

CHAIRPERSON
VICTOR CELENTINO

VICE-CHAIRPERSON
BRIAN McGRAIN

VICE-CHAIRPERSON PRO-TEM
RANDY MAIVILLE

HUMAN SERVICES COMMITTEE
DEB NOLAN, CHAIR
TODD TENNIS
DIANNE HOLMAN
BRIAN McGRAIN
KARA HOPE
SARAH ANTHONY
DON VICKERS

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, OCTOBER 20, 2014 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 [October 6, 2014 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. Interviews - Youth Commission
2. Health Care Services Millage - Resolution to Authorize the Intergovernmental Transfer of Ingham County Funds to Support [DSH Payments](#) to Sparrow Health System and/or McLaren Greater Lansing
3. Circuit Court - Resolution Recognizing and Supporting the [Veterans History Project](#)
4. Health Department
 - a. Resolution to Authorize [Dental Services](#) Agreements with Licensed Dentists for 2015
 - b. Resolution to Authorize the 2014 - 2015 [Schedule A Addendum](#) to the Blue Cross Blue Shield Administrative Services Agreement for Services to Ingham County Jail Inmates
 - c. Resolution to Authorize an Agreement with [Michigan Consumers](#) for Health Care to Serve as a Local Community Navigator for Ingham County and Surrounding Communities
 - d. Resolution to Appoint [Dr. Michael Markey, M.D.](#), to the Position of Chief Medical Examiner for Ingham County
 - e. Resolution to Authorize an Agreement with [Lansing-Mason Ambulance](#) for Medical Examiner Transports
 - f. Resolution to Adopt Amendments to the Ingham Community Health Center Board [Bylaws](#)
5. Controller's Office - Resolution Authorizing [Adjustments](#) to the 2014 Ingham County Budget

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.

HUMAN SERVICES COMMITTEE

October 6, 2014

Minutes - Draft

Members Present: Deb Nolan, Todd Tennis, Kara Hope, Don Vickers, Sarah Anthony, Dianne Holman, and Brian McGrain

Members Absent: None

Others Present: Jared Cypher, Linda Vail, Barb Mastin, Janet Clark, Edith Gibson, Demetria Jackson, Ryan Buck, 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, Michigan.

Approval of the September 15, 2014 Minutes

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. ANTHONY, TO APPROVE THE MINUTES OF THE SEPTEMBER 15, 2014 MEETING AS PRESENTED.

THE MOTION CARRIED UNANIMOUSLY.

Additions to the Agenda

5. Controller's Office - Announcement regarding Millages

Substitutes –

4. Health Department

f. Resolution Honoring Susan McIntosh McPhail

Limited Public Comment

Edith Gibson addressed the Committee in regards to her daughter, Demetria Gibson. Ms. Gibson stated that they were both Mason residents. She thanked Commissioner Vickers for his assistance in developing a fully-integrated pilot program with the Mason Public Schools that Demetria could utilize. Ms. Gibson stated that she has made a lot of progress with the schools.

Ms. Gibson stated that her difficulties with Community Mental Health (CMH) had continued and she was preparing to file a lawsuit against CMH.

Ms. Gibson stated Demetria required extensive care. She further stated that she requested medical transportation reimbursement in the amount of 23 cents per mile, reimbursement for food, and reimbursement for lodging from the Department of Human Services (DHS)

Ms. Gibson stated that the last time she DHS contacted her, she was informed that DHS was suffering a backlog, however no information was provided about when the backlog would be addressed.

Ms. Gibson asked the Committee to get involved in this issue.

Commissioner Vickers stated that Ms. Gibson should contact State Senator Joe Hune and State Representative Tom Cochran.

Commissioner Tennis stated that DHS had a division for disability rights. He further stated that he did not know how robust the division was.

Discussion.

Commissioner Tennis stated that DHS was a state department, not a County department.

Ms. Gibson stated that she made several attempts to contact CMH, however she had been unsuccessful. She further stated that she attempted to get an administrative hearing, however no hearing had been scheduled.

Chairperson Nolan stated that the Committee was held back by confidentiality issues.

Ms. Gibson stated that she could provide a letter that would waive confidentiality in this issue.

Chairperson Nolan asked Jared Cypher, Deputy Controller, to get in contact with Ms. Gibson regarding the issues she raised.

Discussion.

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. TENNIS, TO ADOPT A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

2. Michigan Department of Human Services - Michigan Rehabilitation Services - Resolution to Authorize a Cooperative Cash Match Agreement with the Michigan Department of Human Services - Michigan Rehabilitation Services
3. Ingham Health Plan Corporation - Resolution to Authorize the Intergovernmental Transfer of Ingham County Funds to Support DSH Payments to Sparrow Health System and/or McLaren Greater Lansing
4. Health Department

- a. Resolution to Accept Funding from the United States Department of Health and Human Services, Division of Health Resources and Services Administration to Support the Healthy Start Grant
- b. Resolution to Accept an Expanded Services Award from the U.S. Department of Health and Human Services Health Resources and Services Administration
- c. Resolution to Extend the Lease Agreement for the Healthy Smiles Dental Center Located at 2815 S. Pennsylvania Ave., Suite 203, Lansing, Michigan
- e. Resolution to Authorize an Agreement with the National Association of County and City Health Officials (NACCHO) to Continue Work for the “Building Networks” Initiative
- f. Resolution Honoring Susan McIntosh McPhail

THE MOTION CARRIED UNANIMOUSLY.

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY.

1. Presentation - Retired Senior Volunteer Program (RSVP) Presentation by Janet Clark

Janet Clark, RSVP Director, stated that RSVP had existed for 43 years and she had been affiliated with it for 25 years. Ms. Clark presented on the Foster Grandparent Program and Senior Companions Program. She stated that this RSVP program was one of the first five RSVP programs in Michigan.

Ms. Clark stated that RSVP was a collaborative effort. She provided the example of where RSVP assisted the Health Department address the West Nile Virus issue a few years ago. Ms. Clark stated that she had more than 500 volunteers.

Ms. Clark stated that RSVP worked heavily in the schools because she believed that seniors played an important role in students’ lives. She further stated RSVP worked with the Lansing School District.

Commissioner Anthony asked whether there was a current need for volunteers.

Ms. Clark stated that they always needed volunteers.

Commissioner Vickers stated that he was aware of an individual who suffered from dementia and asked whether this individual could benefit from this program.

Ms. Clark stated that they were the cheapest rate in town at around \$7 per hour.

Discussion.

Commissioner McGrain asked how many people had RSVP assisted.

Ms. Clark stated that she did not know.

Discussion.

Chairperson Nolan thanked Ms. Clark for presenting.

Ms. Clark invited the Committee to contact her office for more information.

Discussion.

4. Health Department

- d. Resolution to Enter into a Service Analysis Agreement with MAXIMUS Consulting Services, Inc.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. TENNIS, TO APPROVE THE RESOLUTION TO ENTER INTO A SERVICE ANALYSIS AGREEMENT WITH MAXIMUS CONSULTING SERVICES, INC.

Commissioner Holman asked if this resolution included all services that involved fees.

Linda Vail, Health Officer, stated that this resolution involved environmental health fees. She further stated that they were audited for family planning fees.

Commissioner Holman asked if this was specific to the Health Department.

Ms. Vail answered yes. She stated that they utilized Maximus when she worked in Kalamazoo. Ms. Vail stated that it was cost effective to utilize Maximus.

Discussion.

Commissioner Tennis asked how these fees were assessed prior to Maximus.

Ms. Vail stated that Maximus prepared a cost study in 1999-2000. She further stated that they would use CPI adjustments for a few years, however they needed a new cost study.

Commissioner Vickers asked whether Maximus worked on Animal Control fees.

Commissioner Tennis stated that the Animal Control fees were incentive-based where spayed or neutered animal fees were cheaper than an animal that could procreate.

THE MOTION CARRIED UNANIMOUSLY.

4. Health Department

- g. Discussion: Naming of the New Health Center Site at 2316 S. Cedar St. (McLaren Building)

Chairperson Nolan stated that this would be a joint endeavor between the Committee and the Community Health Center Board (CHCB).

Commissioner Tennis stated that there had been several unofficial naming conventions proposed.

Discussion.

Commissioner Tennis stated that the McLaren Building would be the crown jewel of our system. He further stated that the discussion had been circling around honoring an individual who had served residents in the area of public health.

Commissioner Tennis stated that CHCB was hoping to have a joint meeting with this Committee to name the building.

Commissioner Vickers asked whether the “Ingham County” name would be included in the Health Center Name. He stated that it was important to include the name.

Commissioner Tennis stated that the health centers were a separate entity from the County, however there was a clear partnership.

Discussion.

Chairperson Nolan stated that she also wanted that the “Ingham County” name to be included in some fashion. She further stated that it was important for the public to realize that this would be a County facility. Chairperson Nolan stated that the entire staff would be County employees.

Chairperson Nolan stated that she was looking for diversity in naming this building. She further stated she wanted the name, “Debbie Stabenow,” to be considered.

Commissioner Vickers stated that he was neutral on that suggestion.

Discussion.

Commissioner Tennis stated that he was concerned about naming a building for an individual who was currently in office. He further stated that doing this would politicize the building.

Discussion.

Chairperson Nolan asked the Controller’s Office to schedule a joint meeting with CHCB.

Commissioner Holman asked that the Committee bring County employee input to the table as well.

Commissioner Tennis stated that he appreciated making this a joint conversation and decision between the Committee and CHCB.

Chairperson Nolan asked how long the CHCB would meet at Cedar Point Building.

Barb Mastin, Deputy Health Officer/Health Centers Executive Director, stated that she believed it would be at least one more year.

Discussion.

5. Controller's Office – Announcement regarding Millages

Mr. Cypher stated that a discrepancy was discovered between the two estimates that the Health Services and Trails and Parks millages would collect in tax revenue. He further stated that the Health Services Millage was a millage renewal of 0.52 mills, which the millage language stated would raise an estimated \$3,425,803. Mr. Cypher stated that the Trails and Parks Millage was a new millage of 0.5 mills, which the millage language stated would raise an estimated \$3,519,041. He further stated that discrepancy was that the Trails and Parks Millage was estimated to raise more tax than the Health Services millage despite the fact the Trails and Parks Millage's 0.5 mill amount was less than the Health Services millage amount.

Mr. Cypher stated that the Health Services Millage utilized the "modified taxable value," which did not include property subject to tax capture while the Trails & Parks Millage utilized "taxable value," which did include property subject to tax capture.

Mr. Cypher stated that the County Attorney did not see an issue because the millage language utilized the word, "estimate."

Chairperson Nolan asked that a process be developed so this issue would not occur again.

Announcements

Commissioner Vickers announced the Highfields Breakfast was scheduled for October 23 from 8 a.m. to 9 a.m. at the Kellogg Center at Michigan State University. He further announced that they did not have tickets for sale, however they would accept donations.

Public Comment

Ms. Vail stated that she could not attend the Highfields Breakfast because she was scheduled to attend the Michigan Premier Public Health Conference on October 22-23 in Bellaire, Michigan. She further stated that she nominated the Health Department and few individuals for awards to be announced at the Conference.

Chairperson Nolan asked that Ms. Vail keep the Committee apprised.

Adjournment

The meeting was adjourned at 7:24 p.m.

