COMMITTEE OF THE WHOLE MEETING

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

April 3, 2018

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

BOARD OF COMMISSIONERS

NOTICE AND AGENDA FOR
COMMITTEE OF THE WHOLE MEETING
April 3, 2018

PLEASE BE ADVISED that the Kalamazoo County Board of Commissioners has scheduled a Committee of the Whole meeting on **Tuesday, April 3, 2018 at 4:00 PM** in the Board of Commissioners Room, second floor, County Administration Building, 201 West Kalamazoo Avenue, Kalamazoo, Michigan, for the purpose of considering the following items:

		Projected Time for Presentation & Discussion
1.	Review of Disbursements - *Ms. Amanda Morse*	4:00 - 4:05 p.m.
2.	Resolution Declaring April Child Abuse Prevention Month - *Chair Moore, Vice Chair Shugars*	4:05 - 4:15 p.m.
3.	Opioid Presentation - *Chair Moore, Commissioners Kendall & Rogers*	4:15 - 4:45 p.m.
4.	Resolution Declaring April 2018 Sexual Assault Awareness Month - *Commissioner Rogers*	4:45 - 4:55 p.m.
5.	Resolution Honoring the 40th Anniversary of Residential Opportunities, Inc. - *Vice Chair Shugars, Commissioner McGraw*	4:55 - 5:05 p.m.
6.	Any other items	
7.	Closed Session	
8.	Adjournment	

MEETINGS OF THE KALAMAZOO COUNTY BOARD OF COMMISSIONERS ARE OPEN TO ALL WITHOUT REGARD TO RACE, SEX, COLOR, AGE, NATIONAL ORIGIN, RELIGION, HEIGHT, WEIGHT, MARITAL STATUS, POLITICAL AFFILIATION, SEXUAL ORIENTATION, GENDER IDENTITY OR DISABILITY. KALAMAZOO COUNTY WILL PROVIDE NECESSARY REASONABLE AUXILIARY AIDS AND SERVICES, SUCH AS SIGNERS FOR THE HEARING IMPAIRED AND AUDIO TAPES OF PRINTED MATERIALS BEING CONSIDERED AT THE MEETING/HEARING, TO INDIVIDUALS WITH DISABILITIES AT THE MEETING/HEARING UPON FOUR (4) BUSINESS DAYS' NOTICE TO THE COUNTY. INDIVIDUALS WITH DISABILITIES REQUIRING AUXILIARY AIDS OR SERVICES SHOULD CONTACT THE COUNTY BY WRITING OR CALLING:

KALAMAZOO COUNTY GOVERNMENT | 201 West Kalamazoo Avenue | Kalamazoo, Michigan 49007 | (269)384-8111

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF:	April 3, 2018
DEPARTMENT:	Administrative Services
PREPARED BY:	Amanda Morse, Deputy County Administrator-Internal Services
SUBJECT:	Review of Disbursements

SPECIFIC ACTION REQUESTED:

Approval of Disbursements

DESCRIPTION OF ACTION (dollar amount, purpose):

Disbursements totaling $2,104,819.33

TIME FRAME OF ACTION:

Checks will be released 4/4/2018

FUNDING SOURCE & BUDGET CHANGES:

Please see claims list attached with Committee of the Whole agenda.

PERSONNEL IF REQUIRED:

N/A

NEW OR RENEWAL:

N/A

ANY OTHER PERTINENT INFORMATION:

N/A

PROCUREMENT INFORMATION:

N/A

CONTACT PERSON:

Amanda Morse, Deputy County Administrator, 269-384-8148

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: April 3, 2018
DEPARTMENT: Administrative Services
PREPARED BY: Dina Sutton, Administrator's Executive Coordinator
SUBJECT: Discussion on Resolution declaring April Child Abuse Prevention Month

SPECIFIC ACTION REQUESTED:
Discussion on declaring April as Child Abuse Prevention Month

DESCRIPTION OF ACTION (dollar amount, purpose):
n/a

TIME FRAME OF ACTION:
Adoption at the April 17, 2018 Board meeting

FUNDING SOURCE & BUDGET CHANGES:
n/a

PERSONNEL IF REQUIRED:
n/a

NEW OR RENEWAL:
New

ANY OTHER PERTINENT INFORMATION:
This Resolution has been approved annually.

PROCUREMENT INFORMATION:
n/a

CONTACT PERSON:

Sarah Joshi
Kalamazoo CAN Director
269-552-4430

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

Kalamazoo County Board of Commissioners

RESOLUTION

CHILD ABUSE PREVENTION MONTH

WHEREAS, Child abuse is defined as a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm, or risk of serious harm to a child. There are many forms or child maltreatment including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse; and,

WHEREAS, on average, 13 new cases of child abuse and neglect are reported in Kalamazoo County every day; and,

WHEREAS, the Kalamazoo County Child Abuse and Neglect Prevention Council works to educate our children on personal safety, parents on safe sleep practices, and professionals on recognizing and reporting signs of child abuse and neglect; and,

WHEREAS, the Kalamazoo County Child Abuse and Neglect Prevention Council specializes in multiple programs including: Kids are Special, Kcan Family Help Book, Mandated Reporter Training; and,

WHEREAS, the Kalamazoo Child Abuse and Neglect Prevention Council recognizes the need to be proactive in the prevention of child abuse along with continuously building relationships throughout the county of Kalamazoo; and

NOW THEREFORE, Kalamazoo County does hereby proclaim does hereby proclaim April as **Child Abuse Prevention Month** in Kalamazoo County and call upon all citizens, community agencies, faith groups, medical facilities, and businesses to increase their participation in the effort to support families, thereby preventing child abuse and strengthening the community in which we live.

STATE OF MICHIGAN)
}SS
COUNTY OF KALAMAZOO)

I, Timothy A. Snow, County Clerk/Register, do hereby certify that the foregoing is a true copy of a Resolution adopted by the Kalamazoo County Board of Commissioners at a regular session held on April 17, 2018.

Timothy A. Snow
County Clerk/Register

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: April 3, 2018
DEPARTMENT: Administrative Services
PREPARED BY: Dina Sutton, Administrator's Executive Coordinator
SUBJECT: Opioid presentation and discussion.

