

CHAIRPERSON  
BRIAN McGRAIN

VICE-CHAIRPERSON  
KARA HOPE

VICE-CHAIRPERSON PRO-TEM  
RANDY MAIVILLE

HUMAN SERVICES COMMITTEE  
TODD TENNIS, CHAIR  
DEB NOLAN  
SARAH ANTHONY  
TERI BANAS  
BRIAN McGRAIN  
RANDY MAIVILLE  
ROBIN CASE NAEYAERT

## **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, JANUARY 26, 2015 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

### Agenda

Call to Order

Approval of the [December 1, 2014](#) and [December 18, 2014](#) Minutes

Additions to the Agenda

Limited Public Comment

1. Ingham County Medical Care Facility - Discussion Item Regarding Expansion and Renovation [Plans](#)
  
2. Health Department
  - a. Resolution to Enter into a Michigan Agriculture Environmental Assurance Program ([MAEAP](#)) Clean Sweep Program Agreement with the Michigan Department of Agriculture and Rural Development (MDARD)
  - b. Resolution to Accept Fiscal Year 2015 Health Center Quality [Improvement Funds](#)
  - c. Resolution to Authorize the Conversion of Vacant Community Health Representative IV Position to a [Community Health Representative II](#)
  - d. Resolution to [Name the Building](#) Located at 2316 S. Cedar Street, Lansing
  - e. Discussion Regarding Updating the Job Description for the [Lead Senior Accountant](#)
  - f. Discussion Regarding Updating the Job Description and Reclassification for the [Power of We Coordinator](#)
  - g. Discussion Regarding a Position Status Change for a Community Health [Representative II](#)

Announcements

Public Comment

Adjournment

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

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

HUMAN SERVICES COMMITTEE  
December 1, 2014  
Minutes - Draft

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

Members Absent: None

Others Present: Randy Marwede, Linda Vail, Barb Mastin, Jared Cypher, Bob Sheehan, Jon Villasurda, Ryan Buck and Jack Petroskey

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

Approval of the November 17, 2014 Minutes

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. MCGRAIN, TO APPROVE THE MINUTES OF THE NOVEMBER 17, 2014 MEETING.

The minutes were amended as follows:

Chairperson Nolan stated that Mark Stevens, **Ingham County Medical Care Facility Administrator**, had recommended Ms. Coleman's appointment. Chairperson Nolan further stated that a decision would be made at the next Democratic Caucus meeting and Becky Bennett, Board of Commissioners Coordinator, would be in touch.

This was considered a friendly amendment.

THE MOTION CARRIED UNANIMOUSLY.

Additions to the Agenda

Late –

4. Health Department
  - h. Discussion regarding Position Conversion of Community Health Representative IV position to Community Health Representative II position

Limited Public Comment

Randy Marwede, Department of Veterans Affairs Director, stated that his Department would be closed on Friday, December 5 in the afternoon due to a training session being held off site. He further stated that the training would be focused on improving PTSD counseling. Mr. Marwede stated that the training would also be addressing PTSD in the workplace.

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. MCGRAIN, TO APPROVE A CONSENT AGENDA FOR THE FOLLOWING ACTION ITEMS:

3. Veteran Affairs Department - Resolution to Create the New Classification of Veterans Support Specialist and to Authorize the Reclassification of a Veterans Clerk/Trust Fund Agent to a Veterans Support Specialist in the Department Of Ingham County Veteran Affairs
4. Health Department
  - a. Resolution to Authorize an Agreement with Midland County Educational Services Agency for Services Associated with the Great Start to Quality Resource Center
  - b. Request to Start a Physician Assistant at Market Salary Grade A, Step 4
  - c. Resolution to Accept U.S. Department of Health and Human Services Health Resources and Services Administration Health Center Cluster Program Funds for Fiscal Year 2015

THE MOTION CARRIED UNANIMOUSLY.

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

1. Interviews – Community Health Center Board

Jon Villasurda introduced himself to the Committee. He further stated that his experience had provided him with a great deal of knowledge and understanding in regards to the need to provide the population with comprehensive and quality health care. Mr. Villasurda stated he then worked for the Michigan Primary Care Association for four and a half years as a policy consultant. He further stated that his current occupation was working for the State Department of Community Health overseeing the implementation of Michigan's Medicaid Expansion as a result of the new Healthy Michigan policy.

Commissioner Tennis stated that he believed Mr. Villasurda was the perfect candidate to serve on the Community Health Center Board.

Commissioner McGrain asked Mr. Villasurda what he believed were the key challenges facing the county, and what were some of the policy changes that Mr. Villasurda recommended to improve outcomes.

Mr. Villasurda stated that bringing people into to the Health Centers rather than emergency rooms was incredibly important in getting more people quality health coverage. He further stated that the biggest challenges to Health Centers were informing the underserved population of what their options were and getting them into the correct setting of care.

Commissioner McGrain asked Mr. Villasurda how he planned to get people to understand that.

Mr. Villasurda stated that marketing was the primary tool that can be used to bring more people into the Health Centers.

Commissioner Vickers stated he was concerned that the population living in the more rural regions did not have easy access to the Health Centers because they lacked the transportation and resources to travel to more densely populated areas of the County. He further stated that this was something Mr. Villasurda should be aware of.

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. TENNIS, TO APPOINT JON VILLASURDA TO THE COMMUNITY HEALTH CENTER BOARD.

Commissioner Vickers praised the Committee for acting expeditiously when appointing applicants to County Boards.

THE MOTION CARRIED UNANIMOUSLY.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. VICKERS, TO APPROVE THE RESOLUTION TO AUTHORIZE THE DISTRIBUTION OF COUNTY URBAN REDEVELOPMENT FUNDS.

4. Health Department
  - d. Resolution to Authorize the Distribution of County Urban Redevelopment Funds

Commissioner Anthony stated that in the past, County Urban Redevelopment Funds had served a broad set of projects. She further stated that the vagueness of the overall plan was concerning. Commissioner Anthony asked Linda Vail, Health Officer, to provide background on the current grant and how environmental protection and smart growth align with the current project.

Ms. Vail stated that the current plan helped create community collaborations and partnerships. She further stated that the current plan helped bring food security issues and urban development issues together well. Ms. Vail stated that bringing those issues together would provide the Eastside neighborhood assistance in its revitalization.

Bob Sheehan, Community Mental Health Executive Director, stated that in the past, there were not enough projects that served as urban revitalizers. He further stated that current allocation of \$35,000 was less than the amount that he wanted.

Commissioner Anthony stated that she appreciated the Health Department's efforts to refocus the use of that funding.

Commissioner Vickers asked Mr. Sheehan if he felt that the full service grocery store would be unfairly competitive with Local Grocery stores.

Mr. Sheehan stated that he did not believe that. He further stated that the evidence did not suggest that.

Commissioner Vickers asked Mr. Sheehan if he felt that the full service grocery store's prices would be lower than its competitors.

Mr. Sheehan stated that fresh produce would be served at the full service grocery store. He further that prices may not be lower, but that the quality of the products at the grocery store would better serve the population.

Commissioner Vickers stated that he was not concerned with the fresh produce, but that the grocery store was a full service grocery store. He asked Mr. Sheehan and Ms. Vail if meat and other items would be sold there.

Ms. Vail stated that the reason for calling the grocery store a full service grocery store was to differentiate it from convenience stores that offer limited amounts of food.

Mr. Sheehan then stated that this grocery store would be located in a neighborhood that does not have a competitor near it.

Commissioner McGrain stated that the goal should be to bring a store that offers fresh produce as there was no other Food distributor that offers it in the Eastside neighborhood. He further stated that the grocery store would not leave a large footprint, so it would not be the same as a Meijer or Kroger. Commissioner McGrain applauded recent efforts in trying to refocus efforts to what they were originally intended to achieve. He further stated that this was something that he supports and that he believed the Board should support.

Ms. Vail stated that the current project was similar to successful efforts in other cities, like Louisville, Kentucky, that had placed small full service grocery stores in underserved areas.

Chairperson Nolan stated that she was concerned that prices of the fresh produce at the full service grocery store would be too expensive for the population that it was meant to serve.

Commissioner Anthony asked if the public could use EBT cards at the full service grocery store.

Ms. Vail answered yes.

THE MOTION CARRIED UNANIMOUSLY.

4. Health Department
  - e. Resolution to Extend Lease Agreement for the Willow Health Center

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. TENNIS, TO APPROVE THE RESOLUTION TO EXTEND LEASE AGREEMENT FOR THE WILLOW HEALTH CENTER.

Chairperson Nolan stated that she was concerned that the County had been renovating rental properties without owning them. She asked Barb Mastin, Deputy Health Officer and Community Health Services Executive Director, to provide the total cost of the renovations.

Ms. Mastin stated that the renovation costs were \$175,000.

Commissioner Tennis stated that he preferred that the County pay to renovate properties that it owned. He further stated that in this case, the rate that the County was getting was very low, and the length of the lease was long. Commissioner Tennis stated that he felt this was a very good deal for the taxpayer, but he would still prefer that the Health Center Board find properties to own and mitigate the County's costs that way.

Ms. Mastin stated the Health Center Board agreed.

Chairperson Nolan asked if the Health Center Board had met with the County Attorney, and whether or not that the County Attorney agreed with the terms of the lease for the Willow Health Center.

Ms. Mastin stated that the Health Center Board did not sit down with the County Attorney. She further stated that the contract had an opt-out clause.

Chairperson Nolan asked what the terms of opt-out clause were.

Ms. Mastin stated that during the five-year lease, the Health Center Board could opt out at any time. She further stated that there was additional language that provided for liquidated damages in the event there were major maintenance issues.

Commissioner Vickers stated that the rental real estate industry had rebounded significantly in the past several years.

Discussion.

Ms. Vail stated that this lease agreement was part of a strategic plan to cover the North side of Lansing. She further stated that their goal was to find a permanent home on the North Side of Lansing.

THE RESOLUTION CARRIED UNANIMOUSLY.

2. Community Mental Health - Health Services Millage Proposals

Mr. Sheehan provided an overview of several services, which could potentially be funded by the millage.

Commissioner Vickers asked Mr. Sheehan asked if the Extended Care Facility Program was tied into the proposals that Mr. Sheehan was proposing.

Mr. Sheehan stated that the PACE Program did tie into his proposals, and that PACE was planning on purchasing programs from the Community Mental Health Authority.

Commissioner Holman stated that these proposals offered a great opportunity for Ingham County to try to bring physical health and mental health together. She further stated that in order for millage funds to be used, the program needed to be truly focused on health. Commissioner Holman asked Mr. Sheehan why housing assistance was a part of the proposed use of millage funds.

Mr. Sheehan then stated that in today's world, finding affordable and quality housing was a major part of low-income patients' mental health. He further stated that "health care navigators" perform this exact service across the country.

Jared Cypher, Deputy Controller, stated that the County Attorney had reviewed none of these proposals. He further stated that he would send the County Attorney any proposals that Board were interested in.

Commissioner Tennis stated that the Board needed to explain the need for these proposals well to the public.

Mr. Sheehan stated that he understood the need to explain why these services were important to the public.

Commissioner McGrain stated that he was interested to hear the County Attorney's legal interpretation. He asked Mr. Sheehan how many of the people were low-income wage earners.

Mr. Sheehan answered all of the people were low-income wage earners. He further stated that almost all of the people that used Community Mental Health Authority services were covered by Medicaid.

Commissioner Hope stated that the financial information was very helpful. She asked for the number of people these programs would serve.

Mr. Sheehan stated that he would get the information to the Committee.

Commissioner Hope stated that an actuarial analysis would be helpful to estimate future costs.

Commissioner Anthony asked Mr. Sheehan if the financial information that he provided to the Committee included the actual cost of the services or whether it included other costs such as marketing and outreach?

Mr. Sheehan stated that the estimated costs only covered services.

Commissioner Anthony stated that the Committee should add some extra funding for marketing and outreach efforts.

Commissioner McGrain stated that he was open to the proposals that Mr. Sheehan provided. He further stated that he wanted to have a better understanding of what the long term costs of the

these programs would be so that the Committee could have a better idea of what the next several years looked like financially.

Mr. Cypher stated he planned to bring a resolution to the Board in January to authorize a contract with the Ingham Health Plan. He further stated that the County had roughly \$3 million left in millage revenue for 2015.

Commissioner McGrain stated that he wanted to see a long-term financial analysis of how much money would be available in the future.

Commissioner Holman asked Mr. Sheehan what he thought the immediate needs were.

