

The Marquette County Board of Commissioners met as a Committee of the Whole on Tuesday, September 10, 1991 at 4:30 p.m. in Room 231 of the Henry A. Skewis Annex, Marquette, MI. 49855

Chairperson Corkin called the meeting to order. Present: Comm. Angeli, Comm. Arsenault, Comm. Balbierz, Comm. Seppanen and Comm. Corkin. Absent: None.

Chairperson Corkin opened the meeting for public comment, none was forthcoming.

It was moved by Comm. Seppanen, seconded by Comm. Arsenault, and unanimously carried that the agenda be approved with the following late addition; item 14) a memo from the Sheriff's Department regarding out-of-county jail inmate boarding.

It was moved by Comm. Arsenault, seconded by Comm. Balbierz, and unanimously carried that Claims and Accounts for the period August 24, 1991 thru September 24, 1991, in the amount of \$623,413.80 be approved.

Public Hearing on long-term Nursing Home Needs

Chairperson Corkin opened the meeting for a public discussion. There is a significant shortage of beds available to house our aged who cannot live independently in Marquette County, and throughout the Upper Peninsula. Chairperson Corkin invited, by letter, a number of professionals who are knowledgeable in this field. The County Board will serve as a conduit for discussion and finding possible solutions to the problem.

Chairperson Corkin directed County Clerk Roberts to keep a detailed record of the public hearing. Attached to these minutes is a complete transcript of the discussion (Attachment 1).

Those who participated in the discussion with the County Board were; Jackie Boxer, Commission on Aging, Randall M. Johnson, M.D., Director, Marquette County Health Department, Brad Cory, Director, Marquette County Medical Care Facility, Sandy Bietila, Director, Ishpeming Senior Services Center, and Jane Larson, Social Worker/Coordinator for the City of Marquette Senior Center.

Chairperson Corkin thanked all for participating. The Marquette County Board will continue to work towards acquiring more nursing home beds for the Upper Peninsula, and may call upon the participants again for their expert advice.

The Committee considered a work plan on a Marquette County Waterfall Park presented by Richard Hendricksen. The plan is for Marquette County to acquire ownership of six to seven waterfalls in a close geographic area, and develop a long-term plan for trails, viewing platforms, etc.

Working with Mr. Hendricksen is Dave Olsen, retired from the MSU Extension Service. Mr. Olsen will prepare and write the grants as a public service. Mr. Olsen contends there is a 50/50 chance of getting a grant from the Michigan Natural Resources Trust Fund, costing the County nothing. He does need a commitment by December, to demonstrate that the County will assume ownership of the waterfalls and develop long-term plans for a waterfall park. Commissioners generally support the proposal; however, felt it needs more review for legal and financial ramifications.

It was moved by Comm. Seppanen, seconded by Comm. Arsenault, and unanimously carried that the Committee of the Whole refer the waterfall park plan to the Planning Commission for review, requesting that they specifically consider long-term financial commitments and also reasonable alternatives to full ownership of the waterfalls by the County; and further that the waterfall park plan be sent to the Prosecutor's Office for legal review.

The Committee considered a communication from Karla Hardy, Administrative Aide, regarding the property tax status for homes and businesses which lie within the Keweenaw National Historical Park established by Senate Bill 1664. Ms. Hardy contacted Senator Carl Levin's Office in Washington D.C., and learned that there will be no change in the property tax status. Changes in property tax would result only if the local tax assessor feels the National Park creates a change in the value of the property.

It was moved by Comm. Angeli, seconded by Comm. Balbierz, and unanimously carried to place the communication on file.

The Committee considered a resolution to protect the rights of local control by County Boards of Commissioners and Social Services Boards regarding the delivery of Social Services at the County level. Rev. King Hanna, Social Services Board Member, was present to discuss the resolution and answer questions. A memo was distributed by Dennis Aloia, County Administrator, explaining that Karly Hardy, Administrative Aide, contacted the Michigan Association of Counties regarding the resolution. She discovered that even though the County Social Services agencies has taken an official stance regarding the right of local County Boards to participate in the selection of its county directors, MAC has not had an opportunity to analyze the State proposals. They need are waiting for something in writing from State DSS Director, Gerald Miller. MAC will contact Counties when their analysis is complete.

It was moved by Comm. Balbierz, seconded by Comm. Seppanen, and unanimously carried that the Committee table the resolution until more information is forthcoming from MAC.

The Committee considered an announcement from Ms. Ardith DaFoe, Michigan Office of Criminal Justice, that the Marquette County Drug Abuse Resistance Education (D.A.R.E.) project was selected to receive anti-drug abuse funding in the amount of \$16,123. Sheriff Maino was present and explained that this is an increase of approximately 10% over the FY 1990/1991 budget, and to his knowledge the Sheriff's Department is the only police agency in Marquette County to receive a D.A.R.E. grant for the coming year.

