

CHAIRPERSON
VICTOR CELENTINO

VICE-CHAIRPERSON
BRIAN McGRAIN

VICE-CHAIRPERSON PRO-TEM
RANDY MAIVILLE

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

INGHAM COUNTY BOARD OF COMMISSIONERS

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

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, SEPTEMBER 15, 2014 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

Agenda

Call to Order

Approval of the [August 25, 2014 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. Presentations
 - a. Capital Area United Way - ALICE Report
 - b. Arts Council of Greater Lansing - Use of Hotel/Motel Tax Funds
2. Mid-State Health Network - Resolution to Designate the Mid State Health Network ([MSHN](#)) as the Substance Abuse Coordinating Agency for Ingham County Effective October 1, 2014
3. Facilities Department - Resolution Authorizing a Purchase Order for [Two Men](#) and a Truck to Transport the Contents of the Sparrow and St. Lawrence Clinics to the River Oak Site
4. Health Department
 - a. Resolution to Authorize a 2014-2015 [Americorps*Vista](#) Continuation Grant
 - b. Resolution to Authorize an Increase in the Staff Time Allocation for the Nurse Family Partnership [Supervisor](#)
 - c. Resolution to Accept Funds from Community Mental Health of Clinton-Eaton-Ingham Counties, R.E. Olds Foundation, and Michigan Power to Thrive to Support the Power of We Consortium's [2014 Summit](#) and to Enter into an Agreement with the Lansing Center to Host the Event
 - d. Resolution to Accept a Capital Grant Award from the U.S. Department of Health and Human Services Health Resources and Services Administration for Patient Centered [Medical Home Facilities](#) Improvement
 - e. Resolution to Authorize the Provision of Group Medical Professional Liability/Malpractice [Insurance Coverage](#) to Community Health Center Providers
 - f. Resolution to Accept Base Funding Increase to the Health Center Cluster Award from the U.S. Department of Health and Human Services for Patient Centered [Medical Home Recognition](#)
 - g. Resolution to Adopt Amendments to the Ingham Community Health Center Board [Bylaws](#)

Announcements
Public Comment
Adjournment

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

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

HUMAN SERVICES COMMITTEE

August 25, 2014

Draft - Minutes

Members Present: Deb Nolan, Dianne Holman (arrived at 6:16 p.m.), Brian McGrain, Kara Hope, and Don Vickers

Members Absent: Todd Tennis and Sarah Anthony

Others Present: Tim Dolehanty, John Neilsen, Jared Cypher, Teri Morton, Linda Vail, Carol Kehoe, Jill Bauer, Michelle Rutkowski, Robert Sheehan, Chris McDaniel, Randy Marwede, Missy Challiss, Ryan Buck, and others

The meeting was called to order by Chairperson Nolan at 6:00 p.m. in the Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Approval of the August 18, 2014 Minutes

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. VICKERS, TO APPROVE THE MINUTES OF THE AUGUST 18, 2014 MEETING AS PRESENTED.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony, Holman, and Tennis.

Additions to the Agenda

None.

Limited Public Comment

None.

1. Budget Hearings

Chairperson Nolan asked the Department Heads that were opposed to the Proposed 2015 Ingham County Budget as presented by the Controller's Office to please address the Committee.

Robert Sheehan, Community Mental Health Executive Director, stated that he wanted to discuss the Community Mental Health budget, Agenda Item No. 1(c), with the Committee.

Randy Marwede, Veterans Affairs Department Director, stated that he wanted to discuss the Veterans Affairs budget, Agenda Item No. 1(m), with the Committee.

Carol Kehoe, DHS Child Welfare Director, stated that DHS may request an additional \$50,000 for the 2016 budget in late 2015.

Commissioner McGrain asked for more information about the DHS budget.

Jared Cypher, Deputy Controller, stated that the budget was about \$2 million. He provided background on the \$50,000 reduction in the DHS budget.

Commissioner McGrain made a brief presentation of a fact sheet provided by the United Way regarding the ALICE Project.

Discussion.

1. Budget Hearings
 - a. Community Agencies
 - b. Community Coalition for Youth
 - d. CMH Substance Abuse
 - e. Cooperative Extension
 - f. Department of Human Services
 - g. Health Department-
 - h. Medical Care Facility
 - i. Medical Examiner
 - j. Mid-Michigan 2-1-1 Alliance
 - k. Transportation Millage
 - l. Tri-County Aging Consortium

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. VICKERS, TO APPROVE THE 2015 PROPOSED INGHAM COUNTY BUDGET FOR THE COMMUNITY AGENCIES, COMMUNITY COALITION FOR YOUTH, CMH SUBSTANCE ABUSE, COOPERATIVE EXTENSION, DEPARTMENT OF HUMAN SERVICES, HEALTH DEPARTMENT, MEDICAL CARE FACILITY, MEDICAL EXAMINER, MID-MICHIGAN 2-1-1 ALLIANCE, TRANSPORTATION MILLAGE, AND TRI-COUNTY AGING CONSORTIUM.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Anthony, Holman, and Tennis.

1. Budget Hearings
 - c. Community Mental Health

Mr. Sheehan thanked the Controller's Office for its support. He stated that there was a cut in the state appropriation for CMH programs. Mr. Sheehan further stated that gaps now existed where they could not be otherwise filled without the budget changes.

Mr. Sheehan introduced Chris McDaniel, CMH, to the Committee.

Mr. Sheehan provided an overview of jail-based in-patient psychiatric services.

Mr. Sheehan stated that there was a \$144,000 gap now. He requested that the County fund the gap or develop an alternative plan to fund the psychiatric services performed in the County Jail.

Commissioner Vickers asked how the other counties have addressed this gap.

Mr. McDaniel stated that all services were rendered in Ingham County and none in Eaton or Clinton Counties.

Mr. Sheehan stated that the federal government was afraid of subsidizing jail health care.

Commissioner McGrain asked if private insurance covered you while you were incarcerated.

Mr. Sheehan stated that insurers would not provide coverage. He further stated that the County had to pick up the tab by paying for the inmates health care. Mr. Sheehan stated that the state made big reductions in appropriations without looking deeply at this particular issue.

Commissioner Holman arrived at the meeting at 6:16 p.m.

Discussion.

Chairperson Nolan stated that the Z-list was designed for one-time appropriations and the list may be an inappropriate source. She further stated that this should come back to the Committee as a part of the regular budget process.

Mr. Cypher stated that an option would be to make a Z-list appropriation as a placeholder until they could develop a real plan.

Commissioner Hope asked if the inmates were incarcerated by reason of their mental problem or whether they suffered a mental problem because of the incarceration.

Mr. Sheehan stated that HIPPA limits the amount of confidential information that they could provide. He further stated that it would likely be a patient composite.

Discussion.

Chairperson Nolan stated that this issue would be put on the Z-list as a placeholder and the Controller's Office would be working on this to pull it off the Z-list.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. HOLMAN, TO ADD TO THE "Z" LIST: \$1 TO THE COMMUNITY MENTAL HEALTH BUDGET FOR JAIL-BASED IN-PATIENT PSYCHIATRIC SERVICES.