Mr. Sheehan stated that the State of Michigan had cut the Healthy Michigan plan, resulting in the need to perform severe budget cuts totaling to \$3.2 million at Community Mental Health. He further stated that he attended tonight's Committee meeting to get a feel of which programs that millage funds could support in order to guide Community Mental Health's budget cut discussions and decisions going forward.

Commissioner Tennis then stated that he was confused by cuts to the Healthy Michigan reimbursement plan. He further stated that funding from the State's General Fund was shifted into the Healthy Michigan Fund with the understanding that it would not be cut. Commissioner Tennis stated that the State did in fact cut Healthy Michigan funding in the end.

Mr. Sheehan stated that the State had cut funding from \$54 per person to \$42 per person. He further stated that Community Mental Health was caught off guard by the cuts.

Chairperson Nolan asked Mr. Sheehan if the 65% funding cut equaled the total \$3.2 million cut.

Mr. Sheehan stated that the 65% only equaled \$2 million of that total. The other \$1.2 million was from the Healthy Michigan cut.

Chairperson Nolan stated that she was very impressed with the data that Community Mental Health had produced for the Committee. She further stated that she looked forward to these proposals being drafted up so that the County Attorney could look them over.

Discussion.

4. Health Department

f. Discussion Regarding Authorizing the Conversion of Vacant Nurse Assessor Position to a Health Center Nurse

Chairperson Nolan stated that Ms. Vail had expressed to her that the proposed position changes were appeared to be reorganizations based reorganization policy.

Ms. Vail stated that because of these policy changes, this position change had to be brought up for discussion at tonight's Committee meeting. She further stated that she hoped that the

Committee would be willing to consider and pass resolutions that she had brought with her in order to expedite the process.

Commissioner McGrain stated that he was skeptical about proceeding if this did fall under the Board's new reorganization policy.

Mr. Cypher stated that he did not know how the reorganization policy became so broad. He further stated that in order to expedite the process, the Controller's Office offered the suggestion to the Community Health Center Board that it present resolutions to the Committee tonight for possible consideration.

Discussion.

Commissioner Holman stated that she would bring up this reorganization policy again at the next County Services meeting. She further stated that this policy may have had an unexpected outcome and that feedback from Ms. Vail was helpful.

Ms. Vail stated that this policy had the unintended consequence of putting pressure on the Community Health Center Board and Ms. Mastin to leave inefficient positions in place while leaving necessary positions unfilled. She further stated that these types of situations would lead to lower revenues for the health clinics.

Discussion.

Commissioner Vickers asked Ms. Mastin what the difference between a Nurse Assessor and a Health Center Nurse was.

Ms. Mastin stated that the Nurse Assessor had a few more areas of expertise than a Health Center Nurse. She further stated that she no longer needed a Nurse Assessor and hiring a Health Center Nurse would allow both her clinic to see more people and to save money through reduced costs.

MOVED BY COMM. TENNIS, SUPPORTED BY COMM. VICKERS, TO APPROVE THE RESOLUTION AUTHORIZING THE CONVERSION OF VACANT NURSE ASSESSOR POSITION TO A HEALTH CENTER NURSE.

THE RESOLUTION CARRIED UNANIMOUSLY.

4. Health Department

- g. Discussion regarding the elimination of a position and Reclassification of a position in the emergency preparedness and public health emergency and Bioterrorism Unit in the Health Department.

Ms. Vail stated that a recent retirement created an opportunity to combine two positions in the Emergency Preparedness and Public Health Emergency and Bioterrorism Unit of the Health Department. She further stated that the combination of these positions would allow the Health Department to operate within the funding constraints that they were currently operating under.

Commissioner McGrain asked Ms. Vail what the relevant union's stance was on this position change.

Ms. Vail stated that the union had agreed with the proposed position change.

Commissioner Holman asked whether there would be future position shifts in the Unit.

Ms. Vail stated that the State only funded the Health Department enough to have a full time coordinator, which was what the State required. She said that this change would still allow the Health Department to function properly while also adhering to State requirements.

Mr. Cypher stated that the resolution needed to be amended in order to reflect the new classification of the Emergency Preparedness Coordinator.

Commissioner Tennis asked whether or not it would be appropriate to move to approve this resolution with the understanding that the Controller's Office would be fixing the resolution before the next County Services meeting.

Discussion.

MOVED BY COMM. TENNIS, SUPPORTED BY COMM. VICKERS, TO APPROVE THE RESOLUTION TO ELIMINATE A POSITION AND RECLASSIFY A POSITION IN THE EMERGENCY PREPAREDNESS AND PUBLIC HEALTH EMERGENCY AND BIOTERRORISM UNIT IN THE HEALTH DEPARTMENT, AND DIRECTING THE CONTROLLER'S OFFICE TO MAKE ADDITIONS AND CORRECTIONS NOT LATER THAN THE NEXT COUNTY SERVICES MEETING.

THE RESOLUTION CARRIED. **Yeas:** Tennis, McGrain, Hope, Anthony, and Vickers **Nays:** Nolan, Holman **Absent:** None

4. Health Department

- h. Discussion regarding Position Conversion of Community Health Representative IV position to Community Health Representative II position

Commissioner McGrain asked whether the Controller's Office had reviewed this proposal.

Jared Cypher said that the Controller's Office had not reviewed it yet.

Discussion.

Commissioner Anthony left the meeting at approximately 7:56 p.m.

MOVED BY COMM. TENNIS, SUPPORTED BY COMM. HOPE, TO DISCUSS ITEM 4H.

THE MOTION CARRIED UNANIMOUSLY. **Yeas:** Tennis, McGrain, Hope, Vickers, and Holman **Nays:** Nolan **Absent:** Anthony

Discussion.

Announcements

Commissioner McGrain thanked Chairperson Nolan for leading the Human Services Committee.

Chairperson Nolan thanked Commissioner Holman, Commissioner Vickers and Ryan Buck, outgoing Recording Secretary and Chief Deputy Court Clerk, for their service to the Board of the Commissioners and the County.

Public Comment

None.

Adjournment

The meeting ended at approximately 8:05 p.m.

HUMAN SERVICES COMMITTEE  
December 18, 2014  
Draft - Minutes

Members Present: Commissioners Nolan, McGrain, Hope and Vickers.

Members Absent: Commissioners Tennis, Holman and Anthony.

Others Present: Commissioner Randy Maiville, Linda Vail, Barb Mastin, Jared Cypher, Courtney Asher, Margaret Brown, Mary Molloy, Jon Villasurda, Diala Rabah, Beth Boyce, Thomas Curtis, Jacqueline Carson, Fleshia McClurkin, James Bell, Rex Pierce, Ryan Buck and Jack Petroskey.

The joint meeting of the Human Services Committee and the Community Health Center Board was called to order by Chairperson Nolan at 5:32 p.m. in Conference Room B of the Ingham County Health Department, Cedar Pointe Building, 5656 S. Cedar, Lansing.

Additions to the Agenda

None.

Limited Public Comment

None.

1. Discussion – Naming of the New Clinic at 2316 S. Cedar Street (McLaren Building)

Chairperson Deb Nolan stated that there had been a great deal of discussion amongst the Commissioners in the days prior to the meeting about what an appropriate name would be for the new clinic. She further stated that Commissioner Todd Tennis and Commissioner Dianne Holman, both of whom had been active in the discussion, would not be attending the meeting.

Tom Curtis, Board Chair of the Ingham County Community Health Center Board, stated that Ingham County had recently purchased a building located at 2316 South Cedar Street in Lansing. He further stated that it is Ingham County policy to name the buildings that it owns. Mr. Curtis stated that after speaking with Community Health Center board members and Commissioners, he felt that they had narrowed down their list of potential names to three.

Jared Cypher, Deputy Controller, stated that the building doesn't have to be named after a person. He further stated that the building could be named after a type of tree.

Discussion.

Chairperson Nolan stated that in her discussion with Commissioner Tennis, they had narrowed down their list of names to include only Bruce Bragg and Maurice Reizen. She further stated that she believed it would be a good idea to name the building after someone who is not a Caucasian

male. Chairperson Nolan stated that Commissioner Holman had requested that the title include the words “Ingham Wellness Center” and then the name should include a location identifier.

Mr. Curtis stated that after he spoke with Commissioner Tennis, they had narrowed the list down to Bruce Bragg and Jean Chabut. He further stated that the members of the community that the new clinic is located in should be included in the naming. Mr. Curtis stated that he had heard that some of the women on the Board also requested that the new location not be named after a Caucasian male, and that he was supportive of that.

Barb Mastin, Executive Director for Community Health Centers for Ingham County, stated that everyone around the room should state which name they preferred.

Chairperson Nolan stated that Ms. Chabut had recently passed away. She further stated that she had a reputation for being a great community health advocate in Michigan. Chairperson Nolan stated that Ms. Chabut started her career as a Public Health Nurse in Detroit. She further stated that she was a champion and advocate for many important issues, and that she was viewed as a leader in the public health field.

Linda Vail, Ingham County Health Officer, stated that an award was recently named after Ms. Chabut that went to advocates for the public health.

Mr. Curtis stated that Mr. Bragg was a Public Health Officer for 30 years in Ingham County. He further stated that Mr. Bragg helped develop the primary care system in Michigan. Mr. Curtis also stated that he helped develop the Community Health Center system for Ingham County.

Ms. Vail stated that Maurice Reizen had been a longtime advocate for public health. She further stated that he was 95 years old and he still worked in the public health field.

Commissioner McGrain stated that he was interested in having the words “Ingham County Health” in the title. He further stated that he would like to hear what the CHC Board had to say.

Chairperson Nolan stated that she would like to have everyone in the room give their opinion.

Mr. Curtis stated that he would be comfortable with either naming the building after Ms. Chabut or Mr. Bragg, but that he preferred Ms. Chabut.

Jacqueline Carson, Community Health Center Board member, stated that she wanted to name the new location after a type of tree, following a precedent that the CHC had set when naming previous buildings. She further stated that she requested the name “Aspen.”

Ms. Mastin stated that they could name the building something, and then honor individuals by naming conference rooms within the building after them.

Beth Boyce, Community Health Center Board member, stated that she was comfortable naming the building after either Ms. Chabut or Mr. Bragg, but that she leaned toward naming it the “Bragg Center.” She further stated that while she was very impressed by Ms. Chabut’s resume,

she was concerned that the spelling and pronunciation of the name would confuse potential customers.

Commissioner Hope asked whether or not Ms. Chabut had a connection that was specific to Ingham County. She stated that she thought including a location identifier in the name was a good idea, and would help people remember the location. Commissioner Hope asked where Mr. Bragg was in his career.

Mr. Curtis stated that Mr. Bragg had retired in 2007.

Commissioner McGrain stated that his main interest was in having “Ingham County Health” in the building’s name. He further stated that as long as those words were included in the name, then he had no problem with naming it after an individual.

Jon Villasurda, Community Health Center Board member, stated that if the building was to be named after an individual, it had to be named after a champion of the Federally Qualified Health Center Movement. He further stated that while he was impressed with Ms. Chabut’s resume, she was not local. Mr. Villasurda stated that he believed the building should be named after either Mr. Bragg or Unites States Senator Debbie Stabenow.

Commissioner Vickers stated that using Senator Stabenow was partisan, and if they were to use that name, they would also need to use the name of a Republican, like Congressman Mike Rogers. He further stated that he agreed with Commissioner McGrain’s opinion that the building should include “Ingham County Health,” and then a name could follow. Commissioner Vickers stated that they also could name wings of the building after people.

Commissioner Maiville stated that the name needs to be focused on Ingham County, and then the Board could get creative.

Fleshia McClurkin, Community Health Center Board member, stated that Ingham County needed to be in the name. She further stated that Community Health Center locations needed to be easily recognizable.

Mary Molloy, Community Health Center Board member, stated that she agreed with Ms. Mastin’s idea of naming wings after individuals, but naming the building itself something related to the community.

Mr. Mastin stated that the name “Cedar” could not be used because there was already a county-owned building named that. She further stated that the patients using the CHC should be able to relate to the title of the building.

Mr. Curtis stated that the marketing strategy being implemented by the CHC board was not up for discussion, as it had already been decided on and paid for.

James Bell III, Community Health Center Board member, stated that he thought that Ingham Wellness would be a good thing to add to the title. He further stated that Clinton Canady should be considered, as he was the second African American dentist to serve the Ingham County area.

Rex Pierce, Community Health Center Board member, stated that “Ingham County” should be the primary identifier of the building. He further stated that he had the chance to meet Ms. Chabut while she was alive, and he was very impressed with her. Mr. Pierce stated that he liked using “Ingham Wellness,” and then naming wings or rooms of the building after people.

