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VINCE DRAGONETTI

HUMAN SERVICES COMMITTEE  
DEB NOLAN, CHAIR  
TODD TENNIS  
ANDY SCHOR  
BRIAN McGRAIN  
DON VICKERS  
STEVE DOUGAN

## **INGHAM COUNTY BOARD OF COMMISSIONERS**

*P.O. Box 319, Mason, Michigan 48854 Telephone (517) 676-7200 Fax (517) 676-7264*

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, AUGUST 20, 2012  
AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES  
BUILDING, 5303 S. CEDAR, LANSING.

### Agenda

Call to Order

Approval of the [July 16, 2012](#) Minutes

Additions to the Agenda

Limited Public Comment

1. MSU Extension - Discussion Item: Food Services Workgroup Information
2. Ingham Health Plan - Resolution to Submit to the Electorate a [Special Millage](#) Question for Health Services for Low Income Uninsured Families and Adults Living in Ingham County
3. Health Department
  - a. Resolution to Authorize an Agreement with [Cornerstone Consulting, LLC](#) for the Purpose of Developing a Strategic Plan for the Health Department Community Health Centers
  - b. Resolution to Authorize an Agreement with [Capital Area Community Services](#) to Serve Early Head Start Children Through the Family Outreach Services Program
  - c. Resolution to Authorize a Business Associate Agreement with [Vision Data Technologies, Inc.](#) for the Participation in the BridgeIT Data Repository
  - d. Resolution to Authorize [Amendment #4](#) to the 2011-2012 Comprehensive Planning, Budgeting and Contracting Agreement with the Michigan Department of Community Health
  - e. Resolution to Authorize a [Client Services](#) Agreement with the Michigan Department of Human Services for Refugee Medical Assessment Services
  - f. Resolution to Authorize an Agreement with the Michigan Department of Environmental Quality for [Medication Collection](#) and Disposal
  - g. Resolution to Accept Funds from the U. S. Department of Health and Human Services, Division of Health Resources and Services Administration for the [Healthy Start Grant](#) and Establish Perinatal Systems Project Coordinator/Senior Public Health Nurse and Health Educator II Positions
  - h. Resolution to Authorize the Conversion of the [Otto Community Health Center](#) from a School-Based Health Center to a General Community Health Center and Establish a Primary Care Physician

- i. Resolution to Authorize an Addendum to the Agreement with [Nextgen Healthcare Information Systems, Inc.](#)
  - j. Resolution to Authorize Memorandum of Understanding with the Michigan [Primary Care Association](#) for Participation in the Health Center Controlled Network
  - k. Resolution Honoring Employees of the [Adult Health Center](#)
4. Board Referrals
- a. Letter from [Capital Area Health Alliance](#) in Support of the Ingham Health Plan Corporation's Recommendation to Place a Health Care Millage on the November 6, 2012 Ballot
  - b. Letter from [Barry E. Saltman, MD](#) to Provide Support to the Request for a Millage Vote in the November 6, 2012 Election
  - c. Letter from [McLaren](#) Greater Lansing in Support of the Ingham Health Plan Corporation's Recommendation to Place a Health Care Millage on the November 6, 2012 Ballot

Announcements  
Public Comment  
Adjournment

**PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC DEVICES  
OR SET TO MUTE OR VIBRATE TO AVOID  
DISRUPTION DURING THE MEETING**

The County of Ingham will provide necessary reasonable auxiliary aids and services, such as interpreters for the hearing impaired and audio tapes of printed materials being considered at the meeting for the visually impaired, for individuals with disabilities at the meeting upon five (5) working days notice to the County of Ingham. Individuals with disabilities requiring auxiliary aids or services should contact the County of Ingham in writing or by calling the following: Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854 Phone: (517) 676-7200. A quorum of the Board of Commissioners may be in attendance at this meeting. Meeting information is also available on line at [www.ingham.org](http://www.ingham.org).

## HUMAN SERVICES COMMITTEE

July 16, 2012

Minutes

Members Present: Deb Nolan, Todd Tennis, Andy Schor, Brian McGrain, Don Vickers, and Steve Dougan

Members Absent: None

Others Present: Board Chairperson Copedge, Jared Cypher, Chuck Gray, Robin Reynolds, Deb Brinson, Renée Branch Canady, John Jacobs, Robin Turner, Beth Boyce, Karen Blackman, Julie Phillips, Kathy Fitton, Monica Kwasnic, Bob Sheehan, Philip Wilkinson, Max Baisel, Jo McGlew, Mazhar Shaik, Debra Stapleton, and others

The meeting was called to order by Chairperson Nolan at 6:30 p.m. in the Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing.

### Approval of the June 18, 2012 Minutes

The June 18, 2012 Minutes were approved as submitted.

### Additions to the Agenda

- 1f. Pulled – Resolution to Authorize an Agreement with the United States Department of Health and Human Services, Division of Health Resources and Services Administration to Accept the Healthy Start Grant
- 1g. Substitute – Resolution Authorizing an Agreement with Health Management Associates to Provide Start Up Core Functions of the Michigan Consumers Health Care Co-Op
- 1h. Substitute – Resolution to Authorize an Agreement with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties for the Provision of Co-Located Primary and Behavioral Health Services
2. Substitute - Discussion - Resolution to Submit to the Electorate a Special Millage Question for Health Services for Low Income Uninsured Families and Adults Living in Ingham County

### Limited Public Comment

Robin Turner, CHC Board and Beth Boyce, CHC Board informed the Commissioners the CHC Board is unanimously in favor of the cooperative agreement with CMH.

Dr. Karen Blackman, MSU, stated she is in support of primary care at CMH and as a result creating a facility with two specialties. (Comm. Schor arrived at 6:30 pm) in order to help underserved families. She stated she is pleased with the cooperation between the health care providers.

Dr. Julie Phillips, MSU, stated she has been working at the pilot clinic and overviewed her experience and in general diagnosis of the patients. She described the benefit to the patients of having access to primary care in a comfortable setting.

Chuck Gray, UAW, stated he was in attendance to speak on Item 1H, expressing his concern that the UAW was informed on a Friday afternoon that this resolution would be on this Monday's agenda. He stated that he had not seen a job description until this morning. He further stated that creating a position without the UAW's knowledge is against the contract and while a position may be needed there are procedures to follow. He then stated that the UAW would like to re-evaluate the position and job description after 6 months so not to leave other positions lacking. He noted that the UAW is willing to cooperate as much as possible with the Health Department; however, the UAW has the right to review the information.

Robert Sheehan, Director CMH, echoed the support of the co-location project and the CMH Board is strongly behind this. He noted that he was thrilled that the mobile clinic worked out so well.

Kathy Fitton, MNA Ingham County, stated they are now comfortable with the collaboration.

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. TENNIS, TO APPROVE A CONSENT AGENDA FOR THE FOLLOWING ITEMS:

1. Health Department
  - a. Resolution to Authorize a Subcontract with Hunt and Associates
  - b. Resolution to Authorize an Amendment to the Agreement Between the Ingham County Health Department and Lansing Area Aids Network (LAAN)
  - c. Resolution to Authorize an Agreement with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties
  - i. Resolution Honoring Employees of the Sparrow Community Health Center

MOTION CARRIED UNANIMOUSLY.

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. TENNIS, TO APPROVE THE ITEMS ON THE CONSENT AGENDA.

MOTION CARRIED UNANIMOUSLY.

1. Health Department
  - d. Resolution to Authorize a 2012-2013 AmeriCorps Grant

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. TENNIS, TO APPROVE THE RESOLUTION TO AUTHORIZE A 2012-2013 AMERICORPS GRANT.

The Committee said thank you to Peggy Roberts for her years of service to the Community. Ms. Roberts introduced Katie Ellero the AmeriCorps Program Coordinator. Chairperson Nolan asked if this was Ms. Roberts last meeting. Ms. Roberts answered yes.

MOTION CARRIED UNANIMOUSLY.

- e. Resolution to Authorize Amendment #3 to the 2011-2012 Comprehensive Planning, Budgeting and Contracting Agreement with the Michigan Department of Community Health

MOVED BY COMM. TENNIS, SUPPORTED BY COMM. MCGRAIN, TO APPROVE THE RESOLUTION TO AUTHORIZE AMENDMENT #3 TO THE 2011-2012 COMPREHENSIVE PLANNING, BUDGETING AND CONTRACTING AGREEMENT WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH.

Dr. Branch Canady stated this resolution is the mechanism for allocating funds at the local level. Comm. Vickers questioned the increase for Bioterrorism. Mr. Jacobs, Chief Financial Officer of the Health Department explained there was a change in grant periods with the State of Michigan and Federal Government and extra funds were available.

MOTION CARRIED UNANIMOUSLY.

- g. Resolution Authorizing an Agreement with Health Management Associates to Provide Start Up Core Functions of the Michigan Consumers Health Care Co-Op

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. TENNIS, TO APPROVE THE RESOLUTION AUTHORIZING AN AGREEMENT WITH HEALTH MANAGEMENT ASSOCIATES TO PROVIDE START UP CORE FUNCTIONS OF THE MICHIGAN CONSUMERS HEALTH CARE CO-OP.

Comm. Dougan stated that for clarification purposes now and into the future there should be some resolution language consistency. There was a discussion of the resolution language for Agenda Items: 1g, 1f, and 1h. The Committee preferred this resolution content for clarity over Agenda Items h and f and directed staff to change Agenda Items f and h for the Finance Committee Meeting. The Committee acknowledged Item F was pulled. The Committee noted they still prefer to have the maximum cost provided in a summary outside of the resolution for budget purposes. The Committee also directed staff to change the title to include that it is a newly established or transfer position in the current resolutions and into the future. Staff agreed to do so.

MOTION CARRIED UNANIMOUSLY.

- h. Resolution to Authorize an Agreement with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties for the Provision of Co-Located Primary and Behavioral Health Services

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. TENNIS, TO APPROVE THE RESOLUTION TO AUTHORIZE AN AGREEMENT WITH THE COMMUNITY MENTAL HEALTH AUTHORITY OF CLINTON, EATON AND INGHAM COUNTIES FOR THE PROVISION OF CO-LOCATED PRIMARY AND BEHAVIORAL HEALTH SERVICES.