This is the fourth year that the Sheriff's Department has implemented the D.A.R.E. program, which is the finest crime prevention program Sheriff Maino has ever witnessed. A three prong attack is necessary, which includes police, education, and treatment, to reduce the use of drugs. The D.A.R.E. program is an excellent educational tool which will be provided to 650 students in the 5th, 6th, and 7th grade throughout Marquette County. D.A.R.E. has also been expanded in some schools to include kindergarten through 4th grade. The crime rate decreases when education and awareness increases.

It is necessary for the County Board of Commissioners to formally accept the grant, and also approve a budget amendment in the amount of \$5,328 to implement the D.A.R.E. program from September 1, 1991 through December 31, 1991. The Sheriff's Department FY 1992 budget has already been submitted for County consideration.

It was moved by Comm. Seppanen, seconded by Comm. Arsenault, and unanimously carried that the Committee of the Whole recommend the County Board formally accept the D.A.R.E. grant, and that the FY 1991 budget amendment in the amount of \$5,328 be approved.

The Committee considered a request from Sheriff, Joseph I. Maino, for a budget amendment to send inmates out-of-county to other jails. Sheriff Maino was present and explained that the head-count on Monday was 65, and for the month of August, the Marquette County Jail averaged 61 inmates per day. For the last three week-ends, the Sheriff's Department has had to send inmates out-of-county to stay in other jails, and this practice may continue until the jail dorm project is completed.

Sheriff Maino pointed out that \$3,000.00 was taken out of their budget at the mid-year budget review. He is requesting that \$1,500.00 be returned and placed back into the out-of-county line item in the Jail Division for the 1991 budget.

Administrator Aloia concurs with Sheriff Maino's request, and recommends the \$1,500.00 be taken from the contingency account.

It was moved by Comm. Arsenault, seconded by Comm. Balbierz, and unanimously carried that the Committee of the Whole recommend the County Board approve a \$1,500.00 budget amendment for out-of-county line item.

The Committee considered a request from Alger-Marquette Community Mental Health to approve a request to purchase the Group Home at 1803 Wright Street. William G. Birch, Ed.D./MSW, Chief Executive Officer, was present to discuss the request and answer questions. The County Board approved two similar requests to purchase property by resolution in February of 1990. Leasing property is often more expensive for Community Mental Health than purchasing the property.

The second request from Community Mental Health is to amend the "Agreement to establish the Community Mental Health Board for Alger and Marquette Counties" to streamline the purchasing process for the future. This would allow Community Mental Health to purchase real property without having to approach the Alger and Marquette County Commissions each time with a resolution.

Civil Counsel, David Payant, pointed out that the statutes governing mental health agencies do not enumerate every power that local Community Mental Health boards shall possess. The power to own real property can be given to the local Community Mental Health agency at the discretion of the County Board. The "Agreement" can be amended as requested.

First recommendation: It was moved by Comm. Arsenault, seconded by Comm. Seppanen, and unanimously carried that the Committee of the Whole recommend the County Board approve of the purchase of the Group Home at 1803 Wright Street by Community Mental Health.

Second recommendation: It was moved by Comm. Seppanen, seconded by Comm. Balbierz, and unanimously carried that the Committee of the Whole recommend the County Board approve of the amendment to the "Agreement to establish the Community Mental Health Board for Alger and Marquette Counties," Section VIIIB(3), Powers and Duties of the Board, to read as follows: "With the exception of purchases/leases for residential services, to purchase/lease real property, provided prior approval is obtained from the Board of Commissioners of the county board where the real property is located."

The Committee considered a resolution from the Marquette County Road Commission supporting a State-wide Road Commission effort to increase the Michigan Fuel Tax and use the funds to build, operate, and maintain roads and bridges in Michigan. Commissioners support the idea of increasing the fuel tax to help build and maintain our Michigan roads and bridges; however, expressed concern that the funds generated from this tax could be used for other programs. The federal government, for example, has in the past used an increase in fuel taxes to offset part of the federal deficit. The Commissioners wanted an additional sentence added to the resolution as follows: "All monies collected will be utilized to build, operate and maintain roads and bridges in Michigan."

It was moved by Comm. Arsenault, seconded by Comm. Balbierz, and unanimously carried that the Committee of the Whole recommend the County Board support the Road Commission resolution with the additional sentence.

On behalf of the County Board of Commissioners, Chairperson Corkin proclaimed September 17, 1991 as Citizenship Day and the Week of September 17-23, 1991 as Constitution Week in Marquette County.

RESOLUTION
CITIZENSHIP DAY AND CONSTITUTION WEEK

WHEREAS, We the People did ordain and establish a Constitution for the United States of America to secure the blessings of liberty for ourselves and our posterity; and

WHEREAS, it is important that all citizens fully understand the provisions, principles, and meaning of the Constitution so they can support, preserve, and defend it against encroachment; and

WHEREAS, the President and the Congress of the United States have designated September 17 as Citizenship Day and the week of September 17-23 as Constitution Week; and

WHEREAS, Constitution Week and Citizenship Day provide the opportunity for all Americans to learn about and to reflect upon the rights and privileges of citizenship and its responsibilities; and

WHEREAS, the people of the County of Marquette do enjoy the blessings of liberty, the guarantees of the Bill of Rights, equal protection of the law under the Constitution, and the freedoms derived from it; now, therefore be it

RESOLVED, that the Marquette County Board of Commissioners does hereby proclaim September 17 as Citizenship Day and the week of September 17-23 as Constitution Week, and invite every citizen and institution to join in the national commemoration.