SPECIFIC ACTION REQUESTED:
Opioid Presentation

DESCRIPTION OF ACTION (dollar amount, purpose):
n/a

TIME FRAME OF ACTION:
n/a

FUNDING SOURCE & BUDGET CHANGES:
n/a

PERSONNEL IF REQUIRED:
n/a

NEW OR RENEWAL:
n/a

ANY OTHER PERTINENT INFORMATION:
n/a

PROCUREMENT INFORMATION:
n/a

CONTACT PERSON:

Stephanie Moore
Julie Rogers
Ron Kendall

January 2018

Opioid Epidemic Report

William Nettleton, MD, MPH
Kim Kutzko, MPH

For more information or questions about this report, contact hcsdata@kalcounty.com.

KALAMAZOO COUNTY GOVERNMENT
In the Pursuit of Extraordinary Governance
Health and Community Services Department

3299 Gull Road | Kalamazoo, MI 49048
Phone: 269.373.5200 | www.kalcounty.com/hcs

Kalamazoo County Health & Community Services is committed to providing equitable, culturally competent care to all individuals served, regardless of race, age, sex, color, national origin, religion, height, weight, marital status, political affiliation, sexual orientation, gender identity, or disability.

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January 2018

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Introduction

January 2018

Drug overdose is a serious public health problem that now constitutes the leading cause of unintentional injury death in the United States[1]. Opioid abuse and misuse continues to drive the overdose epidemic. Kalamazoo County, like other communities in the United States, is affected by the epidemic. This document provides a snapshot of the opioid epidemic in Kalamazoo County and briefly outlines a framework to address it from a public health perspective.

An opioid is a drug that eases pain and may also cause feelings of extreme pleasure. Opioids act on the brain and nerves and include both prescription medications and illegal drugs like heroin. Opioids can be addictive with regular use or misuse. An opioid overdose occurs when excess opioids act on the brain to decrease or stop a person's breathing. Opioid dependence occurs when the brain adapts and only functions normally when opioids are present; when opioids are not present, a reaction known as withdrawal occurs. Opioid addiction is a long-term, relapsing disease of the brain characterized by compulsive drug seeking and use despite harmful consequences[2]. Opioid addiction affects not only the lives of addicted individuals but families and communities as well. It is possible to be opioid dependent without being addicted since dependence and addiction occur at different parts of the brain[2].

Like most public health challenges, the opioid epidemic's origins are multifactorial. First, an increase in supply of both prescription opioids and illicit opioids increased the risk for overdose in the population. Long term consumption of prescription opioids, often for chronic pain, led to people spending more time at risk for overdose. In other words, both increased exposure and increased exposure duration to prescription opioids contributed to increased risk of overdose. The perception of opioids being low risk medications for developing dependence or addiction also contributed to the rationalization of increased prescription opioid supply and the outcome of overdose. It is now well established that prescription opioids can be addictive with regular use or misuse[2]. With respect to illicit opioids, increased potency of heroin and fentanyl analogs made it much easier for a person to overdose as well[1]. For those who then develop opioid dependence or addiction, fragmented systems of care between substance use treatment providers, healthcare systems, behavioral and mental health services, and social services continues to hinder access and coordination of treatment. Finally, the perception of addiction as a moral defect continues to be counterproductive[3], because research, resources, interventions and treatment are then not aligned to address addiction for what it really is—a long term, relapsing disease of the brain that has profound implications for families and communities.

The opioid epidemic can be quantified in several ways, including unintentional fatal and nonfatal overdoses, the frequency of opioid overdose reversals with naloxone administration, substance abuse service utilization, law enforcement records, opioid prescription rates, behavioral risk factor surveys, rates of newborn opioid withdrawal, the incidence of drug-related infectious diseases, and personal testimony from community members. This report highlights the burden of opioid prescriptions and unintentional fatal and nonfatal opioid-related overdoses in Kalamazoo County.

[1] Centers for Disease Control and Prevention
[2] The National Institute on Drug Abuse
[3] The United States Surgeon General

Opioid Prescriptions

Although the number of retail opioid prescriptions in Kalamazoo County peaked in 2011 and has decreased every year since, a substantial burden remains both in the quantity and strength of opioids prescribed.

Unintentional Opioid Related Overdoses

In 2016, an average of 24 Kalamazoo County residents were treated each month for unintentional opioid overdoses (13 for heroin, 11 for other opioids) at local emergency departments. The opioid related overdose rate was twice as high for males as females. The three zip codes with the highest rates of unintentional opioid overdose were 49007, 49034, and 49001.

Opioid Related Mortality

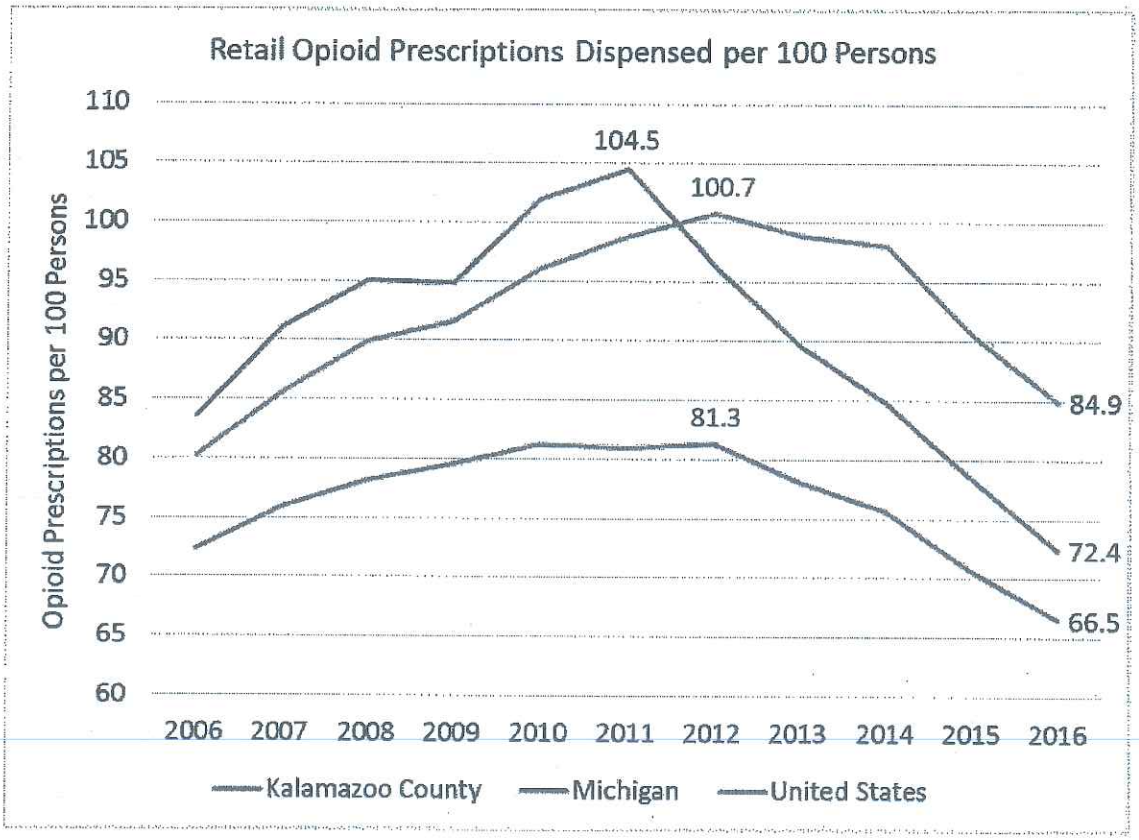
From 2015 to 2016 the number of drug-related deaths more than doubled from 33 to 72. During 2016, more people died of an accidental drug-related overdose in Kalamazoo County than of motor vehicle accidents. Despite the decrease in retail opioid prescriptions, the number of accidental opioid-related deaths also doubled from 29 to 59 between 2015-2016, to an average of five per month. The locations of accidental opioid related deaths were spread throughout Kalamazoo County. The average age at death for those who died of opioid-related causes was 39.4 years. An estimated 2,102 years of additional life would have been lived if those who died of an opioid drug-related death had not died prematurely. In 2016, fentanyl accounted for 20 synthetic opioid-related deaths, more than three times as many as the six fentanyl-related deaths in 2015.