OCTOBER 20, 2014 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions:

2. Health Care Services Millage - Resolution to Authorize the Intergovernmental Transfer of Ingham County Funds to Support DSH Payments to Sparrow Health System and/or McLaren Greater Lansing
This resolution authorizes the intergovernmental transfer of Health Care Service millage funds to the State of Michigan for the purpose of supporting Disproportionate Share Hospital (DSH) payments, so long as DSH funds are available. The financing mechanism supporting the intergovernmental transfer of funds for the purpose of supporting the DSH payment will likely be discontinued after the first quarter transfer in FY 2015. As required, Sparrow Health System has signed an Indigent Care Agreement with the Ingham Health Plan Corporation (IHPC) for the time period of October 1, 2014 through September 30, 2015. The Michigan Department of Community Health has indicated that Sparrow Health System is eligible to receive Indigent Care Agreement-based DSH payments in the amount that would be supported by the Ingham County intergovernmental transfer. Funds shall be used for the purpose of providing access to basic health care services to Ingham County residents whose individual income is less than \$28,000, and who are not eligible for Medicaid under the Federal Affordable Care Act, and who do not have medical insurance. Prior to the transfer of any Health Care Service millage funds, the Ingham Health Plan must submit expenditure and membership data for the prior quarter to Ingham County.
3. Circuit Court – Resolution Recognizing and Supporting the Veterans History Project
This resolution recognizes and supports the importance of the Veterans History Project in preserving our veterans' stories by granting authorization to host the November 7, 2014 event to be held at the Veterans Memorial Courthouse. This is a cooperative effort between representatives of the Ingham County Circuit Court, Ingham County Department of Veterans Affairs, and the Michigan Association of Professional Court Reporters. The proposal is to hold a Veterans History Project event on November 7, 2014, at the Veterans Memorial Courthouse. The event will begin with a presentation and reception to honor the veterans and conclude with the veterans being interviewed by community members who have graciously volunteered their time. Court reporters will capture the interviews through transcription and the transcripts will be submitted to the Library of Congress for historical preservation. (see attached memo for details)
4. Health Department
 - a. Resolution to Authorize Dental Services Agreements with Licensed Dentists for 2015
This resolution authorizes Dental Services Agreements for the Health Department's Ingham Community Health Centers. The Dental Service Agreements shall be for a maximum of 32 hours a week, at \$57.43/hour (a 1% increase). The agreements shall also require the dentist to maintain professional liability insurance consistent with County policies. The Health Department will manage contractual services so as not to exceed the recommended budgeted amount for dental services contracts of \$161,773 for 2015.
 - b. Resolution to Authorize the 2014 – 2015 Schedule A Addendum to the Blue Cross Blue Shield Administrative Services Agreement for Services to Ingham County Jail Inmates
This resolution authorizes the 2014 - 2015 Schedule A Addendum to the BCBSM Administrative Services Agreement for the 2014-2015 agreement period in order to maintain BCBS services for paying claims for health care services provided to inmates of the Ingham County Jail.

c. *Resolution to Authorize an Agreement with Michigan Consumers for Health Care to Serve as a Local Community Navigator for Ingham County and Surrounding Communities*

This resolution authorizes an agreement with Michigan Consumers for Health Care to serve as an initial point of contact and support for the Ingham County area as a Local Community Navigator (LCO) organization. MCH will provide \$20,000 in compensation to the Health Department to support staff members to provide outreach, education, and enrollment both through the Marketplace and the MI-Bridges program. Registration and Enrollment staff will be certified as Navigators and available to assist local consumers in understanding their enrollment options. In an effort to ensure the Ingham County community has awareness and access for health care coverage, the Health Department will contract with Adams Outdoor Marketing Services for an amount up to \$5,000 for outdoor and print marketing. In addition, up to \$5,000 will be used for outreach engagements and incentives at community events. Up to \$5,000 will be allocated for educational materials to improve health literacy, and \$5,000 will be used to provide necessary staff training and development.

d. *Resolution to Appoint Dr. Michael Markey, M.D., to the Position of Chief Medical Examiner for Ingham County*

This resolution appoints Dr. Michael Markey, M.D. to the position of Chief Medical Examiner for Ingham County. Dr. Joyce deJong has been the County's Chief Medical Examiner since 2011. Dr. deJong has resigned effective November 1, 2014. Dr. Michael Markey, M.D., currently serves as Medical Examiner for Eaton, Ionia, Isabella, Montcalm and Shiawassee Counties. Dr. Markey has agreed to serve as Chief Medical Examiner for Ingham County.

e. *Resolution to Authorize an Amendment to the Agreement with Lansing-Mason Ambulance for Medical Examiner Transports*

This resolution will authorize a contract with Lansing-Mason Ambulance for the period of October 1, 2014 through September 30, 2018. The flat rate per body transport shall be:

2014-15 - \$85.00
2015-16 - \$90.00
2016-17 - \$95.00
2017-18 - \$100.00

f. *Resolution to Adopt Amendments to the Ingham Community Health Center Board Bylaws*

This resolution adopts the amendment to the Ingham Community Health Center Board Bylaws. The Ingham Community Health Center Board must have established Bylaws in order to ensure compliance with federal statute and programmatic requirements as stipulated by Section 330 of the Public Health Services Act. The Health Center Board has reviewed and updated the current Bylaws and is requesting approval from the Ingham County Board of Commissioners. The proposed amendments to the Bylaws have been reviewed by the County Attorney. It has been determined that the proposed amendments are minor and technical in nature, and do not significantly alter the substance of the document.

5. *Controller's Office - Resolution Authorizing Adjustments to the 2014 Ingham County Budget*

This resolution will approve adjustments to the Ingham County budget for the third quarter of fiscal year 2014. The total increase to the General Fund is \$40,956. Human Services related adjustments include:

- An increase of \$291,912 in liquor tax payments, 50% of which will be allocated to our substance abuse coordinating agency.
- In an effort to more accurately budget for the Health Department, a decrease in general fund appropriation of \$670,000 is recommended for the Health Fund. This is due to a projected excess of \$200,000 in non-general fund revenues, \$100,000 excess in salary attrition, and expenditures projected at \$370,000 less than budgeted. No adjustment is recommended to the Clinic Fund's general fund

appropriation. It is projected that the Clinic Fund will use less than its budgeted amount of fund balance, but that will need to be retained in the fund for the planned renovations to the McLaren building. The net change from these adjustments will be a decrease of \$810,956 in the general fund's budgeted use of fund balance, from \$4.08 million to \$3.27 million.

OTHER ITEMS:

1. *Interviews – Youth Commission*

MEMORANDUM

TO: Human Services and Finance Committees
FROM: Jared Cypher, Deputy Controller
RE: IGT supporting DSH payments
DATE: October 14, 2014

This resolution authorizes the intergovernmental transfer of Health Care Service millage funds to the State of Michigan for the purpose of supporting Disproportionate Share Hospital (DSH) payments, so long as DSH funds are available. The financing mechanism supporting the intergovernmental transfer of funds for the purpose of supporting the DSH payment will likely be discontinued after the first quarter transfer in FY 2015.

As required, Sparrow Health System has signed an Indigent Care Agreement with the Ingham Health Plan Corporation (IHPC) for the time period of October 1, 2014 through September 30, 2015. The Michigan Department of Community Health has indicated that Sparrow Health System is eligible to receive Indigent Care Agreement-based DSH payments in the amount that would be supported by the Ingham County intergovernmental transfer.

Funds shall be used for the purpose of providing access to basic health care services to Ingham County residents whose individual income is less than \$28,000, and who are not eligible for Medicaid under the Federal Affordable Care Act, and who do not have medical insurance.

Prior to the transfer of any Health Care Service millage funds, the Ingham Health Plan must submit expenditure and membership data for the prior quarter to Ingham County.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE THE INTERGOVERNMENTAL TRANSFER OF INGHAM COUNTY FUNDS TO SUPPORT DSH PAYMENTS TO SPARROW HEALTH SYSTEM AND/OR MCLAREN GREATER LANSING

WHEREAS, Ingham County has an objective to assure access to appropriate levels of health care for Ingham County residents, with a goal of having all residents participating in an organized system of health care; and

WHEREAS, the Federal government has approved Michigan's Medicaid State Plan Amendment TN No. 05-13, effective June 1, 2006, which created an "Indigent Care Agreements Pool" for hospitals qualifying for Medicaid Disproportionate Share ("DSH") payments to receive DSH payments under the Indigent Care Agreements Pool so long as: (a) the hospital has an Indigent Care Agreement with a local health care entity, such as Ingham Health Plan Corporation; and (b) the Indigent Care Agreement stipulates that direct or indirect health care services be provided to low-income patients with special needs who are not covered under other public or private health care programs; and

WHEREAS, Ingham Health Plan Corporation will enter into an Indigent Care Agreement with Sparrow Health System and/or McLaren Greater Lansing, requiring Ingham Health Plan Corporation to directly or indirectly operate a program of arranging and paying for health care to low-income individuals with special needs who are not covered under other public or private health care programs and who are unable to pay for such services; and

WHEREAS, both the Federal government and the State of Michigan participate in the financing of the Indigent Care Agreements Pool, with the Federal government matching the State's portion pursuant to the Federal medical assistance percentage formula; and

WHEREAS, certain intergovernmental transfers of public funds from Ingham County may be made to the State of Michigan to be used as the State's share in claiming the Federal match.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the County Treasurer and the County Controller/Administrator to implement intergovernmental transfers of up to \$350,000 from the Health Care Services millage to the State of Michigan for the purpose of contributing to Disproportionate Share Hospital payments made through the Indigent Care Agreements Pool to Sparrow Health System and/or McLaren Greater Lansing.

BE IT FURTHER RESOLVED, that the intergovernmental transfers are authorized once the following conditions are in place:

- Sparrow Health System and/or McLaren Greater Lansing have signed Indigent Care Agreement(s) with the Ingham Health Plan Corporation for the time period of October 1, 2014 through September 30, 2015.
- The State has indicated via the Michigan Department of Community Health website or another mechanism that Sparrow Health System and/or McLaren Greater Lansing Center are eligible to receive Indigent Care Agreement-based DSH payments in the amount that would be supported by the Ingham County intergovernmental transfer.

- Funds shall be used for the purpose of providing access to basic health care services to Ingham County residents whose individual income is less than \$28,000, and who are not eligible for Medicaid under the Federal Affordable Care Act, and who do not have medical insurance.
- Ingham Health Plan and Ingham County have signed an agreement that requires the Ingham Health Plan to submit data to Ingham County that includes, but is not limited to, Ingham Health Plan expenditures and enrollment for the prior quarter.

BE IT FURTHER RESOLVED, that this Resolution shall be effective October 1, 2014 through September 30, 2015.

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

MEMORANDUM

To: Law & Courts and Human Services Committees
From: Rhonda K. Swayze
Date: October 8, 2014
Re: Veterans History Project

The Veterans History Project (VHP) of the Library of Congress American Folklife Center is primarily an oral history program that collects and preserves the firsthand interviews of America's wartime veterans. The Michigan Association of Professional Court Reporters has committed their services to this endeavor by transcribing the interviews of wartime veterans.

Representatives of the Ingham County Circuit Court, Ingham County Department of Veterans Affairs, and the Michigan Association of Professional Court Reporters have planned a Veterans History Project event to be held on November 7, 2014, at the Veterans Memorial Courthouse. The event will begin with a presentation and reception to honor the veterans and conclude with the veterans being interviewed by community members who have graciously volunteered their time. Court reporters will capture the interviews through transcription and the transcripts will be submitted to the Library of Congress for historical preservation.

Through the enclosed Resolution, we are requesting that the Board of Commissioners recognize and support the Veterans History Project by granting authorization to host the November 7, 2014, event to be held at the Veterans Memorial Courthouse.

cc: Paul Brandell
Melinda Dexter
Hon. Joyce Draganchuk
Shauna Dunnings
Daneen Jones
Hon. Janelle A. Lawless
Randy Marwede
Kim Milton

Introduced by the Law and Courts and Human Services Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION RECOGNIZING AND SUPPORTING
THE VETERANS HISTORY PROJECT**

WHEREAS, the Veterans History Project (VHP) of the Library of Congress American Folklife Center is primarily an oral history program that collects and preserves the firsthand interviews of America's wartime veterans; and

WHEREAS, members of the Michigan Association of Professional Court Reporters have offered their services in transcribing the interviews of veterans for the Veterans History Project; and

WHEREAS, Melinda Dexter, an officer of the Michigan Association of Professional Court Reporters and court reporter for the Ingham County Circuit Court, presented a proposal to Ingham County Circuit Court Administration to host a Veterans History Project at the Ingham County Veterans Memorial Courthouse; and

WHEREAS, representatives of the Michigan Association of Professional Court Reporters, Ingham County Department of Veterans Affairs, and Ingham County Circuit Court have met and planned a Veterans History Project event to be held at the Veterans Memorial Courthouse on November 7, 2014; and

WHEREAS, the event will begin with a presentation and reception honoring the veterans and will be followed by the interviews and the capturing of the veterans stories through professional court reporter transcription; and

WHEREAS, it is important to acknowledge and honor the brave service of our country's veterans by preserving the stories of their wartime experiences.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby recognizes and supports the importance of Veterans History Project in preserving our veterans' stories by granting authorization to host the November 7, 2014, event to be held at the Veterans Memorial Courthouse.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: October 8, 2014

RE: Recommendation to Authorize the 2015 Dental Services Agreements

The attached resolution will authorize the Dental Services Agreements for the Health Department's Ingham Community Health Centers.

Qualified dentists are essential to ensure the delivery of high quality pediatric and adult oral health services within the Health Department's Ingham Community Health Centers. These services provide needed revenue. To maintain both services and meet revenue projections each year, the Ingham Community Health Centers must competitively recruit and retain contractual dentists.

The Health Department's FY 2015 Controller recommended budget includes \$161,773 for contractual dentists to provide oral health services at the Healthy Smiles Dental Center and the Adult Health Center for 2015. The Health Department proposes a 1% increase in the contractual dentist hourly rate from \$56.86/hour to \$57.43/hour for 2015. This increase will enable the Health Department to offer a more competitive rate for recruiting and retaining qualified dentists, which has been a perennial challenge. This increase aligns with the CHC Provider Market Salary for Dentists (\$103,387-\$124,097) and is based on the updated market salary grades from the 2013-14 Health Center Salary Benefits Report by the National Association of Community Health Centers.