Comm. Vickers expressed his concern that there have been communication issues between the union and the Health Department. Dr. Branch Canady stated that it was not her intent to provide such a short notice to Mr. Gray explaining the delays she incurred and the need to move forward in a timely manner. She apologized to Mr. Gray stating this is an exception and will not be a pattern. Comm. Vickers asked if the positions will be posted. Ms. Brinson stated two positions will be posted and one will be a transfer. Comm. Vickers asked how the transfer will be addressed. Ms. Brinson stated that consideration has been given to the greatest need, skill set, and impact to the departments.

Comm. Schor stated that the resolution does not state where the money is coming from. Dr. Branch Canady explained that Community Mental Health (CMH) is absorbing the majority of costs. Ms. Brinson stated that General Funds are not needed to support this then explained revenues. She further explained that CMH is covering the costs of renovation and will be providing overhead which would typically be a cost to the Health Department or County. In addition, the pair mix of the population will provide a higher Medicaid and Medicare reimbursement for sustainability. Comm. Schor asked if any of the clinics would be closed. Ms. Brinson stated that budget concerns are being addressed by transferring positions and revenue is already being generated through the mobile medical vehicle. Mr. Sheehan explained the momentum of the revenue being generated through the mobile medical vehicle and upon opening the doors billing begins and revenue will be generated. Dr. Branch Canady noted that a conservative budget was adopted for start up and once the model is launched there may be additional revenue generating opportunities.

The Committee asked that the resolutions include how new positions are financed. Chairperson Nolan asked that the Health Department provide the Committee with an update after 6 months including how revenues are accrued.

Comm. Schor expressed his concern that transferring employees will have unintended consequences such as reduction in service and more work for the clinics where staff numbers are reduced. Dr. Branch Canady stated that Ms. Mastin, Chief Operating Officer has considered the best interest of both the patients and staff and assured the Committee they will continue to do so.

MOTION CARRIED UNANIMOUSLY.

j. Presentation: ICHD Sparrow Health Center - Overall Services

Presentation: Max Baisel, Sparrow Community Health Center  
Handout: Sparrow Community Health Center.

Mr. Baisel stated that the Community Health Center has been located on Michigan Avenue since 1985. He then overviewed the current staff and community partners.

Mr. Baisel explained the services and availability including primary health care, healthcare of the homeless, mobile medical vehicle, pediatric asthma clinic, and friendship clinic. He further explained the patient assistance program which is sponsored by pharmaceutical companies who provide free medications for patients without insurance.

Mr. Baisel overviewed the patient visits and payer mix. He stated the future needs include physical space, a new mobile medical vehicle with dual capacity for medical and dental services, providers (medical, physiatrist, and support staff), specialists such as podiatry and dental for the homeless population along with support groups for diabetes, anxiety, and nutrition. He stressed that physicians are needed desperately.

(Comm. Schor stepped out at 7:16 pm)

Chairperson Nolan asked what percentage of the annual unduplicated patients are homeless. Mr. Baisel estimated over half in the Sparrow Community Health Center explaining that homeless can mean unstable housing. Many people change residence in a short period of time some living with others and moving from one home to another. He noted that the automotive downturn impacted the community greatly in different ways and specifically health care.

(Comm. Schor returned at 7:18 pm)

Chairperson Nolan asked how many days the mobile medical vehicle is out. Mr. Baisel stated the mobile medical vehicle is out every Monday, every other Tuesday at CMH, and Cristo Rey is also using it this summer.

Chairperson Nolan asked for the status of the doctor/dentist pay scale analysis. Mr. Cypher stated it is ongoing and he will advise the Committee when it is complete.

- k. Presentation: Michigan Primary Care Association Regarding Patient Centered Medical Home

Presentation: Jo McGlew MD MPH Medical Director ICCHC, Mazhar Shaik, MD, MBA Chief Clinical Officer and Lynda Meade, MPA, Program Manager Michigan Primary Care Association and Deb Stapleton, Charge Nurse Ingham County Adult Health.

Ms. Brinson provided a handout of the PowerPoint Presentation and the NCQA's PCMH 2011 Summary.

Dr. McGlew, MD, MPH, stated that Patient Center Medical Home (PCMH) is not a standard it is the only standard of practice because there is no other relevant model. She explained that the American Academy of Pediatrics brought PCMH to the forefront putting the patient at the center of the health care system. The PCMH builds on the evidence that access to primary care reduces the use of hospitals, diagnostics and urgent care with better patient outcomes. Clinical outcomes include decreased emergency department visits, hospitalizations, staff stress and disparities. Improvements include improved prevention of disease and chronic illness, appointment access, better work environment, staff retention and recruitment.

Dr. McGlew stated a good reliable IT structure is essential and there is an investment; however, there are HHS and HRSA expectations and the return is far greater than the expense. She explained the benefit of coordinating care through the Electronic Medical Records (EMR) platform. She concluded by stating the rationale for obtaining PCMH recognition is the linkage of fiscal responsibility, provider performance, and patient outcomes. She expressed her concern that if the County fails to adopt the PCMH it will not be relevant or efficient.

Dr. Shaik, MD, MBA, overviewed the state and federal interests in PCMH, including available incentives. He explained that the PCMH is the foundation to reduce health care costs while maintaining quality. He overviewed many models but only the PCMH addresses multiple factors with coordination being the focus of the PCMH. He further explained that PCMH establishes access to care, patient engagement, information systems, care coordination, team care and patient feedback and reporting metrics. He acknowledged that some physicians do not follow up and obtain patient feedback.

Dr. Shaik outlined navigating the medical neighborhood, transition care, care management, complex care management and the PCMH infrastructure. He explained the need to leverage incentives and grants, align resources, and stop redundancy through team building and EMR.

Ms. Stapleton, IC Charge Nurse, provided a perspective from the frontline staff. She acknowledged that patients will receive a higher level of care and not because of insurance rather driven by their needs giving the individual the ability to take control of their care. She stated that access and monitoring patient care will improve.

Board Chairperson Copedge asked if the positions are permanent. Dr. Branch Canady answered yes. Board Chairperson Copedge asked if they positions are sustainable. Ms. Brinson explained revenues and there will not be a need for the General Fund to support this. She further explained that CMH is providing overhead and renovations which would typically be a cost to the Health Department or County. In addition, the pair mix of the population will provide a higher Medicaid and Medicare reimbursement for sustainability. Board Chairperson Copedge asked if private entities will be competing with the County. Ms. Brinson stated that is always a concern; however, the County is less likely to shut down.

2. Ingham Health Plan: Discussion - Resolution to Submit to the Electorate a Special Millage Question for Health Services for Low Income Uninsured Families and Adults Living in Ingham County

Ms. Reynolds explained the substitute language represented in bold stating it still requires the County Attorney to review the changes. She provided letters of support from the Care Free Medical Clinic and Dental Board of Directors Ingham Health Plan and McLaren's Executive Vice President/Chief Operating Officer. She noted that she will provide the Board Chairperson with additional letters of support for the millage to be placed on the ballot. Chairperson Nolan asked for the submission deadline for the November ballot. Ms. Reynolds stated August 28, 2012.

Ms. Reynolds explained who will have the ability to opt out of health insurance, what income level and family status qualifies as a low wage earner, what is considered poverty, the percentage of health insurance to income ratios, coverage gaps, the decline of DSH payments and how the Ingham Health Plan fits in. The Committee discussed poverty, Medicare, Medicaid, subsidies, affordability, and health care navigation.

The Committee asked for a chart that details the following including dollars and cents: what are the subsidies, income levels, percentage of poverty, premium payments, and percentage of income. Ms. Reynolds will provide the information.



Comm. Vickers suggested changing “will be too much to qualify for Medicaid” to “exceeds Medicaid eligibility”.

Comm. McGrain asked for examples of who will fall through the cracks. He then asked if there was an estimate of how much the millage would cost an individual. Ms. Reynolds stated based on the taxable value of \$50,000 the cost per year would be \$30.50, a taxable value of \$100,000 would be \$61.00 per year.

Comm. Tennis stated as he understands the IHP’s purpose of the millage is to keep individuals out of the emergency room and avoid costly health care expenses. He expressed his concern that if the State does not expand the Medicaid funding a large group of individuals will still not have health care and will continue to seek health care in the emergency room. He asked if the intent of the millage is to lower health care costs across the board. Ms. Reynolds answered yes. The Committee discussed Medicaid eligibility.

Comm. Schor expressed his concern that the millage would appear less relevant if the State of Michigan accepts the expanded Medicaid; however if the state rejects the funding it would be more palatable. He noted the language in the resolution should reflect what the Governor decides to do and until a decision is made there are too many unknowns. He suggested waiting for the Governor’s decision.

Comm. Schor asked if there is training on the Affordable Care Act and hopes the County will consider providing educational information for to County residents. Comm. Tennis stated that about two years ago the Power of We did provide information and may still have the materials. Dr. Branch Canady agreed there should be education provided to Ingham County residents and the Health Department would be pleased to facilitate the education.

Comm. Vickers stated that it bothers him to hear that its “only” 0.61 mils because people are still overburdened with expenses. He suggested avoiding the word “only”. He stated he understands the need and expressed his concern of those who are slightly over the threshold of exceeding eligibility.

Comm. McGrain stated he appreciates making health care more affordable for everyone and not just about one set of people. He asked if funds were set aside for campaigning. Ms. Roberts answered yes. Comm. McGrain asked if there would be more letters of support forthcoming. Ms. Roberts answered yes. Comm. Vickers noted that the campaign money spent must be neutral.

Chairperson Nolan thanked Ms. Roberts, Dr. Branch Canady and Ms. Brinson for their research and the information provided. Ms. Roberts informed the Committee that she did follow up with Comm. Grebner and Comm. Bahar-Cook as directed by the Committee at the last meeting.

Monica Kwasnic, IHP Board Finance Chairperson, stated that she appreciates Ingham County’s initiatives rather than waiting for the State and Federal Government to act. She explained the struggles IHP could incur with declining DSH dollars and without the millage funding. The Committee thanked Ms. Kwasnic for her involvement with the IHP and participating in the discussion.

Announcements

Comm. Vickers asked if there could be a future discussion regarding the Jackson County Health Department visit. The Committee agreed sometime in September would be appropriate. Ms. Brinson will contact Ms. Bennett to set a date.

