4 stars from Charity Navigator 7 years in a row.



National Kidney Foundation®

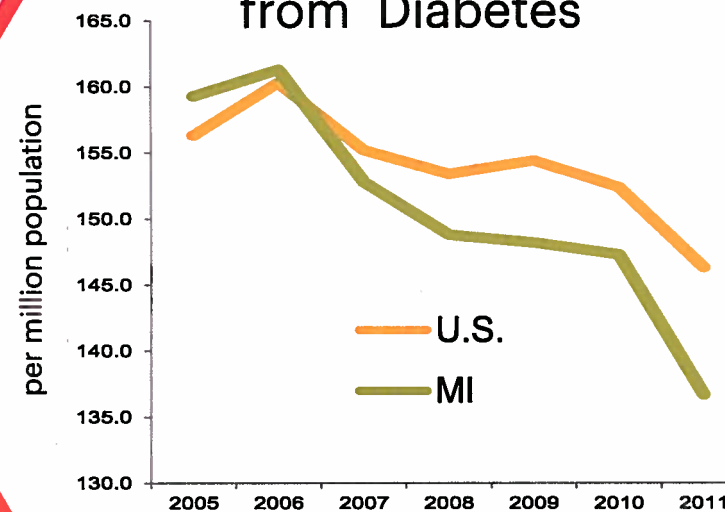
of Michigan

NKFM is leading the charge to prevent kidney failure in Michigan through our innovative and evidence-based programs.

“Diabetes is one of the most serious health challenges in America today. My Choice...My Health: Diabetes Prevention Program is a powerful answer because it provides participants with the tools to take greater control over their health and work toward staying diabetes-free.”

-James K. Haveman, former Director of Michigan Department of Community Health.

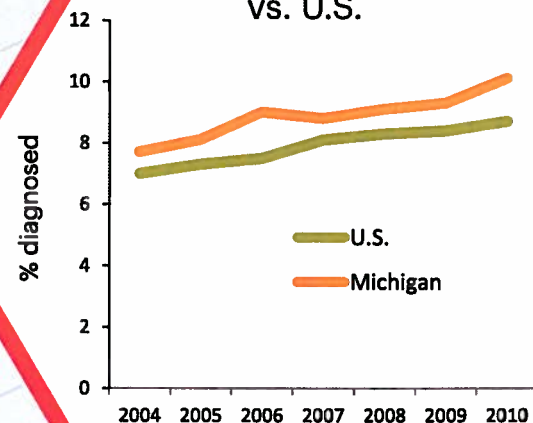
Kidney Failure Incidence in Michigan from Diabetes



Source: US Renal Data System and Vital Records and Health Statistics 2013 Annual report

40% of new cases of kidney failure in Michigan was caused by diabetes.

Diabetes in Michigan vs. U.S.

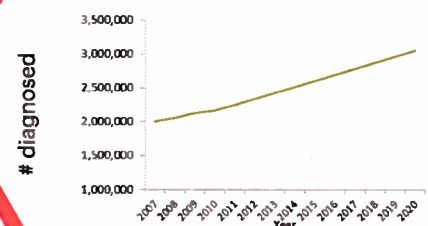


Source: CDC BRFSS [www.cdc.gov/brfss] and MiBRFSS[www.michigan.gov/brfs]

Without intervention, prediabetes will likely turn into diabetes. Diabetic complications like blindness, amputation, heart attacks, and stroke may also be prevented.

Diabetes is the leading cause of kidney failure.

Prediabetes Prevalence in Michigan Adults



Source: UnitedHealth Center for Health Reform & Modernization The United States of Diabetes: "Challenges and Opportunities in the Decade Ahead", November 2010

Prediabetes prevalence is growing in Michigan.

People who are overweight or obese are more likely to have prediabetes.

To prevent kidney failure, we need to stop it before it starts.

My Choice...My Health: Diabetes Prevention Program can help prevent kidney failure and diabetes.



**The National Kidney Foundation of Michigan (NKFM)
reaches thousands of children each year,
and serves those most in need.**

NKFM's Flagship Children's Program



Regie's Rainbow Adventure®, a program at the National Kidney Foundation of Michigan, serves **179 total preschools, including 142 Head Starts** in the counties of:

Wayne, Oakland, Macomb, Lenawee, Monroe, Washtenaw, Ottawa, Allegan, Lapeer, Manistee, Oceana, Van Buren, Kent, Berrien, and Leelanau.

Each year, the NKFM expands to new counties.

Children in these programs learn and adopt nutritional and physical activity behaviors that prevent chronic disease, promote their well-being and ultimately place them on a path to join a generation of healthy, prepared learners.



In September, the NKFM's Regie's Rainbow Adventure® program was highlighted at the White House as part of the What Works event sponsored by the Corporation for National and Community Service-Social Innovation Fund.



National Kidney Foundation®
of Michigan

1169 Oak Valley Dr
Ann Arbor, MI 48108
734-222-9800
www.nkfm.org

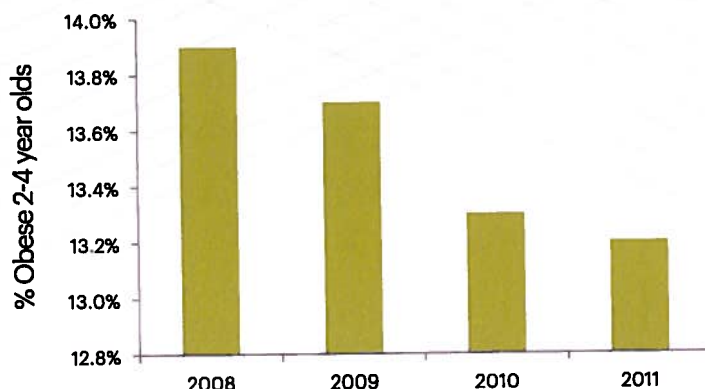


Only 1% of charities receive 4 stars from Charity Navigator 7 years in a row.

NKFM's Kids' Programs Make a Difference

Healthy Outcomes for Kids

Obesity in Michigan's 2-4 year olds is on the decline.



Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm?cid=mm6231a4_w#tab2

The National Kidney Foundation of Michigan's kids' programs can help children grow up to be healthy adults with lower risk of diabetes and kidney disease.

Regie's Rainbow Adventure Nutrition and Physical Activity Self-Assessment for Child Care Healthy Families Start with You

Proven outcomes shown:

- Increased fruit and vegetable consumption
- Increased physical activity
- Reduced sweetened beverages consumption
- Reduced screen time

“NAP SACC has been implemented in over 150 child care centers in low-income Michigan communities and was credited as contributing to the reduction in obesity among preschoolers in the state.”
-Centers for Disease Control and Prevention, 2013.



Healthy Families
Start with You

All references available upon request.



National Kidney Foundation®
of Michigan

1169 Oak Valley Dr
Ann Arbor, MI 48108
734-222-9800
www.nkfm.org



Only 1% of charities receive 4 stars from Charity Navigator 7 years in a row.

State programs to prevent and manage diabetes and kidney disease served almost 100,000 Michiganders in 2014.

Sally Joy
Linda Smith
Wheeler

Disease Prevention and Management

Managing chronic conditions saves money and improves quality of life.



Personal Action Toward Health (PATH) helps adults to navigate the health care system and manage chronic conditions.



EnhanceFitness is a physical activity class for those with chronic conditions.



Healthy Hair Starts with a Healthy Body[®] and **Dodge the Punch: Live Right[®]** provide health information to African American adults through their salon stylist or barber.



Diabetes Self Management Education (DSME) teaches people with diabetes the skills to manage their condition and prevent complications.



My Choice...My Health: Diabetes Prevention Program is a year long lifestyle change program that brings the proven success of the diabetes prevention clinical trial to people in communities around the country.



Teaching Children to Embrace Health

Children learn how to eat healthy and adopt positive physical activity habits.



Regie's Rainbow Adventure[®] teaches preschool-aged children healthy living through a storybook hero named Regie.



Healthy Families Start with You educates parents and kids in Head Start programs how to make healthy lifestyle changes.



PE-Nut (Physical Education and Nutrition) expands grade school physical education programs by infusing nutritional education into daily exercise to encourage healthy lifestyle habits.



Kidney Programs in Schools teaches children how healthy lifestyles can prevent kidney disease.



National Kidney Foundation[®]
of Michigan

1169 Oak Valley Dr
Ann Arbor, MI 48108
734-222-9800
www.nkfm.org



Only 1% of charities receive 4 stars from Charity Navigator 7 years in a row.

National Kidney Foundation of Michigan Rated One of America's Top Nonprofits

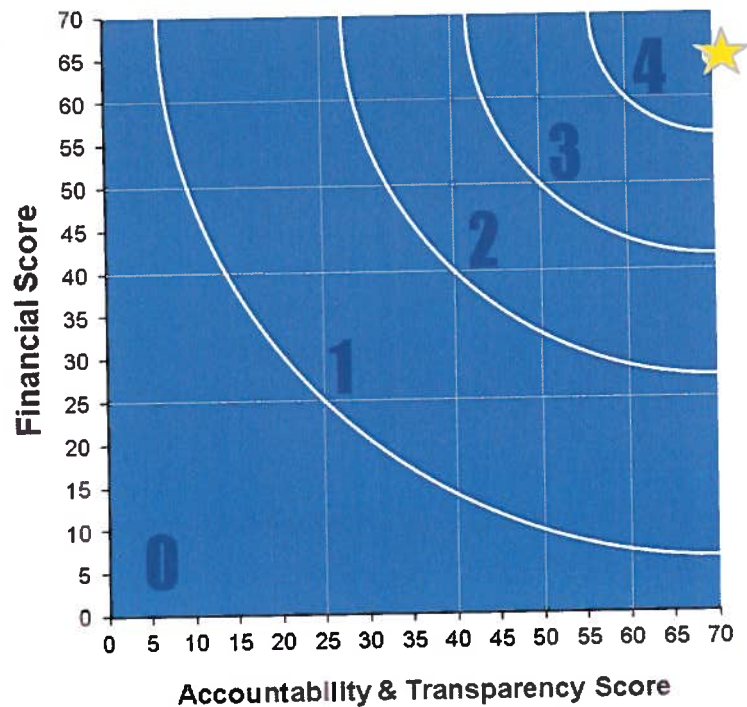
For the 7th consecutive year, the National Kidney Foundation of Michigan (NKFM) has been recognized for its sound fiscal management and performance by receiving the coveted 4-star rating from Charity Navigator and to date, the NKFM was honored to be named as the top-rated charity in the diseases, disorders, and disciplines category in a nation-wide Huffington Post article.

- Charity Navigator is the leading charity evaluator in America and only gives the 4 out of 4-star ratings to 25% of the charities it evaluates.
- Only 1% of these charities have received the prestigious 4-star rating for seven consecutive years.
- At a 99.25 rating, the NKFM is in the upper 1% of all nonprofits in America.

This exceptional ranking demonstrates that the NKFM outperforms the majority of other nonprofit agencies in America in fiscal responsibility and performance. This ranking differentiates the NKFM from its peers and demonstrates the reliability and efficiency of the organization's services.

Charity Navigator's rating highlights the NKFM's integrity, reliability, accountability, transparency, and fiscal responsibility.

The NKFM is Rated in the Top 1% of All Nonprofits



THE HUFFINGTON POST 11 Top-Rated Charities That Changed The World In 2014

The NKFM was also recently honored to be named in the Huffington Post article "11 Top-Rated Charities That Changed The World In 2014"!



National Kidney Foundation®
of Michigan

1169 Oak Valley Dr
Ann Arbor, MI 48108
734-222-9800
www.nkfm.org



Only 1% of charities receive 4 stars from Charity Navigator 7 years in a row.



DCH SC 3-9-15



MEMORANDUM

To: Members of the Michigan House and Senate

From: Wendy Block, Michigan Chamber of Commerce; Bonnie Bochniak, Michigan Business & Professional Association; Lindsay Case, Detroit Regional Chamber; Amanda Fisher, National Federation of Independent Business – Michigan; Andy Johnston, Grand Rapids Area Chamber of Commerce; Delaney McKinley, Michigan Manufacturers Association; Tony Stamas, Small Business Association of Michigan; Kent Wood, Traverse City Area Chamber of Commerce

Date: February 18, 2015

Subject: Michigan Job Providers Oppose HICA Tax Increase

We are writing to express our opposition to language in the Executive Budget recommendation that would increase health insurance costs for Michigan businesses and individuals by increasing the Health Insurance Claims (HICA) tax. We ask that you oppose this uncompetitive tax increase on employers who are struggling to continue to purchase health insurance coverage for their employees.

The Executive Budget proposes to expand the HICA tax from a .75 percent tax on paid health insurance claims to a 1.3 percent tax. Michigan job providers are already shouldering a multi-million dollar HICA tax burden and are opposed to any increase for the following reasons:

- Currently, businesses provide healthcare to employees on a voluntary basis, which is becoming increasingly difficult to maintain. According to a study released by Mercer, Inc., Michigan's health benefit costs rose 5.4% in 2012 to \$10,122 per employee. Increasing taxes on health insurance claims will mean rising costs, causing a bigger disincentive to providing benefits.
- According to the same Mercer, Inc., study, 61 percent of Michigan employers will be forced to shift costs to employees to compensate for rising health care costs by raising deductibles, co-pays/co-insurance or out-of-pocket maximums, increasing employees' share of the premium contribution. Increasing taxes on health insurance coverage will only make this situation worse.
- The State of Michigan is not fully enforcing the current tax law. It is premature to increase this tax particularly if enforcement is low and/or non-compliance is high. Furthermore, the State is not developing reliable data on HICA tax collections, which makes revenue estimating difficult and a tax increase a hard ask.
- The Executive Recommendation includes eliminating the HICA/Use Tax revenue cap, an important safeguard to ensure that revenues match need and prohibiting the state from over-collecting.

For the sake of our state's competitiveness, the health of Michigan's citizens and the ability of Michigan businesses to continue to offer health insurance coverage, please OPPOSE any increase in the HICA tax.



DCH SC 3-9-15

Tina Reynolds
Jessica Yorko
Paul Haan

March 9th, 2015
House Members
Department of Community Health
Appropriation Subcommittee

On behalf of the Safe Homes/Safe Kids: Michigan Alliance for Lead Safe Homes (MIALSH) coalition, we thank you for your time and attention. Our coalition has members throughout the state and includes health departments, lead contractors, small business owners, homeowners, landlords, child and family advocates and other service providers. Our coalition works to end lead poisoning in the state and is before you today to support the executive budget recommendation which continues funding at current levels for lead abatements in Michigan at \$1.75 million.

MIALSH appreciates your past support. General fund dollars to make homes lead safe for kids originated in the Senate a few short years ago and is now a mainstay in the executive budget. The bulk of lead funding comes from federal Housing and Urban Development (HUD) and Centers for Disease Control (CDC). These federal funding sources have been drastically cut in recent years forcing most local health departments to cede lead program work to the state. Adding to the crisis, scientists at CDC found that there is no safe level of lead in a child's blood. So as we expect the number of lead affected children to increase, funding levels are decreasing. This general fund line item helps to bridge the gap and is crucial.

We are asking you to support of the executive recommendation which includes \$1.75 million for lead abatement. We understand dollars are tight but MIALSH strongly believes and studies prove that preventing lead poisoning will increase school performance, decrease incarceration, increase earning potential, and decrease medical expenses. These are dollars well spent putting contractors to work in your districts and helping keep families safe. The attached graphs show the declining fund history and units made lead safe by past lead abatement dollars.

Thank you for your consideration and please do not hesitate to contact me with any questions you may have.

Sincerely,

Tina Reynolds
Health Policy Director
Michigan Environmental Council

Lead Champions Update

Goal: No Future Lead Poisoned Children in Michigan
Number of Children Under 6 Years Poisoned (5ud/dL and over) in 2014: 5,049

Action Process

Step 1: Screen Family

Step 2: Test Child's Blood

Step 3: Follow-up with Parent/Guardian

Step 4: Test Home, With Certified Lead Professional

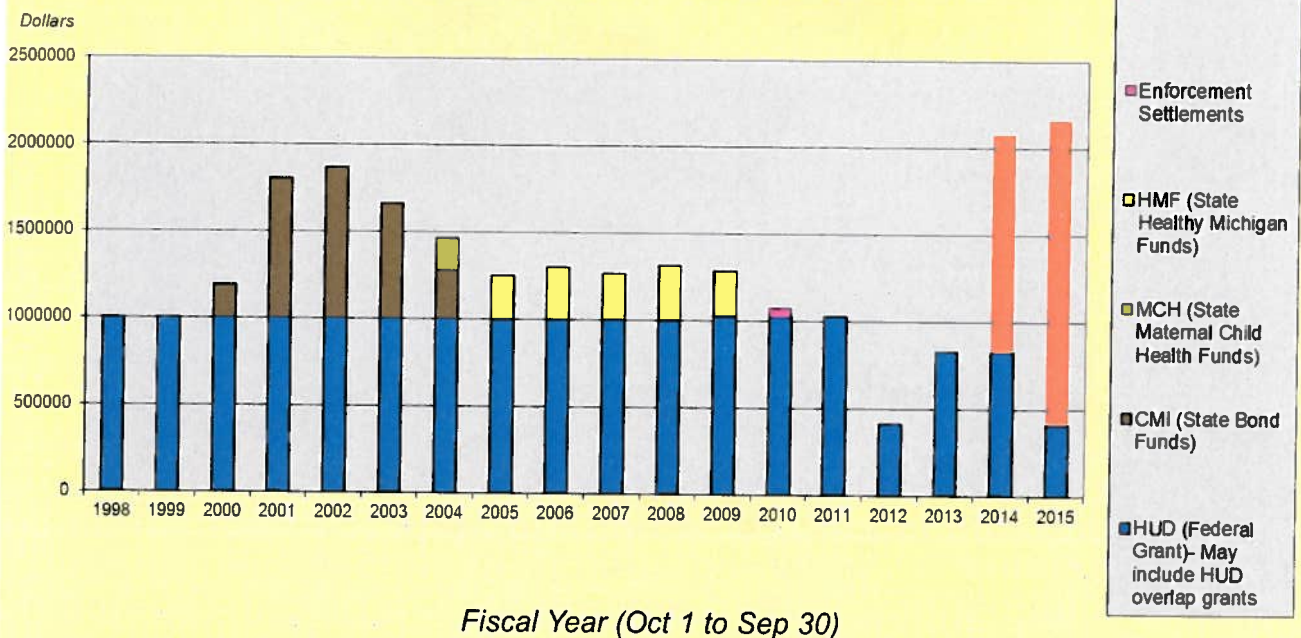
Step 5: Remove Lead Hazard, With Certified Lead Abatement Firm

Responsible Entity: MDCH CLPPP, Medical Providers,
Local Health Departments, WIC

Responsible Entity: MDCH HHS,
Lead Professionals, HUD Grantees

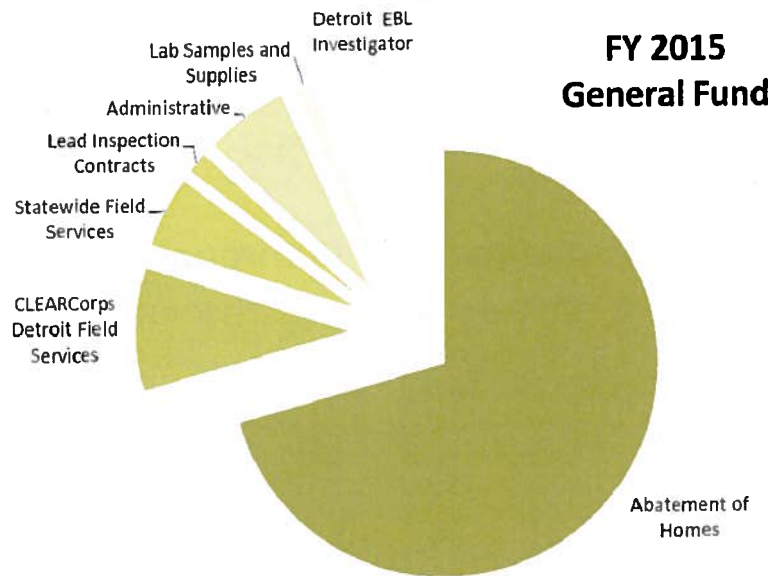
Note: MDCH certifies all lead professionals in the State of Michigan.

Michigan Department of Community Health Funding History for Lead Abatement



General Funds FY 2014 Summary

- Inspected and Abated 122 homes of lead hazards with GF dollars (Goal: 80)
- MDCH staff met with Michigan State Housing Development Authority to discuss partnership between MDCH and CDBG grantees.
- Provided job opportunities to more than 15 lead abatement contracting firms
- Provided an EBL Investigator in Detroit to test 40 homes of lead poisoned children.



