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

## **INGHAM COUNTY BOARD OF COMMISSIONERS**

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

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, JUNE 18, 2012 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

### Agenda

Call to Order

Approval of the [June 4, 2012 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. Presentation - Ingham Health Plan: Millage Request Proposal
2. Department of Veteran Affairs - Resolution Accepting Donations and Scholarships for Accreditation [Training](#) for County Veteran Counselor
3. Health Department
  - a. Resolution to Provide On-Call Bonus Payments to [Physician Assistants](#) Employed in the Ingham County Health Department
  - b. Resolution Amending [Resolution #11-235](#), to Except Increased Awards to Support the Continued Operations of the Health Department's Child and Adolescent Health Centers
  - c. Resolution Honoring [Garry Rowe](#)
4. Controller's Office - Resolution Approving Criteria for Ranking 2013 [Applications](#) for Community Agency Funding
5. Board of Commissioners - Resolution Expressing Support for Access to Preventative Health Care Services, Including [Contraception](#) for All Women, and to Strongly Support Insurance Coverage of Contraception without Co-Pays and Cost Sharing

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

June 4, 2012

Minutes

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

Members Absent: None

Others Present: Board Chairperson Copedge, Jared Cypher, Renée Branch Canady, Deb Brinson, Chuck Gray and Bob Sheehan

The meeting was called to order by Chairperson Nolan at 6:36 p.m. in the Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing.

### Approval of the May 14, 2012 Minutes

The May 14, 2012 Minutes were amended as follows:

Page 3, Item 2b, clarify "MOTION FAILED", to "MOTION, TO AMEND, FAILED, and as follows: MOTION, **TO AMEND**, FAILED with Comms. Tennis, Dougan, Vickers and McGrain Voting "no".

### Additions to the Agenda

None.

### Limited Public Comment

None.

1. Health Department - Presentation: Deb Brinson - Co-Location Partnership with Community Mental Health

Deb Brinson along with Dr. Branch Canady and Bob Sheehan, Executive Director, Community Mental Health (CMH) provided the presentation. Handouts include: Invitation to Tour Jackson FQHC on June 27, 2012, "Primary Care and Mental Health Co-Location Project", "FY2013 Community Health Center Network Budget; CMH Co- Location Draft Budget 2013", and FY 2013 Community Health Center Network Budget; Otto Primary Care Draft Budget 2013"

Ms. Brinson reminded the Committee about the Jackson FQHC tour that is planned for June 27, 2012.

Ms. Brinson stated that she and Mr. Sheehan have worked on many initiatives over the years for those with mental illness throughout the community. She explained the growing need for Health Centers for the serious mentally ill. She further explained that the Health Department had begun working with CMH through a Pilot Program and ongoing contracts to provide behavioral health therapists in the busiest clinics and psychiatric consultants.

Ms. Brinson stated that the conversations have progressed over the past several months through Mr. Sheehan's initiation to consider what a co-location would look like. The proposal is to locate a Health Department Clinic within the walls of CMH and they will pay for the renovations plus there will be no charge for rent or utilities. The space will be approximately 1,200 square feet. Mr. Sheehan stated it was easy to provide free rent when the goal is making the Health Center more inviting. He described the benefits of having the primary care clinic with the FQHC financing system. Dr. Branch Canady asked that the Commissioners understand there is a big picture of unmet needs around this population and the Health Department will be coming back with other presentations that will fill in the unmet segments of service.

Ms. Brinson noted that they are looking at how to coordinate with other agencies such as MSU, Sparrow to serve the mentally ill. She overviewed the research relating to morbidity, mortality, disease and emergency room visits of adults with serious mental illness. She noted that often those with mental illness do not have routine care and often it takes a significant amount of time to bring them back to health. Mr. Sheehan explained how the mentally ill have a hard time organizing their lives and need assistance with insurance options. Ms. Brinson gave examples of the challenges, behavioral issues and need of support for those with mental illness. She then explained how these individuals could be better served through a health system that understands how to address the individuals need for non-traditional care through ongoing interaction, coordination and monitoring of medications. Dr. Branch Canady stated this will allow both the traditional and mental health staff to work more efficiently.

Mr. Sheehan explained how having the ICHD in the CMH facility will provide access to primary care services to the mentally ill. He summarized that this will provide 24/7 emergency Care, residential beds, a crisis team psychiatric council, psychiatric nurse, a medical clinic and pharmacy all in one primary care setting. This streamlines the system of care without having to create a new model of primary care.

Ms. Brinson explained that this model is doing business differently because this is where the highest cost patients are. This is a target focus on intervention and will reduce costs while providing higher patient outcomes. She further explained the move toward Patient Centered Medical Home certification which will be required in 2016. This proposal will satisfy the requirement for the serious mentally ill patients which is needed for reimbursement. Ms. Brinson further explained that CMH provides a level of resources that the ICHD could not have for example case management, residential psychiatric consultation and pharmacy.