Commissioner Holman asked why the full amount was not appropriated in the motion.

Mr. Cypher stated that this was designed to keep the issue in front of us.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony and Tennis.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. HOPE, TO APPROVE THE 2015 PROPOSED INGHAM COUNTY BUDGET FOR THE COMMUNITY MENTAL HEALTH AUTHORITY.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony and Tennis.

1. Budget Hearings
 - m. Veterans Affairs

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. HOPE, TO APPROVE THE 2015 PROPOSED INGHAM COUNTY BUDGET FOR THE DEPARTMENT OF VETERANS AFFAIRS.

Mr. Marwede stated that they were requesting a \$20,680 increase. He further stated that it would allow us to move our “3/4” time-employee to a full-time veterans benefits counselor.

Mr. Marwede stated that one of the issues that needed to be addressed was that this position would move out of the UAW and into a managerial/confidential classification. He further stated that the UAW and he disagreed on this issue. Mr. Marwede stated that he was trying to engage in best practices while the UAW was fighting on principal.

There was a discussion on the definition of “confidential” as it applied to the managerial/confidential classification.

Michelle Rutkowski, Human Resources Specialist, stated that Human Resources had requested a County Attorney opinion on this definition. She further stated that the full-time position was already in the managerial/confidential classification.

Discussion.

Commissioner Vickers stated that his first experience with confidential employees was the employees at the school district who dealt with finances. He further stated that the term “confidential” had broadened over the years and perhaps we should just target financial issues.

Discussion.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. HOPE, TO ADD TO THE “Z” LIST: \$20,680 TO THE DEPARTMENT OF VETERANS AFFAIRS BUDGET FOR INCREASED STAFFING.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Anthony and Tennis.

Chairperson Nolan asked for more information about veterans on the Michigan Department of Human Services rolls and how to get those veterans benefits.

Mr. Marwede gave an overview of a pilot program and stated that Macomb County already had a

successful program. He further stated that they already got referrals from our own Health Department.

THE MOTION TO APPROVE THE 2015 PROPOSED INGHAM COUNTY BUDGET FOR THE DEPARTMENT OF VETERANS AFFAIRS CARRIED UNANIMOUSLY. Absent: Commissioners Anthony and Tennis.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. HOPE, TO ADD TO THE “Z” LIST: \$25,000 TO THE COMMUNITY AGENCIES BUDGET.

Discussion.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony and Tennis.

Commissioner McGrain asked for information about the status of the emergency fund for DHS.

Discussion.

2. Final Ranking

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. MCGRAIN, TO RANK “Z” LIST ITEMS IN THE FOLLOWING ORDER OF PRIORITY:

- (1) \$20,680 TO DEPARTMENT OF VETERANS AFFAIRS,
- (2) \$1 TO COMMUNITY MENTAL HEALTH, AND
- (3) \$25,000 TO COMMUNITY AGENCIES.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony and Tennis.

There was a discussion about “confidentiality” and the Veterans Affairs full time position.

Announcements

Commissioner Vickers stated that he attended a meeting at the Mason Public Schools with a mother and her daughter who had previously attended a Committee meeting. He further stated that they seemed to have worked out a plan so that the daughter could attend her nearby elementary school.

Chairperson Nolan stated that there still needed to be a discussion about how this happened and this conversation must include CMH.

Mr. Cypher stated that he has been discussing the issue with Mr. Sheehan and there were issues of confidentiality that they would have to overcome.

Chairperson Nolan asked whether the mother would want to sign a confidentiality waiver so this issue could be more thoroughly evaluated.

Commissioner McGrain stated that they might need advice on the issue of confidentiality when they deal with constituent issues.

Public Comment

None.

The meeting was adjourned at approximately 6:58 p.m.

SEPTEMBER 15, 2014 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

2. Mid-State Health Network - Resolution to Designate the Mid State Health Network (MSHN) as the Substance Abuse Coordinating Agency for Ingham County Effective October 1, 2014

This resolution will designate MSHN as the new Substance Abuse Coordinating Agency for Ingham County and authorize an agreement with MSHN for the establishment of a substance use disorder policy board and for the distribution of PA 2 dollars through December 31, 2017. Please see the attached memorandum for more details.

3. Facilities Department - Resolution Authorizing a Purchase Order for Two Men and a Truck for the Moving of the Sparrow and St. Lawrence Clinics to the River Oak Site

This resolution authorizes a purchase order for Two Men and a Truck to transport the contents from both the Sparrow Clinic and St. Lawrence Clinic current locations to the River Oak site. The Sparrow and St. Lawrence clinics are being moved from their current locations and consolidated at the River Oak site, contents from their offices and their supply rooms must be transported to the new facility. Two Men and a Truck submitted the lowest bid of \$7,917.75.

4. Health Department

- a. Resolution to Authorize a 2014-2015 AmeriCorps*Vista Continuation Grant

This resolution authorizes an agreement with the Corporation for National and Community Services (CNCS) to operate Year Two of the AmeriCorps*VISTA project in Ingham County.

AmeriCorps*VISTA is a federal program operating under the Corporation for National and Community Service (CNCS), with management in Michigan at the State CNCS office in Detroit. The Corporation for National and Community Service (CNCS) has granted the Ingham County Health Department, on behalf of the Power of We Consortium, a new AmeriCorps*VISTA Program grant of \$15,000 for the 2014-2015 fiscal year to be utilized to partially cover the \$65,617 (salary and fringe) for the full-time coordinator.

Match totaling \$89,310 is being provided by the following Sources: Host site match, \$44,852, match dollars offered by Ingham County MSU Extension \$22,182, and match from the VISTA Deferred Revenue Cost Share Fund \$22,276.

Out of this \$89,310 match, Ingham County is required to support three (3) VISTA members at \$11,676 each (total of \$35,028), provide \$50,617 for salary and fringe for full time coordinator, and \$3,665 for travel, supplies and phone.

The grant requires a match.

	Amount	Percent
Grant	\$ 15,000	15%
Match	\$ 89,310	85%*
Total	\$104,310	

*Grant guidelines direct applicants to hold the CNCS member support at \$11,676 per member.