(Comm. Schor left at 8:40 p.m.)

Board Chairperson Copedge asked who are the partners associated with the millage. Chairperson Nolan stated the letters provided today, others forthcoming and the emails provided. Board Chairperson Copedge stated letters of support are great but will the partners provide campaign money. Dr. Branch Canady stated that it is the intent of the IHP Board to sponsor the campaign effort.

Chairperson Nolan announced the Ingham County Family Center Annual Youth Dinner will be held Thursday, July 26<sup>th</sup>. Tickets are \$25.00 for 1 person, \$40.00 for 2, and families with children under 10 years are \$40.00

Public Comment

None.

The meeting adjourned at approximately 8:42 p.m.

Respectfully submitted,

Julie Buckmaster

# **AUGUST 20, 2012 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY**

## **ACTION ITEMS:**

### **The Assistant Deputy Controller is recommending approval of the following resolutions:**

#### *3a. Resolution to Authorize an Agreement with Cornerstone Consulting, LLC for the Purpose of Developing a Strategic Plan for the Health Department Community Health Centers*

The Community Health Center (CHC) Board of Directors completes a strategic planning process every three to five years. The last strategic planning process was completed in 2008. This agreement will allow Cornerstone Consulting Associates, LLC to develop a three year strategic plan. The term of the agreement shall be from August 1, 2012 through July 31, 2013. The cost of the agreement will not exceed \$7,000.

#### *3b. Resolution to Authorize an Agreement with Capital Area Community Services to Serve Early Head Start Children Through the Family Outreach Services Program*

Through this agreement, CACS is providing \$123,837 to support home-based services to children and their families, which are provided by two existing staff persons at the Health Department. The term of the proposed agreement will be August 1, 2012 to July 31, 2013. The agreement requires an in-kind support valued at \$30,959 in the form of supervisor salary and benefits, indirect costs, and facilities.

#### *3c. Resolution to Authorize a Business Associate Agreement with Vision Data Technologies, Inc. for the Participation in the BridgeIT Data Repository*

This agreement will allow for the Community Health Centers (CHC) to participate in the BridgeIT data repository and reporting system, coordinated by the Michigan Primary Care Association (MPCA). As a participant in the HRSA OHIT 2 grant, which is administered by MPCA, the CHC will be able to sample this reporting service at no charge. If CHC chooses not to purchase the reporting service after the demonstration period ends, all CHC data will be removed from their servers and will not be used. The term of this agreement shall be from August 1, 2012 through July 31, 2013. It is unknown what the long-term costs will be should the County decide to purchase this reporting service at the end of the demonstration period.

#### *3d. Resolution to Authorize Amendment #4 to the 2011-2012 Comprehensive Planning, Budgeting and Contracting Agreement with the Michigan Department of Community Health*

Amendment #4 to the 2011/2012 CPBC Agreement will increase the budget for Comprehensive Local Health Services from \$5,294,790 to \$5,321,602 for a net increase of \$26,812. The Amendment makes the following specific changes in the budget:

1. BCCCP Coordination, an increase of \$38,024 to \$423,150.
2. Family Planning Services, an increase of \$5,200 to \$396,952.
3. FDA Tobacco Retailer (A& L) Inspections, an increase of \$5,000 to \$30,000.
4. Lead Safe Home Project, a decrease of \$26,112 to \$52,221.
5. PRIME local learning collaborative, an increase of \$4,700 to \$13,900.

#### *3e. Resolution to Authorize a Client Services Agreement with the Michigan Department of Human Services for Refugee Medical Assessment Services*

This resolution authorizes an agreement with the Michigan Department of Human Services (DHS) to Deliver Refugee Screening Services. For the period of October 1, 2012 through September 30, 2014 DHS will pay the Health Department a maximum of \$418,900 per year for a total contract amount of \$837,800. Revenue and expenses for this agreement are included in the Health Department's 2013 budget request.

*3f. Resolution to Authorize an Agreement with the Michigan Department of Environmental Quality for Medication Collection and Disposal*

The MDEQ has awarded the Health Department, through a competitive bid process, an agreement in the amount of \$50,000. The period of the agreement will be July 1, 2012 through June 30, 2014. The two-year agreement will establish an on-going, year-round system for unwanted medication disposal in Ingham County by building on the regional model of unwanted medication disposal options that have been created over the last four years. This agreement will off-set disposal costs of controlled and non-controlled medications that are currently collected May through September during the Household Hazardous Waste program collections.

*3g. Resolution to Accept Funds from the U. S. Department of Health and Human Services, Division of Health Resources and Services Administration for the Healthy Start Grant and Establish Perinatal Systems Project Coordinator/Senior Public Health Nurse and Health Educator II Positions*

This resolution accepts funds from the U.S. Department of Health and Human Services (HHS), Division of Health Resources and Services Administration (HRSA) in support of the Healthy Start Project. This national project addresses the significant disparities in the health of mothers and babies experienced by racial and ethnic minorities in communities that face many challenges. The Health Department has been awarded an amount of up to \$965,000 for the period June 1, 2012 through May 31, 2014 and creates the establishment of two new positions: Perinatal Systems Project Coordinator/Senior Public Health Nurse, PHN Grade 4 (\$56,938 - \$68,343) and a Health Educator II, ICEA Grade 7 (\$49,848 - \$59,841) for the period of the grant.

*3h. Resolution to Authorize the Conversion of the Otto Community Health Center from a School-Based Health Center to a General Community Health Center and Establish a Primary Care Physician*

This resolution converts Otto Community Health Center from a school-based health center to a Community Health Center and establishes a primary care physician. The remaining staff at the center will be transferred from other locations within the CHC network. There may be a need to modify the lease agreement with the Lansing School District. This resolution is silent on that. Should there be a need for an amended agreement, a substitute resolution will be brought to the Human Services meeting.

*3i. Resolution to Authorize an Addendum to the Agreement with Nextgen Healthcare Information Systems, Inc.*

The proposed addendum to the current agreement will allow NextGen to install the Health Quality Measures (HQM) Reporting Service in the Health Department's electronic health record. This addendum to the agreement is at no additional cost. The HQM Reporting Service extracts data from the database used by the NextGen® Software licensed to the Health Department under the Agreement and reports that data over the web, after the Health Department approves such information for electronic submission, in a form that documents its activity to the government agencies, grants providers and others who operate or administer the various health quality measures programs in which the Health Department participates. The term of this addendum will be for one year effective as of the date signed and automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice.

*3j. Resolution to Authorize Memorandum of Understanding with the Michigan Primary Care Association for Participation in the Health Center Controlled Network*

This resolution authorizes a Memorandum of Understanding (MOU) with the Michigan Primary Care Association. The purpose of this MOU is to allow participation in MPCA's Health Center Controlled Network. Participation in this Network will provide the Health Department's Community Health Centers with technical assistance relevant to the meaningful use of the Electronic Health Records and how it relates to quality improvements (i.e. Uniform Data System (UDS) and Patient Centered Medical Home (PMCH)). Participation in the Health Center Controlled Network is at no cost to the County. The term of this agreement will be from December 1, 2012 through November 30, 2015, and automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice.

**OTHER ACTION ITEMS:**

*2. Resolution to Submit to the Electorate a Special Millage Question for Health Services for Low Income Uninsured Families and Adults Living in Ingham County*

Approval of this resolution means that a 3-year health services millage would be placed on the November 6, 2012 ballot for voter consideration. The request is .52 mills, which would raise an estimated \$3.35 million in the first year. Funds would be available for the 2013 fiscal year. Funds from this millage would be utilized to increase provider reimbursement by the Ingham Health Plan, increase the capacity of the Ingham Health Plan provider network, cover more specialty care, and perhaps be used as replacement funds for any lost DSH capacity.

*3k. Resolution Honoring Employees of the Adult Health Center*

**DISCUSSION ITEM:**

*1. Food Services Workgroup Information*

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO SUBMIT TO THE ELECTORATE A SPECIAL MILLAGE QUESTION FOR HEALTH SERVICES FOR LOW INCOME UNINSURED FAMILIES AND ADULTS LIVING IN INGHAM COUNTY**

WHEREAS, the Board of Commissioners desire to continue to provide funding for health care services for low income, uninsured families and adults residing in Ingham County; and

WHEREAS, the Board of Commissioners has provided the financial stability necessary for sound planning through the facilitation of a local-federal funding match arrangement since 1998; and

WHEREAS, the current funds available through the federal funding is not sufficient to continue to provide access to medically necessary services for low income, uninsured residents in Ingham County.

THEREFORE BE IT RESOLVED, that the following question be submitted to a vote of the electorate in the election to be held on November 6, 2012:

**INGHAM COUNTY HEALTH SERVICES MILLAGE**

Shall Ingham County be authorized to levy up to 0.52 additional mills for the purpose of providing basic health care services to Ingham County residents whose incomes are between \$17,500 to \$28,000, and who are NOT eligible for Medicaid under the Federal Affordable Care Act, and who do not have medical insurance? If this proposal is approved, Ingham County will use these funds to help pay for doctor visits, generic medications, and essential care such as preventative testing and treatment for cancer, diabetes, heart disease and other serious illnesses for low-income residents whose employers do not offer health insurance or who cannot afford to purchase health insurance. This proposal would increase the Constitutional limitation of the amount of property taxes which may be assessed each year against all the taxable real and personal property in Ingham County by up to 0.52 mills (\$0.52 per thousand dollars of state taxable valuation) as new additional millage for a period of three years (2012-2014 inclusive). If levied in full, this millage would raise an estimated \$3,349,707 in the first calendar year.

YES [ ]

NO [ ]

BE IT FURTHER RESOLVED, that this question is hereby certified to the County Clerk.

BE IT FURTHER RESOLVED, that the County Clerk is hereby directed to place the proposal on the November 6, 2012 ballot and to be prepared and distributed in the manner required by law.

**MEMORANDUM**

TO: Human Services Committee  
Finance Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: August 8, 2012

RE: Resolution to Authorize an Agreement with Cornerstone Consulting Associates, LLC for Strategic Planning Services for the Ingham Community Health Centers

As a Health Center Program Grantee of the U.S. Department of Health and Human Services' Health Resources and Services Administration, the Health Department's Community Health Centers are required by Section 330 of the Public Health Services (PHS) Act to maintain a governing board that maintains appropriate authority to oversee the operations of the center, including measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance.