Future Steps

Confronting the opioid epidemic requires multisector collaboration between public health, law enforcement, healthcare institutions, behavioral and mental health providers, substance use treatment providers, nongovernmental organizations, nonprofits, and other community partners. The following key strategy buckets can be utilized to coordinate and integrate action: prevention and education, supply and control of opioids, treatment access across a continuum of care, and the reduction of overdoses and the spread of infectious disease through harm reduction efforts.

Please refer to the data sources, limitations, and definitions in this report for a more complete interpretation of these key points.

The correlation between opioid prescribing practices and the current opioid epidemic has been well established. The graph below describes the number of opioid prescriptions dispensed at a retail pharmacy per 100 persons in Kalamazoo County, the State of Michigan, and the United States from 2006 to 2016. Kalamazoo County opioid prescriptions peaked at 104.5 per 100 persons in 2011 and has decreased annually. Michigan and United States opioid prescriptions peaked in 2012, at 100.7 and 81.3 per 100 persons respectively. While opioid prescriptions in Kalamazoo County remain below the rate in Michigan, it is above the national rate at 72.4 retail opioid prescriptions per 100 persons. Of note, these data only report the number of prescriptions, but do not capture the strength or amount of opioids dispensed.



Data Definitions:

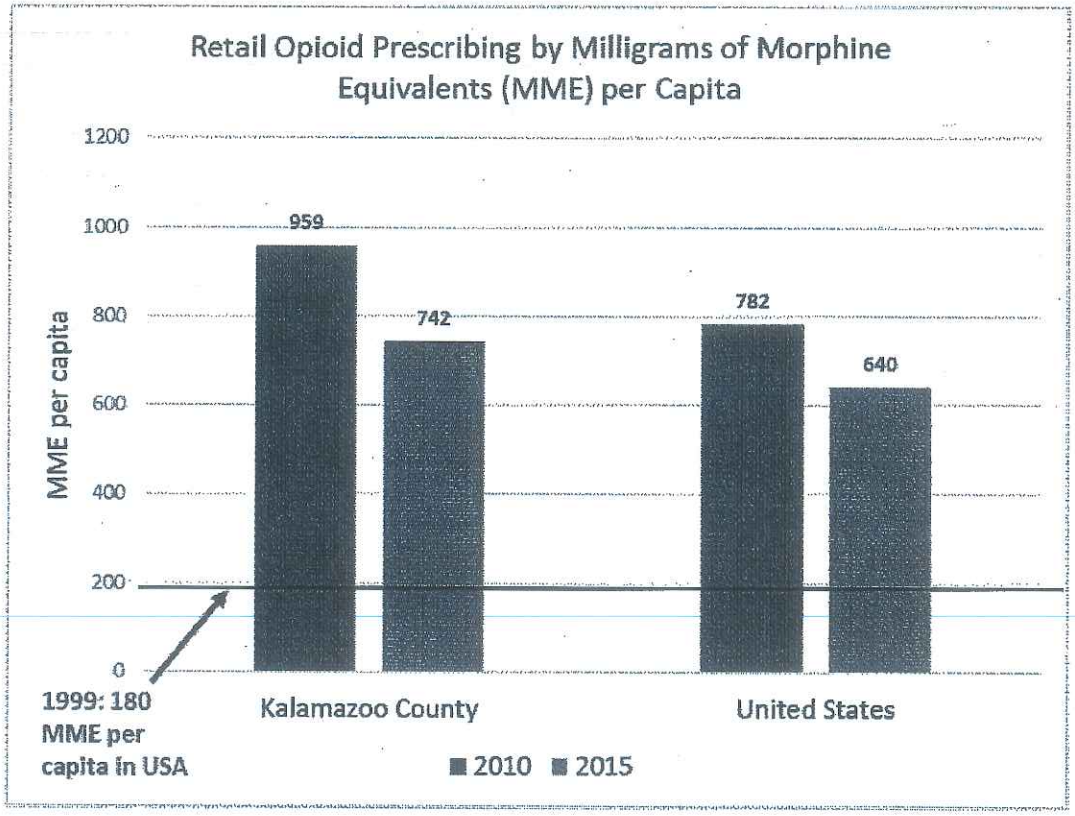
Retail outlets include commercial pharmacies but do not include locations like emergency departments or substance abuse treatment clinics. It does not does not include mail order pharmacy data.

Opioid prescriptions do not include cough/cold medications, buprenorphine or methadone dispensed through a methadone treatment program in this data set.

Resident population annual denominator estimates were obtained from the Population Estimates Program, U.S. Census Bureau.

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html.