A total of 15 FTE AmeriCorps*VISTA members will be placed in host sites selected through an RFP process. The AmeriCorps Specialist-*VISTA (position #601463) will be increased to 1 FTE.

b. *Resolution to Authorize an Increase in the Staff Time Allocation for the Nurse Family Partnership Supervisor*

This resolution increases the staffing allocation for the Nurse Family Partnership (NFP) program from a .50 FTE to a 1.0 FTE NFP Supervisor position. This program requires additional supervisory time in order to demonstrate these positive effects. In addition to individual meetings with staff, the NFP supervisor must also provide weekly team meetings and case conferencing, in order to maintain program fidelity. Additionally, the program now participates in a number of quality improvement initiatives, which require a significant amount of time to access data and run reports. Michigan Department of Community Health (MDCH) will again provide the Health Department with support to the NFP program, which currently supports the work of four Public Health Nurses and .50 FTE Supervisor. Funds to support the .50 FTE increase in staff will be utilized from existing funding in the 2015 budget in the amount of \$57,723.00.

c. *Resolution to Accept Funds from Community Mental Health of Clinton-Eaton-Ingham Counties, R.E. Olds Foundation, and Michigan Power to Thrive to Support the Power of We Consortium's 2014 Summit and to Enter into an Agreement with the Lansing Center to Host the Event*

The Power of We Consortium (PWC) is holding its first community summit. This resolution accepts funding from Community Mental Health of Clinton-Eaton-Ingham Counties, the R.E. Olds Foundation, and Michigan Power to Thrive on behalf of the Power of We, to cover the cost of the summit in its entirety in the following amounts: \$5,000 from CMH-CEI, \$2,000 from R.E. Olds, and \$1,500 from Michigan Power to Thrive. The expense for the summit at the Lansing Center is \$8,145.

d. *Resolution to Accept a Capital Grant Award from the U.S. Department of Health and Human Services Health Resources and Services Administration for Patient Centered Medical Home Facilities Improvement*

This resolution accepts the Affordable Care Act Patient Centered Medical Home Facilities Improvement Grant award in the amount \$250,000 from the U.S. Department of Health and Human Services Health Resources and Services Administration for the period of September 1, 2014 through August 31, 2016. The grant funds will be used to support renovations at Cedar Community Health Center located on the second floor of the Human Services Building 5303 S. Cedar Street. The resolution also authorizes a subcontract agreement with Capital Link, for the consultation services of Cindy Barr, RN, EADC, on capital project PCMH clinical environment design and construction implementation.

e. *Resolution to Authorize the Provision of Group Liability Coverage to Community Health Center Providers*

This resolution authorizes Ingham County to enter into an agreement with The Doctors Company to provide group liability coverage to the Health Department's Community Health Center providers. Ingham County currently pays for individual liability coverage for each of its providers within the Community Health Centers. Ingham County and the Health Department have reviewed group versus individual liability coverage policies, and determined that a group coverage plan is the most beneficial. Two bids were reviewed and an agreement with The Doctors Company is recommended to provide an Occurrence Group Professional Liability Policy for the Community Health Center providers.

f. *Resolution to Accept Base Funding Increase to the Health Center Cluster Award from the U.S. Department of Health and Human Services for Patient Centered Medical Home Recognition*

This resolution accepts an increase of \$91,483.00 to the Health Center Cluster Program base award. In Resolution #11-316, the Health Department received a grant award from the U.S. Department of Health and Human Services. U.S. Department of Health and Human Services - Health Resources and Services Administration has awarded this increase in annual base funding for the Health Department's Health Center Cluster Program in response to Sparrow and St. Lawrence Health Centers obtaining Patient Centered Medical

Home (PCMH) recognition. The award provides an increase of \$91,483 for the period of November 1, 2013 through October 31, 2014 (Fiscal Year 2014). The increased funding will be reflected in ongoing annual base funding awards through remainder of the grant period, which ends October 31, 2015.

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

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

OTHER ITEMS:

1. Presentations

a. Capital Area United Way – ALICE Report

b. Arts Council of Greater Lansing – Use of Hotel/Motel Tax Funds

MEMORANDUM

TO: Human Services and Finance Committees

FROM: Jared Cypher, Deputy Controller

RE: Mid State Health Network as Substance Abuse Coordinating Agency

DATE: August 29, 2014

On January 1, 2014, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMH) became a member of the Mid-State Health Network (MSHN). MSHN is the newly created Medicaid Managed Care Organization for mental health, developmental disability, and substance use disorder services (what are often called behavioral health services) covering for the tri-county community and eighteen other counties in the center of state. MSHN and CMH are jointly responsible for assuring that services are available within the tri-county community for Medicaid enrollees with Serious and Persistent Mental Illness, Serious Emotional Disturbances, Developmental Disabilities, and Substance Use Disorders.

MSHN, along with the current Substance Abuse Coordinating Agency for Ingham County, CMH, has requested that payment of PA 2 liquor tax funds be redirected to MSHN as the new Coordinating Agency effective October 1, 2014. This resolution will designate MSHN as the new Substance Abuse Coordinating Agency for Ingham County and authorize an agreement with MSHN for the establishment of a substance use disorder policy board and for the distribution of PA 2 dollars through December 31, 2017.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO DESIGNATE THE MID STATE HEALTH NETWORK (MSHN) AS THE
SUBSTANCE ABUSE COORDINATING AGENCY FOR INGHAM COUNTY
EFFECTIVE OCTOBER 1, 2014**

WHEREAS, Section 6226(1) of Public Act 368 of 1978, as amended, provides for designation of a Coordinating Agency to administer substance use disorder services subject to the approval of the affected county board or boards of commissioners; and

WHEREAS, the Mid-State Health Network is a Pre-Paid inpatient Health Plan/Regional Entity and new Medicaid Managed Care Organization for Michigan's behavioral health and substance use disorder services for twenty one counties including Ingham County; and

WHEREAS, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMH) has been Ingham County's Substance Abuse Coordinating Agency since October 1, 2012; and

WHEREAS, On January 1, 2014, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMH) became a member of the Mid-State Health Network (MSHN); and

WHEREAS, MSHN is the newly created Medicaid Managed Care Organization for mental health, developmental disability, and substance use disorder services (what are often called behavioral health services) covering for the tri-county community and eighteen other counties in the center of state; and

WHEREAS, MSHN will be Ingham County's new Substance Abuse Coordinating Agency.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners designates the Mid-State Health Network (MSHN) as the Coordinating Agency for administering Substance Use Disorder services under Public Act 368 of 1978, as amended, effective October 1, 2014.

BE IT FURTHER RESOLVED, that an interlocal agreement be entered into with MSHN for the establishment of a substance use disorder policy board that includes a provision for the distribution of liquor tax funds in an amount not to exceed one-half of liquor tax revenues received by Ingham County for the time period of October 1, 2014 through December 31, 2017.

BE IT FURTHER RESOLVED, MSHN will provide Ingham County with substance abuse services and accounting and audit reports consistent with the requirements of the Michigan Department of Treasury, demonstrating its use of funds received from Ingham County from liquor tax revenues, which use shall be in accordance with the requirements of MCL 211.24(e).

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.

MEMORANDUM

TO: Human Services and Finance Committees

FROM: Rick Terrill, Facilities Director

DATE: September 3, 2014

SUBJECT: **RESOLUTION AUTHORIZING A PURCHASE ORDER FOR TWO MEN AND A TRUCK TO TRANSPORT THE CONTENTS OF THE SPARROW AND ST. LAWRENCE CLINICS TO THE RIVER OAK SITE**

The resolution before you authorizes a purchase order for Two Men and a Truck to transport the contents from both the Sparrow Clinic and St. Lawrence Clinic current locations to the River Oak site.

The Sparrow and St. Lawrence clinics are being moved from their current locations and consolidated at the River Oak site, contents from their offices and their supply rooms must be transported to the new facility. Contents from both locations, as listed on each estimate detail sheet, will be included in the purchase order.