For this reason, the Community Health Center (CHC) Board of Directors completes a strategic planning process every three to five years. The last strategic planning process was completed in 2008. The Chief Executive Officer submitted a proposal from the Cornerstone Consulting Associates, LLC, a highly regarded firm that has a combined 32 years of experience in consulting, facilitating, training and course development, working with both governmental and nonprofit agencies. The CHC Board supports this proposal.

I recommend that the Board of Commissioners approve an agreement with Cornerstone Consulting Associates, LLC to develop a three year strategic plan. The term of the agreement shall be from August 1, 2012 through July 31, 2013. The cost of the agreement will not exceed \$7,000.

c: Debra Brinson (with attachment)  
John Jacobs (with attachment)  
Barb Mastin (with attachment)  
Jonathon MacGowen (with attachment)  
Carolyn Redman (with attachment)

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN AGREEMENT WITH CORNERSTONE CONSULTING, LLC FOR THE PURPOSE OF DEVELOPING A STRATEGIC PLAN FOR THE HEALTH DEPARTMENT COMMUNITY HEALTH CENTERS**

WHEREAS, as a Health Center Program Grantee of the U.S. Department of Health and Human Services' Health Resources and Services Administration, the Health Department's Community Health Centers are required by Section 330 of the Public Health Services (PHS) Act to maintain a governing board that maintains appropriate authority to oversee the operations of the center, including measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and

WHEREAS, to comply with the requirements of the Public Health Services Act and to ensure continued designation as a Federally Qualified Health Center, the Community Health Center Board of Directors completes a strategic planning process every three to five years; and

WHEREAS, the last strategic planning process was completed in 2008; and

WHEREAS, the Community Health Centers Board's Chief Executive Officer submitted a proposal from the Cornerstone Consulting Associates, LLC, a highly regarded firm that has a combined 32 years of experience in consulting, facilitating, training and course development, working with both governmental and nonprofit agencies; and

WHEREAS, the Community Health Center Board of Directors reviewed and supports the proposal; and

WHEREAS, the Health Officer recommends that the Board of Commissioners approve an agreement with Cornerstone Consulting Associates, LLC to develop a three year strategic plan for the Community Health Centers; and

WHEREAS, the term of the agreement shall be from August 1, 2012 through July 31, 2013; and

WHEREAS, the cost of the agreement will not exceed \$7,000.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby authorizes an agreement with Cornerstone Consulting Associates, LLC to develop a three year strategic plan for the Community Health Centers.

BE IT FURTHER RESOLVED, that the term of the agreement shall be from August 1, 2012 through July 31, 2013.

BE IT FURTHER RESOLVED, the cost of the agreement will not exceed \$7,000.

BE IT FURTHER RESOLVED, that the County Clerk and the Chairperson of the Board of Commissioners are hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.



## MEMORANDUM

TO: Human Services Committee  
Finance Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: August 14, 2012

RE: Resolution to Authorize an Agreement with Capital Area Community Services for the Early Head Start Grant

This is a recommendation to authorize an agreement with Capital Area Community Services (CACS) to continue home visiting outreach services to the Early Head Start population through the Health Department's Family Outreach Services Program.

CACS has developed programming for a younger population of low-income, at-risk children through Federal grants and has contracted with the Family Outreach Services Program to deliver home-based services to these children and their families since the program's inception.

CACS is providing \$123,837 to support these services, which are provided by two existing staff persons at the Health Department. The term of the proposed agreement will be August 1, 2012 to July 31, 2013.

The agreement requires an in-kind support valued at \$30,959 in the form of supervisor salary and benefits, indirect costs, and facilities. Previous experience has demonstrated our ability to support the in-kind requirements outlined in the agreement.

I recommend that the Board of Commissioners adopt the attached resolution and authorize the agreement with CACS.

Attachment

c: Karen Jennings w/attachment  
John Jacobs w/attachment  
Jane Noice w/attachment

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE AN AGREEMENT WITH CAPITAL AREA COMMUNITY SERVICES TO SERVE EARLY HEAD START CHILDREN THROUGH THE FAMILY OUTREACH SERVICES PROGRAM**

WHEREAS, Capital Area Community Services (CACS) manages the Early Head Start Program to provide education and support to high risk families with children from birth through the child's third year of life; and

WHEREAS, since 2002, CACS has contracted with Ingham County to incorporate a home visiting outreach component to the programming through Family Outreach Services (FOS); and

WHEREAS, Capital Area Community Services has proposed to continue the services for the period of August 1, 2012 to July 31, 2013; and

WHEREAS, the Health Department has proposed to continue such programming as part of its Family Outreach Services; and

WHEREAS, the Health Officer has advised that this agreement is anticipated in the 2013 Budget and recommends that the Board of Commissioners authorize the continuation of the agreement with Capital Area Community Services.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with Capital Area Community Services to provide home visiting outreach services to support the Early Head Start Program.

BE IT FURTHER RESOLVED, that the period of the agreement will be August 1, 2012 to July 31, 2013.

BE IT FURTHER RESOLVED, that Capital Area Community Services will provide Ingham County with up to \$123,837 to support home visiting outreach services to the Early Head Start Program.

BE IT FURTHER RESOLVED, that the Health Department is required by the grant agreement to provide, as a non-federal share, an in-kind match in an amount of at least \$30,959 which shall constitute staff wages and benefits, indirect, facilities, advisory committee participation and parent participation.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the agreement after review by the County Attorney.

## MEMORANDUM

To: Human Services Committee  
Finance Committee

From: Renée Branch Canady, PhD, MPA, Health Officer

Date: August 8, 2012

Subject: Recommendation to Authorize a Business Associate Agreement with Vision Data Technologies, Inc. for Participation in the BridgeIT Data Repository

This is a recommendation to authorize a Business Associate Agreement (BAA) with Vision Data Technologies, Inc., a company that provides comprehensive reporting, data management and integration solutions for the healthcare industry. The purpose of this BAA is to allow for participation in the BridgeIT data repository and reporting system, coordinated by the Michigan Primary Care Association (MPCA).

As a Health Center Program Grantee of the Health Resources and Services Administration (HRSA) and a recipient of many other federal and state grants, the Health Department's Community Health Centers (CHC) must adhere to a variety of reporting requirements. This repository will include reporting models and task management solutions for Meaningful Use, UDS, Family Planning, PCMH requirements as well as the ability to create additional models for additional future grantors as needed. While (NextGen, the Electronic Health Records and Electronic Patient Management System used by the CHC), has reporting capabilities, customization and automation of reports has proven to be difficult. MPCA, in coordination with many health centers, has created a data reporting and repository system through Vision Data Technologies, Inc. This system will transform data into an efficient reporting model designed specifically for speed and ease of use by the CHC.

As a participant in the HRSA OHIT 2 grant, which is administered by MPCA, the CHC will be able to sample this reporting service at no charge. If CHC chooses not to purchase the reporting service after the demonstration period ends, all CHC data will be removed from their servers and will not be used.

The Community Health Center Board of Directors has reviewed and supports this agreement. I recommend that the Board of Commissioners authorize a Business Associate Agreement with Vision Data Technologies, Inc. The term of this agreement shall be from August 1, 2012 through July 31, 2013.

### Attachment

c: Debra Brinson (with attachment)  
John Jacobs (with attachment)  
Barbara Watts Mastin (with attachment)  
Jonathon MacGowen (with attachment)  
Jayson Welter (with attachment)  
Carolyn Redman (with attachment)

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE A BUSINESS ASSOCIATE AGREEMENT WITH VISION DATA TECHNOLOGIES, INC. FOR THE PARTICIPATION IN THE BRIDGEIT DATA REPOSITORY**

WHEREAS, as a Health Center Program Grantee of the Health Resources and Services Administration (HRSA) and a recipient of many other federal and state grants, the Health Department's Community Health Centers (CHC) must adhere to a variety of reporting requirements; and

WHEREAS, the Michigan Primary Care Association (MPCA), in coordination with community health centers throughout Michigan, has created a data reporting and repository system through Vision Data Technologies, Inc. called BridgeIT solutions; and

WHEREAS, BridgeIT solutions will transform data into an efficient reporting model and provide additional capabilities designed specifically for speed and ease of use by the Ingham CHC; and

WHEREAS, as a participant in the HRSA OHIT 2 grant, which is administered by MPCA, the Ingham CHC is able to sample the BridgeIT data repository and reporting service at no charge; and

WHEREAS, this repository will include reporting models and task management solutions for Meaningful Use, Uniform Data System, Family Planning, Patient Criteria Medical Home as well as the ability to create additional models for additional funders as needed; and

WHEREAS, should the CHC determine not to purchase the reporting service after the demonstration period ends, all Health Center data will be removed from their servers and will not be used; and

WHEREAS, the Community Health Center Board of Directors has reviewed and supports the agreement; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the execution of a Business Associate Agreement with Vision Data Technologies, Inc. from August 1, 2012 through July 31, 2013.

THEREFORE BE IT RESOLVED, that Board of Commissioners hereby authorizes the execution of a Business Associate Agreement with Vision Data Technologies, Inc. for participation in the BridgeIT data repository.

BE IT FURTHER RESOLVED, that the term of this agreement shall be from August 1, 2012 through July 31, 2013.

BE IT FURTHER RESOLVED, that the County Clerk and the Chairperson of the Board of Commissioners are hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.

## MEMORANDUM

To: Human Services Committee  
Finance Committee

From: Renee Branch Canady, PhD, MPA, Health Officer

Date: August 9, 2012

Subject: CPBC Agreement Amendment #4 for 2011-2012

This is a recommendation to authorize Amendment #4 of the 2011-2012 Comprehensive Planning, Budgeting and Contracting (CPBC) Agreement with the Michigan Department of Community Health (MDCH). The CPBC Agreement is the annual process whereby the MDCH transmits State and Federal funds to Ingham County to support public health programs. The CPBC Agreement establishes the funding levels and the terms and conditions under which the funds are disbursed. The Board of Commissioners authorized the 2011-2012 Agreement in Resolution #11-283 and authorized amendments in resolutions #11-395, #12-106 and #12-232. This is the final amendment of the 2011-2012 fiscal year.