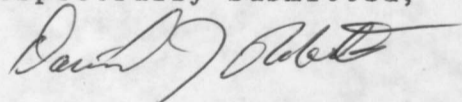
GERALD O. CORKIN, CHAIRPERSON
MARQUETTE COUNTY BOARD OF COMMISSIONERS

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Chairperson Corkin opened the meeting for public comment, none was forthcoming.

There being no further business, the meeting was adjourned.

Respectfully submitted,



David J. Roberts
Marquette County Clerk

TRANSCRIPT OF THE COMMITTEE OF THE WHOLE PUBLIC HEARING
ON THE NEEDS FOR MORE NURSING HOME BEDS IN THE UPPER PENINSULA

Chairperson Corkin - This is an issue that myself personally, over the last five years has received more phone calls on than any other issue concerning County business. I know in talking to other Commissioners they have also received a great many calls, particularly Greg Seppanen, and Paul Arsenault. I don't know about Comm. Angeli or Comm. Balbierz, but I'm sure that it is an issue we will continue hearing about. What the County Board would like to do is serve as a conduit for this issue to try and see what we can do. I know Rep. Jacobetti has worked hard on it, trying to get a certificate-of-need for more beds. He has not been successful in recent times, but I know he is very concerned about it. I will open the meeting for comment, and ask the Clerk that for this portion we keep detailed minutes on each person that speaks please.

Chairperson Corkin - Who ever would like to start, please come forward and state your name and who you represent.

Jackie Boxer, Commission on Aging - I have a memo from Lynn Emerick to the Board of Commissioners. "The Marquette County Commission on Aging has provided services, information, and assistance to enable older residents of the County to remain in independent living for as long as possible; however, for some older persons the infirmities of physical or mental illness lead to a decision that care in a nursing home is needed. It has been our experience over a number of years, and with increasing seriousness in recent times, that nursing home beds are usually not available on anything approaching a timely basis for residents within Marquette County.

Some recent examples which we have handled in the Commission on Aging:

*A client, age 60, with dementia is now placed in an adult foster care home. After family care giving for an extended period of time at home, the adult foster care home can no longer provide the level of care needed and is planning to issue a notice to that effect. There are no open nursing home beds and the adult children must contemplate finding a way to resume care at home on a 24 hour per day basis.

*The Care Manager of the Commission on Aging assisted three families with nursing home placement in the month of July alone. All three had to accept beds in a Wisconsin Nursing Home, far from home and family.

*Another frail older client, age 95 waiting five months for placement out of the County, while her 70 year old son tried to provide 24 hour care at home. The problem is compounded when the older person is of low income, then the level of care needed is not affordable at home, and except for County Medical Care Facilities, admission may well be denied at a nursing home if there are any persons with the ability to pay on the waiting list. These persons labeled as Medicaid are faced with a double problem of insufficient funds to pay for care at home, and inability to find nursing home care because they cannot pay the \$2,500.00 to \$3,000.00 per month care at the nursing home.

*We do not know what the appropriate level of nursing home beds in Marquette County might be. Our experience over many years of working with older persons shows us however, that the current level is clearly insufficient to meet the needs of this County's elderly and handicapped. Persons just do not choose to move into a nursing home when they still can manage with care in their own homes. When they no longer maintain independent living with support, there should be care available within their County and without regard to their ability to pay.

The Marquette County Commission on Aging, its Nursing Home Committee, and the Direct Services Staff of the Commission have wrestled with this problem for over 15 years on behalf of affected clients and families. The situation is growing more critical as the elderly population of Marquette County grows in number. We would be most willing to assist in any effort to change the method by which nursing home beds are allocated to State regions, as long as the effort was tied to current legislation which would prohibit discrimination in nursing home placement against those whose bills will be paid by the Medicaid system."

Comm. Angeli - At this point we know that the senior citizen population is growing. Is there a possibility, or does somebody have any idea on when that might turn around and go the other way?

Jackie Boxer - No. The census we've been working on in our office comes from the 1980 census on population. We don't have any idea.

Dr. Randall M. Johnson, M.D., Health Department Director - The birth rate is going down, and people are living longer, so you can project that there is going to be more and more older people. This has been going on for the last 20 years, so the fact that we have fewer and fewer new babies being born is an indication in itself, unless you have a massive migration that your eventually going to have an older and older population. I think that the projects are for the State of Michigan as a whole for the next 50 years we're going to have a steadily aging population, it's not going to turnaround unless there's some other baby boom, like after WW II.

