THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, JANUARY 23, 2017
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 December 5, 2016 Minutes
Additions to the Agenda
Limited Public Comment

1. **Big Brothers Big Sisters Michigan Capital Region** - Resolution to Authorize a Contract with **Big Brothers Big Sisters** Michigan Capital Region to Provide Administrative Oversight and Programming Leadership to the Capital Area Mentoring Partnership Program for 2017

2. **Health Department**
   a. Resolution to Approve the Health Department’s **Strategic Plan for 2017-2019**
   b. Resolution to Approve a Policy Prohibiting the Use of **Electronic Smoking Devices** within Ingham County Offices
   c. Resolution to Approve the Health Department’s **Plan of Organization**
   d. Resolution Honoring **Sharon Morgan**

3. **MSU Extension** - Resolution to Authorize an Agreement for Michigan State University Extension Services between Michigan State University and Ingham County Approving the **Annual Work Plan for 2017**

4. **Health Services Millage** - Resolution Authorizing a Health Services Millage Contract with the Ingham Health Plan Corporation (**IHPC**) 

Announcements
Public Comment
Adjournment

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

The County of Ingham will provide necessary reasonable auxiliary aids and services, such as interpreters for the hearing impaired and audio tapes of printed materials being considered at the meeting for the visually impaired, for individuals with disabilities at the meeting upon five (5) working days notice to the County of Ingham. Individuals with disabilities requiring auxiliary aids or services should contact the County of Ingham in writing or by calling the following: Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854 Phone: (517) 676-7200. A quorum of the Board of Commissioners may be in attendance at this meeting. Meeting information is also available on line at [www.ingham.org](http://www.ingham.org).
HUMAN SERVICES COMMITTEE
December 5, 2016
Draft Minutes

Members Present: McGrain, Koenig, Tennis, Banas and Case-Neyaert

Members Absent: Nolan and Hope

Others Present: Linda Vail, Jared Cypher, Barb Frazier, and others.

The meeting was called to order by Chairperson McGrain at 6:32 p.m. in Personnel Conference Room “D & E” of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan. Chairperson McGrain noted that there was a quorum present.

Approval of the November 7, 2016 and November 14, 2016 Minutes

MOVED BY COMM. TENNIS SUPPORTED BY COMM. KOENIG TO APPROVE THE MINUTES OF THE NOVEMBER 7, 2016 AND NOVEMBER 14, 2016 MINUTES.

The November 14, 2016 meeting minutes were amended as follows:

Commissioner Tennis stated that the Legal Services of South Central Michigan Agency used to receive give money from the Community Agencies Fund.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Hope.

Additions to the Agenda

There were no additions to the agenda.

Removed -

1. Interviews – Community Health Center Board Interviews

Chairperson McGrain noted that the applicants were not able to attend the meeting.

Limited Public Comment

None.

MOVED BY COMM. CASE-NAEYAERT SUPPORTED BY COMM. TENNIS TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

2. Health Department
   a. Resolution Amending Resolution #16-425 to Authorize the Fourth Year of the Americorps VISTA Grant Cycle for 2016-2017

(1)
b. Resolution Authorizing the Conversion of a Community Health Representative IV Position to a Coding Specialist Position

c. Resolution Authorizing a Shift Differential for Ingham County Health Department Jail Nurses During Work Hours of 6:30 pm to 6:30 am

d. Resolution Authorizing a FY 2017 Agreement with Capital Area Community Services, Inc. for Head Start Evaluations

e. Resolution Authorizing a Lease and Pharmacy Agreement with Cardinal Health 132, LLC

f. Resolution Authorizing a Great Start Agreement with the Midland County Educational Services Agency and 0.25 FTE Increase of Position #601490

g. Resolution Authorizing a Reorganization of the Health Department’s Staff and Administrative Structure

h. Resolution Amending Resolution #16-309 with NEC Networks, LLC dba CaptureRX, for 340B Prescription Third Party Administrator and Resolution #16-310 to Walgreen Company for 340B Prescription Drug Services to Include McKesson Corporation as 340B Drug Wholesaler

i. Resolution Honoring Lisa St. Clair

3. Controller’s Office

   a. Resolution Approving Various Contracts for the 2017 Budget Year
   b. Resolution Authorizing the Controller to Make Year End Budget Adjustments

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Hope.

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY. Absent: Commissioners Nolan and Hope.

3. Controller’s Office

   c. Child Care Fund Update (Discussion)

Jared Cypher, Deputy Controller, gave a brief update on the Child Care Fund. He reported several agencies have been working on the matter. Mr. Cypher stated that a recent survey received by the Controller’s Office appeared to address at least two of the issues: (1) a proposal to allow for a flat 10% fee to be charged and (2) a compromise on the billing problem. He further stated that payment would be made monthly for 75% of the charges with true up reconciliations every quarter.

Announcements

None.

Public Comment

None.

Adjournment
The meeting was adjourned at 6:39 p.m.
ACTION ITEMS:
The Deputy Controller is recommending approval of the following resolutions

1. **Big Brothers Big Sisters Michigan Capital Region - Resolution to Authorize a Contract with Big Brothers Big Sisters Michigan Capital Region to Provide Administrative Oversight and Programming Leadership to the Capital Area Mentoring Partnership Program for 2017**

   This resolution authorizes a contract with Big Brothers Big Sisters Michigan Capital Region (BBBSMCR) for the Capital Area Mentoring Partnership Program (CAMP). With Support from the County, CAMP will continue to bring in speakers to provide training on a plethora of topics (Child trauma, effective communication within matches, Human Trafficking, Runaway prevention, bullying, the importance of the screening process, etc.) to CAMP members, volunteers, and youth within their programs. CAMP will utilize the funds to bring awareness of the program to the community with the purchase of promotional items as well as utilizing quarterly service projects in the community as a platform. The contract will not exceed $25,000 for the time period of January 1, 2017 through December 31, 2017. Funds for this contract are included in the 2017 budget.

2. **Health Department**
   
   a. **Resolution to Approve the Health Department’s Strategic Plan for 2017-2019**

   This resolution approves the Health Department’s strategic plan for 2017-2019. Having such a plan in place is necessary in order to become nationally accredited by the Public Health Accreditation Board (PHAB). A draft of the Strategic Plan was made available for public comment from December 1st- December 31st, 2016 and was supported by the Board of Health in its January 3rd, 2017 meeting. The plan is included in the agenda packet for your review.

   b. **Resolution to Approve a Policy Prohibiting the Use of Electronic Smoking Devices within Ingham County Offices**

   This resolution approves a policy prohibiting the use of electronic smoking devices within Ingham County offices.

   c. **Resolution to Approve the Health Department’s Plan of Organization**

   This resolution approves the Health Department’s Plan of Organization. It is necessary for the Health Department to forward an approved Plan of Organization to the Michigan Department of Health and Human Services prior to the on-site review (starting March 6th) that will take place as part of Local Public Health Accreditation in 2017. This plan of organization is updated to describe the organization of the Health Department reflected in the reorganization approved by the Board of Commissioners on December 13th, 2016. The plan is included in the agenda packet for your review.

   d. **Resolution Honoring Sharon Morgan**

   This resolution honors Sharon Morgan for her 42 years of dedicated service to the community and for the contributions she has made to the Ingham County Health Department.
3. **MSU Extension – Resolution to Authorize an Agreement for Michigan State University Extension Services between Michigan State University and Ingham County Approving the Annual Work Plan for 2017**

This resolution authorizes an agreement for MSU Extension services in 2017. The base agreement will specify access to the full range of Extension’s statewide programs offered by the four Extension programming institutes, and sets the county’s share of the cost of maintaining the network of Extension Educators. For the period January 1, 2017 to December 31, 2017, the County shall pay to MSUE $233,641 which is the cost of the assessment plus any additional personnel costs. The Assessment Fee for Ingham County consists of the standard assessment amount of $124,711 and $108,930 for additional personnel.

4. **Health Services Millage - Resolution Authorizing a Health Services Millage Contract with the Ingham Health Plan Corporation (IHPC)**

This resolution authorizes a 2017 contract with Ingham Health Plan Corporation (IHPC) to utilize Health Services Millage funds for millage eligible services, including medical, pharmacy, dental, and detox services. The contract will not exceed $1,000,000 from the Health Services Millage, and funds are included in the 2017 budget. The administrative rate increases from 10% in 2016 to 20% in 2017. If at the end of the contract period the total amount paid by the County is less than $1,000,000 IHPC may request payment from the County on the December invoice of additional expensed funds.
MEMORANDUM

To: Human Services and Finance Committees

From: Jared Cypher, Deputy Controller

Date: January 5, 2017

Subject: Contract with Big Brothers Big Sisters Michigan Capital Region for the Capital Area Mentoring Partnership Program

For the meeting agendas of January 18 and January 23

BACKGROUND
This resolution authorizes a contract with Big Brothers Big Sisters Michigan Capital Region (BBBSMCR) for the Capital Area Mentoring Partnership Program (CAMP). With Support from the County, CAMP will continue to bring in speakers to provide training on a plethora of topics (Child trauma, effective communication within matches, Human Trafficking, Runaway prevention, bullying, the importance of the screening process, etc.) to CAMP members, volunteers, and youth within their programs. CAMP will utilize the funds to bring awareness of the program to the community with the purchase of promotional items as well as utilizing quarterly service projects in the community as a platform. CAMP is not yet its own 501 C3 and is facilitated by Big Brothers Big Sisters Michigan Capital Region.

ALTERNATIVES
N/A

FINANCIAL IMPACT
The contract will not exceed $25,000 for the time period of January 1, 2017 through December 31, 2017. Funds for this contract are included in the 2017 budget.

OTHER CONSIDERATIONS
Capital Area Mentoring Partnership (formerly the Community Coalition of Youth) is a collaboration of mentoring organizations and community resources that focuses on mentoring in the tri-county, serving youth from the age of five years to twenty-five. The collaboration is diverse; organizations offer one-to-one mentoring, group mentoring, services to homeless youth, immigrant children, refugee children, children with disabilities, children involved with the Juvenile Justice System and/or African American young men, etc.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached resolution.
Responsible Body: Ingham County Board of Commissioners

Resolutions

RESOLUTION TO AUTHORIZE A CONTRACT WITH BIG BROTHERS BIG SISTERS MICHIGAN CAPITAL REGION TO PROVIDE ADMINISTRATIVE OVERSIGHT AND PROGRAMMING LEADERSHIP TO THE CAPITAL AREA MENTORING PARTNERSHIP PROGRAM FOR 2017

WHEREAS, the Ingham County/City of Lansing Youth Violence Prevention Coalition since renamed the Community Coalition for Youth (CCY) was established in 1994 by former Mayor David Hollister and former Ingham County Board of Commissioners Chairperson, Jean McDonald, in response to a dramatic increase in youth violence and delinquency in Ingham County during the 1990's; and

WHEREAS, CCY adopted a comprehensive strategy to advance youth mentoring to close educational opportunity and achievement gaps to increase high school graduation and post-secondary completion rates, prevent and reduce violence and delinquency, and provide opportunities for civic engagement, entrepreneurship, and career and professional development to support the next generation of parents and leaders; and

WHEREAS, the structure to further mentoring for Ingham County youth was formed by CCY and is called the Capital Area Mentoring Partnership (CAMP); and

WHEREAS, previously this contract was held by Capital Area United Way (CAUW) and in 2014 was transitioned to Big Brothers Big Sisters Michigan Capital Region; and

WHEREAS, the Ingham County budget included $25,000 as the County’s share of funding for CAMP in the fiscal year 2017.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes entering into a contract with Big Brothers Big Sisters Michigan Capital Region for the period January 1, 2017 through December 31, 2017 in an amount not to exceed $25,000 as Ingham County’s share of funding to provide administrative oversight and programmatic leadership for the CAMP.