The Dental Service Agreements shall be for a maximum of 32 hours a week, at \$57.43/hour. The agreements shall also require the dentist to maintain professional liability insurance consistent with County policies. The Health Department will manage contractual services so as not to exceed the recommended budgeted amount for dental services contracts of \$161,773 for 2015.

I recommend that the Board authorize Dental Services Agreements at the hourly rate of \$57.43/ hour for a maximum of 32 hours a week for the period of January 1, through December 31, 2015.

c: Eric Thelen, w/ attachment
Barbara Watts Mastin, w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE DENTAL SERVICES AGREEMENTS
WITH LICENSED DENTISTS FOR 2015**

WHEREAS, Ingham County's Ingham Community Health Centers operates two dental health centers and uses a mix of employed and contracted dentists to provide dental services; and

WHEREAS, the Health Department's 2015 Budget includes \$161,773 for contractual dentists; and

WHEREAS, the Ingham Community Health Center Board of Directors supports dental services contracts with licensed dentists; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize dental services contracts with licensed dentists for the period of January 1, 2015 through December 31, 2015, at the rate of \$57.43 per hour.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes dental services contracts with licensed dentists for the period of January 1, 2015 through December 31, 2015.

BE IT FURTHER RESOLVED, that the dentists shall be paid at the rate of \$57.43 per hour, with total expenditures not to exceed \$161,773.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is 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: Linda S. Vail, MPA, Health Officer

DATE: October 6, 2014

RE: Resolution to Authorize the 2014-15 Schedule A Addendum to the Blue Cross Blue Shield Administrative Services Agreement for Services to Ingham County Jail Inmates

Ingham County and Blue Cross Blue Shield (BCBS) of Michigan entered into an agreement in 1996 wherein BCBS of Michigan would pay the claims of health care services provided to inmates of the Ingham County Jail. This agreement is updated annually by executing a Schedule A Addendum to the Administrative Services Contract. The most recent Addendum was authorized through Resolution #13-454.

The Schedule A Addendum proposed through the attached resolution will cover the period of December 1, 2014 through November 30, 2015. There is one change to the 2014-15 Schedule A Addendum proposed by BCBS: BCBS has removed the ceiling and floor to the total percent of Additional Administrative Compensation fees paid on all claims.

The County has always paid a 9% Additional Administrative Compensation (AAC) fee on all paid hospital claims. Under the terms of the proposed Addendum, the County will continue to pay the 9% AAC fee on all hospital claims, as in previous years. The AAC as a percent of total paid claims had previously been set at no less than 8.78% and no greater than 9.32% of total claims paid. In the proposed 2014-15 Schedule A Addendum, the ceiling and floor for the AAC fee as a percentage of total paid claims is removed.

BCBS has been phasing out the ceiling and floor ranges for total paid claims from Schedule A Addendums for jail services, citing that the use patterns from jails differ from other populations and are inconsistent with the application of a total percent of claims range. Ingham County received one AAC fee settlement for the 2012-13 period for \$27,615, and will receive a second settlement for the 2013-14 period. Ingham County did not receive settlements prior to these and will not receive any further settlements following the removal of the cap and floor from the proposed 2014-2015 Schedule A Addendum.

According to BCBS, the AAC fee methodology changed as part of BCBS's transition to the Michigan Operating System. In the old system, AAC was billed as 13.5% of the billed hospital amount. Under the new Michigan Operating System, AAC is calculated at 9% of the Hospital Discount. Since claims fluctuate each year, forcing the claims fee to fluctuate, BCBS introduced floors and caps so neither the County nor BCBS would be adversely affected by these fluctuations. It was later determined by BCBS that the unpredictable utilization and inmate counts make the cap and floor not credible, as the BCBS cannot establish a good pattern or trend. BCBS discussed the removal of the cap and floor from the 2014-15 Schedule A Addendum with the Chief Financial Officer in 2013, at which time he was told 2014 would be the last year with a cap and floor for AAC.

I recommend that the Board of Commissioners authorize the 2014 - 2015 Schedule A Addendum to the BCBSM Administrative Services Agreement for the 2014-2015 agreement period in order to maintain BCBS services for paying claims for health care services provided to inmates of the Ingham County Jail.

c: Eric Thelen, w/ attachment
Barbara Watts Mastin, w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE THE 2014 – 2015 SCHEDULE A ADDENDUM TO THE
BLUE CROSS BLUE SHIELD ADMINISTRATIVE SERVICES AGREEMENT FOR SERVICES
TO INGHAM COUNTY JAIL INMATES**

WHEREAS, Ingham County and Blue Cross Blue Shield (BCBS) of Michigan entered into an agreement in 1996 wherein BCBS of Michigan would pay the claims of health care services provided to inmates of the Ingham County Jail; and

WHEREAS, that agreement is updated by executing a Schedule A attachment; and

WHEREAS, the current agreement was authorized in Resolution #13-454 for the period of December 1, 2013 through November 30, 2014; and

WHEREAS, BCBS of Michigan has proposed a 2014 – 2015 Schedule A Addendum to the Administrative Services Agreement; and

WHEREAS, BCBS has removed the cap and floor for the Additional Administration Compensation fee as a percent of total paid claims in the 2014-2105 Schedule A Addendum; and

WHEREAS, there are no other changes to the proposed 2014 – 2015 Schedule A Addendum to the Administrative Services Agreement; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the 2014 - 2015 Schedule A Addendum to the BCBSM Administrative Services Agreement for inmates of the Ingham County Jail.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes the attached Schedule A Addendum to the Administrative Services Agreement with Blue Cross and Blue Shield of Michigan for paying claims for health care services provided to inmates of the Ingham County Jail.

BE IT FURTHER RESOLVED, that the Schedule A Addendum shall be effective December 1, 2014 through November 30, 2015.

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

SCHEDULE A - Renewal Term Dec 2014 to Nov 2015)
Administrative Services Contract (ASC)

1. Group Name: Ingham County Inmates
 2. Group Number/Cluster: 007004013
 3. Contract Effective Date: December 1, 2007
 4. ASC Funding Arrangement: Monthly Wire
 5. Line(s) of Business:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Facility
<input type="checkbox"/> Facility Foreign
<input type="checkbox"/> Facility Domestic
<input checked="" type="checkbox"/> Physician
<input type="checkbox"/> Master Medical | <input checked="" type="checkbox"/> Prescription Drugs
<input type="checkbox"/> Dental
<input type="checkbox"/> Vision
<input type="checkbox"/> Hearing |
|---|--|

*Domestic Facility Code(s):

6. Administrative Fees:

	<u>Percent of Paid Claims</u>	<u>Monthly Contracts</u>
A. Administrative Fee	11.00%	575
B. Additional Agent Fee		
TOTAL	11.00%	
C. Additional Administrative Compensation: Nine percent (9%) of the BCBSM discounts on Michigan hospital claims.		

7. Stop-loss Coverage(s):

- A. Stop-loss Coverage Purchased
 Standard Specific Only
 Specific and Aggregate Aggregate Only
 None
- B. Coverage Lines of Business
 Facility Master Medical
 Facility Foreign Payment Prescription Drugs
 Facility Domestic Charge All Lines of Business (Aggregate Only)
 Physician

C. Attachment Point(s) (per contract) Specific: N/A Aggregate:

	<u>Cost Per Contract</u>	<u>Monthly Contracts</u>
D. Total Stop-loss Premium	N/A	N/A

Blue Cross Blue Shield of Michigan is an independent licensee of the Blue Cross and Blue Shield Association.

Ingham County Inmates Group 007004013

8. Late Payment Charges/Interest:

- A. Weekly Late Payment Charge
 B. Yearly Statutory Interest Charge (Simple Interest)
 C. Provider Contractual Interest

9 BCBSM Account:	1840-09397-3	Comerica	0720-00096
	Wire Number	Bank	American Bank A

- 10 In the event the Schedule A in the form as submitted to Group by BCBSM ("this Schedule A") is not signed by Group and delivered to BCBSM on or before the 15th day after the Renewal Date, Group's administrative fee shall increase by \$2 per contract per month during the Term until the first day of the month following BCBSM's receipt of this Schedule A as signed by Group. Notwithstanding the foregoing, Group's total increase in its administrative fee shall not exceed \$10,000 per month.
- 11 BCBSM will charge an additional administrative fee of \$4.00 per contract per month if an ASC customer obtains stop-loss coverage from a third-party stop-loss vendor.
- 12 Your rate does not include taxes or assessments under consideration by federal and state governments that, if enacted, would be added to your bill.

BCBSM:

BY: _____
(Signature)

NAME: _____
(Print)

TITLE: _____

DATE: _____

BY: _____
(Signature)

NAME: _____
(Print)

TITLE: _____

DATE: _____

THE GROUP:

BY: _____
(Signature)

NAME: _____
(Print)

TITLE: _____

DATE: _____

BY: _____
(Signature)

NAME: _____
(Print)

TITLE: _____

DATE: _____

Blue Cross Blue Shield of Michigan is an independent licensee of the Blue Cross and Blue Shield Association.

Ingham County Inmates

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda Vail, MPA, Health Officer

DATE: October 14, 2014

RE: Resolution to Authorize an Agreement with Michigan Consumers for Healthcare

The Michigan Consumers for Healthcare (MCH) coalition has been selected by the federal government to be a Navigator assisting the uninsured in making their enrollment decisions. The coalition will be Michigan's only statewide Navigator program, engaging more than 120 partner agencies in the important work of reaching out to and assisting hard-to-reach populations everywhere.

In Resolution 13-456, an agreement was authorized between the Health Department and MCH for navigation services. All of the funding was used towards the salary for Nancy Diawara, the identified Navigator located in the Registration and Enrollment Unit. MCH would like to contract with the Health Department for the second year to serve as an initial point of contact and support for the Ingham County area as a Local Community Navigator (LCO) organization. MCH will provide \$20,000 in compensation to the Health Department to support staff members to provide outreach, education, and enrollment both through the Marketplace and the MI-Bridges program. Registration and Enrollment staff will be certified as Navigators and available to assist local consumers in understanding their enrollment options.

In an effort to ensure the Ingham County community has awareness and access for health care coverage, the Health Department will contract with Adams Outdoor Marketing Services for an amount up to \$5,000 for outdoor and print marketing. In addition, up to \$5,000 will be used for outreach engagements and incentives at community events. Up to \$5,000 will be allocated for educational materials to improve health literacy, and \$5,000 will be used to provide necessary staff training and development.

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

Attachment

c: Debbie Edokpolo w/attachment
Eric Thelen w/attachment
Sarah Bryant w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN AGREEMENT WITH MICHIGAN CONSUMERS
FOR HEALTH CARE TO SERVE AS A LOCAL COMMUNITY NAVIGATOR FOR
INGHAM COUNTY AND SURROUNDING COMMUNITIES**

WHEREAS, Michigan Consumers for Healthcare (MCH) coalition has been selected by the federal government to be a Navigator assisting the uninsured in making their enrollment decisions; and

WHEREAS, The coalition will be Michigan's only statewide Navigator program, engaging more than 120 partner agencies in the important work of reaching out to and assisting hard-to-reach populations everywhere; and

WHEREAS, In Resolution #13-456, an agreement was authorized between the Health Department and MCH for navigation services; and

WHEREAS, MCH would like to contract with the Health Department for the second year to serve as an initial point of contact and support for the Ingham County area as a Local Community Navigator (LCO) organization; and

WHEREAS, MCH will provide \$20,000 in compensation to the Health Department to support staff members to provide outreach, education, and enrollment both through the Marketplace and the Healthy Michigan program. Registration and Enrollment staff will be certified as Navigators and available to assist local consumers in understanding their enrollment options; and

WHEREAS, the Health Department will contract with Adams Outdoor Marketing Services for an amount up to \$5,000 for outdoor and print marketing; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize an agreement with Michigan Consumers for Healthcare for the period of October 1, 2014 to September 30, 2015.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with Michigan Consumers for Healthcare to provide the Health Department up to \$20,000 for Navigation Services in Ingham County.

BE IT FURTHER RESOLVED, that the period of the agreement shall be October 1, 2014 to September 30, 2015.

BE IT FURTHER RESOLVED, that a contract agreement is authorized with Adams Outdoor Marketing Services for an amount up to \$5,000 for outdoor and print marketing.

BE IT FURTHER RESOLVED, that these funds were not anticipated in the 2015 Budget and the Controller is authorized to adjust the Health Department's budget.

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

MEMORANDUM

TO: Human Services Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: October 8, 2014

RE: Appointment of Chief Medical Examiner for Ingham County

In Resolution #11-335, Dr. Joyce deJong was appointed Chief Medical Examiner for Ingham County.