Chairperson Corkin - Next, we will hear comment from Dr. Johnson.

Dr. Johnson - This has been a long standing problem, it's not something brand new by any means, and in fact I think some acuity has worn off over the last couple of years because of some changes that have occurred at the State level back in 1988.

Back in 1988 the State Health Dept. and the State Dept. of Social Services had kind of a combination approach to dealing with some of the bed issues in the U.P. They did was they agreed that they were going to relook at the bed-need formula that they utilized in determining whether or not there is in fact a need in an area.

It is my understanding that they revised that formula and there are now some certificates-of-need that have been offered to some facilities around the U.P. I know of three within the last few months, but only one of those is being acted upon, primarily because the medicaid reimbursement rate is so low. The developers of the property aren't sure that they can get a return on their investments, so they are not proceeding on the certificate-of-need.

So that is one big issue, and I think the formula has changed so that there is the availability potential of a certificate-of-need. I'm not sure if anyone or any nursing home in Marquette County has applied or not. I know it is more flexible now in terms of getting a certificate-of-need. The problem still is, even if we have the ability to build a facility, how to pay for it with the medicaid reimbursement rates so low.

So, my belief, unless we're talking about another tax supported facility, in the private sector it boils down to finances. If reimbursement is not available to at least allow the recovery of costs while a facility is being built, and as long there is a flexible certificate-of-need program out there, (which I believe there is), we will not see anybody come forth and build another facility.

Comm. Angeli - Do you have an idea of what it would cost to build a facility?

Brad Cory, Administrator, Marquette County Medical Care Facility - Anywhere between \$25,000 and \$47,000 per bed.

Dr. Johnson - I think you all know that the medicaid system in Michigan is really in serious condition right now, and almost all the rates were frozen a few months back, and a lot of them were in fact cut back by 20%. They still do not have a 1992 budget, so no one really knows what the medicaid rates will be for 1992. I think any prudent investor would hold off for awhile to see what is going to happen to the medicaid program. That is where the primary source of revenue is likely to be, and that's where most of the need is. I think Jackie mentioned that.

If someone has private resources to pay for a nursing home bed, there's usually not to much difficulty in finding a bed. The private industry at least realizes that they can accept a client who can afford to pay on their

own at \$70.00/\$75.00 a day, versus accepting a medicaid client at a \$50.00 a day reimbursement. So presently, left over are the people that are on medicaid, and the medicaid reimbursement rate is probably not even covering costs right now.

There are also regulations on the industry. The industry can't just go out and open a facility and to take all comers. Regulations provide for certain staffing levels, a certain quality of meals, certain kind of surroundings, and its an expensive kind of operations. In order for someone to do it, they must think seriously right now with the medicaid situation the way it is.

Comm. Angeli - Are you saying then that public assistance is necessary? For a great number of people? They can't afford the private rate?

Dr. Johnson - That's where the unmet demand is, primarily for the people on medicaid. They cannot afford to pay the private rate and don't have insurance. Even if they do pay for awhile, they become eligible for medicaid very quickly living in a nursing home. If they are relatively low income they spend down to the point where they are eligible for medicaid. The problem is, even if they get on medicaid, this does not solve the problem for the facility. The reimbursement rate is not high enough.

I think this is part of a much bigger problem that we have in the State of Michigan, the whole medicaid program is broke, and its going to come back to haunt us here real soon. We almost lost a bunch of hospitals here a couple of months ago when they were talking about freezing the medicaid reimbursement rates as of August 1st. Probably three or four community hospitals would have closed across the U.P. if that happened. The problem hasn't gone away, its just been delayed for another few months until next budget year.

Comm. Angeli - Is Michigan unique or is this a problem across the country?

Dr. Johnson - My reading is that most states are being killed by the medicaid program. It's an entitlement program, and there has been more and more entitlements added on to it, so more and more people are eligible for medicaid, which requires a 50% match from the State level. The States really can't control that cost and its a real big drain on resources.

Chairperson Corkin - Are you saying that we could get a certificate of need to do more building right now?

Dr. Johnson - I don't know. I know that three certificates-of-need have been issued within the last few months in the U.P. I've talked to Dr. (?) in the Western U.P. where these came from. He indicated that two of those people that have received certificates-of-need are not going to act upon them until they see if and when the medicaid reimbursement situation clarifies more.

Chairperson Corkin - I understand what your saying about medicaid, but we've had at least one individual and one agency, unless something has changed in the last year, that would have built at anytime. In fact, they were talking to us as Commissioners politically, as to what we could do. This, and this is within the last two years. One individual and one agency is trying to do a lot in this County. The big issue seemed to be the certificate-of-need. They were willing to put the beds here. So I don't know, unless something has changed in the last year, I find that interesting to hear you say that the certificate-of-need is not as big a problem as it once was.

Dr. Johnson - I don't know exactly the time, but I know they changed the formula a couple of years back. Until two years ago no one across the U.P. was getting certificate-of-needs, and now at least three of them have been issued with the last few months, so something has changed, I'm not sure whether anybody locally has applied recently or not.