General Fund 2015 Progress

- 30 Homes Completed or in Construction with GF Dollars
- 42 Homes Completed or in Construction with HUD Dollars
- Over 60 Additional Homes in Inspection/Bidding Phase
- Currently, over 150 applications on waiting list with approximately 50% becoming viable cases
- Task Force comprised of Michigan Department of Community Health, Michigan State Housing Development Authority, Department of Human Services, Weatherization and contractors in place to develop partnership model

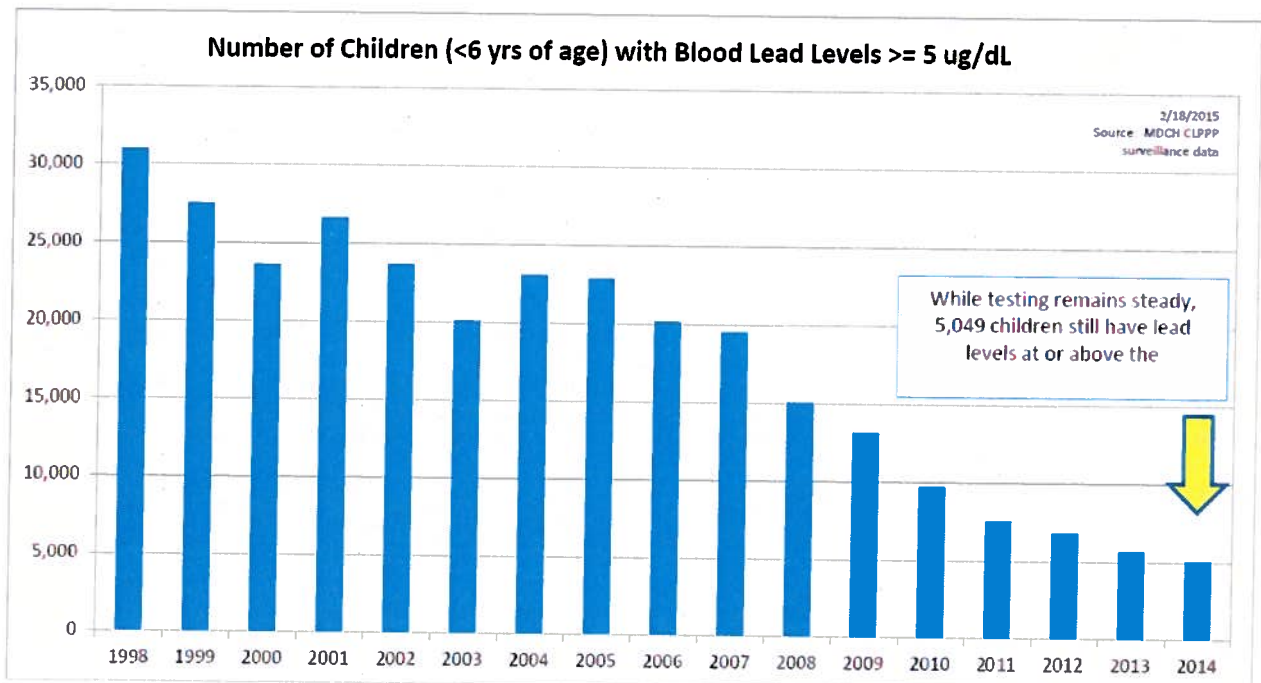
The Hard Facts on Childhood Lead Poisoning

Nearly 20,000 Michigan children have been diagnosed with lead poisoning over the last ten years and the effects of lead poisoning last a lifetime. In 2014, 5,049 Michigan children were identified with elevated lead levels at or above 5 ug/dL. Yet only about 20% of children under age 6 in Michigan are tested for lead each year.¹ A recent study indicates that over 50% of children in the Detroit Public School system have a history of lead poisoning.²

Lead Paint produces brain damage, learning disabilities³, hearing loss, speech delays³, violent behavior³ and, in rare cases, seizures and even death. University of Cincinnati researchers have determined that elevated blood lead levels are associated with higher rates of criminal arrest in adulthood.⁴

Prevention efforts in the past have resulted in tremendous strides for Michigan; the rate of lead poisoning among young children is now substantially lower than ten years ago. Yet Michigan continues to rank 10th worst in the nation in 2012 for the number of lead-poisoned children.⁵

Funding cuts including the Clean Michigan Initiative and Healthy Michigan Funds have severely reduced cost-effective state programs for testing children, providing case management and supporting homeowners and landlords in making homes lead-safe. Worse yet, these cuts have limited Michigan's ability to leverage federal lead poisoning prevention dollars. United States Department of Housing and Urban Development (HUD) grants for lead hazard control require a minimum 10% match from state and local applicants for federal funding consideration. In Fiscal Year, 2015 Lead Champions were able to secure \$1.75 million in General Fund for Lead-based Paint Abatement.



Studies Link Childhood Lead Poisoning to...

- Lowered IQs
 - Lowered academic achievement
 - Increased attention deficit-hyperactivity disorder (ADHD)
 - Increased violent crime
 - Other cardiovascular, immunological, endocrine, and behavioral defects
- ... and it costs Michigan \$4.85 billion per year.**

Lead in Household Dust is #1 Cause of Lead Poisoning

- In homes built before 1978, lead paint on walls, doors, windows and sills may be dangerous. Three granules of lead dust are enough to poison a child.⁶
- Approximately 70% of the housing stock in Michigan was built before 1978, the year which lead paint was banned.⁷
- Abatement (eliminating the hazard in the home) is the only effective solution; medical treatment may not reverse brain damage or restore lost development.

What Michigan needs:

- **Sustainable funding** to find and remove sources of lead *before* children are exposed
- **Screening** to identify and help children who have already been lead-poisoned
- **Partnerships** to promote and provide for lead-safe housing for young children and pregnant women

References

1. Michigan Department of Community Health. Childhood Lead Poisoning Prevention Program. *2014 Data Report of Blood Lead Testing and Elevated Levels.* Available at www.michigan.gov/lead
2. Detroit Free Press. *High Lead Levels Hurt Learning for DPS Kids.* 16 May 2010. Available at <http://www.freep.com>
3. Committee on Environmental Health (2009 Policy Statement) Lead Exposure in Children: Prevention, Detection and Management. PEDIATRICS Vol. 116 No. 4 October 2005, pp. 1036-1046 (doi:10.1542/peds.2005-1947) Available at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036>
4. Wright JP, Dietrich KN, Ris MD, Hornung RW, Wessel SD, et al. (2008) Association of Prenatal and Childhood Blood Lead Concentrations with Criminal Arrests in Early Adulthood. PLoS Med 5(5): e101. doi:10.1371/journal.pmed.0050101. Available at <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0050101>
5. Centers for Disease Control and Prevention. *2012 Data.* Available at http://www.cdc.gov/nceh/lead/data/Website_StateConfirmedByYear_1997_2013_10162014.htm
6. Information and Public Service Announcements available at <http://www.leadfreekids.org>
7. Pre-1978 Housing calculated from U.S. Bureau, Census 2000. Available at <http://factfinder2.census.gov>



Safe Homes/Safe Kids

Michigan Alliance for Lead Safe Homes

Lead poisoning is still a problem in Michigan

Why? About 70% of the housing stock in Michigan was built before 1978, the year in which lead paint was banned. Because of these high numbers, in 2012, over 787 Michigan children under 6 years old were diagnosed with lead poisoning while another 5,706 children were found to have blood lead levels of 5 to 9 ug/dL. It is difficult to gauge the full extent of lead poisoning because only half of the kids who should be are tested each year. We expect the number of lead poisoned kids to be higher.

Conservative estimates show that childhood lead poisoning costs Michigan at least \$3.2 – \$4.85 billion for just the annual costs of lifetime earnings for children with lead poisoning. This estimate does not include the cost of medical treatment, special education, increased encounters with the juvenile system, or reduced high school completion. This loss of tax dollars hurts schools, roads, and other state priorities.



Michigan Alliance
for
Lead Safe Homes

602 W. Ionia Street
Lansing, MI 48933
517-487-9539

www.mileadsafehomes.org

Thousands of children learn less due to lead poisoning

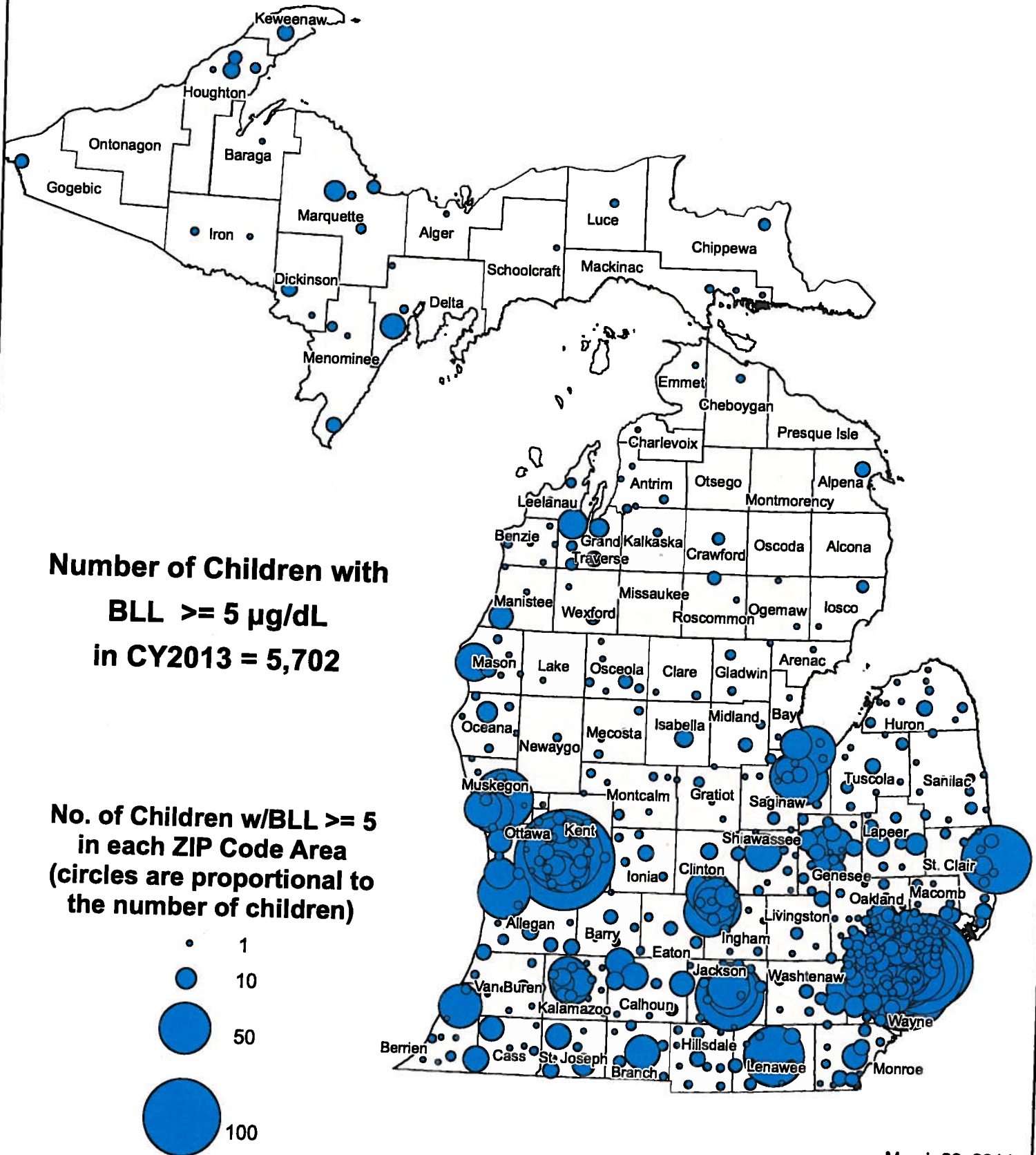
Complications from lead poisoning include behavioral problems such as aggressiveness, hyperactivity, and lethargy, all of which can result in learning struggles, organ damage, hearing deterioration, slowed growth, appetite and weight loss, digestive problems, headache, and fatigue. These complications are not reversible and hamper IQ and school performance and can lead to a higher rate of incarceration for lead-poisoned individuals.

Coalition forms to end lead poisoning in Michigan

To help unify and strengthen regional and statewide entities working to end lead poisoning, the Safe Homes/Safe Kids: Michigan Alliance for Lead Safe Housing coalition formed in 2010. We are a group of concerned health, housing and environmental professionals, local business owners, community and child advocates, parents and others. We are committed to reducing and eliminating childhood lead poisoning in Michigan by identifying a stable and renewable source of funding to provide education, testing of children, and abatement of lead hazards in homes.

To learn more about lead poisoning, please check out our coalition website, www.mileadsafehomes.org. You can also sign up for our e-news to stay up to date on coalition activities.

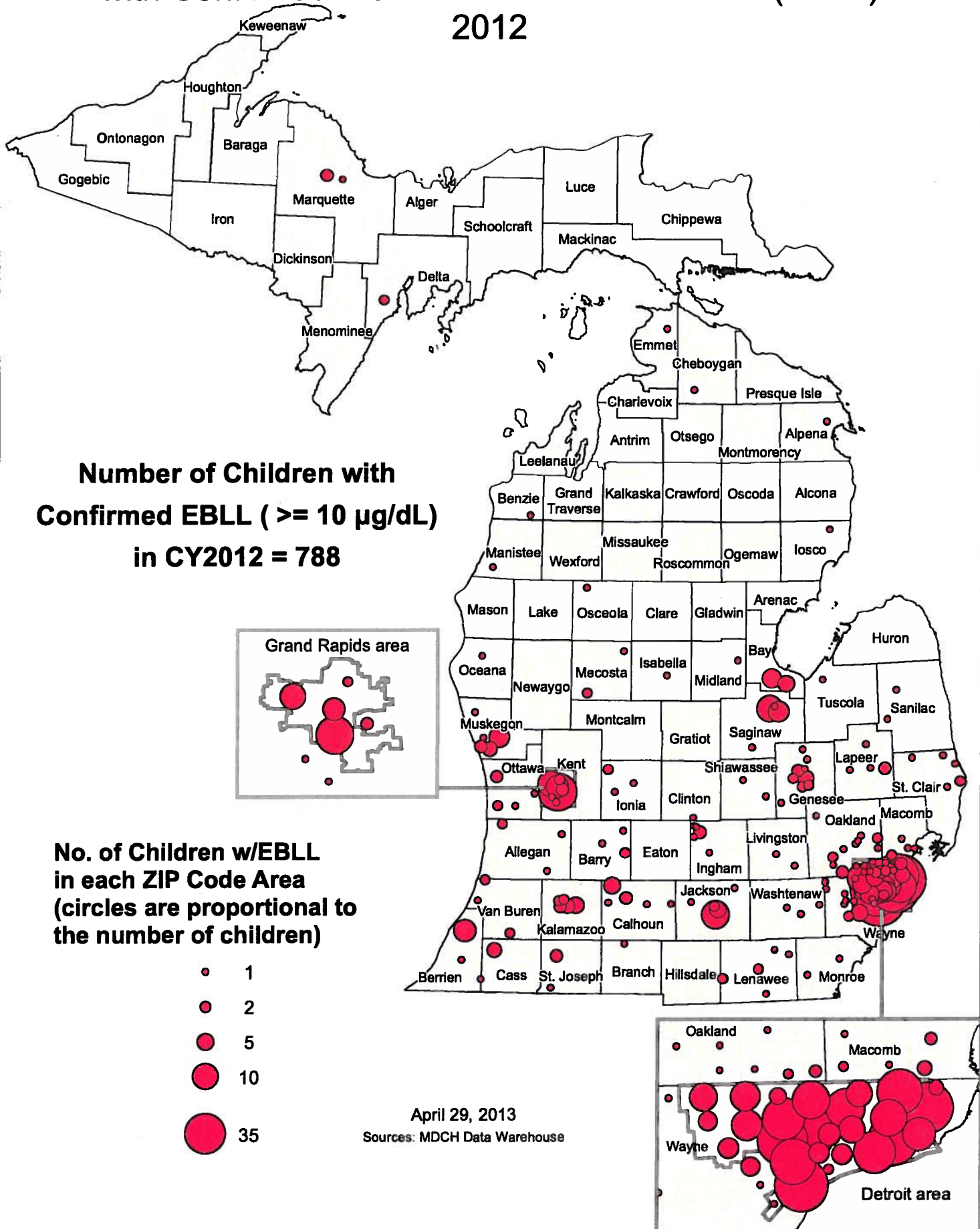
Children less than Six years of Age with Blood Lead Levels (BLL) ≥ 5 $\mu\text{g}/\text{dL}$ 2013



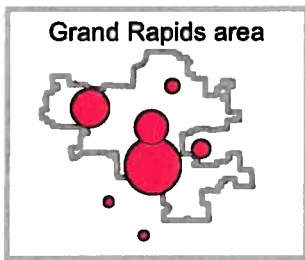
March 28, 2014

Sources: MDCH Data Warehouse

Children less than Six years of age with Confirmed Elevated Blood Lead Levels (EBLL) 2012



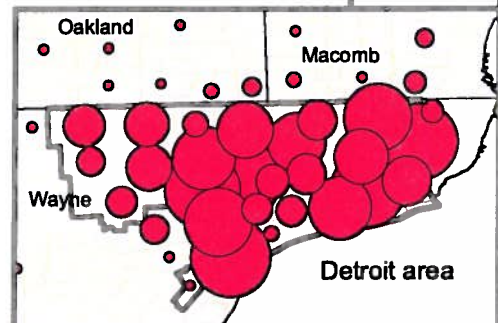
**Number of Children with
Confirmed EBLL ($\geq 10 \mu\text{g/dL}$)
in CY2012 = 788**



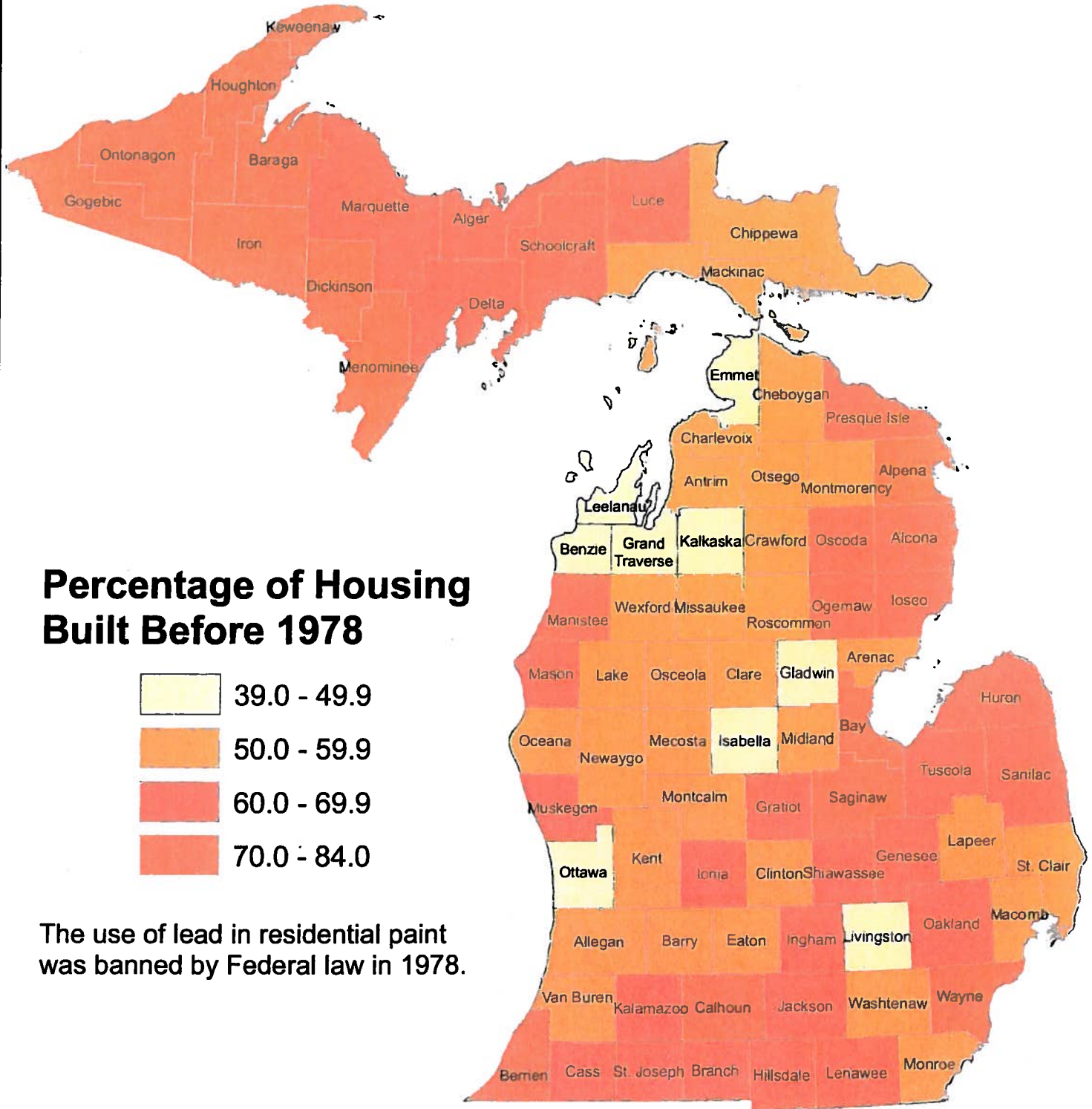
**No. of Children w/EBLL
in each ZIP Code Area
(circles are proportional to
the number of children)**

- 1
- 2
- 5
- 10
- 35

April 29, 2013
Sources: MDCH Data Warehouse



Percentage of Housing Built Before 1978





AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN
6105 West St. Joseph, Suite 204, Lansing, Michigan 48917
(517) 886-1029 www.mi-seniors.net Mary Ablan, Director

DCH SC 3-9-15
Mary Ablan

FACT SHEET ON AREA AGENCIES ON AGING (AAAs)

What are Area Agencies on Aging?