BE IT FURTHER RESOLVED, the Board Chairperson is authorized to sign any necessary contract documents on behalf of the county that are consistent with this resolution and approved as to form by the County Attorney.
TO: Board of Commissioners Human Services Committee
FROM: Linda S. Vail, MPA, Health Officer
DATE: January 3, 2017
SUBJECT: Approval of the Health Department’s Strategic Plan
For the meeting agenda of 1/23/17

BACKGROUND
Under the direction of the Health Officer, the department identified the need to have a strategic plan in place to inform and guide its activities for the foreseeable future. It also desires to submit its application to the Public Health Accreditation Board (PHAB) to become nationally accredited. One of the three pre-requisites for the PHAB application is a department-specific strategic plan and as such, in July of 2016, the Ingham County Health Department embarked on its strategic planning process.

The strategic plan is the result of multiple in-person planning sessions and surveys. More than 90 percent of ICHD employees shared their experiences, opinions and expertise to shape and inform this plan. A draft of the Strategic Plan was made available for public comment from December 1st- December 31st, 2016 and was supported by the Board of Health in its January 3rd, 2017 meeting.

We have identified five strategic directions, refined our core values and crafted a new mission and vision:

Strategic Directions:
- Communication
- Culture and Vision
- Funding
- Information Technology
- Workforce Development

Core Values:

Service Excellence
We are here to serve people to the best of our ability, seeing beyond our own needs to meet theirs.

Accountability
We are accountable for the quality, integrity and validity of our work.

Respect for Others
We see the value of all people, and express this through respectful attention to their unique strengths and challenges.

Continuous Mutual Learning
We are committed to learning through the experience and insight of others.
Health Equity & Social Justice
We improve the health of the entire community by working toward a fair and just distribution of the social opportunities needed to achieve well-being, challenging inequities and barriers to social, economic, and environmental opportunity.

Innovation
We seek new approaches and progressive solutions to problems, embracing change and accepting reasonable risk.

Mission: To protect, improve, and advocate for the health and well-being of our community by identifying and advancing the conditions under which all people can achieve optimum health.

Vision: Excellence in health and well-being for all, honoring our diverse community.

Alternatives
Without a PHAB-compliant strategic plan, the Health Department will not be eligible to begin the application process for national accreditation.

Financial Impact
None.

Other Considerations
None.

Recommendation
I respectfully recommend approval of the attached resolution to support Ingham County Health Department’s Strategic Plan for 2017-2019.
INTRODUCED BY THE HUMAN SERVICES COMMITTEE OF THE:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE THE HEALTH DEPARTMENT’S STRATEGIC PLAN FOR 2017-2019

WHEREAS, under the direction of the Health Officer, the leadership team recognizes the need to have a strategic plan in place to inform and guide their activities for the foreseeable future; and

WHEREAS, the department desires to submit its application to the Public Health Accreditation Board (PHAB) to become nationally accredited and one of the three pre-requisites for the PHAB application is a department-specific strategic plan approved by its governing body; and

WHEREAS, in July of 2016, the Ingham County Health Department embarked on its strategic planning process; and

WHEREAS, the strategic plan is the result of multiple in-person planning sessions and surveys in which more than 90 percent of ICHD employees shared their experiences, opinions and expertise to shape and inform this plan; and

WHEREAS, a draft of the Strategic Plan was made available for public comment from December 1st-December 31st, 2016 and was supported by the Board of Health in its January 3rd, 2017 meeting; and

WHEREAS, the plan identified five strategic directions, updated the department’s core values, and crafted a new mission and vision:

- Communication
- Culture and Vision
- Funding
- Information Technology
- Workforce Development

Core Values:

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**Mission:** To protect, improve, and advocate for the health and well-being of our community by identifying and advancing the conditions under which all people can achieve optimum health.

**Vision:** Excellence in health and well-being for all, honoring our diverse community.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners approves the attached Strategic Plan for the Health Department for 2017-2019.
Dear employees, county commissioners and community members:

A strategic plan is an opportunity. It allows us to reexamine and set priorities, focus our energy and resources, and strengthen operations. This strategic plan builds upon the strengths of the Ingham County Health Department (ICHD) and its many programs, health centers and employees. It is a plan to move forward together in service to the county.

Like many opportunities, the Ingham County Health Department’s strategic plan is beget by change. Over the past three years, there have been transitions among ICHD’s leadership team, changes in facilities and more focus on the new national local public health accreditation program. The time was apt for strategic planning this year.

Our strategic plan is the result of multiple in-person planning sessions and surveys. More than 90 percent of ICHD employees shared their experiences, opinions and expertise to shape and inform this plan. I am proud of the work ICHD employees contributed to the process. We have identified five strategic directions, refined our core values and crafted a new vision.

I look forward to implementing this plan. Together, we will position the Ingham County Health Department as a model, 21st century local health department. I am pleased to present the Ingham County Health Department’s 2017-2019 Strategic Plan and appreciate your partnership in moving Ingham County towards better health.

Sincerely,

[Signature]

Linda S. Vail
Ingham County Health Officer
Ingham County Health Department

Mission: To protect, improve, and advocate for the health and well-being of our community by identifying and advancing the conditions under which all people can achieve optimum health.

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Innovation
We seek new approaches and progressive solutions to problems, embracing change and accepting reasonable risk.

Strategic Directions:
- Communication
- Culture and Vision
- Funding
- Information Technology
- Workforce Development
Background

Under the direction of the Health Officer, the department’s leadership team identified the need to have a strategic plan in place to inform and guide their activities for the foreseeable future. They also desire to submit their application to the Public Health Accreditation Board (PHAB) to become nationally accredited. One of the 3 pre-requisites for the PHAB application is a department-specific strategic plan and as such, in July of 2016, the Ingham County Health Department embarked on its strategic planning process.

The Strategic Planning Process

We held our first planning session on July 14, 2016 with the health department’s leadership team. During the initial session, which was facilitated by an outside consultant, the team received an overview of the strategic planning process, learned what the Public Health Accreditation Board’s requirements are for a strategic plan and reviewed the proposed plan development timeline. Various documents were reviewed in preparation for the initial meeting and included the following:

- Annual Reports (2013, 2014 and 2015)
- ICHD Mission/Vision and Values
- ICHD Activity Indicators
- ICHD Performance Measures
- Controller’s Annual Request
- CHIP Core Groups
- Ingham County Health Center’s Homeless Needs Assessment
- Ingham County Strategic Plan (2016 Working Draft)

The leadership team reviewed its mission and vision statements. The agency’s mission statement, being relatively new, was not amended, but the group worked to review and revise its vision statement. The team also conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. (See Table 1) As a result of the SWOT analysis and documentation review, the team, through an affinity diagram process, came up with the initial 5 strategic directions:

- Communication
- Information Technology
- Workforce Development
- Funding
- Culture and Vision

Also, it should be noted that the Community Health Center Network is included in the strategic planning process, but also has a requirement to conduct a strategic planning process with its board of directors as required by the federal government. To address the primary care needs of the medically underserved residents of Ingham County, ICHD formed the Community Health Care Services unit in the 1970s. This unit is home to the Ingham Community Health Centers (ICHC), which operate nine primary care centers in locations throughout the City of Lansing. ICHD was the first public-entity administered FQHC in the state. ICHC services are designed
and coordinated to serve the area’s most vulnerable populations. It also stands as a testimony to the Health Department and the community’s commitment to improve health, reduce health disparities, and address a multitude of significant health and social issues, including access to quality health care. (Source: Performance Measures for the Health Department)
<table>
<thead>
<tr>
<th>STRNGTHS</th>
<th>WEAKNESSES</th>
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<tr>
<td>Ability to work quickly in crisis</td>
<td>Bureaucracy</td>
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<td>Administrative support</td>
<td>Changes in funders</td>
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<td>An array of funding sources</td>
<td>CHC turnover</td>
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<tr>
<td>Collaboration and teamwork</td>
<td>Communication</td>
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<td>Communication between departments</td>
<td>Data systems</td>
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<td>Community partners</td>
<td>Employee centered vs. client focus</td>
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<tr>
<td>Compassion</td>
<td>Frontline staff are experiencing culture change with a lot of administrative turnover</td>
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<td>Comprehensive programming and services</td>
<td>H.R.</td>
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<td>Creativity</td>
<td>I.T.</td>
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<td>Culture</td>
<td>Infrastructure</td>
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<td>Diverse programs</td>
<td>Lack of accountability</td>
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<td>Diverse programs enable cooperation among themselves</td>
<td>Lack of assessment into policy procedure and function</td>
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<td>Diverse skill sets</td>
<td>Lack of career ladder</td>
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<td>Diversity in expertise, health equity, and social justice</td>
<td>Lack of comprehensive training</td>
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<td>Diversity of disciplines</td>
<td>Lack of funding</td>
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<td>Education level</td>
<td>Lack of public health passion</td>
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<td>Employee willingness to serve a diverse community</td>
<td>Lack of universal communicating tool- HER</td>
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<td>Forward-looking</td>
<td>Marketing</td>
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<td>Forward thinking</td>
<td>Multiple locations</td>
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<td>FQHC is part of health department</td>
<td>Political environment</td>
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<td>Good reputation community and state</td>
<td>Priorities change</td>
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<td>Great staff</td>
<td>Productivity</td>
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<td>Innovative</td>
<td>QI</td>
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<td>Integrity</td>
<td>Readiness of change</td>
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<td>Invested</td>
<td>Rewarding good employees and reprimanding bad</td>
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<td>Location</td>
<td>Sanitary code is old</td>
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<td>Looking at best outcomes</td>
<td>Separation of public health and health services</td>
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<td>Mission driven</td>
<td>Size of staff</td>
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<td>Motivated</td>
<td>Stagnant employee skill level</td>
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<td>Resources</td>
<td>Technology</td>
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<td>Staff</td>
<td>Turnover</td>
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<td>Staff involved in decision-making</td>
<td>Universal referral tool system</td>
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<td>Strong billing department</td>
<td>Vaccine rates in 19-36m and adults</td>
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<td>Strong leaders</td>
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<td>Strong leadership</td>
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<td>Support of commissioners</td>
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<td>Understanding of community we serve</td>
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<td>Willingness of staff</td>
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<td>Workforce longevity</td>
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<td>Workforce skills</td>
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<td>OPPORTUNITIES</td>
<td>THREATS</td>
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<tr>
<td>- Awareness of public health</td>
<td>- Budgetary constraints federal state and local</td>
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<td>- Change in payment structure</td>
<td>- Changes regarding funding</td>
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<td>- Collaboration with outside agencies</td>
<td>- Changes in auditing requirements</td>
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<td>- Collaborate health department services to other departments</td>
<td>- Changes in payment system</td>
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<tr>
<td>- Community collaboration</td>
<td>- Changes in political leaders</td>
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<td>- Community partners</td>
<td>- Changes on grant reporting requirements</td>
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<td>- Credible presence</td>
<td>- Choice of service provider</td>
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<tr>
<td>- Facilities contributing to perceptions</td>
<td>- Create threat for me to effectively do my job</td>
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<td>- Federal funding</td>
<td>- Decreased state funding and program support</td>
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<td>- Feedback from people served</td>
<td>- Demographics</td>
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<td>- Greater awareness of social injustices</td>
<td>- Demographics with retirement and recruitment</td>
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<td>- Increase training towards health equity and - Social justice</td>
<td>- Describing work</td>
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<td>- Integrating PHS and CHC</td>
<td>- Different reporting requirements at different agencies</td>
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<td>- Location (capital, state departments, and MSU)</td>
<td>- Difficult to determine return on investment</td>
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<td>- Maintain and expand services</td>
<td>- Facilities contributing to perceptions</td>
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<td>- MI State</td>
<td>- Federal funding</td>
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<td>- Neutral convener</td>
<td>- Fewer E.H. specific programs</td>
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<td>- Opportunities for recognition (accreditation)</td>
<td>- Fewer qualified applicants</td>
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<td>- Required registration</td>
<td>- Funding</td>
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<td>- Stronger internal collaborations</td>
<td>- Implicit biases</td>
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<td>- Supportive board</td>
<td>- IT (external systems)</td>
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<td>- Various internal crises have created higher public awareness</td>
<td>- Lack of affordable rent (housing)</td>
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<td>- Work in colleges and universities</td>
<td>- Lack of awareness and branding of what public health is</td>
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<td>- Work in schools</td>
<td>- Lack of funding</td>
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<td>- Work with other partners in community to enhance the community</td>
<td>- Lack of providers</td>
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<td>- Lack of public health knowledge of county administration</td>
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<td>- National narrative of exclusion</td>
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<td>- Payment reform</td>
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<td>- Political environment</td>
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<td>- Poor certification or accreditation review</td>
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<td>- Price on prevention</td>
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<td>- Public perception</td>
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<td>- Reimbursement</td>
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<td>- Required registration</td>
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<td></td>
<td>- Staff layoffs</td>
</tr>
<tr>
<td></td>
<td>- Stigma of public health as a last resort</td>
</tr>
</tbody>
</table>
Alignment with Ingham County Health Department Plans