Margaret Brown, Community Health Center Board member, stated that she wanted the name to be simple. She further stated that the name needed to align with the current naming scheme.

Chairperson Nolan stated that she preferred Senator Debbie Stabenow if they used a name. She further stated that Ms. Chabut’s name was less politically charged. Chairperson Nolan stated that she thought it was a good idea to name the building the “Ingham Wellness Center” and then name parts of the building after people.

Ms. Boyce agreed that the “Ingham Wellness Center” would be a good name.

Ms. Carson stated that she still preferred that the building be named after a tree. She further stated that rooms and wings of the building should be named after people. Ms. Carson said she believed that using a tree name would stay within the current naming scheme.

Ms. Molloy stated that she preferred “Ingham Wellness Center.”

Ms. Vail stated that using the word “wellness” may suggest that the CHC would offer different services than it actually does. She further stated that in the public health world, the word “wellness” suggests that there will be yoga and other non-traditional forms of treatment.

Mr. Curtis stated that the branding process was not easy, and that he would prefer not to revisit it.

Commissioner McGrain stated that he would be comfortable with keeping the name consistent with the tree theme.

Discussion.

Ms. Mastin stated that the neighborhood may want to be consulted.

Ms. Carson stated that the location was right by the Maplewood Elementary School.

Commissioner Hope stated that there was already a “Maple”-themed name for a building in close proximity to the building. She further stated that having such a similar name may cause confusion to the public.

Chairperson Nolan stated that she wanted the participants at the meeting to come to a consensus as to whether not they wanted “Ingham County Health Center”, or some variation of that name, should be included in the name of the building.

Mr. Curtis stated that most of the Community Health buildings in Ingham County had included Ingham County Health in the title.

By show of hands, those present at the meeting came to a consensus that “Ingham County Health Center”, or some variation of that name, should be included in the name of the building, as Chairperson Nolan recognized a majority had raised their hands.

Commissioner Vickers stated that he loved the name “Maplegrove.”

Ms. Carson stated that they needed the name to be different than “Maplewood”, and that “Maplegrove” was different enough.

Mr. Curtis asked those present at the meeting if they wished to name the new location after a tree or a person.

Mr. Bell stated that he thought naming it after a tree would be fitting.

By show of hands, those present at the meeting came to a consensus that a type of tree should be used as the name of the building, as Chairperson Nolan recognized a majority had raised their hands.

Commissioner McGrain and Commissioner Hope left the meeting at 6:15 p.m.

There was no longer a quorum.

Chairperson Nolan asked which type of tree should be used.

Ms. Boyce stated that this building will be at this location permanently, so location should be the focus of the name.

Discussion.

Chairperson Nolan stated that the Human Services Committee had lost its quorum due to the departure of Commissioner McGrain and Commissioner Hope. She further stated that this should be acknowledged in the minutes. Chairperson Nolan asked those present at the meeting if they believed conference rooms or wings of the buildings should be named after individuals.

By show of hands, those present at the meeting came to a consensus that different parts of the building should be named after chosen individuals, as Chairperson Nolan recognized a majority had raised their hands.

Mr. Curtis stated that the CHC Board would provide a list of two or three types of trees and two or three individuals they would like to be honored, and then send that information to the Board of Commissioners. He further stated that they would appreciate it if the Human Services Committee would also send a shortened list of potential names to the CHC Board. Mr. Curtis stated that they would choose the name of the building and the individuals to be honored from those lists.

Announcements

None.

Public Comment

None.

The meeting was adjourned at 6:20 p.m.

# JANUARY 26, 2015 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

## **ACTION ITEMS:**

**The Deputy Controller is recommending approval of the following resolutions**

2. Health Department

- a. *Resolution to Enter into a Michigan Agriculture Environmental Assurance Program (MAEAP) Clean Sweep Program Agreement with the Michigan Department of Agriculture and Rural Development (MDARD)*

This resolution authorizes a Michigan Agriculture Environmental Assurance Program (MAEAP) Clean Sweep Program Agreement with the Michigan Department of Agriculture and Rural Development (MDARD) to allow the Ingham County Health Department to continue to collect pesticides from any end-user of pesticides that resides in the state of Michigan. The terms of the agreement shall be from October 1, 2014 through September 30, 2015. MDARD has agreed to pay Ingham County up to \$12,000 for the disposal of pesticides received through the Ingham County Household Hazardous Waste Program (HHW).

- b. *Resolution to Accept Fiscal Year 2015 Health Center Quality Improvement Funds*

This resolution authorizes a Fiscal Year 2015 Health Center Quality Improvement supplemental award of \$13,249 from the U.S. Department of Health and Human Services Health Resources and Services Administration. The purpose of the Fiscal Year 2015 Health Center Quality Improvement Funds one-time grant supplement is to: (1) recognize health centers that display high levels of quality performance in Calendar Year 2013 Uniform Data System reporting and/or significantly improved quality of care from 2012 to 2013; and (2) provide support to health centers to continue to strengthen quality improvement activities. These supplemental funds are to be used during the period of December 1, 2014 through November 30, 2015 to support quality improvement activities and in accordance with the terms specified in the Notice of Grant Award.

- c. *Resolution to Authorize the Conversion of Vacant Community Health Representative IV Position to a Community Health Representative II*

This resolution authorizes the conversion of the vacant position #601177, Community Health Representative IV (UAW F), to a Community Health Representative II (UAW D). The Budget Office has confirmed a projected cost savings of \$6,019 with this realignment. Discussion regarding this conversion was held at the December 2014 Human Services Committee meeting.

- d. *Resolution to Name the Building Located at 2316 S. Cedar Street, Lansing*

This resolution names the building at 2316 S. Cedar in Lansing, purchased by the County for use as a health center. The resolution as included in the packet does not have the recommended name included, due to the fact that the CHC Board meets after the deadline for the publication of the agenda packet. The CHC Board does meet prior to the January 26 Human Services meeting, so when the CHC Board settles on a name a substitute resolution can be brought to the Human Services meeting or the Committee can amend the resolution in the packet to insert a name.

## **OTHER ITEMS:**

1. Ingham County Medical Care Facility – Discussion Item Regarding Expansion and Renovation Plans

2. Health Department

- e. *Discussion Regarding Updating the Job Description for the Lead Senior Accountant*  
f. *Discussion Regarding Updating the Job Description and Reclassification for the Power of We Coordinator*  
g. *Discussion Regarding a Position Status Change for a Community Health Representative II*

## Agenda Item 1

DATE: December 26, 2014

TO: Ingham County Human Services Committee Members  
Ingham County Finance Committee Members

FROM: Mark H. Stevens, Administrator  
Ingham County Medical Care Facility

SUBJECT: Proposal to Expand and Renovate Ingham County Medical Care Facility

### **General Description**

Ingham County Medical Care Facility (ICMCF), along with all other long-term care providers, is preparing to meet the expanding and competitive needs of seniors by becoming ready for the challenge of a growing, diverse senior population. This aging group will differ from past patient models as they will demand to define their own care. They are educated, accustomed to choice and distrustful of large institutions such as government and healthcare organizations. These seniors will retain high expectations for convenience, quality, autonomy, dignity, privacy and choice while remaining part of a community and receiving a full range of quality clinical services.

ICMCF has responded to the growing demands of the area's senior population by developing initiatives to address this population in their current and desired marketplaces, initiatives include:

1. The development of a Program for All-inclusive Care for the Elderly (PACE) program.
2. Outpatient Therapy.
3. A care transitions health care collaborative consisting of area providers.
4. Expansion and renovation plans targeted to meet the area's growing demand for private rooms, private bathrooms, outpatient therapy space and an environment that encompasses choice and control, reflective of lifelong habits and preferences.
5. Honoring Choices – providing person centered care through the end-of-life.
6. Adding 26 licensed nursing home beds to meet the Ingham County area's growing demand for memory care beds for people who suffer from dementia.

This proposal focuses on the Facility's expansion and renovation plans. ICMCF proposes to:

1. Construct a short-term stay rehabilitation center consisting of 58 private rooms and private bathrooms.
2. Construct an outpatient therapy clinic to allow for growth of the current program, utilize the therapy pool to its full potential and to serve the community by offering this post-acute option.
3. Add 26 licensed nursing home beds to meet the Ingham County area's growing demand for dementia care. ICMCF continues to experience a significant demand for the Facility's dementia care beds; beds that maintain a 100% occupancy rate.
4. Establish nine (9) self-contained neighborhood-styled units reflective of residents' lifelong habits/preferences/choice/control by renovating the long-term care portion of the Facility. The renovations will be designed to meet the senior populations' growing expectations for person-centered care. Characteristics of person-centered care include:

- A living environment that is designed to be a home rather than an institution; an environment that feels comfortable and familiar.
- The provision of enhanced, easy, safe, and secure access to common areas and personal spaces within the Facility while maintaining control over unsafe exiting.
- The provision of enhanced privacy.
- Residents directing their own care and living choices (e.g., daily schedules, food choices, other decisions).

5. Renovating and adding onto the Facility's entryway and office area.

The Facility's expansion and renovation plans consist of three distinct phases:

1. Phase I. The addition of a 52,241 square foot, 58 bed rehabilitation center consisting of: (1) private rooms and private bathrooms; (2) enhanced bariatric services; (3) a therapy gym; (4) an outpatient therapy clinic; (5) a therapeutic activities area; (6) fine dining/restaurant style services; (7) beauty shop/spa; (8) additional office space; (9) storage space; (10) a community meeting room; and (11) an additional driveway and parking lot.
2. Phase II. Increasing the number of long-term care beds by 26, going from 178 beds to 204 beds (increasing the Facility's total capacity from 236 beds to 262 beds) and renovating the long-term care portion of the Facility to meet the senior populations' growing expectations for person-centered care, including the transformation of 32 semi-private rooms into a 32 private rooms with private bathrooms.
3. Phase III. The addition of a 4,883 square foot front entrance and office space.

The Facility's proposed expansion and renovation would enhance and expand Ingham County residents' access to the area's premier provider of both short-term rehabilitation services and long-term care. Additional ICMCF dementia care beds would assist the Ingham County community by providing greater access to ICMCF's beautiful and homelike units/neighborhoods designed specifically for people with dementia. The Facility's plans would keep pace with the ever growing needs and expectations of a growing number of people, and their family members, who struggle with dementia. The addition would alleviate the length of time people are waiting to obtain admission to the Facility's dementia care units/neighborhoods; neighborhoods that maintain a 100% occupancy rate. *Other Ingham County providers are not financially incentivized to serve this population nor do they share ICMCF mission in the community*, resulting in a community need for access to additional dementia care beds.

### **Strategic/Operational/Service Impact**

The Facility's expansion and renovation would improve the quality of life for citizens living in the Ingham County area and benefit the Facility by:

1. Providing greater access to ICMCF's beautiful homelike environment and healthcare services designed specifically for the maturing generation living in the Ingham County area.
2. Alleviating the length of time people are waiting to obtain admission to the Facility's services. ICMCF's dementia/memory care program beds maintain a 100% occupancy rate, resulting in delayed access of area seniors to ICMCF's services.
3. Assisting the Facility to continually operate in a financially self sufficient manner without the need for future Ingham County General Fund support.
4. Further enabling ICMCF to meet its Mission and Vision:

- Mission: “Dedicated to Improving Lives”.
  - Vision: “To be Michigan’s Leading Provider of Rehabilitation Services and Life Enriching Healthcare for Maturing Generations”.
5. Assisting the Facility with accomplishing its strategic goals:
    - Provider of Choice – expand programs and services for Residents and Patients. Combine vision, excellence, and innovation in expanding programs and services for Residents and Patients.
    - Growth/Partner of Choice – pursue focused clinical growth to strengthen our market presence, enhance access to care, and meet evolving health needs. Anticipate market demand, market opportunities, and access requirements.
    - Financial Health – position the Facility for optimum revenue and expense management and operational performance; enhancing the Facility’s financial performance and balance sheet. Improve financial health to support success.
    - Quality – become a national leader in the provision of quality services. Provide superior quality personalized care.
    - Renew the Facility’s Aesthetics – provide a physical environment that is welcoming, warm, and alive with natural beauty. Create an environment that feels like home; welcoming, comfortable, caring, familiar, safe, and secure.
    - Operational Excellence – transition to Healthcare Reform’s integrated care models, i.e., providing access to cost effective care while promoting innovations in the continuity of care. Provide the best value for residents, patients, staff, and the community.
  6. Enabling the Facility to expand its market presence by meeting the senior market’s growing demand for personalized service including private rooms and private bathrooms.
  7. Diversifying the Facility’s product offerings.
  8. Establishing additional revenue streams.
  9. Enhancing the Facility’s marketing efforts.
  10. Promoting the ICMCF brand/image of providing the area’s finest combination of quality care and 11. services in the Ingham County area.
  11. Utilizing Facility space in a financially beneficial manner.
  12. Upgrading and revitalizing the Facility’s 37 year old building.