Another way to examine the burden of opioid prescriptions is to account for the strengths and dosages of the opioids dispensed. **Milligrams of morphine equivalents (MME)** are a way to standardize and compare opioids of different strengths and dosages. MMEs add specificity to opioid prescription supply descriptions in addition to pill count or number of prescriptions alone. The graph below describes these MMEs per capita, or per person, residing in Kalamazoo County or the United States. Nationally, from 2010 to 2015, the amount of opioids prescribed decreased 18% from 782 milligrams of morphine equivalents (MME) per capita to 640 MME per capita. In Kalamazoo County, retail prescriptions fell 23% from 959 to 742 MME per capita. Despite this decrease, the Kalamazoo County retail MME per capita remains higher than the current national average, and is 3.5 times higher than the 1999 national average of 180 MME per capita—a time near the beginning of the opioid overdose epidemic.



Data Definitions:

Retail outlets include commercial pharmacies but do not include locations like emergency departments or substance abuse treatment clinics.

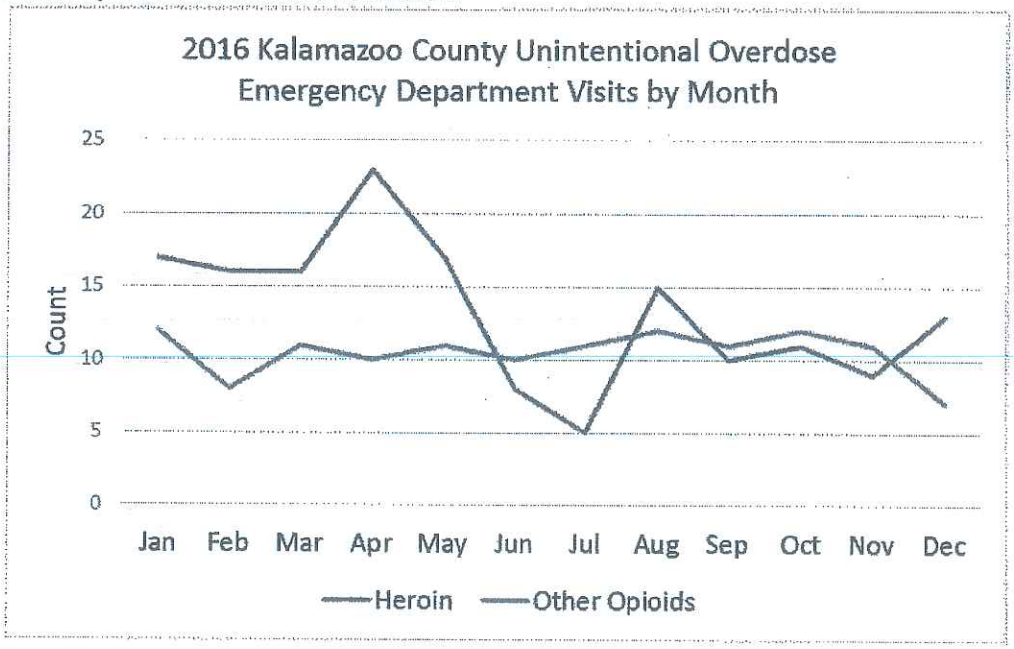
Source: Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:697–704.

In 2016, there were a total of 286 unintentional opioid-related overdose emergency department visits for Kalamazoo County residents at two local emergency departments. Fifty-six percent of these visits involved heroin and seven percent involved methadone. The remainder of the visits were for other/nonspecific opioids.

The majority of the visits were in the 25-34 year age group (30%) followed by the 35-44 year old age group (17%); the average age was 40 years. Persons with visits involving heroin tended to be younger (33 years). Overall, males accounted for more visits (58%) compared to females (42%). This gender distribution differed according to opioid group: 70% of methadone-related visits were in females, while 70% of heroin visits were in males.

The number of unintentional opioid emergency department visits remained relatively stable over the year. However, visits coded as heroin-related showed more variability across the year, peaking in April and declining over the summer months. On average, 24 (13 heroin and 11 other opioid-related) unintentional overdoses occurred each month.

The rate for unintentional opioid-related overdoses by zip code of patient residence was highest for the 49007, 49034, and 49001 zip codes. The same trend was seen for heroin-related overdoses. Please see pages 10 and 11 of this report for additional information.

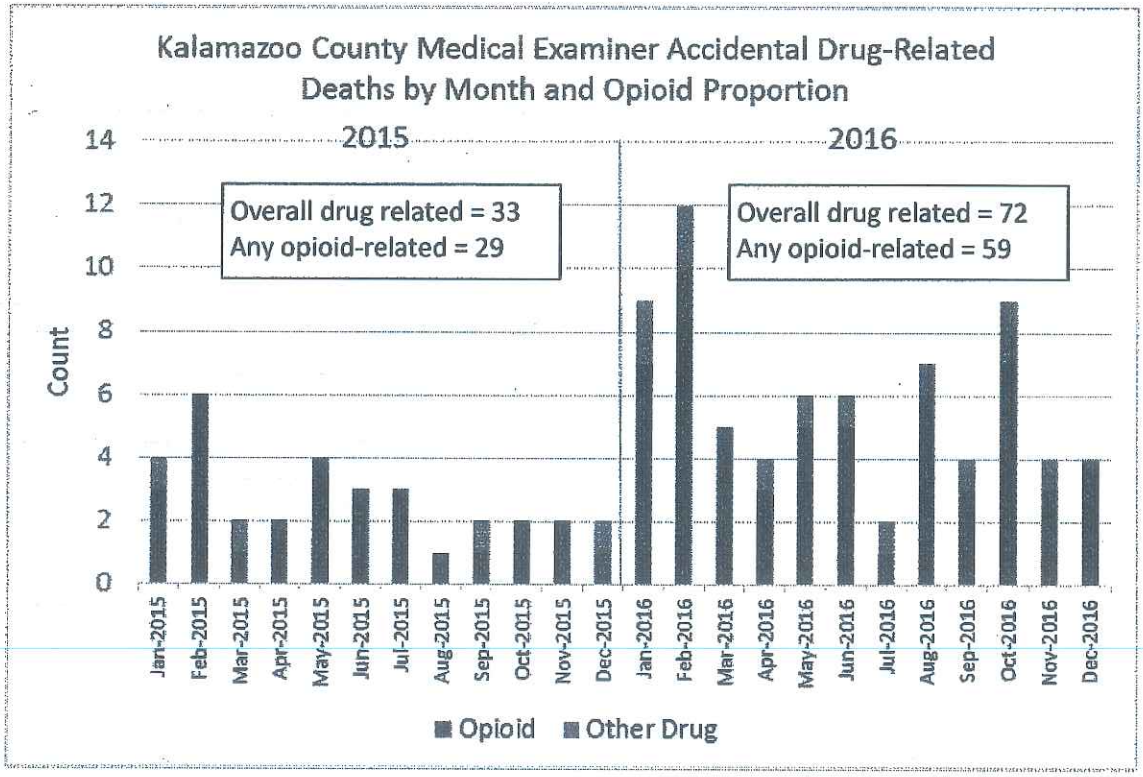


Data Limitations/Definitions: Not all unintentional opioid overdoses present at emergency department. To be counted, a case must arrive at an emergency department in Kalamazoo County and be coded by a physician/provider or biller as an opioid-related overdose. These data encompass ICD-10 poisoning codes selected by KCHCS to best capture an opioid overdose. Overdoses coded as heroin-related in the emergency department may undercount fentanyl-related overdoses.