Connection to the Healthy! Capital Counties Health Improvement Plan

The Ingham County Health Department is an active participant in the Healthy! Capital Counties which is convened and co-facilitated by three local health departments (Ingham County Health Department, Barry-Eaton District Health Department and Mid-Michigan District Health Department). The Community Health Improvement Plan (CHIP) currently has 4 priority areas: Access to Primary Care, Quality Health Care, Chronic Illness, Mental Health, and Financial Stability.

The ICHD has responsibilities in 4 of the priority areas and although we do not have a primary role or responsibility to implement the strategies for the Mental Illness priority area, we serve a supportive role through collaborative efforts with Community Mental Health and through the Community Health Center’s Behavioral Health Services.

The specific responsibilities assigned to the ICHD within the CHIP are included in the strategic plan and are identified by notation.

Connection to Quality Improvement, Workforce Development and Performance Management

As a governmental public health agency accountable to the local and state authorities, but also to the taxpayers, it is important to be good stewards and to utilize our resources as effective and efficient as possible. The strategic plan outlines our process to improve and enhance our operations.

The agency’s QI Council will work with agency staff and provide assistance with identified quality improvement initiatives. We will consistently monitor our progress and identify opportunities for quality improvement initiatives. The strategic plan is the foundation for our performance management system which is monitored through our internal performance dashboard. We have already identified opportunities for QI initiatives at the outset of our plan. We recognize additional QI opportunities will present themselves as the strategic plan’s activities such as surveys and improvement efforts are identified.

The strategic plan has devoted one of its strategic directions to Workforce Development and we are making it a priority to develop and implement our Workforce Development Plan.

The “Admin + Division Directors Team” will oversee the implementation, monitoring, and revisions of the strategic plan and is committed to sharing the progress, barriers and successes with our staff, our stakeholders, and our constituents.
Staff Involvement

The front-line staff of the department were provided the opportunity to attend 1 of the 2-hour sessions to provide their input into the strategic planning process. A community café model was used to gather the staff ideas on potential strategies for the objectives with the agency’s supervisory and administrative staff members serving as table hosts. A few weeks after the meetings, the staff were asked to prioritize the strategies to assist the leadership team with the timelines of the plan through an online Survey Monkey process. The meetings were held on July 18 and 26, 2016. A total of 234 front-line staff members attended the sessions. (see sign-in sheets in Appendix A). A total of 204 surveys were returned and 76.1% of the respondents identified as non-supervisory staff, 16.1% as supervisory staff and 7.7% indicated they were an ICHD administrator. The Survey Monkey results were distributed to staff in November, 2016 and are available upon request.

External Trends and Events that Impact Our Work

As evidenced in the SWOT analysis, the ICHD has multiple factors that potentially impact our work. Changing in funding, billing and payment reform are on-going and budgetary constraints at all levels of government is a trend continuing well into the foreseeable future.

At the time of the strategic plan development, the presidential campaign was still underway, but the outcome of the election could certainly impact our work as the new administration will have new, yet unknown priorities that could affect public health and the work we do as well as the services we provide.

The demographics in Ingham County are changing and it has placed a large burden on our agency to increase the level of interpretation services available to migrant and immigrant populations who are coming to the health department for service.

Additionally, the demographics within the agency will impact our work as many of our health department employees will be retiring and finding new qualified candidates will be a recruitment challenge. If we cannot attract competent employees who reflect the population we serve, the impact on our ability to provide services will be diminished.

Strategic Plan Outline

The plan outlined on the following pages, is displayed in a table format to assist the reader and users in easing readability. The tables indicate the Strategic Direction highlighted in dark blue, the Objectives are highlighted in light blue and the column titles for the strategies are shaded in yellow. Each strategy includes the identified champion(s), and the metric/measure to be used to monitor progress. The designated champion will determine the metric/measure to be used to monitor progress. Each strategy also references alignment with both the 10 essential public health services and the 12 PHAB domains to illustrate alignment with national priorities. We are proud to recognize that all 10 of the essential services and all 12 of the domains are tied into the
plan. For reference, the 10 Essential Public Health Services and the 12 PHAB Domains (V. 1.5) are included at the end of the report.
Strategic Direction 1: Communications both internally and externally will be improved and enhanced to assure timely transmission and feedback of messages.

Objective 1.1: By March 31, 2017, the Ingham County Health Department will determine its baseline employee satisfaction rate related to internal communications and will improve the score each year by a minimum of 5%.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNAL COMMUNICATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Promotion of the “What If” suggestion generator to be able to receive input and feedback from front-line staff by March 2017.</td>
<td>What If Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide a centralized “Communication Area” that has paper copies of the newsletter and upcoming events by June 2017.</td>
<td>Communication Committee</td>
<td>Communication Area created in break room.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Review the employee satisfaction survey to measure satisfaction with internal and external communication to determine the baseline measure and create goals and objectives by March 2017.</td>
<td>Communication Committee</td>
<td>Baseline and benchmark scores are determined; goals and objectives established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Redesign the monthly newsletters across the health department that includes success stories, training opportunities, new staff and upcoming changes in policies and</td>
<td>Communication Committee</td>
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<tr>
<td>5.</td>
<td>Host an all-staff yearly meeting to highlight accomplishments and promote our vision by December 2018.</td>
<td>Communication Committee</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>6.</td>
<td>Creation of a photo directory of staff to improve name recognition and position within agency by December 2017.</td>
<td>Communication Committee</td>
<td>Creation of photo directory</td>
<td>8</td>
</tr>
<tr>
<td>7.</td>
<td>Establish and disseminate the rotation schedule of locations for Brown Bag meetings by January 31, 2017</td>
<td>Communication Committee</td>
<td>Rotation schedule established and disseminated to staff</td>
<td>8</td>
</tr>
</tbody>
</table>

**EXTERNAL COMMUNICATION**

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Conduct a client survey to receive suggestions on how to enhance the website so it shares comprehensive information about all programs and services, and is easy to navigate by December 2017 and to develop a plan to implement enhancements in 2018 and 2019.</td>
<td>Website Sub-committee</td>
<td>7, 9</td>
</tr>
<tr>
<td>2.</td>
<td>Creation of at least 3 community</td>
<td></td>
<td>3</td>
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<tr>
<td>3. Develop and publish an annual agency marketing/communication plan that includes free public service announcements, radio and TV interview opportunities, newspaper articles, and social media/website by December of each year for the following year.</td>
<td>Communication Committee</td>
<td>Health Communication Specialist</td>
<td>3</td>
</tr>
<tr>
<td>4. Sustain and review agreements with partners to create and share messaging about services and emerging issues on an annual basis.</td>
<td>Communication Committee</td>
<td>3,4</td>
<td>3,4</td>
</tr>
<tr>
<td>5. Document the process and options available to front-line staff to provide input into community messaging efforts by December 2017.</td>
<td>Communication Committee</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>6. Document the process to seek input into community messaging efforts from target populations by December 2017.</td>
<td>Health Communication Specialist</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>7. Seek out opportunities to share agency service information with</td>
<td>Communication Committee</td>
<td>3,7</td>
<td>3,7</td>
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<tr>
<td>8.</td>
<td>Continue the creation of an annual report that is distributed to Ingham County residents via the agency website to showcase services by July of each year.</td>
<td>Communication Committee</td>
<td>3.9</td>
</tr>
<tr>
<td>9.</td>
<td>Provide an annual open house for health department activities by December 2019.</td>
<td>Communication Committee</td>
<td>3.7</td>
</tr>
<tr>
<td>10.</td>
<td>Partner with providers to develop a set of client education and communication tools on quality healthcare and follow up on using the tools. (CHIP: Access to Quality Healthcare Priority Area)</td>
<td>CHIP HealthCare Workgroups</td>
<td>3,7.9</td>
</tr>
<tr>
<td>11.</td>
<td>Create messaging on the website and social media to educate about public health laws and regulations in the County.</td>
<td>Environmental Health Division And Communications Committee</td>
<td>6</td>
</tr>
<tr>
<td>12.</td>
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<td>13.</td>
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</table>
Strategic Direction 2: The Ingham County Health Department will recognize and acknowledge the diverse culture of our community and will honor that culture in our interactions with the people we serve and with each other.