Ms. Brinson stated she has been working with CMH on a SMSHA Grant funding that would cover the cost of getting this operational. Ms. Brinson over viewed the "Primary Care and Mental Health Co-Location Project", "FY2013 Community Health Center Network Budget" highlighting the pair mix. The budget is based on a pair mix and covers the cost of relocating staff and hiring a physician. This must function as other health centers do and will be required to use the Electronic Medical Records, reporting and focusing on outcomes. Ms. Brinson explained that rather than layoff employees the Health Department will reorganize staff in compliance with the commitment to HRSA.

Comm. McGrain asked how much the upfront costs will be. Ms. Brinson explained that the budget is not based on obtaining the SMSHA Grant and is based on revenue that will be generated. Mr. Sheehan stated that the build out will be an expense of CMH, and the premise is that the Health Center is self-sustaining and not on the hopes of a grant. Ms. Brinson noted that if they receive the Grant you will see more services such as a health navigator and possibly a walking club for this population. Mr. Sheehan explained how CMH can afford to participate in the co-location.

Comm. Dougan asked what the hours of operation would be. Mr. Sheehan expects 8:00 a.m. to 5:00 p.m. because there are services to assist the population to their appointment. Ms. Brinson noted it could be 10:00 a.m. to 6:00 p.m.

Comm. Tennis asked for clarity that the Health Department would have three staff members at the center. Ms. Brinson answered yes. Comm. Tennis asked for the clarification of what mid-level medical staff is. Ms. Brinson stated a nurse practitioner or physician assistant. Comm. Schor asked which clinic the provider is coming from. Ms. Brinson stated it is a new position or contract for service noting it is included in the budget. Ms. Brinson stated by moving a provider she is not creating more capacity. Dr. Branch Canady explained this solves an immediate need while looking toward a long term solution of care.

Comm. McGrain stated he is pleased this will generate revenues. Comm. Schor would like to see more structure to the plan. Mr. Sheehan stated this presentation is to get input from the Commissioners to move forward because there are many pieces that need to be in place for this to take place. Ms. Brinson stated she would like to move forward because this will help generate revenue without requiring the need for General Funds. Dr. Branch Canady stated this was to begin dialog and get the Committees approval to move forward before beginning the dialog with the other critical stakeholders. Ms. Brinson stated she will provide the Committee with more details when available.

Comm. Nolan asked about the “Otto Primary Care Budget”. Ms. Brinson explained this is information only and she still needs to speak with the Superintendent of the Lansing School District. She explained that Otto has had a school based Health Center and now that the school is closing it will be moved to another Lansing School. She further explained that the school had been renovated to accommodate the clinic and would like to use the school to serve as a primary care center. She described the need for a health center on the north side of Lansing. Ms. Brinson stated staffing would be reorganized and revenues generated based on demographics provided by Cristo Rey. Comm. Schor expressed his concern of reorganizing staffing and leaving other centers short staffed. Ms. Brinson explained how the Electronic Medical Records will centralize support staff. She stated that she would be pleased to hire with the Commissioners approval but expressed her concern of HRSA commitment, remaining competitive, and the sustainability of long term expenses plus the possibility of cuts elsewhere. She noted the budget does cover the cost of hiring a provider. Dr. Branch Canady stated that she does not see this as an expansion rather a realignment to deal with capacity issues, budget concerns and efficiency. She acknowledged that staff is stressed and changing over to the Electronic Medical Records is also stressful.

Comm. Dougan asked for clarification of the durable goods and phone system. Ms. Brinson explained how the equipment was funded and the need to transfer the assets to the new school based health center.

Comm. Tennis stated he sees this proposal as an expansion and it is a good thing. It will satisfy an unmet need that generates revenue and will pay for itself with the reimbursement rates. He noted that the County has a large Medicaid population and not only is there opportunity to expand it is the responsibility to the constituents to expand. He acknowledged the expansion does create problems while the County continues to ask for cuts; nonetheless, it would be foolish to apply that across the board when there are opportunities to provide care and generate revenue. He stated that staff and the Commissioners should be mindful of how this is presented to other County operations noting that providers do generate revenue. Comm. Tennis stated on the flip side during his tours of the clinics he did not get the impression there is an excess of support staff. He expressed his concern that realigning may leave some clinics short staffed. Mr. Sheehan agreed then explained that once the sites begin generating more revenue support staff can be added back in.

Mr. Sheehan further explained the revenue mix will continue to increase and the hard part is explaining to some employees why they are being cut while revenue generating employees are gaining jobs.

Dr. Branch Canady stated it is a difficult balance for a Department Director and acknowledged they are at the bare minimum. She noted that in the future they may be coming and asking for things such as buildings.

Ms. Brinson stated while being supportive of staff she needs to be strategic with the current staff. She understands this will not be easy and if the Commissioners would like more staff hired she would be happy to; however, there is concerned about future sustainability. Ms. Brinson stated her goal is to realign staff and work with partnerships where there are minimal overhead costs. She explained without certification there will be massive layoffs on the CHC side. She explained how a letter could be sent from the Bureau of Primary Health Care that the County is not in compliance and is no longer eligible to draw down on the Grant until the County becomes a Patient Certified Medical Home. This requires things are done differently; however, it eliminates the need to use General Funds.