### **Policy Impacts**

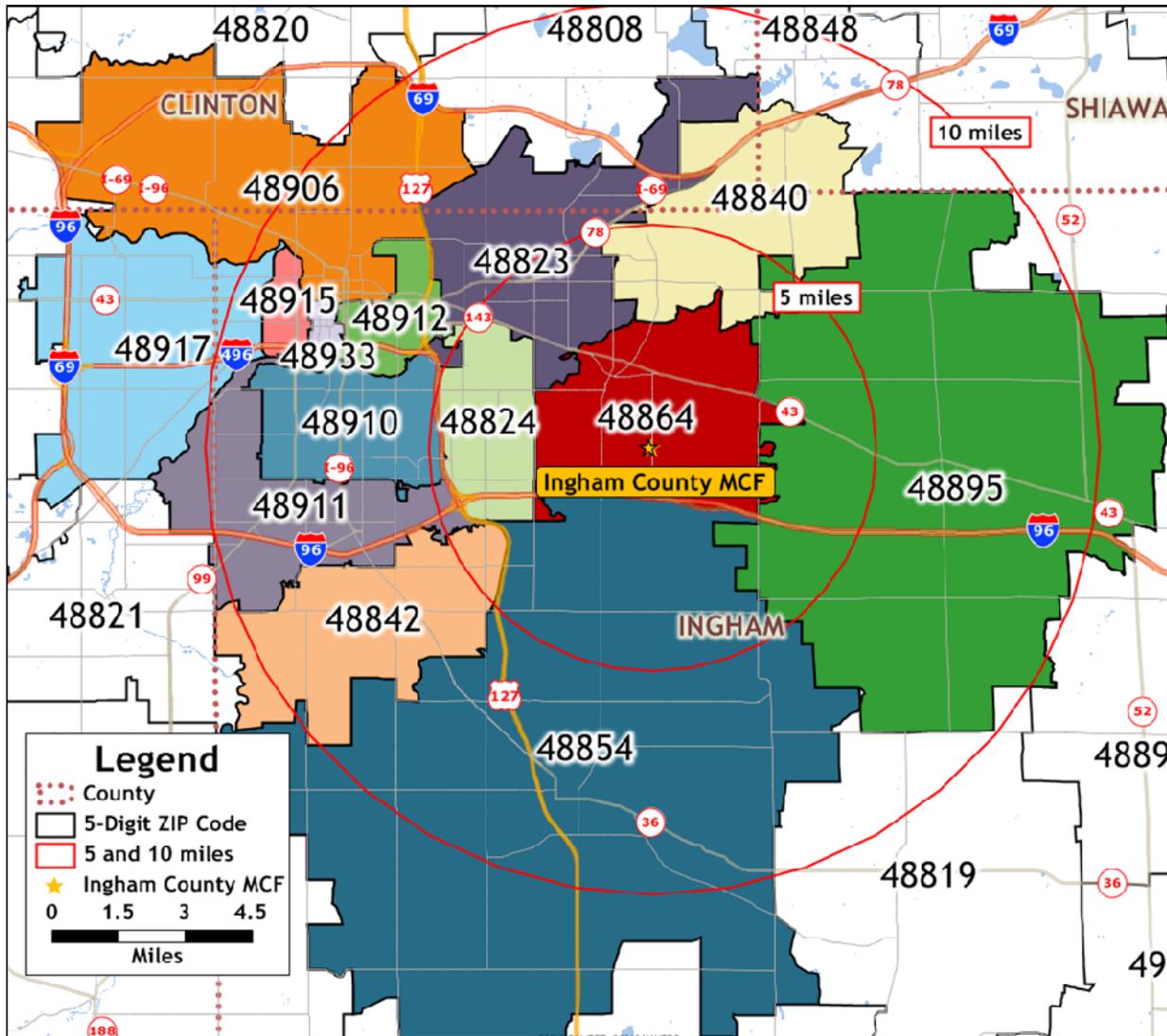
The Facility’s expansion and renovation project advances both the Ingham County Board of Commissioners and the Ingham County Department of Human Services Board’s identified policy areas:

1. Promoting accessible health care.
2. Maintaining and expanding access to health care for Ingham County residents.
3. Maximizing the ability to capture more federal funds for health care.
4. Assisting in meeting basic needs.
5. Providing the very best health care services to the elderly of Ingham County.
6. Directing resources towards maintenance of and reinvestment in existing assets.
7. Improving lives.
8. Fostering economic well being.
9. Expanding essential programs and services.
10. Pursuing focused clinical growth to enhance access to care, and meet evolving health needs.
11. Improving financial health to support success.
12. Providing superior quality personalized care.

13. Providing environments that are welcoming, warm, safe, secure and alive with natural beauty.
14. Providing access to cost effective care while promoting innovations in the continuity of care.
15. Providing value to residents, patients, staff, and the community.
16. Meeting the area's senior market's growing demand for personalized service.
17. Utilizing space in a financially beneficial manner.

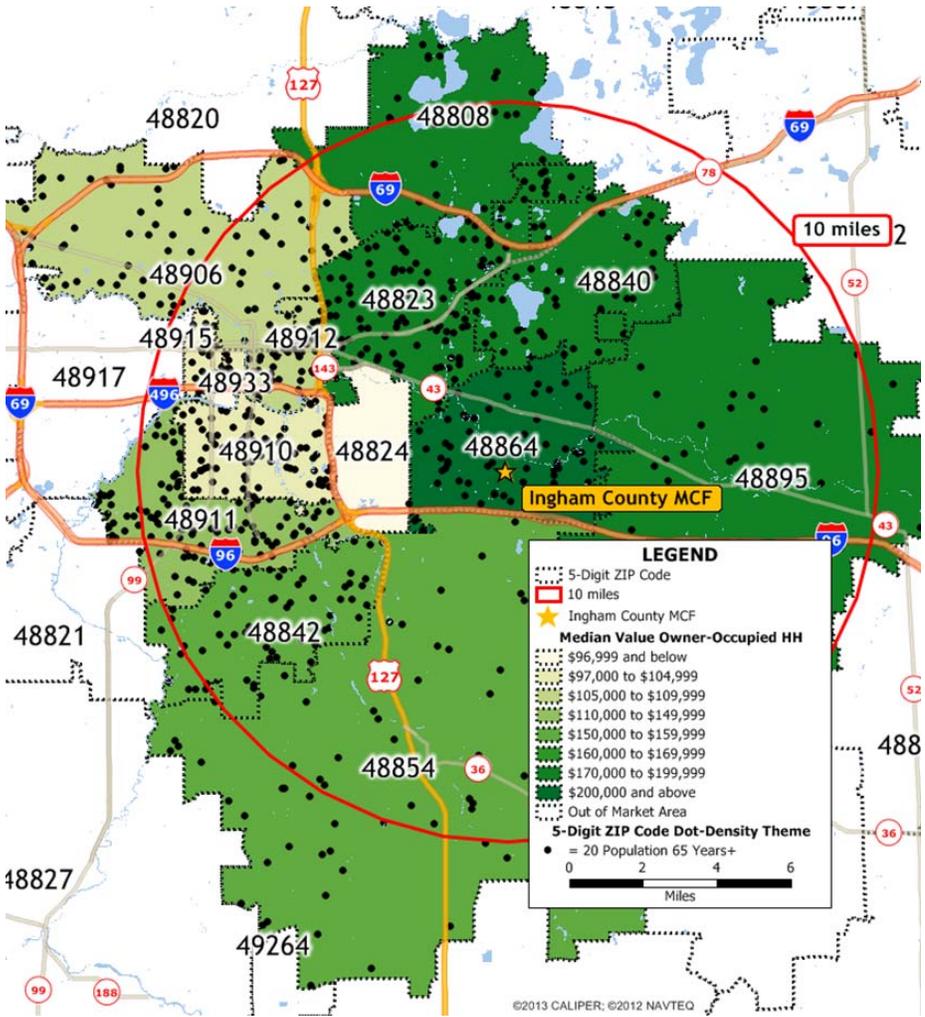
## Market Demographic Analysis

The Communities ICMCF Serves:



The defined market area (MA) is comprised of 14 zip codes which fall on or within a 10-mile ring of Ingham County MCF's campus. Market area zip codes make up 68% of memory care admissions from 2011 to 2013. The MA definition is based on historical resident origin.

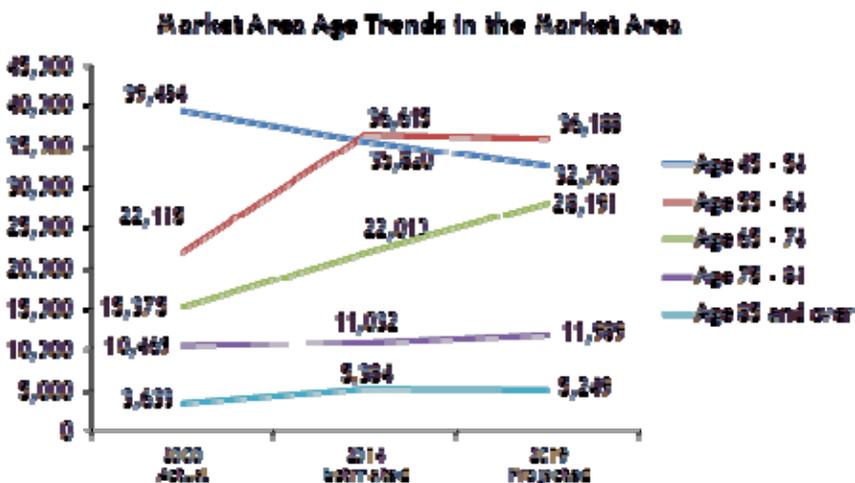
# Demographic Analysis Age 65+ and Median Home Values



Market Area	City	Population Aged 65+
48823	East Lansing	2,318
48911	Lansing	2,200
48910	Lansing	1,674
48906	Lansing	1,671
48854	Mason	1,476
48864	Okemos	1,321
48842	Holt	1,230

Zip Code	City	Median Value Owner HH
48864	Okemos	221,015
48823	East Lansing	185,578
48840	Haslett	182,335
48895	Williamston	177,608
48808	Bath	175,042
48854	Mason	156,692
48842	Holt	152,594

The top zip codes with seniors aged 65+ are 48823 (East Lansing), 48911 (Lansing), and 48910 (Lansing). Of these, only 48823 (East Lansing) is a top ranking zip code based on median home values, just behind 48864 (Okemos).



- The market area senior age group (age 65+) is projected to increase 18.22% for the MA from 2014 to 2019.
- Michigan is projected to increase 14.87% during the same time period.
- The market area senior age group (age 75+) is projected to increase by 5.01% for the MA from 2014 to 2019.
- Michigan is projected to increase 4.97% during the same time period.