Area Agencies on Aging are a nationwide network of entities designated by federal statute to plan and develop services to promote health and independence. They serve as a one-stop shop with expertise on aging and long term care. AAAs were created 40 years ago by the federal Older Americans Act (OAA) with the mission of creating a system of home and community-based services to maximize the independence and dignity of older adults and provide alternatives to nursing homes. The state entity responsible for overseeing OAA services and designating AAAs is the Michigan Office of Services to the Aging (OSA).

How many AAAs serve Michigan?

There are 16 AAAs that serve all of Michigan's 83 counties. Most are private nonprofit organizations and cover multi-county regions. AAAs are run by boards of directors; most AAA board members are appointed by county boards of commissioners and other local officials. AAAs also have advisory councils with older adult leaders and service providers.

What do AAAs do?

AAAs promote healthy aging, dignity and independence in many ways. AAAs assist older adults, younger people with disabilities, and caregivers looking for information and resources. They are experts on all aspects of aging. They provide specialized counseling on Medicare, Medicaid and health insurance through the Medicare Medicaid Assistance Program (MMAP). AAAs provide supports coordination, a service that assists frail elders remain independent by 1) performing a thorough in-home assessment of the elder's health condition and living situation, 2) developing a person-centered care plan to assist the elder in maintaining a quality life, 3) helping to coordinate the services and supports provided by physicians, specialists, hospitals, other health care providers and the aging network, 4) determining if the elder qualifies for any government programs, and 5) educating the elder about the services and programs available, as well as healthy behaviors. AAAs use an approach that is "person-centered," meaning participants are in control and make the decisions about their care. AAAs also give participants the option to self-direct their services and hire their own helpers.

AAAs fund a wide variety of home and community-based services using a network of 1100 service providers. AAAs screen providers using service standards to find those that deliver quality services at a reasonable price. AAAs perform ongoing assessments of providers to ensure that performance and quality are maximized.

AAAs provide evidence-based programs to increase health and empower individuals to better manage their chronic conditions. Utilizing proven programs recognized by the U.S. Centers for Disease Control and Prevention and the U.S. Administration for Community Living, AAAs help older adults and people with disabilities prevent falls, manage chronic conditions including hypertension, heart disease, diabetes, pain, etc., eat healthy, cope with caregiving responsibilities and do advance care planning.

AAAs help people in nursing homes transition back to the community, along with other waiver

agencies and Centers for Independent Living. This program is called the Nursing Facility Transition Initiative (NFTI). AAAs find people living in nursing homes who have lived there for many months or even years, but want to return home and face significant barriers. In most cases, people need in-home services to live safely at home. Some people have lost their homes and belongings and need to find another place to live. Ten to fifteen percent need no Medicaid services whatsoever. Last year, over 1,600 people were transitioned back to the community with a significant cost savings to the state.

AAAs help people in hospitals transition back to the community to maximize their recovery and prevent unnecessary rehospitalizations. Several AAAs in Michigan have ACA Section 3026 contracts from the Centers for Medicare and Medicaid Services. A number of AAAs are partnering with hospitals, health plans and other organizations to provide care transition services.

AAAs help people transition to licensed residential settings including both Adult Foster Care and Homes for the Aged. Transitions can occur from a home, nursing home or hospital setting.

AAAs create new services to fill gaps through public/private partnerships. Creating a service means raising money, finding one or more companies/agencies to provide the service, coordinating the new service with existing programs, and informing seniors and the community about the availability of the new service. AAAs raise additional resources from federal, state and local governments, nonprofit agencies, corporations, foundations, direct mail solicitations, special events and private donors.

AAAs advocate on behalf of older adults and caregivers. AAAs advocate for new programs, more funds for existing programs, and public policies that impact health and well-being. The federal Older Americans Act requires AAAs to advocate for older adults. AAAs have been successful in advocating for federal, state and local resources, and blend all three into a cost-effective service system.

Are there advantages to having AAAs separate from service providers?

Yes. Because AAAs generally do not provide direct services, they will not steer participants to their own services, allowing individuals to pick the providers they prefer. AAAs provide conflict-free supports coordination and person-centered planning. AAAs evaluate providers to insure they are legitimate, financially sound and provide quality services. Because they are conflict-free, AAAs are well-positioned to take on special roles that require an agency with no bias. Those special roles include supports coordination for individuals utilizing Medicaid, Medicare, self-directed care and private pay. Resulting designation as a MI Choice Waiver Agent and Aging & Disability Resource Center is common.

**“... AREA AGENC(IES) ON
AGING WILL ... SERVE
AS THE ... FOCAL POINT
FOR OLDER INDIVIDUALS
WITHIN THE
COMMUNITY”**

Older Americans Act

What services are available?

Following is a list of most of the services available. To find out if a particular service is available in your area, go to www.michigan.gov/miseniors.

- Adult Day Care
- Caregiver Training & Support Groups
- Case Coordination and Support

- Chores Services, such as heavy cleaning, minor repairs, lawn care and snow removal
- Congregate Meals at senior centers and other locations
- Counseling
- Elder Abuse prevention
- Employment Assistance
- Evidence-Based Health Promotion & Disease Prevention Programs
 - Personal Action Towards Health (PATH) – chronic disease self-management
 - PATH – Diabetes
 - PATH – Chronic Pain
 - A Matter of Balance – falls prevention
 - Healthy Eating
 - Respecting Choices – advance care planning
 - Savvy Caregivers – assists caregivers of people with dementia
 - T.C.A.R.E. – caregiver assessment and support program
- Grandparents Raising Grandchildren & Kinship Care
- Help with Medicare, Medicaid and other health insurance (MMAF)
- Home Delivered Meals (Meals-On-Wheels)
- Home Injury Control
- Homemaker
- Home Repair & Environment Modifications
- Hospital Care Transitions
- Housing Assistance
- Information and Assistance
- Legal Assistance
- Long Term Care Options Counseling
- MI Choice Medicaid Waiver
- Nursing Facility Transition services
- Ombudsman Services to resolve problems for people living in long term care facilities
- Personal Care, including help with bathing, dressing, eating, etc.
- Respite Care - relief for caregivers, in-home and out-of-home
- Senior Centers
- Supports Coordination
- Transitions to Licensed Residential Settings – Adult Foster Care, Home for the Aging
- Transportation

“AREA AGENC(IES) ON AGING SHALL ... FACILITATE THE ... DEVELOPMENT AND IMPLEMENTATION OF A COMPREHENSIVE, COORDINATED SYSTEM FOR PROVIDING LONG-TERM CARE IN HOME AND COMMUNITY-BASED SETTINGS”

Older Americans Act

Do services provided by the aging network have a significant and meaningful impact?

Yes. Despite the steady growth in Michigan’s older population, particularly those 85+, home-based services have contributed to a steady decline in Medicaid nursing home utilization in our state. Over a quarter of a million people are served each year with information and services provided by the aging network. On surveys, AAAs’ customers rank services and performance in the 90th percentile. In the Nursing Facility Transition Program, AAAs and other groups transition over 1800 individuals from nursing homes back to the community. These are just a few examples.

Are services provided by the aging network cost-effective?

Yes. The average daily cost of the MI Choice Medicaid Waiver is one-half the average daily cost of a nursing home. OSA services, also federal-state funded, are more flexible and keep seniors living at home, out of nursing homes, and off the Medicaid program. The average cost to keep seniors at home with meals-on-wheels and in-home services is \$3-4 a day. Services like meals-on-wheels, supports coordination, transportation, respite care, etc. are helping family caregivers so they can provide care longer. The vast majority of long term care services are provided at no cost by families and friends, with an estimated annual value of \$15.5 billion in Michigan.

March 6, 2015, prepared by Mary Ablan, M.A., M.S.W.

**Making Michigan a No Wait State
Testimony the Silver Key Coalition
Community Health Appropriations Subcommittee
March 9, 2015**



Silver Key Coalition

Working to Make Michigan a No Wait State for Senior In-Home Services
www.silverkeycoalition.com

DCHSC 3-9-15
Ryan Cowmeadow

My name is Ryan Cowmeadow and I am the Advocacy Manager at the Area Agency on Aging 1-B (AAA 1-B) which serves, Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw Counties. We at the AAA 1-B are proud members of the Silver Key Coalition (SKC) which was founded in 2013 to advocate for, and support the initiative of Governor Snyder and the 97th Legislature to make Michigan a “no wait state” for senior in-home services (IHS).

I am here today on behalf of the more than 35 agencies that make up the SKC to share with you our sincerest appreciation for your work, and the work of your predecessors to help support the independence of the older adults who call Michigan home. These services such as home-delivered meals (HDM), personal care assistance, and homemaking enable older adults to remain where they want to be, and contributing to the communities they call home at a fraction of the cost of institutionalized services.

The SKC is committed to using a data driven approach to help realize the vision of making Michigan a no wait state. As such, we will be producing both a “no wait state” dashboard and a series of data briefs designed to track progress toward this goal. I am very pleased to share with you the first such data brief which was submitted with my testimony. As statewide data was not yet available to the SKC by the time of this testimony, our first data brief analyzed the state of Michigan’s IHS wait lists over Fiscal Year (FY) 2013 and FY 2014, prior to the start of FY 2015 new funding totaling \$5 million.

As you can see from this data brief, the commitment of the Legislature to make Michigan a no wait state paired with- additional funding for HDM in FY 2014 spurred a 20% reduction in the total number of those waiting for HDM and other in-home services (57% reduction HDM- FY 14 additional funding was for HDM only, 10% other in-home services). This commitment made it possible for several programs to jumpstart their efforts to eliminate their wait lists. Ypsilanti Meals on Wheels for example was able to approach a local foundation from which they received a \$45,000 one-time grant in May of 2014 which enabled them to eliminate their wait lists five months before the State’s new funding began. This is the first time in many years that there is no wait lists for this program.

Though great progress has been made, underserving and rationing in these essential programs remains a growing problem. In FY 2014, 50% of HDM providers and 94% of in-home service providers report that demand for services exceeds their service availability and 56% of HDM and 69% of IHS providers indicated that they provide services at levels less than a participant’s identified needs. Clearly, our work is not yet done.

Though FY 2015 wait list data is not complete and the impacts of the additional funding is not fully known, the SKC hypothesized that a total increase of \$10 million from FY 2015-2017 would

be needed to truly eliminate wait lists and to serve individuals at assessed levels. Data commissioned from the Institute on Innovative Aging Policy and Practice of the University at Buffalo supports this assumption indicating that in FY 2016 an additional \$2.2 million for IHS would be needed just to meet the increase in demand due to growth of the aging population.

To give a sense of perspective, if new funding of \$2.2 million for IHS was provided in FY 16, it would only take the prevention of 32 nursing home placements to provide a return on investment and produce savings for the state. (Nursing homes on average cost \$68,424¹, average cost per in-home services participant in 2013 \$906.33²)

In closing, we cannot possibly understand the difficult position you are in and the tough choices you must make while preparing the FY 2016 budget. We ask only that during this process you please remember the commitment of the legislature and the great progress already made in working to make Michigan a no wait state. If by some budgetary miracle the opportunity presents and you are able to allocate additional funds, please help us to serve Michigan's elders through these cost effective and life-saving programs.

Thank you again for all of your hard work, and thank you for hearing my testimony.

Respectfully submitted by:

Ryan Cowmeadow, LMSW
Advocacy Manager
Area Agency on Aging 1-B
rcowmeadow@aaa1b.com
(248) 262.1282

¹ Medical Services Administration FY 2016 Presentation to House and Senate Appropriations Subcommittees Pg.28

² NAPIS 2013, Pg. 31 Table 56.

No Wait State Update



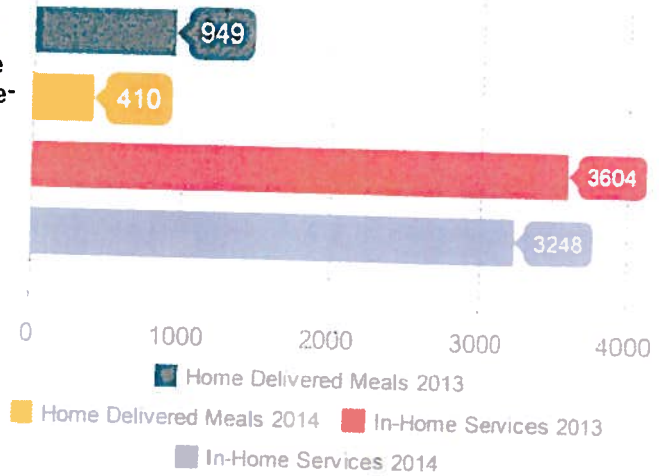
February 2015: Volume 1

Produced by the Silver Key Coalition

State Commitment Spurs 20% Reduction of In-Home Service Wait Lists

An analysis of the National Aging Program Information System (NAPIS) comparing Fiscal Year (FY) 2013 fourth quarter data with FY 2014 fourth quarter data found a 19.6% decrease in the total number of older adults on wait lists for home-delivered meals and other key in-home services.

This substantial reduction can be directly attributed to additional home-delivered meal funding in FY 2014 of \$500,000 and the commitment by the Governor and the legislature to make Michigan a "no wait state" for in-home services. The allocation of an additional \$5 million in FY 15 provided the confidence needed for service providers which spurred program growth and prompted efforts to eliminate wait lists even before the new funding was received.



Underserving Up 112% in FY 14

Though great progress has been made to make Michigan a "no wait state," rationing of services and underserving of program participants remains a significant challenge.

56% of home-delivered meal providers & **69%** of in-home service providers indicate that they provide services at levels less than a participant's identified need.

50% of home-delivered meal providers & **94%** of in-home service providers indicate that demand for services exceed their service availability.



In early 2014, Ypsilanti Meals on Wheels (YMOW) aligned with the Silver Key Coalition to make their program a no wait service.

With the knowledge that additional funding would be available on October 1, 2014 for home-delivered meals, YMOW was able to convince a local foundation to provide \$45,000 in funding which enabled YMOW to become a no wait provider in May of 2014, 5 months before the States new funding would accomplish this goal!

Pontiac MEALS ON WHEELS

Prior to new FY 14 funding, Pontiac Meals on Wheels was forced to reduce the number of meals served to home-bound seniors to only 1 per day, a wait list was started and congregate meals were served only 3 days per week. New funding has made 2 meals a day possible again in the colder winter months and now there is no wait list for meals!

Source: State of Michigan NAPIS reports 2013 and 2014
Website: www.silverkeycoalition.com

DCH SC 3-9-15
Brewster Hamm

March 9, 2015

**Testimony to Appropriations Committee at State Capital in Lansing;
Proposed \$ 2.2 additional dollar increase for Food & Senior Services.**

**Delivered by Brewster C. Hamm, President & CEO Senior Meals
on Wheels, 2900 Wilson Avenue S.W., Grandville, Michigan 49418**

Good Morning.....I'm Brewster Hamm, President of Senior Meals on Wheels located in Grandville, Michigan. It's an honor and a privilege to serve as Senior Meals leader because I believe deeply in our mission. For many of us, our work is a passion! Our mission is to provide quality, nutritious food to seniors (60+) to help keep them healthy and allow those that are home-bound to stay independent in their own homes.

I am pleased to be here and to share my enthusiastic support for Ryan Cowmeadows' proposed \$ 2.2 million dollar increase for Food and Senior services and to help make Michigan a no-wait state.

Also, with me today is Pam Laster, a seasoned Senior Meals Driver who has been delivering food to our clients for over 7 years. I asked her come today because of the unique perspective she has from delivering meals for so long and because of what she sees in the critical aspects of safety and the emotional connection she has developed with our clients.

My comments today will be specifically directed to the critical issue of Food and the dollars required, along with some alarming statistics from our experience with seniors in Kent County.

Last year, 2014 was a major milestone of completing our 30th year! From our early beginnings, we have grown to be the leader in Kent County.

We provide 3 major areas of support:

- 1. Last year we provided approximately 400,000 meals to home bound seniors. These are folks that are unable to drive to go to the grocery store for food and are unable to stand in their kitchens to prepare meals for themselves. For many of these people, providing meals enables them to maintain their independent living situation in their own homes.**
- 2. For those seniors that are mobile and can get out and about; they visit 12 congregate lunch sites around Kent County where they consumed approximately 95,000 meals. The lunch sites offer social stimulation, interaction, games as well as exercise classes.**
- 3. Pantry at Leonard and Knapp is a facility where Seniors can visit 2 times per month to obtain a variety of food – Meats, Fruits, Vegetables and Dairy products valued at \$ 160 - \$ 200 per month. Getting this food frees up the needed cash for medications and heating bills, which are also essential to their health and survival.**

I have personally gone with a wide cross section of our drivers as they deliver food, so that I will know first hand the conditions our seniors are in, as well as how our services are meeting their needs. It's a humbling experience for me to see the difficult circumstances that many seniors find themselves. For a number of them a variety of "life situations" such as a serious auto accident or illness without appropriate insurance or an early downsizing or divorce to name just a few, could tip the balance for them.

The proposed increase in funding of Food and Senior services is definitely needed for the following reasons.

First.....for seniors, there is a hunger and nutrition issue in North America and in Kent County. Also, those seniors 60 and above are the fastest growing age group.

- **Based on research from the National Meals on Wheels Association, 1 in 6 seniors face serious hunger and nutrition issues where they are not getting enough nutrition from their food to maintain good health. In Kent County we have approximately 100,000 seniors that are 65 or older. The MOWA research indicates that approximately 17,000 of those seniors are struggling with these issues, here in Kent County. We see our clients struggling and in many cases our meals are essential to keep them going.**

Second.....there is a quickly growing, un-met need for food for seniors as they age. As mentioned previously, seniors are the fastest growing age group.

- **It is projected that in just 20 short years, the number of seniors in Kent County will double to around 200,000! These trends are also occurring nationally across North America. That means that each year approximately 5,000 additional seniors may require some help with food as they become eligible.**
- **Also, as you may know, the State of Michigan support for food for our Region 8 in West Michigan has not been sufficient to meet the growing needs; in 1998 support of Home Delivered Meals (HDM) was \$ 967,849 and in 2015, 17 years later, support for HDM's is \$ 921,810. This is a 46,000 decrease! The effects of inflation and higher food prices have significantly reduced the buying power of these dollars as baby boomers have aged. We know this will continue for the foreseeable future.**

Third.....cost considerations of un-met needs; need for meals is growing faster than available dollars.

- **Prior to our cuts, we experienced the growth for meals running conservatively at 15% per year. During the summer of 2013 we experienced the need for meals running ahead of the dollars available to support the increase. The need for meals was growing faster than the dollars available for the extra meals.**
- **So.....to be good stewards of our financial resources, we had to carefully cut second & weekend meals that were unfunded. The cuts amounted to approximately 7,000 meals per month. This is approximately 84,000 meals per year, affecting about 250 people.**
- **We made the cuts very carefully through our assessment staff talking with each client to explore where cuts could be made that would not put them in a crisis situation. This process took several months and many hours of work to complete. We feel good about the result which was to get our resources in check and balanced.**
- **So, currently in 2015, with the passing of the governor's budget addition and Kent County millage, we are projected to restore the 7,000 meals per month that were previously cut along with adding some new clients for home delivered meals as well as increasing food made available through the pantry. It's important to note that our projected goal for increasing home delivered meals is to go from and average 30,000 to 40,000 meals a month. With that in mind, due to what I would call "repressed demand" as explained earlier with the cuts; we have already increased from week of January 18 – 24 to March 1 – 8 from a monthly average of 35,000 meals to 39,000 meals per**

month for last week. This is only 1,000 meals a month away from our target of 40,000 meals per month, which uses up our resources for additional meal growth. The speed at which this occurred was extremely fast over the months of January and February.

My parting message isthe need for meals is growing faster than available funds. Those of us that are providers are caught with the challenge of the pot of available dollars being short of the need for meals that exists.

Know that any additional increase of support will be put to good use.

Now it's my pleasure to introduce Pam Laster, our Senior Meals Driver.

We will take questions following Pam's testimony.

Thank you!

Sarah Poole DCHSC 3-9-15



American Heart Association | American Stroke Association

Testimony by:

Sarah Poole

American Heart Association, Midwest Affiliate
House Appropriations Subcommittee on Community Health
March 9, 2015

Chairman Verheulen and members of the committee, my name is Sarah Poole and I am here today on behalf of the volunteers and staff of the American Heart Association to express support for the funding of cardiovascular health, 4x4 wellness, smoking, diabetes prevention programs in the Health and Wellness Fund (or the Healthy Michigan Fund, as it used to be known).

Before I detail the reason we support funding for these essential population-based preventive health services, I feel it is important to provide a bit of history on the origins of this fund. In 1994, voters approved Proposal A (school finance reform) by a wide margin – 69% to 31%. Proposal A amended the Michigan Constitution to require that “six percent of the proceeds of the tax on tobacco products shall be dedicated to improving the quality of health care of the residents of this state”. Consequently, Public Act 121 of 1996 created the Healthy Michigan Fund (HMF), directing the use of this revenue: “The fund is in addition, and is not intended as a replacement for, any other money appropriated to the department or other state agencies.” (MCL 333.5953) “Money in the fund shall be used to improve the health of the citizens of this state ... shall include but not be limited to chronic disease prevention, smoking cessation, anti-tobacco activities, maternal and child health initiatives, immunization activities, poison control and local public health surveillance and evaluations.” (MCL 333.5955)

Initially a very robust source of funding, HMF invested \$41 million per year on prevention programs from its creation to 2001. From 2002-2013, the rising costs of healthcare and the fiscal crisis took a toll on Michigan and each year the legislature diverted money from HMF to balance the state budget and pay for non-prevention focused programs like Medicaid. The HMF is currently at approximately \$8 million in total funding.