Mr. Cypher stated that this is the first time he has seen this budget and proposal and rather than ask his many questions during this meeting would like to have a staff level discussion.

The Committee was pleased with the proposal of the co-partnership and two locations. They directed staff to continue moving forward.

## 2. Community Agencies - Discussion: Community Agency Funding Process for FY 2013

Mr. Cypher provided a copy of Resolution 11-199; Resolution Authorizing the 2012 Community Agency Funding Process and Approving Criteria for Ranking Application for Community Agency Funding. He opened the discussion asking if the Committee would like to make any changes to the language, criteria or process for the FY 2013.

Comm. Tennis asked if the budget has been established for the Community Agencies. Mr. Cypher stated not at this time. Comm. Tennis asked if it is anticipated that it will be similar to FY 2012. Mr. Cypher answered yes. Comm. Vickers expressed his concern that some agencies did not apply because they did not think they were eligible to receive funds. Comm. McGrain stated it was his opinion that the definition of basic needs in the past was vague and that is why food, shelter and clothing were added. Comm. McGrain expressed his concern that some agencies have an expectation of funds based on prior years in addition to some inconsistencies. Comm. Nolan stated that she did not want any changes to be made on the Board Floor. She asked to have the statement “or help to provide assistance in obtaining such things as household utilities that are needed by families and individuals” after the word Needs” located in the THEREFORE BE IT RESOLVED. The Committee did not object. The Committee discussed taking out “basic needs such as food, clothing and shelter”; however decided that would create more work for Mr. Cypher and this provides some guidelines for the agencies. Comm. Schor stated it was his opinion that the scoring has reduced the time the Committee spends politically negotiating for the agencies. The Committee discussed agencies that did not apply but may have qualified for funding. Comm. Tennis suggested that anyone can apply then Mr. Cypher will rank the agencies giving priority to those who meet the most basic needs. Comm. Dougan stated he would like to refer to Mr. Cypher about the language because he is the person who scores the applications. He also expressed his concern that organizations who have received continuous funding have then asked for a greater dollar amount than what was received in years past and would like to discourage that practice. Those who do not ask for more will be given favorable consideration. The Committee agreed. Comm. McGrain stated that some organizations seem to receive more while others did not receive any funding. He would like to see more organizations included.

In summary, the Committee agreed Mr. Cypher had done a great job ranking the Community Agency Funding last year and trust he will provide the same this year. The Committee also agreed it will never be a perfect system but would like to work toward more consistency than years past discussing the Community Agencies interpretation of basic needs and prior year’s allocation.

The Committee directed Mr. Cypher to amend the language in the resolution by changing the THEREFORE BE IT RESOLVED, to clarify that priority will be given to organizations who provide basic needs and removing “or help to provide assistance in obtaining such things as household utilities that are needed by families and individuals” after the word Needs”.

The Committee would like to encourage Community Agencies to apply regardless of their interpretation of basic needs allowing the County to score their needs.

Mr. Cypher will have a resolution ready for the next round of meetings.

#### Announcements

Chuck Gray, UAW, stated that after listening to the presentation about the expansion he would like to thank Commissioners Tennis and Schor for their staffing concerns. Mr. Gray stated that he appreciates Dr. Branch Canady for having an open door policy and listening to his concerns; however, the County employees are stressed and leaving their positions while the positions are not being filled. He questioned how the same numbers of patients are being served with a declining staff.

Board Chairperson Copedge stated that he is uncomfortable with the resolution concerning managerial staff and the hybrid plans that will be discussed at the County Services Committee meeting. He would prefer a closed session prior to approving the resolution. He wanted the Committee to know his intent prior to the meeting.

Public Comment

None.

The meeting adjourned at approximately 7:59 p.m.

Respectfully submitted,

Julie Buckmaster

## **JUNE 18, 2012 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY**

### **ACTION ITEMS:**

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

2. *Resolution Accepting Donations and Scholarships for Accreditation Training for County Veteran Counselor*

This resolution accepts \$1,500 in donated funds from five separate donors to help cover the travel costs of sending a Veterans Benefits Counselor to accreditation training. The total cost of this travel is \$1,850 and has been previously approved by the Controller and Board Chairperson.

3a. *Resolution to Provide On-Call Bonus Payments to Physician Assistants Employed in the Ingham County Health Department*

This resolution provides for "on-call" bonus payments to Physician Assistants equal to \$2.86/hour for weekdays (Monday through Friday), and \$3.23/hour for weekends and holidays. It is expected these payments will come from within the Health Department's existing budget.