Area Competitors

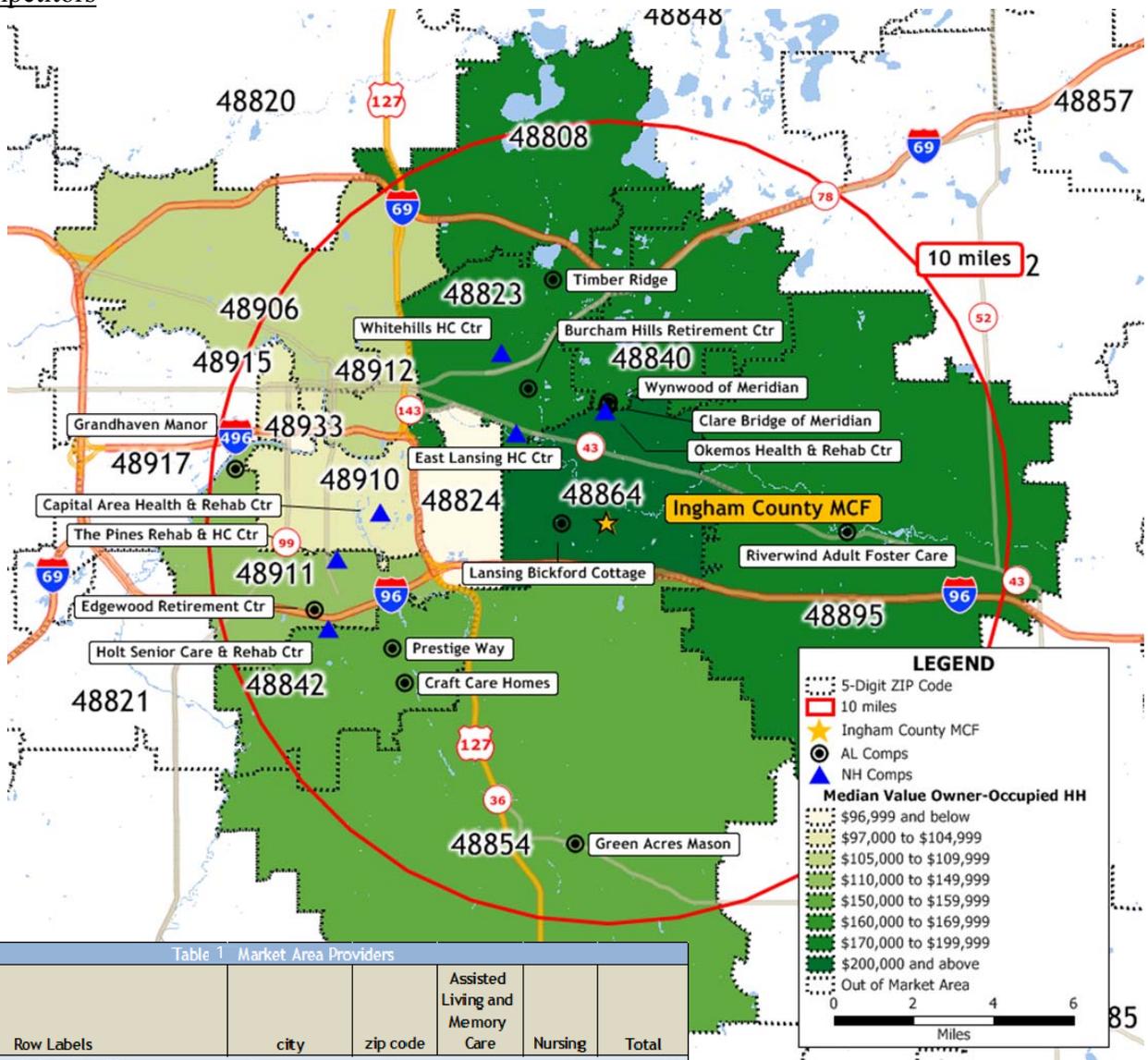


Table 1 Market Area Providers

Row Labels	city	zip code	Assisted Living and Memory Care	Nursing	Total
Ingham County Medical Care Facility	Okemos	48864	-	236	236
Burcham Hills Retirement Center	East Lansing	48823	293	133	426
Capital Area Health & Rehab Center	Lansing	48910	-	120	120
Clare Bridge of Meridian	Haslett	48840	36	-	36
Craft Care Homes	Holt	48842	20	-	20
East Lansing Health Care Center	East Lansing	48823	-	113	113
Edgewood Retirement Center	Lansing	48911	88	-	88
Grandhaven Manor	Lansing	48911	80	-	80
Green Acres Mason	Mason	48854	40	-	40
Holt Senior Care and Rehab Center, LLC	Holt	48842	-	104	104
Lansing Bickford Cottage	Okemos	48864	55	-	55
Okemos Health and Rehabilitation Center	Okemos	48864	-	100	100
Prestige Way	Holt	48842	40	-	40
Riverwind Adult Foster Care	Williamston	48895	20	-	20
The Pines Rehabilitation and Health Care Center	Lansing	48911	-	145	145
Timber Ridge Senior Assisted Living Facility	East Lansing	48823	60	-	60
Whitehills Health Care Center	East Lansing	48823	-	103	103
Wynwood of Meridian	Haslett	48840	72	-	72
<b>Total Existing Units</b>			<b>804</b>	<b>1,054</b>	<b>1,858</b>
<b>Future Developments:</b>					
Trilogy Health Services - Central Road	Okemos	48864	23	68	91
Trilogy Health Services - Coolidge Road	East Lansing	48823	71	68	139
<b>Total</b>			<b>94</b>	<b>136</b>	<b>230</b>
<b>Total Existing and Future Units</b>			<b>898</b>	<b>1,190</b>	<b>2,088</b>

Source: Michigan.gov, Medicare.gov, and internet searches

Penetration Rate: Market Area versus Michigan/National Benchmarks

Table 2 - 2013 Age-Qualified Penetration Rates	
	Nursing Home
Total Units in MA (A)	1,190
Occupancy % <sup>1</sup> (B)	81.2%
Total Occupied Units in MA (AxB=C)	966
2013 HH Aged 75+ (D)	9,665
Age Qualified Penetration Rate (C/D)	10.0%
<u>Benchmarks:</u>	
Detroit MSA <sup>2</sup>	8.9%
Grand Rapids MSA <sup>3</sup>	13.0%
National <sup>4</sup>	10.9%

<sup>1</sup> AL occupancy averages from 2013 NIC Map Wayne County and Grand Rapids market area.  
<sup>2</sup> NIC Map Detroit market area  
<sup>3</sup> NIC Map Grand Rapids market area  
<sup>4</sup> NIC Investment Guide 2012 (2011 data)

58 bed, private room, private bath rehab addition with a new therapy clinic

Bed Need:

- Overall ICMCF occupancy at 97% (November 2014).
- Preserve the position as the provider of choice for rehabilitative services.
- Changing Baby Boomer market demands private units with private showers.
- Defensive move to maintain current Medicare utilization rate.
- Rehab patients do not wish to co-mingle with long-term care residents.
- Separate entrance for rehab patients and their visitors, close proximity to rehab gym.
- Outpatient Therapy provides a strong marketing opportunity for greater community awareness.

Bed Potential in Market Area:

- The Michigan Department of Community Health has determined that Ingham County has a bed excess of 131 beds.
- Phase I rehab addition is not increasing overall bed count of the facility.
- Penetration rates are favorable in the market area, less than the Grand Rapids market service area (similar market density) and National bench marks.

Current Competition and Occupancy:

- 1,128 existing and 156 proposed skilled nursing beds in market area at an average of 86% occupancy (March 2014).

## 26 Additional Skilled Nursing Facility Memory Care Beds

Table 3 - Estimation of Memory Care Bed Potential within the Market Area				
Assuming National Prevalence Rates				
2014				
	65-74	75-84	85+	Total
Total Age Qualified Population	22,010	11,032	5,384	38,426
Alzheimer's Disease and Related Disorders Screen (1):				
Moderate Impairment			31.20%	
Severe Impairment	0.03%	5.60%	19.60%	
Subtotal Nursing Population with ADRD:				
Moderate Impairment	-	-	1,680	1,680
Severe Impairment	7	618	1,055	1,680
Subtotal Nursing Population with ADRD (2)	7	618	2,735	3,360
Living Alone (3)				46%
Likely to Move (4)				35%
Estimated Age and Need Qualified Population				541
Less: ALZ existing and future beds @ 99% occupancy (5)				239
<b>ALZ Nursing Home Bed Potential</b>				<b>302</b>
Assuming Arizona Prevalence Rates				
2014				
Percentage of Nursing Home Population with ADRD Moderate and Severe				28%
Number of Nursing Home Beds in MA				1,284
Estimated ALZ Nursing Home Beds				360
Less: ALZ existing and future beds @ 99% occupancy (5)				239
<b>ALZ Nursing Home Bed Potential</b>				<b>121</b>

### Bed Need:

- ICMCF runs a consistent wait list for memory care services.
- ICMCF uniquely positioned as a County facility, to serve memory care residents.
- Will help maintain the 51,000 Medicaid days.
- By constructing separated, freestanding memory care neighborhoods, operations can be more easily adapted to meet future regulatory & reimbursement environments.

### Bed Potential in Market Area:

- Results indicate an unmet memory care bed need of 302 memory care beds.
- Applying the State of Arizona' more restrictive managed care model rate of incidents results in an unmet need of 121 beds (adjusted for 99% occupancy).

### Current Competition and Occupancy:

- Three competitive nursing homes and three assisted livings provide memory care units for a total of 239 existing memory beds in the market area at 99% occupancy.

### New Entry Way and Offices

- Provide Curb Appeal - improved first impression provides an opportunity to market all the Facility services, offerings and amenities to visitors.
- Differentiate between Administrative/LTC and Rehab entrances.
- Improve Administrative service area.
- Allows for much needed additional office, storage and conference space.

## **Financial Considerations**

**Operating Margins.** Facility revenue will continue to be generated by per diem room rates paid by private payers, insurance companies, Managed Care Organizations, Medicare and Medicaid. Operating margins for ICMCF are conservatively projected to exceed 5%, with an annual net income of \$1,476,000 following the completion of Phase I of the Facility's expansion plan. The financial proforma demonstrates that this project would significantly improve ICMCF's balance sheet, provide additional cash and maintain the Facility's financial strength in terms of operating margins and profit. Please see Attachment #1 for a detailed financial proforma.

## **Construction and Renovation Cost Estimates.**

1. Phase I. The addition of a 52,241 square foot, 58 bed rehabilitation center consisting of: (1) private rooms and private bathrooms; (2) enhanced bariatric services; (3) a therapy gym; (4) an outpatient therapy clinic; (5) a therapeutic activities area; (6) fine dining/restaurant style services; (7) beauty shop/spa; (8) additional office space; (9) storage space; (10) a community meeting room; and (11) an additional driveway and parking lot.	\$15,798,046
2. Phase II. Increasing the number of long-term care beds by 26, going from 178 beds to 204 beds (increasing the Facility's total capacity from 236 beds to 262 beds) and renovating the long-term care portion of the Facility to meet the senior populations' growing expectations for person-centered care, including the transformation of 32 semi-private rooms into a 32 private rooms with private bathrooms.	\$1,891,106
3. Phase III. The addition of a 4,883 square foot front entrance and office space.	<u>\$2,096,825</u>
	Total: <u>\$19,785,977</u>

**Sources of Funds.** As with any significant expansion and renovation project, capital costs must be secured until the Facility reestablishes positive cash flow, which is expected to occur in the fifth month following the completion of the project. The proforma projects needed funding to be approximately \$15,798,046 for Phase I of the Facility's plans; this amount includes capital costs for Facility expansion, furniture, equipment, information technology and sufficient cash to cover operational expenses. Funding for the project would be secured by means of ICMCF's cash reserves, cash generated from ICMCF's ongoing operations, and through a \$6,000,000 bond secured through Ingham County. ICMCF would provide approximately \$9,798,046 of the needed \$15,798,046 funding. The bond is projected to be repaid during ICMCF's 2026 fiscal year; it would enable ICMCF to maintain cash balances in excess of \$10,000,000 to cover all restricted cash requirements and to maintain 100 days of cash-on-hand. No alternate funding arrangements have been incorporated into the proforma to offset the required capital and cash needs. Obtaining a line of credit through Ingham County (versus securing a bond) would allow the Facility to avoid approximately \$950,000 in interest expense. ICMCF's cash balance as of November 30, 2014 totals: \$19,719,065.

### **Timelines**

The first phase of the Facility's expansion and renovation project will take approximately two years to complete.

1. Phase I approval will be sought from the Ingham County Department of Human Services Board. January 22, 2015.
2. The "Proposal to Expand and Renovate Ingham County Medical Care Facility" to be discussed with the Ingham County Board of Commissioners' Human Services Committee. January 26, 2015.
3. The "Proposal to Expand and Renovate Ingham County Medical Care Facility" and bond request to be discussed with the Ingham County Board of Commissioners' Finance Committee. February 4, 2015.
4. Phase I resolution approval will be sought from the Ingham County Board of Commissioners' Human Services Committee. February 23, 2015.
5. Phase I expansion and bond resolutions' approvals will be sought from the Ingham County Board of Commissioners' Finance Committee. March 4, 2015.
6. Phase I expansion and bond resolutions' approvals will be sought from Ingham County's Board of Commissioners. March 10, 2015.
7. Secure Ingham County bond. May, 2015.
8. Obtain Certificates of Need. July, 2015.
9. Complete design and construction documents. September, 2015.
10. Break ground. October, 2015.
11. Construction completed. December, 2016.

### **Floor Plans**

Please see Attachment #2: concept site plan and rehabilitation center rendering.