After careful review of the bids, the Purchasing and Facilities Departments both agree that a purchase order is issued to Two Men and a Truck, a local company who submitted the lowest bid of \$7,917.75.

Funding for this move is available within the approved CIP Line Item 511-61553-977000-02014.

I recommend approval of this resolution.

MEMORANDUM

TO: County Service and Finance Committees
FROM: Jim Hudgins, Director, Purchasing Department
DATE: September 4, 2014
SUBJECT: Proposal Summary for Moving Services

Project Description:

The Ingham County Purchasing Department sought quotes for moving services for the Sparrow and St. Lawrence Clinics, 1100 W. Saginaw Street to the River Oak location, 1115 S. Pennsylvania Avenue.

Proposal Summary:

Vendors contacted: 3 Local: 2
Vendors responding: 3 Local: 2

Company	Cost	Local Preference
Two Men and A Truck 1200 Keystone Ave Lansing MI 48911 (517) 485-4545	Range: \$6,541 to \$7,917.75	Yes, Ingham County
B & J Moving & Storage Inc. 3110 Turner, Lansing MI 48906 (517) 484-1421	\$9,655.00	Yes, Ingham County
Stevens Worldwide Van Lines, 3000 Sanders Rd., Lansing MI 48917 (517) 322-2035	\$10,088.75	No, Eaton County

Recommendation:

The Evaluation Committee recommends awarding a contract to Two Men and A Truck, a local vendor, in an amount not to exceed \$7,917.75. In addition to submitting the lowest responsive proposal, Two Men and A Truck is licensed and insured, and has other relevant experience working on projects of similar size and scope.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION AUTHORIZING A PURCHASE ORDER FOR TWO MEN AND A TRUCK TO
TRANSPORT THE CONTENTS OF THE SPARROW AND ST. LAWRENCE CLINICS
TO THE RIVER OAK SITE**

WHEREAS, the Sparrow and St. Lawrence clinics are being moved from their current locations and consolidated at the River Oak site; and

WHEREAS, contents from their offices and their supply rooms must be transported to the new facility; and

WHEREAS, after careful review of the bids the Purchasing and Facilities Departments both agree that a purchase order is issued to Two Men and a Truck who submitted the lowest responsive and responsible bid of \$7,917.75; and

WHEREAS, contents from both locations, as listed on each estimate detail sheet, will be included in the purchase order; and

WHEREAS, funds for this move are available in the approved CIP Line Item 511-61553-977000-02014.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners hereby authorizes a purchase order to Two Men and a Truck, 1200 Keystone Avenue, Lansing, Michigan 48911, to transport contents from both the Sparrow and St. Lawrence clinics current locations to the River Oak site for a not to exceed total cost of \$7, 917.75.

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

MEMORANDUM

TO: Human Services Committee
 County Services Committee
 Finance Committee

FROM: Linda Vail, MPA, Health Officer

DATE: September 2, 2014

RE: Resolution to Authorize a 2014-2015 AmeriCorps*VISTA Continuation Grant

This is a recommendation to authorize an agreement with the Corporation for National and Community Services (CNCS) to operate Year Two of the AmeriCorps*VISTA project in Ingham County.

AmeriCorps*VISTA is a federal program operating under the Corporation for National and Community Service (CNCS), with management in Michigan at the State CNCS office in Detroit. The Corporation for National and Community Service (CNCS) has granted the Ingham County Health Department, on behalf of the Power of We Consortium, a new AmeriCorps*VISTA Program grant of \$15,000 for the 2014-2015 fiscal year to be utilized to partially cover the \$65,617 (salary and fringe) for the full-time coordinator.

Match totaling \$89,310 is being provided by the following Sources: Host site match, \$44,852, match dollars offered by Ingham County MSU Extension \$22,182, and match from the VISTA Deferred Revenue Cost Share Fund \$22,276.

Out of this \$89,310 match, Ingham County is required to support three (3) VISTA members at \$11,676 each (total of \$35,028), provide \$50,617 for salary and fringe for full time coordinator, and \$3,665 for travel, supplies and phone.

The grant requires a match.

	Amount	Percent
Grant	\$ 15,000	15%
Match	\$ 89,310	85%*
Total	\$104,310	

*Grant guidelines direct applicants to hold the CNCS member support at \$11,676 per member.

A total of 15 FTE AmeriCorps*VISTA members will be placed in host sites selected through an RFP process. The AmeriCorps Specialist-*VISTA (position #601463) will be increased to 1 FTE.

Our pool of VISTA members will support projects that target low-income populations and will provide greatly needed capacity-building at a low cost for our community- and faith-based organizations. The list of those agencies is attached.

CNCS will make member support payments and education awards totaling \$286,308 direct to VISTA members.

I recommend that the Board of Commissioners adopt the attached resolution to accept this grant from the National Corporation for Community Service for the second year of this AmeriCorps*VISTA Program.

Attachment

c: Joel Murr w/attachment
 Eric Thelen w/attachment
 Isaias Solis w/attachment

AmeriCorps*VISTA Project

Community- and faith-based organizations who are selected via a competitive RFP process (as of 09/01/14) to receive a VISTA member are:

1. Power of We Consortium- AmeriCorps*VISTA Leader
2. Capital Area College Access Network – College Access Support Coordinator
-For further information on Capital Area College Access Network, visit <http://www.micollegeaccess.org/directory/lcan/cap-college-access-network>
3. Capital Area Community Services, Head Start Preschools – Health Advocate
-For further information on CACS, Head Start Preschools, visit <http://www.cacsheadstart.org/>
4. Center for Financial Health – Financial Literacy Coordinator
-For further information on Center for Financial Health, visit <http://www.centerforfinancialhealth.org/>
5. City of Lansing, Mayor’s Office – Mayor’s Youth Council Advisor
-For further information, visit http://www.lansingmi.gov/Mayors_Office
6. City of Lansing, Office of Financial Empowerment – Community Outreach and Development Specialist
-For further information on the Office of Financial Empowerment, visit <http://www.lansingmi.gov/OFE>
7. Cristo Rey Community Center – Youth Program Curriculum Developer and Volunteer Coordinator
-For further information on Cristo Rey Community Center, visit <http://www.cristo-rey.com/>
8. Eaton Regional Education Service Agency (RESA), Prevention Program Services – College Program Outreach Coordinator
-For further information on Eaton Regional Education Service Agency, visit <http://www.eatonresa.org/>
9. Edgewood Village – Programs Support Specialist
-For further information on Edgewood Village, visit <http://www.edgewoodvillage.net/>
10. Elder Law of Michigan – Financial Literacy Resources Developer
-For further information on Elder Law of Michigan, visit <http://www.elderlawofmi.org/>
11. Greater Lansing Housing Coalition – Program Assistant
-For further information on Greater Lansing Housing Coalition, visit <http://www.glhc.org/index.php>
12. Information Technology Empowerment Center (ITEC) – Outreach Coordinator
-For further information on Information Technology Empowerment Center, visit <http://www.iteclansing.org/>
13. MSU Center for Service Learning and Civic Engagement – Community Financial Literacy Program Coordinator
-For further information on Michigan State University for Service Learning and Civic Engagement, visit <http://www.servicelearning.msu.edu/>
14. NorthWest Initiative – Financial Asset Navigator
-For further information on NorthWest Initiative, visit <http://nwlansing.org/>
15. REACH Studio Art Center – Outreach Coordinator
-For further information on REACH Studio Art Center, visit <http://www.reachstudioart.org/>
16. Refugee Development Center – Cultural Competency and Outreach Program Developer
-For further information on Refugee Development Center, visit <http://www.refugeedevelopmentcenter.org/>