3b. *Resolution Amending Resolution #11-235, to Except Increased Awards to Support the Continued Operations of the Health Department's Child and Adolescent Health Centers*

This resolution amends resolution #11-235 to accept an increase in funding of approximately 10% (up to \$375,000 total or up to \$75,000 per year). The new base allocations will take effect the current fiscal year, and continue through FY 2017. The \$75,000 will be allocated as follows:

(1) An agreement with KMD consulting for up to \$35,000 per year from October 1, 2011 – October 31, 2016, not to exceed \$175,000 over the five year period to assist in coordinating Patient Centered Medical Home activities, assist in the development, tracking and training related to ongoing compliance monitoring, assist in outreach and enrollment activities to ensure youth are enrolled in an insurance plan and to assist in outreach and engagement activities to recruit and retain youth in care.

(2) Up to \$35,000 per year, or up \$175,000 over the five year period, to engage in health education and outreach activities at each of its four child and adolescent health centers to be used to fund special part time health advocates who will conduct outreach activities related to youth retention and engagement.

(3) An amendment to increase the agreement with the School-Community Health Alliance of Michigan by \$5,000 annually, from October 1, 2011 through October 31, 2016 to establish and maintain the required local community advisory committees and that this agreement will not exceed \$30,000 per year.

4. *Resolution Approving Criteria for Ranking 2013 Applications for Community Agency Funding*

If the resolution is approved as presented, the Controller/Administrator's Office will accept applications for Community Agency funding in July. Applications will then be evaluated by the Controller/Administrator's Office with priority given to proposals that directly contribute to addressing the County's long-term priority of "Meeting Basic Needs", such as food, clothing, and shelter. The recommendations made by the Controller/Administrator's Office on funding levels for each applicant agency will then be presented to the Board of Commissioners for consideration and approval in November.



**OTHER ITEMS:**

1. *Ingham Health Plan: Millage Request Proposal*
- 3c. *Resolution Honoring Garry Rowe*
5. *Resolution Expressing Support for Access to Preventative Health Care Services, Including Contraception for All Women, and To Strongly Support Insurance Coverage of Contraception without Co-Pays and Cost Sharing*



## MEMORANDUM

**TO:** Resolution Group

**FROM:** Randy A. Marwede, Director, Ingham County Dept of Veteran Affairs

**DATE:** June 6, 2012

**RE:** Resolution Accepting Donations from Ted Powis, Norval Harris, American Legion Post 269, Michigan Association of County Veteran Counselors, and the National Association of County Veteran Counselors

This is a request to accept donations from Ted Powis (\$200), Norval Harris (\$100), American Legion Post 269 (\$200), the Michigan Association of County Veteran Counselors (\$500), and the National Association of County Veteran Counselors (\$500).

In September of 2011, the position of Deputy Director was eliminated and replaced with a Veterans Benefits Counselor. John Taylor was hired in October of 2011.

One of the requirements of a Veterans Benefits Counselor is that they be accredited with the US Department of Veteran Affairs. This includes attendance at specialized training and the passing of a test which are both overseen by the US Department of Veterans Affairs.

The National Association of County Veteran Counselors provides for accreditation training at their annual training conference. In 2012, this conference will be held in Atlantic City, NJ. The Ingham County Board of Commissioners and the Ingham County Controller have approved this Departments request for out of State travel for Mr. Taylor to attend this training. Estimated costs for this training are \$1850.

Mr. Powis and Mr. Harris are both members of the Ingham County Department of Veteran Affairs committee. They are donating \$200 and \$100 respectively towards the cost of sending Mr. Taylor to accreditation training in Atlantic City, NJ.

American Legion Post 269 from Haslett, MI is also donating \$200 towards the cost of this training. Earlier this year, this Department applied for and was granted a \$500 scholarship from the Michigan Association of County Veteran Counselors and a \$500 scholarship from the National Association of County Veteran Counselors. I recommend that these donations be accepted.

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION ACCEPTING DONATIONS AND SCHOLARSHIPS FOR ACCREDITATION  
TRAINING FOR COUNTY VETERAN COUNSELOR**

WHEREAS, Ingham County Board of Commissioners and the Ingham County Controller have approved out of state travel for a Veteran Benefit Counselor to attend accreditation training at the National Association of County Service Officers; and

WHEREAS, Anticipated costs for this training total \$1850; and

WHEREAS, the National Association of County Veteran Service Officers and Michigan Association of County Veteran Counselors have each awarded a \$500 scholarship to the Ingham County Veteran Benefit Counselor to attend this training; and

WHEREAS, American Legion Post 269, Haslett, MI has offered to donate \$200 towards the cost of this training; and

WHEREAS, Ted Powis has offered to donate \$200 towards the cost of this training; and

WHEREAS, Norval Harris has offered to donate \$100 towards the cost of this training; and

WHEREAS, as a result of this training and subsequent accreditation the Veteran Benefits Counselor will be able to serve the Ingham County veteran community in a more thorough and professional manner.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners accepts the scholarships and donations.

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

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners thanks the National Association of County Veteran Counselors, Michigan Association of County Veteran Counselors, American Legion Post 269, Ted Powis, and Norval Harris for their assistance and wishes them continued success in the future.