### **Recommendation**

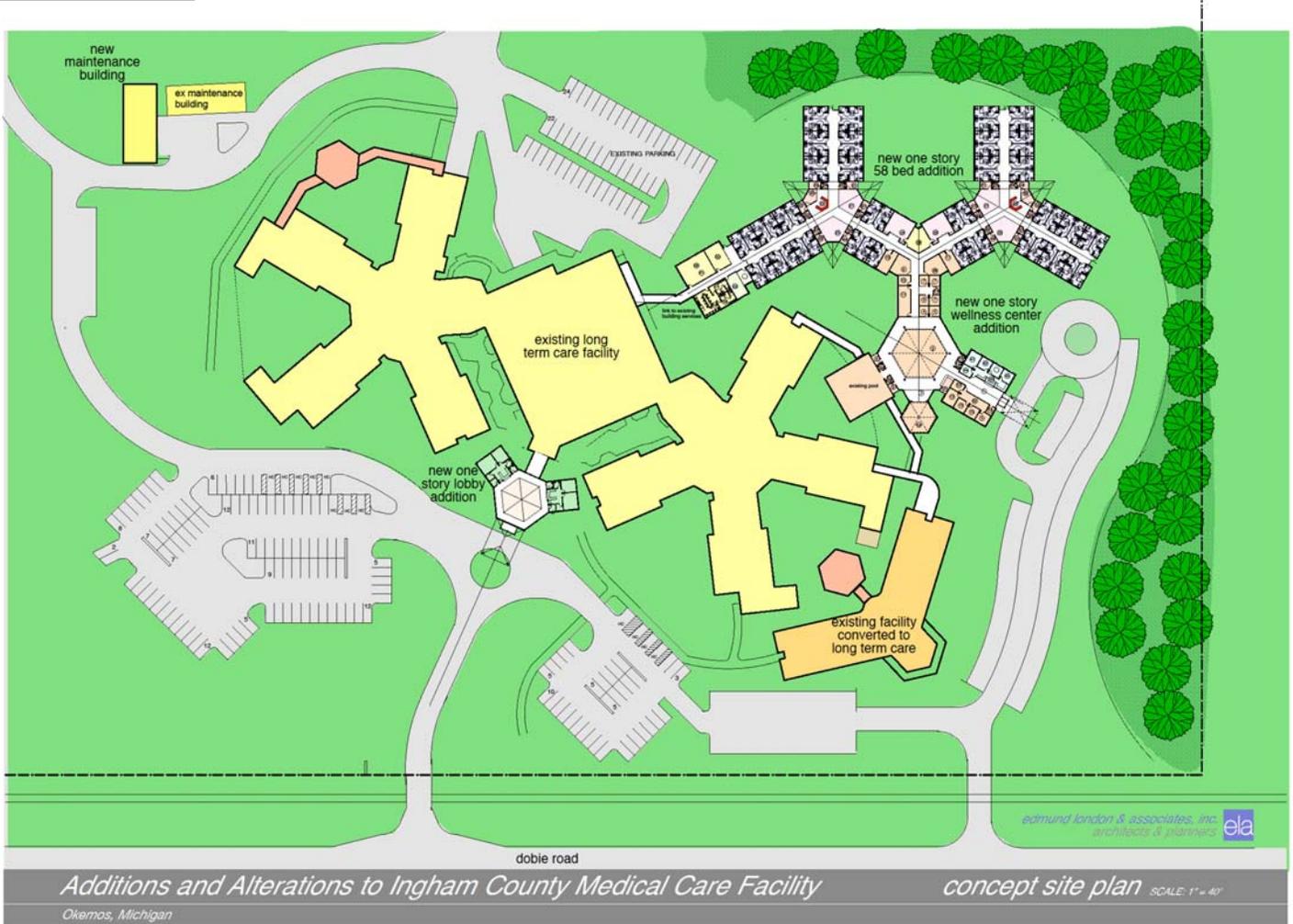
It is recommended that the Ingham County Human Services Committee and the Ingham County Finance Committee direct the Ingham County Medical Care Facility's administrator to develop a resolution for consideration that would authorize the Facility to proceed with Phase I of the Facility's expansion and renovation plans.

## ATTACHMENT #1

PRO FORMA & CASH FLOW ANALYSIS FOR PHASE I (58 BED REHAB ADDITION)							
	2014	2015	2016	2017	2018	2019	2020
<b>Census Days:</b>							
Medicare Part A	16,416	13,771	13,771	17,700	17,700	17,700	17,700
Medicaid	54,962	56,536	56,536	52,607	52,607	52,607	52,607
Private	8,573	12,120	12,120	12,120	12,120	12,120	12,120
Commercial	653	500	500	500	500	500	500
<b>Total Census Days</b>	<b>80,604</b>	<b>82,927</b>	<b>82,927</b>	<b>82,927</b>	<b>82,927</b>	<b>82,927</b>	<b>82,927</b>
<b>Rates/Expenses Per Day:</b>							
Medicare Part A	\$ 471.77	\$ 490.00	\$ 499.80	\$ 509.80	\$ 519.99	\$ 530.39	\$ 541.00
Medicaid	240.00	247.58	252.53	242.58	247.43	252.38	257.43
Private	245.00	260.00	265.20	270.50	275.91	281.43	287.06
Commercial	532.00	585.00	596.70	608.63	620.81	633.22	645.89
<b>Expenses</b>	<b>\$ 297.17</b>	<b>\$ 306.52</b>	<b>\$ 313.72</b>	<b>\$ 326.92</b>	<b>\$ 333.23</b>	<b>\$ 339.66</b>	<b>\$ 346.22</b>
<b>Financial Statement:</b>							
Medicare Part A	\$ 7,744,632	\$ 6,747,790	\$ 6,882,746	\$ 9,023,389	\$ 9,203,857	\$ 9,387,934	\$ 9,575,693
Medicare Part B	160,435	302,200	308,244	314,409	320,697	327,111	333,653
Medicaid	13,306,471	13,997,183	14,277,127	12,761,523	13,016,754	13,277,089	13,542,631
Private	2,111,020	3,151,200	3,214,224	3,278,508	3,344,079	3,410,960	3,479,179
Commercial	347,395	292,500	298,350	304,317	310,403	316,611	322,944
PACE	-	-	-	83,885	172,021	329,503	337,068
QAS & Miscellaneous	2,494,416	2,583,764	2,635,439	2,688,148	2,741,911	2,796,749	2,852,684
<b>Total Revenue</b>	<b>\$26,164,369</b>	<b>\$27,074,637</b>	<b>\$27,616,130</b>	<b>\$28,454,180</b>	<b>\$29,109,722</b>	<b>\$29,845,958</b>	<b>\$30,443,852</b>
<b>Total Expenses (including interest exp.)</b>	<b>23,953,064</b>	<b>25,418,785</b>	<b>26,016,161</b>	<b>27,110,704</b>	<b>27,633,618</b>	<b>28,167,310</b>	<b>28,710,996</b>
<b>Net Margin</b>	<b>\$ 2,211,305</b>	<b>\$ 1,655,852</b>	<b>\$ 1,599,969</b>	<b>\$ 1,343,476</b>	<b>\$ 1,476,104</b>	<b>\$ 1,678,648</b>	<b>\$ 1,732,856</b>
<b>Net Margin %</b>	<b>8.5%</b>	<b>6.1%</b>	<b>5.8%</b>	<b>4.7%</b>	<b>5.1%</b>	<b>5.6%</b>	<b>5.7%</b>
<b>Cash Flow Analysis:</b>							
Beginning Cash Available - Unrestricted	\$ 8,516,341	\$ 8,700,616	\$ 8,666,177	\$ 5,042,587	\$ 2,705,867	\$ 3,630,972	\$ 4,742,619
Financing (Note/Bond/Line of Credit)	-	-	6,000,000	-	-	-	-
Net Margin	184,275	1,655,852	1,599,969	1,343,476	1,476,104	1,678,648	1,732,856
Phase I Construction Costs	-	(1,690,291)	(10,962,559)	(3,145,196)	-	-	-
Debt Service	-	-	(261,000)	(535,000)	(551,000)	(567,000)	(584,000)
<b>Ending Cash Available - Unrestricted</b>	<b>\$ 8,700,616</b>	<b>\$ 8,666,177</b>	<b>\$ 5,042,587</b>	<b>\$ 2,705,867</b>	<b>\$ 3,630,972</b>	<b>\$ 4,742,619</b>	<b>\$ 5,891,475</b>
Beginning Cash Available - Restricted (100 days cash on hand/Workers Comp/OPEB)	\$ 10,908,449	\$ 11,018,449	\$ 11,130,649	\$ 11,245,093	\$ 11,361,826	\$ 11,480,893	\$ 11,602,342
Monthly Transfers	110,000	112,200	114,444	116,733	119,068	121,449	123,878
<b>Ending Cash Available - Restricted</b>	<b>\$ 11,018,449</b>	<b>\$ 11,130,649</b>	<b>\$ 11,245,093</b>	<b>\$ 11,361,826</b>	<b>\$ 11,480,893</b>	<b>\$ 11,602,342</b>	<b>\$ 11,726,220</b>
<b>Grand Total of Cash Available (Unrestricted and Restricted)</b>	<b>\$ 19,719,065</b>	<b>\$ 19,796,826</b>	<b>\$ 16,287,680</b>	<b>\$ 14,067,693</b>	<b>\$ 15,111,865</b>	<b>\$ 16,344,962</b>	<b>\$ 17,617,695</b>
<b>Assumptions:</b>							
1) Fiscal Year 2014: figures are based on actual as of 10/31/14 and projected for 12 months.							
2) Fiscal Year 2015: figures are based on the approved 2015 budget.							
3) Fiscal Years 2016-2020: figures are based a 2% increase in rates and total expenses.							
4) Fiscal Years 2017-2020: census numbers are based on the historical payer mix due to the construction of the new 58 bed rehab unit.							
5) The Medicaid rate in 2017 is decreased by \$20/day for the loss of the MERS funding and increased by \$5/day for the Plant Cost Component of the new rehab unit.							
6) The PACE revenue figures result from the pro forma prepared by Volunteers of America.							
7) Total Expenses in 2017 are increased for 26.1 FTE's.							
8) Beginning Cash Available balance in 2014 is based on the 11/30/14 Balance Sheet.							

ATTACHMENT #2

**Concept Site Plan**



**Rehabilitation Center Rendering**



*edmund london & associates, inc.*  
architects & planners

**ADDITION & ALTERATIONS**  
OF  
MEDICAL CARE FACILITY & REHABILITATION  
SERVICES OF INGHAM COUNTY  
OKEMOS, MICHIGAN

MEMORANDUM

To: Human Services Committee  
Finance Committee

From: Linda S. Vail, MPA, Health Officer

Date: December 29th, 2015

Subject: **Recommendation to Enter into a Michigan Agriculture Environmental Assurance Program (MAEAP) Clean Sweep Program Agreement with the Michigan Department of Agriculture and Rural Development (MDARD)**

Attached is a recommendation to enter into a MAEAP Clean Sweep Program Agreement with MDARD to allow the Ingham County Health Department to continue to collect pesticides from any end-user of pesticides that resides in the state of Michigan. The terms of the agreement shall be from October 1, 2014 through September 30, 2015. MDARD has agreed to pay Ingham County up to \$12,000 for the disposal of pesticides received through the Ingham County Household Hazardous Waste Program (HHW).

I recommend that the Board of Commissioners adopt the attached resolution and authorize an agreement with the Michigan Department of Agriculture and Rural Development for the period of October 1, 2014 through September 30, 2015.

cc: Rod McNeill w/attachment  
Eric Thelen, w/ attachment

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO ENTER INTO A MICHIGAN AGRICULTURE  
ENVIRONMENTAL ASSURANCE PROGRAM (MAEAP) CLEAN SWEEP PROGRAM  
AGREEMENT WITH THE MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL  
DEVELOPMENT (MDARD)**

WHEREAS, Ingham County Health Department has operated a Household Hazardous Waste Collection Program since 1985; and

WHEREAS, the Health Department has had a MAEAP Clean Sweep Program Agreement with the Michigan Department of Agriculture and Rural Development since 2001; and

WHEREAS, each year the Agreement has allowed the Health Department to be reimbursed for costs associated with the collection, transportation and disposal of pesticides; and

WHEREAS, the Michigan Department of Agriculture and Rural Development has proposed to enter into a new agreement with the Health Department; and

WHEREAS, the Michigan Department of Agriculture and Rural Development shall pay the Health Department up to \$12,000 for costs associated with the collection, transportation and disposal of pesticides; and

WHEREAS, the term of the Agreement shall be October 1, 2014 through September 30, 2015; and

WHEREAS, the Health Department anticipates a continuation of these services and funds in its 2015 budget; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize a MAEAP Clean Sweep Program Agreement with the Michigan Department of Agriculture and Rural Development.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an Agreement with the Michigan Department of Agriculture and Rural Development.