Since 2011, Ingham County has maintained an agreement with Sparrow Forensic Pathology for Medical Examiner Services.

Dr. deJong will resign from her position as Chief Medical Examiner for Ingham County effective November 1, 2014. Dr. Michael Markey, M.D., currently serves as Medical Examiner for Eaton, Ionia, Isabella, Montcalm and Shiawassee Counties. Dr. Markey has agreed to serve as Chief Medical Examiner for Ingham County.

I recommend that the Board of Commissioners accept the resignation of Dr. Joyce deJong and appoint Dr. Michael Markey, M.D., as Chief Medical Examiner for Ingham County.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO APPOINT DR. MICHAEL MARKEY, M.D., TO THE POSITION
OF CHIEF MEDICAL EXAMINER FOR INGHAM COUNTY**

WHEREAS, P.A. 1953, No. 181, requires that Michigan counties appoint a Medical Examiner who “. . . shall make investigations as to the cause and manner of death in cases of all persons who die suddenly, unexpectedly, violently, as a result of any suspicious circumstances, while imprisoned in a county or city jail, or persons without medical attendance 48 hours prior to the time of death; or as the result of an abortion . . .”; and

WHEREAS, the current medical examiner, Dr. Joyce deJong, has resigned her position as Chief Medical Examiner for Ingham County effective November 1, 2014; and

WHEREAS, a system for determining the cause and manner of death also requires professional forensic pathology services including staff to receive and follow up on death reports, physicians to provide medical oversight of the process, and pathologists to conduct autopsies, when necessary; and

WHEREAS, In Resolution #10-406, Ingham County entered into an agreement with Sparrow Hospital for Medical Examiner Services; and

WHEREAS, Dr. Michael Markey, M.D., currently serves as Medical Examiner for Eaton, Ionia, Isabella, Montcalm and Shiawassee Counties; and

WHEREAS, that Dr. Markey is a board-certified forensic pathologist licensed to practice medicine in the State of Michigan.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners appoints Dr. Michael Markey, M.D. to the position of Chief Medical Examiner.

BE IT FURTHER RESOLVED, that the term of his appointment shall be for the period November 1, 2014 through February 28, 2015.

BE IT FURTHER RESOLVED, that all other terms and conditions in Medical Examiner Services Agreement with Sparrow Hospital for forensic pathology services remain unchanged.

Memorandum

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: October 8, 2014

RE: Transport Contract with Lansing-Mason Ambulance

Attached is a resolution to authorize an agreement with Lansing-Mason Ambulance Service for body transports. Body transports are a necessary part of the Medical Examiner's responsibilities. Ingham County currently has an agreement with Sparrow Forensic Pathology for Medical Examiner Services.

The attached resolution will authorize a contract with Lansing-Mason Ambulance for the period of October 1, 2014 through September 30, 2018. The flat rate per body transport shall be:

2014-15 - \$85.00
2015-16 - \$90.00
2016-17 - \$95.00
2017-18 - \$100.00

As this agreement will allow the Lansing-Mason Ambulance to continue providing services in a cost-effective manner; \$85.00 is a very reasonable rate for body transport. I recommend the Board of Commissioners adopt the attached resolution and authorize the agreement.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN AGREEMENT WITH
LANSING-MASON AMBULANCE FOR MEDICAL EXAMINER TRANSPORTS**

WHEREAS, the Ingham County Board of Commissioners has the responsibility to appoint the Ingham County Medical Examiner and support investigations as to the cause and manner of unexpected deaths; and

WHEREAS, these investigations often involve the transport of a body from the scene of death to the county morgue; and

WHEREAS, Ingham County has contracted with Lansing-Mason Ambulance Service for the past 14 years; and

WHEREAS, Ingham County Purchasing Department issued an RFP in 2009 for this service as requested by the Chief Medical Examiner; and

WHEREAS, the current agreement authorized in Resolution #09-232 expired on September 30, 2014; and

WHEREAS, the Health Officer recommends that Ingham County authorize an agreement with Lansing-Mason Ambulance Service for the period October 1, 2014 through September 30, 2018.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement for the period October 1, 2014 through September 30, 2018 with the Lansing-Mason Ambulance Services, 4148 Legion Drive, Mason, Michigan 48854, for body transports authorized by the Medical Examiner's Office.

BE IT FURTHER RESOLVED, the compensation per body transport shall be set at:

2014-15 - \$85.00
2015-16 - \$90.00
2016-17 - \$95.00
2017-18 - \$100.00

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

MEMORANDUM

TO: Human Services Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: October 8, 2014

RE: Resolution to Adopt Amendments to the Ingham Community Health Center Board Bylaws

Attached is a resolution to adopt the amendment to the Ingham Community Health Center Board Bylaws.

The Ingham Community Health Center Board must have established Bylaws in order to ensure compliance with federal statute and programmatic requirements as stipulated by Section 330 of the Public Health Services Act. The Health Center Board has reviewed and updated the current Bylaws and is requesting approval from the Ingham County Board of Commissioners.

Attached are the Bylaws in format, and with Track Changes.

The proposed amendments to the Bylaws have been reviewed by the County Attorney. It has been determined that the proposed amendments are minor and technical in nature, and do not significantly alter the substance of the document.

I recommend that the Ingham County Board of Commissioners authorize the Ingham Community Health Center Board Bylaws as amended.

c: Eric Thelen, w/ attachment
Barbara Watts Mastin, w/attachment

Attachments: Board Bylaws Formatted
Board Bylaws Track Changes

DRAFT COPY

~~June 24, 2007~~ ~~June 18, 2014~~
September 23, 2014

INGHAM COMMUNITY HEALTH CENTER

BOARD BYLAWS

BYLAWS

INGHAM COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

ARTICLE I - NAME

The name of this Board shall be the Ingham Community Health Center Board of Directors (hereinafter "*Community Health Center Board.*" ~~or "Health Center Board"~~).

ARTICLE II - PURPOSE

The Community Health Center Board will assist the Ingham County Board of Commissioners (hereinafter "~~Ingham County Board of Commissioners~~" ~~or "Board of Commissioners"~~) and the Ingham County Health Department (hereinafter "~~Ingham County Health Department~~" ~~or "Health Department"~~), a department of Ingham County pursuant to MCL 333.2413, to implement health services for Ingham County residents through a network of ~~Community Health Centers~~ operated by the Health Department. These services represent a significant effort by the County to assure that low-income Ingham County residents have access to an organized system of health care, and to assure that County residents have adequate access to categorical public health programs and services, including family planning, sexually transmitted ~~diseases~~ infection prevention, diagnosis, and treatment, breast and cervical cancer control, WIC, and immunizations. The Community Health Center Board, the Board of Commissioners, and the Health Department shall be particularly committed to meeting the health care needs of at-risk populations, including women during the child-bearing years, children, minorities, and other underserved populations.

The Community Health Center Board shall participate in the planning of and serve as a co-applicant for a grant application to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Federal Bureau of Primary Health Care, under Section 330 of the Public Health Services Act for operation of a Federally Qualified Health Center and ~~for application for operation of~~ a Federally Qualified Health Center Look-Alike Entity. The Community Health Center Board shall monitor the Health Department's ~~implementation of the grant, if applicable.~~

ARTICLE III – MISSION AND OBJECTIVES

A. Mission

Our mission is to attain the highest level of community wellness by empowering people to improve their health and well-being.

B. Objectives

1. To arrange for the provision of comprehensive primary care services to residents of the medically underserved areas of Ingham County, and surrounding areas.
2. To increase the accessibility of primary care services, inclusive of medical and dental (oral) services, to uninsured/underinsured population groups which experience a shortage of primary care.
3. To assure that the Community Health Centers provide high quality primary care services.
4. To develop an integrated primary care program with other community health resources, including ongoing public health services.
5. To support the Ingham County objective of assuring that all County residents have access to an organized system of health care.
6. To support Ingham County in its efforts to make categorical public health services (such as family planning, sexually transmitted ~~disease~~ infection prevention, diagnosis, and treatment, breast and cervical cancer control, WIC and immunizations) available to the general population and especially to at-risk subgroups populations, including women in childbearing years, children, minorities, and other underserved populations.

ARTICLE IV - AUTHORITY OF ~~INGHAM COUNTY~~ BOARD OF COMMISSIONERS

The ~~Ingham County~~ Board of Commissioners is elected and operates under provisions of Article VII of the 1963 Michigan Constitution and Public Act 156 of 1851, MCL 46.1 et seq. The ~~Ingham County~~ Board of Commissioners has the responsibility to represent the County and for the care and management of the business of the County. MCL 46.11(l). The Board of Commissioners has the authority to establish rules and regulations in reference to the management of the interest and business concerns of the County as the Community Health Center Board considers necessary and proper in all matters not especially provided for by law. MCL 46.11(m). Pursuant to statute, the Board of Commissioners is required to provide for a ~~e~~County ~~h~~Health ~~e~~Department to serve the needs of the community. MCL 333.2413.

The ~~Ingham County~~ Board of Commissioners, acting on behalf of Ingham County, shall serve as the public entity applicant, together with the Community Health Center Board as co-applicant, for grants under Section 330 of the Public Health Services Act.

ARTICLE V - SIZE AND COMPOSITION

A. Size

The Community Health Center Board shall consist of no less than thirteen (13)

and no more than seventeen (17) members to maintain appropriate representation for the complexity of the Community Health Centers.

B. Composition

1. A majority of the Community Health Center Board members shall be individuals who are or will be served by the Community Health Centers and who, as a group, represent the individuals being served or to be served in terms of demographic factors, such as race, ethnicity and gender, and geographic factors.

2. No more than one-half of the remaining members of the Community Health Center Board shall be individuals who derive more than ten percent (10%) of their annual income from the health care industry.

3. The remaining Community Health Center Board members shall be representatives of the community, in which the catchment area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. Geographic factors also to be considered.

4. No less than one (1), but no more than two (2), Community Health Center Board members ~~may~~ shall be ~~Ingham County~~ Board of Commissioners' members.

5. No Community Health Center Board member shall be an employee of a ~~Health Department~~ the Community Health Center or the spouse, ~~or~~ child, parent, brother or sister by blood or marriage of such an employee.

6. Conflicts of interest, as defined by Michigan law, or the appearance of conflicts of interest, shall be prohibited and shall be reviewed annually.

7. The ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~ shall provide logistical and managerial assistance to the Community Health Center Board.

ARTICLE VI - MEMBERSHIP AND TERMS OF OFFICE

A. Community Health Center Board Appointments

On an ~~annual~~ as-needed basis, the Community Health Center Board shall ~~present between one (1) and three (3)~~ recommend nominations for each vacant seat on the Community Health Center Board for consideration and appointment. The Community Health Center Board shall solicit nominations from the community serviced by the Community Health Centers, community organizations, and health organizations. The Board of Commissioners shall make appointments from the slate of nominees ~~presented~~ recommended by the Community Health Center Board. The Community Health Center Board

and the Board of Commissioners will use their best efforts to maintain the same ratio of consumer members, provider members, and consumers-at-large as set out in Article V above.

B. Terms of Office

Members shall be appointed for terms of two (2) years and shall serve until his/her successor is appointed and qualified. Members will serve no more than three (3) consecutive full terms of office.

C. Removal

Any member of the Community Health Center Board may be removed for just cause upon 2/3 vote of the ~~Ingham~~ Community Health Center Board after notice and an opportunity to be heard. Just cause includes but is not limited to unexcused absence from three consecutive Community Health Center Board meetings, or the failure to attend 75% of the regular meetings in any calendar year. An unexcused absence is defined as an absence of which the ~~chair designated staff~~ was not notified in advance of the meeting.

D. Vacancies and Resignations

Any vacancies occurring on the Community Health Center Board shall be filled in the same manner as Community Health Center ~~Board~~ appointments are made, ~~following the guidance in Section B, Subsequent Appointments, above.~~ In the process of filling vacancies, the Community Health Center Board shall extend their best efforts to maintain the Community Health Center Board's composition of consumer members, provider members, and consumers-at-large and maintain the minimum number of members requirement. Any Community Health Center Board member appointed to fill a vacancy shall be appointed for the unexpired term of her/his predecessor in office.

All resignations must be submitted to the Community Health Center Board Chairperson thirty (30) days prior to effective date, if possible, in accordance with the established ~~Board Member Resignation policy~~ Submission of Resignation policy set forth by the Community Health Center Board.

E. Compensation

Members of the Community Health Center Board shall serve without compensation for membership. Members will be provided with a gas or bus card of a designated amount to cover transportation to and from monthly committee and monthly Community Health Center Board meetings. Requirements to receive this transportation assistance will follow the established Expense Reimbursement policy. However, Members may be reimbursed for reasonable expenses, such as transportation or parking for attendance at trainings actually incurred related to their service on the Community Health Center Board when such expenses are funded in the budget and authorized by the Community Health Center Board.