## MEMORANDUM

TO: Human Services Committee  
County Services Committee  
Finance Committee

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

DATE: June 8, 2012

RE: Resolution to Provide On-call Bonus Payments to Physician Assistants Employed in the Ingham County Health Department

After-hour, weekend and holiday on-call has historically been provided through the Ingham Community Health Center Network by MNA Nurse Practitioners, ICEA Medical Social Workers, and PHN Public Health Nurses. The MNA, ICEA, and PHN collective bargaining agreements provide for on-call compensation.

In Resolution #03-042, on call bonus payments was authorized to include Physicians employed by the County under the Managerial and Confidential Employee Personnel Manual.

The County has agreed that Physician Assistants employed under the Managerial and Confidential Employee Personnel Manual will provide on-call coverage. Physician Assistants will be paid an "on-call" bonus rate. The "On-call" bonus rate will be paid quarterly and will include work-related telephone calls.

I recommend that the Board of Commissioners approve this resolution to provide on-call bonus payments to physician assistants employed by the Ingham County Health Department.

c: Debra Brinson  
Barb Mastin  
John Jacobs  
Jonathon MacGowen  
Carolyn Redman

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

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO PROVIDE ON-CALL BONUS PAYMENTS TO PHYSICIAN ASSISTANTS  
EMPLOYED IN THE INGHAM COUNTY HEALTH DEPARTMENT**

WHEREAS, the after-hour, weekend and holiday on-call has historically been provided by MNA Nurse Practitioners, ICEA Medical Social Workers, and PHN Public Health Nurses, and the MNA, ICEA, and PHN collective bargaining agreements provide for on-call compensation; and

WHEREAS, in Resolution #03-042. On-call bonus payments included Physicians employed by the County under the Managerial and Confidential Employee Personnel Manual; and

WHEREAS, the County has agreed that Physician Assistants employed by the County under the Managerial and Confidential Employee Personnel Manual shall begin to participate in the on-call coverage.

THEREFORE BE IT RESOLVED, that the Physician Assistants in the Health Department hired under the Managerial/Confidential Employee Personnel Manual shall receive and will be paid an "on-call" bonus equal to \$2.86/hour for weekdays (Monday through Friday), and \$3.23/hour for weekends and holidays.

BE IT FURTHER RESOLVED, that "on-call" bonus shall be paid quarterly, "on-call" status bonus shall include work-related telephone calls.

## MEMORANDUM

TO: Human Services Committee  
County Services Committee  
Finance Committee

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

DATE: June 7, 2012

RE: Recommendation to Amend Resolution 11-235

In Resolution 11-235, the Ingham County Board of Commissioners authorized the acceptance of the Child & Adolescent Health Center awards from the Michigan Department of Community Health (MDCH), which provided a total of \$3.375 million over five years.

The Michigan Department of Community Health (MDCH) notified the Health Department's Community Health Center Network (CHCN) of an increase in funding of approximately 10% (up to \$375,000 total or up to \$75,000 per year). The new grant allocations for the Child & Adolescent Health Centers are:

- Gardner SWP - \$110,000 (currently \$100,000)
- Willow - \$250,000 (currently \$225,000)
- Otto - \$195,000 (currently \$175,000)
- Sexton - \$195,000 (currently \$175,000)

The new base allocations will take effect this current fiscal year, 2012, and will be applicable to costs for the remainder of the fiscal year. MDCH plans to continue the new allocations for the remainder of the grant cycle, through FY 2017, upon approval of a revised budget and work plan.

MDCH conducted its three year review of the child and adolescent health center programs and strongly encouraged the CHCN to use these additional funds to address issues related to:

- Patient Centered Medical Home recognition
- Quality Assurance activities, including compliance monitoring
- Outreach and Enrollment activities related to Medicaid and other health insurance
- Outreach Activities related to youth retention and engagement

As a result, the CHCN will use these additional funds for the following activities:

- Contract with KMD Consulting for up to \$35,000 per year, not to exceed \$175,000 over the five year period to assist in coordinating Patient Centered Medical Home activities, assist in the development, tracking and training related to ongoing compliance monitoring, assist in outreach and enrollment activities to ensure youth are enrolled in an insurance plan and to assist in outreach and engagement activities to recruit and retain youth in care.

- Engage in health education and outreach activities at each of its four child and adolescent health centers for \$35,000 per year, not to exceed \$175,000 over the five year period to be used to fund special part time health advocates who will conduct outreach activities related to youth retention and engagement.

In addition, as a condition of these awards, the Ingham CHCN was required to establish a local community advisory committee, which was representative of the community and included a broad range of stakeholders and school staff. Resolution 11-235 approved an agreement with the School Community Health Alliance of Michigan with a cost of up to \$25,000 for these services. MDCH is now requiring the CHCN to allocate funds to establish a local community advisory committee at each of its four Child and Adolescent Health Centers. For this reason, the ICHD proposes to increase this agreement to up to \$30,000 per year, not to exceed \$150,000.

I recommend that the Board of Commissioners adopt the amendment to Resolution #11-235 and authorize acceptance of the Michigan Department of Community Health Child and Adolescent Health Center awards to support the continued operations of the Health Department's Child and Adolescent Health Centers.