The CPBC Agreement is regularly amended to adjust funding levels and clarify terms and conditions. Amendment #4 will increase the budget for Comprehensive Local Health Services from \$5,294,790 to \$5,321,602 for a net increase of \$26,812. The Amendment makes the following specific changes in the budget:

6. BCCCP Coordination, an increase of \$38,024 to \$423,150.
7. Family Planning Services, an increase of \$5,200 to \$396,952.
8. FDA Tobacco Retailer (A& L) Inspections, an increase of \$5,000 to \$30,000.
9. Lead Safe Home Project, a decrease of \$26,112 to \$52,221.
10. PRIME local learning collaborative, an increase of \$4,700 to \$13,900.

Regarding Item 3, the reduction in funding to support the Lead Safe Home Project was anticipated and included in Resolution 12-110 – Realignment of Health Department Programs and Administrative Structure.

I recommend that the Board of Commissioners adopt the attached resolution.

c: John Jacobs w/attachment  
Debra Brinson w/attachment

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE AMENDMENT #4 TO THE 2011-2012  
COMPREHENSIVE PLANNING, BUDGETING AND CONTRACTING AGREEMENT  
WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

WHEREAS, the responsibility for protecting the health of the public is a shared responsibility between the State and County governments in Michigan; and

WHEREAS, the Michigan Department of Community Health (MDCH) and local health departments enter into contracts to clarify the role and responsibility of each party in protecting public health; and

WHEREAS, the MDCH and Ingham County have entered into a 2011-2012 Agreement for the delivery of public health services under the Comprehensive Planning, Budgeting and Contracting (CPBC) process as authorized by Resolution #11-283 and amended in Resolutions #11-395, #12-106 and #12-232; and

WHEREAS, the MDCH has proposed an amendment to the current Agreement to adjust grant funding levels and clarify Agreement procedures; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize the Amendment.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes Amendment #4 to the 2011-2012 Comprehensive Planning, Budgeting, and Contracting (CPBC) Agreement with the Michigan Department of Community Health (MDCH).

BE IT FURTHER RESOLVED, that the total amount of CPBC funding shall increase from \$5,294,790 to \$5,321,602 for a net increase of \$26,812.

BE IT FURTHER RESOLVED, that the net increase consists of the following specific changes to program budgets:

1. BCCCP Coordination, an increase of \$38,024 to \$423,150.
2. Family Planning Services, an increase of \$5,200 to \$396,952.
3. FDA Tobacco Retailer (A& L) Inspections, an increase of \$5,000 to \$30,000.
4. Lead Safe Home Project, a decrease of \$26,112 to \$52,221.
5. PRIME local learning collaborative, an increase of \$4,700 to \$13,900.

BE IT FURTHER RESOLVED, that the Health Officer, Renee Branch Canady, and John Jacobs, Chief Financial Officer of the Health Department, are authorized to submit Amendment #4 of the 2011-2012 CPBC grant documents electronically through the Mi-E Grants system.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to amend the Health Department's 2011 Budget in order to implement this resolution.

## MEMORANDUM

TO: Human Services Committee  
Finance Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: August 8, 2012

RE: Recommendation to Authorize an Agreement with the Michigan Department of Human Services to Deliver Refugee Medical Assessment Services

This is a recommendation to authorize an agreement with the Michigan Department of Human Services (DHS) to Deliver Refugee Screening Services. Since the late 1970's, the Health Department has worked with the refugee settlement agencies in the Lansing area to screen newly arriving refugees.

The most recent contract will expire September 30, 2012. The Michigan Department of Human Services (DHS) and the Health Department have mutually agreed on the terms of a new agreement. For the period of October 1, 2012 through September 30, 2014 DHS will pay the Health Department a maximum of \$418,900 per year for a total contract amount of \$837,800. Reimbursement for services will be based on the monthly "Statement of Expenditures" (DHS-3469) submitted to DHS by the Health Department. DHS will pay the Health Department based upon the following rates per unit of services delivered: Adult (18 yrs. and older) Refugee Health Screening will be \$819; Child (less than age 18yrs.) Refugee Health Screening will be \$518. These rates reflect the mean unit cost of services derived from data from the last three years. The mean unit cost for adults was \$766.33 and for children, \$487.88. The new rates also factor in the cost of Quantiferon, a test for tuberculosis infection, a requirement added by DHS, which is \$44 for adults and \$31 for children. The Health Department will provide a comprehensive health assessment/ medical screening per newly arrived refugee, within 30 days of arrival in the United States. Assessments must include a comprehensive health assessment, an age appropriate physical examination, a number of laboratory tests, including tests for communicable disease, immunizations, provide TB screening services, and community referrals as appropriate for further evaluation based on significant findings. Services must be language appropriate and culturally relevant.

I recommend that the Board of Commissioners authorize a Client Services Contract with Department of Human Services. The revenue and expenditures related to these services are included in the Health Department's 2013 Budget.

### Attachment

c: Debra Brinson, w/attachment  
John Jacobs, w/attachment  
Barbara Mastin, w/attachment  
Jonathon MacGowen, w/attachment  
Jayson Welter, w/attachment  
Carolyn Redman, w/attachment

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE A CLIENT SERVICES AGREEMENT WITH THE MICHIGAN DEPARTMENT OF HUMAN SERVICES FOR REFUGEE MEDICAL ASSESSMENT SERVICES**

WHEREAS, since FY 2001-2002, Ingham County has had a Client Services Contract with the Michigan Department of Human Services (formerly the Michigan Family Independence Agency); and

WHEREAS, under the agreement, the Health Department conducts health assessments of refugees, within 30 days of arrival in the United States, and the assessments include a comprehensive health assessment, an age appropriate physical examination, a number of laboratory tests, immunizations, TB services, and community referrals when appropriate for further evaluation; and

WHEREAS, the Michigan Department of Human Services has presented an agreement for the term of October 1, 2012 through September 30, 2014, with a maximum annual allowable amount of \$837,800; and

WHEREAS, from the total amount, the maximum amount that may be expended during the following periods is: \$418,900 from October 1, 2012 through September 30, 2013 and \$418,900 from October 1, 2013 through September 30, 2014; and

WHEREAS, the Health Officer has advised that the Health Department will be reimbursed based upon the following rates per unit of services delivered: Adult (18 yrs. and older) Refugee Health Screening \$819 and Child (less than age 18 yrs.) Refugee Health Screening \$518; and

WHEREAS, the Health Officer has advised that the funds generated from the refugee screening services are included as revenue in the Department's 2013 adopted budget and recommends that the Board of Commissioners authorize the agreement; and

WHEREAS, the Community Health Center Board of Directors, as the co-applicant board, supports the authorization of a client services agreement with the Michigan Department of Human Services.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes a client services agreement with the Michigan Department of Human Services for Refugee Medical Assessment Services, with a maximum allowable amount of \$837,800 for the period of October 1, 2012 through September 30, 2014.

BE IT FURTHER RESOLVED, that the County Clerk and the Chairperson of the Board of Commissioners are hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.



## MEMORANDUM

TO: Human Services Committee  
Finance Committee

FROM: Renee B. Canady, PhD, MPA, Health Officer

DATE: August 7, 2012

SUBJECT: Resolution to Enter Into an Agreement with the Michigan Department of Environmental Quality for Medication Collection and Disposal

This is a recommendation to authorize an agreement with the Michigan Department of Environmental Quality (MDEQ). The agreement is awarded under the 2012 Pollution Prevention Grants Program and is titled, *Ingham County Community P2 Grant for the Collection of Unwanted Medications Grant Project*.

The MDEQ has awarded the Health Department, through a competitive bid process, an agreement in the amount of \$50,000. The period of the agreement will be July 1, 2012 through June 30, 2014. The two-year agreement will establish an on-going, year-round system for unwanted medication disposal in Ingham County by building on the regional model of unwanted medication disposal options that have been created over the last four years. This agreement will off-set disposal costs of controlled and non-controlled medications that are currently collected May through September during the Household Hazardous Waste program collections.

The proposed agreement includes the following:

Establish a permanent, on-going Collection Program for Residential Medication Disposal.

The Health Department will coordinate collection, transportation and proper disposal (through incineration) of non-controlled medications. This will occur through cooperation with partner pharmacies to serve as year-round drop-off sites for collection of non-controlled medications. Controlled medication disposal will be coordinated through partnerships with local law enforcement agencies including the Ingham County Sheriff's Department.

Provide Community Education on the Importance of Proper Medication Disposal with Convenient Disposal Options.

The Health Department will develop outreach material to emphasize the importance of proper disposal to minimize the environmental impact, with a focus on protection of drinking water (municipal and private water), surface water, decrease the opportunity for prescription medication misuse, and promote the convenient disposal options available to Ingham County residents.

Impact the Prescription Drug Misuse Trend.

The Health Department will conduct education and outreach to encourage households in our community to reduce addiction, death and damage caused by prescription drug misuse. This campaign will eliminate the source of the majority of prescription drug misuse access, which primarily (80%) comes from friends and family.

I recommend that the Board of Commissioners authorize the agreement with the Michigan Department of Environmental Quality.

Attachment

c: Jim Wilson w/attachment  
John Jacobs w/attachment  
Sheriff Gene Wrigglesworth w/attachment

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE AN AGREEMENT WITH THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY FOR MEDICATION COLLECTION AND DISPOSAL**

WHEREAS, the State of Michigan has placed the responsibility for environmental regulation and environmental quality in the Michigan Department of Environmental Quality (MDEQ); and

WHEREAS, the Health Department responded to an Request For Proposals from MDEQ for Medication Collection and Disposal; and

WHEREAS, the Health Department was awarded funds through a competitive bidding process; and

WHEREAS, the Health Department currently conducts several pharmaceutical collection events through the Household Hazardous Waste Program; and

WHEREAS, the Health Department desires to create permanent, year-round collections of controlled and non-controlled medications; and

WHEREAS, disposal of unwanted medications and prescription drug misuse are becoming serious environmental and social issues; and

WHEREAS, the presence of pharmaceuticals in Michigan groundwater and surface water has been established by environmental monitoring; and

WHEREAS, that the Health Officer recommends that the Board of Commissioners authorize an agreement with the Michigan Department of Environmental Quality; and

WHEREAS, that this program off-set present general fund disposal cost of controlled and non-controlled medications and will also create cooperation with community partners to develop year-around drop off sites throughout the county.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with the Michigan Department of Environmental Quality for the period of July 1, 2012 through June 30, 2014.