Authorization is required before expenses are incurred.

ARTICLE VII - MEETINGS AND VOTING

A. Annual Meeting

The annual meeting of the Community Health Center Board shall be held in October at a place to be decided by the Community Health Center Board.

B. Regular and Special Meetings

Regular Meetings of the Community Health Center Board shall be held monthly at a time and place to be decided by the Community Health Center Board. All regular meetings of the Community Health Center Board shall be conducted according to the Michigan Open Meetings Act (P.A. 267 of 1976). The agenda of each meeting will be distributed to the membership no later than two (2) business days prior to each meeting. The agenda may be modified by a majority vote of the members present at the meeting.

Special meetings may be called by the Chairperson or by four (4) members of the Community Health Center Board, at such time and place as may be deemed necessary. All special meetings shall be conducted in accordance with the Michigan Open Meetings Act (P.A. 267 of 1976).

C. Notice of Special Meetings

Community Health Center Board members shall be notified of the time, place, and purpose of all special meetings of the Community Health Center Board at least two (2) days prior by facsimile, correspondence or hand delivery in person. Notices of special meetings of the Community Health Center Board shall specify the business to be transacted at the special meeting and no other business except that specified shall be considered at the special meeting.

D. Quorum

A majority (51%) of the Community Health Center Board members appointed and serving shall constitute a quorum for the transaction of business. Committee meetings shall hold different requirements as actions are recommendations to the full Community Health Center Board as set forth in the Guidelines for Ingham County Advisory Boards and Commissions.

E. Voting

All questions shall be decided by majority vote of the Community Health Center Board members present and voting except as may be provided by statute or these Bylaws.

ARTICLE VIII - OFFICERS AND STAFF ASSISTANCE

A. Officers

The officers of the Community Health Center Board shall be the Chairperson, Vice-Chairperson, and Secretary.

B. Election and Terms of Office

The officers shall be elected by the Community Health Center Board during the annual meeting and shall take office immediately thereafter. Terms of office shall be for one (1) year or until their successors are elected. Officers shall be elected at the first meeting of the Community Health Center Board and shall serve until the first annual meeting thereafter.

C. Removal

Any officer elected by the Community Health Center Board may be removed by the Community Health Center Board with two-thirds majority vote after notice and an opportunity to be heard.

D. Vacancy

The unexpired term of an officer not completing his or her term shall be filled by a majority vote of the Community Health Center Board at the next regular meeting after the vacancy or at a special meeting called for that purpose. A majority vote of the total Community Health Center Board membership shall be necessary to elect an officer.

E. Chairperson

The Chairperson shall be elected by a majority of the Community Health Center Board membership and shall preside at all meetings of the Community Health Center Board. ~~*The Chairperson shall make appointments to committees seek input for committee assignments at a board meeting as necessary, with approval of a majority of Health Center Board members.*~~ The Chairperson shall arbitrate jurisdictional disputes between Community Health Center Board ~~e~~Committees. The Chairperson shall be kept advised of the affairs of the Community Health Centers and ensure that all directives and policies are carried into effect. The Chairperson shall perform other duties as may be assigned by the Community Health Center Board.

F. Vice-Chairperson

The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson and shall perform such other duties as from time to time may be assigned by the Community Health Center Board.

G. Secretary

The Secretary shall keep the minutes of all meetings of the Community Health Center Board. The Secretary shall give notices of all meetings of the Community Health Center Board in accordance with the provisions of these ~~h~~Bylaws or as required by statute or resolution. The Secretary shall perform other duties as assigned by the Community Health Center Board.

H. ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~

The ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~ shall be primarily responsible for the management and operation of the Community Health Centers. The Community Health Center Board shall have the authority to suspend, remove, appoint, and/or reappoint a person to the position of ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~ with concurrence of the Ingham County Health Officer, in accordance with the Ingham County Managerial and Confidential Employee Personnel Manual and other procedures and policies of the Board of Commissioners. The Community Health Center Board, upon committee recommendation, shall participate in the annual performance evaluation of the ~~Deputy Health Officer~~ Executive Director with contribution by the Ingham County Health Officer ~~for Community Health Care Services~~, to be conducted in accordance with U.S. Department of Health and Human Services Federal Bureau of Primary Health Care Program expectations and Ingham County personnel policies.

I. Staff Assistance

The ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~ shall ensure that secretarial ~~and/or stenographic~~ assistance for purposes of recording, distributing, and storing minutes in accordance with the Meeting Minutes Guideline policy is provided. Also, Community Health Center or Ingham County staff assistance, if appropriate, shall be provided to the Community Health Center Board and committee meetings and to the Chairperson in the performance of his/her Community Health Center Board authorized duties, as reasonably requested.

ARTICLE IX - COMMITTEES

A. Ad-hoc Committees

The Community Health Center Board may establish ad-hoc committees as it deems necessary to carry out the purpose and objectives of the Community Health Center. The Chairperson, with the consent of a majority of Community Health Center Board members, ~~may appoint~~ shall assign Community Health Center Board members to these committees. Non-Community Health Center Board members may also serve on ad-hoc committees. Ad-hoc committees shall be advisory in nature. An annual Ad-hoc

committee shall may be established for the purpose of the Annual Executive Director Evaluation.

B. Standing Committees

The Chairperson of the Community Health Center Board shall, from among Community Health Center Board members, ~~appoint~~ assign with the concurrence of a majority of Community Health Center Board members, the following standing committees:

1. A Finance Committee, ~~composed of four (4) to five (5) members of the Community Health Center Board shall meet annually no less than four (4) and no more than 49% of all Community Health Center Board Members,~~ shall ~~meet~~ ~~_____to~~ develop the recommended Community Health Center Network budget. The budget must be jointly approved by the Community Health Center Board and the Board of Commissioners. The Community Health Center Board in collaboration with the Board of Commissioners must approve any major change in the budget.

2. A Planning and Development Committee, composed of ~~four (4) to five (5) members of the Community Health Center Board no less than four (4) and no more than 49% of all Community Health Center Board Members,~~ shall ~~meet~~ ~~_____and~~ be responsible for developing the goals and objectives of the Community Health Center Network, for monitoring and evaluating their implementation and progress, and for reviewing the Community Health Center Board's ~~b~~Bylaws. Additionally, this ~~C~~committee will monitor local, state, and federal issues regularly informing the Community Health Center Board of these issues. An annual Community Health Center Board of Directors work plan will be established, reviewed, and modified as needed annually.

3. A ~~Clinical Operations~~ Quality and Access Committee, composed of ~~four (4) to five (5) members of the Community Health Center Board no less than four (4) and no more than 49% of all Community Health Center Board Members,~~ shall ~~meet~~ ~~_____and~~ be responsible for establishing all Community Health Center policies and procedures, except for personnel and fiscal policies and procedures (retained by the Board of Commissioners). This ~~C~~committee recommends the approval of the annual quality assurance/quality improvement plan to the full Community Health Center ~~b~~Board, and monitors the plan's implementation and results. ~~This committee will meet at least quarterly.~~

~~3. A Personnel Committee composed of four to five (4 -5) Community Health Center Board members shall meet annually to provide recommendations to the Community Health Center Board regarding the performance evaluation of the Executive Director for Community Health Care Services. The Personnel Committee will also be responsible for recommending a slate of candidates to fill the Community Health Center Board officer positions for the coming year. The recommendations shall be submitted to the Community Health Center Board during the last meeting prior to the Annual Meeting. In addition to the slate~~

~~recommended by the Personnel Committee, additional nominations may be made by a member or members of the Community Health Center Board from the floor at the Annual Meeting.~~

4. A Membership and Advocacy Committee, composed of no less than four (4) and no more than 49% of all Community Health Center Board Members, shall ~~meet~~ ~~and~~ be responsible for the recruitment of new Community Health Center Board Members in accordance with established Community Health Center Board policies. This committee shall also be responsible for the training and orientation of new Community Health Center Board Members. This committee shall also be assigned with ~~recommending- preparing a roster of nominees a slate of officers~~ for election of officers at the annual meeting.

The functions of the standing committees are advisory in nature. Any action or decision must be approved by the Community Health Center Board. No committee or individual member may decide any matter or action without specific Community Health Center Board approval. The ~~Community Health Center Deputy Health Officer-Executive Director, or designee~~, shall be a non-voting member of all committees. In accordance with program requirements, committees shall meet as needed to accomplish monthly guidelines as presented in the annual workplan.

C. General Committee Procedures

1. Term: Each standing committee ~~except the Nominating Committee~~ shall be appointed at the annual meeting of the Community Health Center Board and shall serve for one year. Committee chairpersons shall also serve for one year. Committee reassignments may be completed as necessary throughout the term.

2. Meeting Procedure: Every meeting of a standing committee of the Community Health Center Board shall be called by its ~~C~~ chairperson or by a majority (51% or more) of committee members. At the first meeting of a standing committee, a regular meeting schedule shall be established. In the event that a special meeting is necessary, committee members shall be notified of the time, place, and purpose of the special committee meeting at least two (2) business days prior by facsimile, correspondence or hand delivery in person. A quorum for the conduct of committee business shall require the presence of a majority of the committee members. All committee meetings of the Community Health Center Board shall be conducted in accordance with the Michigan Open Meetings Act (P.A. 267 of 1976).

3. Membership: Only Community Health Center Board members may be ~~appointed~~ assigned to standing committees of the Community Health Center Board. The Community Health Center Board may request that non-Community Health Center Board members attend Community Health Center Board meetings to provide assistance or information.

4. Voting: When a committee meets and votes on an issue, only members of that committee may vote. Community Health Center Board members who are present and who are not members of the committee may not vote. Community Health Center Board ~~Committees~~ are advisory in nature and all actions shall be forwarded for review and ~~action/inaction~~ to the full Community Health Center Board.

ARTICLE X -- RESPONSIBILITIES OF THE COMMUNITY HEALTH CENTER BOARD

A. Personnel Policies and Procedures

The Community Health Center Board, through its Cooperative Operational Agreement, shall be bound by the Ingham County personnel policies and procedures, including all collective bargaining agreements negotiated between Ingham County and the legal representatives of employees. These agreements and policies include selection and dismissal procedures, performance appraisal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity and non-discrimination practices as established by the ~~Ingham County~~ Board of Commissioners.

B. ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~

The Community Health Center Board shall have the authority to suspend, remove, appoint, and/or reappoint a person to the position of ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~, with concurrence of the Ingham County Health Officer, in accordance with the Ingham County Managerial and Confidential Employee Personnel Manual and other procedures and policies of the ~~Ingham County~~ Board of Commissioners. The ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~ shall be an employee of Ingham County.

The Community Health Center Board, ~~upon recommendation of the Community Health Center Personnel Committee~~ ~~committee~~ recommendation, shall participate in the annual performance evaluation of the ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~ with the contribution by the Ingham County Health Officer. ~~The performance evaluation shall to be conducted in accordance with~~ the U.S. Department of Health and Human Services, Federal Bureau of Primary Health Care Program expectations and Ingham County personnel policies.

C. Financial Management

The Community Health Center Board shall annually review the budget prepared by the ~~Ingham County~~ Health Department for the operation of the Community Health Centers, after review and recommendation by the Community Health Center Board ~~budget~~ Finance Committee. The Community Health Center

Board shall advise the ~~Ingham County~~ Board of Commissioners regarding this budget. The Community Health Center Board shall review and approve the annual Section 330 grant budget and recommend this budget to the Board of Commissioners, after review and recommendation by the Community Health Center ~~Budget Finance Committee~~, at the time set forth in Article IX.B.12. The Community Health Center Board and the Board of Commissioners shall jointly approve the annual Section 330 grant budget submitted to ~~the Bureau of Primary Health Care~~The Federal Bureau of Primary Health Care. The Community Health Center Board shall review and approve any budget requirements to maintain the Federally Qualified Health Center Look-Alike status and recommend such budget to the ~~Ingham County~~ Board of Commissioners, after review and recommendation by the Community Health Center ~~Board~~Budget Finance Committee.

The Community Health Center Board shall review management reports to support the Health Department and the Board of Commissioners in the operation of the Community Health Centers. The Community Health Center Board shall provide assurance to ~~the~~The Federal Bureau of Primary Care that the Community Health Centers shall operate within the adopted budget. As set forth in Michigan law, the Community Health Center Board shall recommend to the ~~Ingham County~~ Board of Commissioners a fee schedule for the services provided through the Community Health Centers and shall recommend to the Board of Commissioners policies for discounting fees (i.e. sliding fee scale) based on patient/family income.

Audits, as required by law for the 330 ~~Grant~~ Agreement and for Federally Qualified Health Center Look-Alike Entities, shall be performed by an independent auditor. The audits may be performed in conjunction with other Ingham County audits.