Objective 2.1: By December 31, 2019 we will create an office environment that reflects the diversity of the people we serve.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development and distribution of user-friendly maps of health department locations.</td>
<td>Communication Committee</td>
<td></td>
<td>7</td>
<td>3,7</td>
</tr>
<tr>
<td>2. Assure the pictures in main areas to reflect community we serve on regular rotation</td>
<td>Communication Committee</td>
<td></td>
<td>7, 9</td>
<td>3,7,11</td>
</tr>
<tr>
<td>3. Sustain the practice and environment of allowing a client’s support system to participate in appointments.</td>
<td>Community Health Centers</td>
<td></td>
<td>5, 9</td>
<td>7</td>
</tr>
<tr>
<td>4. Assess how to create more effective services for non-English speaking clients by working with our provider partners to create improved feedback tools to increase the visibility of client satisfaction forms on website and in the clinics in multiple languages. (CHIP Priority Area: Access to Quality Healthcare)</td>
<td>LEP Taskforce</td>
<td></td>
<td>4, 5, 9</td>
<td>3, 9, 11</td>
</tr>
<tr>
<td>5. Development of a centralized check-in for services to reduce the</td>
<td>CHC-DHO/Call Center</td>
<td></td>
<td>5</td>
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</tbody>
</table>
Objective 2.2: By December 31, 2017 we will assess the availability of interpretation services and seek opportunities to improve access to interpreters.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct an assessment of the types, languages, availability and cost of interpretation services to determine if/where gaps exist.</td>
<td>LEP Taskforce</td>
<td>1</td>
<td>3.11</td>
<td></td>
</tr>
<tr>
<td>2. Seek out interpretation services that are available through the local colleges and universities and other community resources. Invest in in-person interpretations services when possible.</td>
<td>LEP Taskforce</td>
<td>1,7</td>
<td>3.11</td>
<td></td>
</tr>
<tr>
<td>3. Seek out the availability of bilingual volunteers within the community to provide directions to proper office locations.</td>
<td>LEP Taskforce</td>
<td>1,7</td>
<td>3.11</td>
<td></td>
</tr>
</tbody>
</table>

Objective 2.3: Integrate and Expand Health Equity into our daily routines by December 31, 2018

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
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</thead>
<tbody>
<tr>
<td>1. Conduct regular manager and supervisor round table and tool sharing to support staff in advancing health equity and social</td>
<td>Health Equity Resource Group</td>
<td>1,5</td>
<td>11</td>
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<tr>
<td>2.</td>
<td>Improve our hiring practices to include a social justice component.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>3.</td>
<td>Continue social justice courses for staff with a focus on change management and creating a permanent change.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>4.</td>
<td>Provide examples and possible site visits to other progressive health departments.</td>
<td>Health Equity Resource Group</td>
<td>5,10</td>
<td>10</td>
</tr>
<tr>
<td>5.</td>
<td>Provide a quarterly staff brown bag on health equity and social justice.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>6.</td>
<td>Review the content of the health equity and social justice trainings provided and make revisions if necessary.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>7.</td>
<td>Increase heart disease screening for at-risk women to allow for early detection and increase the connection and navigation to healthcare for underserved population. (CHIP Priority Area: Chronic Disease)</td>
<td>CHIP Chronic Disease/Health Promotion and Prevention</td>
<td>7</td>
<td>2,3,7</td>
</tr>
<tr>
<td>8.</td>
<td>Increase diabetes screening for at-</td>
<td>CHIP Chronic</td>
<td>7</td>
<td>2,3,7</td>
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<tr>
<td>Objective 2.4: Engage all staff in the creation of a positive work environment by December 2017</td>
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<td>Strategies</td>
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<tr>
<td>1. Using the Employee Satisfaction survey, consider where quality improvement initiatives to improve can be implemented.</td>
<td>Recognition Committee</td>
<td></td>
<td>8,9</td>
<td>9</td>
</tr>
<tr>
<td>2. Development of an employee recognition system</td>
<td>Recognition Committee</td>
<td></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>3. Create opportunities for staff at all levels to be engaged with each other to learn names, interests, etc.</td>
<td>Recognition Committee</td>
<td></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>4. Explore options for improved employee break room areas and enhancing the physical built environment to promote healthier eating. (CHIP Priority Area: Chronic Disease)</td>
<td>Recognition Committee</td>
<td></td>
<td>4,10</td>
<td>10,11</td>
</tr>
<tr>
<td>Strategies</td>
<td>Champion(s)</td>
<td>Essential Service(s)</td>
<td>PHAB Domain(s)</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>1. Conduct an internal analysis and consider consulting with outside consultants to explore and implement best practices.</td>
<td>CFO</td>
<td>9,10</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2. Conduct an analysis of fees charged in each program to assure they are covering the cost of the services provided. Consider charging for additional services.</td>
<td>CFO</td>
<td>9,10</td>
<td>9,11</td>
<td></td>
</tr>
<tr>
<td>3. Consider the implementation of a fee for appointment “no-shows”.</td>
<td>CFO/DHOs</td>
<td>5, 6</td>
<td>5, 11</td>
<td></td>
</tr>
<tr>
<td>4. Consider the elimination of non-essential services</td>
<td>CFO/DHOs/Health Officer</td>
<td>9, 10</td>
<td>5,9,10</td>
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Objective 3.2: The ICHD will provide an annual statement, in May of each year, on the need to invest in governmental public health and the
<table>
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<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide the annual statement to county administration about the need for more general fund support and to state and federal legislators about the need for public health funding.</td>
<td>Health Officer/DHO</td>
<td></td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>2. Consider working with partners within the community for fund raising activities.</td>
<td>CHC Board</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3. Designate staff to work with commissions to advocate for public health funding.</td>
<td>Health Officer/DHOs</td>
<td></td>
<td>4</td>
<td>4,12</td>
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</tbody>
</table>

Objective 3.3: Annually, the Ingham County Health Department will actively pursue grant funding for its programs.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create a team/individual that identifies and applies for applicable funding opportunities</td>
<td>Grants Workgroup</td>
<td></td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>2. Create one comprehensive grants system</td>
<td>Grants Workgroup</td>
<td></td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>3. Communication of the various grant sources with the greater community and consider joint applications</td>
<td>Grants Workgroup</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Strategies</td>
<td>Champion(s)</td>
<td>Metric Measure</td>
<td>Essential Service(s)</td>
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<tr>
<td>1. Seek out alternate revenue possibilities from private funding sources such as local and national foundations.</td>
<td>Grants Workgroup</td>
<td></td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>2. Provide patient assistance with insurance enrollment</td>
<td>Registration and Enrollment</td>
<td></td>
<td>5.7</td>
<td>na</td>
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<tr>
<td>3. Create a quality improvement initiative to improve the collection of client co-pays and insurance information.</td>
<td>CFO/QI Council</td>
<td></td>
<td>5,9,10</td>
<td>9</td>
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</table>

**Objective 3.5:** By December 31, 2017, ICHD will have a plan to advocate for competitive wages for its workforce.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ICHD Leadership will share the results of salary surveys conducted at the local, state and national level with county commissioners and administration.</td>
<td>Health Officer/DHOs/CFO</td>
<td></td>
<td>8</td>
<td>11</td>
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</table>

Strategic Direction 4: By December 31, 2019, the Ingham County Health Department will have a reliable information technology system that
includes an obsolescence plan for equipment replacement and upgrades, timely responses to technology related issues, a reliable server system with adequate connection speeds and a plan to convert to paperless where applicable.

Objective 4.1: By May 31, 2017 and then on an annual basis, the Ingham County Health Department will have an Information Technology Plan that includes an inventory of the available hardware and software replacement timeframes and supports the public health and administrative functions of the agency.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
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</thead>
<tbody>
<tr>
<td>1. Assess the software and technology required for both office and field</td>
<td>IT Committee</td>
<td></td>
<td>9,10</td>
<td>11</td>
</tr>
<tr>
<td>operations. Complete a comprehensive assessment to share with “county” to</td>
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<tr>
<td>help them understand challenges we face with inadequate or poor IT support</td>
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<tr>
<td>and timelines</td>
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<tr>
<td>2. Inventory system (hardware and software) and create an obsolescence</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>plan for upgrades and replacements</td>
<td></td>
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</tr>
<tr>
<td>3. Research the infrastructure required to enhance the reliability of</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>server capacity, software solutions and connectivity.</td>
<td></td>
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<tr>
<td>4. Develop/revise the process for system upgrades and back-ups to occur</td>
<td>IT Committee</td>
<td></td>
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<td>11</td>
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<td>during non-working hours.</td>
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</table>

Objective 4.2: The Ingham County Health Department will propose a list of innovations to incorporate into the agency on an annual basis.
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluate the internal-centralized EHR to determine possible solutions that will reduce delays to clients and allow it to “speak” to outside systems.</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2. Well-designed user-friendly website with smartphone app</td>
<td>IT Committee</td>
<td></td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td>3. Consider the option of texting clients to confirm appointments</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>na</td>
</tr>
<tr>
<td>4. Develop a plan to convert paper forms/systems to electronic forms (supply orders, forms, referrals)</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>NA unless it is a QI project</td>
</tr>
<tr>
<td>5. Expand the use of the patient portal</td>
<td>IT Committee</td>
<td></td>
<td>1,2,7</td>
<td>7</td>
</tr>
<tr>
<td>6. Creation or promotion of phone apps for clients</td>
<td>IT Committee</td>
<td></td>
<td>7,9</td>
<td>NA unless it is a QI project and that is questionable with clinics</td>
</tr>
<tr>
<td>7. Organize S drive to make it user-friendly</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>8. Create an electronic information board in patient/client waiting areas</td>
<td>IT Committee</td>
<td></td>
<td>3</td>
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</tr>
</tbody>
</table>
Objective 4.3: The Ingham County Health Department will work with the County’s IT department to improve response times for IT support and repairs by 10% by December 31, 2017.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct an assessment of the current response times of IT staff and the common issues in need of resolution.</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2. Based on the assessment results, conduct a QI initiative to improve IT support and repair response times.</td>
<td>IT Committee QI Council</td>
<td></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>3. Development of an IT Frequently Asked Questions Guide and short videos/webinars to resolve common, minor issues</td>
<td>IT Committee</td>
<td></td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>4. Develop an IT Training Request Process for programs such as Outlook, Excel, the EHR, and Google Docs, S Drive</td>
<td>IT Committee/Workforce Development Committee</td>
<td></td>
<td>5</td>
<td>8,11</td>
</tr>
<tr>
<td>5. Include IT training in employee orientation</td>
<td>IT Committee/Workforce Development Committee</td>
<td></td>
<td>5,8</td>
<td>8,11</td>
</tr>
</tbody>
</table>

Objective 5.1: By December 31, 2017, the Ingham County Health Department will have a comprehensive Workforce Development Plan.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
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</thead>
</table>

Strategic Direction 5: The Ingham County Health Department will create a Workforce Development Plan to ensure a competent workforce that fosters the education and mentoring of staff and creates a supportive work environment.
<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Formation of a committee to compile the relevant information necessary to develop and implement a Workforce Development Plan that meets the PHAB standards and measures.</td>
<td>DHO-Admin</td>
<td>8</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Conduct an assessment of current staff competencies against the adopted core competencies</td>
<td>Workforce Development Committee</td>
<td>8</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Provide training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies</td>
<td>Workforce Development Committee</td>
<td>8</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>4.</td>
<td>Conduct an assessment of the cultural competency of staff and develop a training schedule to address the areas of weakness; include a social justice module.</td>
<td>Workforce Development Committee</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8,11</td>
</tr>
<tr>
<td>5.</td>
<td>Identify opportunities for career advancement within the organization</td>
<td>Workforce Development Committee</td>
<td>5,8</td>
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<td></td>
<td></td>
<td></td>
<td>8,11</td>
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<tr>
<td>6.</td>
<td>Encourage and support membership in diverse associations host</td>
<td>Workforce Development Committee</td>
<td>8,10</td>
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<td></td>
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<td></td>
<td>8</td>
</tr>
<tr>
<td>Strategies</td>
<td>Champion(s)</td>
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<td>Essential Service(s)</td>
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<tr>
<td>7. Business/organization/sociology reading club (broad categories)</td>
<td>Workforce Development Committee</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Objective 5.2: The Ingham County Health Department will develop a plan to promote a supportive work environment by December 31, 2017.</td>
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<td></td>
</tr>
<tr>
<td>1. The agency will develop and administer an annual Employee Satisfaction Survey to learn of and develop activities and policies to retain staff. Such policies could include employee recognition, employee wellness, collaborative learning opportunities, and advancement opportunities.</td>
<td>Workforce Development Committee</td>
<td>5,8</td>
<td>9,11</td>
</tr>
<tr>
<td>2. Establish a mentor program for all new employees based on new hires’ goals and desired career trajectory.</td>
<td>Workforce Development Committee</td>
<td>8</td>
<td>8,11</td>
</tr>
<tr>
<td>3. Foster an environment of collegial support for all staff.</td>
<td>Workforce Development Committee</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>4. Sustain the formal system of employee recognition</td>
<td>Recognition Committee</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>5. Creation of a process to provide ongoing feedback on performance that supports professional development.</td>
<td>Workforce Development Committee</td>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>
### Objective 5.3
By December 31, 2017, the Ingham County Health Department will have formalized agreements to accept interns into the department.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a formal internship program to provide experiences and exposure of public health as a career option.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>2. Create job shadow and internship opportunity for Lansing-area high schools; especially in clinics and environmental health.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