Brad Cory - There have been some beds available for special needs. Special needs have been identified as one in particular, alzheimer units, and they have given geographic distribution of the special need beds. Unfortunately Marquette County doesn't qualify, but the Newberry area does, and some of the very remote areas do qualify for a certificate of need for special need beds.

Comm. Angeli - I thought they were building such a facility in Marquette County?

Brad Cory - I will give you a little historical perspective on some of this. I guess I'll start by reading a letter that I wrote to Senator Koivisto on February 12, 1991, which I've shared with Comm. Corkin, because he was interested in the need for nursing home beds in the Upper Peninsula. So bear with me and I'll read part of this that will give you a little background. ". . . First let me address the issue of the need for long-term care beds in the Upper Peninsula. I think a brief historical perspective will be of value for you. For years, hospital administrators long-term care administrators, physician organizations, and citizens of the Upper Peninsula have been trying to get additional long-term care beds. Historically the State has denied these beds because they have alleged the need was not present.

In the mid 1970's I was chairman of the Upper Peninsula Health Systems Agency Health Resource Committee, which was the first level of review for the State's certificate-of-need process. I was also a member of the health facility's committee of that agency which was involved in the recommendation for the addition of hospital nursing home beds. At that time the State's policy to determine nursing home beds was considered, and they said at that time that the aggregate use rate for institutional long-term care nursing should not exceed 15,000 days of care per 1,000 days population, age 65 and older. It was felt that this figure had nothing to do with the actual need for nursing home beds in the Upper Peninsula, but was merely an arbitrary figure to keep the State medicaid dollars under control.

That belief still holds true to this day. Rep. Jacobetti was aware of this tremendous problem in the Upper Peninsula, and early in 1985 was instrumental in getting together a number of concerned citizens in the U.P. about the issues associated with long-term care. It was agreed that a thorough study was needed of nursing home facilities in the U.P. as well as availability of alternatives to traditional long-term care delivery, and so the following year, 1986, there was a comprehensive study conducted by the Bureau of Health Facilities, Michigan Dept. of Public Health, addressing long-term care in Michigan's Upper Peninsula. At that time, I was also a member of the Upper Peninsula Coordinating Committee on long-term care, which formed as part of the long-term care study that provided input and advice to the Dept. of Public Health during the course of the study. The results of the study were published in a 165 page document in September of 1987. . . ."

I enclosed that for him and said that I would be willing to go over that with him. And I pointed out that Recommendation 7 which states. . . "the Michigan Dept. of Public Health and Office of Medical Affairs, should convene an advisory adhoc committee to review the existing planned policies pertaining to long-term bed needs, and that committee membership should include appropriate representation from the Upper Peninsula."

That never happened! There was never a U.P. rep. on that committee; however, I am now a member of that committee, not as a representative of the Upper Peninsula, but as a representative of the Michigan County Medical Care Facilities Council. This committee has been meeting for around two years and there has been no representation from the U.P. as recommended in that study.

Since I am newly appointed to this committee, and since it remains to be seen whether or not this committee will survive under the proposed budget cuts, I recommended to him (Sen. Koivisto) that he contact the Chairman of this committee. That, in essence, is the historical perspective of what's happened, it even goes beyond further than that, it goes back to the late 60's and early 70's. As I stated I think that 15,000 patient day aggregate

rate is merely a reflection on State medicaid dollars available, not on the need for beds in the Upper Peninsula. I have a meeting on Friday with this adhoc advisory committee, there were some preliminary things that we are going to go over, and some of those have to do with allocation of beds in the Upper Peninsula. The draft of this is dated 9/3/91. I'll just go over some it.

There are two columns, one column called "bed need," and the other column called "bed inventory." I'll start with Alger County. According to the State Dept. of Public Health, the bed need in Alger County is 65 beds, they currently have 106. According to the DPH in Baraga County the bed need is 67, they currently have 87. Chippewa County - Bed need is 173, they currently have 168. Delta County - Bed need is 232, they have 392. I'll go on and on. Marquette County, for your information, according to their figures the bed need is 325, the bed inventory 334. So the tune hasn't changed a bit.

Chairperson Corkin - Where do they get this kind of information when our nursing homes are full and people that have to travel all over the U.P., and in some cases have to go into Wisconsin. How do they come up with that kind of information?

Brad Cory - As I have mentioned to you, part of the methodology for determining the need is the 15,000 patient day per 1000 population. It's an arbitrary figure in my opinion. They are using that as a major part of the formula for determining the needs throughout the State. There was also a Request-For-a-Proposal, put out by this Committee a few months ago, to study that and some other things. The preliminary results of that study are taken from the statistics during 1983 to 1987. There are intermediate conclusions of this study, but we'll get the final ones probably on Friday. Number 1) the trend for the State will for be utilization of the entire State of Michigan. Number 2) there are differences between regions, what they used in terms of regions for the State were the old HSA designations, Health System Agency designations. I don't know if you are familiar with that, but it breaks the State up into geographic regions. Number 3) the Upper Peninsula region has high occupancy, and full capacity. (We know that). Number 4) one out of ten beds are empty in parts of the Lower Peninsula. And 5) the older age group numbers are significantly different by region.