BE IT FURTHER RESOLVED, that the MDEQ shall reimburse Ingham County up to \$50,000 for expenses related to the following services: 1) Establish a Permanent, On-going Collection Program for Residential Medication Disposal. 2) Provide Community Education on the Importance of Proper Medical Disposal with Convenient Disposal Options. 3) Impact the Prescription Drug Misuse Trend.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make any necessary budget adjustments consistent with this resolution.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the agreement after review by the County Attorney.

**MEMORANDUM**

TO: Human Services Committee  
County Services Committee  
Finance Committee

FROM: Renee B. Canady, Ph.D., Health Officer

DATE: August 9, 2012

RE: Recommendation to Accept Funds From the United States Department of Health and Human Services, Division of Health Resources and Services Administration for the Healthy Start Initiative

This is a recommendation to accept funds from the U.S. Department of Health and Human Services (HHS), Division of Health Resources and Services Administration (HRSA) in support of the Healthy Start Project. This national project addresses the significant disparities in the health of mothers and babies experienced by racial and ethnic minorities in communities that face many challenges. The Health Department has been awarded an amount of up to \$965,000 for the period June 1, 2012 through May 31, 2014.

The Health Department's Healthy Start Project is designed to reduce infant mortality and disparities in infant mortality for African Americans living in Ingham County, Michigan. Healthy Start will address disparities in perinatal health outcomes through direct services, perinatal system coordination, and community mobilization.

The funds will be utilized to establish two new positions: A Perinatal Systems Project Coordinator (PHN4) and a Health Educator II (PRO7). The Perinatal Systems Project Coordinator will provide overall coordination for the project, including outreach and connection within the broader community. The Health Educator position will provide weekly educational sessions at Lansing Housing Commission sites, and will refer eligible women to case management services. The Human Resources Department has reviewed the proposed job functions in the grant and established the job descriptions and levels. The PHN/ICEA and ICEA bargaining groups are in support of these positions.

In addition, grant funds will support the work of an existing full-time Family/Child/Infant Advocate, and .50 FTE of an existing full-time Public Health Nurse to provide enhanced case management.

We are also requesting authorization for the following subcontracts:

- 1) The Lansing Housing Commission to provide support to assist with meeting logistics for the Health Education sessions; as well as stipends for community residents to assist with project development. The amount of the subcontract will be \$60,000 for the period of June 1, 2012 through May 31, 2014.
- 2) Dr. Ellen Whipple, of Michigan State University's School of Social Work will conduct an overall project evaluation. The amount of the subcontract will be \$38,000 for the period of June 1, 2012 through May 31, 2014.

I recommend that the Board of Commissioners accept the funds from HRSA for the Healthy Start Grant.

c: John Jacobs w/attachment  
Regina Traylor w/attachment  
Sarah Bryant w/attachment  
Rich Estill w/attachment

Introduced by the Human Services, County Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO ACCEPT FUNDS FROM THE U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR THE HEALTHY START GRANT AND ESTABLISH PERINATAL SYSTEMS PROJECT COORDINATOR/SENIOR PUBLIC HEALTH NURSE AND HEALTH EDUCATOR II POSITIONS**

WHEREAS, the infant mortality rate, the rate at which babies less than one year of age die, is often viewed as an overall indicator of a community's health; and

WHEREAS, African American women bear an undue disease burden with disproportionately high rates of infant mortality, with rates of 17.8 per 1,000 live births, as compared to the white infant mortality rate of 8.0 per 1,000 live births; and

WHEREAS, the Health Department has been awarded funding in the amount of up to \$965,000 for the Healthy Start Grant activities for the period of June 1, 2012 through May 31, 2014; and

WHEREAS, the following positions shall be established: Perinatal Systems Project Coordinator/Senior Public Health Nurse, PHN Grade 4 and a Health Educator II, ICEA Grade 7, and

WHEREAS, the Healthy Start Project funds will also provide support of the work of an existing full-time Public Health Advocate (Position 601157), as well as 50% of an existing full-time Public Health Nurse (Position 601147) resulting in general fund savings; and

WHEREAS, the following subcontracts are needed for the period of June 1, 2012 through May 31, 2014: Lansing Housing Commission in the amount of \$60,000 and Dr. Ellen Whipple, of the Michigan State University's School of Social Work in the amount of \$38,000; and

WHEREAS, that the Health Officer recommends that the Ingham County Board of Commissioners accept the grant award in the amount of up to \$965,000 from the U. S. Department of Health and Human Services, Division of Health Resources and Services Administration (HRSA) for the Health Start Project for the period of June 1, 2012 through May 31, 2014.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners accepts the grant from U.S. Department of Health and Human Services, Division of Health Resources and Services Administration (HRSA) to implement a Healthy Start Project in the amount of up to \$965,000 for the period of June 1, 2012 through May 31, 2014.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the establishment of two new positions: Perinatal Systems Project Coordinator/Senior Public Health Nurse, PHN Grade 4 (\$56,938 - \$68,343) and a Health Educator II, ICEA Grade 7 (\$49,848 - \$59,841) for the period of the grant.

BE IT FURTHER RESOLVED, the Healthy Start Project funds will also provide support of the work of an existing full-time Public Health Advocate (Position 601157), as well as 50% of an existing full-time Public Health Nurse (Position 601147) resulting in general fund savings; and

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes a subcontracts with Lansing Housing Commission in the amount of \$60,000 to assist with outreach and health education meeting; and Dr. Ellen Whipple, of the Michigan State University's School of Social Work in the amount of \$38,000 to provide program evaluation services, for the period of June 1, 2012 through May 31, 2014.

BE IT FURTHER RESOLVED, that the County Controller/Administrator is authorized to adjust the Health Department's budget.

BE IT FURTHER RESOLVED, that the hiring freeze and hiring delay is waived for the newly established Perinatal Systems Project Coordinator/Senior Public Health Nurse and Health Educator II positions.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the subcontracts and any other documents after review by the County Attorney.

## MEMORANDUM

TO: Human Services Committee  
County Services Committee  
Finance Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: August 8, 2012

RE: Resolution to Authorize the Conversion of Otto Community Health Center from a School-Based Health Center to a Community Health Center and Establish a Primary Care Physician

The Ingham County Health Department, in partnership with community members and other organizations established the Otto Community Health Center (Otto) in 1996 to address the need for access to health care for students attending the C.W. Otto Middle School of the Lansing School District. In 2003, Otto was designated as a Federally Qualified Health Center Look-Alike site. The C.W. Otto Middle School was closed by the Lansing School District in June 2012. This is a recommendation to authorize the transition of Otto from a School-Based Health Center that serves the adolescent population to a Community Health Center, which will serve the general population.

In response to a 2011 study completed by Capital Link, a non-profit organization dedicated to assisting community health centers in planning and financing capital projects, the Ingham Community Health Center Board of Directors recommends that the Otto Community Health Center remain open as a community health center that serves the primary health care needs of medically vulnerable residents on the North side of Lansing. The 2011 study revealed that one of the greatest needs for primary health care services is on North side of Lansing. The Lansing School District has agreed to allow the Ingham Community Health Centers to continue to run Otto as a primary health care service site for the general population surrounding the health center.

Otto currently provides primary health care to approximately 300 adult patients each year. This will allow the Ingham Community Health Center to provide primary health services to approximately 800 new patients through much needed increased capacity. This is essential as all of our current Community Health Centers are challenged to accept new patients.

Current staff of the Otto School-Based Health Center Network will be realigned to a new school-based health center, which will be located within the Lansing School District's Eastern High School as required by the Michigan Department of Community Health.

To effectively provide primary health care services for the general population at the Otto Community Health Center, existing positions will need to be realigned within the Community Health Centers, including an existing clinic assistant and a nurse. A vacant Program Specialist position will also be reassigned to Otto. A Primary Care Physician, MCF Grade C - \$137,136 - \$164,564, position also needs to be established.

This project will also require the purchase of licenses and fees related to the Electronic Health Record, which will not exceed \$18,000. A copy of the budget and revenue projections is attached for your review. The budget shows that Otto, as a general community health center, will be self sustaining through patient revenues generated as a result of serving as a medical home for residents of that community.

I recommend that the Board of Commissioners approve this resolution and authorize the transition of the Otto Community Health Center from a School-Based Health Center to a general Community Health Center, the establishment and hiring of a new primary care physician, the realignment of an existing clinic assistant and a nurse, and the reassignment of the vacant Program Specialist position to Otto.

c:     Debbie Brinson, w/attachment  
       Barb Mastin, w/attachment  
       John Jacobs, w/attachment  
       Jonathon MacGowen, w/attachment  
       Carolyn Redman, w/attachment



	<b>Budget 2013</b>
<b>INCOME AND REVENUES</b>	
<b>Patient Revenue:</b>	
Medicaid: Fee for Service	\$55,848
Medicaid: non wrap eligible	\$45,924
Medicaid: Cost Based Reimbursement	\$366,625
Medicare: Fee for Service	\$79,200
Other Public Programs	\$0
Private Insurance	\$0
Self Pay	\$172
<b>Grant &amp; Contract Income</b>	
<b>Local Support</b>	
Ingham Health Plan Fee for Service	\$12,230
Ingham Health Plan Grant (County Sourced Funds)	
<b>State Grants</b>	
MDHS Grant	
<b>Federal Grants/Funds</b>	
Meaningful Use	\$21,500
Federal Grant	\$0
<b>Other Income</b>	
General Fund Support (Contribution to CHC Net Assets)	\$0
<b>TOTAL:</b>	<b>\$581,499</b>
<b>HEALTH CENTER EXPENSES</b>	
<b>Personnel</b>	
Administrative Staff:	
*Program Specialist 1.0 FTE	\$50,477
Medical Staff:	
Physician 1.0 FTE	\$164,564
*Clinic Assistant 1.0 FTE	\$36,525
*Nurse/Nurse Assessor 1.0 FTE	\$59,835
Dental Staff	\$0
Behavioral Health Staff	\$0
Enabling Services Staff	\$0
Other Staff	\$0
Temporary staff, as needed	\$5,100
Overtime, as required by contract	\$2,346
<b>TOTAL:</b>	<b>\$318,847</b>
<b>Benefits</b>	
FICA & Medicare	\$20,234
Unemployment Insurance	\$1,537
Worker's Compensation Insurance	\$648
Health Insurance	\$58,188
Dental Insurance	\$3,221