### Objective 5.4
By December 31, 2017, the Ingham County Health Department will have a formalized recruitment and hiring process that reflects the activities associated with hiring qualified individuals who reflect the demographics of the population served.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordinate with the County Human Resources Dept. to develop enhanced recruitment practices to attract diverse workforce.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>2. Coordinate with the County Human Resources Dept. to develop a monitoring system to be able to conduct a workforce analysis of Health Department employees to demonstrate that the employees hired reflects the community that</td>
<td>Workforce Development Committee</td>
<td></td>
<td>8</td>
<td>8, 11</td>
</tr>
<tr>
<td>Strategies</td>
<td>Champion(s)</td>
<td>Metric/Measure</td>
<td>Essential Service(s)</td>
<td>PHAB Domain(s)</td>
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<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1. Creation of a committee to develop orientation/on-boarding and exit</td>
<td>DHO-Admin</td>
<td>5,8</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>process.</td>
<td></td>
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<tr>
<td>2. Include in the employee orientation process an educational component</td>
<td>Workforce Development Committee</td>
<td>5,8</td>
<td></td>
<td>na</td>
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<tr>
<td>on the diverse roles in the Health Dept. and the value they add to</td>
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<tr>
<td>each department.</td>
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<tr>
<td>3. Develop on-line educational resources for new employees such as training</td>
<td>Workforce Development Committee</td>
<td>5,8</td>
<td></td>
<td>11</td>
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<tr>
<td>manuals, FAQ guides,</td>
<td></td>
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<tr>
<td>we serve.</td>
<td>Workforce Development Committee</td>
<td>5,8</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>4. Assure position descriptions are available to all staff through the</td>
<td>Workforce Development Committee</td>
<td>5,8</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>internet/intranet, in print or through the human resource department</td>
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<tr>
<td>upon request.</td>
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</tbody>
</table>

Objective 5.5: By December 31, 2017, the Ingham County Health Department will have a formalized, internal orientation and exit process for all employees that will be reviewed on an annual basis.
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Develop a formalized Employee Exit process of the steps and information required when an employee leaves the agency.</td>
<td>Workforce Development Committee</td>
<td>5</td>
<td>na</td>
<td></td>
</tr>
</tbody>
</table>

Objective 5.6: The Ingham County Health Department will provide a schedule of available training and leadership development opportunities to staff on at least an annual basis.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development of an annual calendar of in-house and external training opportunities and share with staff.</td>
<td>Workforce Development Committee</td>
<td>8</td>
<td></td>
<td>8,11</td>
</tr>
<tr>
<td>2. Develop efficient mechanisms to conduct agency mandated trainings such as CLIA, HIPAA and Bloodborne Pathogens and other relevant topics that address identified competency gaps.</td>
<td>Workforce Development Committee</td>
<td>8</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>3. Require health equity-related objectives in all professional development plans.</td>
<td>Workforce Development Committee</td>
<td>5</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>4. Periodic reviews and updates of the agency Operations Manual that includes training modules for staff.</td>
<td>Workforce Development Committee</td>
<td>5</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>5. Provide opportunities for staff to</td>
<td>Workforce Development</td>
<td>8</td>
<td></td>
<td>8,11</td>
</tr>
<tr>
<td>6. Provide educational opportunities for staff to learn about other divisions and the community through job shadowing and community field trips.</td>
<td>Committee</td>
<td>8</td>
<td>8.11</td>
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<tr>
<td></td>
<td>Workforce Development Committee</td>
<td></td>
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</tbody>
</table>
10 Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Source: APHA 2014©

PHAB Domains

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage the community to identify and address health problems

5. Develop public health policies and plans

6. Enforce public health laws

7. Promote strategies to improve access to health care services

8. Maintain a competent public health workforce

9. Evaluate and continuously improve health department processes, programs, and interventions

10. Contribute to and apply the evidence base of public health

11. Maintain administrative and management capacity

12. Maintain capacity to engage the public health governing entity

Source: PHAB www.phaboard.org Version 1.0
Agenda Item 2b

TO: Board of Commissioners Human Services Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: 12/01/16

SUBJECT: Authorization for Ingham County Policy Prohibiting Electronic Smoking in County Offices
For the meeting agenda of 1/23/17

BACKGROUND
Section 333.12603 of the Michigan Public Health Code prohibits a person from smoking in a public place or the meeting of a public body. This statute was developed shortly after the introduction of electronic smoking devices (ESDs) in the United States, prior to their increased popularity.

Now that use of ESDs has become more prevalent, the Ingham County Health Department (ICHD) is proposing that Ingham County prohibit their use within all county offices. Although the potential harm of ESDs is still unknown, early research indicates that they can serve as an introduction to tobacco products, especially among youth. The use of ESDs in public places also causes confusion among the public about smoking in public places.

ALTERNATIVES
There are no alternatives.

FINANCIAL IMPACT
There is no financial impact.

OTHER CONSIDERATIONS
There are no other considerations.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached resolution to authorize a policy prohibiting the use of ESDs in Ingham County offices.
Introduced by the Human Services and County Services Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE A POLICY PROHIBITING THE USE OF ELECTRONIC SMOKING DEVICES WITHIN INGHAM COUNTY OFFICES

WHEREAS, Section 333.12603 of the Michigan Public Health Code prohibits a person from smoking in a public place or the meeting of a public body; and

WHEREAS, this statute was developed shortly after the introduction of electronic smoking devices (ESDs) in the United States, prior to their increased popularity; and

WHEREAS, now that use of ESDs has become more prevalent, the Ingham County Health Department (ICHD) is proposing that Ingham County prohibit their use within all county offices; and

WHEREAS, early research indicates that ESDs can serve as an introduction to tobacco products, especially among youth, as well as cause confusion among the public about smoking in public places; and

WHEREAS, the Health Officer recommends approval of the attached policy prohibiting the use of ESDs in Ingham County offices.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes the attached policy prohibiting the use of ESDs in Ingham County offices.
Policy Prohibiting the Use of Electronic Smoking Devices within Ingham County Offices

- Electronic Smoking Device (ESD): a noncombustible product designed to contain a vapor cartridge or containing nicotine or other substance that employs a heating element, power source, electronic circuit, or other electronic, chemical, or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine or other substance in a solution or other form. Electronic smoking devices include an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device, and also include a vapor cartridge or other container of nicotine or other substance in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device.

- Section 333.12603 of the Michigan Public Health Code prohibits a person from smoking in a public place or the meeting of a public body. This statute was developed shortly after the introduction of electronic smoking devices (ESDs) in the United States, prior to their increased popularity.

- Ingham County prohibits the use of ESDs within all county offices.

- Although the potential harm of ESDs is still unknown, early research indicates that they can serve as an introduction to tobacco products, especially among youth.

- The use of ESDs in public places also causes confusion among the public about smoking in public places.
TO: Board of Commissioners Human Services Committee
FROM: Linda S. Vail, MPA, Health Officer
DATE: January 3, 2017
SUBJECT: Health Department Plan of Organization
For the meeting agenda of
ICHD Plan of Organization
For the meeting agenda of 1/23/17

BACKGROUND
The Ingham County Health Department (ICHD) is undergoing Local Public Health Accreditation in 2017. Our on-site review starts March 6th but we are required to forward certain materials to the Michigan Department of Health & Human services prior to that review. Under the Public Health Code, one of the required materials is a Plan of Organization (PO) for ICHD which has been approved by the Chair of the Ingham County Board of Commissioners (BOC). The PO consists of ICHD’s responses to a series of questions posed by MDHHS, along with documentation supporting those responses. Once approved, the PO will be valid for three years.

ICHD has updated the PO to describe the organization of ICHD reflected in the Health Department’s reorganization approved by the BOC on December 13th, 2016.

ALTERNATIVES
There are no alternatives.

FINANCIAL IMPACT
There is no financial impact.

OTHER CONSIDERATIONS
There are no other considerations.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached Plan of Organization for Ingham County Health Department.
INTRODUCED BY THE HUMAN SERVICES COMMITTEE OF THE:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE THE HEALTH DEPARTMENT’S PLAN OF ORGANIZATION

WHEREAS, the Ingham County Health Department will be undergoing Local Public Health Accreditation in 2017; and

WHEREAS, the Board of Commissioners approves the Plan of Organization for the Health Department to be submitted to the Michigan Department of Health and Human Services as part of the accreditation process; and

WHEREAS, in Resolution #16-535, the Board of Commissioners approved a reorganization of the Health Department; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize an amendment to the Health Department’s Plan of Organization to reflect the changes.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby amends the Ingham County Health Department Plan of Organization, effective December 13th, 2016, as attached.
The Ingham County Health Department exists as a unit of Ingham County government. The Department is one of many departments/offices/units which operate under the direction of the Ingham County Board of Commissioners. Governing Entity

Relationship with the ICHD

ICHD is a unit of government in Ingham County. Ingham County is governed by a fourteen-member Board of Commissioners, elected to two-year terms. The Board of Commissioners appoints the Health Officer to serve as the Director of ICHD and establishes through its annual budget process the personnel and other resources available to ICHD to carry out its statutory mission and any other duties assigned to it by the Board of Commissioners. ICHD’s primary point of contact with elected officials is the Human Services Committee of the Board of Commissioners which oversees the Department’s strategic and financial planning and contracting, and guides the Department on legislative matters.

The Board of Commissioners has established administrative policies for the operation of all County departments. These include the operation of the personnel functions and the financial management functions (i.e. budgeting, general ledger, and purchasing). These functions are overseen by the County Controller, who is appointed by the Board of Commissioners as the County’s Chief Administrative Officer. ICHD is bound by these policies and utilizes the resources of the Controller’s Office (i.e. Human Resources Department, Financial Services Department, Purchasing Department, Budget Office, and IT Department) to implement all such functions.

Through its administrative processes, the Board of Commissioners negotiates agreements with several collective bargaining units and establishes a compensation plan for managers and confidential employees. Through these mechanisms, the job titles, classifications, wages and other terms of employment are established for all positions in ICHD. The Board of Commissioners charges the Human Resources Director, via the Controller, with the responsibility of implementing the collective bargaining agreements and the managerial compensation plan. The Health Officer utilizes these documents to employ and direct the staff of ICHD.