The only part of this whole study that is significant, in my opinion, relates to the Upper Peninsula and the northern part of the Lower Peninsula where the occupancy rate has been stable and 97% and above since 1983. This has not held true for the rest of the State. The first data that has come out through the State shows that the U.P. is different.

How will this be addressed? Probably on the political front, meaning people like you, and the people that are here, should give as much input as possible in terms of what they feel the need is for nursing home beds in the Upper Peninsula. In the Marquette County Medical Care Facility we have a 12 to 18 month waiting list. So, without going over other statistics, as it stands right now, other than the special need beds for the U.P., there are no beds available according to the Dept. of Public Health. It remains to be seen what the recommendations of the Long-Term Care Advisory ad hoc Committee will be. And as a member of that committee I can assure that I will do the best that I can in terms of what the need is for the U.P., but I'm only a one small member of that. I'm not sure that committee knows the U.P. exists.

Comm. Seppanen - Brad, in regards to looking at our short-fall, which it is fairly obvious there is one, could you tell us what would be an appropriate level? You said that they stated our need at 325, what would you think the real figure should be?

Brad Cory - It's not an easy answer, there is two or three parts to it. We have for-profit long-term care facilities which would like to build more beds and make more profit. That's fine. We have a need for the indigent, which represents the medicaid population, that these (for-profit) facilities very bluntly accept as a last resort. The research says that for a private

long-term care agency to make a go of it, they have to own eight or more facilities. We have a few "mom and pop" places in the U.P. that are chugging along, in small rural areas, but I'll leave it up to you to determine the quality compared to some of the others.

We have some special needs for alzheimers. Very desperately have special needs for alzheimers. They are a different population. The ideology is different, the dynamics are different, the outcome is different, and we are not serving this population. So, in Marquette County, I would say, that we probably need 50 more beds. That's just off the top of my head, I'm not using any formula.

What we would have to do is go to all the U.P. facilities and find out what they have on their waiting list. We would go to the hospitals and find out what they have on their waiting list. They are not particularly willing to share that. In the 1985 study, one of the recommendations, was that we have a U.P. wide list of people waiting for nursing home beds. That won't happen because of some of the for-profit places don't want to share that information. So getting a true handle of those that are waiting is a little tough.

But I think the people in Marquette County would be cooperative. I feel that instead of 15,000 patient day per 1000 aggregate population, I think something like 20,000 or 25,000 should be looked at, to see how that falls out in terms of how many beds would come to Marquette County, or Alger County, or the U.P. as a whole. As Dr. Johnson has mentioned, the problem in the State of Michigan, and the problem Nation-wide, is medicaid dollars. As long as there is a shortage of medicaid dollars under the present system we're going to have the same problem. We are not alone in this County, or in this State, California, New York, New Jersey, Ohio, Wisconsin, they all have problems.

Comm. Angeli - I understand there is a private alzheimer home being built in the area?

Brad Cory - The home that is being built is located on Cherry Creek Road, adjacent to the Fraco property. I think there is 20 or 30 acres there. The home is called Angel Home, and it will be a ten-bed residential facility for what is called stage-two alzheimers, meaning these people can't be taken care of at home, but are not ready for institutionalization like long term care. They have quality time left, and through the dynamics of the program that is going to go into Angel Home, the quality time of these people can probably multiply at least ten fold. It is a residence like your own home would be, ten beds, done on a private basis with 100% private funds.

Comm. Angeli - Do you know what Marquette General's plans are?

Brad Cory - Marquette General purchased the Brookridge Property, and their intent was to establish a life-long center where they would have a condos, a nursing home, and a primary care facility. Primary care is medical care, such as you have in some of the Baptist homes, and Lutheran homes, and in some of the retirement areas in the warm climates in metropolitan areas.

Ernst & Whiney did a study and allegedly recommended that Marquette General not proceed because we don't have a population that would support such a facility. Where that is at now I don't know.

Chairperson Corkin - They indicated when they purchased the property that they are interested in long term nursing care needs and a retirement residence, but they have the same problem, the certificate-of-need.

Comm. Angeli - Does the Jacobetti Veteran's Facility offer any relief?

Bray Cory - The Jacobetti Veteran's Center provides tremendous relief for those people who are veterans. They have just added 44 new beds. I understand that occupancy had been delayed because of funding, but I think that has been taken care of.

Comm. Angeli - How would you feel about a federal program? This seems to be a national problem.

Brad Cory - The Pepper Commission came out a couple of years ago with some basic recommendations, which increased the cost of health care in our country by \$20 billion dollars. I may be off \$4 or \$5 billion, I don't know. Because of the cost to do this for the taxpayers it kind of fell by the wayside.