In the years since the creation of the fund, we have watched the state’s commitment to preventing chronic health problems diminish and chronic health issues rise drastically. Michigan is a leader in the rates of cardiovascular disease, diabetes and obesity. The personal and financial cost to the state of disinvesting in prevention cannot be sustained.

Many of you have heard these statistics but they are so frightening that they bear repeating. Michigan ranks among the worst states in the nation for preventable cardiovascular disease risk factors such as high blood pressure, smoking, obesity, and physical inactivity. Due to the high rate of preventable risk factors in our state, cardiovascular disease (CVD) is the No. 1 killer in Michigan, causing 1 in 3 deaths, and costing the state an estimated \$10.2 billion annually. I would like to stress that many of the most significant risk factors for cardiovascular disease are often preventable if individuals have the right education and tools to make healthier choices.

Although the American Heart Association does not receive any state funding, we work very closely with the Michigan Department of Community Health to leverage resources and opportunities that are available because of the department's state funding. This year a mere \$3.2 million is funding the programs likely to have the greatest impact on heart disease and stroke prevention including tobacco, diabetes, 4x4 and cardiovascular health. We must make a more robust commitment in the coming years in order to see the rates of heart disease, stroke, smoking, diabetes, obesity, and hypertension reduced.

We know that you have many difficult decisions to make regarding which programs to fund. The American Heart Association urges members of this committee to keep in mind the potential return on investment – prevention of even 1% of heart attacks would save more than \$17 million healthcare dollars; a 1% reduction in strokes, almost \$4 million. These savings are opportunities too good to miss.



Cardiovascular Disease in Michigan

February 2015 update

Prepared by the Michigan Department of Community Health,
Cardiovascular Health, Nutrition and Physical Activity Section

Statistics

- ♥ In 2013, 34.6% of Michigan adults reported ever being told they have high blood pressure (HBP).
- ♥ 75.7% of Michigan adults with diagnosed HBP reported taking blood pressure medication in 2013.
- ♥ An increased percentage of Michigan adults are being diagnosed with HBP each year, due to an increase in aging of the overall state population.
- ♥ By 2030, heart disease cases in Michigan are projected to rise from 600,000 to 2.9 million.
- ♥ In 2010, \$10.2 billion was spent on heart disease related medical costs in Michigan.
- ♥ Heart Disease was the leading cause of death in men (n= 12,001) and women (n= 11,501) in 2012.
- ♥ In the past five years in Michigan 58,298 women have died of heart disease. This number of women could easily fill Comerica Park for a Detroit Tigers baseball game.
- ♥ More than 25% of deaths in Michigan in 2013 were due to cardiovascular disease and stroke.

CVH Program Updates

Health and Wellness 2015 Funding: \$210,300

Accomplishments: In 2014, the MDCH Heart Disease & Stroke Prevention Program partnered with over 20 hospitals to improve quality of care for stroke patients and impacted over 8,000 patients. MDCH is continuing work with state partners including the Michigan Primary Care Transformation Project, Michigan Pathways to Better Health, Michigan Primary Care Association, the National Kidney Foundation, and the American Heart Association. These efforts have resulted in a 2% increase in Michigan adults who have their high blood pressure under control.

Goals: Continue partnering with organizations and statewide initiatives to promote awareness of risk factors and signs and symptoms of heart attack and stroke, and increasing control of high blood pressure among Michigan residents.

References:

American Heart Association. Heart and Stroke Statistics. 2014 Update. Dallas, Texas: American Heart Association

Center for Disease Control and Prevention: Chronic Diseases and Health Promotion. May 2014

Kaiser Family Foundation. February 2015. How Health Expenditures Vary Across the Population Slideshow

Michigan Department of Community Health. February 2015 Michigan Health Statistics. Division for Vital Records and Health Statistics

Michigan Department of Community Health. Impact of Heart Disease and Stroke in Michigan 2008 report

Michigan Department of Community Health, Vital Statistics, 2010-2012

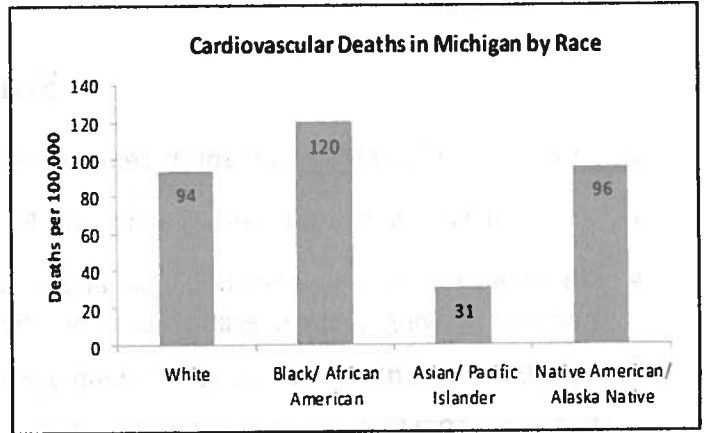
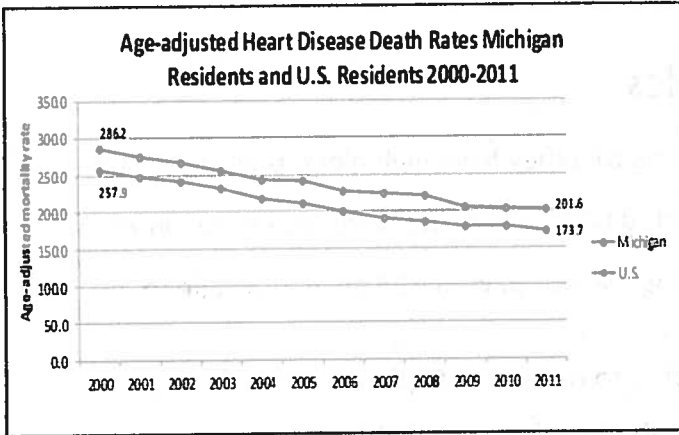
National Institutes of Health. February 2015. What are the Risk Factors for Heart Disease



Cardiovascular Disease in Michigan

February 2015 update

Prepared by the Michigan Department of Community Health,
Cardiovascular Health, Nutrition and Physical Activity Section

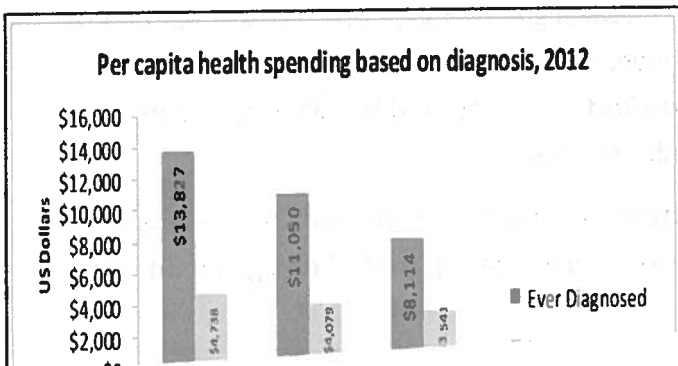


Heart Disease Facts

- ♥ In Michigan and across the United States, stroke is the fourth leading cause of death.
- ♥ High blood pressure is the leading cause of heart disease and stroke.
- ♥ 1 in 3 US adults have high blood pressure.

Risk Factors for Heart Disease

- ♥ High Blood Pressure
- ♥ High Cholesterol
- ♥ Diabetes/ pre-diabetes
- ♥ Overweight/ Obesity
- ♥ Smoking
- ♥ Physical Inactivity
- ♥ Family history
- ♥ History of high blood pressure during pregnancy
- ♥ Poor diet





DCH SC 3-9-15
Amy Zaagman

Written comments for House DCH Appropriations
Subcommittee hearing on 3/9/15

SUSTAINING MEMBERS

- Beaumont Children's Hospital
- DMC Children's Hospital of Michigan
- Henry Ford Health System
- Hurley Medical Center
- University of Michigan
- C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital

CONTRIBUTING MEMBERS

- Michigan Section, American Congress of Obstetricians and Gynecologists
- Mott Children's Health Center

PARTNERING MEMBERS

- Calhoun County Public Health Department
- College of Health and Human Services, Eastern Michigan University
- Detroit Department of Health and Wellness Promotion
- Genesee County Health Department
- Health Department of Northwest Michigan
- Inter-Tribal Council of Michigan
- Michigan Association for Infant Mental Health
- Michigan Coordinated School Health Association
- School-Community Health Alliance of Michigan
- Tomorrow's Child

GENERAL MEMBERS

- Healthy Mothers Healthy Babies of Michigan
- Maternal-Newborn Nurse Professionals of Southeastern Michigan
- Michigan Association of School Nurses

EXECUTIVE DIRECTOR

Amy Zaagman
azaagman@mcmch.org

Dear Chairman VerHeulen and members of the subcommittee:

Good morning, my name is Amy Zaagman and I am the executive director of the Michigan Council for Maternal and Child Health. The Council's membership includes large hospital systems, statewide organizations and local entities and our mission is to advocate for policies that support the health of women and children. For over 30 years, the Council has advocated for prevention strategies, that when properly resourced and implemented, can result in better outcomes for families and for taxpayers.

We believe the majority of the MDCH budget proposal shows the state's interest in healthy moms, babies and kids.

A great example is the state's continued commitment to fighting infant mortality with strategies that can help ensure healthy pregnancies, good birth outcomes and thriving infants. These include safe sleep education, support for perinatal care systems (ensuring women deliver in the right place for their risk level) and continuation of the state's investment in home visiting family support and coaching programs. Maintaining the current obstetrical rates in the Medicaid services line is essential to ensuring providers are adequately supported as over 50% of births in Michigan are to low income women enrolled in the program.

We are anxious to hear more about the Governor's drug policy initiative and encourage you to support the \$1.5 million in one-time funding requested. As in the general population, prescription opiate and heroin abuse continues to grow among pregnant women and the consequences for their newborns born addicted – neonatal withdrawal syndrome – are painful and costly.

We applaud the Governor's plan to expand Healthy Kids Dental and look forward to the day when all eligible children in the state have coverage. We are interested in, both through policy and appropriations, encouraging greater access to oral health care because while coverage is key, if it goes un- or under-utilized because of barriers to care than we do not actually realize the goal.

Similarly, we are very grateful for the enhancement in the fee-for-service adult dental benefit. One of the populations that will benefit the most is pregnant women. We are working hard with the state's Perinatal Oral Health Care Workgroup to educate providers and the public that pregnant women not only can safely receive dental care but that it is actually vital to the health of their unborn child. Most people are unaware the dental caries (bacteria causing decay) of the mother can be passed in utero to the baby.

In the current year budget, \$2 million is being utilized for a pilot program to expand the reach of several child and adolescent (or school-based) health centers. It is allowing them to establish satellite locations within a school district to provide much needed mental health and nursing services. This is a great opportunity to support the health of our students so they can succeed in the classroom and we urge continuation of this funding.

We are concerned that the budget is built on a series of tough decisions about provider taxes, employer fees and user fee increases and if those assumptions are not realized through actions by this Legislature that many of the positive aspects of the budget will be in jeopardy.

Chief among these are the proposed shift of funding source for Graduate Medical Education (GME). Our members are especially concerned about the impact reduced GME funding will have on the cultivation of pediatric sub-specialists and the availability of obstetrical/gynecological (ob/gyn) residents to provide routine prenatal care. The facts you have heard about residents choosing to locate near their residencies is especially sobering when you understand how very difficult it is to attract and retain pediatric neurologists, cardiologists, hematologists, oncologists, etc. to care for our state's most vulnerable children. The reality in our state is that many pregnant women receive their prenatal care from care teams that include ob/gyn residents.

With regard to the obstetrical stabilization pool that is proposed for elimination in this year's budget, we would echo the concerns you heard last week about the growing fragility of rural hospitals' labor and delivery units. It is very important to understand that hospital costs are distinct from provider rates paid to the physicians. Obstetrical services should be available in our state no matter where a pregnant woman lives or may be vacationing. It is not, and should never become in this day and age, acceptable for babies to be born in emergency rooms, in ambulances or on the side of the road because we as a state have not sufficiently supported a reasonable geographic disbursement of hospitals with obstetrical and newborn care.

We hope you will support taking a step forward on the important issue of fetal alcohol syndrome and support the Governor's proposal of \$900,000 in new funding to come from increased liquor license fees.

Much has been already been said about the announcement as part of the executive budget to carve-out all pharmaceuticals from the Medicaid managed care contracts. MCMCH members, some of whom are providers that interact with all of the current plans, strongly support one Medicaid prescription drug formulary. Too much time and energy that could be better spent on patient care is currently being expended to navigate the different, and ever changing, formularies.

MCMCH stridently believes in proven prevention strategies for maternal and child health. While we are grateful to see the small increase proposed to local public health essential services which helps keep that infrastructure strong, specific funding for prevention strategies has struggled. For several years in a row, flat budgets have been proposed for the combination of lines that make up the Health and Wellness Initiatives—several of which are of great concern to us: pregnancy prevention, the Michigan Care Improvement Registry and the Michigan Model for Health.

No details have been forthcoming about any proposed modifications to the lines within the Health and Wellness Initiatives. We encourage a set of common rigorous standards be applied and that economic increases for items that have been flat for a number of years be strongly considered. Evidence-based programs with demonstrated positive outcomes and return on investment for taxpayers as well as statewide reach versus local projects are just some of the criteria we believe should be applied to this funding to maximize its impact.

Our interests extend beyond those items I have had time to touch on today – we are concerned about lead poisoning and other environmental health impacts, access to transportation for many of the services I have mentioned, our faltering immunization rates, maintaining our Children’s Special Health Care Services program for critically and chronically ill children and much more. But, if I had one message to leave you with from my members as you grapple with this important budget – it is that we cannot continue to invest more and more of the state budget into medical care while ignoring public health and prevention strategies if we ever hope to address complex issues like infant mortality or childhood obesity.

We look forward to working with each of you on the array of budget items that directly impact the health and development of moms, babies, children and adolescents in Michigan.

Sincerely,

A handwritten signature in black ink that reads "Amy U. Zaagman". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Amy U. Zaagman
Executive Director

March 9, 2015

DCH-SC 3-9-15
Bruce Timmons

Memorandum to:

The Honorable Robert VerHeulen, Chair,
House Appropriations Subcommittee on Community Health
Members of the Subcommittee
The Hon. Al Pscholka, Chair, House Appropriations Committee

From: Bruce A. Timmons

Re: FY 2015-16 Proposed Budget for the Department of Community Health –
Funding for the Statewide Trauma System – CVRF

The following comments about the DCH Budget are a logical extension of my abbreviated testimony before the full Appropriations Committee last week on SB 138.

Two years ago I retired after 45 years as an employee of the Michigan Legislature, the last 30 years as a policy advisor for the House Republican Policy Office. I did not cover health or DCH issues but I did cover judiciary and criminal justice issues for all 45 years, including working closely with Rep. William VanRegenmorter on the Crime Victim's Rights Act that now bears his name and on 1988 HJR P that is now Art I, Sec. 24. That is why I am concerned about what I believe is an inappropriate, if not illegal, use of the Crime Victim's Rights Fund (CVRF) for a statewide trauma system.

First, five years ago another House Committee heard testimony that Michigan was one of the few states without a statewide trauma system. I am not aware of anyone who is questioning the need or benefit of such a system. It would improve the medical response of anyone, whether resident or visitor, in immediate need of emergency time-dependent treatment. I support the effort to create the system.

Second, I would encourage the Subcommittee to include in its recommendation for FY 2015-16 **\$3,500,000** from the general fund (GF/GP) for development of the statewide trauma system. This is a program that would benefit the entire state. The request represents – about 0.02% (0.00019) out of a budget of \$18 Billion. I am fully aware that Medicaid, federal funds, and restricted revenues may not be available, but the proposed sum would represent 0.1% (.001) of the proposed GF/GP. It is a matter of priorities.

Third, I would urge the Subcommittee to cease misusing the Crime Victim's Rights Fund as the source of funding for the statewide trauma system – for reasons I stated in my Statement last week to the full Appropriations Committee in opposition to SB 138. A copy of that Statement is attached. Use of CVRF money is inconsistent with the language and intent of Article I, Section 24, of the Michigan Constitution.

Meanwhile, I would encourage the Subcommittee to inquire of DCH what it has done so far to develop the statewide trauma system, how it has spent or not spent prior appropriations, and how it intends to use the 1-time \$1.3 million in FY 2014-15 – which began as a \$100 place-holder floor amendment that morphed miraculously into \$1.3 million in last year's DCH Budget Conference Committee. I was unable to find any detail as to the intended use in FY 2014-15 analyses nor analyses of the current SB 138.

Statement Regarding SB 138 – March 4, 2015
For House Committee on Appropriations
Submitted by Bruce A. Timmons

Legislative History of CVRF:

The Crime Victim's Rights Fund (CVRF) receives revenue from a unique constitutionally-authorized assessment against criminals convicted of crimes. This is how and why it began.

Then-Rep. William Van Regenmorter, an advocate for crime victims, authored the 1988 constitutional amendment that is now Art I, Sec. 24, to provide constitutional protections for crime victims' rights and to provide funding to reimburse counties for services provided to crime victims by prosecutors as mandated by the state – in recognition of **Headlee** constitutional constraints on mandating activities by local government without providing for their funding:

"(3) The legislature may provide for an assessment against convicted defendants to pay for crime victims' rights." (Emphasis added.)

He sponsored the original crime victim rights fund statute to prescribe use of the fund and to impose the constitutionally allowed assessment on those defendants whose cases were serious enough to invoke the crime victim rights statute (1985 PA 87) and certain specified (not all) misdemeanors – where either there was a victim or serious likelihood that a person who suffer physical injury or loss of property. It was neither necessary nor warranted to impose the assessment for all crimes.

When the District Court was created by 1968 PA 154, a \$3 judgment fee was imposed for all misdemeanors – before we were aware of a 1965 Court of Appeals decision in People v Barber that invalidated an attempt to surcharge fines in criminal cases to fund law enforcement training. By 1970, MCL 600.8381 was amended to replace the "judgment fee" with "minimum costs". It was out of the same concern that I recommended the inclusion of the assessment provision in Art I, §24, so it could withstand any similar challenge.

MCL 780.901(b) defines "crime victim's rights services" as "services required to implement fully the William Van Regenmorter crime victim's rights act, 1985 PA 87, MCL 780.751 to 780.834, and services prescribed under this act." The "rights" provided under 1985 PA 87 directly impact victim's rights to be informed of the criminal process involving the case that affects them or a deceased victim – when proceedings occur, when a victim has the right to make an impact statement, and when a victim is entitled to notice (including release of a prisoner from jail or prison) – and to receive restitution.

A perceived surplus in the Crime Victim's Rights Fund led to recent "raids" upon it to balance the GF/GP budget – some of which could be questioned as an unconstitutional diversion from a constitutionally authorized assessment. Never mind, of course, that in 8 of 9 fiscal years from 2002-03 to 2010-11 more money was expended for crime victim's rights services than was collected from crime victim's rights assessments – and the surplus had nearly evaporated.

In 2008, MCL 780.904 was amended to allow a surplus in the crime victim's rights fund to be siphoned off for these 5 objectives for the fiscal year ending September 30, 2009:

(a) The operation and enhancement of the sex offender registry compiled and maintained under the sex offenders registration act, 1994 PA 295, MCL 28.721 to 28.736.

(b) The Amber alert program under the Michigan Amber alert act, 2002 PA 712, MCL 28.751 to 28.754.

(c) Treatment services for victims of conduct prohibited under sections 520b to 520g of the Michigan penal code, 1931 PA 328, MCL 750.520b to 750.520g.

(d) Polygraph examination as that term is defined under section 2 of the polygraph protection act of 1981, 1982 PA 44, MCL 37.202.

(e) The expert witness testimony of a forensic scientist. →

The uses allowed under MCL 780.904(2)(a) to (e) – with the possible exception of subdivision (c) – were arguably law enforcement expenses, more related to prosecution of the offense than "victim services". (The Amber alert system may not involve a crime victim.)

Late in 2009, HB 5592 was introduced to balance the MSP budget for FY 2009-10 and to allow use of the surplus in the CVRF in any fiscal year. At the same time there were designs on the same surplus for a statewide trauma system. Prosecutors, who rely upon the CVRF for reimbursement for services they provide for victims, were concerned that the draw-down on the surplus would shortly mean the state would be unable to fund crime victim's rights services that the fund was created to do and thereby create yet one more unfunded mandate on counties. HB 5666 was passed in the Fall of 2010, 2010 PA 202, to again permit use of CVRF surplus for the five MSP programs noted above for FY 2009-10 (but not beyond).