D. Evaluate Community Health Center Activities

The Community Health Center Board shall evaluate utilization patterns, productivity, patient satisfaction, achievement of project objectives of the Community Health Centers, and shall ~~develop and implement a process for hearing and resolving~~ review patient grievances complaints.

E. Compliance With Laws

The Community Health Center Board shall assure that the Community Health Centers are operated in compliance with applicable Federal, State, and local laws and regulations.

F. Health Care Policies Policy

The Community Health Center Board shall work with the ~~Ingham County~~ Board of Commissioners to establish policies for health care delivery, including those dealing with the scope, availability and types of services, location and hours of

services, and quality of care audit procedures. The recommended policies will assist the Health Department and the Board of Commissioners to implement the objectives set out in Article III of these Bylaws.

G. Grants

The Community Health Center Board shall work with the Health Department and the Board of Commissioners to identify and make application for grant opportunities.

H. Administrative Assistance

The ~~Deputy Health Officer~~ Executive Director ~~for Community Health Care Services~~ shall provide the administrative assistance necessary to fulfill the Community Health Center Board's responsibilities.

I. Conflict of Interest

No employee, officer or agent shall participate in the selection, award, or administration of a contract supported by Federal funds, if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer or agent or any member of his or her immediate family, his or her partner or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees and agents of the recipient shall neither solicit nor accept gratuities, favors or anything of monetary value from contractors, or parties to sub-agreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employers or agents of the recipients.

ARTICLE XI -- FISCAL YEAR

The fiscal year of the Community Health Center Board shall be from October 1 through September 30.

ARTICLE XII -- ORDER OF BUSINESS

The order of business of the Community Health Center Board at its regular and annual meetings, unless changed by a majority vote of its members, shall be as follows:

Regular Meeting

1. Call to order and Roll Call
2. Approval of agenda

3. ~~Approval of Minutes-Public Comment~~
 4. ~~Public Comment (limited to 3 minutes unless extended by Chairperson)~~
- Consent Agenda

Minutes

Committee Action Items

Written Reports:

Executive Director

Medical Director

Dental Director

5. Reports

- a. ~~Deputy Health Officer for Community Health Care Services~~
- b. ~~Deputy Medical Director~~
- c. ~~Committees~~

~~65.~~ Old business

~~76.~~ New business

~~87.~~ Public Comment

~~98.~~ Adjournment

Annual Meeting

1. Call to order and Roll Call
2. Approval of agenda
3. ~~Approval of Minutes-Public Comment~~
4. ~~Public Comment (limited to 3 minutes unless extended by Chairperson)~~

Consent Agenda

Minutes

Committee Action Items

Written Reports:

Executive Director

Medical Director

Dental Director

5. Chairperson's annual report
6. Election of Community Health Center Board Officers
7. Old business
8. New business
9. Public Comment
10. Adjournment

ARTICLE XIII -- AMENDMENTS

These Bylaws may be amended at a regular meeting of the Community Health Center Board by a two-thirds vote of the entire membership of the Community Health Center ~~b~~Board, only after the proposed change has been presented and discussed at a previous regular meeting. Amendments to the ~~b~~Bylaws do not become effective until ratified by the ~~Ingham County~~ Board of Commissioners, and signed and dated by the Community Health Center Board Chairperson, Executive Director for the Ingham Community Health Centers, and ~~Ingham County~~

Board of Commissioner's Chairperson.

ARTICLE XIV -- PROXY

An absent Community Health Center Board member shall not be allowed to vote by proxy.

ARTICLE XV -- PARLIAMENTARY AUTHORITY

The Parliamentary Authority of the Community Health Center Board shall be *Mason's Manual of Legislative Procedure.*

CONCLUSION

To the extent that any of the ~~Ingham~~ Community Health Center Board Bylaws are contrary to statutory requirements or ~~Ingham County~~ Board of Commissioners' authorization, they shall be of no force or effect.

Community Health Center Board Chairperson

Date

Ingham County Board of Commissioner's Chairperson

Date

Executive Director of Ingham Community Health Centers

Date

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO ADOPT AMENDMENTS TO
THE INGHAM COMMUNITY HEALTH CENTER BOARD BYLAWS**

WHEREAS, the Ingham County Health Department's Community Health Services operates a network of community health centers (Ingham Community Health Centers), which provides primary health care services to more than 20,000 medically underserved individuals annually; and

WHEREAS, the Health Department operates ten health centers that are designated through the Centers of Medicare and Medicaid Services as Federally Qualified Health Centers (FQHC); and

WHEREAS, Congress has enacted preferential payment policy for FQHCs that helps ensure adequate reimbursement for care provided to Medicare and Medicaid beneficiaries, thus allowing federal and other grant funds to be used to provide care to the uninsured; and

WHEREAS, the FQHC program as established through Section 330 of the Public Health Services Act requires a governing board with a majority of members who are patients of the health center; and

WHEREAS, the U.S. Department of Health and Human Services has provided guidance that this governance requirement can be filled by a public entity FQHC through a co-applicant Community Health Center Board and a Board of Commissioners; and

WHEREAS, the Community Health Center Board must have established Bylaws in order to ensure compliance with federal statute and programmatic requirements as stipulated by Section 330 of the Public Health Services Act; and

WHEREAS, the proposed amendments to the Bylaws have received legal review by a County Attorney; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize the Ingham Community Health Center Board's amended Bylaws as presented.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby adopts the Bylaws changes as developed by the Ingham Community Health Center Board of Directors.

September 23, 2014

**INGHAM COMMUNITY HEALTH CENTER BOARD
BYLAWS**

Ingham Community Health Center Board of Directors

Article I – Name

The name of this Board shall be the Ingham Community Health Center Board of Directors hereinafter “Community Health Center Board.”

Article II – Purpose

The Community Health Center Board will assist the Ingham County Board of Commissioners, hereinafter “Board of Commissioners” and the Ingham County Health Department, hereinafter “Health Department,” a department of Ingham County pursuant to MCL 333.2413, to implement health services for Ingham County residents throughout a network of Community Health Centers operated by the Health Department. These services represent a significant effort by the County to assure that low-income Ingham County residents have adequate access to categorical public health programs and services, including family planning, sexually transmitted infection prevention, diagnosis, and treatment, breast and cervical cancer control, WIC, and immunizations. The Community Health Center Board, Board of Commissioners, and the Health Department shall be particularly committed to meeting the health care needs of at-risk populations, including women during the child-bearing years, children, minorities, and other underserved populations.

The Community Health Center Board shall participate in the planning of and serve as a co-applicant for a grant application to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Federal Bureau of Primary Health Care, under Section 330 of the Public Health Services Act for operation of a Federally Qualified Health Center and for operation of a Federally Qualified Health Center Look-Alike Entity. The Community Health Center Board shall monitor the Health Department’s implementation of the grant.

Article III – Mission and Objectives

A. Mission

Our mission is to attain the highest level of community wellness by empowering people to improve their health and well-being.

B. Objectives

1. To arrange for the provision of comprehensive primary care services to residents of the medically underserved areas of Ingham County, and surrounding areas.
2. To increase the accessibility of primary care services, inclusive of medical and dental (oral) services, to uninsured/underinsured population groups which experience a shortage of primary care.
3. To assure that the Community Health Centers provide high quality primary care services.
4. To develop an integrated primary care program with other community health resources, including ongoing public health services.
5. To support the Ingham County objective of assuring that all County residents have access to an organized system of health care.
6. To support Ingham County in its efforts to make categorical public health services (such as family planning, sexually transmitted infection prevention, diagnosis, and treatment, breast and cervical cancer control, WIC, and immunizations) available to the general

population and especially to at-risk populations, including women in childbearing years, children, minorities, and other underserved populations.

Article IV – Authority of Board of Commissioners

The Board of Commissioners is elected and operates under provisions of Article VII of the 1963 Michigan Constitution and Public Act 156 of 1851, MCL 46.1 et. seq. The Board of Commissioners has the responsibility to represent the County and for the care and management of the business of the County. MCL 46.11. The Board of Commissioners has the authority to establish rules and regulations in reference to the management of the interest and business concerns of the County as the Community Health Center Board considers necessary and proper in all matters not especially provided for by law. MCL 46.11(m). Pursuant to the statute, the Board of Commissioners is required to provide for a County Health Department to serve the needs of the community. MCL 333.2413.

The Board of Commissioners, acting on behalf of Ingham County, shall serve as the public entity applicant, together with the Community Health Center Board as co-applicant, for grants under Section 330 of the Public Health Services Act.

Article V – Size and Composition

A. Size

The Community Health Center Board shall consist of no less than thirteen (13) and no more than seventeen (17) members to maintain appropriate representation for the complexity of the Community Health Centers.

B. Composition

1. A majority of the Community Health Center Board members shall be individuals who are or will be served by the Community Health Centers and who, as a group, represent the individuals being served or to be served in terms of demographic factors, such as race, ethnicity and gender, and geographic factors.
2. No more than one-half of the remaining members of the Community Health Center Board shall be individuals who derive more than ten percent (10%) of their annual income from the health care industry.
3. The remaining Community Health Center Board members shall be representatives of the community in which the catchment area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns or social service agencies within the community. Geographic factors also to be considered.
4. No less than one (1), but no more than two (2), Community Health Center Board members shall be Board of Commissioners' members.
5. No Community Health Center Board member shall be an employee of the Community Health Center or the spouse, child, parent, brother or sister by blood or marriage of such an employee.
6. Conflicts of interest, as defined by Michigan law, or the appearance of conflicts of interest, shall be prohibited and shall be reviewed annually.
7. The Executive Director shall provide logistical and managerial assistance to the Community Health Center Board.

Article VI – Membership and Terms of Office

A. Community Health Center Board Appointments

On an as-needed basis, the Community Health Center Board shall recommend nominations for each vacant seat on the Community Health Center board for consideration and appointment. The Community Health Center Board shall solicit nominations from the community serviced by the Community Health Centers, community organizations, and health organizations. The Board of Commissioners shall make appointments from the slate of nominees recommended by the Community Health Center Board. The Community Health Center Board and the Board of Commissioners will use their best efforts to maintain the same ratio of consumer members, provider members, and consumers-at-large as set out in Article V above.

B. Terms of Office

Members shall be appointed for terms of two (2) years and shall serve until his/her successor is appointed and qualified. Members will serve no more than three (3) consecutive full terms of office.

C. Removal

Any member of the Community Health Center Board may be removed for just cause upon 2/3 vote of the Community Health Center Board after notice and an opportunity to be heard. Just cause includes but is not limited to unexcused absence from three consecutive Community Health Center Board meetings, or the failure to attend 75% of the regular meetings in any calendar year. An unexcused absence is defined as an absence of which designated staff was not notified in advance of the meeting.

D. Vacancies and Resignations

Any vacancies occurring on the Community Health Center Board shall be filled in the same manner as Community Health Center Board appointments are made. In the process of filling vacancies, the Community Health Board shall maintain the Community Health Center Board's composition of consumer members, provider members, and consumers-at-large and maintain the minimum number of members requirement. Any Community Health Center Board member appointed to fill a vacancy shall be appointed for the unexpired term of his/her predecessor in office.

All resignations must be submitted to the Community Health Center Board Chairperson thirty (30) days prior to the effective date, if possible, in accordance with the established Submission of Resignation policy set forth by the Community Health Center Board.

E. Composition

Members of the Community Health Center Board shall serve without compensation for membership. Members will be provided with a gas or bus card of a designated amount to cover transportation to and from monthly committee and monthly Community Health Center Board meetings. Requirements to receive this transportation assistance will follow the established Expense Reimbursement policy. Members may be reimbursed for reasonable expenses, such as transportation or parking for attendance at trainings,

actually incurred related to their service on the Community Health Center Board. Authorization is required before expenses are incurred.

Article VII – Meetings and Voting

A. Annual Meeting

The annual meeting of the Community Health Center Board shall be held in October at a place to be decided by the Community Health Center Board.

B. Regular and Special Meetings

Regular meetings of the Community Health Center Board shall be held monthly at a time and place to be decided by the Community Health Center Board. All regular meetings of the Community Health Center Board shall be conducted according to the Michigan Open Meetings Act (P.A. 267 of 1976.) The agenda of each meeting will be distributed to the members no later than two (2) business days prior to each meeting. The agenda may be modified by a majority vote of the members present at the meeting.

Special meetings may be called by the Chairperson or by four (4) members of the Community Health Center Board, at such a time and place as may be deemed necessary. All special meetings shall be conducted in accordance with the Michigan Open Meetings Act (P.A. 267 of 1976.)

C. Notice of Special Meetings

Community Health Center Board members shall be notified of the time, place, and purpose of all special meetings of the Community Health Center Board at least two (2) days prior by facsimile, correspondence or hand delivery in person. Notices of special meetings of the Community Health Center Board shall specify the business to be transacted at the special meeting and no other business except that specified shall be considered at the special meeting.