- c: Debra Brinson, w/attachment  
John Jacobs, w/attachment  
Barbara Mastin, w/attachment  
Jonathon MacGowen, w/ attachment  
Jan Kimble, w/ attachment  
Carolyn Redman, w/ attachment

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

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE ACCEPTANCE OF THE  
CHILD AND ADOLESCENT HEALTH CENTER AWARDS FROM THE  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

**RESOLUTION #11-235**

WHEREAS, in January 2011, the Ingham County Health Department (ICHD) Community Health Center Network (CHCN) responded to a competitive grant opportunity through the Michigan Department of Community Health to continue funding Willow Health Center, Otto Health Center and the School Wellness Program at Gardner Middle School; and

WHEREAS, the ICHD CHCN also proposed the creation of a new school-based health center at a high school within the Lansing School District; and

WHEREAS, the Michigan Department of Community Health awarded the grants to the ICHD CHCN; and

WHEREAS, the Ingham County Community Health Center Board, as the Board of Commissioners FQHC Co-applicant Board, has reviewed and recommends the acceptance of Child and Adolescent Health Center awards, which continue funding the aforementioned health centers; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorizes and accepts these awards in the amounts of \$100,000 per year to support the continued operations of the School Wellness Program at Gardner Middle School; \$175,000 per year to support the continued operations at Otto Community Health Center; \$225,000 to support the continued operations at Willow Health Center, and \$175,000 to start a new school-based health center and fund its operations at a Lansing School District High School. These awards will provide a total of almost \$3.4 million over five years to the Ingham County Health Department; and

WHEREAS, the Deputy Health Officer for Community Health Care Services has indicated that the following positions must be established in order to effectively perform the requirements of these grant awards:

Community Health Representative II (UAW D) – 1.0 FTE  
Health Center Nurse (MNA 1) – 1.0 FTE  
Clinic Assistant I (UAW D) – 1.0 FTE  
Nurse Practitioner (MNA 6) – 1.0 FTE  
Assistant Social Worker (ICEA PRO 5) – 0.5 FTE  
Health Educator II (ICEA PRO 9) – 0.5 FTE  
Lead Senior Accountant (ICEA PRO 9) – 1.0 FTE

WHEREAS, as a condition of these awards, the ICHD Community Health Center Network is required to establish a local community advisory committee. The advisory committee must be representative of the community and include a broad range of stakeholders and school staff. One-third of the committee members must be parents of school-aged youth. The committee must approve certain policies related to the health center; and



**RESOLUTION #11-235**

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize an agreement with the School-Community Health Alliance of Michigan to provide support and assist in parent and youth engagement to the committee as required; and

WHEREAS, the amount for this agreement will not exceed \$25,000.

THEREFORE BE IT RESOLVED, that the Board of Commissioners accepts the \$100,000 per year to support the continued operations of the School Wellness Program at Gardner Middle School; \$175,000 per year to support the continued operations at Otto Community Health Center; \$225,000 to support the continued operations at Willow Health Center, and \$175,000 to start a new school-based health center and fund its operations at a Lansing School District High School.

BE IT FURTHER RESOLVED, the grant agreements will be for the time period of October 1, 2011 through September 30, 2016.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the establishment of the following positions:

Community Health Representative II (UAW D) – 1.0 FTE  
Health Center Nurse (MNA 1) – 1.0 FTE  
Clinic Assistant I (UAW D) – 1.0 FTE  
Nurse Practitioner (MNA 6) – 1.0 FTE  
Assistant Social Worker (ICEA PRO 5) – 0.5 FTE  
Health Educator II (ICEA PRO 9) – 0.5 FTE  
Lead Senior Accountant (ICEA PRO 9) – 1.0 FTE

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the establishment of an agreement with the School-Community Health Alliance of Michigan from October 1, 2011 through October 31, 2016 to establish and maintain the required local community advisory committee and that this agreement will not exceed \$25,000.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make the necessary budget adjustments, and the Purchasing Department is authorized to issue any necessary purchase orders or purchase items needed, including a NextGen license for the Nurse Practitioner position.

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

**HUMAN SERVICES:** Yeas: Tennis, McGrain, Koenig, Nolan, Vickers, Dougan  
Nays: None Absent: None **Approved 7/25/11**

**COUNTY SERVICES:** Yeas: De Leon, Copedge, Celentino, Schor, Vickers, Dragonetti  
Nays: None Absent: None **Approved 7/19/11**

**FINANCE:** Yeas: Schor, Tsernoglou, Nolan, Bahar-Cook, Dougan  
Nays: None Absent: McGrain **Approved 7/20/11**

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

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION AMENDING RESOLUTION #11-235, TO EXCEPT INCREASED AWARDS TO SUPPORT THE CONTINUED OPERATIONS OF THE HEALTH DEPARTMENT'S CHILD AND ADOLESCENT HEALTH CENTERS**