Bowing to the medical lobby's clout, the Prosecuting Attorneys Association of Michigan (PAAM), in order to protect its funding for victim's services, then helped develop a package of 3 bills with these concurrent objectives – protecting its funding for crime victim's rights under 1985 PA 87, providing funding for the statewide trauma system, increasing compensation for victims under 1976 PA 223, and increasing the crime victim's rights assessments to cover the additional costs. Faced with concerns from advocates against domestic violence, a work group that included DCH, PAAM, trauma centers, and advocates against domestic violence (MCADSV) reached a compromise that was incorporated into SB 1003. The full package was: SB 1003 allocated up to \$3.5 million annually for trauma centers, HB 5661 raised assessment on convicted criminals, and HB 5667 increased victim compensation. More specifically:

SB 1003 (H-1), 2010 PA 280, amended the section distributing the CVRF, MCL 780.904, to:

- Eliminate further diversion of the CVRF for the 5 MSP purposes.
- Allow indefinite funding, up to \$3.5 million annually, from the fund's surplus, if any, for the establishment and maintenance of a statewide trauma system (including staff support and related emergency medical services program activities) through FY 2013-14.
- Reduce the \$3.5 million by half after October 1, 2014, "**unless the amount expended is reasonably proportional to crime victims' utilization of the statewide trauma system**".
[Note that it was no where stated who would **determine that.**]
- Include an effective date of April 1, 2011.
- Be tiebarred to HBs 5661 and 5667.

HB 5661, 2010 PA 281, amended the section setting assessment amounts, MCL 780.905, to:

- Increase the crime victim's rights assessment for a felony from \$60 to **\$130**.
- Increase the crime victim's rights assessment for any misdemeanor to **\$75**. [Until then there was an assessment of \$50 for "a serious misdemeanor or a specified misdemeanor"; limited lists of misdemeanors once found in MCL 780.901(h) and MCL 780.811 via 780.901(g)..]
- Increase the crime victim's rights assessment for juvenile offenses from \$20 to **\$25**. [Juvenile offense previously was one that if committed by an adult would be a felony, serious misdemeanor, or a specified misdemeanor. Now it applies to felonies and *all* misdemeanors.]

HB 5667, 2010 PA 282, amended the crime victim's compensation act, MCL 18.361, to:

- Increase the ceiling on the aggregate award for victim's compensation from \$15,000 to **\$25,000**. [**Note:** The \$15,000 limit had been in effect since the original 1976 statute.]
- Revise the amounts allowed for funeral expenses from \$2,000 to \$5,000.
- Extend grief counseling to grandparents and grandchildren.
- Allow up to \$500 for cleaning up the crime scene (once permitted by the investigating law enforcement agency) if the crime scene is located at the residence of the victim or of a surviving spouse, parent, grandparent, child, sibling, or grandchild of a victim of a crime who died as a direct result of the crime.

- continued -

Last Session – 2014 PA 252 (EHB 5313) and 2014 PA 299 (EHB 4915) As Enacted:

One of the key parts of the 2010 compromise was that the amount of funds available the statewide trauma system would be cut in half (to \$1.5 million) "**unless the amount expended is reasonably proportional to crime victims' utilization of the statewide trauma system**".

The sole rationale for use of CVRF money for this purpose is that trauma centers serve "crime victims". First, that rationale may not be justification for the use of a constitutionally dedicated restricted revenue fund. Second, after 4 years there was no data as to the utilization of the statewide trauma system for crime victims.

The October 1, 2014, date was a concession by critics in 2010 to allow funding for a statewide trauma system that was not dependent upon service to crime victims.

EHB 4915 extended by 4 years the date for reducing CVRF money for the trauma system regardless of whether the amount expended is reasonably proportional to crime victims' utilization of the statewide trauma system. It's an extended blank check without accountability.

EHB 5313, 2014 PA 252, Art IV (DCH Budget, FY 2014-15), Part 1, Sec. 120, was enacted to provide a one-time appropriation of \$1.3 million GF/GP for "Statewide trauma system" (the same phrase used in HB 4915). **Sec. 1904** of Art IV describes how that money is to be used:

Sec. 1904. From the funds appropriated in part 1 for the statewide trauma system, the department shall allocate funds to establish and operate statewide systems for trauma, stroke, ST segment elevation myocardial infarction, perinatal, and other time-dependent systems of care.

That objective is clearly a significantly broader agenda than treating crime victims – indeed, it underscores that use of the funding has very little, if anything, to do with care for crime victims. Is there now even a gossamer thread between Sec. 1904 and Art I, Sec. 24?

I can find only two provisions in the Michigan Constitution that deal directly with financial sanctions against a convicted criminal – Art VIII, Sec. 9 (penal fines that go to libraries) and Art I, Sec. 24 (crime victim rights assessment to cover those victim's rights named in that section). For the strict constructionists of constitutional law, §24 means what it clearly says, as follows:

Michigan Constitution, Art I, Sec. 24:

§ 24 Rights of crime victims; enforcement; assessment against convicted defendants.

Sec. 24. (1) Crime victims, as defined by law, shall have the following rights, as provided by law:

The right to be treated with fairness and respect for their dignity and privacy throughout the criminal justice process.

The right to timely disposition of the case following arrest of the accused.

The right to be reasonably protected from the accused throughout the criminal justice process.

The right to notification of court proceedings.

The right to attend trial and all other court proceedings the accused has the right to attend.

The right to confer with the prosecution.

The right to make a statement to the court at sentencing.

The right to restitution.

The right to information about the conviction, sentence, imprisonment, and release of the accused.

(2) The legislature may provide by law for the enforcement of this section.

(3) The legislature may provide for an assessment against convicted defendants to pay for crime victims' rights.

History: Add. H.J.R. P, approved Nov. 8, 1988, Eff. Dec. 24, 1988.

Which of those 9 listed crime victim's rights explicitly, implicitly, or remotely applies to the funding of a statewide trauma system? One does not need to be a lawyer to conclude that the answer is: **none** applies. Each of those "rights" applies to the criminal justice process and **not** to the providing of time-dependent systems of medical care to the general public. →

Amending a Constitution by Statute?

- Can legislation (federal) define "speech" in the First Amendment to exclude criticism of public officials?
- Can legislation (federal) define "arms" in the Second Amendment to exclude a rifle or pistol?
- Then why is it assumed that a bill can redefine and expand "crime victims' rights" beyond what the Michigan Constitution, Art I, Sec. 24, says those rights are – to fund a program clearly intended (Sec. 1904 above) for **ALL citizens** in need of emergency time-dependent treatment?

MCL 780.904, implementing Art I, Sec. 24, was intended to honor the command of Headlee that the Legislature (or state) provide funding for additional duties and services imposed upon local government. During the time I served on staff of HRPO, I covered the creation of 6 Headlee-related restricted funds, including the crime victim's rights fund. Every one of those has since either been compromised or been the subject of legislation introduced to do so. Will SB 138 be the **fifth** time CVRF is amended to divert and capture money contrary to why the fund exists?

In 2010 it was neither necessary nor warranted to impose the assessment for all crimes, yet the crime victim rights assessment was extended to all misdemeanors (like trespass, minor damage to property {no injury to a person}, or minor in possession of alcohol) simply to raise enough money – not for crime victim rights services but for the statewide trauma system referenced by MCL 780.904. There is now a manufactured surplus in the CVRF because (A) DCH hasn't done what it was supposed to do over the past 4 or so years and (B) the fund was artificially enhanced beyond what was needed for crime victim's rights services.

The latter point is another reason not to report out SB138. What has DCH done with all the CVRF money appropriated to it since 2010? SFA and HFA analyses do not answer that question; each is primarily concerned about off-setting the negative GF/GP supplemental with replacement funding from the CVRF. What does it plan to do with the \$3.5 million this year? Should you not know that before you commit another \$1.3 million? For those new to the budget game, once DCH and the statewide trauma system rely upon \$4.8 million from the CVRF this fiscal year and with the FY 2015-16 GF/GP under new downward pressures, are you certain that the "one-time" additional \$1.3 million will not become the new base moving forward?

If SB 138 is enacted, the old adage applies: "It's all about the money." Principal over principle.

Worthy cause – wrong solution!

Michigan is one of the few states without a statewide trauma system. No one is questioning the need or benefit of such a system. It would improve the medical response of anyone in immediate need of emergency time-dependent treatment. It should be a legitimate GF/GP expenditure. Its merit, however, does not justify use of the CVRF (surplus or no surplus).

Reasons why CVRF money should not be used as SB 138 would allow:

- o The Constitution authorizes an assessment to fund crime victim's rights, not just anything the Legislature finds it convenient to pay for. Expediency sets dangerous precedents. It suggests that if you cannot convince legislators to appropriate GF/GP money for your cause, use your influence and connections to find a restricted fund with a surplus – or indeed create a surplus (as here) – and disregard whatever purpose that fund was designed to serve or whatever limitations were placed on that fund when created.
- o Just because trauma centers are desperate for money does not mean the CVRF is the right pot. The end does not justify the means. Worthy cause – wrong solution.
- o As was feared in 2010, the deal is being broken to perpetuate use of CVRF money without substantiation of service to crime victims. Commitments made to advance legislation are quickly forgotten in the era of term limits. →

- A statewide trauma system benefits ALL citizens of the state and serves those who suffer serious injury by anyone whose car slides off road into a tree, who falls off a roof, who mangles a limb in an industrial accident, or who is injured playing sports. Moreover the boilerplate provision in 2014 PA 252 includes heart attack, stroke, and perinatal emergency services. **The purported service to crime victims is little more than a guise to access restricted revenue that was never intended for that purpose and to avoid the tough call to prioritize GF/GP funding.**
- **Without the money for the trauma system, the CVRF would not need the level of revenue generated by doubling the assessment for felonies and imposing a \$75 CVR assessment on ALL misdemeanors (like trespass and MIP). The CVR assessments could be reduced to more reasonable levels and again exclude minor offenses.**
- MCL 780.904 has a scale-back date, already extended by 4 years. Does anyone really expect that the money spigot will be turned off or reduced when 2018 comes? Do you have an antidote for the withdrawal of money from the medical lobby?
- We tend to look at bills with tunnel vision. Here is a larger context: In 1969 the only "extra" monetary penalty in criminal cases beyond fines and costs (all of which stayed local) was the \$3 judgment fee in district court. That evolved into "minimum costs" which have escalated to \$68 for felonies and \$50 for misdemeanors plus the CVR assessment of \$130 or \$75 respectively – amounting to \$198 for felonies and \$125 for misdemeanors. (For traffic civil infractions, once subject as misdemeanors to the same \$3 judgment fee, the state justice system assessment is now \$40.) If judges reduce local fines and costs in light of these "state" fees, the result is effectively a **diversion of local revenue for a state-dictated purpose that could otherwise fund local courts and law enforcement.** Another name for it? Reverse revenue sharing.
- We impose on defendants convicted for crimes a number of financial sanctions – costs, reimbursement for emergency response, supervision fees (probation and parole), tether monitoring fees, reimbursement for expense of incarceration (prison, jail, lock-ups), cost of extradition, and the original crime victim's rights assessment – each of which goes to a government agency to cover some aspect of the expense of the crime incurred by government. The exceptions are: penal fines as pure punishment (to libraries by Const, Art VIII, Sec. 9), restitution (to victims), and the much-criticized driver responsibility fees (to raise money, more punitive than covering expense to government). But except for restitution, even penal fines and DRF go to government. The portion of the crime victim's rights assessment that goes toward a statewide trauma system is an outlier among all financial sanctions against criminal defendants – destined to benefit specialized hospital emergency rooms unrelated to the crime or conduct.

A final observation: If the Legislature feels compelled to create and capture an artificial surplus in a restricted fund because it cannot figure out how to find \$3.5 million – and now \$4.8 million – in the GF/GP budget, how does one expect that Legislature to find \$1.2 billion for roads?

Respectfully,



Bruce A. Timmons
Okemos MI

DCH SC 3-9-15
Gerald Provencal

Gerald Provencal
16200 19 Mile Road
Clinton Township, MI 48038
Gerald.Provencal@morcinc.org

Testimony of Gerald Provencal
Executive Director, MORC
(Macomb-Oakland Regional Center)
before the
House Sub-committee on Appropriations on Community Health
Robert VerHeulen
Chairman
March 9, 2015

Mr. Chairman, Members of the Sub-committee,

Today we are both thankful for your attention to our concerns and appreciate that you have a difficult and complex task ahead of you. I along with my fellow colleagues and advocates, thank you for your time and sincere interest.

I have been thinking hard about the best way to convince you that the needs we are pressing you to regard as having a higher priority than pot holes, and other important matters, are indeed the most critical.

In the process I keep coming back to this: the best way of fully understanding the lives and the circumstances of people with developmental disabilities is to spend time with them in their homes, on work sites, with their families, their providers, and their precious caregivers. Look, see, feel, and listen to those who are closest to the action, ask them what matters most, least, and not at all.

The perspective that comes from such visits even if you've done this in the past, will be freshly revealing. It will help you determine the clearest assessment of our situation today. We would be privileged to set up tours to meet with those who could give the most unadulterated picture, we could attend, facilitate or be left behind. The important part is the picture told by those who know it best.

- I have supplied you with a document prepared by our Agency in June of 2014. It remains relevant today. The figures and conclusions are unequivocal. They show a program which serves over 3,700 individuals from Oakland County, all of whom have developmental disabilities. They all have had to contend in one way or another with the following:
 1. A steady decline in budget for services;
 2. A reduction in professional and direct care staff;
 3. An increase in numbers of consumers served;
 4. An increase in the complexity of need of those served;
 5. A rate of inflation rendering the U.S. Dollar 28.4 less in purchasing power than 12 years ago;

6. An increase in the age, infirmity, and complications stemming from an ever-aging population among those we serve.

- We have a direct care workforce that is pathetically underpaid, at an average of \$9.06 per hour, leading to unacceptable turnover, inconsistent treatment of consumers, and a workforce more than heavily relied upon and not prepared for the rigors of the future with its lack of promised income.

These direct care staff, we must always remember:

Nurture, counsel, comfort, teach, train, bath, feed, protect, mentor, guide, fight for, advocate for, those with the greatest needs. Yet, these staff are the first to be blamed, reprimanded, scapegoated, and fired.

For all these reasons, it's clear that the pyramid of importance is upside down: those who matter most to the person with the disability, receive the least pay, recognition, and have the bleakest future.

- The scope of our services at MORC (The Macomb Oakland Regional Center) relies on approximately 10,000 caregivers, full and part time, for our 3,700 Oakland County citizens. When considering the great injustice of poverty wages paid to the caregivers, it must be noted and underlined in the boldest of ink that:

Direct care staff who were State of Michigan (Department of Mental Health) employees working in institutions earned over \$12.00 per hour, with a handsome health insurance and retirement package as well in **1989!**

Twenty Six years later, the average hourly wage hovers around \$3.00 less.

It is an inescapable truth that we have to reinvest in our caregivers by creating career ladders, fair wages, respectable images of their contributions and importance. Anything less not only devalues those doing this important work, it devalues those who rely on the rest of society to treat them properly.

- MORC (The Macomb Oakland Regional Center) was a State Department of Mental Health Agency from 1972 to 1996. Over that 24 year period, MORC did pioneering work in the field of developmental disabilities. The Agency was the catalyst in moving institutional residents from back wards to homes in the community at large. This was true in spite of widespread, volatile community resistance and litigation. MORC leadership was not only true in Michigan, but across the United States as well. Along with scores of local providers of residential and vocational nonprofits, MORC opened hundreds of homes and work opportunities throughout the metropolitan region. This all resulted in the closing of State institutions and opening worlds of opportunities not previously available to people with disabilities.

Over the 24 years, MORC not only operated a program of national and international renown, but also distinguished itself by staying on budget, satisfying all audits, accreditation standards, and every type of monitoring review, by meeting or surpassing the highest standards for each.

- Things changed in 1996 when Oakland County Community Mental Health became “Full Management”, then an “Authority”.
MORC was converted from a State of Michigan Department of Mental Health Agency to a nonprofit entity which contracted with the new Oakland authority to provide services. This relationship continues to the present day, and there are difficulties with the relationship.
- The fact that our agency is in need of financial relief can be attributed to the following:
 - Our CMH agency (Oakland) has steadily overspent its Medicaid budget by \$7.0 million per year since FY 2010 by their own estimates.
 - It has under collected over \$1 million in payments due from other counties whose residents have moved to Oakland and now receive services from MORC.
 - It has over committed services without proper consideration of client eligibility and MORC’s “not to exceed contract.”
 - In spite of inflation being at 30% over the last 12 years CMH has required that we operate on a budget that has been flat over this time.
 - Over the past 12 years, 770 new Oakland consumers have been added to our responsibility, without additional resources.
 - Since 2001 MORC’s staff has decreased by 25-35% because of fiscal necessity.
 - There have been no budget increases for contracted providers since 2004 and that increase was 2.5%.
 - CMH has cut the MORC budget by \$8.0 million in the last months and is forecasting another \$6.0 million in the coming seven months.
 - There are many more illustrations that accentuate the dire nature of our situation. Not the least of these is a reminder from CMH to... “become more cost efficient” and “keep an open mind.”
- With regards to the broader view of the deliberation over a proper budget for the State to serve all of its citizens with developmental disabilities, I feel that while more money is needed in the system, the way we spend that money currently is in need of a change, a major change.
First, let’s be totally honest. “Cost efficiencies” within our nonprofit provider community have hit the wall. A review of the attachment (A) should be convincing of that.

Secondly, "cost efficiencies" throughout my career, have typically meant cutting those individuals and organizations least able to protect themselves, not necessarily those who have been inefficient.

Third, we should be careful about automatically assuming that costs in our system, overall, are too high. Rather than concluding extravagance in one County versus another, a deeper analysis, one better understood, accounting for more sensitive, even subtle provincial differences would be more likely accepted and lead to the results desired.

- We need to design new models that reduce administrative layers and favor directing resources more exclusively to the consumer and service providers, not the non-service administrative structure.
- We need to design new models that are truly sensitive to and responsive to the consumer needs first and not to the administrative hierarchy and collateral issues: e.g.:
 - Reserves
 - Administrative staff size and specialties
 - Public relations
 - Assisting local endeavors with limited mental health relevance
- We need to design models that are built on the foundation of what the Mental Health Code requires, what has been assured to citizens who have developmental disabilities and what our society expects of itself.
- The Governor has recently talked about "The River of Opportunities" in Michigan. He has mentioned the value of pilot projects to explore new ways of accomplishing old objectives, and encouraging thinking "outside the box". I think we are at a perfect juncture to explore new models of funding and management configurations in the area of developmental disabilities.
- As already mentioned, MORC operated as a model, not only for the State of Michigan, but for the entire country from the late 1970's until 1996.
- The model did not include Community Mental Health components of any size.
- Instead MORC and the DMH Central Office worked closely on everything involving community based programs.
 - There was no budget problem that we could not solve without acrimony
 - There was no one-way demand for cost efficiency
 - There was no rivalry, retribution
 - Direct care staff were far less underpaid

Gerald Provencal

March 2, 2015

Page 5

- There was no "middle man"

In this briefest of examples, budgets and management is relieved of one layer of administration. In this early "pilot", there is also the evidence of it having worked well during the most demanding and challenging time in our history. Additionally, one doesn't have to imagine cost savings from these models or their variation, being used to close the gap in caregiver wages that we have today.

I strongly urge the Committee to take the Governor's lead and his optimism in new ideas, even old ones that could be dusted off. Press for pilot projects that can be put into place which will get closer to the people in need and spend our resources more equitably and wisely.

Thank you for taking the time to consider my experiences and points of view regarding individuals with developmental disabilities and Michigan's response to their needs.

DCH SC 3-9-15

Michael Hunter, & Elizabeth ATK

MI HEALTHY MIND
A Michigan show about Triumphs!

Get ready to tackle tough topics like these as co-hosts Michael Hunter and Elizabeth Atkins break the taboos and shatter the shame around mental health, disease and substance abuse... on this innovative new show airing Sundays at noon on TV20

Your life will forever change as you join Michael and Elizabeth for 30 minutes of no-holds-barred conversations with hard-hitting experts, inspiring guests and healthy living tips. You don't want to miss MI Healthy Mind — celebrating triumphs for your success in mind, body and life.

Starting April 5th

Sundays
12 Noon - TV20

MI HEALTHY MIND

Become a Sponsor

15 second on air commercial

30 second on-air commercial

1 minute on-air commercial

In-kind "Thank you" credits tag

"This segment brought to you by" tag

Online-only commercials

Online-only credits tag



WWW.MIHEALTHYMIND.COM

LISTENING@MIHEALTHYMIND.COM

(313) 598-3029

(248) 763-5289

A Team Mental Health – Team Wellness Center Production
Executive Producers: Tony Pollicella & Pamela Lamb

March 9, 2015

DCH SC 3-9-15

Good Morning Chairman VerHeulen & Committee Members:

Karen Betley

First I would like to offer my congratulations to those of you who were recently elected or re-elected to office.

Today, I am speaking on behalf of the Senior Volunteer Programs of Michigan, which includes the Foster Grandparent Program (FGP), Retired & Senior Volunteer Program (RSVP) and the Senior Companion Program (SCP). Funded by the Michigan Department of Community Health-Office of Services to the Aging, Michigan's Senior Volunteer Programs provide meaningful opportunities for older adults, age 55 and better, to engage in service to their local communities. Michigan is home to 21 Retired & Senior Volunteer Programs, 19 Foster Grandparent Programs and 14 Senior Companion Programs. Together, we serve 73 of Michigan's 83 counties.