D. Quorum

A majority (51%) of the Community Health Center Board members appointed and serving shall constitute a quorum for the transaction of business. Committee meetings shall hold different requirements as actions are recommendations to the full Community Health Center Board as set forth in the Guidelines for Ingham County Advisory Boards and Commissions.

E. Voting

All questions shall be decided by majority vote of the Community Health Center Board members present and voting except as may be provided by statute or these Bylaws.

Article VIII – Officers and Staff Assistance

A. Officers

The officers of the Community Health Center Board shall be the Chairperson, Vice-Chairperson, and Secretary.

B. Election and Terms of Office

The officers shall be elected by the Community Health Center Board during the annual meeting and shall take office immediately thereafter. Terms of office shall be for one (1) year or until their successors are elected. Officers shall be elected at the first meeting of the Community Health Center Board and shall serve until the first annual meeting thereafter.

C. Removal

Any officer elected by the Community Health Center Board may be removed by the Community Health Center Board with two-thirds majority vote after notice and an opportunity to be heard.

D. Vacancy

The unexpired term of an officer not completing his or her term shall be filled by a majority vote of the Community Health Center Board at the next regular meeting after the vacancy or at a special meeting called for that purpose. A majority vote of the total Community Health Center Board membership shall be necessary to elect and officer.

E. Chairperson

The Chairperson shall be elected by a majority of the Community Health Center Board membership and shall preside at all meetings of the Community Health Center Board.

F. Vice-Chairperson

The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson and shall perform such other duties as from time to time may be assigned by the Community Health Center Board.

G. Secretary

The Secretary shall keep the minutes of all meetings of the Community Health Center Board. The Secretary shall give notices of all meetings of the Community Health Center Board in accordance with the provisions of these Bylaws or as required by statute or resolution. The Secretary shall perform other duties as assigned by the Community Health Center Board.

H. Executive Director

The Executive Director shall be primarily responsible for the management and operation of the Community Health Centers. The Community Health Center Board shall have the authority to suspend, remove, appoint, and/or reappoint a person to the position of Executive Director with concurrence of the Ingham County Health Officer in accordance with the Ingham County Managerial and Confidential Employee Personnel Manual and other procedures and policies of the Board of Commissioners. The Community Health Center Board, upon committee recommendation, shall participate in the annual performance evaluation of the Executive Director with contribution by the Ingham County Health Officer, to be conducted in accordance with the U.S. Department of Health and Human Services, Federal Bureau of Primary Health Care Program expectations and Ingham County personnel policies.

I. Staff Assistance

The Executive Director shall ensure that secretarial assistance for purposes of recording, distributing, and storing minutes in accordance with the Meeting Minutes Guideline policy is provided. Also, Community Health Center or Ingham County staff assistance, if appropriate, shall be provided to the Community Health Center Board and committee meetings and to the Chairperson in the performance of his/her Community Health Center Board authorized duties, as reasonably requested.

Article IX – Committees

A. Ad-Hoc Committees

The Community Health Center Board may establish ad-hoc committees as it deems necessary to carry out the purpose and objectives of the Community Health Center. The Chairperson, with the consent of a majority of Community Health Center Board members, shall assign Community Health Center Board members to these committees. Non-Community Health Center Board members may also serve on ad-hoc committees. Ad-hoc committees shall be advisory in nature. An annual ad-hoc committee may be established for the purpose of the annual Executive Director evaluation.

B. Standing Committees

The Chairperson of the Community Health Center Board shall, from among Community Health Center Board members, assign with the concurrence of a majority of Community Health Center Board members, the following standing committees:

1. A Finance Committee, composed of no less than four (4) and no more than 49% of all Community Health Center Board members, shall develop the recommended Community Health Center network budget. The budget must be jointly approved by the Community Health Center Board and the Board of Commissioners. The Community Health Center Board in collaboration with the Board of Commissioners must approve any major change in the budget.
2. A Planning and Development Committee, composed of no less than four (4) and no more than 49% of all Community Health Center Board members, shall be responsible for developing the goals and objectives of the Community Health Center network, for monitoring and evaluating their implementation and process, and for reviewing the Community Health Center Board's Bylaws. Additionally, this committee will monitor local, state, and federal issues regularly informing the Community Health Center Board of these issues. An annual Community Health Center Board work plan will be established, reviewed, and modified as needed annually.
3. A Quality and Access Committee, composed of no less than four (4) and no more than 49% of all Community Health Center Board members, shall be responsible for establishing all Community Health Center policies and procedures, except for personnel and fiscal policies and procedures (retained by the Board of Commissioners.) This committee recommends the approval of the annual quality assurance/quality improvement plan to the full Community Health Center Board, and monitors the plan's implementation and results.
4. A Membership and Advocacy Committee, composed of no less than four (4) and no more than 49% of all Community Health Center Board members, shall be responsible

for the recruitment of new Community Health Center Board members in accordance with established Community Health Center Board policies. This committee shall also be responsible for the training and orientation of new Community Health Center Board members. This committee shall also be assigned with preparing a roster of nominees for election of officers at the annual meeting.

The functions of the standing committees are advisory in nature. Any action or decision must be approved by the Community Health Center Board. No committee or individual member may decide any matter or action without specific Community Health Center Board approval. The Executive Director, or designee, shall be a non-voting member of all committees. In accordance with program requirements, committees shall meet as needed to accomplish monthly guidelines as presented in the annual work plan.

C. General Committee Procedures

1. *Term:* Each standing committee shall be appointed at the annual meeting of the Community Health Center Board and shall serve for one year. Committee chairpersons shall also serve for one year. Committee reassignments may be completed as necessary throughout the term.
2. *Meeting Procedure:* Every meeting of a standing committee of the Community Health Center Board shall be called by its Chairperson or by a majority (51% or more) of committee members. At the first meeting of a standing committee, a regular meeting schedule shall be established. In the event that a special meeting is necessary, committee members shall be notified of the time, place, and purpose of the special committee meeting at least two (2) business days prior by facsimile, correspondence or hand delivery in person. A quorum for the conduct of committee business shall require the presence of a majority of committee members. All committee meetings of the Community Health Center Board shall be conducted in accordance with the Michigan Open Meetings Act (P.A. 267 of 1976.)
3. *Membership:* Only Community Health Center Board members may be assigned to standing committees of the Community Health Center Board. The Community Health Center Board may request that non-Community Health Center Board members attend Community Health Center Board meetings to provide assistance or information.
4. *Voting:* When a committee meets and votes on an issue, only members of that committee may vote. Community Health Center Board members who are present and who are not members of the committee may not vote. Community health Center Board committees are advisory in nature and all actions shall be forwarded for review and action to the full Community Health Center Board.

Article X – Responsibilities of the Community Health Center Board

A. Personnel Policies and Procedures

The Community Health Center Board, through its Cooperative Operational Agreement, shall be bound by the Ingham County personnel policies and procedures, including all collective bargaining agreements negotiated between Ingham County and the legal representatives of employees. These agreements and policies include selection and dismissal procedures, performance appraisal procedures, salary and benefit scales,

employee grievance procedures, and equal opportunity and non-discrimination practices as established by the Board of Commissioners.

B. Executive Director

The Community Health Center Board shall have the authority to suspend, remove, appoint, and/or reappoint a person to the position of Executive Director with concurrence of the Ingham County Health Officer in accordance with the Ingham County Managerial and Confidential Employee Personnel Manual and other procedures and policies of the Board of Commissioners. The Executive Director shall be an employee of Ingham County.

The Community Health Center Board, upon committee recommendation, shall participate in the annual performance evaluation of the Executive Director with contribution by the Ingham County Health Officer, to be conducted in accordance with the U.S. Department of Health and Human Services, Federal Bureau of Primary Health Care Program expectations and Ingham County personnel policies.

C. Financial Management

The Community Health Center Board shall annually review the budget prepared by the Health Department for the operation of the Community Health Centers, after review and recommendation by the Community Health Center Board Finance Committee. The Community Health Center Board shall advise the Board of Commissioners regarding this budget. The Community Health Center Board shall review and approve the annual Section 330 grant budget and recommend this budget to the Board of Commissioners after review and recommendation by the Community Health Center Finance Committee, at the time set forth in Article IX B.1. The Community Health Center Board and the Board of Commissioners shall jointly approve the annual Section 330 grant budget submitted to the Federal Bureau of Primary Health Care. The Community Health Center Board shall review and approve any budget requirements to maintain the Federally Qualified Health Center Look-Alike status and recommend such budget to the Board of Commissioners, after review and recommendation by the Community Health Center Board Finance Committee.

The Community Health Center Board shall review management reports to support the Health Department and the Board of Commissioners in the operation of the Community Health Centers. The Community Health Center Board shall provide assurance to the Federal Bureau of Primary Care that the Community Health Centers shall operate within the adopted budget. As set forth in Michigan law, the Community Health Center Board shall recommend to the Board of Commissioners a fee schedule for the services provided through the Community Health Centers and shall recommend to the Board of Commissioners policies for discounting fees (i.e. sliding fee scale) based on patient/family income.

Audits, as required by law for the 330 grant agreement and for Federally Qualified Health Center Look-Alike entities, shall be performed by an independent auditor. The audits may be performed in conjunction with other Ingham County audits.

D. Evaluate Community Health Center Activities

The Community Health Center Board shall evaluate utilization patterns, productivity, patient satisfaction, achievement of project objectives of the Community Health Centers, and shall review patient complaints.

E. Compliance with Laws

The Community Health Center Board shall assure that the Community Health Centers are operated in compliance with applicable Federal, State, and local laws and regulations.

F. Health Care Policy

The Community Health Center Board shall work with the Board of Commissioners to establish policies for health care delivery, including those dealing with the scope, availability and types of services, location and hours of services, and quality of care audit procedures. The recommended policies will assist the Health Department and the Board of Commissioners to implement the objectives set out in Article III of these Bylaws.

G. Grants

The Community Health Center Board shall work with the Health Department and the Board of Commissioners to identify and make application for grant opportunities.

H. Administrative Assistance

The Executive Director shall provide the administrative assistance necessary to fulfill the Community Health Center Board's responsibilities.

I. Conflict of Interest

No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds, if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee officer or agent or any member of his or her immediate family, his or her partner of an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents or the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to sub-agreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employers or agents of the recipients.

Article XI – Fiscal Year

The fiscal year of the Community Health Center Board shall be from October 1 through September 30

Article XII - Order of Business

The order of business of the Community Health Center Board at its regular and annual meetings, unless changed by a majority vote of its members, shall be as follows:

Regular Meeting:

- I.Call to order and roll call
- II.Approval of agenda
- III.Public comment
- IV.Consent agenda
 - Minutes
 - Committee action items
 - Written reports
 - Executive Director
 - Medical Director
 - Dental Director
- V.Old business
- VI.New business
- VII.Public comment
- VIII.Adjournment

Annual Meeting:

- I.Call to order and roll call
- II.Approval of agenda
- III.Public comment
- IV.Consent agenda
 - Minutes
 - Committee action items
 - Written reports
 - Executive Director
 - Medical Director
 - Dental Director
- V.Chairpersons annual report
- VI.Election of Community health Center Board Officers
- VII.Old business
- VIII.New business
- IX.Public comment
- X.Adjournment

Article XIII – Amendments

These Bylaws may be amended at a regular meeting of the Community Health Center Board by a two-thirds (2/3) vote of the entire membership of the Community Health Center Board, only after the proposed change has been presented and discussed at a previous regular meeting.

Amendments to the Bylaws do not become effective until ratified by the Board of Commissioners, and signed and dated by the Community Health Center Board Chairperson, Executive Director for the Ingham Community Health Centers, and the Board of Commissioners' Chairperson.

Article XIV – Proxy

An absent Community Health Center Board member shall not be allowed to vote by proxy.

Article XV – Parliamentary Authority

The Parliamentary Authority of the Community Health Center Board shall be the *Mason’s Manual of Legislative Procedure*.

Conclusion

To the extent that any of the Community Health Center Board Bylaws are contrary to the statutory requirements or Board of Commissioner’s authorization, they shall be of no force or effect.

Community Health Center Board Chairperson

Date

Ingham County Board of Commissioner’s Chairperson

Date

Executive Director of Ingham Community Health Centers

Date

MEMORANDUM

October 9, 2014

TO: Finance and Liaison Committees

FROM: Teri Morton, Budget Director

RE: Third Quarter 2014 Budget Adjustments and Contingency Fund Update

Enclosed please find the recommended adjustments to the Ingham County budget for the third quarter of fiscal year 2014. The total increase to the General Fund is \$40,956.

The quarterly budget amendment process as authorized by the Board of Commissioners is necessary to make adjustments to the adopted budget. Usually, adjustments are made as a result of updated revenue and expenditure projections, grant revenues, reappropriations, accounting and contractual changes, and general housekeeping issues.