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

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A 2014-2015 AMERICORPS*VISTA CONTINUATION GRANT

WHEREAS, the Ingham County Health Department on behalf of the Power of We Consortium was the recurring recipient of grant funds in support of the AmeriCorps* VISTA Project from 2006-2012; and

WHEREAS, annual renewal of such funding was accepted by resolution (#06-333, #07-307, #08-321, #09-159, #10-055, #10,307, #10-396); and

WHEREAS, the Corporation for National and Community Services (CNCS) provided a new three year funding cycle which the first year of such funding was accepted by resolution #13-380; and

WHEREAS, the Corporation for National and Community Services (CNCS) has provided Ingham County second year continuation funding with up to fifteen (15) AmeriCorps*VISTA members to perform national service to strengthen and supplement efforts to eliminate poverty and poverty-related human, social and environmental problems; and

WHEREAS, VISTA members provide expanded capacity to community-based organizations that are engaged in work that helps meet Ingham County's long-term goals of fostering economic well-being, assisting in meeting basic needs and fostering appropriate youth development; and

WHEREAS, a mechanism has been established for collecting cost share from each VISTA host site for the purpose of paying for cost-shared members in future years (Resolution #06-333); and

WHEREAS, the Health Department has successfully collected required funds from host sites to cover the costs of AmeriCorps*VISTA members; and

WHEREAS, funding for this project was anticipated in the Health Department's budget; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners accept the AmeriCorps grant award.

THEREFORE BE IT RESOLVED, that the Board of Commissioners accepts an AmeriCorps*VISTA continuation grant of \$15,000, and authorizes a grant agreement with the Corporation for National and Community Services for the time period of September 21, 2014 through September 19, 2015.

BE IT FURTHER RESOLVED, that a non-federal match of \$89,310 is authorized, obtained through cash contributions (totaling \$44,852) of up to \$4,544 from each of the AmeriCorps*VISTA host sites, as selected through a Request for Proposal process, match from Ingham County MSU Extension totaling \$22,182, and match from VISTA Deferred Revenue Cost Share Fund (Resolution #06-333) totaling \$22,276.

BE IT FURTHER RESOLVED, that the AmeriCorps Specialist-VISTA position (#601463) shall be increased to 1.0 FTE for the duration of the grant.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign any grant award documents, and any host site and member agreements, after review by the county attorney.

MEMORANDUM

TO: Human Services Committee
County Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: September 9, 2014

RE: Resolution to Increase Supervisor Position for the Nurse Family Partnership Program to Full-time

This is a recommendation to increase the staffing allocation for the Nurse Family Partnership (NFP) program from a .50 FTE to a 1.0 FTE NFP Supervisor position. The Health Department's NFP program has been operationalized since 2012, and funds are included in the Comprehensive Planning, Budgeting, and Contracting Agreement with the Michigan Department of Community Health (MDCH).

NFP provides home visiting services for first time at risk mothers living in Ingham County. Mothers must enroll in services prior to their 28th week of pregnancy, and highly trained Public Health Nurses provide services until the child turns two years old. NFP is a nationally recognized, evidence based model supported by the Maternal, Infant Early Childhood Home Visiting Initiative (MIECHV).

The Ingham County NFP program has been recognized across the state for its positive outcomes for families. This high quality program requires additional supervisory time in order to demonstrate these positive effects. In addition to individual meetings with staff, the NFP supervisor must also provide weekly team meetings and case conferencing, in order to maintain program fidelity. Additionally, the program now participates in a number of quality improvement initiatives, which require a significant amount of time to access data and run reports.

MDCH will again provide ICHD with support to the NFP program, which currently supports the work of four Public Health Nurses and .50 FTE Supervisor. Funds to support the .50 FTE increase in staff will be utilized from existing funding in the 2015 budget in the amount of \$57,723.00.

I recommend that the Board of Commissioners adopt the attached resolution to increase the NFP Supervisor position to full-time.

c: Regina Traylor w/attachment
Eric Thelen w/attachment
Jane Noice w/attachment
Debbie Edokpolo w/attachment

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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN INCREASE IN THE STAFF TIME ALLOCATION
FOR THE NURSE FAMILY PARTNERSHIP SUPERVISOR**

WHEREAS, the Ingham County Health Department (ICHHD) has implemented the Nurse Family Partnership (NFP) program since April 2012; a nationally recognized, evidence based home visiting program that serves first time pregnant mothers; and

WHEREAS, the Ingham County NFP program has been recognized across the state as a model program, with the highest percentage of enrolled families and positive health outcomes for women and children; and

WHEREAS, Resolution #12-106 authorized an amendment to the Comprehensive Planning, Budgeting, and Contracting Agreement with the Michigan Department of Community Health (MDCH) to support NFP, which established four Public Health Nursing position at the PHN/3 Grade Level; and

WHEREAS, by Resolution #12-143, Resolution #12-106 was amended to include that an existing Public Health Nurse would provide program coordination, resulting in the reclassification to a Senior Public Health Nurse, Grade 4 level at .50 FTE; and

WHEREAS, the Public Health Nurse in position #601144 assumed the duties of the Senior Public Health Nurse/NFP Supervisor, resulting in the position being paid at two rates (PHN II/Grade 3 and Senior Public Health Nurse/PHN Grade 4); and

WHEREAS, the current CPBC agreement with MDCH funds 4.0 FTE Public Health Nurse (PHN) positions and a .50 FTE NFP supervisor position; and

WHEREAS, the NFP program requires the PHNs to participate in a weekly two-hour reflective supervision with the NFP supervisor; and

WHEREAS, NFP model fidelity also requires the staff to participate in weekly team meetings and case conferencing opportunities; and

WHEREAS, the Ingham County NFP program now participates in Michigan's Home Visiting Collaborative Improvement and Innovation Network to Reduce Infant Mortality (CoIIN), a federal quality improvement initiative that requires significant data collection and summarization; and a continuous Quality Improvement project with the Michigan Public Health Institute (MPHI); and

WHEREAS, the Maternal Child Health Division (MCH) of the Health Department is requesting an increase in staff allocation of the NFP supervisor from .50 FTE to 1.0 FTE to better address the additional responsibilities that the program requires; and

WHEREAS, the funds to support the .50 FTE increase in staff will be utilized from existing funding in the 2015 budget in the amount of \$57,723.00; and

WHEREAS, the Health Officer recommends that position #601144 be classified as a Senior Public Health Nurse/NFP (PHN/Grade 4) 1.0 FTE for the duration of the grant.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a .50 FTE increase in staff allocation (position #601144) to the Nurse Family Partnership program, providing a total 1.0 FTE NFP supervisor position.