For more than 40 years, the Michigan Legislature has recognized the value and importance of one of our state's strongest resources, our senior volunteers. Through the funding allocated by the state each year, the Senior Volunteer Programs provide quality, life enhancing volunteer opportunities for older adults, while assisting nonprofit, health care, and government organizations in achieving their missions and expanding services.

Foster Grandparents are low-income older adults, who provide sustained one-to-one attention and assistance to vulnerable children, with the purpose of improving self-esteem and supporting the child's ability to learn, and succeed in school and life. Foster Grandparents serve an average of 20 hours per week to provide a stable, caring relationship for children who often come from chaotic and unpredictable environments. In exchange for their service, Foster Grandparents receive a small, non-taxable stipend of \$2.65 per hour. Annually 1,055 Foster Grandparents provide well over 1 million hours of service in 750 educational settings to support 2,500 children who are academically delayed, lacking self-esteem or motivation, experiencing behavior or social problems and are at-risk of dropping out of school, all of which can cause additional economic stress on our communities.

The Retired & Senior Volunteer Program (RSVP), one of the nation's largest volunteer efforts, invites older adults to utilize their skills, talents, and life experience to make a difference in their community, through direct service and collaboration with established non-profits, schools, government, and public organizations. RSVP Volunteers serve their communities by tutoring and mentoring children, providing companionship, support, and medical transportation for older adults, protecting the safety of their peers through partnerships with law enforcement, and supporting the

health of our state's lands and waters. Each year more than 8,100 RSVP Volunteers contribute in excess of 850,000 hours of service to nearly 1,500 organizations, projects, and communities across Michigan.

Senior Companions are low-income older adults who play an important role in supporting frail seniors and adults with disabilities in their quest to live independently for as long as possible. Senior Companion volunteers add richness to the lives of their clients, while providing access to their community, including grocery shopping, transportation to medical appointments, and opportunities for socialization. Similar to Foster Grandparents, Senior Companions receive a small, non-taxable stipend for their service. Each year more than 500 Senior Companions support in-home and long-term care services for more than 3,300 Michigan citizens at risk of institutionalization. Senior Companions help seniors live independently in the communities where they choose to reside.

Since taking office, Governor Snyder has put forth several priority areas, which when addressed, will make Michigan a safer, healthier, and happier place to live. I'd like to highlight some of the ways that the senior volunteer programs are playing an integral role in working toward a reinvented Michigan.

In the area of education, an FGP or RSVP Volunteer in the classroom is more than a helping hand. As eager to share their knowledge as the children are to learn, senior volunteers provide support to more than 1,000 educational settings and programs across Michigan each year. Engaged in tutoring and mentoring activities, literacy projects, and early childhood through adult education, more than 3,500 FGP and RSVP volunteers contributed 1,055,000 hours of service in support of improved education for Michigan children and adults during 2014.

In the area of Health Care, Senior Volunteers aid in a healthier Michigan by supporting prevention programs and services, providing respite for individuals and families with health concerns, navigate the complexities of Medicare and Medicaid and help enroll seniors for prescription coverage, and by providing access to care through medical transportation services. During 2014, 2,000 senior volunteers contributed in excess of 150,000 hours of service to 200 health-related organizations across the state.

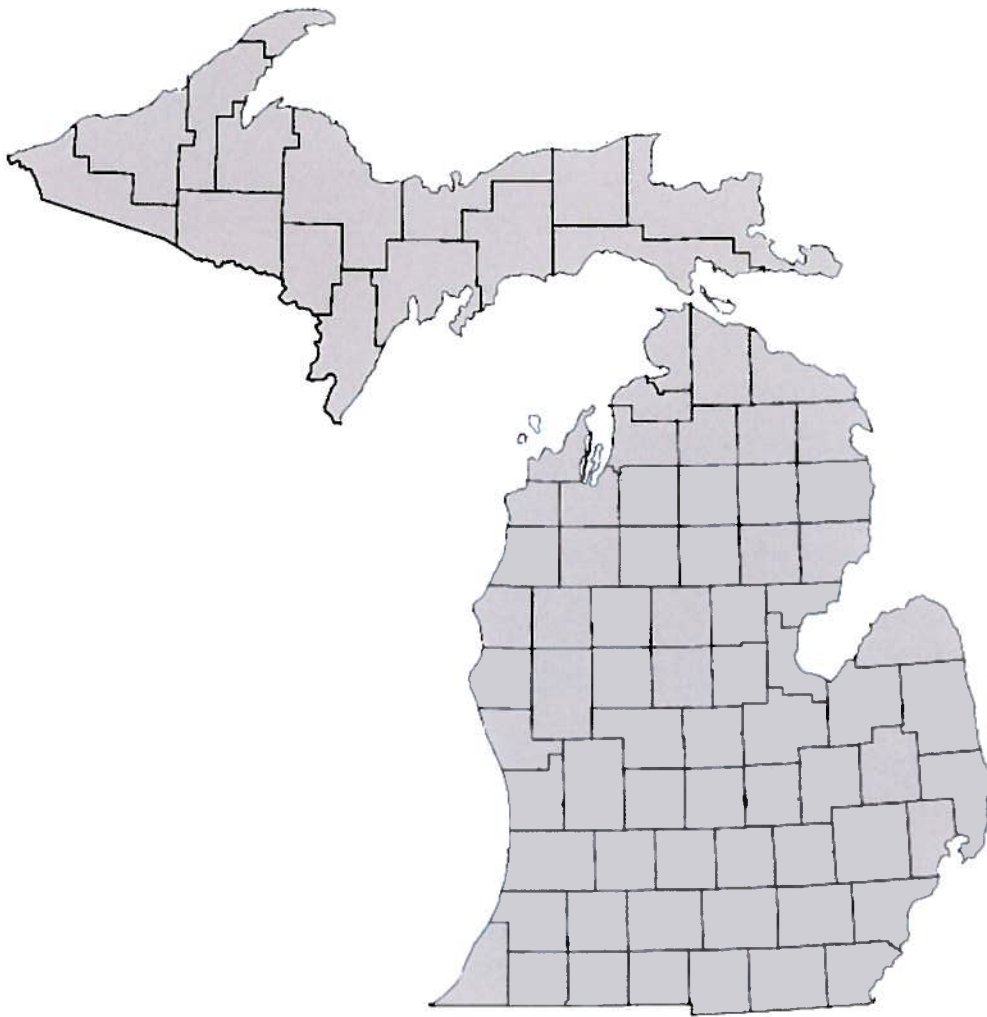
SCP & RSVP Volunteers help protect the vulnerable. They are highly involved in safety net programs for Michigan residents. From delivering meals on wheels to homebound seniors, providing

supportive services to help older adults remain independent, to volunteering with food banks and providing free tax preparation services, SCP and RSVP volunteers protect the needs of Michigan's vulnerable populations through services to more than 350 organizations. During 2014, 7,000 senior volunteers contributed more than 800,000 hours of service to protect Michigan's vulnerable populations.

For more than 40 years, FGP, RSVP, and SCP Volunteers have played a role in shaping successful communities across Michigan. We thank you for your past support and we look forward to your continued support as we continue to take a very active role in stretching community resources and improving the life of many in our great state of Michigan!

DCH SC 3-9-15
Karen Betley

Senior Volunteer Programs of Michigan



Overview & Special Projects Report

March 2015



The Senior Volunteer Programs of Michigan

For more than 40 years, the Michigan Legislature has recognized the value and importance of one of our state's strongest resources, our senior volunteers.

Funded by the Michigan Department of Community Health-Office of Services to the Aging, Michigan's Senior Volunteer Programs provide meaningful opportunities for older adults to engage in service to their local communities. Michigan is home to 21 Retired & Senior Volunteer Programs, 19 Foster Grandparent Programs and 14 Senior Companion Programs. Together, we serve 73 of Michigan's 83 counties.

Through the funding allocated by the state each year, the Senior Volunteer Programs provide high quality, life enhancing volunteer opportunities for older adults, while assisting nonprofit, health care, and government organizations in achieving their missions and expanding services.

The Senior Volunteer Programs are among the most cost-effective state supported programs, providing a more than 700% return on the state dollars invested. They are not entitlement programs, but rather programs where productive adults who wish to have a stake in Michigan's future, contribute to the well-being of our children, families, and communities.

This highlight report will demonstrate how the Senior Volunteer Programs serve as a safety net for vulnerable citizens, resources, and communities and how each of the senior volunteer programs positively impacts the values Michigan residents hold dear.



Michigan's Senior Volunteer Programs

Dollar Value Comparison

Foster Grandparent Program (FGP)

During fiscal year two thousand fourteen, 1,055 Foster Grandparent Volunteers provided approximately 725,000 hours, to meet the needs of 2,500 children at risk for juvenile delinquency, academic delays, and lack of development of appropriate social skills.

State funding FY 2014 for Foster Grandparent Programs: \$2,419,985 or \$968 per child served

Value of Foster Grandparent Volunteer Service (725,000 hours x \$14.98*/hour): \$10,860,500

Return on State investment in Foster Grandparent Programs: \$8,440,515 or \$3,376 per child

Retired & Senior Volunteer Program (RSVP)

During fiscal year two thousand fourteen, 8,100 RSVP Volunteers helped to build the capacities of nearly 1,500 government, not-for-profit, and healthcare organizations. In total, RSVP Volunteers provided more than 850,000 hours of service across Michigan.

State funding FY 2013 for Retired & Senior Volunteer Programs: \$671,847

Value of RSVP Volunteer Service (850,000 hours x \$14.98*/hour): \$12,733,000

Return on State investment in Retired & Senior Volunteer Programs: \$12,061,153

Senior Companion Program (SCP)

During fiscal year two thousand fourteen, 533 Senior Companion Volunteers contributed more than 445,000 hours to support 3,330 frail older adults in maintaining their ability to live independently.

State funding FY 2014 for Senior Companion Programs: \$1,737,516 or \$522 per client served

Value of Senior Companion Volunteer Service (445,000 hours x \$14.98*/hour): \$6,660,100

Return on State investment in Senior Companion Programs: \$4,928,584 or \$1,480 per client served.

*Value assigned to an hour of volunteer service: This value was derived by averaging the minimum wage in Michigan for FY 2014 (\$7.40) with the rate assigned to the value of an hour of volunteer service by the Independent Sector (\$22.55). The Independent Sector value of an hour of volunteer service is based on the average hourly earnings of all nonagricultural workers as determined by the US Bureau of Labor Statistics. The Independent Sector increases this figure by 12% to estimate for fringe benefits. When averaging the two rates, we have assigned a dollar value of \$14.98 to an hour of volunteer service in Michigan.



Foster Grandparent Program (FGP)

Jan Holman has been a Foster Grandparent in Kent County for 5 years. She mentors children at Endeavour Elementary in Kentwood and loves it! "These children are just like my own."

Foster Grandparents are low-income older adults, who provide sustained one-to-one attention and assistance to vulnerable children, with the purpose of improving self-esteem and supporting the child's ability to learn. Foster Grandparents commit an average of 15—20 hours per week to provide a stable, caring relationship for children who often come from chaotic and unpredictable environments. In exchange for their service, Foster Grandparents receive a small, non-taxable stipend of \$2.65 per hour.

During 2014, **1,055 Foster Grandparents** contributed nearly **725,000 hours** toward mentoring **2,500 children** who are academically delayed, lacking self-esteem or motivation, experiencing behavior or social problems, and who are at-risk of dropping out of school. The volunteers served at more than **750 sites**, including in Early Childhood Centers, Elementary and Faith Based Schools.



Foster Grandma Virginia Ernsberger of Coldwater is always there to lend an understanding ear, help out, play with the children and help them learn.



Foster Grandparents
Share Today. Shape Tomorrow.



Grandma Mildred has been a volunteer with Community Action Headstart in Battle Creek for four years and she is absolutely adored by students and staff alike. She goes above and beyond to make a difference in the lives of the students that come into our room every day. Grandma never comes in to work with anything but a smile on her face.

Grandma enjoys working with the children in art and teaching them letters, shapes, and numbers. Grandma also reminds the children of their manners when in the classroom, walking down the hall, and at meal times. Grandma enjoys making up stories and getting the children involved in the story. The children and staff miss her when she isn't here and the students always make sure to give her a hug when their family arrives to pick them up. I could go on and on for

hours about Grandma Mildred because she is just that AWESOME and VALUED within our team.

Teacher, Community Action Head Start—Battle Creek, Michigan

Stories of Foster Grandparents...

Grandma Betty teaches students how to respect one another by being gracious to not only adults, but also the children. By taking time to listen to their concerns or excited stories, Grandma shows each child that they are important and cared for. She truly does love the children, and the kids love her. They get excited to see her even on the days she's working in a different classroom. She's such a positive influence, the children she works with want to learn and show her they are improving.



Grandma Betty is an asset to the classroom as she's able to redirect children not meeting behavior guidelines and she knows several learning games and can step in if I'm pulled away for a moment. The impact Grandma Betty has on students who need extra attention in the classroom is outstanding. Students exhibit more positive attitudes and improved academic performance as a result to her involvement in their school day. She is so positive and reassuring that students feel encouraged and safe when working with her. We see her as another teacher, not anything less."

~Kelli Lamb, teacher at Wall Elementary in Sturgis, MI

In the summer of 2011, I had the honor of being a Level 1 Teacher for Freedom School in Battle Creek. It was during this experience that I first met Foster Grandparent, Grandma Evelyn. Everyday in class, Grandma Evelyn brought a smile and a story to share. She enjoyed reading the Freedom School books that accompanied the curriculum and offered first-hand stories to the students because she lived through the era we were studying. The students and I were intrigued by her stories, could listen to Grandma Evelyn all day if given the chance.



Grandma Evelyn assisted the children with arts and crafts and writing stories, and was easily entertained by the skits they would perform. I think Grandma's favorite part of the Freedom School Day was all the dancing and singing we did each morning. You could always find her movin' and groovin' with a big smile on her face. I was sad to say goodbye to Grandma at the end of the summer. Not only was I forever changed by my

Freedom School experience, but I was also forever touched by Grandma Evelyn.

This school year, I was absolutely thrilled to find out that Grandma Evelyn was going to be transferred to a classroom at my building. Now, 5 of my 7 classrooms host a Foster Grandma. They bring a special touch to those classrooms that I simply can't describe and we so lucky to have each of them.

—Crista Hilton, Doris Hale Headstart Coordinator

Stories of Foster Grandparents...

Millie Hall, 68 years young, has been a Foster Grandparent Volunteer since May 2008. For several years, Grandma Millie has been working with one child in particular at the Betsie Valley Elementary, and has had the opportunity to see how her positive influence has helped him grow.

Initially, Millie's student didn't care for school and was not motivated to do anything school-related. Through consistent mentoring and encouragement, Millie has helped her student develop pride in his schoolwork and she's watched him become determined to get all of his spelling words correct every time.



Grandma Millie has also seen how long lasting her influence can be in the lives of students. A few years ago a group of boys were having trouble learning how to tie their shoes. Grandma Millie took the time to make sure each of the boys mastered the art of tying. A year later, Grandma Millie saw one of the boys bent down teaching a younger child how to tie their own shoes. Millie feels so proud to know that something she had taught a child had come full circle.

“Hey I know how to spell that because Grandma taught me!”

This is just one of many achievements that students will share about the Foster Grandparent Volunteer who serves in their classroom. The teachers will also testify to the impact that our volunteers have on their students.

For a student who had a language delay – Grandma became her voice.

For a student who struggles with confidence – Grandpa was there to hold them up so they wouldn’t give up.

For the student who desperately wanted to review her sight words and read to someone – but there was no one at home who took the time- they knew their Foster Grandparent would be there for them the next day so they could and practice their reading.



Stories of Foster Grandparents...

My name is Allie. I am a fifth grader at Dudley Elementary School in Battle Creek, MI. I like my foster grandparents. I have had Grandma Cannon, Grandma Hazel, Grandpa Jonnie and I like Grandma Dixie.



In kindergarten Grandma Hazel helped me learn my alphabet. She helped me learn good handwriting and my spelling words. She gave me the book *Little Women* to read because all the other books were too easy for me. I still have that book.

In first and second grade I had Grandma Cannon. She was really nice and helped me a lot with my plus minus and times tables. She is really smart!! I am glad she is still at our school helping one of our teachers. I get to go say hi to her any day that I want to and she gives me a big hug and says she misses me. Now that I’m in fourth grade Grandpa Jonnie has really helped me with my spelling, my math, science, and reading. He really helps me and my class learn a lot and catches some kids up with stuff when we have to leave the class.

I really like that when I am having a bad they the grandmas and grandpas sit down and talk to me so I could get it out of my chest. And I respect them for that.

Thank you Allie, 5th grader Dudley Elementary

Grandpa John and Grandma Connie Dietrick are Foster Grandparents in 3rd grade classrooms at Lakeview Upper Elementary in Montcalm County. This husband and wife team has enriched many lives by being positive role models, offering a listening ear, and giving pats on the back for a job well done. They bring the warmth and love of a grandparent into the school, helping to “Foster” a positive relationship that benefits both the Grandparent and the child.

Grandpa John tells how his Foster Grandparent journey began:

“After my early retirement and a few years of working summers on Mackinac Island, I started looking for something a little more meaningful than driving tourists around on a horse drawn taxi. I typed a search on my computer, “volunteer” and I found jobs building homes, delivering meals, helping seniors so their taxes and even opportunities overseas. I continued my search and looked under “Community Services” and there it was, “The Foster Grandparent Program” through EightCAP, Inc. I don’t know why but that caught my attention, I’m glad it did! It changed my life forever! It wasn’t long after my initial call that my application was filled out and I was assigned to Lakeview Elementary, Third grade. I hadn’t been around a school since 1965 when I graduated. I waited nervously to meet the teacher. The sounds and smells were just like they were 50 years ago, little had changed.



At first, being a good Foster Grandparent was a work in progress. I learned fast...I was here to be a grandpa, get down to their level, eye to eye, and listen! I began to learn about the students, they told me stories that affected them, about their families, their pets, their fears and funny things that happened to them. I let them talk until they were done! “I found my niche”, I hugged, I listened, I fed them and I accepted them for who they were! Soon I began to see a difference in the children’s behavior. I felt it wasn’t all about them either, I am more fulfilled, I have found purpose, and I am needed. Slowly my life began to open, I felt a sense of belonging, and I even slept a little better at night. The children have filled our home with stories, pictures and letters, even more important great memories that will live with my wife and myself as long as we live.

Foster Grandparent John Dietrick

Stories of Foster Grandparents...

Retired & Senior Volunteer Program

(RSVP)

The Retired & Senior Volunteer Program (RSVP), one of the nation's largest volunteer efforts, invites adults age 55 and over to utilize their skills, talents, and life experience to make a difference in their community, through direct service and collaboration with established non-profit, government, proprietary health care, faith-based, and public organizations. RSVP Volunteers serve their communities by tutoring and mentoring children; providing companionship, support, and medical transportation for older adults; protecting the safety of their peers through partnerships with law enforcement and supporting the health of our state's lands and waters.



Last year, more than 8,100 **RSVP Volunteers** contributed in excess of **850,000 hours of service** to nearly **1,500 organizations, projects, and communities across the State of Michigan**. Participating in special projects or committing time on a weekly basis, RSVP Volunteers contribute when and where their interests lie. We have chosen to highlight some of our special projects and partnerships in an effort to provide a genuine understanding of who we are, what we do, and our joint impact on life in Michigan.

RSVP

Lead With Experience

Medical Transportation

For many older adults and disabled persons, access to routine medical care can mean the difference between independence and institutionalization. In numerous Michigan communities, medical transportation services provided by RSVP Volunteers are the key to seniors maintaining health and independence.

Jackson County RSVP offers a local and long-distance Medical Transportation Program for Veterans and adults age 60 and over. Volunteers serving in the Transportation Program utilize their personal vehicles to provide transportation to medical appointments. In exchange for their participation in the program volunteers receive minimal mileage reimbursement.

During FY 2014, 20 RSVP Volunteers served more than 3,500 hours driving 120 seniors and veterans to medical appointments. The total number of trips equaled 2,200 or 50,000 miles.

Jackson county's medical transportation program receives financial support from the Region 2 Area Agency on Aging and the United Way of Jackson County. Surveys to measure program performance demonstrate that the project is an overwhelming success and makes a difference in the lives of those receiving services. Perhaps the quote below demonstrates the importance of the program better than any measurement tool:

"I would not be alive today without RSVP and the volunteers (angels) that transport me to my medical appointments."

—A Jackson County senior

Long and difficult winters present additional challenges for independent older adults living across the Upper Peninsula. RSVP of Marquette County addresses this community need by providing non-emergency medical transportation services for adults age 60 and over.

During FY 2014, fifty RSVP Volunteers provided 150 clients with transportation and companionship to more than 900 medical appointments.

Evaluation of the Marquette county medical transportation program demonstrates the value of the project within the community.

- ♦ 71% percent of clients who used the program last year indicated it is "extremely important" in helping access medical services.
- ♦ 94% percent responded that the medical transportation program has helped improve or maintain their current health status.



Special Kids. Special Memories



One of the annual summer picnic attendees tries his hand at ring toss.