Retirement	\$57,124
Other	\$1,571
<b>TOTAL:</b>	<b>\$142,524</b>
<b>TOTAL:</b>	<b>\$461,371</b>
<b>Equipment</b>	
Durable Equipment	\$8,000
Phone System	\$5,000
<b>TOTAL:</b>	<b>\$13,000</b>
<b>Office Renovation</b>	
Office Renovation	\$0
-includes network wiring, plumbing, flooring, painting, etc.	\$0
<b>TOTAL:</b>	<b>\$0</b>
<b>Travel &amp; Conferences</b>	
Local Travel	\$1,000
Patient Transportation	\$250
Out of State Travel	\$3,500
Conferences	\$1,000
<b>TOTAL:</b>	<b>\$5,750</b>
<b>Supplies</b>	
Drugs & Pharmaceuticals	\$3,500
Medical and Educational Supplies	\$5,000
General Office Supplies	\$8,000
Printing & Binding	\$8,000
Other Supplies	\$0
<b>TOTAL:</b>	<b>\$24,500</b>
<b>Contractual Services</b>	
Licenses & User Fees	\$18,000
Providers	\$0
Medical Staff	
Support Staff	\$0
Administrative Staff	\$0
Medical Service Contracts	\$5,000
<b>TOTAL:</b>	<b>\$23,000</b>
<b>Other Expenses</b>	
Rent & Facility Cost	\$23,878
Laundry	\$2,000
Equipment Rental	\$3,000
Equipment Maintenance	\$3,000
Communications	\$1,500
Memberships/Subscriptions	\$500
Journals & Billing Updates	\$0
Professional Liability-Providers	\$10,000
Ins Premium - MI Municipal Risk Management Authority	\$10,000
<b>TOTAL:</b>	<b>\$53,878</b>

<b>TOTAL:</b>	<b>\$581,499</b>
<b>Overhead &amp; Indirect</b>	
<b>TOTAL:</b>	<b>\$0</b>
<b>TOTAL:</b>	<b>\$581,499</b>
<b>Net Increase (Decrease)</b>	<b>\$0</b>
<b>Number of Visits</b>	<b>4,000</b>
<b>Number of Unduplicated Users</b>	<b>1,350</b>

\*Redirecting Position

<b>Visit Data</b>	<b>Encounters</b>	<b>Payor Mix</b>
<b>Provider Type: Physician</b>		
Projected Annual Visits	4,000	
Projected Monthly Visits	333	
Projected Daily Visits	17	
Medicaid - Enhanced Rate	1,720	43%
Medicaid - ABW, MI-Child, etc.	1,200	30%
Medicare	720	18%
County Health Plans	320	8%
Private Pay	40	1%
Total Annual Visits -	4,000	
FY 2013 Projections	4,000	
Difference	0	100%
<b>Revenue Data</b>	<b>Annual Total</b>	<b>Rate</b>
Medicaid - Enhanced Rate (total based on new rate $\$160.41 \times 2,920 = \$468,397 - \$45,924 = \$422,473$ )	\$422,473.00	\$144.68
Medicaid - ABW, MI-Child, etc. (based on St. Lawrence payment history $20,857/545 = \$38.27 \times 1,200 = \$45,924$ )	\$45,924.00	\$38.27
Medicare (based on Medicare rate $\$110 \times 720 = \$79,200$ )	\$79,200.00	\$110.00
County Health Plans (based on St. Lawrence payment history $\$75,450/1,974 = \$38.22 \times 320 = \$12,230$ )	\$12,230.00	\$38.22
Private Pay (based on St. Lawrence payment history $\$1,381/322 = \$4.29 \times 40 = \$172$ )	\$172.00	\$4.29
<b>Total Patient Based Revenues</b>	<b>\$559,999.00</b>	
<b>Average Revenue Per Visit</b>		<b>\$140.00</b>

Introduced by the Human Services, County Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE THE CONVERSION OF THE OTTO COMMUNITY HEALTH CENTER FROM A SCHOOL-BASED HEALTH CENTER TO A GENERAL COMMUNITY HEALTH CENTER AND ESTABLISH A PRIMARY CARE PHYSICIAN**

WHEREAS, the Ingham County Health Department, in partnership with community members and organizations, established the Otto Community Health Center (Otto) in 1996 to address the need for access to health care for students attending the C.W. Otto Middle School of the Lansing School District; and

WHEREAS, in 2003, Otto was designated as a Federally Qualified Health Center Look-Alike site; and

WHEREAS, the C.W. Otto Middle School was closed by the Lansing School District effective June 2012; and

WHEREAS, a 2011 study revealed that one of the greatest needs for primary health care services in Ingham County is on the North side of Lansing, where Otto is located; and

WHEREAS, Otto currently provides primary health care to approximately 300 adult patients each year; and

WHEREAS, in response to this study, and to continue to provide primary health care services to the 300 established patients, the Community Health Center Board of Directors recommends that the Otto Community Health Center continue to operate as an health center that serves the primary health care needs of medically vulnerable residents on the North side of Lansing; and

WHEREAS, continuing operations at the Otto Community Health Center will allow the Ingham Community Health Centers to provide primary health care to approximately 800 new patients; and

WHEREAS, the Lansing School District has agreed to allow the Ingham Community Health Centers to continue to use the space where Otto is located for this purpose; and

WHEREAS, the Otto Community Health Center, as a general community health center, will be self sustaining through patient revenues generated as a result of serving as a medical home for residents of that community; and

WHEREAS, current staff of the Otto School-Based Health Center will be placed at a health center, which will be located within the Lansing School District's Eastern High School as required by the Michigan Department of Community Health; and

WHEREAS, to effectively provide primary health care services for the general population at the Otto Community Health Center, existing positions will need to be realigned within the Ingham Community Health Centers, including an existing clinic assistant and a nurse; and

WHEREAS, a vacant Program Specialist position will also be reassigned to Otto; and

WHEREAS, a new Primary Care Physician, MCF Grade C - \$137,136 - \$164,564, position also needs to be established and hired; and

WHEREAS, this project also requires the purchase of licenses and fees related to the Electronic Health Record, not to exceed \$18,000; and

WHEREAS, the Health Officer recommends that the Board of Commissioners approve this resolution and authorize the realignment and establishment of the above mentioned positions; and

WHEREAS, the Health Officer also recommends the transition of the Otto Community Health Center from a School-Based Health Center to a general community health center.

THEREFORE BE IT RESOLVED, that the Board of Commissioners hereby authorizes the transition of Otto Community Health Center from a school-based health center to a general community health center.

BE IT FURTHER RESOLVED, that the Board of Commissioners hereby authorizes the realignment of a Clinic Assistant and a Nurse position to the Otto Community Health Center.

BE IT FURTHER RESOLVED, that the Board of Commissioners hereby authorizes the reassignment of the vacant Program Specialist position (#601294) to the Otto Community Health Center.

BE IT FURTHER RESOLVED, that Board of Commissioners hereby establishes a Primary Care Physician, MCF Grade C - \$137,136 - \$164,564 and, that the hiring freeze and hiring delay are hereby waived for this position.

BE IT FURTHER RESOLVED, that the Board of Commissioners hereby authorizes the purchase of licenses and fees related to the Electronic Health Records, not to exceed \$18,000.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make the necessary budget adjustments, and the Purchasing Department is authorized to issue any necessary purchase orders or purchase items needed.

## MEMORANDUM

TO: Human Services Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: August 8, 2012

RE: Recommendation to Authorize an Addendum to the Agreement with NextGen Healthcare Information Systems, Inc.

This is a recommendation to authorize an addendum to the agreement with NextGen Healthcare Information Systems, Inc. (NextGen). In Resolution #10-275, the Ingham County Board of Commissioners authorized an agreement with NextGen for the purpose of obtaining its patient management and electronic health record software systems.

The proposed addendum to the current agreement will allow NextGen to install the Health Quality Measures (HQM) Reporting Service in the Health Department's electronic health record. This addendum to the agreement is at no additional cost. The HQM Reporting Service extracts data from the database used by the NextGen® Software licensed to the Health Department under the Agreement and reports that data over the web, after the Health Department approves such information for electronic submission, in a form that documents its activity to the government agencies, grants providers and others who operate or administer the various health quality measures programs in which the Health Department participates.

I recommend that the Board of Commissioners addendum to the agreement with NextGen Healthcare Information Systems, Inc. (NextGen). The term of this addendum shall be for one year effective as of the date signed and automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice.

c: Debra Brinson (with attachment)  
Barb Mastin (with attachment)  
John Jacobs (with attachment)  
Jayson Welter (with attachment)  
Carolyn Redman (with attachment)

Introduced by the Human Services, County Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO CONTRACT WITH NEXTGEN FOR PATIENT MANAGEMENT AND  
ELECTRONIC HEALTH RECORD SOFTWARE SYSTEMS**

**RESOLUTION #10-275**

WHEREAS, in August 2009, the Ingham County Health Department (ICHD) issued a Request for Proposals to obtain bids from qualified vendors of Electronic Health Record (EHR) Systems for the Community Health Centers; and

WHEREAS, after evaluating the qualified vendors, ICHD is recommending the Nextgen Healthcare Information Systems, Inc. patient management and electronic health records software systems; and

WHEREAS, ICHD has reserved General Fund and secured additional federal grants to fund the purchase of the patient management and electronic health records software systems.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a contract with Nextgen Healthcare Information Systems, Inc. for patient management and electronic health records software systems.

BE IT FURTHER RESOLVED, the cost to purchase licenses will not exceed \$600,000 and ongoing maintenance cost will not exceed \$125,000.

BE IT FURTHER RESOLVED, that the first year costs for hardware will not exceed \$150,000, third party software will not exceed \$100,000, computer costs will not exceed \$100,000, first and second year costs for health port maintenance will not exceed \$15,600 per year, and ongoing costs for computer reinvestment will not exceed \$25,000.