I personally feel that our medicare and medicaid system are funded inadequately. They are antiquated programs, and they are reimbursed differently for the same disease categories. I think it's wrong, because whether it's through a national health system or whether through changing the medicaid and medicare system, there's got to be a better answer. Not only do we have a need for additional nursing home beds, but the reimbursement for the aged and the poor through medicaid is inadequate. We are paying a hidden tax to our insurance companies, but the dollars aren't there. We the taxpayers have to decide how much we are going to pay for health care. That means more taxes.

Chairperson Corkin - The question I have is, that Committee that you are a part of, how many are on that Committee?

Brad Cory - There probably are 25 - 30 people. They represent the people like the Health Care Association of Michigan, the Non-Profit Homes of Michigan, Citizens for Better Care, Dept. of Public Health, Dept. of Social Services, and all those special interest groups.

Chairperson Corkin - Any chance of getting an objective recommendation out of a group like that?

Brad Cory - Well, again the bottom line is dollars. It's hard to say, but I hope so.

Comm. Angeli - Do you have an idea of the difference between private care costs and public care costs?

Brad Cory - The County-owned facilities, generally speaking, are more costly. They are more costly for a number of reasons: Most of them are unionized, most of them have higher wages, they are non-profit oriented so they focus intently on maximizing the number of staff that are needed to provide quality care for patients.

Chairperson Corkin - Thank you. Are there any other individuals who like to address the Commission?

Sandy Bietila, Director, Ishpeming Senior Center - Our service area covers Ishpeming, and all of the western townships. We have two social workers who work with the elderly in that area. I just want to mention a couple of the things. All the people, not the beds, or the money, or the whatever, but the people, because that is what we are dealing with through the senior center, find it a very difficult decision to place somebody in a nursing home, whether its the family placing them, or the individual who decides its time to live in a nursing home. The social workers see when working with their client, is that it becomes far more stressful because of the shortage of beds.

Somebody calling decides they have to go to a nursing home, or the family finally makes the terrible decision that they are going to send grandma, or mommy, or whoever it is, to the nursing home. Then they find out there going to be 20th on a waiting list. This can mean that care givers have to be brought into the home, or sometimes what happens is the husband or wife will continue to care for the person, and they end up becoming very ill themselves. Besides the waiting list, is the chance that they can get a placement, but that may be in Wisconsin or Munising, or wherever.

Right now the social worker who works in the Michigamme area has three clients who have a family members placed in Munising. That may as well be in Colorado for people who live in Michigamme and don't have transportation. Our public transportation doesn't go out of the County. Senior Centers themselves have some funding for escort service, but we cannot go out of the County. Our escort money would never last if we started transporting people to visit their relatives in the Munising area. We also have a number of people who have been placed in the Kingsford area, that's not too bad if your from the Republic area, but if you are from Ishpeming, or Ely Township, Tilden Township, that is a long ways away for somebody who may be 85 or 90 years old. It's the end of the world.

These things just add a lot more stress on the clients that we are dealing with, it adds stress to the person who is going to the nursing home, and it also adds a lot of stress to the person left behind. Sometimes they may get to visit every three or four months. It's real hard when you're dealing with people. We have to tell them we can't do anything. I know some of the County Commissioners here get calls, and that's what you have to tell people, that we can't do anything.

Chairperson Corkin - Thank you. We appreciate your remarks. Anyone else that wishes to address the Board of Commissioners on this issue.

Jane Larson, Social Worker/Coordinator, Marquette Senior Center - I have been an employee of the City of Marquette, and have been with the Senior Center for eight years, and I too would like to talk on the people issue. I am a direct service provider. I am the social worker that goes out into the home and sees those individuals, and puts those care plans together. I would like to tell you what I'm seeing and feel.

What I've seen is that we have a wonderful aging network in Marquette County. There is none better in the State between the Private Health Care Agencies, DSS, Mental Health, the Senior Center network. We are all working together to give people a choice, any many times those people make the choice to stay in their own home.

What happens? They come out of the hospital and are medically stable. We put a care plan together, that persons goes home. We've put in the community supports, public and private. Resources are needed, the person uses those resources, those life savings that they have saved. Perhaps they wanted to leave a legacy to their children, but they are picking away at it to pay the home nurses. Husband and wife are together, and the care plan is in place, and they remain medically stable.

But for how long? This is a true case that happened not too long ago. Husband and wife are living together, husband becomes confused. His confusion increases, there is no medical reason for it. Wife is the one who needs the medical care at home that the husband was providing. Now enter a 65 year old daughter, who is also on a fixed income, who has fixed assets and no way of replacing that. The couple that we have put the care plan together, is now out of money. And I love that word "indigent", and I have to tell you because many of those people would be totally offended to be even considered indigent, but at this point, there is no resources to maintain them at home, which means private health care agencies are going to pull out. There are not going to be nurses aides that work for nothing. There are not going to be nurses that come in to do the shots and the checks for nothing. So they pull out.