Dickinson County is home to a group of nearly 40 RSVP Volunteers who organize and host events and activities for local special needs children. Annually, the group holds a Valentine's Day party, a summer picnic, and a Christmas Party (complete with a visit from Santa).

On average, 60-70 children attend each event along with about 30 teachers and helpers. The RSVP Volunteers serve food, play games with the kids, provide musical entertainment and hand out treats/gifts. The parties are all held in Dickinson County, however students from Iron County and neighboring Wisconsin communities are invited to participate as well.

World Medical Relief (WMR)

World Medical Relief, Inc. is a non-profit agency, located in Detroit, that provides medical supplies, equipment, and prescription medications to under and uninsured residents of Michigan, as well as poverty stricken populations in third world countries.

Since 1973, RSVP Volunteers in Wayne County have supported World Medical Relief by sorting and packing donated surgical instruments, medical supplies, and medications. The program positively impacts the lives of low-income Detroit families by providing low-cost prescriptions through a Mail Order Prescription Program.



Each year, RSVP Volunteers contribute more than 14,000 hours of service to bring medical relief to those in need locally and abroad.

9/11 National Day of Service & Remembrance

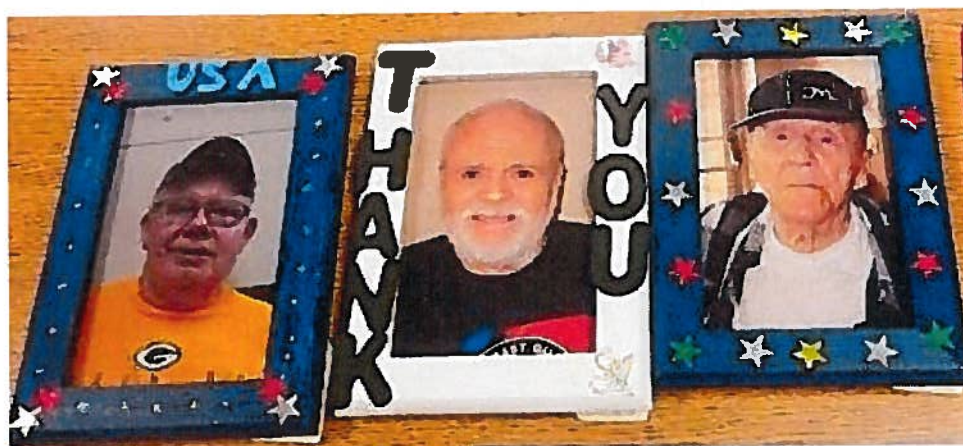
RSVP of Delta, Schoolcraft, Menominee & Marinette Counties has built a collaborative partnership with local schools, Long-Term Care, Adult Foster Care and Assisted Living Facilities to honor and celebrate the service of area veterans through a 9/11 National Day of Service and Remembrance project.



Prior to the day of service, RSVP Volunteers visited the homes of local veterans to take their photograph. Volunteers then partnered with cheerleaders at Holy Name School to paint and decorate wooden picture frames in which the veteran photos would be placed.

On the 9/11 National Day of Service and Remembrance, volunteers visited each of the 48 veterans who participated in the project with a personal message of thanks and their decorated photo frame.

The project created opportunities for intergenerational conversations about veterans, the September 11, 2001 tragedies and the importance of service to the country.



RSVP

Peer Prevention Players

Making a Difference through Laughter...

The 10 volunteers of the Kalamazoo County RSVP Peer Prevention Players believe a laugh and a smile are powerful ways to make a difference. The Peer Prevention Players use humor to help their audiences better manage the stresses of life changes, health issues, and grief.

The Players perform for a variety of audiences, from groups of their peers to students studying aging. Over the past year, the Peer Prevention Players contributed 272 hours toward 18 performances for 442 seniors and students.



Tax Aide

The Western UP RSVP offers the Tax Aide throughout Baraga, Houghton & Keweenaw Counties. Tax Aide is the nation's largest, free, volunteer-run tax preparation and assistance service. A partnership among AARP, the IRS, and the Western UP RSVP, Tax Aide serves low-and middle-income taxpayers with special attention to those ages 60 and older.

Tax Aide Volunteers participate in an extensive training course, which includes study materials provided by the IRS. Following completion of certification requirements, volunteers have the skills and knowledge to complete:

- Form 1040 and Schedules A, B, D, C, & EIC
- Form 1040A, and Schedules 1, 2, 3 & EIC.
- Form 1040 EZ,
- State Income Tax Returns & Credits

For tax year 2013, six volunteers contributed in excess of 1,000 hours of service to prepare returns for 399 clients. This free service resulted in more than \$430,000 in federal and state tax refunds for local clients. The average adjusted gross income of local program participants for tax year 2013 was \$22,165.



Reading Buddies

RSVP of Delta, Schoolcraft, Menominee & Marinette Counties has chosen education as a Primary Focus Area of volunteer service. RSVP focuses on education by collaborating with four Elementary Schools in Delta County to provide the Reading Buddies Program for First and Second Grade Students.

Reading Buddies began in Delta County in 1998 in response to the America Reads Initiative. Today, the goal of the program is to help students achieve benchmark standards of performing at or above grade level in reading and mathematics by the end of the school year.



Students are assigned to the Reading Buddies program by their teachers. If a student is matched with a Reading Buddy, the teacher will create individualized goals for the student and Buddy to work toward. Students receive one-to-one support from their Reading Buddy for one hour each week and participation in the program becomes part of the student's curriculum. Additionally, students who are especially gifted in their skills may be matched with Reading Buddies to enhance their learning and increase potential.



Over the past 18 years, Reading Buddies has grown from serving students in one elementary school to four schools. During the 2013-2014 school year, 103 RSVP Volunteers mentored 414 students which equaled a total of 3,623.50 hours of Intergenerational Service. The demonstrated success of the program has led to financial support from United Way of Delta County.

RSVP

Tuesday Toolmen



Tuesday Toolmen is a program that serves many RSVP communities across the State. The Tuesday Toolmen are men and women who work with low-income seniors to complete simple home repairs. Repairs may include installation of grab bars for showers, installation of smoke detectors, repair of mailboxes, building of ramps, and simple plumbing repairs.

The repairs and safety upgrades performed by the Tuesday Toolmen allow the seniors receiving services to remain living independently in their homes. Without the Tuesday Toolmen, the tasks that many of us take for granted: the ability to replace a smoke detector battery, or safely bathe/shower, would be difficult and dangerous.

Communities where Tuesday Toolmen served over the past year include:

- ◆ Kalamazoo County, where 21 volunteers completed 182 projects
- ◆ Bay County, where 12 volunteers completed projects in 100 homes
- ◆ Antrim/Benzie/Leelanau/Kalkaska/Grand Traverse Counties, where 6 volunteers completed 41 projects

These personal testimonials demonstrate the impact the Toolmen have had lives of seniors:

"I'm a disabled senior who had no outside light. It is safer for me now."

"I am 89 years old, live alone, have a hard time walking and am low income. The handy men are a real blessing, they work hard and do it with a smile. God bless them."

"I am a single female living alone. I do not always have the knowledge or tools to perform tasks at my house. The gentlemen that came out were friendly and very helpful from installing a door so no one could break in to installing a thermostat to control my heat. I am so grateful for all you do."



Habitat for Humanity

The RSVP Volunteers of Dickinson & Iron Counties provide weekly support to their local Habitat for Humanity program.

Over the past year, 22 RSVP Volunteers contributed 2,613 hours of service to help build 6 homes.



RSVP Volunteers have a weekly commitment to help build homes for families in the Upper Peninsula.

Community Baby Shower

One of the special projects that RSVP initiates across the Western Upper Peninsula is the Community Baby Shower. The shower is an intergenerational project that matches the handiwork of volunteers with the needs of low-income families.

Each year, 10 RSVP volunteers contribute more than 1,500 hours of volunteer service toward knitting, crocheting and sewing baby sweaters, blankets, and toys. Once a year, RSVP invites the families receiving supportive services through the Health Department's Maternal & Infant Health Program (MIHP) to a baby shower where they receive a handmade sweater and blanket created just for their baby. Based on donations from the community, each family also leaves the shower with additional necessities, such as books, diapers, and learning/activity toys.



Samples of items hand-made by RSVP Volunteers for families in need.



Marquette County Lifetracker Program

More than half of those diagnosed with Alzheimer's disease will wander and get lost at some point during the disease progression. This fact alone makes the Lifetracker Program a lifesaver.

Lifetracker, a partnership between the Marquette County Sheriffs' Department and Triad of Marquette County, equips Alzheimer's patients and others at risk from wandering with radio tracking bracelets, which are regularly monitored for battery life and optimal functioning by trained RSVP Volunteers. Additionally, volunteers train family members in protocol for alerting authorities if wandering takes place, and raise funds to help support the program. In the event that an individual with a bracelet does wander, local law enforcement are able to track the radio transmission to safely return the patient to their home.

Currently, 19 clients, at risk of wandering, are equipped with the bracelets. Marquette County's Lifetracker Program has served as a model for other UP Counties, helping them to establish their own Lifetracker programs.



An RSVP Volunteer performs a monthly battery check on a client's Lifetracker bracelet.

RSVP

Sock It To Us

Each year, RSVP of Wayne County sponsors an annual sock drive called "Sock It To Us" to provide needed resources to community organizations that serve individuals and families in need. The socks are collected from organizations and businesses across Wayne County. Volunteers gather donations, count, sort and divide the sock donations for distribution to agencies serving the unemployed, homeless, veterans, and families in need.



Two thousand-fourteen marked the 21st annual **Sock It To Us** collection. RSVP Volunteers and 27 organizations donated 6,800 pairs of socks, which were distributed to 18 social service agencies and schools in Wayne County.

Pet Food Drive

Pets are an important part of life for many families and individuals. They provide companionship and even amazing health benefits. For some seniors, a pet may be the only regular companionship they have in their lives. With prices rising on everything from food to fuel, caring for pets is also becoming more expensive and difficult for seniors living on fixed incomes.



For the past 8 years, RSVP of Kalamazoo County has held a Pet Food Drive, to provide animal care supplies to seniors who may be struggling to care for their pets while meeting their own needs such as groceries, heat bills, and prescriptions.

Partners for the event include local radio and many four-legged friends, who willingly share dog kisses, tail wags, and their kind nature with donors. Though the drive is held once a year, Senior Services accepts donations of bagged pet food at any time. In 2014, RSVP of Kalamazoo County collected and distributed more than 5,000 pounds of pet food.

Meals on Wheels

RSVP of Kalamazoo County is a major force in ensuring that frail, homebound seniors receive nutritious, home delivered meals through the Meals on Wheels Program. In Kalamazoo and Calhoun counties, Meals on Wheels relies almost entirely on RSVP Volunteer support, ensuring that the need for meals can be met.

During two thousand fourteen, 51 RSVP Volunteers provided 3,253 hours of service to deliver 235,992 nutritionally balanced meals to 1,350 frail, homebound seniors in Kalamazoo County.

The positive impact of RSVP's support of Meals on Wheels is evident in survey results:

- 98% of recipients said that the meals allowed them to receive good nutrition that they might not have received otherwise.
- 100% of recipients said that getting the meals made it easier for them to remain independent in their homes.



An RSVP Volunteer in Kalamazoo prepares to deliver meals on his daily Meals on Wheels route.

Education Initiative

Since 2010, RSVP of Charlevoix & Emmet counties has worked to engage older adults volunteers within the Petoskey area schools. Today, RSVP Volunteers are playing a vital role in local education by providing:



- Consistent, caring volunteers to help students become successful in their classroom. This success enhances their academic, social and emotional growth, extending beyond the classroom to every aspect of their lives.
- Passionate, well-trained volunteers to assist teachers. The extra hands, eyes and ears are making a great difference as teachers deal with the challenges of shrinking budgets and growing class sizes.

Volunteers choose their level of involvement with students. Some work one-to-one as mentors, while others serve as tutors for students who are challenged with reading or math. Additionally, volunteers work with groups of children, by leading reading groups or enrichment studies.

During 2014, 28 RSVP Volunteers provided 1,223 hours of service in K-12 Education settings. When the volunteers see the impact they're having on the students, they realize the importance of their role in society, and that their knowledge, skills and compassion are a valuable asset.

The response to the Education Initiative by both Volunteers and Teachers has been overwhelmingly positive. **Volunteers report:**

- "I should be paying the school to let me help out there!"
- "I never felt like a real part of this community until I began volunteering."
- "The kids seem so eager to have me listen to them read."



Teacher comments include:

- "I've seen a real change in this student's behavior since [our volunteer] has been spending time with him."
- "Having [our volunteer] work one-on-one with the students makes all the difference in the tone of our classroom."

RSVP

TRIAD

Triad is a collaborative effort among law enforcement, senior organizations, and seniors, which works to assess the needs and concerns of senior citizens and reduce the criminal victimization of older adults. Triad develops and implements effective crime prevention and education programs for older community members, providing activities, which focus on safety, prevention, and victim/witness assistance. In many communities across the state, RSVP Volunteers are at the heart of planning and implementing TRIAD activities.



Examples of Triad activities across Michigan include:

Camp 911 for Seniors: Modeled after a similar program for youth, Camp 911 for Seniors helps prepare older adults for a variety of emergency situations. Camp 911 for Seniors provides opportunities for older adults to interact with emergency personnel in small group settings, which allows participants to openly discuss issues, carefully view demonstrations, and participate in hands-on activities.



Camp 911 for Seniors was developed 2003 with the assistance of RSVP Volunteers in Baraga County. Since the first Camp 911 for Seniors event, more than 350 adults have participated in the learning program. One hundred percent of program participants report learning something new, while 98% report feeling more prepared for emergency situations.

Safe Senior Day: Offered by RSVP of Mecosta, Osceola & Lake Counties, Safe Senior Day teaches older adults how to be safer in their homes. The event, which draws 120 participants annually also educates residents on the community resources available in the Big Rapids area.



Speakers Bureau Presentations: RSVP of Kalamazoo County is actively involved in their local Triad Program. To help educate older adults, TRIAD has compiled a Speakers Bureau to present information on a variety of safety topics.

Over the past year, the Speaker's Bureau has provided 17 presentations for 360 older adults on topics including frauds and scams, personal safety, driving for life, disaster preparedness, computer safety, identity theft, banking safety, theft and larceny, and medication safety.

The KISS Program:



The KISS (Keeping Independent Seniors Safe) Program, is offered by several RSVP projects across Michigan, including Genessee County RSVP and the Thumb Area RSVP. KISS provides daily telephone reassurance checks for adults, age 55 and over, who are living independently in their own homes. Seniors enroll in the program because they desire a daily source of contact, which helps to ensure personal safety and prevents isolation.

In addition to relieving isolation, the KISS Program is responsible for saving the lives of numerous seniors who had fallen ill and needed medical attention. When a senior fails to respond to their KISS caller, volunteers reach out to the client's emergency contacts and emergency personnel, if needed.

The value of the KISS Program is evident through the testimonials of those it serves:

- "I just wanted to thank you for the peace of mind you give me by being there. You are a great resource for the senior community."
- "I live alone and the KISS Program has been a blessing to me. It is a wonderful feeling knowing if I miss a call someone will check on me. I am so grateful and thankful that I have this service and happy that I am a participant of KISS!"
- "Thanks for being so thoughtful of me. I often think about people like me that live alone, fall and can't get to the phone and no one calls to check on them for days."

Medicare/Medicaid Assistance Program (MMAP)

RSVP of Washtenaw County assists Medicare beneficiaries in navigating the complex world of health insurance by providing individual counseling on Medicare benefits, supplemental and prescription drug coverage, long-term care options, and reporting of fraud and abuse. Volunteers also serve as advocates, and negotiate with insurance companies and medical providers on behalf of clients.



Volunteers working with the MMAP program become certified counselors by completing 36 hours of training provided by the State. MMAP volunteers maintain their certification and stay up to date on the latest medical and prescription drug options available by attending two annual seminars. MMAP assistance is available year-round and volunteers meet with clients either at home, in the RSVP office, or at a local senior center. The face to face encounters between clients and volunteers help to alleviate the anxiety associated with choosing an appropriate insurance plan and with navigating the automated phone systems in place with most insurers.

During FY 2014, RSVP MMAP volunteers provided more than 1,300 hours of service to complete 1,326 counseling sessions with seniors and disabled adults. Nearly half of program participants were low income, living below 150% poverty. The value of the hours provided by the RSVP MMAP volunteers exceeds \$50,000.00 annually.

RSVP

Did you know?

Research is demonstrating that volunteering can help prevent many of the health problems associated with aging. A 2013 study examining the perceived life changes resulting from volunteering through RSVP, found seniors perceive significant improvement in:

- * their sense of accomplishment,
- * life purpose,
- * ability to make a difference in another person's life,
- * looking forward to each new day,
- * pleasure gained from daily activities,
- * sense of self-worth,
- * physical health, psychological health, overall sense of well-being, and
- * overall quality of life

At a cost of less than \$1 per volunteer hour, RSVP volunteer service as a preventative health tool, provides extensive savings to government on health care costs through Medicare and Medicaid services.



Senior Companions provide camaraderie and support in a variety of ways, including engaging clients in their favorite activities.

Senior Companions **Make Independence a Reality**

Senior Companions are low-income older adults who play an important role in supporting frail seniors and disabled adults in their quest to live independently. Senior Companion volunteers add richness to the lives of their clients, while providing access to the community, including grocery shopping, transportation to medical appointments, and opportunities for socialization. In addition to improving the lives of their clients, Senior Companions find their lives enriched through service to others.

Similar to Foster Grandparents, Senior Companions commit an average of 15—20 hours of service per week, and receive a non-taxable stipend of \$2.65 an hour for their service. During 2014, **533 Senior Companions** contributed more than **450,000 hours** to support in-home, long-term care services for **3,330 Michigan residents at risk of institutionalization.**



SCP Volunteers help their clients participate in everyday activities such as shopping.



A Senior Companion volunteer enjoys a game of cards with a senior he provides assistance to.

Senior Companion Program (SCP)



Elbert Lyles, Senior Companion

Elbert Lyles, age 93, has been a Senior Companion volunteer in Kent County for over 26 years. When recently asked, why he doesn't retire, Elbert replied "I enjoy being around other people too much and they need me."

Elbert spends his days volunteering at the United Methodist Community House and the Salvation Army, engaging fellow seniors in social activities, such as cards and bingo. Volunteering gives Elbert a sense of purpose because he knows he is making a difference.

Vera White of the United Methodist Community House says that Elbert is a good-hearted man who is always attentive and aware of the needs of others.

Senior Companions...Making Independence a Reality

Joan D is a visually impaired 63 year-old female with developmental disabilities and a history of depression. For many years, Joan lived in foster care and participated in Special Olympics events, including Snowshoeing, Bowling, and Bocce.

In more recent years, Joan has lived with her sister, and her health, level of independence, and community involvement declined dramatically. As way to help Joan, both socially and physically, she was assigned a Senior Companion Volunteer. Mary began visiting Joan in April 2013, 2 days a week for 2 hours each day. Mary and Joan began taking walks and Joan was able to regain her strength and get back to the activities she enjoyed.

Joan was invited to attend the State Special Olympics Summer Games and participate in Bocce event. Mary and Joan continue to spend time together weekly.

Peter Monahan, Senior Companion

Peter Monahan has been a Senior Companion Volunteer in Grand Traverse and Leelanau counties for 6 years. He's a friendly, kind, and caring individual who began volunteering as a Senior Companion because he wanted to remain active in retirement.

Peter's involvement in SCP has served to benefit both his clients and himself. "I think it has kept me younger than if I wouldn't be involved. It improves your life when you are active and seeing people each week. I like the people and getting out to visit them. I have made some great relationships and friendships." Peter encourages others to become involved in volunteering.

"This is fulfilling to you as a person. If you enjoy talking to people then you would enjoy being a Senior Companion. It's great because when you show up your clients are waiting for you because they look forward to your visit so much."



Senior Companions...Making Independence a Reality

Life is about many things and change and transition are certainly among them. As a caregiver, I tried to make my 92 year old mother's move to Michigan a smooth one: making her bedroom look like the one she had at her home; putting up lots of family pictures; making sure friends and neighbors visited to welcome her. All of those things were very helpful but I know in my heart that the person who helped the most was her Senior Companion.

Even though my mother's memory was failing, she still enjoyed playing hours of Gin Rummy and her Senior Companion spent hours each week playing cards with her. When my mother's memory continued to fail, her Senior Companion still played cards, though the rules went by the way and sometimes the game looked nothing like Gin Rummy. You see, my mother loved playing cards but more important was the one-on-one contact with another person outside the family who not only played her favorite card game but laughed with her and made her feel special.

My mother wasn't the only one who relied on our Senior Companion. I relied on her also and knew my mother was in the best of hands. Transitions aren't always easy but our Senior Companion made all the difference!

Caregiver, Speaking about importance of Senior Companion Volunteers



Senior Companion Volunteers assist older adults in maintaining their independence by providing various types of support, including companionship, exercise and activity, and performing activities of daily living.

Senior Companions...Making Independence a Reality

Rosie has been visiting "Ethel" since last Spring. Ethel's daughter is her caregiver and lives close by. She is a caring daughter and is especially concerned that her mother will fall. Ethel loves to walk outside and Rosie accompanies her on walks on the block in front of her home. Rosie holds Ethel's hand and watches her carefully. Rosie has become Ethel's good friend and is above all patient with Ethel. Ethel uses the walker when Rosie isn't there but appreciates so much the moments of independence she has on her neighborhood walks.