Source: Bronson Methodist Hospital and Borgess Medical Center

The Office of the Medical Examiner determines the cause of death and whether a death is accidental. KCHCS counted an accidental opioid-related death as any accidental drug-related death certified by the Kalamazoo County Office of the Medical Examiner with an opioid listed in the toxicology report in accordance to recommendations by the National Association of Medical Examiners. These accidental, opioid-related deaths are colored blue; drug-related deaths that do not include an opioid are colored green.

From 2015 to 2016, the number of accidental drug-related deaths more than doubled from 33 to 72. Opioid-related deaths increased from 29 to 59 during the same time period, though the proportion of drug-related deaths attributable to opioids decreased (87.9% to 81.9%). In 2016, both drug-related and opioid-related deaths peaked in January/February and October.



Data Limitations/Definitions:

Medical examiner data are by location of death (within Kalamazoo County), not county of residence of the decedent. Vital statistics will therefore differ from these figures. In 2016, 14/72 drug-related deaths were likely residents of other counties; six of these deaths included incidents that likely occurred within Kalamazoo County. Undetermined opioid-related deaths are not included. 3/4 indeterminate drug-related deaths involved an opioid in 2016. Classification methods used by the Office of the Medical Examiner did not change during the time period reported.

Source: Kalamazoo County Office of the Medical Examiner

Drug-related deaths often impact a younger population than other causes of death; the average age of decedents was 41 years of age. Average age at death differed according to race, the average age for white residents was 40.4 years compared to 47.5 years for black residents.

In order to examine the quantitative impact of these early deaths, a measurement called years of potential life lost is used. It assumes an average age of death of 75 years and estimates the number of years lost due to premature death. In Kalamazoo County in 2016, an estimated 2,462 years of potential life were lost due to drug-related deaths.

Kalamazoo County Drug-Related Deaths, 2016

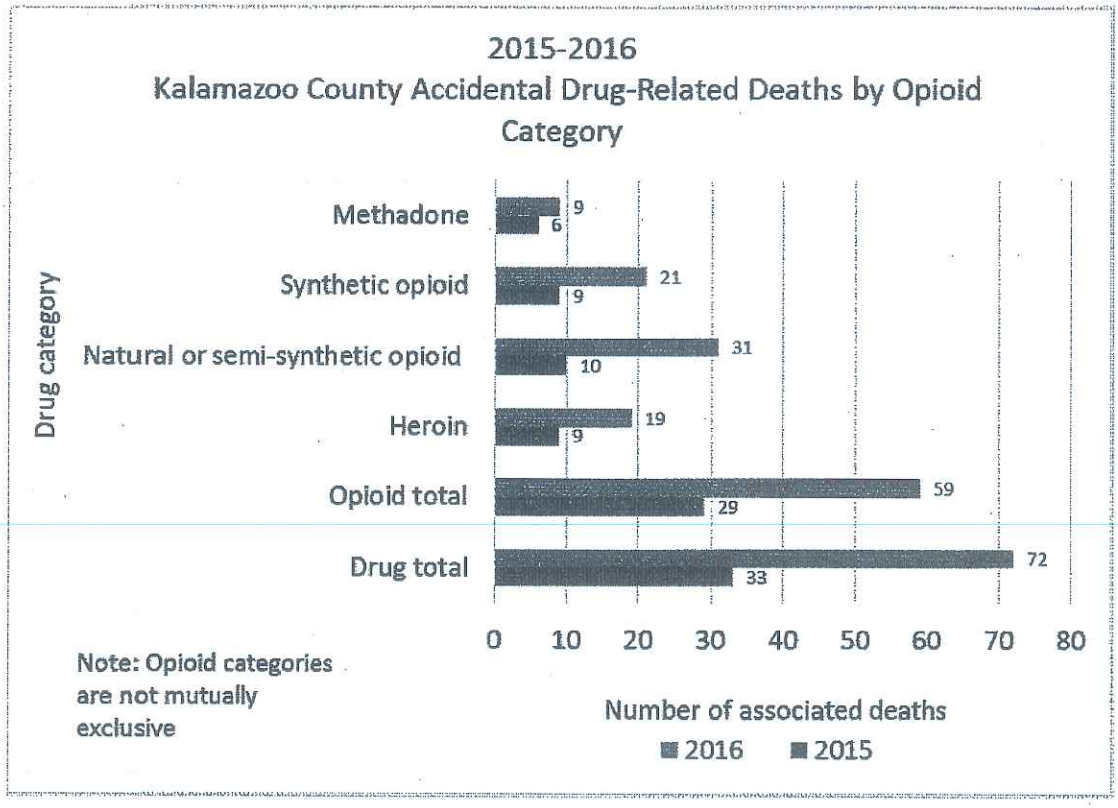
	n	%	Average Age (years)
Total	72	100.0%	41
Sex			
Male	49	68.1%	40.8
Female	23	31.9%	40.9
Race			
White	62	86.1%	40.4
Black	8	11.1%	47.5
Age			
Range	19-65		
15-24 years	5	6.9%	
25-34 years	19	26.4%	
35-44 years	20	27.8%	
45-54 years	18	25.0%	
55-64 years	9	12.5%	
65+ years	1	1.4%	
Drug involved			
Any opioid	59	81.9%	
Any cocaine	9	12.5%	
Any methamphetamine	13	18.1%	
Any alcohol	13	18.1%	
Any benzodiazepine	26	36.1%	
Polysubstance	56	77.8%	

Data Limitations/Definitions:
Medical examiner data are by location of death (within Kalamazoo County), not county of residence of the decedent. Vital statistics will therefore differ from these figures. Undetermined opioid-related deaths are not included. Classification methods used by the Office of the Medical Examiner did not change during the time period reported.