WHEREAS, In Resolution #11-235, the Ingham County Board of Commissioners authorized the acceptance of \$100,000 per year to support the continued operations of the School Wellness Program at Gardner Middle School; \$175,000 per year to support the continued operations at Otto Community Health Center; \$225,000 to support the continued operations at Willow Health Center, and \$175,000 to start a new school-based health center and fund its operations at a Lansing School District High School; and

WHEREAS, the Michigan Department of Community Health (MDCH) notified the Health Department's Community Health Center Network of an increase in funding of approximately 10% (up to \$375,000 total or up to \$75,000 per year). The new grant allocations for the Child & Adolescent Health Centers are:

- Gardner SWP - \$110,000 (currently \$100,000)
- Willow - \$250,000 (currently \$225,000)
- Otto - \$195,000 (currently \$175,000)
- Sexton - \$195,000 (currently \$175,000)

WHEREAS, the new base allocations shall take effect in fiscal year 2012 and shall be applicable to costs for the remainder of the fiscal year; and

WHEREAS, it is the intent of the Michigan Department of Community Health to continue the new allocations for the remainder of the grant cycle through FY 2017, upon approval of a revised budget and work plan; and

WHEREAS, the Ingham Community Health Center Board of Directors has approved the amendment to the existing agreements; and

WHEREAS, the Health Officer recommends that the Board of Commissioners adopt the amendments to Resolution #11-235 and authorize acceptance of the increased amounts to the Michigan Department of Community Health Child and Adolescent Health Center awards to support the continued operations of the Health Department's Child and Adolescent Health Centers.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the acceptance of up to \$375,000 in additional funds from the Michigan Department of Community to support the continued operations of the Health Department's Child and Adolescent Health Centers.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the establishment of an agreement with KMD consulting for up to \$35,000 per year from October 1, 2011 – October 31, 2016, not to exceed \$175,000 over the five year period to assist in coordinating Patient Centered Medical Home activities, assist in the development, tracking and training related to ongoing compliance monitoring, assist in outreach and enrollment activities to ensure youth are enrolled in an insurance plan and to assist in outreach and engagement activities to recruit and retain youth in care.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes up to \$35,000 per year, or up to \$175,000 over the five year period, to engage in health education and outreach activities at each of its four child and adolescent health centers to be used to fund special part time health advocates who will conduct outreach activities related to youth retention and engagement.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes an amendment to increase the agreement with the School-Community Health Alliance of Michigan by \$5,000 annually, from October 1, 2011 through October 31, 2016 to establish and maintain the required local community advisory committees and that this agreement will not exceed \$30,000 per year.

BE IT FURTHER RESOLVED, that all other terms and conditions of resolution 11-235 remain unchanged.

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

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

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION HONORING GARRY ROWE**

WHEREAS, Garry Rowe began his career with Ingham County in January, 1980 as a Sanitarian I in the Environmental Health Unit; and

WHEREAS, in March, 1982 he was promoted to a Program Specialist II position in the Environmental Health unit and in October 1989, was reclassified as a Program Specialist III; and

WHEREAS, in September, 1995, he was promoted to Demand Programs Chief and in 1999, the position was reclassified as a manager; and

WHEREAS, in 1983, he conducted the first county survey of chemical and industrial facilities, and

WHEREAS, in 1985, established the first county groundwater database which currently has over 2000 well water sample records of water chemistry for Ingham Count, and

WHEREAS, during the mid 1980's was instrumental in bringing the first GIS software program into the Environmental Health Unit. This included digitizing and use of GPS units for mapping wells

WHEREAS, was appointed to several state committees for development of the water well record Wellkey program which became the State's Wellogic program, and

WHEREAS, he conducted surface and groundwater studies for the Sycamore Creek Watershed, and

WHEREAS, was the lead person for the first Wellhead protection program which included a survey for the city of Mason, and

WHEREAS, was instrumental in working with staff and the public to develop the Point of Sale Program

THEREFORE BE IT RESOLVED that the Ingham County Board of Commissioners hereby honors Garry Rowe for his 32 years of dedicated service to the community where he is highly respected by peers, and for the contributions he has made to the Ingham County Health Department.

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

**MEMORANDUM**

**TO:** Human Services and Finance Committees  
**FROM:** Jared Cypher, Assistant Deputy Controller  
**DATE:** June 5, 2012  
**RE:** 2013 Community Agency Funding Process

This resolution establishes the criteria by which each agency's application will be evaluated for the 2013 Community Agency funding process.

If the resolution is approved as presented, the Controller/Administrator's Office will accept applications for Community Agency funding in July. Applications will then be evaluated by the Controller/Administrator's Office with priority given to proposals that directly contribute to addressing the County's long-term priority of "Meeting Basic Needs", such as food, clothing, and shelter.

The recommendations made by the Controller/Administrator's Office on funding levels for each applicant agency will then be presented to the Board of Commissioners for consideration and approval in November.

In FY 2012, \$185,720 was made available for community agencies, and 29 agencies were awarded a total of \$178,595 with the remainder re-appropriated to the 2012 Contingency Fund.