DCH SC
3-9-15
Karlene Ketola
(did not speak)

**Testimony for the House Appropriations
Subcommittee on Community Health
March 9, 2015**

Good morning, Chairman VerHeulen and members of the House Appropriations Subcommittee on Community Health. My name is Karlene Ketola, Executive Director of the Michigan Oral Health Coalition and joining me today is coalition member Dr. Ed Cox with the Kent County Oral Health Coalition. Thank you for the opportunity to provide testimony on the FY 2016 Department of Community Health budget. The Michigan Oral Health Coalition serves as the collective voice of oral health— as our members include families, dental professionals as well as universities, community health centers, insurers, professional associations and local health departments who together work to improve the oral health of Michigan's nearly 10 million residents.

February 25th marked the eight-year anniversary of the tragic death of Deamonte Driver, the 12-year-old Maryland child who died from an abscessed tooth. Deamonte's story was a tragedy as his death was entirely preventable. What started out as a toothache turned into a severe brain infection that could have been prevented by an \$80 tooth extraction. His death has also underscored the fact that there can be no health without oral health, and that dental decay is the most prevalent disease among children.

We are pleased that Governor Snyder has continued his support of Healthy Kids Dental, the Healthy Michigan Plan and Medicaid Adult Dental programs. In his 2011 Michigan Health & Wellness Message, Governor Snyder shared how oral health complications exacerbate general health conditions and our members would agree.

In 2000, the Michigan Department of Community Health contracted with Delta Dental to develop the Healthy Kids Dental program to improve dental care access. The program, which started in 22 counties as a pilot program is now serving approximately 600,000 Medicaid-eligible children in 80 of 83 Michigan counties. Through your support in FY 2015, Kalamazoo and Macomb counties were the latest to implement the Healthy Kids Dental program.

Good morning, my name is Edward O. Cox, MD, FAAP. I am a retired pediatrician, formerly the Director of the Division of Academic General Pediatrics of Helen DeVos Children's Hospital. I still teach as an Associate Professor of Pediatrics at the Michigan State University College of Human Medicine.

During my 40 years of caring for the medical needs of children, I was well aware of the need for parents to practice good oral hygiene for themselves and their children. Pediatrics is primarily a practice of preventive medicine. Prevention saves so much pain and suffering and the cost savings are well documented.



**Testimony for the House Appropriations
Subcommittee on Community Health
March 9, 2015**

The Academic General Pediatric Clinic at the children's hospital provides care for a predominantly Medicaid population. Over the years we would screen children for cavities and try to teach good oral hygiene. When we found children with cavities, we would try to find dentists who would accept Medicaid and care for our patients. It was nearly impossible. The Medicaid payment would provide less money than the overhead for an individual to be cared for. The paperwork to file a claim was more complicated than other payment services. We would have to send our more complicated or special needs kids to the dental school at the University of Michigan in Ann Arbor. We needed to find a solution to this problem.

This prompted a group of concerned citizens to form the Kent County Oral Health Coalition. With my involvement from the beginning, I became the co-chair of the group. Over the last four years we have added representatives from over 15 agencies covering prenatal visits to the aging population. We focused our efforts on expanding access to care and providing education on prevention and the impact of oral health on overall health. We have been successful on both fronts but know we have much work to do to change the impact of poor oral health on the lives of our citizens.

As the Senate Appropriations Subcommittee on the Department of Community Health considers Governor Snyder's budget for 2016, we would strongly urge the funding of the expansion of Healthy Kids Dental (HKD) to Kent, Wayne and Oakland counties. In the counties already covered by HKD, parents travel an average 7.6 miles to get care compared to 24.5 miles in counties not covered. Transportation is the number one problem encountered by lower income families. In HKD counties 80% of dentists accept patients versus non HKD counties. In Kent County dentists already see children from other counties covered by HKD so they are ready to step in to provide care. They can apply sealants as a preventive measure which costs one-third the fee to fill a cavity.

As you deliberate the FY 2016 Community Health budget, we ask that you support the continued expansion of Healthy Kids Dental to every county ensuring ALL Michigan children receive the care they need for a healthy mouth, and a healthy body.

Respectfully Submitted,
Edward O. Cox, MD, FAAP
Kent County Oral Health Coalition
ecox4ever@gmail.com

Karlene Ketola, MHSA, CAE
Michigan Oral Health Coalition
517.230.4381 | kketola@mohc.org

DCH SC 3-9-15

AARP Real Possibilities in

Michigan

309 N. Washington Square, #110 | Lansing, MI 48933
1-866-227-7448 | Fax: 517-482-2794 | TTY: 1-877-434-7598
aarp.org/mi | miaarp@aarp.org | twitter: @aarpmichigan
facebook.com/aarp.michigan

Lisa Dedden Cooper
Melissa Seifert
(Did not speak)

March 9, 2015

The Honorable Robert VerHuelen, Chair, and
Members of the House Appropriations Subcommittee on Community Health
P.O. Box 30014
Lansing, MI 48909-7514

Re: **FY 2016 Department of Community Health Budget**

Dear Chairman VerHuelen and Members of the Committee,

On behalf of AARP Michigan, we appreciate this opportunity to highlight several items in the proposed FY 2016 Department of Community Health budget that impact Michigan's older adults in particular.

We recognize that the state's budget dollars are limited. AARP members are careful stewards of their money, and they want the state to be a careful steward as well. Helping seniors live independently and better equipping the family caregivers who make it possible for them to stay at home can save the state money.

The following items in the budget greatly impact the extent to which older adults in Michigan can continue to live safely and independently as they age:

- **MI Choice Medicaid Waiver.** AARP urges Michigan lawmakers to continue to increase access for older adults to home and community-based services through the MI Choice Medicaid Waiver program. Doing so is a *win-win* for our state. The overwhelming majority of Michigan residents want to stay in their homes as they age, and on average, Medicaid dollars can support nearly three older adults or people with disabilities in home and community-based services for every one person in a nursing home.
- **Non-Medicaid In-Home Senior Services.** Together with Michigan's *Silver Key Coalition*, AARP urges Michigan lawmakers to continue efforts to make Michigan a "No Wait State" for non-Medicaid supports such as Meals on Wheels and other in-home services provided through the Michigan Office of Services to the Aging and Area Agencies on Aging. These services are extremely important to older adults and their families. Often, simply providing assistance with the "activities of daily living" – help with things like shopping, laundry, and cooking meals – can be the difference that allows someone to remain in their own home, rather than go to a nursing home. These services can also be the difference that allows an individual's family caregiver to remain in the workforce, avoiding lost productivity for Michigan businesses.

- **PACE.** AARP supports the Governor's proposal in his FY 2016 Budget Recommendation to continue expansion of the Program for All-Inclusive Care for the Elderly (PACE) to cover programs in Jackson and Traverse City. PACE is a program for individuals who are eligible for Medicare and Medicaid that provides coordinated health and long term care services in community-based settings for older adults who would otherwise need care in a nursing home.
- **Respite Care.** Finally, AARP urges Michigan lawmakers to begin to consider increasing access to respite care services for family caregivers. Family caregivers shoulder great responsibilities, and they are often the first line of defense against older adults being forced to move into nursing homes. Respite care can help provide family caregivers a much needed break so they have the strength and energy to carry on.

We appreciate the opportunity to share AARP's priorities with the subcommittee, and thank you for your work on these important issues. If you have any questions or if there is further information we can provide, please feel free to contact Melissa Seifert at 517-267-8934 or mseifert@aarp.org.

Sincerely,



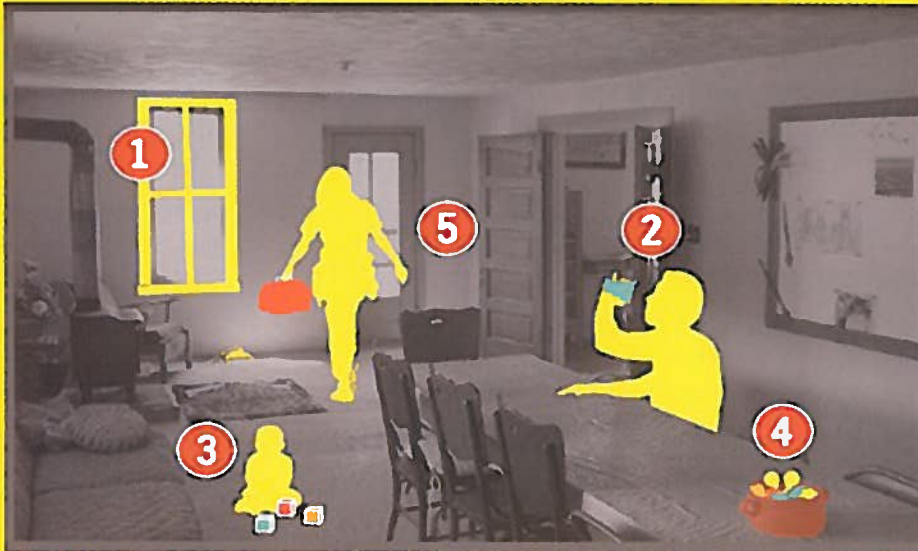
Lisa Dedden Cooper
AARP Michigan
Manager of Advocacy



Melissa Seifert
AARP Michigan
Associate State Director for Government Affairs

AARP is a nonprofit, nonpartisan 501(c)(4) social welfare organization that advocates on issues that matter the most to people age 50 and over, and their families. AARP has approximately 1.4 million members in Michigan. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates.

LEAD IS HARMFUL



Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.



When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.



Lead can be found in some products such as toys and toy jewelry.



Lead is sometimes in candies imported from other countries or traditional home remedies.

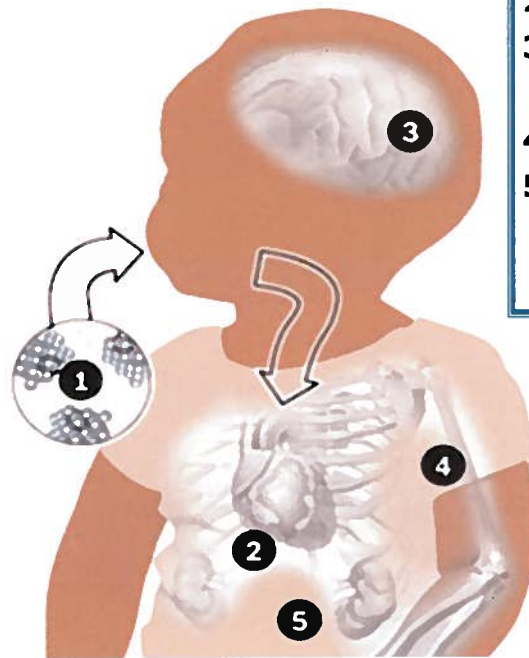


Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

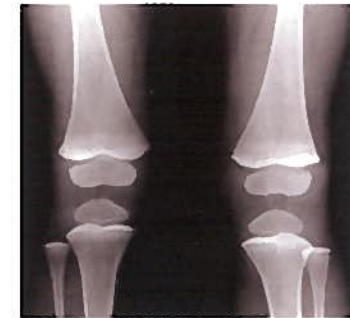
PROTECT YOUR FAMILY FROM LEAD POISONING

Lead Can Cause Learning, Behavior, and Physical Health Problems in Children

Lead is a toxic metal that can cause Lead Poisoning which hurts the brain and nervous system. Some of the effects of lead poisoning may never go away. Young children are at the greatest risk because they explore their world by putting everything in their mouth!



1. Lead intake can...
2. Damage cells of organs and tissues
3. Permanently disrupt growing brain connections
4. Collect in bones to be released later
5. Gather in the kidneys causing kidney damage



Where do you find lead?

- ◆ Paint—before 1978
- ◆ Ceramic dishes, cookware
- ◆ Pipes—in older homes
- ◆ Imported spices
- ◆ Imported home remedies
- ◆ Cosmetics
- ◆ Batteries

Lead in a child's body can:

- ◆ Slow down brain development
- ◆ Damage hearing and speech
- ◆ Make it hard to pay attention and learn

Eating Healthy Can Protect Against Lead Poisoning

Cut down on foods high in fat and sugar like:

- ◆ Chips
- ◆ Fried foods
- ◆ Soda pop
- ◆ Candy & Desserts

NO!



NO!



Try these snacks between meals...

- ◆ Cereal with low-fat milk
- ◆ Apple or pear slices
- ◆ Frozen fruit juice pops
- ◆ Yogurt
- ◆ Whole wheat crackers with cheese
- ◆ Oranges or bananas
- ◆ Low-salt pretzels
- ◆ Raisins



YES!



YES!



Eating foods high in Vitamin C, Iron, & Calcium will reduce lead absorption

Cleaning Your Home Helps Keep Your Family Safe



- Window Trough -



When Cleaning your home:

- ◆ Focus on places like floors, window sills and troughs.
- ◆ Use warm soapy water and paper towels to collect dust rather than pushing it around.
- ◆ Use a damp mop rather than vacuum cleaner to collect floor dust. A normal vacuum can blow around lead dust, increasing the lead hazard in your home.
- ◆ Ask your local health department if they have a HEPA vacuum to lend. This will pick up tiny lead dust particles.



Safely Renovating Old Homes Can Reduce the Risk of Lead Poisoning

The Danger:

If your home or apartment was built before 1978, unqualified workers could spread lead paint dust— even doing a small job. The EPA requires that contractors be Lead-Safe Certified. Contractors include: renovators, electricians, HVAC specialists, plumbers, painters and maintenance staff who disrupt more than six square feet of lead paint.



- ◆ Renters: Tell your landlord about chipping/peeling paint. Make sure your landlord gives you information on lead hazards in the building when you move in.

- ◆ To prevent children from breathing or eating lead dust, use a damp cloth to clean areas where dust may settle—especially window sills and troughs.

- ◆ When renovating, always hire a certified lead trained contractor.



Prevent Lead Poisoning In Your Unborn Baby

LEAD
poisoning

Are You Pregnant?

Prevent Lead Poisoning. Start Now.

Lead poisoning is caused by breathing or swallowing lead. Lead can pass from a mother to her unborn baby.

Too much lead in your body can:

- Put you at risk of miscarriage
- Cause your baby to be born too early or too small
- Hurt your baby's brain, kidneys, and nervous system
- Cause your child to have learning or behavior problems

Lead can be found in:

- Paint and dust in older homes, especially dust from renovation or repairs
- Candy, make up, glazed pots, and folk medicine made in other countries
- Work like auto refinishing, construction, and plumbing
- Soil and tap water

Contact your local health department to learn more.



If you or a loved one has a baby or are expecting one, please text the word "BABY" to 511411. This **FREE** service will give valuable information on how to keep the baby safe.

Rental Housing Must be Lead Safe

Disclosure:

As a renter, you must be given the booklet "Protect Your Family From Lead in Your Home".

You will be asked to sign a paper saying that you received this booklet or a copy of it. This DOES NOT mean the house is lead-safe! It only means that you received the booklet.

Windows:

Open and close windows—they should move easily. Look to see if there is flaking or falling dust when they move.

Painted Porches:

Chipping, peeling or bubbling paint anywhere can be a LEAD HAZARD.

Repairs:

Look for clean, newly painted walls in good repair
Before renovating, remodeling or painting, did the landlord give you a copy of the Renovate Right booklet?

Easy Cleaning:

Look for smooth surfaces like tile, linoleum, or wood.

Bare soil can contain lead:

Look for bare soil to be covered by grass lawn or wood chips—even along the house among bushes or flower beds

Remove shoes before entering the home

What You Can Do Before You Decide to Rent a Place:

Ask if the house or apartment building was built before 1978. If yes, look for lead hazards and ask more questions.

Ask if the house has had lead hazards removed. If the answer is yes, ask to see the certificate.

Check the Lead Safe housing registry to see if the house is listed as Lead Safe—Check at www.grcity.us

Ask if any lead poisoned children lived here in the past.

The booklet on the right can be downloaded at www.epa.gov



Lead Poisoning is 100% Preventable

By following a healthy diet, cleaning your home regularly, renovating properly, and getting a **BLOOD LEAD LEVEL TEST**, lead poisoning can be prevented!



EAT YOUR
VEGGIES!

◆ Clean hard surfaces, like floors and window sills with wet cloths



◆ Eat foods rich in Vitamin C, Iron, & Calcium

◆ Use a lead certified contractor for repairs
Visit: epa.gov/getleadsafe



Ask your doctor for a blood lead test!

Lead is Dangerous to Adults, Too!

Lead is more dangerous to children because of their developing nervous system.

However, adults can suffer harmful effects as well.

Potential Effects on Adults Include:

- ◆ Impotence in Men
- ◆ Nausea
- ◆ Constipation
- ◆ Fatigue
- ◆ Irritability
- ◆ Hard to concentrate
- ◆ Hearing loss
- ◆ Seizures

Adult Jobs and Hobbies can cause exposure:

- ◆ Gun range
- ◆ Auto repair / working with lead batteries
- ◆ Welding
- ◆ Soldering



Fishing weights known as "sinkers" may contain lead and pose a hazard to children especially if swallowed.



To Avoid These Effects:

- ◆ Leave shoes at the door when you enter your home
- ◆ Wash clothing that may possibly be contaminated separate from family laundry
- ◆ Wash hands... **OFTEN!**

Packing Healthy Lunches Can Help Your Child Avoid Lead Poisoning

Tuna Salad Sandwich

4 Slices of bread
1 can of water packed tuna (Makes 2 Servings)
4 teaspoons of low-fat mayonnaise
Onion & celery, chopped

Steps:

Mix tuna with low-fat mayonnaise, onion, & celery.
Try your sandwich with cheese & tomato.
Serve with low-fat milk.



Banana Strawberry Smoothie

1 cup of low-fat milk
1 cup of fresh frozen strawberries
1 ripe banana mashed

Steps:

Mix ingredients together in a blender or use a wire whisk.
Eat as a snack or for dessert.



Be sure to pack nutritious lunches for your children, incorporating foods rich in iron, calcium, and Vitamin C.

Iron-rich foods include dried fruits, lean red meats, fish, chicken, leafy green vegetables such as spinach and broccoli.

Calcium-rich foods include milk, cheese, yogurt, and salmon.

Vitamin C rich foods include citrus fruits, tomatoes, and potatoes.

The nutrients from these foods can help protect your child from lead poisoning.

Remember—Children with an empty stomach may absorb more lead than children with a full stomach.

Lead Can Be Found In Some Unexpected Places

- ◆ Contaminated drinking water from older plumbing fixtures
- ◆ Lead-based paint on toys and household furniture
- ◆ Imported lead-glazed pottery and leaded crystal
- ◆ Lead smelters
- ◆ Hobbies that involve pewter, bullets, stained glass
- ◆ Folk remedies like azarcon and pay-loo-ah
- ◆ Cosmetics like Kohl and Kajal
- ◆ Spices brought back from the Middle East and India such as: Lozeena and Turmeric



Kohl / Surma

Although lead poisoning is most often caused by lead-based paint, a hazardous trend is starting to appear. Spices which contain lead are being brought back from overseas.



Turmeric



For more information, check the website:
Leadfreekids.org

Most Children Get Lead Poisoning From Eating Paint or Paint Dust in Homes Built Before 1978

Lead-based paint

Problem

Lead-based paint is a hazard when it is **cracked, chipping, and peeling.**

Even undisturbed surfaces can be a problem if they are in places where children chew or get a lot of wear and tear.

Solution

Hire a Lead Certified contractor to renovate and move furniture to cover areas children have access to until repairs are made.

Contaminated dust

Problem

Wear and tear on surfaces with lead paint can create dust; this dust can then be inhaled by your family and cause lead poisoning.

Solution

Clean weekly, using wet cloths so that dust is trapped in towels. Also, rent a HEPA vacuum from your local health department to pick up lead particles.



Contaminated soil

Problem

The soil around your home may be contaminated with lead if the exterior of the house is painted with lead-based paint. These exterior paint can chip and land in the soil.

Solution

Cover the soil with wood chips or plant grass or bushes.

Infants & Toddlers Like to Put Things in Their Mouth

- ◆ Look for Lead Safe toys.
- ◆ When possible, try to buy American made toys.
- ◆ Look for non-toxic labels.
- ◆ Make sure antiques are put out of child's reach.
- ◆ Visit cpsc.gov to find information on toy recalls.



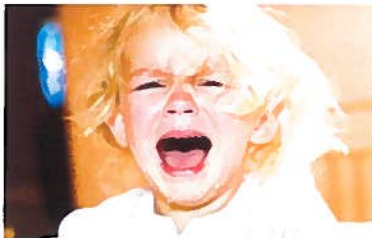
Schedule a Blood Lead Level Test Today!



Lead is toxic to humans—especially young children, infants and unborn babies.

If you have questions about lead testing or your child's lead test results, call your local health department or the Michigan Department of Community Health at (800) 854-9090.

Many Children have NO symptoms!



Some children may experience:

- ◆ Hyperactivity
- ◆ Irritability
- ◆ Trouble sleeping



Lead can come from a variety of different places.

- ◆ Spices
- ◆ Cosmetics
- ◆ Paint
- ◆ Dust
- ◆ Soil
- ◆ Old plumbing fixtures
- ◆ Folk remedies