Source: Kalamazoo County Office of the Medical Examiner

The Centers for Disease Control and Prevention (CDC) categorizes opioids into four groups: natural or semi-synthetic opioids, synthetic opioids, methadone and heroin. Natural or semi-synthetic opioids include morphine, codeine, oxycodone (e.g. Oxycontin®), hydrocodone (e.g. Vicodin®), hydromorphone (e.g. Dilaudid®), and oxymorphone (e.g. Opana®). Synthetic opioids include fentanyl, fentanyl analogs, tramadol, and buprenorphine. Methadone is a separate synthetic opioid that can be prescribed for both pain and opioid dependence. Heroin is an illicit opioid that can be injected, snorted or smoked.

Accidental deaths in all categories of opioid increased from 2015 to 2016, with accidental opioid-related deaths doubling from 29 to 59 for a crude rate of 23 deaths per 100,000 population. The largest increase was seen in natural or semisynthetic opioids, which tripled from 10 to 31. The number of deaths from synthetic opioids and heroin more than doubled, from 9 to 21 and 9 to 19, respectively. In 2016, fentanyl accounted for 20 of the 21 synthetic opioid-related deaths, more than three times an increase from 6 fentanyl-related deaths in 2015.



Data Limitations/Definitions:
Most drug-related deaths involve more than one drug or opioid. Therefore, the listed opioid categories are not mutually exclusive and do not sum to 59 or 72. Medical examiner data is by location of death, not county of residence. Vital statistics will therefore differ from these figures.

Source: Kalamazoo County Office of the Medical Examiner

In Kalamazoo County in 2016, the sex-specific death rate for males was twice that of females, 31.8 per 100,000 compared to 14.5 per 100,000. The rates between white residents and black residents were similar (24.3 and 21.3 per 100,000). The average age did differ between the white and black residents with the average age among white residents at 38.9 years and the average age among black residents at 47.2 years.

Kalamazoo County Opioid-Related Deaths, 2016

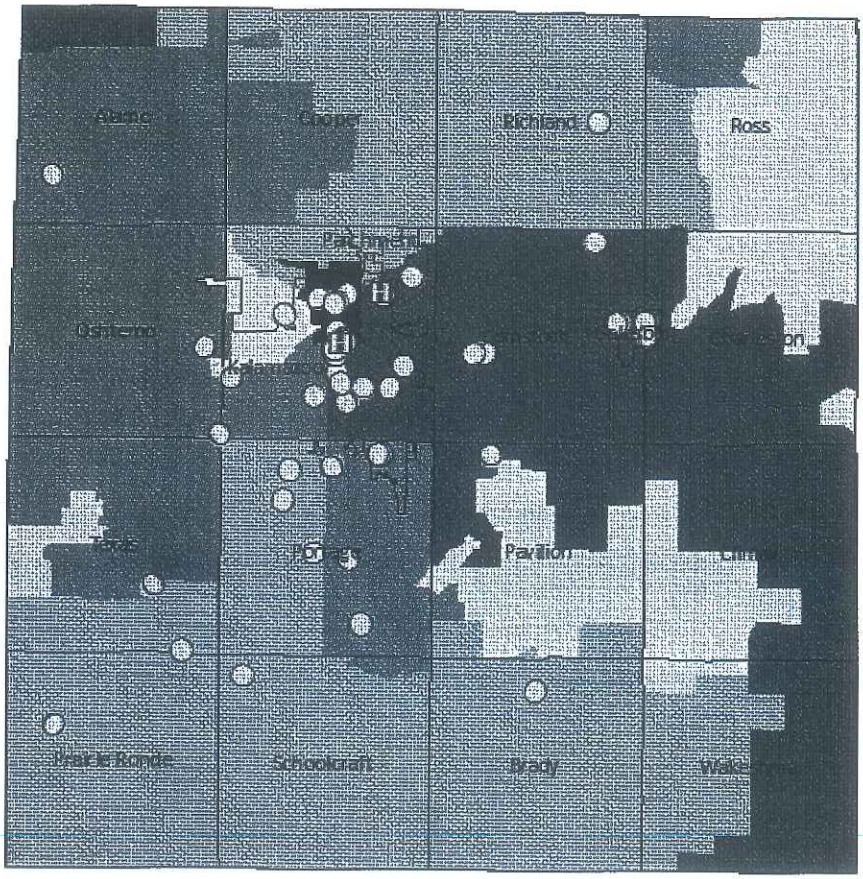
	n	Rate per 100,000	Average Age (years)
Total	59	23.0	39.4
Sex			
Male	40	31.8	41.3
Female	19	14.5	38.5
Race			
White	51	24.3	38.9
Black	6	21.3	47.2
Age		*age-specific rate	
Range	19-65		
15-24 years	5	9.9	
25-34 years	17	50.7	
35-44 years	17	57.6	
45-54 years	14	44.8	
55-64 years	5	16.3	
65+ years	1	-	
Drug involved			
Natural or Semi-synthetic	31	12.1	41.1
Methadone	9	3.5	39.6
Synthetic	22	8.6	38.8
Heroin	19	7.4	39.5

Data Limitations/Definitions:
Most drug-related deaths involve more than one drug or opioid. Therefore, the listed opioid categories are not mutually exclusive and do not sum to 59 or 72. Medical examiner data is by location of death, not county of residence. Vital statistics will therefore differ from these figures.

Source: Kalamazoo County Office of the Medical Examiner

The top three zip codes with the highest rate of unintentional opioid overdose were 49007, 49034, and 49001. Thirteen accidental opioid-related deaths occurred at an area hospital marked by an "H" on the map.