PA 30 of 1978 permits Counties to establish budget stabilization funds equal to fifteen percent of their budget. Ingham County utilizes this mechanism to the fullest extent possible in order to ensure continuation of County services, including public health services, in the event of a crisis.

Ingham County Board of Commissioners (2016-2017)
Kara Hope, District No. 7, Chairperson
Sarah Anthony, District No. 3, Vice-Chairperson
Randy Mayville, District No. 6, Vice-Chairperson Pro Tem
Victor G. Celentino, District No. 1
Brian McGrain,
District No. 10
Rebecca Bahar-Cook, District No. 2
Terri Banas,
District No. 11
Bryan Crenshaw, District No. 4
Deb Nolan, District No. 12
Todd Tennis, District No. 5
Randy Schafer, District No. 13
Penelope Tsernoglou, District No. 8
Robin Case Naeyaert, District No. 14
Carol Koenig, District No. 9

2016-2017 Human Services Committee (Board of Commissioners)
Brian McGrain, District No. 10, Chairperson
Teri Banas, District No. 11, Vice-Chairperson
Todd Tennis, District No. 5
Carol Koenig, District No. 9
Deb Nolan, District No. 12
Kara Hope, District No. 7
Robin Case Naeyaert
District No. 14

The Board of Commissioners appoints the Ingham County Board of Health. The Board of Health serves as an advisory body, assisting ICHD staff and the Board of Commissioners.

Ingham County Board of Health
Molly Polverento, Chairperson
Martha Adams, Chairperson Pro Tem
Christina Dokter, Vice Chairperson
Carol Callaghan
Nigel Paneth
Garry Rowe
Derrell Slaughter
Denise Chrysler
Nino Rodriguez
Lynn Stauff

ICHD operates a network of Federally Qualified Health Centers (FQHC) with eight sites. The sites are Community Health Centers funded under section 330(e) of the Public Health Services Act and one site is funded through the Act’s Health Care for the Homeless provision, section 330(h). This designation is important because it enables these Health Centers to obtain grants made available only through the Act.

Under the Public Health Services Act, federally funded Community Health Centers must be governed by a Community Health Center Board. As a public entity FQHC, Ingham County is a co-applicant for HRSA funding with the CHC Board. The majority of the members of the CHC Board must be clients of the Community Health Center. This CHC Board oversees the implementation of the Section 330 grants and the operation of the network of Community Health Centers operated by ICHD. The Community Health Center Board partners with ICHD and the Board of Commissioners to implement health services for Ingham County residents through the network of community health centers. These services provide assurance that uninsured, under-insured, and low-income Ingham County residents have access to an organized system of health care.
Health Department Mandate

The Constitution of the State of Michigan includes the following declaration:

"The public health and general welfare of the people of the State are hereby declared to be matters of primary public concern. The Legislature shall pass suitable laws for the protection and promotion of public health."

In 1978, the Public Health Code was passed by the Legislature and signed by the Governor. The "Code" establishes a State/Local system to carry out the responsibility to protect and promote public health.

The Code establishes the Michigan Department of Public Health with the responsibility to:
"...continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law."

The Michigan Department of Public Health is charged in the Public Health Code to:
"...promote an adequate and appropriate system of local health services throughout the state."

The Public Health Code requires every county to provide for a local health department. County Boards of Commissioners are required to organize county or district health departments.

The Public Health Code charges the local health departments with the same basic responsibilities as are given to the State:
"A local health department shall continually and diligently endeavor to prevent disease, prolong life and promote the public health through organized programs, including prevention and control of environmental health hazards, prevention and control of disease; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health care delivery systems to the extent provided by law."
The Ingham County Board of Commissioners has responded to this mandate by establishing the Ingham County Health Department as a Department of Ingham County Government. Each year, through the County budget process and through contracts established with the State, the Board of Commissioners determines which programs and services will be established and maintained to respond to the legal requirements to promote and protect the public health of the citizens of Ingham County.

**Chain of Command**

The Health Officer of a local health department is appointed by the governing board of the jurisdiction she or he serves. The Michigan Department of Health & Human Services verifies that a health officer meets the minimum qualifications outlined in the Administrative Code (325.13001). The Health Officer acts as the chief administrative officer of the local health department and must “Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.” The most serious of these powers relate to the declaration of “imminent danger to health or lives” which could lead to orders to restrain a condition, practice or person, and the issuance of emergency orders and procedures to include involuntary detention and treatment of persons in the event of an epidemic. Linda S. Vail, MPA, was appointed Health Officer on April 7, 2014. Sugandha Lowhim, MD, MPH was approved by MDHHS as the Medical Director on May 30, 2012.

To assure that a proper representative of ICHD is always available to exercise the powers and duties of the Health Officer, the following Chain of Command is established in ICHD’s Continuity of Operations Plan and through the adoption of this Plan of Organization supported by the Ingham County Board of Commissioners and by the Director of the MDHHS:

a. Debbie Edokpolo, MSW, Deputy Health Officer - Public Health Services  
b. Joel D. Murr, MPA, Deputy Health Officer - Administration  
c. Russell Kolski, MSA, Deputy Health Officer - Executive Director for Community Health Centers

In the event that the chain of command is activated, there will be no official Acting Health Officer. However, the above list identifies the person authorized to act with the authority vested in the Health Officer via statute, rule or policy.

*(SEE NEXT PAGE FOR ORGANIZATION CHART.)*
**Organizational Structure**

**Health Department Administrative Staff:**
*Linda S. Vail, MPA, Health Officer*

Debbie Edokpolo, MSW, Deputy Health Officer—Public Health Services  
Russ Kolski, MSA, RN, Deputy Health Officer—Executive Director Ingham Community Health Centers  
Joel D. Murr, MPA, Deputy Health Officer—Administration  
Eric Thelen, MBA, Chief Financial Officer

Sugandha Lowhim, MD, MPH, Medical Director  
Erik Wert, DO, Medical Director—Ingham Community Health Centers

Sarah Bryant, MPH, RN, Health Promotion & Prevention Manager  
Rod McNeill, MHA, Environmental Health Director  
Ruby Rodgers, BSN, RN Communicable Disease Control Manager  
Regina Traylor, MSN, RN, Maternal & Child Health Director

**Medical Direction**

Sugandha Lowhim, MD, MPH, serves as the Medical Director providing medical direction and support to ICHD’s administrative operations. Eric Wert, DO, MPH is the Medical Director for the Community Health Centers and oversees the Health Center’s quality assurance program, standing orders and laboratories.

The position of Medical Examiner has been part of the functions of ICHD for many years. Since 2011, the Medical Examiner services for the county have been sub-contracted to Sparrow Hospital and are under the oversight of Michael Markey, MD. Dr. Markey is the Medical Director of Sparrow Forensic Pathology Services and now serves as the Medical Examiner for Ingham County.

**Department Structure**

ICHD is organized into three overarching branches. One branch is Public Health Services where traditional and contemporary public health activities are located as well as Registration and Enrollment. The second division is Community Health Center Services, which houses our network of Federally Qualified Health Centers. Community Health, Planning, and Partnerships is the third division and provides services and programs that bridge both Public Health and Community Health Center services.

The Deputy Health Officer for Public Health Services is Debbie Edokpolo, MSW. Public Health Services contains most of the public health functions that would be found in any other Health Department. There are approximately 132 FTEs working in Public Health Services which has a budget of nearly $15 million dollars and is divided into four divisions: Health Promotion and Prevention; Environmental Health; Communicable Disease Control; and Maternal and Child Health.

Sarah Bryant, MPH, RN, directs the Health Promotion and Prevention division which include the Breast and Cervical Cancer Control Navigation Program (BCCCNP), the Office for Young Children (OYC), Pathways to Care, and Registration and Enrollment services.
Rod McNeill, MHA, directs the department’s Environmental Health division and oversees programs to prevent health and safety issues as they relate to the total environment. It has approximately 22 FTEs working in Public Health Services which has a budget of nearly $2.5 million dollars. Environmental Health operates three program areas: Food and Facilities Programs (which includes the food service sanitation program), Land and Water Programs (including the water supply services and on-site sewage programs), and Prevention and Response programs.

Ruby Rodgers, RN, manages the Communicable Disease Control division which includes Immunizations, the HIV/STI Prevention Program, and the TB/LTBI programs.

Regina Traylor, MSN, RN, directs the Maternal and Child Health Division which includes Children’s Special Health Care Services, Family Outreach Services, Native American Outreach Program, Nurse Family Partnership, Strong Start, Healthy Start, Vision and Hearing, Maternal Infant Health Program, Childhood Lead, and Women, Infants, and Children (WIC).

Russ Kolski, MSA, RN, serves as the Deputy Health Officer/Executive Director of the Ingham Community Health Centers. The Ingham Community Health Centers operate the network of Federally Qualified Health Centers described above and the supportive services related to them. The health centers serve approximately 24,000 unduplicated individuals per year with a budget of approximately $20.5 million dollars. There are 170 FTEs of County employees, including 23 FTE directly employed and 38 contractual providers (physicians, dentists, nurse practitioners, and physician assistants). Erik Wert, DO, MPH, is the Medical Director for the Health Centers. Dr. Wert also serves as the director for the clinical laboratories. The Health Centers provide primary care, OB/GYN and pediatric health care services, adolescent health care, infectious disease specialty services as well as adult and pediatric oral health care, and medical services at the Ingham County Jail and Youth Center. Most of those served are people who are eligible for Medicaid; people who do not have health insurance; or people who are enrolled in the Ingham Health Plan. Krista Haven, RN, Clinical Services Manager, oversees medical records, jail medical, and the call center within ICHD. The health centers must remain compliant with federal, state, and local funding sources and guidelines.

Joel D. Murr, MPA, serves as the Deputy Health Officer-Administration and oversees ICHD’s Community Health, Planning, and Partnerships (CHPP) programs. CHPP has a total operating budget of $4.8 million and 23 FTEs. CHPP works to power data-informed decision-making and to address social determinants of health, while developing partnerships and engaging in planning to promote wellness and health equity throughout Ingham County. Programs include: Community Health Assessment (CHA), Public Health Emergency Preparedness, Environmental Justice, Health Equity and Social Justice, Healthy Communities and the Power of We, which includes AmeriCorps. This branch also oversees ICHD’s Public Information, Grants administration, and Information Technology programs that are supported by a team of Analysts and Electronic Health Records trainers.
WHEREAS, Sharon Morgan began her career with Ingham County Health Department (ICHD) in July 16, 1973 as a full time Public Health Nurse in the Nursing Department; and

WHEREAS, in the role of Public Health Nurse, Sharon provided comprehensive and professional community health nursing services to high risk populations throughout the community; and

WHEREAS, in 1982, Sharon transitioned to a part time Public Health Nurse and Program Coordinator role in the Hypertension Control Program in Public Health Nursing (PHN) where she provided education and guidance to patients who currently had hypertension or were at risk; and

WHEREAS, in 1987 Sharon assumed a part time/ shared time Public Health Nurse II position in PHN, later transitioning to full time in 1993; and

WHEREAS, Sharon was promoted to the Children’s Special Care Services (CSHCS) Coordinator position in 2007; and

WHEREAS, during her tenure Sharon ensured departmental, state, and federal guidelines were followed and met for the Ingham County CSHCS program and in response to the needs of the community also provided case management, acquired a grant from the State of Michigan to support the work of CSHCS by hiring a CSHCS parent liaison, served on various committees, and committed time to outreach in the community to promote the CSHCS program; and

WHEREAS, Sharon coordinated and taught CPR classes for the ICHD staff and mentored nursing and medical residents while emphasizing the importance of public health services and their role in serving the community; and

WHEREAS, through years of devoted work and supportive enthusiasm Sharon established strong relationships with her colleagues, staff, and community partners and will be greatly missed by those who have had an opportunity to work with her; and

WHEREAS, after 42 years of dedicated service to the citizens of Ingham County, Sharon Morgan retired on June 30, 2016.