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION APPROVING CRITERIA FOR RANKING 2013 APPLICATIONS FOR  
COMMUNITY AGENCY FUNDING**

WHEREAS, since 1978, the Ingham County Board of Commissioners has provided financial support to various non-profit community organizations that provide a broad range of services for the purpose of advancing the County's adopted long-range objectives; and

WHEREAS, over the years the community agency process has grown to 29 applicants requesting funding, with total requests of approximately \$200,000 annually; and

WHEREAS, the Ingham County Board of Commissioners desires to make the process of awarding community agency funding efficient and effective; and

WHEREAS, the Ingham County Board of Commissioners desires to continue the Community Agency application process, focusing on the long term goal of assisting Ingham County residents in meeting basic needs.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes the 2013 community agency funding process, with priority given to those proposals that directly contribute to addressing the County's long-term priority of "Meeting Basic Needs", such as food, clothing, and shelter.

BE IT FURTHER RESOLVED, the Controller/Administrator is authorized to evaluate, rank, and determine funding levels for each applicant as a recommendation for approval by the Human Services Committee.

BE IT FURTHER RESOLVED, no agency shall receive more than 10% of the total available funding for community agencies in FY 2013.

BE IT FURTHER RESOLVED, because of economic constraints in Ingham County, the Board of Commissioners wishes for applicants to understand that solicitation of proposals is not a commitment to fund those proposals in fiscal year 2013.

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION EXPRESSING SUPPORT FOR ACCESS TO PREVENTATIVE HEALTH CARE SERVICES, INCLUDING CONTRACEPTION FOR ALL WOMEN, AND TO STRONGLY SUPPORT INSURANCE COVERAGE OF CONTRACEPTION WITHOUT CO-PAYS AND COST SHARING**

WHEREAS, on March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act, H.R. 3590 (the Act) into law and Section 2713 of the Act requires new health insurance plans to cover women's preventive health care services without co-pays or cost-sharing on August 1, 2012; and

WHEREAS, the intent of Congress to require health insurance plans to cover preventive services was to encourage and invest in basic health care services to improve health outcomes for all Americans; and

WHEREAS, the Institute of Medicine (IOM), an independent, nonpartisan medical body, conducted a scientific review and recommended that contraception be considered a preventive service for women under the Affordable Care Act as family planning services improve health care outcomes and wellness for women and families; and

WHEREAS, access to family planning is directly linked to declines in maternal and infant mortality rates, which is one of Governor Snyder's stated public health priorities; and

WHEREAS, contraception enables women to better prevent unintended pregnancy and plan for pregnancy when they do want to have a child, when women plan their pregnancies, they are more likely to seek prenatal care, improving their own health and the health of their children; and

WHEREAS, in addition to the primary purpose of allowing women to plan and prepare for pregnancy, other health benefits of contraception include reduced risk of endometrial and ovarian cancers, ectopic pregnancy, iron deficiency anemia related to heavy menstruation, osteoporosis, ovarian cysts, and pelvic inflammatory disease; and

WHEREAS, the U.S. Department of Health and Human Services (HHS) accepted the recommendation of the IOM, and will therefore require U.S. Food and Drug Administration (FDA)-approved contraceptive methods to be covered by all new health plans without co-pays or cost-sharing; and

WHEREAS, co-payments and other cost-sharing are barriers to accessing affordable contraception with consequences reflected in sobering statistics concerning unintended pregnancy, the U.S. has one of the highest rates of unintended pregnancy among the world's most developed nations and consistently lags behind other developed nations in maternal and infant mortality rankings; and

WHEREAS, the cost of the prescription is a major factor in consistent use of prescription birth control, co-pays for birth control pills typically range between \$15 and \$80 per month, and for other methods, such as IUDs, co-pays and other out-of-pocket expenses can reach into the hundreds of dollars; and

WHEREAS, access to health care services, including contraception, is consistent with current policy, including existing federal and state refusal laws; and

WHEREAS, twenty-eight states require health insurance plans that cover prescription drugs to cover contraception, Michigan does not, however, bills requiring contraceptive equity have been repeatedly introduced; and

WHEREAS, excluding birth control from health insurance coverage has long been considered discrimination against women, the Equal Employment Opportunity Commission and the Michigan Department of Civil Rights have determined that the failure to provide coverage for prescription contraception in health plans that otherwise cover prescription drugs and devices constitutes sex discrimination; and

WHEREAS, women, regardless of where they work, should have access to health insurance that covers preventive health care, including contraception if they need or want to use it, allowing employers to refuse to cover essential health services, such as contraception, undermines the basic notion of health insurance and takes away important protections that were created by the Affordable Care Act.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby express support for access to preventive health care services, including contraception, for all women and to strongly support insurance coverage of contraception without co-pays and cost-sharing.

BE IT FURTHER RESOLVED, that the County Clerk forward copies of this resolution to the President of the United States Senate, the Speaker of the United States House of Representatives, and the members of the Michigan Congressional delegation.