2016 Accidental Opioid-Related Deaths and Rate of Unintentional Opioid Overdose Emergency Department Visits



Kalamazoo County, 2016

Accidental Opioid Deaths

Unintentional Opioid Overdose Emergency Department Visits (Rate per 100,000 population)

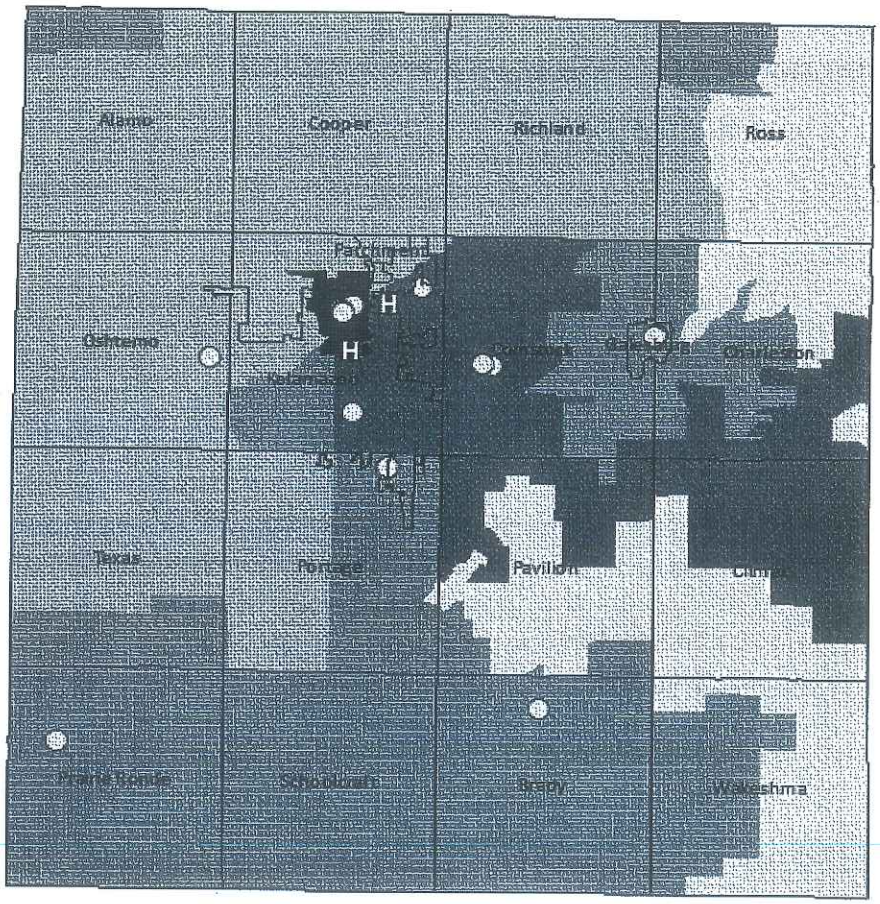
- 0.0 - 31.3
- 31.4 - 51.9
- 52.0 - 99.7
- 99.8 - 156.7
- 156.8 - 275.2

*Indicated locations are address of death, not necessarily the residence of decedents

Source: Kalamazoo County Office of the Medical Examiner and Area Hospitals

The top three zip codes with the highest rate of unintentional heroin overdose were 49007, 49034, and 49001. Four accidental opioid-related deaths occurred at an area hospital marked by an "H" on the map.

2016 Accidental Heroin-Related Deaths and Rate of Unintentional Heroin Overdose Emergency Department Visits



Kalamazoo County, 2016

Accidental Heroin Deaths

Unintentional Heroin Overdose Emergency Department Visits (Rate per 100,000 population)

- 0.0
- 0.1 - 27.1
- 27.2 - 52.7
- 52.8 - 116.4
- 116.5 - 161.3

*Indicated locations are address of death, not necessarily the residence of decedents

Source: Kalamazoo County Office of the Medical Examiner and Area Hospitals

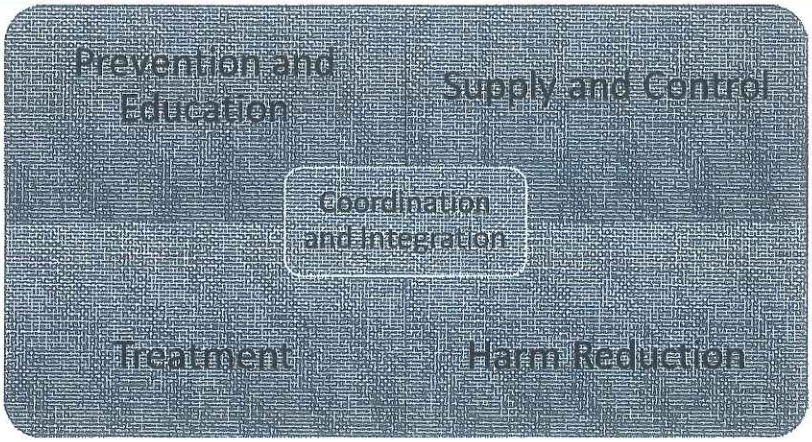
A strategic framework for how Kalamazoo County can address the opioid epidemic is shown by the figure below. The four strategic buckets include prevention and education, supply and control of opioids, treatment, and harm reduction. The newly formed Kalamazoo County Opioid Coalition aims to and integrate existing and new efforts within these strategic buckets across Kalamazoo County.

Prevention and education efforts could include community and professional education on addiction as a long -term, relapsing disease of the brain, increased knowledge about opioids, and increased risk perception. Prevention efforts may also focus on the upstream risk factors that influence the development of opioid addiction in community members.

Supply and control efforts involve law enforcement and improving opioid prescribing practices. New partnerships to reduce the supply of illicit drugs or the unlawful distribution of legal drugs are emerging in some communities. Improving prescribing practices of opioids requires both professional education and systems-level changes within healthcare institutions.

The treatment bucket focuses on access and improvement of referrals across a continuum of care for opioid addiction. Access to medication-assisted therapies such as buprenorphine, methadone and naltrexone, and improved coordination with behavioral and mental health services and recovery services are needed. Professional education on chronic pain management as well as screening, diagnosis and early intervention for those at risk for opioid use disorder are needed to complement efforts focused on treatment and recovery.

Finally, harm reduction involves preventing overdose deaths and the spread of infectious disease associated with drug use. Overdose education and naloxone distribution includes efforts to prevent overdoses through education and administration of a drug called naloxone which reverses an opioid overdose. Public health agencies can partner with healthcare institutions and social services to detect and prevent the spread of infectious diseases such as HIV, and Hepatitis A, B, and C, in addition to reducing blood stream and heart valve infections associated with drug use. The newly formed Kalamazoo County Opioid Coalition will employ Heathy People 2020's MAP-IT (Mobilize, Assess, Plan, Implement and Track) strategy as its model for improvement to address the opioid epidemic through the coordination and integration of these four strategic priorities.