BE IT FURTHER RESOLVED, that the Michigan Department of Agriculture and Rural Development shall reimburse the Health Department up to \$12,000 for costs associated with the collection, transportation and disposal of pesticides.

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

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

## MEMORANDUM

To: Human Services Committee  
Finance Committee

From: Linda S. Vail, MPA, Health Officer

Date: January 5th, 2015

Subject: **Resolution to Accept Fiscal Year 2015 Health Center Quality Improvement Funds**

Attached is a resolution to authorize the Health Department to accept a Fiscal Year 2015 Health Center Quality Improvement supplemental award of \$13,249 from the U.S. Department of Health and Human Services Health Resources and Services Administration.

The purpose of the Fiscal Year 2015 Health Center Quality Improvement Funds one-time grant supplement is to: (1) recognize health centers that display high levels of quality performance in Calendar Year 2013 Uniform Data System reporting and/or significantly improved quality of care from 2012 to 2013; and (2) provide support to health centers to continue to strengthen quality improvement activities.

These supplemental funds are to be used during the period of December 1, 2014 through November 30, 2015 to support quality improvement activities and in accordance with the terms specified in the Notice of Grant Award.

I recommend that the Ingham County Board of Commissioners authorize the acceptance of this Health Center Quality Improvement supplemental award.

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 ACCEPT FISCAL YEAR 2015  
HEALTH CENTER QUALITY IMPROVEMENT FUNDS**

WHEREAS, the Health Department's Community Health Centers receive Health Center Program funds through the U.S. Department of Health and Human Services Health Resources and Services; and

WHEREAS, the Health Department uses this federal assistance to support primary care, dental, mental health, substance abuse, and supportive services for Ingham County's low-income, uninsured and medically underserved through the Ingham Community Health Centers; and

WHEREAS, the Health Department has received a Notice of Award for a Fiscal Year (FY) 2015 Health Center Quality Improvement (QI) Fund one-time grant supplement of \$13,249; and

WHEREAS, the purpose of the FY 2015 Health Center QI Fund one-time grant supplement is to:

1. Recognize Health Centers that displayed high levels of quality performance in Calendar Year 2013 Uniform Data System reporting, and/or significantly improved quality of care from 2012 to 2013; and
2. Provide support for those health centers to continue to strengthen quality improvement activities.

WHEREAS, these funds must be used during the period of December 1, 2014 through November 30, 2015 to support Quality Improvement activities in accordance with the terms of the Notice of Award; and

WHEREAS, the Ingham Community Health Center Board has reviewed and supports the acceptance of this one-time supplemental fund award and supports any budget adjustments necessary as part of acceptance of these funds; and

WHEREAS, the Health Officer supports the acceptance of this one-time supplemental fund award and supports any budget adjustments necessary as part of acceptance of these funds.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes the Health Department to accept the Fiscal Year (FY) 2015 Health Center Quality Improvement (QI) Fund one-time grant supplement of \$13,249 from the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

BE IT FURTHER RESOLVED, that these funds be used for the period of December 1, 2014 through November 30, 2015 to support Quality Improvement activities in accordance with the terms of the Notice of Award from HRSA.

BE IT FURTHER RESOLVED, that the Ingham County Controller is authorized to make budget adjustments as necessary as part of acceptance of this one-time supplemental award.

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 Committee  
 County Services Committee  
 Finance Committee

From: Linda S. Vail, MPA, Health Officer

Date: January 13, 2015

Subject: **Resolution to authorize the conversion of Community Health Representative IV position to a Community Health Representative II**

This is a resolution to authorize the conversion of the vacant position #601177, Community Health Representative IV (UAW F), to a Community Health Representative II (UAW D).

This conversion better meets the operational needs of the Ingham Community Health Centers. The Budget Office has confirmed a projected cost savings of \$6,019 with this realignment. A Memo of Analysis from the Human Resources is attached, which acknowledges Human Resources' participation, analysis and approval of this proposed position conversion. Support for this conversion has also been received from the UAW Chair.

I recommend that the Ingham County Board of Commissioners authorize this resolution to convert vacant Position #601177, Community Health Representative IV (UAW F) to a Community Health Representative II (UAW D).

2015 Personnel Cost Projection				2015 Personnel Cost Projection			
Comm Hlth Rep IV				Comm Hlth Rep II			
		UAWF				UAWD	
		step 1	step 5			step 1	step 5
704000	Salary	\$35,404	\$42,191	704000	Salary	\$31,448	\$37,438
720000	Longevity	0	0	720000	Longevity	0	0
	<b>Wages</b>	<b>\$35,404</b>	<b>\$42,191</b>		<b>Wages</b>	<b>\$31,448</b>	<b>\$37,438</b>
715000	FICA&med	2,708	3,228	715000	FICA&med	2,406	2,864
716020	Hlth & Surchrg	14,863	14,863	716020	Hlth & Surchrg	14,863	14,863
716100	Dental	885	885	716100	Dental	885	885
716200	Vision	119	119	716200	Vision	119	119
717000	Life Insurance	95	95	717000	Life Insurance	95	95
714000	Unemployment	177	211	714000	Unemployment	157	187
717000	Disability	91	108	717000	Disability	81	96
718000	Retirement	5,056	6,025	718000	Retirement	4,491	5,346
722000	Workers Comp	106	127	722000	Workers Comp	94	112
722600	CARES	33	33	722600	CARES	33	33
716040	Health Ins Trust	1,292	1,540	716040	Health Ins Trust	1,148	1,366
	<b>Total</b>	<b>\$60,829</b>	<b>\$69,424</b>		<b>Total</b>	<b>\$55,820</b>	<b>\$63,405</b>
					<b>Difference</b>	<b>(\$5,009)</b>	<b>(\$6,019)</b>

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

TO: Barb Mastin, DHO, CHC  
FROM: Beth Bliesener, Employment Specialist  
DATE: 11-26-2014  
RE: Memo of Analysis for Position conversion

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HR can confirm the following information:

1. Position number 601177 a Community Health Rep IV is vacant.
2. The Health Department will convert the vacant position 601177 to a Community Health Rep II.
3. A Community Health Rep II is compensated at a UAW D salary range (\$31,448 - \$37,438)
4. You have received support from the UAW chair to convert the vacant position.

Please use this memo as acknowledgement of Human Resources' participation and analysis of your reorganization proposal. You are now ready to complete the final step in the reorganization process: contact Budgeting, write a memo of explanation and prepare a resolution.

If I can be of further assistance, please email or call me (887-4375).

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

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE THE CONVERSION OF VACANT COMMUNITY HEALTH REPRESENTATIVE IV POSITION TO A COMMUNITY HEALTH REPRESENTATIVE II**

WHEREAS, Position #601177, a Community Health Representative (CHR) IV for the Ingham Community Health Centers is currently vacant; and

WHEREAS, a CHR II would better meet the operational needs of the Ingham Community Health Centers; and

WHEREAS, the Health Department wishes to convert the vacant CHR IV (UAW F) position to a CHR II (UAW D); and

WHEREAS, Human Resources has participated in and analyzed the proposed position conversion; and

WHEREAS, the UAW supports the conversion of the CHR IV position to a CHR II position; and

WHEREAS, the Budget Office confirms a projected cost savings of \$6,019 through the conversion of the CHR IV position to a CHR II; and

WHEREAS, the Ingham Community Health Center Board has reviewed and supports the conversion of the CHR IV position to a CHR II; and

WHEREAS, the Health Officer recommends that the Board authorize the conversion of the CHR IV position to a CHR II.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes that the vacant position 601177, CHR IV (UAW F) be converted to a CHR II (UAW D).

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

**MEMORANDUM**

To: Human Services Committee

From: Linda S. Vail, MPA, Health Officer

Date: January 5, 2015

Subject: **Resolution to name the building located at 2316 S. Cedar Street, Lansing, Michigan.**

Attached is a resolution to name the building located at 2316 S. Cedar Street, Lansing, Michigan, XXXXX Community Health Center.

Ingham County purchased the building at 2316 S. Cedar Street, Lansing, Michigan, in December, 2013, for the purpose of housing a community health center facility. The Ingham County Board of Commissioners' Human Services Committee Members and the Board of Directors for the Community Health Center Board met on December 18, 2014 to discuss naming the building.

The name recommended for the building at 2316 S. Cedar Street, Lansing, Michigan is XXXXX Community Health Center.

The Community Health Center Board of Directors supports the name of XXXXX Community Health Center. Therefore, I recommend that the Ingham County Board of Commissioners approves naming the building XXXXX Community Health Center.

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

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO NAME THE BUILDING LOCATED AT 2316 S. CEDAR STREET, LANSING**

WHEREAS, Ingham County purchased the building at 2316 S. Cedar Street, Lansing, Michigan, in December, 2013 for the purpose of housing a community health center facility; and

WHEREAS, the Ingham County Board of Commissioners' Human Services Committee members and the Board of Directors for the Community Health Center Board met on December 18, 2014 to discuss naming the building; and

WHEREAS, the name recommended for the building at 2316 S. Cedar Street, Lansing, Michigan is XXXXX Community Health Center; and

WHEREAS, the Community Health Center Board of Directors supports the name of XXXXX Community Health Center; and

WHEREAS, the Health Officer recommends that the Ingham County Board of Commissioners approve naming the building XXXXX Community Health Center.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners approves the name of the building located at 2316 S. Cedar Street, Lansing, Michigan, as XXXXX Community Health Center effective the date of the passage of this resolution.

**MEMORANDUM**

TO: Human Services Committee  
FROM: Linda S. Vail, MPA, Health Officer  
DATE: January 13, 2015  
RE: Discussion Regarding Lead Senior Accountant Job Description Update

The Health Department requests that the job description for position #601035, Lead Senior Accountant, be updated.

The previous Lead Senior Accountant, Eric Thelen, had been serving as Interim Chief Financial Officer (CFO) since that position became vacant in August. Following an interview process for the CFO, Mr. Thelen was chosen for the position and has been moved into the permanent position effective 12/27/2014, resulting in a vacancy in the Lead Senior Accountant position.

In reviewing the job description for the Lead Senior Accountant prior to posting, it was noted that a number of duties and accountabilities had changed requiring the job description to be updated. The updates do not result in a classification change but were important to accurately reflect the scope and duties of the position.

A Memo of Analysis from Human Resources is attached acknowledging their participation, analysis and approval of the changes to this job description. The appropriate Union representatives have been notified and their support is anticipated prior to the January 27 meeting of the Human Services Committee.

c: Eric Thelen, w/attachment

**Agenda Item 2e**

TO: Linda Vail, Health Officer  
FROM: Beth Bliesener, Employment Specialist  
DATE: 1-7-15  
RE: Memo of Analysis for updating job description: Lead Senior Accountant – Health Department.

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Position number 601035 is currently vacant. Human Resources has updated the job description for position number 601035, Lead Senior Accountant – Health Department, to accurately describe the functions the position will be performing. The changes made to the job description do not change the salary. The position will still be compensated at an ICEA County Pro 09.

I have sent the ICEA PRO chair notice regarding the updated job description and anticipate their support will follow shortly.

Please use this memo as acknowledgement of Human Resources' participation. You are now ready to complete the final step in the process: contact Budgeting, write a memo of explanation and prepare a resolution for Board approval.

If I can be of further assistance, please email or call me (887-4375).

**DRAFT**

**INGHAM COUNTY JOB DESCRIPTION  
LEAD SENIOR ACCOUNTANT – HEALTH DEPARTMENT**

**General Summary:**

Under the supervision of the Chief Financial Officer – Health, supervises and coordinates the daily operations of the Accounting Department of the Health Department. Responsibilities include assigning and monitoring tasks that ensure the efficient operations of the Unit. Responsible for compliance with federal, state, local and internal regulations, policies and procedures. Responsible for reviewing and approving time card edit reports and payments to vendors. Responsible for maintaining and reviewing the Health Department's general ledger, process and post journal entries and prepares reports and billings for federal, state and local governments and other funding sources. Research, analyze and enter budget information in the County's financial system.