BE IT FURTHER RESOLVED, that the Controller/Administrator's Office is authorized to make the necessary budget adjustments, and the Purchasing Department is authorized to issue any necessary purchase orders or purchase documents needed.

BE IT FURTHER RESOLVED, that the Board Chairperson and the County Clerk are authorized to sign any necessary documents that are consistent with this resolution and approved as to form by the County Attorney.

**HUMAN SERVICES: Yeas:** McGrain, Davis, Tennis, Nolan, Koenig, Vickers

**Nays:** None      **Absent:** None      **Approved 8/16/10**

**COUNTY SERVICES: Yeas:** Copedge, Schor, Celentino, Grebner, McGrain, Vickers

**Nays:** None      **Absent:** None      **Approved 8/17/10**

**FINANCE: Yeas:** Grebner, Tennis, Bahar-Cook, Schor, Holman, Dougan

**Nays:** None      **Absent:** None      **Approved 8/18/10**



Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN ADDENDUM TO THE AGREEMENT WITH  
NEXTGEN HEALTHCARE INFORMATION SYSTEMS, INC.**

WHEREAS, in Resolution #10-275, the Board of Commissioners authorized an agreement with NextGen® Healthcare Information Systems, Inc. (NextGen®) for the purpose of obtaining its patient management and electronic health record software systems; and

WHEREAS, the proposed addendum to the current agreement will allow NextGen® to install the Health Quality Measures (HQM) Reporting Service in the Health Department's electronic health records; and

WHEREAS, the HQM Reporting Service is needed to extract data from the database and report that data over the web, activity to the government agencies, grants providers and others who operate or administer the various health quality measures programs in which the Health Department participates; and

WHEREAS, this addendum to the agreement presents no cost to the Health Department; and

WHEREAS, the Health Officer recommends that the Ingham County Board of Commissioners approves the addendum to the agreement with NextGen® Healthcare Information Systems, Inc.; and

WHEREAS, the term of this addendum shall be for one year effective the date signed and automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an addendum to the agreement with NextGen® Healthcare Information Systems, Inc. to install the Health Quality Measures (HQM) Reporting Service in the Health Department's electronic health records.

BE IT FURTHER RESOLVED, that the term of this addendum shall be for one year effective the date signed and automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice.

BE IT FURTHER RESOLVED, that the County Clerk and the Chairperson of the Board of Commissioners are hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.

## MEMORANDUM

TO: Human Services Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: August 8, 2012

RE: Recommendation to Authorize a Memorandum of Understanding with the Michigan Primary Care Association for Participation in the Health Center Controlled Network

This is a recommendation to authorize a Memorandum of Understanding (MOU) with the Michigan Primary Care Association. The purpose of this MOU is to allow participation in MPCA's Health Center Controlled Network. Participation in this Network will provide the the Health Department's Community Health Centers with technical assistance relevant to the meaningful use of the Electronic Health Records and how it relates to quality improvements (i.e. Uniform Data System (UDS) and Patient Centered Medical Home (PMCH)). It will also allow the Health Centers to maximize economies of scale through the pooling of resources, sharing of ideas related to work flow and operations, collaborating with other Health Center Program grantees and other key stakeholders to improve clinical quality through data use, and sharing templates and tools to maximize efficiencies.

Participation in the Health Center Controlled Network is at no cost to the County and may allow the Health Centers to be eligible for funding in the future. The term of this agreement will be from December 1, 2012 through November 30, 2015, and automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice.

I recommend that the Board of Commissioners authorize a Memorandum of Understanding (MOU) with the Michigan Primary Care Association (MPCA) for participation in the Health Center Controlled Network from December 1, 2012 through November 30, 2015, which will automatically renew for subsequent one year terms unless either party terminates by providing days written notice.

c: Debra Brinson (with attachment)  
Barb Mastin (with attachment)  
John Jacobs (with attachment)  
Jayson Welter (with attachment)  
Carolyn Redman (with attachment)

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE MEMORANDUM OF UNDERSTANDING WITH THE MICHIGAN  
PRIMARY CARE ASSOCIATION FOR PARTICIPATION IN THE HEALTH CENTER  
CONTROLLED NETWORK**

WHEREAS, the Health Department's Community Health Centers propose to enter in a Memorandum of Understanding (MOU) with the Michigan Primary Care Association; and

WHEREAS, the purpose of this MOU is to allow participation in MPCA's Health Center Controlled Network; and

WHEREAS, participation in this Network will provide the Health Department's Community Health Centers with technical assistance relevant to the meaningful use of the Electronic Health Records and how it relates to quality improvements (i.e. Uniform Data System (UDS) and Patient Centered Medical Home (PMCH) initiatives; and

WHEREAS, it will also allow the Health Centers to maximize economies of scale through the pooling of resources, sharing of ideas related to work flow and operations, collaborating with other Health Center Program grantees and other key stakeholders to improve clinical quality through data use, and sharing templates and tools to maximize efficiencies; and

WHEREAS, participation in the Health Center Controlled Network is at no cost to the County and may allow the Health Centers to be eligible for funding in the future; and

WHEREAS, the term of this agreement will be from December 1, 2012 through November 30, 2015, and will automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize a Memorandum of Understanding (MOU) with the Michigan Primary Care Association (MPCA) for participation in the Health Center Controlled Network.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes a Memorandum of Understanding (MOU) with the Michigan Primary Care Association for the purpose of participating in the Health Center Controlled Network.

BE IT FURTHER RESOLVED, that the agreement will be from December 1, 2012 through November 30, 2015, and will automatically renew for subsequent one year terms unless either party terminates by providing 30 days written notice.

BE IT FURTHER RESOLVED, that the County Clerk and the Chairperson of the Board of Commissioners are hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION HONORING EMPLOYEES OF THE ADULT HEALTH CENTER**

WHEREAS, the Adult Health Center began providing primary medical services to the medically underserved residents of Ingham County in 1978 through the Greenlawn campus; and

WHEREAS, the Adult Health Center moved to the Cedar Community Health Center location in 1984; and

WHEREAS, in 2007 the Ingham County Health Department began providing HIV primary care services at the Adult Health Center in collaboration with Michigan State University's College of Osteopathic Medicine; and

WHEREAS, the dedicated employees of the Adult Health Center provide primary and mental health services (through a partnership with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties), including infectious disease services, sexually transmitted infection services, refugee services and patient prescription assistance services to residents in Ingham County; and

WHEREAS, the Adult Health Center is operated by a team of individuals who are steadfast in their commitment to serving medically vulnerable adults in Ingham County; and

WHEREAS, in 2011, these dedicated employees provided quality primary health care services to 3,549 patients in over 8,520 visits.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby honors all employees of the Adult Health Center for their continued service to the residents of Ingham County.



CAPITAL AREA  
**HealthAlliance**

AGENDA ITEM # 4a

RECEIVED

JUL 10 2012

July 2, 2012

Dale Copedge, Chairperson  
Ingham County Board of Commissioners  
P.O. Box 319  
Mason, MI 48854

To the Ingham County Board of Commissioners:

I am writing this letter in support of the Ingham Health Plan Corporation's recommendation to the Board of Commissioners to place a health care millage on the November 6, 2012 ballot. The Ingham Health Plan has been in operation since 1998 and has not asked the taxpayers to contribute local taxes to support this effort. We believe it is time to go to the voters to decide if this valuable community resource is worth preserving.

As a health care organization in Ingham County, the implications of available health care are clear; the public will either pay now or pay more in the future. The cost of health care for all citizens should not be prohibitive to receiving quality care.

The Supreme Court decision upholding the constitutionality of the Affordable Care Act is certainly a compelling reason to avoid placing a health care millage on the ballot. However, the initiative will still take many years to implement. We also know that many residents in the County will remain uninsured due the affordability of insurance products offered.

Capital Area Health Alliance supports the inclusion of a proposal for increased local support for access to health care for the uninsured through a millage on the November ballot.

Sincerely,

Valerie Glesnes-Anderson

Cc: R. Reynolds

July 12, 2012

To: The Ingham County Board of Commissioners

From: Barry E. Saltman MD

President/Founder Care Free Medical & Dental

Board of Directors Ingham Health Plan

Dear Commissioners,

I am submitting this letter to provide my support to the request for a millage vote in our upcoming election. The necessity for funding for the Ingham Health Plan to help assure medical care for the neediest folks in our community will be with us, no matter what the pending legislative decisions determine regarding this important matter. I have seen sufficient information to convince me that we will continue to be faced with thousands of our Ingham County residents who will require "safety-net" programs to assure their access to health care services. Our County Health Plan has been a veritable blessing to thousands of our citizens. Over the past eight years I have had the privilege to help provide care to a significant portion of the patients covered by this program. I hate to even imagine what medical disasters might have impacted on a significant number of these patients had they not had IHP coverage. I am well aware of the uncertainty of many of the aspects of the Affordable Care Act. What is certain is that our county will have many people who will rely on our county health plan; no matter what. This proposed millage will provide us with the resources we need to continue to meet the health care needs of the uninsured and underinsured in our Ingham County.

Thank you,

  
Barry E. Saltman MD



GREATER LANSING

AGENDA ITEM # 4c

401 W. Greenlawn Ave  
Lansing, Michigan  
48910-9969

tel (517) 975 6000

[mclaren.org/lansing](http://mclaren.org/lansing)

July 13, 2012

Dale Copedge, Chairperson  
Ingham County Board of Commissioners  
P.O. Box 319  
Mason, MI 48854

To the Ingham County Board of Commissioners:

I am writing in support of the Ingham Health Plan Corporation's recommendation to the Board of Commissioners that a health care millage be placed on the November 6, 2012 ballot.

As a nonprofit acute care hospital, we see the impact a lack of health insurance options can have on individuals on a daily basis. Too often, avoidable and life-altering conditions arise because patients do not seek basic medical care and follow-up treatments with specialists.

Broadening Ingham Health Plan's services to include more specialists and increasing the provider capacity in Ingham County are crucial to the health of our entire community.

McLaren Greater Lansing supports the inclusion of a millage on the November ballot to give voters the opportunity to increase health care access for the uninsured.

Sincerely,

Patrick Salow  
Executive Vice President/Chief Operating Officer

Cc: Robin Reynolds