BE IT FURTHER RESOLVED, that the staffing allocation will begin October 1, 2014 through September 31, 2015.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda Vail, MPA, Health Officer

DATE: September 4, 2014

RE: Resolution to Accepting Funds from CMH-CEI, R.E. Olds Foundation, and Michigan Power to Thrive and Authorize an Agreement with the Lansing Center

The Power of We Consortium (PWC) is holding its first community summit, which will bring together Mid-Michigan's leaders and community members—fellow advocates, activists, policymakers, foundation officials, and organizational leaders—to advance and put into action its common agenda. This is an opportunity to share in a common vision and generate action to strengthen our education system, expand economic opportunities, and address our community's infrastructure and transportation needs, all with a lens for equity and inclusion for all residents.

Community Mental Health of Clinton-Eaton-Ingham Counties, the R.E. Olds Foundation, and Michigan Power to Thrive have awarded the Ingham County Health Department on behalf of the Power of We, funds to cover the cost of the summit in its entirety in the following amounts: \$5,000 from CMH-CEI, \$2,000 from R.E. Olds, and \$1,500 from Michigan Power to Thrive. The expense for the summit at the Lansing Center is \$8,145.

Attached is an itemized expense list for the community summit at the Lansing Center.

I recommend that the Board of Commissioners adopt the attached resolution to accept this funding from Community Mental Health of Clinton-Eaton-Ingham Counties, the R.E. Olds Foundation, and Michigan Power to Thrive and to authorize an agreement with the Lansing Center to host the event for no more than \$8,500.

Attachment

c: Joel Murr w/attachment
Eric Thelen w/attachment
Isaias Solis w/attachment

LANSING CENTER - INVOICE - OUT OF POCKET EXPENSES

Event: Ingham County Health Department
Date: October 11, 2014
Location: Hall B; Banquet Rooms 7,8; Meeting Rms 201, Gov
Hours: 8am-5pm
Box Office: N/A
Attendance: 300

ESTIMATE ONLY
 Estimate prepared with details of daily activity provided to date. Labor and equipment are subject to change as details and changes are made.

Cost estimate prepared: Penny Saddler 6.19.2014

Qty	Equipment/Service	Item Amount	Total Amount	
ROOM RENTAL EXPENSES				
	Hall B; Bqt 7,8; Room 201; Governors Room	\$1,575.00	\$1,575.00	
			\$ -	
			\$ -	
	Total Rental Charge		\$ 1,575.00	\$ -
OPERATIONAL & AUDIO VISUAL EXPENSES				
2	Screens 6'x8'	\$20.00	\$40.00	
1	Screen 12'x12'	\$80.00	\$80.00	
	Complimentary stage 32'x16'			
	Parking @ \$6.00 per vehicle per entry	TBD	TBD	
	Wi-fi (Basic)	\$300.00	\$300.00	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
	Total Operational & AV Equipment Estimate		\$420.00	\$ -
SECURITY EXPENSES				
	N/A		\$ -	
			\$ -	
	Total Security Estimate		\$ -	\$ -
BOX OFFICE EXPENSES				
	N/A		\$ -	
			\$ -	
			\$ -	
			\$ -	
	Total Box Office Estimate		\$ -	\$ -
TECH SERVICES/FACILITY LABOR EXPENSES				
			\$ -	
			\$ -	
			\$ -	

	Total Tech Services/Facility Labor Estimate		\$ -	\$ -
	FOOD & BEVERAGE EXPENSES			
14 gals	Coffee (1 cup per person- 4 oz china cups)	\$28.00	\$392.00	
25 dozens	Assorted Donuts and Fancy Rolls- 1 per person	\$21.95	\$548.75	
2	Water Stations	Comp	Comp	
300	Turkey or Italian Grinder Box Lunch	\$13.95	\$4,185.00	
			\$ -	
	<i>Subtotal</i>		\$5,125.75	\$ -
	<i>6% Sales Tax</i>			\$ -
	<i>20% Service Charge</i>		\$ 1,025.15	\$ -
	<i>Deposits</i>		\$ -	
	Total Food & Beverage Estimate		\$ 6,150.90	\$ -

Total Event Estimate \$8,145.90 \$ -

This estimate is not complete and is an ESTIMATE ONLY. A more complete cost estimate can be provided as event details are determined by client.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO ACCEPT FUNDS FROM COMMUNITY MENTAL HEALTH OF CLINTON-EATON-INGHAM COUNTIES, R.E. OLDS FOUNDATION, AND MICHIGAN POWER TO THRIVE TO SUPPORT THE POWER OF WE CONSORTIUM'S 2014 SUMMIT AND TO ENTER INTO AN AGREEMENT WITH THE LANSING CENTER TO HOST THE EVENT

WHEREAS, the Ingham County Health Department on behalf of the Power of We Consortium has received \$5,000 from Community Mental Health of Clinton-Eaton-Ingham Counties; \$2,000 from the R.E. Olds Foundation and \$1,500 from Michigan Power to Thrive to fund the Power of We Consortium's 2014 Summit; and

WHEREAS, the purpose of this funding is to support the 2014 Power of We Consortium's Community Summit at the Lansing Center; and

WHEREAS, the Power of We Consortium is holding a community summit which will bring together Mid-Michigan's leaders and community members—fellow advocates, activists, policymakers, foundation officials, and organizational leaders—to advance and put into action a common vision to strengthen our education system, expand economic opportunities, and address our community's infrastructure and transportation needs, all with a lens for equity and inclusion for all residents; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the acceptance of the funding from Community Mental health of Clinton-Eaton-Ingham Counties, the R.E. Olds Foundation, and Michigan Power to Thrive to support the Power of We Community Summit.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes the acceptance of \$8,500 in funding from Community Mental Health of Clinton-Eaton-Ingham Counties, the R.E. Olds Foundation, and Michigan Power to Thrive to support the Power of We Consortium's 2014 Community Summit and to enter into an agreement with the Lansing Center to host the event for no more than \$8,500.

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 Chairperson of the Board of Commissioners is hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: September 4, 2014

RE: Resolution to Accept a Capital Grant Award from the U.S. Department of Health and Human Services - Health Resources and Services Administration for Patient Centered Medical Home Facilities Improvement

Attached is a resolution to accept a capital grant award from the U.S. Department of Health and Human Services Health Resources and Services Administration for Patient Centered Medical Home Facilities Improvement in the amount of \$250,000.

The Health Department's Community Health Care Services submitted a proposal to the Affordable Care Act Patient Centered Medical Home Facilities Improvements Grant Program to support renovations at Cedar Community Health Center located on the second floor of the Human Services Building 5303 S. Cedar Street.