THEREFORE BE IT RESOLVED that the Ingham County Board of Commissioners hereby honors Sharon Morgan for her 42 years of dedicated service to the community and for the contributions she has made to ICHD.

BE IT FURTHER RESOLVED, that the Board wishes her continued success in all of her future endeavors.
MEMORANDUM

To: Human Services and Finance Committees

From: Jared Cypher, Deputy Controller

Date: December 16, 2016

Subject: Resolution to Authorize an Agreement for Michigan State University Extension Services between Michigan State University and Ingham County
For the meeting agendas of January 18 and January 23

BACKGROUND
There have been agreements between MSU and Michigan counties for nearly a century. For fiscal year 2017, MSUE is providing a standard base agreement with each county. The base agreement will specify access to the full range of Extension’s statewide programs offered by the four Extension programming institutes, and sets each county’s share of the cost of maintaining the network of Extension Educators.

ALTERNATIVES
N/A

FINANCIAL IMPACT
For the period January 1, 2017 to December 31, 2017, the County shall pay to MSUE $233,641 which is the cost of the assessment plus any additional personnel costs. The Assessment Fee for Ingham County consists of the standard assessment amount of $124,711 and $108,930 for additional personnel, as described in Section A. Payment will be made the first month of each quarter of the county fiscal year.

OTHER CONSIDERATIONS
N/A.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached resolution.
RESOLUTION TO AUTHORIZE AN AGREEMENT FOR MICHIGAN STATE UNIVERSITY EXTENSION SERVICES BETWEEN MICHIGAN STATE UNIVERSITY AND INGHAM COUNTY APPROVING THE ANNUAL WORK PLAN FOR 2017

WHEREAS, Michigan State University Extension (MSUE), in collaboration with Ingham County are committed to helping people improve their lives through initiatives in four Extension Educational Program Institutes; and

WHEREAS, MSUE will provide access to educators appointed to the four Institutes and MSU faculty affiliated with each Institute to deliver core programs; and

WHEREAS, MSUE will provide administrative oversight of operating expenses for educators, 4-H coordinators, and other MSUE program staff and faculty who provide programming to counties; and

WHEREAS, the Ingham County Board of Commissioners will provide office space for a County Extension office, including utilities, telephone and access to high speed internet; and

WHEREAS, the Ingham County Board of Commissioners will provide clerical staff for the Extension office that will perform clerical functions, including assisting County residents in accessing MSUE resources by office visit, telephone, email, internet and media; and

WHEREAS, the parties will adhere to all applicable federal, state and local laws, ordinances, rules and regulations prohibiting discrimination.

THEREFORE BE IT RESOLVED, the Board of Commissioners authorizes entering into the attached annual Work Plan that includes a county assessment of $233,641 with MSU Extension for the period of January 1, 2017 through December 31, 2017 for delivery of Extension services and education.

BE IT FURTHER RESOLVED, the Ingham County Board of Commissioners authorizes the Board Chairperson to sign any necessary contract/placement documents that are consistent with this resolution and approved as to form by the County Attorney.
AGREEMENT FOR EXTENSION SERVICES

This AGREEMENT FOR EXTENSION SERVICES ("Agreement") is entered into this 22nd day of December, 2016 by and between Ingham County, Michigan ("County"), and the BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY ("MSU") on behalf of MICHIGAN STATE UNIVERSITY EXTENSION ("MSUE").

WHEREAS the United States Congress passed the Smith-Lever Act in 1914 creating a National Cooperative Extension System and directed the nation’s land grant universities to oversee its work; and,

WHEREAS MSUE helps people improve their lives by bringing the vast knowledge resources of MSU directly to individuals, communities and businesses; and,

WHEREAS For more than 100 years, MSUE has helped grow Michigan’s economy by equipping Michigan residents with the information needed to do their jobs better, raise healthy and safe families, build their communities and empower our children to succeed; and,

WHEREAS It is the mission of MSUE to help people improve their lives through an educational process that applies knowledge to critical issues, needs and opportunities; and,

WHEREAS MSUE meets this mission by providing Extension educational programs in the following subject matter areas:

- Agriculture & Agribusiness
- Children & Youth Development, including 4-H
- Health & Nutrition
- Community & Economic Development, Natural Resources

NOW THEREFORE in consideration of the mutual covenants herein contained, and other good and valuable consideration, the parties hereto mutually agree as follows:

A. MSUE will provide:

1. Access to programs in all four MSUE Institutes to residents in your County. This includes access to educators and program instructors appointed to the Institutes and MSU faculty affiliated with each Institute to deliver core programs.

2. Extension Educators and program staff as needed to implement programs within the County, housed at the county office.

3. A county 4-H program. 1.5 FTE 4-H Program Coordination.


5. Operating expenses, per MSU policy, for MSUE personnel ("Personnel").
6. Supervision of MSU-provided academic and paraprofessional staff. Supervision of county employed clerical staff and/or other county employed staff, upon request.

7. Administrative oversight of MSUE office operations.

8. An annual report of services provided to the residents of the County during the term of this Agreement, including information about audiences served, and impact of Extension programs in the County.

B. The County will Provide:

1. An annual assessment that will be charged to the county and administered by MSUE. The assessment will help fund Extension services for the County, including operating expenses for certain Extension personnel and the operation of the County 4-H program.

2. Office and meeting space meeting the following requirements:
   a. Sufficient Office space to house Extension staff as agreed upon between the County and the MSUE District Coordinator.
   b. Utilities, including telephone & telephone service sufficient to meet the needs of Personnel utilizing the MSUE office space.
   c. High-speed Internet service sufficient to meet the needs of Personnel utilizing the MSUE office space.
   d. Access to space for delivering Extension programs.
   e. Access to the office building and relevant meeting spaces must be ADA compliant/accessible

3. Clerical support staff for the MSUE office as agreed upon between the County and MSUE District Coordinator that will perform clerical functions, including assisting County residents in accessing MSUE resources by office visit, telephone, email, internet and media. The clerical support staff will be either a County employed clerical staff, or the County will provide funding for an MSUE employed clerical staff.

   0 FTE County employed Clerical Support Staff

Optional:

4. Funding for additional Extension educators at $78,580. (.8 FTE * $98,225.) assigned to County and reporting to Agriculture and Agribusiness Institute.

5. Funding for additional 4-H program capacity 0.5 FTE

6. Funding for additional paraprofessional(s) at 0 FTE
7. Total Annual Assessment in the amount of $233,641.

Payments due and payable under the terms of this Agreement shall be made on the first of the month, of the first month, in each quarter of the county fiscal year, unless otherwise requested and agreed as provided below.

Payment mailing address: MSU Extension Business Office, Room 160 Justin S. Morrill Hall of Agriculture, 446 West Circle Drive, Michigan State University, East Lansing, MI 48824.

C. Staffing and Financial Summary
   A. Base Assessment (includes 1.5 FTE 4-H Program Coordination) $124,711.

   ADDITIONAL PERSONNEL

   B. 0 FTE Clerical Support Staff to be employed by MSU $0.
   C. 0.8 FTE Educator (Program Area Horticulture) $78,580.
   D. 0.5 FTE Additional 4-H Program Coordination $30,350.
   E. 0.5 FTE Additional paraprofessional staff $0.

TOTAL COUNTY ASSESSMENT PAYABLE TO MSU FOR FY 2017: $233,641.

I. Term and Termination

The obligations of the parties under this Agreement will commence on January 1, 2017 the first day of the County budget year 2017 and shall terminate on the last day of such County budget year 2017. Either party to this Agreement may terminate the Agreement, with or without cause, with 120 days written notice delivered to Michigan State University Extension, Justin S. Morrill Hall of Agriculture, 446 W. Circle Drive, Room 160, East Lansing, MI 48824 if to MSUE and delivered to Ingham County Administrator's Office, 341 S Jefferson, PO Box 319, Mason, Michigan 48854, if to the County.

II. General Terms

1. Independent Contractor. The University is an independent contractor providing services to the County. The County and MSU do not have the relationship of legal partners, joint venturers, principals or agents. Personnel have no right to any of County's employee benefits.

2. Force Majeure. Each party will be excused from the obligations of this agreement to the extent that its performance is delayed or prevented by circumstances (except financial) reasonably
beyond its control, including, but not limited to, acts of government, embargoes, fire, flood, explosions, acts of God, or a public enemy, strikes, labor disputes, vandalism, or civil riots.

3. **Assignment.** This agreement is non-assignable and non-transferable.

4. **Entire Agreement.** This Agreement, with its Appendix “A” is the entire agreement between MSU and the County. This Agreement supersedes all previous agreements, for the subject matter of this Agreement. The Agreement can only be modified in writing, signed by both MSU and the County.

5. **No Third Party Beneficiaries.** This Agreement is solely for the benefit of MSU and the County and does not create any benefit or right for any other person, including residents of the County.

6. **Indemnification:** Without waiving any claim of governmental immunity, each party will protect, defend and indemnify the other and its elected officials, agents, representatives, volunteers and employees from any and all liabilities, claims, liens, fines, demands and costs, including attorney fees, of whatsoever kind and nature, such as, but not limited to, those resulting from injury or death to any persons, including the other party’s own employees, or from loss or damage to any property, including property owned or in the care, custody or control of the other party, arising out of the negligence or willful misconduct of the indemnifying party or its agents, representatives and employees, or any subcontractor or its agents, representatives and employees, in connection with this Agreement. The obligations of the parties will survive any termination of this Agreement or completion of parties’ performance under this Agreement.

7. **Nondiscrimination:** The parties will adhere to all applicable federal, state and local laws, ordinances, rules and regulations prohibiting discrimination. Neither party will discriminate against a person to be served or any employee or applicant for employment because of race, color, religion, national origin, age, sex, disability, height, weight, marital status, or any other factor prohibited by applicable law.

The individuals signing below each have authority to bind MSU and the County, respectively.

**BOARD OF TRUSTEES OF**
**MICHIGAN STATE UNIVERSITY**

By: __________________________

Daniel T. Evon, Director,
Contract & Grant Administration

Its: __________________________

Date: _________________________

**Ingham COUNTY**

By: __________________________

Print name: ____________________

Its: __________________________

(title)

Date: _________________________

Ingham County
Appendix A
Technical Standards for County Internet Connections

Michigan State University Extension (MSUE) employs the use of technology to meet the ever changing needs of our constituents. We strive to utilize standard, enterprise tools when appropriate, but also recognize the need to evolve with the times and utilize innovative tools to reach a broad array of people.