What happens is the daughter becomes ill. Mentally she going through a lot of stressful situations. She is thinking this is my nest egg, who is going to take care of me, my husband just died. Mom and dad end up in a situation that is dangerous. So we call Adult Protective Services through DSS, they tell us wait until it reaches crisis point. But they are not at crisis point, so we call doctors. "Please admit mom to the hospital!" The reality of the situation is you cannot get into a nursing home from the community. The reality of the situation is to get into a nursing home you must go through Marquette General. It's really hard, I would tell you maybe 1 in 50 can walk in from community, it's a tough road. So you go to doctor, and you beg for doctor to admit client to the hospital and from hospital we can work with the social workers there to get nursing home

placement. What generally happens is that ethically doctors can't admit someone to a hospital for no medical reason, so we have to wait for crisis situations.

There is no question in my mind that there is a shortage of nursing home beds. Another point also, I would like you to be aware of it, but how does the general public access those beds.

Life changes and I think that's a point that has to be brought up for those people that can't speak here today. If I've done a good job I help someone to stay in their home for as long as possible, but life has changed and now I have to consider nursing home placement. How in the world do I get in the door. So I leave you with that. Thank you.

Chairperson Corkin - Thank you. Any other individuals that would like to address the issue? Our main purpose today was to take comment from the public. If not I'll open it up for any comments that Commissioners might want to make.

Comm. Arsenault - Since I've been on the Board I get an average of at least one phone call a week. And generally its a type of phone call from a husband or a wife that has to put their spouse, in either these situations a) from the home and trying to find a place to place them, or eb) they are in the hospital and the hospital is going to discharge them and have no where to go. Hospitals tell them we are going to discharge your husband tomorrow at 11:00 a.m. and you will come and get him. Being that there is no nursing home beds available here in Marquette County they may have to go to Munising, or to Kingsford. And generally their spouses are probably in their late 70's or 80's, and have no way to visit. They've maybe been married for 40 or 45 years, and never been separated. These people are generally in a state of panic when they call me on the phone, a lot of times they are crying, and I'm so frustrated. It's the worst part, the thing that I hate worst most being a County Commissioner, because I feel that my hands are tied. I get these calls very, very, frequently.

Now this Spring I was down at a conference for the County, a financial conference. It happened that there was a group there and they were talking about financing, basically, publicly owned nursing facilities. There was also a lobbying group there that is becoming very active in trying to get the formula changed, and I have all of the information. I listened to everybody today looking for some type of direction to follow, but I know this lobbying group is looking for support from any and all Counties in the State because there are several Counties in the Lower Peninsula that also are off of the formula and have long waiting lists. These Counties are trying to group together with some of the Upper Peninsula Counties in order to lobby our legislators, to get the laws changed with the medicaid reimbursement, and also change the formula so that we can get a certificate-of-need. I don't know if anybody in our audience today is aware of this lobbying group, but by just talking with the people and seeing the organization, I would guess that they are going to become very powerful, and that hopefully something can get done.

So, I myself, am committed to following through anyway and everyway I can to try and get this changed. I'd appreciate any help or support or input that I could get from anybody because I am willing to work 110% to try to get some beds in Marquette County.

Chairperson Corkin - Thank you. Are there any other comments? We definitely will follow this up. We've been working on this as a Board, and we haven't been successful. Higher powers than ourselves haven't been successful, but we're going to just dig in our heels and work harder. We've got to find a way to get it done. We will be having future meetings, and probably calling on individuals for advice, and maybe possibly asking you to appear again with different leaders from throughout the State.

We thank you for coming and sharing your expertise with us. We will be following up on this as a Board during the next month, and hopefully seeing that nursing home beds, not only in Marquette County, but around the U.P. will be more available. Comm. Arsenault best summed it up, we're going to put 110% effort into working on this as a Board.

MARQUETTE COUNTY BOARD OF COMMISSIONERS
COMMITTEE OF THE WHOLE

Tuesday, September 10, 1991, 4:30 p.m.

Room 231, Henry A. Skewis Annex, Marquette, MI 49855

1. ROLL CALL.
2. APPROVAL OF THE MINUTES. (None).
3. PUBLIC COMMENT.
4. APPROVAL OF THE AGENDA.
5. Review of Claims and Accounts.
6. Hearing on long term Nursing Home Needs for Marquette County.
7. Work Plan on Marquette County Waterfall Park.
8. Information Re: Keweenaw National Historical Park property tax.
9. Resolution from the DSS Board to Protect the Rights of Local Control by County Board of Commissioners and Social Services Boards.
- R10. Drug Abuse Resistance Education (D.A.R.E.) project selected to receive Anti-Drug Abuse Act funding.
11. Resolution proclaiming Citizenship Day and Constitution Week.
- R12. Approval of Community Mental Health Group Home Purchase.
- R13. Road Commission Fuel Tax Resolution.
- R14. *Inmate Bonding*
- 15.
- 16.
17. PUBLIC COMMENT.
18. ANNOUNCEMENTS.
19. ADJOURNMENT.