Following the move of Adult Health and Dental Services to the new location, 2316 S. Cedar Street (Former McLaren Building), space will be available to move Well Child and Healthy Smiles to the Cedar Community Health Center. The renovations funded through this award will support the Patient Centered Medical Home (PCMH) model of care for the consolidated women and children's health services at Cedar Community Health Center by:

- Removing/moving walls to reconfigure the clinical space for improved team work flow and care-coordination
- Creating a large shared waiting area that is especially accommodating for pregnant women and children
- Enhance patient access to co-located ancillary services (WIC, Immunizations, and Public Health Services)

In addition, we are requesting authorization for a subcontract agreement with Capital Link, for the consultation services of Cindy Barr, RN, EADC, on capital project PCMH clinical environment design and construction implementation.

I recommend that the Ingham County Board of Commissioners accept the Affordable Care Act Patient Centered Medical Home Facilities Improvement Grant award in the amount \$250,000 from the U.S. Department of Health and Human Services Health Resources and Services Administration for the period of September 1, 2014 through August 31, 2016.

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

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO ACCEPT A CAPITAL GRANT AWARD FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR PATIENT CENTERED MEDICAL HOME FACILITIES IMPROVEMENT

WHEREAS, the Health Department's Community Health Care Services submitted a proposal to the Affordable Care Act Patient Centered Medical Home Facilities Improvements Grant Program through the U.S. Department of Health and Human Services Health Resources and Services Administration; and

WHEREAS, the grant application proposed capital improvements to support renovations to the Cedar Community Health Center, located on the second floor of the Human Services Building at 5303 S. Cedar Street, to support a Patient Centered Medical Home (PCMH) model of care; and

WHEREAS, the U.S. Department of Health and Human Services Health Resources and Services Administration has awarded \$250,000 to the Health Department for the period of September 1, 2014 through August 31, 2016 for the proposed capital improvements; and

WHEREAS, the Ingham Community Health Center Board supports the acceptance of this award; and

WHEREAS, the Health Officer recommends that the Board of Commissioners accept this award.

THEREFORE BE IT RESOLVED, that the Board of Commissioners accepts a grant award of \$250,000 from the Affordable Care Act Patient Centered Medical Home Facilities Improvements Grant Program through the U.S. Department of Health and Human Services Health Resources and Services Administration.

BE IT FURTHER RESOLVED, that the period of the award shall be from September 1, 2014 through August 31, 2016.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the Health Department to enter an agreement with Capital Link, for \$20,000 for the period of September 1, 2014 through August 31, 2016 for consultation services regarding PCMH capital project clinical environment design and construction implementation.

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

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: September 4, 2014

RE: Resolution to Authorize the Provision of Group Liability Coverage to Community Health Center Providers

Attached is a resolution to authorize Ingham County to enter into an agreement with The Doctors Company to provide group liability coverage to the Health Department's Community Health Center providers.

Ingham County currently pays for individual professional liability/malpractice coverage for each of its providers within the Community Health Centers. It was determined that it would be beneficial to change the coverage to a group policy purchased by the County. The County requested proposals from several companies.

Ingham County and the Health Department reviewed the proposals with the assistance of the County's liability insurance provider (MMRMA and their consultant). The assistance provided by MMRMA was invaluable to this process.

MMRMA recommended that the County purchase an occurrence based policy in the amount of \$2,000,000 per occurrence/\$5,000,000 aggregate coverage. They also noted that they thought the Doctor's Company provided the package which was the most beneficial to the County at a cost of \$87,066.

Dr. Erik Wert and Dr. Luis Valle had been hired prior to the decision to change the manner in which we purchase insurance. Since they were both coming from a claims based policy they will have a gap in coverage unless tail insurance is provided. Since both Doctors were hired prior to the discovery of this issue, the County felt compelled to provide this coverage on their behalf. The cost of this coverage will be no more than \$28,000. The Health Department has implemented additional hiring procedures to insure this does not occur in the future.

I recommend that the Ingham County Board of Commissioners approve the attached resolution to enter into an agreement to provide group professional liability/malpractice insurance coverage to the Community Health Center providers and purchase tail coverage for Doctors Wert and Valle.

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

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE THE PROVISION OF GROUP MEDICAL PROFESSIONAL
LIABILITT/MALPRACTICE INSURANCE COVERAGE TO
COMMUNITY HEALTH CENTER PROVIDERS**

WHEREAS, it is essential that the County has adequate professional liability/malpractice insurance in place for all County employed physicians and dentist; and

WHEREAS, the County of Ingham currently provides individual liability coverage to its providers within the Ingham Community Health Centers; and

WHEREAS, the County and the Health Department have reviewed group versus individual liability coverage policies, and determined that a group coverage policy is the most favorable to the County; and

WHEREAS, The County and the Health Department have reviewed two group liability coverage bids; and

WHEREAS, with the assistance of the County's liability insurance provider, MMRMA, it was determined that the package provided by The Doctor's Company was the most beneficial to the County; and

WHEREAS, it was determined that tail insurance coverage was needed for newly hired physicians, Dr. Erik Wert and Dr. Luis Valle, to insure that they do not have a gap in coverage.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the County to enter into an agreement with The Doctors Company to provide an Occurrence Based Group Provider Liability Policy of \$2 million per occurrence/\$5 million aggregate coverage with no deductible to providers within Ingham Community Health Centers.

BE IT FURTHER RESOLVED, that the Occurrence Group Provider Liability Policy agreement shall be for the amount of \$87,066 for the term of October 1, 2014 through September 30, 2015 and shall renew annually.

BE IT FURTHER RESOLVED, that the County shall pay the Tail Coverage premium for Dr. Wert and Dr. Valle to their current insurance provider at a cost not to exceed of \$28,000.

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

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: September 4, 2014

RE: Resolution to Accept Additional Funding From the U.S. Department of Health and Human Services for the Patient Centered Medical Home Recognition - Health Center Cluster Award

Attached is a resolution to accept an increase of \$91,483.00 to the Health Center Cluster Program base award. In Resolution #11-316, the Health Department received a grant award from the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services - Health Resources and Services Administration has awarded this increase in annual base funding for the Health Department's Health Center Cluster Program in response to Sparrow and St. Lawrence Health Centers obtaining Patient Centered Medical Home (PCMH) recognition. The award provides an increase of \$91,483 for the period of November 1, 2013 through October 31, 2014 (Fiscal Year 2014). The increased funding will be reflected in ongoing annual base funding awards through remainder of the grant period, which ends October 31, 2015.

The increased award is in accordance with statutory requirements and the Health Centers continued recognition as a Patient Centered Medical Home status. These additional federal funds may be reallocated by the Health Department as necessary and appropriate to meet budgetary needs of the Health Center Cluster project.

I recommend that the Ingham County Board of Commissioners accept the additional funding of \$91,483 from the U.S. Department of Health and Human Services for PCMH recognition.