MSUE does support and encourage the use of technologies that others may not, including social media applications. We view communication with our constituents through channels such as Facebook, Twitter, and Second Life to be critical to our work. MSUE staff are required to follow the MSU Acceptable Use Policy (AUP) https://tech.msu.edu/about/guidelines-policies/aup/.

We ask that our county partners provide Extension personnel access to a high-speed Internet connection. From that access, the easiest way to create a secure path to necessary applications is to open the full MSU Internet Protocol Range to and from your network, as well as opening social media sites to the addresses used by MSUE staff at your location. MSUE is prepared to support end user needs if there is high-speed internet, networking to clients, and phone system support. MSU will provide firewall functionality and client support. To discuss this possibility please contact your MSUE District Coordinator. To provide the needed services on county equipment review the following MSU-owned ranges:

The MSU-owned ranges are:
NetRange 35.8.0.0 - 35.9.255.255
CIDR 35.8.0.0/15

If you would like to narrow the scope further for additional protection, some of the addresses that will need to be allowable include:

35.9.15.43 (80) (search.msu.edu)
35.9.160.36 (1935,443) (authentication)
35.8.201.221 & 35.8.201.212 (10020) (ProofPoint)
35.9.83.132 (all) (vpn.msu.edu)
35.9.81.150 (zoom.msu.edu)
35.9.121.189 and 190 (443) (SharePoint)
35.8.200.57 (80 and 443) (SharePoint)
35.9.121.221, 223, and 225 (443) (Exchange)
35.8.200.56 (80 and 443) (Exchange)
35.8.200.2—35.8.200.7 (443 TCP, 3478 UDP, 50,000-59,999 TCP/UDP) (Lync)
35.8.201.200 (443 TCP) (Lync)
35.9.121.238 & 35.9.121.211 (TCP - 80, 443, 445 & TCP/UDP - 135, 137-139, 2701-2704, 49152-65535)
35.8.200.58 (80 and 443) (Lync)
35.9.14.169 (80 and 443) (D2L – Desire to Learn)

The following applications are necessary on all computers – MS Office (preferably 2013, MSUE provides MS licensing), Lync 2013 Client, Acrobat, Zoom Client, SAP client, VPN client, AntVirus (SEP can be provided by MSUE). (IE 10 or higher, or most recent version of Chrome and Firefox)

Other notable web server/sites IP addresses:
CANR.msu.edu – 35.8.201.199
MSUE.anr.msu.edu – 35.8.201.199
Events.anr.msu.edu – 35.8.200.220
web2.canr.msu.edu | web2.msue.msu.edu - 35.8.200.220
Expression Engine – 35.8.201.215

Ingham County
Web Hosting environment (other ANR websites) – 35.8.201.217
Master Gardener (External) – 128.120.155.54
Extension.org (External) – 152.46.27.147
Msu.zoom.us (External) – 54.165.201.102

Some configuration changes are necessary to support services such as SharePoint, including modifications to Internet Explorer. These can always be found on the ANR Technology web site.

Questions may be directed to support@anr.msu.edu, where they will be routed to the best person to assist you.
TO: Board of Commissioners Human Services and Finance Committees

FROM: Jared Cypher, Deputy Controller

DATE: January 3, 2017

SUBJECT: Resolution Authorizing a Health Services Millage Contract with IHPC

For the meeting agendas of January 18 and January 23

BACKGROUND
This resolution authorizes a 2017 contract with Ingham Health Plan Corporation (IHPC) to utilize Health Services Millage funds for millage eligible services, including medical, pharmacy, dental, and detox services as set forth in Attachments A and B. The county will also reimburse IHPC for administrative expenses (further details in financial impact section below) including third party administration, pharmacy benefits management, enrollment and outreach, marketing, case management and disease management, member management services, program indirect costs, and general bills including legal, accounting, consulting, liability insurance, printing, copying, mailing, etc.

ALTERNATIVES
Prior to implementation of the Affordable Care Act (ACA), IHPC had roughly 12,000 members in Ingham County. Since that time, millage eligible membership has run roughly between 1,000 and 1,100 members. However, the uncertain future of the ACA may bring about unforeseen changes to the number of millage eligible Ingham County residents needing IHPC services.

FINANCIAL IMPACT
The contract will not exceed $1,000,000 from the Health Services Millage, and funds are included in the 2017 budget. The administrative rate increases from 10% in 2016 to 20% in 2017. If at the end of the contract period the total amount paid by the County is less than $1,000,000 IHPC may request payment from the County on the December invoice of additional expensed funds. In 2015 millage expenditures on the IHPC contract were $765,937 and 2016 expenditures are projected to be between $850,000 and $900,000.

OTHER CONSIDERATIONS
The 2017 contract will be nearly identical to the 2016 contract with the major exception being the amount paid for administration, as detailed above.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached resolution to support a Health Services Millage contract with IHPC.
INTRODUCED BY THE HUMAN SERVICES AND FINANCE COMMITTEES OF THE:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING A HEALTH SERVICES MILLAGE CONTRACT WITH THE
INGHAM HEALTH PLAN CORPORATION (IHPC)

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, in November 2012, the electorate approved a countywide health services millage level of 52/100 (.52) of one mill for a period of three years (2012-2014) to be used for the purpose of providing basic health care services to Ingham County residents who are not eligible for Medicaid under the Federal Affordable Care Act, and whose individual income is less than $28,000 and who do not have medical insurance; and

WHEREAS, in November 2014, the electorate approved a renewal of the millage to ensure that the current level of service can still be provided; and

WHEREAS, IHPC provides an organized system of medical benefits utilized by county residents who are not eligible for Medicaid and do not have medical insurance.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes a contract with IHPC which authorizes the County to pay IHPC an amount not to exceed $1,000,000 annually for the expenses incurred for providing a defined system of medical benefits consistent with the ballot language of the Health Services Millage.

BE IT FURTHER RESOLVED, that for the time period January 1, 2017 through December 31, 2017 the County shall reimburse IHPC by monthly invoice for medical, pharmacy, dental, and detox services as set forth in Attachments A and B.

BE IT FURTHER RESOLVED, the annual not to exceed amount of $1,000,000 includes administrative costs, which will be capped at 20% of reimbursements paid to IHPC, with the administrative costs requested to be reimbursed by the County listed clearly on each monthly invoice, and if at the end of the contract period the total amount paid by the County is less than $1,000,000 IHPC may request payment from the County on the December invoice of additional expensed funds.

BE IT FURTHER RESOLVED, that administrative costs include, but are not limited to: third party administration, pharmacy benefits management, enrollment and outreach, marketing, case management and disease management, member management services, program indirect costs, and general bills including legal, accounting, consulting, liability insurance, printing, copying, mailing, etc.

BE IT FURTHER RESOLVED, that IHPC invoices will be submitted in a consistent format that is agreed upon by both the IHPC and the Ingham County Controller/Administrator.

BE IT FURTHER RESOLVED, that Health Services Millage funds will not be used to provide benefits to IHPC members who are eligible for insurance coverage under the ACA unless those individuals have been granted an income-related or hardship exemption.
BE IT FURTHER RESOLVED, that any additional services that IHPC wishes to be reimbursed for beyond what is in the attached scope of services must be approved by the Ingham County Board of Commissioners as an amendment to the contract.

BE IT FURTHER RESOLVED, the Ingham Health Plan Corporation shall appoint a representative put forth by the Ingham County Board of Commissioners to its Board of Directors.

BE IT FURTHER RESOLVED, that Ingham County reserves the right to make requests of IHPC for data that includes enrollment figures, financial reports, and other information and IHPC is obligated to provide the requested data in a timely manner.

BE IT FURTHER RESOLVED, the Ingham Health Plan Corporation shall be subject to regular review of member eligibility and expenses relative to this contract to ensure compliance with the contract and with the Health Services Millage ballot language.

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

PLAN B MEDICAL COVERAGE

Physician, Physician Assistant, and Nurse Practitioner Services
Office visit Copay: $5.00
Covered when provided by the member’s Primary Care Physician or provided by a Specialty Care Physician. Services must be provided in an office or outpatient setting.

- Office visits
- Annual physical exams, including breast exams, pap smears, and screening tests
- Administration of immunizations (vaccine serums not covered)
- Administration of injections
- Allergy testing and serums
- Administration of allergy extract
- Anesthesia services
- Injectable antibiotic serums (all other injectable drugs not covered)
- Diagnostic and treatment services
- Immunizations
- Oral Surgery
- Ophthalmology services provided by an Ophthalmologist or Optometrist (must be related acute or chronic medical condition)
- Podiatry services
- Physical Therapy visits (6 per year)
- Radiation therapy
- Surgery
- Observation and Inpatient hospital daily visits (CPT 99221-99239 only)

Outpatient Hospital Services
Copay: $0.00
Covered when ordered by the member’s PCP or specialist physician to whom the enrollee is appropriately referred and medically necessary

- Anesthesia
- Diabetes education
- Radiation therapy
- Practitioner charges related to diagnostic testing and treatment services/no facility fee
- Practitioner charges related to outpatient surgeries/no facility fee
- Physical Therapy (6 visits per year)
Urgent Care Services
Copay: $5.00
Covered for after-hours, non-emergency medical conditions that need to be treated before a PCP appointment can be scheduled

- Urgent care visits (facility charge not covered)
- Administration of immunizations (seasonal not covered, exception flu vaccine)
- Administration of injections (seasonal not covered, exception antibiotics)

Laboratory Services
Copay: $0.00
Covered when ordered and/or authorized in advance by the enrollee’s PCP or a specialist physician to whom the enrollee is appropriately referred and medically necessary.

Radiology Services
Copay: $0.00
Covered for diagnosis and treatment purposes when ordered and/or authorized in advance by the enrollee’s PCP or a specialist physician to whom the enrollee is appropriately referred and medically necessary.

- Diagnostic x-rays
- CT scans
- Mammograms
- MRI scans
- PET scans

Medical Supplies
Copay: $0.00
Covered with a valid prescription when ordered by the member’s PCP or specialist physician and medically necessary.

- Glucose monitors
- Medical supplies other than gradient surgical garments, formulas and feeding supplies, oxygen and related supplies, and supplies related to any non-covered durable medical equipment item
- Syringes, test strips, and lancets Available through member’s Pharmacy Benefit.
- Limited wrist and knee orthotics

Pharmacy
Copay: $5.00 (Generic)/$10.00 (Brand)

- IHP formulary medications filled at a IHP participating pharmacy
- Diabetic supplies (insulin syringes, lancets, and test strips)
## PLAN B DENTAL COVERAGE

<table>
<thead>
<tr>
<th>Covered Services*</th>
<th>Member Copay**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings</td>
<td>No</td>
</tr>
<tr>
<td>Preventative Exams</td>
<td>No</td>
</tr>
<tr>
<td>X-rays</td>
<td>No</td>
</tr>
<tr>
<td>Filings</td>
<td>Yes, for some filings (See Member Copayment Schedule for amount)</td>
</tr>
<tr>
<td>Crowns</td>
<td>Yes (See Member Copayment Schedule for amount)</td>
</tr>
<tr>
<td>Root Canals</td>
<td>Yes (See Member Copayment Schedule for amount)</td>
</tr>
<tr>
<td>Bridges &amp; Dentures</td>
<td>Yes (See Member Copayment Schedule for amount)</td>
</tr>
</tbody>
</table>

* For a list of your covered dental services and copay, see the EPO Member Copayment Schedule and certificate.