The largest adjustment this quarter is an increase to property tax revenue of one million dollars. This is a result of an increase of 1.43% in taxable value. When the 2014 budget was developed last year, it was assumed that there would be no increase in taxable value. Another large revenue increase is a \$200,000 decrease in prior year property tax adjustments, resulting from a decrease in tax roll adjustments. Based on information from the State of Michigan Department of Treasury, there will also be an increase of \$291,912 in liquor tax payments, 50% of which will be allocated to our substance abuse coordinating agency.

There are also some downward adjustments recommended for revenues. Based on current revenue projections, revenue adjustments are recommended for District Court (\$200,000), Register of Deeds (\$150,000), and the Sherriff's state prisoner housing (\$200,000). Revenue will also be reduced by \$90,000 in the Circuit Court due to the change in jurisdiction for the State Court of Claims.

On the expenditure side, based on current projections, an increase in corrections overtime of \$300,000 is being recommended, along with an increase of \$65,000 for Circuit Court attorney fees. Due to an increase in claims, an increase in workers compensation budgets of \$200,000 spread across all departments is also recommended.

In an effort to more accurately budget for the Health Department, a decrease in general fund appropriation of \$670,000 is recommended for the Health Fund. This is due to a projected excess of \$200,000 in non-general fund revenues, \$100,000 excess in salary attrition, and expenditures projected at \$370,000 less than budgeted. No adjustment is recommended to the Clinic Fund's general fund appropriation. It is projected that the Clinic Fund will use less than its budgeted amount of fund balance, but that will need to be retained in the fund for the planned renovations to the McLaren building.

The net change from these adjustments will be a decrease of \$810,956 in the general fund's budgeted use of fund balance, from \$4.08 million to \$3.27 million.

The biggest adjustment outside of the general fund relates to several transfers within the Road Department budget. The net change will be a \$500,000 reduction to the Road Department fund, which will be added to fund balance to be used in the 2015 budget.

Also included is an update of contingency fund spending so far this year. The current contingency amount is \$216,412. This resolution recommends a \$10,000 use of contingency to fund the county's 2014 contribution to the U.S. Geological Survey Enhanced Flood Warning System, which would reduce the contingency amount to \$206,412. The attached document details how the Board has allocated the contingency funds throughout the year, beginning with a balance of \$350,000.

Should you require any additional information or have questions regarding this process, please don't hesitate to contact me.

Introduced by the Finance Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING ADJUSTMENTS TO THE 2014 INGHAM COUNTY BUDGET

WHEREAS, the Board of Commissioners adopted the 2014 Budget on October 22, 2013 and has authorized certain amendments since that time, and it is now necessary to make some adjustments as a result of updated revenue and expenditure projections, fund transfers, reappropriations, accounting and contractual changes, errors and omissions, and additional appropriation needs; and

WHEREAS, the Liaison Committees and the Finance Committee have reviewed the proposed budget adjustments prepared by the Controller’s staff and have made adjustments where necessary; and

WHEREAS, Public Act 621 of 1978 requires that local units of government maintain a balanced budget and periodically adjust the budget to reflect revised revenue and expenditure levels.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby directs the Controller to make the necessary transfers to adjust revenues and expenditures in the following funds, according to the attached schedules:

<u>FUND</u>	<u>DESCRIPTION</u>	<u>2014 BUDGET 10/1/14</u>	<u>PROPOSED CHANGES</u>	<u>PROPOSED BUDGET</u>
101	General Fund	\$76,913,158	\$40,956	\$76,954,114
201	Road Department	22,856,316	(500,000)	22,356,316
208	Parks	1,797,733	0	1,797,733
215	Friend of the Court	5,279,102	750	5,279,852
221	Health	20,456,622	(470,000)	19,986,622
245	Public Improvements	1,489,457	5,800	1,495,257
631	Building Authority Operating	4,703,684	0	4,703,684
636	Innovation & Technology	4,228,025	3,797	4,231,822
664	Mach. & Equip. Revolving	828,084	4,094	832,178

GENERAL FUND REVENUES

	2014 Budget – <u>10/1/14</u>	Proposed <u>Changes</u>	2014 Proposed <u>Budget</u>
Tax Revenues			
County Property Tax	40,965,476	1,000,000	41,965,476
Property Tax Adjustments	(450,000)	200,000	(250,000)
Delinquent Real Property Tax	15,000		15,000
Unpaid Personal Property Tax	(10,000)		(10,000)
Industrial Facility Tax	350,000		350,000
Trailer Fee Tax	15,000		15,000
Intergovernmental Transfers			
State Revenue Sharing	4,867,967		4,867,967
Convention/Tourism Tax - Liquor	2,199,176	291,912	2,491,088
Court Equity Fund	1,485,000		1,485,000
Use of Fund Balance	4,079,445	(810,956)	3,268,489
Department Generated Revenue			
Animal Control	778,564		778,564
Circuit Court - Family Division	1,065,165		1,065,165
Circuit Court - Friend of the Court	580,750		580,750
Circuit Crt - General Trial	2,171,741	(90,000)	2,081,741
Controller	3,170		3,170
Cooperative Extension	2,500		2,500
County Clerk	631,110		631,110
District Court	2,702,571	(200,000)	2,502,571
Drain Commissioner/Drain Tax	352,058		352,058
Economic Development	52,184		52,184
Elections	65,550		65,550
Emergency Operations	115,582		115,582
Equalization /Tax Mapping	10,100		10,100
Facilities	182,180		182,180
Financial Services	48,052		48,052

Health Department	120,000		120,000
Human Resources	80,822		80,822
Probate Court	277,178		277,178
Prosecuting Attorney	605,983		605,983
Register of Deeds	2,036,729	(150,000)	1,886,729
Remonumentation Grant	107,551		107,551
Sheriff	6,602,013	(200,000)	6,402,013
Treasurer	4,377,465		4,377,465
Tri-County Regional Planning	62,976		62,976
Veteran Affairs	364,100		364,100
Total General Fund Revenues	76,913,158	40,956	76,954,114

GENERAL FUND EXPENDITURES

	2014 Budget - <u>10/1/14</u>	Proposed <u>Changes</u>	2014 Proposed <u>Budget</u>
Board of Commissioners	599,761		599,761
One-time Wage Supplement	83,950		83,950
Circuit Court - General Trial	8,066,541	65,000	8,131,541
District Court	2,848,814		2,848,814
Circuit Court - Friend of the Court	1,334,522		1,334,522
Jury Board	1,146		1,146
Probate Court	1,480,296		1,480,296
Circuit Court - Family Division	4,914,887		4,914,887
Jury Selection	101,191		101,191
Elections	360,915		360,915
Financial Services	732,874		732,874
County Attorney	416,352		416,352
County Clerk	615,681		615,681
Controller	811,056		811,056
Equalization/Tax Services	681,655		681,655
Human Resources	629,901		629,901
Prosecuting Attorney	6,063,657		6,063,657

Purchasing	207,307		207,307
Facilities	1,941,685		1,941,685
Register of Deeds	505,548		505,548
Remonumentation Grant	107,551		107,551
Treasurer	548,408		548,408
Drain Commissioner	907,336		907,336
Economic Development	122,031		122,031
Community Agencies	204,000		204,000
Ingham Conservation District	7,895		7,895
Equal Opportunity Committee	500		500
Women's Commission	500		500
Historical Commission	500		500
Tri-County Regional Planning	113,682		113,682
Jail Maintenance	217,750		217,750
Sheriff	19,127,881	300,000	19,427,881
Tri-County Metro Squad	25,000		25,000
Community Corrections	97,215		97,215
Animal Control	1,487,493		1,487,493
Homeland Sec./Emergency Ops.	249,002	10,000	259,002
Board of Public Works	300		300
Drain Tax at Large	432,000		432,000
Health Department	4,409,972	(670,000)	3,739,972
Community Health Centers	4,266,868		4,266,868
Jail Medical	1,893,587		1,893,587
Medical Examiner	336,155		336,155
Substance Abuse	1,103,903	145,956	1,249,859
Community Mental Health	1,751,631		1,751,631
Department of Human Services	1,774,863		1,774,863
Tri-County Aging	76,225		76,225
Veterans Affairs	499,554		499,554
Cooperative Extension	474,127		474,127

Library Legacy Costs	80,148		80,148
Parks and Recreation	1,439,577		1,439,577
Contingency Reserves	216,412	(10,000)	206,412
Legal Aid	20,000		20,000
2-1-1 Project	45,750		45,750
Community Coalition for Youth	27,000		27,000
Capital Improvements	2,450,603		2,450,603
Workers Comp Costs (to be spread across departments)	0	200,000	200,000
Total General Fund Expenditures	76,913,158	40,956	76,954,114

General Fund Revenues

Circuit Court	Decrease budget \$90,000 due to Court of Claims no longer falling under the Thirtieth Circuit Court's jurisdiction.
District Court	Decrease revenue budget \$200,000 to reflect current projections.
Register of Deeds	Decrease revenue budget \$150,000 to reflect current projections.
Current Year Prop. Tax	Increase budget \$1,000,000 due to unanticipated increase in 2014 taxable value.
Prior Year Prop. Tax	Increase budget \$200,000 due to a decrease in tax roll adjustments.
Liquor Tax/Subs. Abuse	Increase liquor tax revenue projection \$291,912 per Michigan Department of Treasury estimate. Funds to be distributed 50% to substance abuse and 50% to the general fund.
Sheriff	Decrease state prisoner housing revenue \$200,000 due to a decline in state prisoners being housed at the Jail.
Use of Fund Balance	Decrease budgeted use of fund balance \$810,956 due to a net decrease in expenses and a net increase in revenues.

General Fund Expenditures

Circuit Court	Increase attorney fees budget \$65,000 to reflect increase in use of appointed attorneys.
Sheriff	Increase corrections overtime \$300,000 due to increased use of overtime primarily due to position vacancies.
Homeland Scrty/Em. Ops.	Increase budget \$10,000 for second year of participation in the U.S. Geological Survey Enhanced Flood Warning System.

Health Department	Decrease general fund appropriation \$670,000 to Health Fund due to projected revenue surplus (\$200,000), salary attrition (\$100,000), and various expenditure surpluses (\$370,000).
Substance Abuse	Increase county's appropriation to substance abuse \$145,956. This is equal to 50% of the projected increase in liquor tax revenue.
Contingency	Decrease contingency \$10,000 for second year of participation in the U.S. Geological Survey Enhanced Flood Warning System.
All Departments	Increase workers compensation budgets \$200,000 due to increase in workers compensation claims.

Non-General Fund Adjustments

Road Department (F201)	Transfer \$1,186,000 from asphalt and tack to the following areas; temporary salaries (\$20,000), overtime (\$163,000), salt (\$170,000), culverts (\$10,000), gravel/dust control (\$50,000), cold patch (\$23,000), Kinawa Road Project (\$250,000), and add \$500,000 to fund balance, to be used in 2015 budget.
Parks (F208)	Transfer funds from permanent wages and fringes to equipment repair and maintenance. (\$7,919) Two employees are on leave without pay, requiring equipment to be sent out for repair in their absence.
Friend of the Court (F215)	Increase Access & Visitation Grant from \$4,750 to \$5,500 per Contract Amendment with State Court Administrative Office.
Health Fund (F221)	Adjust budget to reflect current projections as follows; increase non-general fund revenue \$200,000, decrease wage and fringe costs \$100,000, decrease other expenses \$370,000, and decrease transfer in from general fund \$670,000.
Public Improvements (F245)	Increase budget for replacement pump at Hawk Island (\$5,800). This was approved as an emergency purchase in April.
Bldg Authority Operating (F631)	Transfer funds from Human Services Parking Lot project budget to cover the cost of a water heater for Tri-County Office on Aging. (\$27,900) The water heater purchase was approved as an emergency purchase in July.
MIS (F636)	Increase budget to purchase two laptops and monitors. (\$3,797)
Mach./Equip. Revolving (F664)	Increase CIP upgrade funds to purchase the following replacement equipment: one CPU for Parks (\$724), two CPUs for the Treasurer's Office (\$1,447), one CPU and monitor for Animal Control (\$853) and one printer for Facilities (\$1,070).

2014 CONTINGENCY

Adopted Contingency Amount	\$350,000
R14-039: District Court Enforcement/Court Officer Pilot Project	(25,406)
R14-135: Probate Court Temporary Employee	(10,460)
R14-163: 1 st Quarter Adjustment	(8,722)
R14-274: Life O'Riley Former Resident Assistance	(40,000)
R14-338: Jail Audio System	(24,000)
R14-348: Bank Reconciliations	(25,000)
Proposed: 2014 3 rd Quarter Adjustment	(10,000)
Current Contingency Amount	\$206,412