**Essential Functions:**

1. Responsible for the supervision and coordination of the daily operation of the Accounting Department. This includes assigning and monitoring tasks for the following accounting functions: payroll, accounts payable, accounts receivable, general ledger and purchasing. Supervision of staff includes, but is not limited to, personnel issues, coordination of workflow, and reviewing output for accuracy.
2. Reviews and revises financial records and accounting systems to ensure compliance with federal, state and local regulations, policies, and procedures. Reviews and develops finance, accounting and auditing processes. Maintains internal controls and safeguards.
3. Responsible for reviewing and approving time card edit reports. Review and approve payments to vendors. Review and post journal entries.
4. Prepares monthly, quarterly and yearly financial statements for various funding sources. This includes highlighting potential problems and making appropriate suggestions to rectify problems.
5. Prepares, analyzes and distributes internal management reports for the Health Department and external sources. Completes various project using the County mainframe financial services software and spreadsheet software when appropriate.
6. Reviews and analyzes general ledger and subsidiary account detail and prepare journal entries when necessary.
7. Completes various projects as requested by Health Department personnel such as preparing cost projections, personnel cost analysis, assistance and/or completion of external reports and requests.
8. Completes the monthly position allocation list which shows all positions with project designation and distribution. Notifies appropriate County staff to make position allocations when necessary.
9. Participates in the interviewing and selection of employees and performs personnel management functions including training, assigning functions, reviewing and evaluating performance, and addressing employee relations issues.

10. Assists in the annual budget process and assist in the preparation of the annual County audit.

**Other Functions:**

- Performs other duties as assigned.
- Must adhere to departmental standards in regard to HIPAA and other privacy issues.
- During a public health emergency, the employee may be required to perform duties similar to, but not limited, to those in his/her job description.

*(An employee in this position may be called upon to do any or all of the above tasks. These examples do not include all of the tasks which the employee may be expected to perform.)*

**Employment Qualifications:**

**Education:** A minimum of a Bachelor's Degree in Accounting or Business with a major in Accounting is required.

**Experience:** A minimum of 3 years of professional fund or governmental accounting or auditing experience is required.

**Other Requirements:**

*(The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria)*

**Working Conditions:**

1. This position works in an indoor environment. There is no planned exposure to prominent lights, noises, odors, temperatures or weather conditions.
2. This position is required to travel for meetings and appointments. Some appointments may be held at personal residences where levels of cleanliness and safety vary.

**Physical Requirements:**

- This position requires the ability to sit, stand, walk, climb, balance, twist, bend, stoop/crouch, squat, kneel, crawl, lift, carry, push, pull, reach, grasp, handle, pinch, type, endure repetitive movements of the wrists, hands or fingers.
- This position's physical requirements require periodic stamina in waling, climbing, balancing, twisting, bending, squatting, kneeling, lifting, carrying, pushing, pulling, and reaching.
- This position's physical requirements require continuous stamina in sitting, typing and enduring repetitive movements of the wrists, hands or fingers.
- This position performs medium work requiring the ability to exert between 20-50 pounds of force in the physical requirements above.
- This position primarily requires close visual acuity to perform tasks within arm's reach such as: viewing a computer screen, using measurement devices, inspecting and assembling parts, etc.
- This position requires the ability to communicate and respond to inquiries both in person and over the phone.

- This position requires the ability to operate a PC/laptop and to enter & retrieve information from a computer.
- This position requires the ability to handle varying and often high levels of stress.

*(This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the requirements listed above. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements.)*

***ICEA County Pro 09  
January 2015***

**MEMORANDUM**

TO: Human Services Committee

FROM: Linda S. Vail, Health Officer

DATE: January 8, 2015

RE: Discussion regarding updating the job description and reclassification for the Power of We Coordinator

The Health Department requests that the job description for position #601366, Power of We Coordinator, be updated. The previous Power of We Coordinator, Isa Solis, has accepted another position within the Health Department effective 12/29/2014, resulting in a vacancy in the Power of We Coordinator position.

In reviewing the job description for the Power of We Coordinator prior to posting, it was noted that the scope and duties of the position were not accurately represented. The education and experience requirements did not align with those of similar positions within the department. The previous requirements were a Bachelor's Degree and two years of related experience. The new education and experience requirements are a Bachelor's Degree and three to five years of public health or human services experience or a Master's Degree and one year of public health or human services experience.

A Memo of Analysis from Human Resources is attached acknowledging their participation, analysis and approval of the changes to this job description. These changes resulted in the reclassification of the Power of We Coordinator position from an ICEA Pro 7 to an ICEA Pro 8. The position will be compensated at an ICEA Pro 8 salary range (\$53,827 - \$64,618). The Personnel Cost Projection indicates the change will result in an increase of \$14,462.

The appropriate ICEA Professionals representatives have been notified and support the reclassification and salary placement.

cc: Eric Thelen w/attachment  
Joel Murr w/attachment

**Joel Murr Request 1/08/15**

	<b>Current</b>	<b>Proposed</b>	
	<b>vacant -</b>		
	<b>Position #</b>	<b>Position #</b>	
	<b>601366</b>	<b>601366</b>	
	<b>Power of We</b>	<b>Power of We</b>	
	<b>Coord.</b>	<b>Coord.</b>	
	<b>ICEA - Prof</b>	<b>ICEA - Prof</b>	<b>Difference</b>
	<b>Grade 7 Step 5</b>	<b>Grade 8 Step 5</b>	<b>Increase/</b>
	<b>1.0 FTE</b>	<b>1.0 FTE</b>	<b>(Decrease)</b>
Salary	60,724	66,233	5,509
Unemployment	304	331	28
Fica	4,645	5,067	421
Retirement	8,003	8,730	726
Health Insurance	6,031	13,720	7,689
Retiree Health Surcharge Chargeback	2,766	2,766	0
Health Insurance Trust	2,216	2,418	201
Dental	886	886	0
Vision	119	119	(0)
Workers Comp	182	199	17
Life Insurance	101	101	0
Disability	115	126	10
CARES	33	33	-
Liability Insurance	455	497	41
<b>TOTAL</b>	<b>86,582</b>	<b>101,224</b>	<b>14,642</b>

**Notes:**

Salary projection is at step 5

Health insurance projection is based on two (2) person coverage

Retirement cost projection is based on the assumption that benefit currently utilized will remain the same

TO: Joel Murr, Assistant Deputy Health Officer  
FROM: Joan Clous, Human Resources Specialist  
DATE: 1/6/2015  
RE: Support for Reclassification: Power of We Coordinator

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Per your request, Human Resources has reviewed the classification titled Power of We Coordinator. The position's primary responsibility is to oversee the Power of We Consortium and its relationships.

After analysis, the reclassification has a community of interest with the ICEA and is appropriately compensated at an ICEA salary range (\$55,172.68 - \$66,233.45). The ICEA has been notified. They support the reclassification and salary placement.

Please use this memo as acknowledgement of Human Resources' participation and analysis of your proposed classification. You are now ready to complete the final step in the process: contact Budgeting, write a memo of explanation and prepare a resolution for Board approval.

If I can be of further assistance, please email or call me 887-4374.

## **DRAFT**

### **INGHAM COUNTY JOB DESCRIPTION POWER OF WE COORDINATOR, HEALTH DEPARTMENT**

#### **General Summary:**

Under the general direction of the Assistant Deputy Health Officer, oversees the relationships and activities of the Power of We Consortium (PWC). Fosters increased collaboration with community and neighborhood groups to improve community well-being. Develops and implements the PWC work plan. Represents the PWC as a liaison to community and neighborhood groups. Assists in coordinating and expanding resources with state and federal foundations. Promotes the PWC concepts of equity and sustainability to reach its goals and advance the work of the consortium's Common Agenda.

#### **Essential Functions:**

1. Plans and implements monthly PWC meetings to inform and encourage dialogue on issues significant to improving community well-being as well as updating members on progress made in actions related to the PWC's Common Agenda.
2. Oversees the work of various PWC committees. Provides strategic guidance in conjunction with committee chairs and members. Coordinates speakers and manages meeting logistics. Oversees the implementation of committee decisions.
3. Coordinates the Capacity Building Program for direct support to nonprofit organizations. Develops and implements monthly workshop for Capital Area nonprofits.
4. Develops evidence-based programs, strategies, and activities designed to improve community collaboration. Provides resources and information to support community initiatives. Convenes community stakeholders around issues and needs. Cultivates community relationships with units of government, neighborhoods, community foundations, faith based organizations, community agencies and area businesses.
5. Engages community partners such as hospitals, churches, schools, businesses, neighborhood associations, and units of government in a continuous dialogue to promote the PWC concepts of equity and sustainability to advance the work of the consortium's Common Agenda.
6. Utilizes technology to assure effective communication with and among PWC members and the community. Creates e-bulletins and provides updates to the PWC website and Facebook page.
7. Oversees the PWC AmeriCorp State and VISTA programs and administers the associated grants. Participates in the hiring of program coordinators. Responsible for employee training, performance evaluation and discipline.
8. Develops and manages the Community Indicators Project. Utilizes data and analytical resources from various agencies, universities and consultants to produce reports on the well-being of the community.
9. Assures financial sustainability for the ongoing work of PWC. Prepares grant proposals designed to support the implementation of community collaboration strategies. Responsible for grant writing, analysis and compliance. Prepares reports as required by grant funding agencies on grant activities completed and planned.

10. Works with funders, County attorneys and the Board of Commissioners for the creation and execution of all contracts and agreements. Oversees the timely execution of required agreements and contracts.

**Other Functions:**

- Performs other duties as assigned.
- Must adhere to departmental standards in regard to HIPPA and other privacy issues.
- During a public health emergency, the employee may be required to perform duties similar to but not limited to those in his/her job description

*(An employee in this position may be called upon to do any or all of the above tasks. These examples do not include all of the tasks which the employee may be expected to perform.)*

**Employment Qualifications:**

**Education and Experience:** A minimum of a Bachelor's Degree and three to five years of public health or human services experience or a Master's Degree and one year of Public Health or Human Services experience is required. Preference for a degree in Public Health, Human Services or a related field.

**Other Requirements:** None

*(The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria.)*

**Physical Requirements:**

- Ability to access office files.
- Ability to enter and access information using a computer.
- Ability to travel throughout the area to various locations.

*(This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the requirements listed above. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements.)*

**Working Conditions:**

Works in office conditions and travels throughout the area to attend meetings and visit other locations.

**March 2012  
ICEA 7**

**MEMORANDUM**

TO: Human Services Committee

FROM: Linda S. Vail, Health Officer

DATE: January 8, 2015

RE: Discussion Regarding a Position Status Change for a Community Health Representative II

The Health Department requests approval for a position status change for a Community Health Representative II position. Position Number 601053 is currently a part-time Community Health Representative II compensated at a UAW D. The department would like to increase the status from part-time to three quarter time to better meet operational needs. Position Number 601053 is currently occupied.

A Memo of Analysis from Human Resources is attached acknowledging their participation, analysis and approval of this status change. The Personnel Cost Projection indicates the .25 FTE position increase would cost approximately \$12,600.00. The \$12,600 will be allocated to Public Health Preparedness- Project 01151.

The appropriate United Auto Workers union representatives have been notified and support the status change.

cc: Eric Thelen w/attachment  
Joel Murr w/attachment

Joel Murr Request 1/08/15

	Current	Proposed	
	Position # 601053	Position # 601053	
	Community Health Rep II UAW Grade D Step 5 .50 FTE	Community Health Rep II UAW Grade D Step 5 .75 FTE	Difference Increase/ (Decrease)
Salary	19,879	29,818	9,939
Unemployment	99	149	50
Fica	1,521	2,281	760
Retirement	2,634	4,010	1,376
Health Insurance	-	-	-
Retiree Health Surcharge Chargeback	2,766	2,766	0
Health Insurance Trust	726	1,088	363
Dental	886	886	0
Vision	119	119	(0)
Workers Comp	60	89	30
Life Insurance	19	24	5
Disability	-	-	-
CARES	33	33	-
Liability Insurance	149	224	75
<b>TOTAL</b>	<b>28,890</b>	<b>41,487</b>	<b>12,597</b>

**Notes:**

Health insurance projection is based on the assumption that coverage currently utilized will remain the same  
 Retirement cost projection is based on the assumption that benefit currently utilized will remain the same

**Agenda Item 2g**

TO: Linda Vail, Health Officer  
Joel Murr, Assistant Deputy Health Officer

FROM: Beth Bliesener, Employment Specialist

DATE: 12/30/2014

RE: Position Status Change

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HR can confirm the following information:

1. Position Number 601053 is currently a part-time Community Health Representative II compensated at a UAW D.
2. The Health Department would like to increase the status from part-time to three quarter time to better meet operational needs.
3. You have received support from the UAW Chair to change the status from part-time to three quarter time.

Please use this memo as acknowledgement of Human Resources' participation and analysis of your proposal. You are now ready to complete the final step in the process: contact Budgeting, write a memo of explanation and prepare a resolution.

If I can be of further assistance, please email or call me (887-4375).