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: April 3, 2018
DEPARTMENT: Administrative Services
PREPARED BY: Dina Sutton, Administrator's Executive Coordinator
SUBJECT: Resolution Declaring April 2018 Sexual Assault Awareness Month

SPECIFIC ACTION REQUESTED:
Resolution Declaring April 2018 Sexual Assault Awareness Month

DESCRIPTION OF ACTION (dollar amount, purpose):
n/a

TIME FRAME OF ACTION:
Approve at the April 17, 2018 Board meeting

FUNDING SOURCE & BUDGET CHANGES:
n/a

PERSONNEL IF REQUIRED:

NEW OR RENEWAL:
n/a

ANY OTHER PERTINENT INFORMATION:
n/a

PROCUREMENT INFORMATION:
n/a

CONTACT PERSON:

Julie Rogers

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

Kalamazoo County Board of Commissioners

RESOLUTION

RESOLUTION PROCLAIMING SEXUAL ASSAULT AWARENESS MONTH APRIL 2018

Sexual Assault refers to unwanted sexual contact against or without a person's consent. This type of assault encompasses more than violent physical incidents; sexual assault refers to any sexual, physical, verbal or visual act that forces a person against his/her/their will to join in unwanted sexual contact or attention (Joyful Heart Foundation, 2018).

WHEREAS, according to the 2016 Michigan Incident Crime Report data; there were 525 offenses in regards to rape/sexual assault in Kalamazoo County (Michigan Incident Crime Reporting, 2018).

WHEREAS, as reported in the 2016 United States Census Bureau, Kalamazoo County's population totals 261,654, with women comprising 51% of the total.

WHEREAS, every 98 seconds; an American is sexually assaulted and every 8 minutes, that victim is a child. 1 out of every 6 women and 1 out of every 33 men have been the victim of an attempted or completed sexual assault in his/her/their lifetime. Only 6 out of 1,000 rapists will go to prison. (RAINN, 2018).

WHEREAS, based on the above information, it is estimated that 22,240 females and 3,885 males who are victims/survivors of sexual assault, reside in Kalamazoo County.

WHEREAS, in 2017, the YWCA of Kalamazoo provided sexual assault nurse examinations for 127 adults and 36 children. These numbers do not reflect the number of individuals in our community who require on-going therapy, counseling, advocacy, and safe shelter; nor do they reflect the number of individuals who did not feel safe to come forward for examination.

WHEREAS, victims of sexual assault are:

3x more likely to suffer from depression
6x more likely to suffer from PTSD and;
4x more likely to contemplate suicide

WHEREAS, YWCA Kalamazoo, in partnership with Kalamazoo County, is dedicated to supporting survivors of sexual assault as well as working to end sexual violence within our community.

NOW, THEREFORE, Kalamazoo County does hereby proclaim April 2018 as SEXUAL ASSAULT AWARENESS MONTH in Kalamazoo and applauds the efforts of the many victim service providers, police

officers, sheriff's office, office of the prosecutor, national and community organizations, and private sector supporters for their efforts in promoting awareness about sexual assault.

STATE OF MICHIGAN)
}SS
COUNTY OF KALAMAZOO)

I, Timothy A. Snow, County Clerk/Register, do hereby certify that the foregoing is a true copy of a Resolution adopted by the Kalamazoo County Board of Commissioners at a regular session held on April 17, 2018.

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Timothy A. Snow
County Clerk/Register

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: April 3, 2018
DEPARTMENT: Administrative Services
PREPARED BY: Dina Sutton, Administrator's Executive Coordinator
SUBJECT: Resolution Honoring the 40th Anniversary of Residential Opportunities, Inc.

SPECIFIC ACTION REQUESTED:
Resolution Honoring the 40th Anniversary of Residential Opportunities, Inc.

DESCRIPTION OF ACTION (dollar amount, purpose):
n/a

TIME FRAME OF ACTION:
Board approval on April 17, 2018.

FUNDING SOURCE & BUDGET CHANGES:
n/a

PERSONNEL IF REQUIRED:
n/a

NEW OR RENEWAL:
New

ANY OTHER PERTINENT INFORMATION:
n/a

PROCUREMENT INFORMATION:
n/a

CONTACT PERSON:

Vice Chair Dale Shugars
Commissioner Scott McGraw

KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

Kalamazoo County Board of Commissioners
RESOLUTION

Special Proclamation on the 40th Anniversary of Residential Opportunities Inc.

WHEREAS, in 1978 Residential Opportunities Inc. (ROI) was formed in response to the movement to de-institutionalize the mentally handicapped and began providing services in Kalamazoo at five specialized residentially licensed group homes; and

WHEREAS, ROI began a partnership with Kalamazoo County Community Mental Health in 1980, a partnership that lasts until this day; and

WHEREAS, ROI provides residential and support services to adults, children and families in the following areas:

- 18 group homes in Kalamazoo County, serving 134 individuals with disabilities through their specialized residential licensed group homes;=,
- 97 individuals with disabilities live as independently as possible in the community through their supported living alternatives program,
- 143 individuals with modest incomes are provided affordable rental housing through their affordable rental housing program,
- 267 individuals receive help managing their budget and paying bills through their representative payee services program,
- 16 children on the autism spectrum decreased challenging behavior and learned adaptive skills through the intensive treatment program, and
- 66 children on the autism spectrum developed new social and life skills through the outpatient services program; therefore

LET IT BE KNOWN, that we are proud to join with the staff, officers, and friends of Residential Opportunities, Inc. (ROI) as they gather to mark the 40th Anniversary of providing residential and living supports for individuals with developmental and intellectual disabilities. This milestone is a reflection of their commitment to the community. We offer our thanks as they celebrate 40 years of partnering with children and adults with disabilities and their families so they may live more meaningful, healthy and independent lives in their homes and communities.

IN SPECIAL TRIBUTE, Therefore, this document is signed to commemorate the 40th Anniversary of Residential Opportunities, Inc. We commend everyone who has contributed to its success and thank them for the manner in which their members have strengthened Kalamazoo County. May they provide many more years of leadership and service in the community.

NOW, THEREFORE BE IT RESOLVED, the Kalamazoo County Board of Commissioners does recognize the leadership of ROI in this community in helping those with disabilities live more productive and independent lives and celebrate their 40th anniversary of service to the citizens of Kalamazoo County.

STATE OF MICHIGAN }
} SS
COUNTY OF KALAMAZOO }

I, Timothy A. Snow, County Clerk/Register, do hereby certify that the foregoing is a true copy of a Resolution adopted by the Kalamazoo County Board of Commissioners at a regular session held on April 17, 2018.

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Timothy A. Snow, County Clerk/Register