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

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO ACCEPT BASE FUNDING INCREASE TO THE HEALTH CENTER CLUSTER
AWARD FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOR PATIENT CENTERED MEDICAL HOME RECOGNITION**

WHEREAS, In Resolution #11-316, the Health Department's Community Health Centers received Health Center Cluster Program funds, as established through Section 330 of the Public Health Service Act, for the operation of its Federally Qualified Health Centers; and

WHEREAS, Sparrow and St. Lawrence Health Centers have achieved Patient Centered Medical Home (PCMH) Status recognition through the National Committee for Quality Assurance; and

WHEREAS, the U.S. Department of Health and Human Services has awarded an increase to the Health Department's Health Center Cluster Program ongoing annual base funding award in accordance with statutory requirements and continued recognition as a Patient Center Medical Home; and

WHEREAS, the award provides an increase of \$91,483 for the period of November 1, 2013 through October 31, 2014; and

WHEREAS, this increase in federal funds shall be reflected in ongoing Health Center Cluster Program annual base funding awards through remainder of the grant period, which ends October 31, 2015; and

WHEREAS, the Ingham Community Health Center Board supports the acceptance of the increased base funding award for the current budget period; and

WHEREAS, the Health Officer recommends that Ingham County Board of Commissioners authorize the acceptance of the increased base funding award for the current budget period.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the acceptance of an increase of \$91,483 to the Health Center Cluster Program base award for the period November 1, 2013 through October 31, 2014 from the U.S. Department of Human Services Health Resources and Services Administration.

BE IT FURTHER RESOLVED, that this increase in federal funds shall be reflected in ongoing Health Center Cluster Program annual base funding awards through remainder of the grant period, which ends October 31, 2015, in accordance with statutory requirements and continued recognition as a Patient Centered Medical Home.

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

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: September 4, 2014

RE: Resolution to Amend to the Ingham Community Health Center Board Bylaws

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

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

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

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

Attachments: Ingham Community Health Center Board Bylaws

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

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

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

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

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

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

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

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

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

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

Sept. 2, 2014

INGHAM COMMUNITY HEALTH CENTER

BOARD BYLAWS

BYLAWS

INGHAM COMMUNITY HEALTH CENTER BOARD

ARTICLE I - NAME

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

ARTICLE II - PURPOSE

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

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

ARTICLE III - OBJECTIVES

1. To arrange for the provision of comprehensive primary care services to residents of the medically underserved areas of Ingham County, and surrounding areas.

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

ARTICLE IV - AUTHORITY OF INGHAM COUNTY BOARD OF COMMISSIONERS

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

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

ARTICLE V - SIZE AND COMPOSITION

A. Size

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

B. Composition

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

ARTICLE VI - MEMBERSHIP AND TERMS OF OFFICE

A. Board Appointments

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

B. Terms of Office

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

C. Removal

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

D. Vacancies and Resignations

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

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

E. Compensation

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

ARTICLE VII - MEETINGS AND VOTING

A. Annual Meeting

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

B. Regular and Special Meetings

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

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

C. Notice of Special Meetings

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

D. Quorum

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

E. Voting

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

ARTICLE VIII - OFFICERS AND STAFF ASSISTANCE

A. Officers

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

B. Election and Terms of Office

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

C. Removal

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

D. Vacancy

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

E. Chairperson

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

F. Vice-Chairperson

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

G. Secretary

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

H. Executive Director for Community Health Care Services

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

I. Staff Assistance

The Executive Director for Community Health Care Services shall ensure that secretarial assistance, and Community Health Center or Ingham County staff assistance, if appropriate, is provided to the Community Health Center Board and Committee meetings and to the Chairperson in the performance of his/her Community Health Center Board authorized duties, as may be reasonably requested.

ARTICLE IX - COMMITTEES

A. Ad-hoc Committees

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

B. Standing Committees

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

1. A Finance Committee, composed of no less than four (4) and no more than 49% of all Community Health Center Board Members, shall develop the recommended Community Health Center network budget. The budget must be jointly approved by the Community Health Center Board and the Board of

Commissioners. The Community Health Center Board in collaboration with the Board of Commissioners must approve any major change in the budget.

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

3. A Quality and Access Committee, composed of no less than four (4) and no more than 49% of all Community Health Center Board Members, shall be responsible for establishing all Community Health Center policies and procedures, except for personnel and fiscal policies and procedures (retained by Board of Commissioners). This Committee recommends the approval of the annual quality assurance/quality improvement plan to the full Community Health Center Board, and monitors the plan's implementation and results.

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

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

C. General Committee Procedures

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

2. Meeting Procedure: Every meeting of a standing committee of the Community Health Center Board shall be called by its Chairperson or by a majority (51% or more) of committee members. At the first meeting of a standing committee, a regular meeting schedule shall be established. In the event that a special meeting is necessary, committee members shall be notified of the time,

place, and purpose of the special committee meeting at least two (2) business days prior by facsimile, correspondence or hand delivery in person. A quorum for the conduct of committee business shall require the presence of a majority of the committee members. All committee meetings of the Community Health Center Board shall be conducted in accordance with the Michigan Open Meetings Act (P.A. 267 of 1976).

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

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

ARTICLE X -- RESPONSIBILITIES OF THE COMMUNITY HEALTH CENTER BOARD

A. Personnel Policies and Procedures

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

B. Executive Director for Community Health Care Services

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

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

C. Financial Management

The Community Health Center Board shall annually review the budget prepared by the Ingham County Health Department for the operation of the Community Health Centers, after review and recommendation by the Community Health Center Board Finance Committee. The Community Health Center Board shall advise the Board of Commissioners regarding this budget. The Community Health Center Board shall review and approve the annual Section 330 grant budget and recommend this budget to the Board of Commissioners, after review and recommendation by the Community Health Center Board Finance Committee, at the time set forth in Article IX.B.2. The Community Health Center Board and the Board of Commissioners shall jointly approve the annual Section 330 budget submitted to the Federal Bureau of Primary Health Care. The Community Health Center Board shall review and approve any budget requirements to maintain the Federally Qualified Health Center Look-Alike status and recommend such budget to the Board of Commissioners, after review and recommendation by the Community Health Center Board Finance Committee.

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

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

D. Evaluate Health Center Activities

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

E. Compliance With Laws

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

F. Health Care Policy

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

G. Grants

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

H. Administrative Assistance

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

I. Conflict of Interest

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

ARTICLE XI -- FISCAL YEAR

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

ARTICLE XII -- ORDER OF BUSINESS

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

Regular Meeting

1. Call to Order and Roll Call

2. Approval of Agenda
3. Public Comment
4. Consent Agenda
 - Minutes
 - Committee Action Items
 - Written Reports:
 - Executive Director
 - Medical Director
 - Dental Director
6. Old business
7. New business
8. Public Comment
9. Adjournment

Annual Meeting

1. Call to Order and Roll Call
2. Approval of Agenda
3. Public Comment
4. Consent Agenda
 - Minutes
 - Committee Action Items
 - Written Reports:
 - Executive Director
 - Medical Director
 - Dental Director
5. Chairperson's Annual Report
6. Election of Community Health Center Board Officers
7. Old Business
8. New Business
9. Public Comment
10. Adjournment

ARTICLE XIII -- AMENDMENTS

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

ARTICLE XIV -- PROXY

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

ARTICLE XV -- PARLIAMENTARY UTHORITY

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

CONCLUSION

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

Community Health Center Board Chairperson

Date

Ingham County Board of Commissioner's Chairperson

Date

Ingham Community Health Centers Executive Director

Date