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HUMAN SERVICES COMMITTEE
TODD TENNIS, CHAIR
CHRIS TRUBAC
RYAN SEBOLT
THOMAS MORGAN
DERRELL SLAUGHTER
EMILY STIVERS
ROBIN 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, DECEMBER 2, 2019 AT 6:30 P.M., IN CONFERENCE ROOM D & E, HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

Agenda

Call to Order

Approval of the [November 18, 2019 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. Fair Board – Interviews
2. Health Services Millage
 - a. Resolution Authorizing a Health Services Millage Contract with the Ingham Health Plan Corporation ([IHPC](#))
 - b. Resolution to Authorize a Contract with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMH) for [Health Services Millage Eligible Services](#)
3. Parks Department – Resolution Honoring [Jessy Gregg](#)
4. Health Department
 - a. Resolution to Authorize the Acceptance of Grant Funds from [Blue Cross Blue Shield](#) of Michigan and Authorize an Agreement with Sparrow Hospital
 - b. Resolution to Approve the Health Department's [Plan of Organization](#)
 - c. Resolution to Authorize Month to Month Lease Extension for [306 W. Willow Street](#)
 - d. Resolution to Increase [Position #601053](#) Community Health Rep II from .75 FTE to 1.0 FTE
 - e. Resolution to Authorize Agreements with [Wayne Children's Healthcare](#) Access Program to Act as the Fiduciary/Payee for Agency Funding
 - f. Resolution to Authorize an Agreement with [CaptureRX](#)
 - g. Resolution [Amending Resolution #16-309](#) with NEC Networks, LLC DBA [CaptureRX](#), for 340B Prescription Third Party Administrator and Resolution #19-247 to Rite Aid Corporation for 340B Prescription Drug Services to Include McKesson Corporation as 340B Drug Wholesaler
5. Controller's Office
 - a. Resolution Approving Various [Contracts](#) for the 2020 Budget Year
 - b. Resolution Authorizing [Adjustments](#) to the 2019 Ingham County Budget

6. Human Services Committee
 - a. Resolution Congratulating the [Capital Area District Library](#)
 - b. Resolution Consenting to Continued Resettlement of [Refugees](#) in Ingham County

Announcements
Public Comment
Adjournment

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DISRUPTION DURING THE MEETING**

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

HUMAN SERVICES COMMITTEE
November 18, 2019
Draft Minutes

Members Present: Morgan, Naeyaert, Sebolt, Slaughter, and Stivers

Members Absent: Tennis and Trubac

Others Present: Tim Morgan, Melissa Buzzard, Linda Vail, Adenike Shoyinka, Monica Jahner, Stuart Chavis, Sandra Kowalk-Thompson, Denise Paquette, Brady Calkins, Erika Brown-Binion, Marion Owen, Eric Hewitt, Susan Cancro, Judi Harris, Melissa Blood, Margaret Brown, Jared Cypher, Liz Noel, and others

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

Approval of the November 4, 2019 Minutes

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE THE MINUTES OF THE NOVEMBER 4, 2019 HUMAN SERVICES COMMITTEE MEETING. Absent: Commissioners Tennis and Trubac

Additions to the Agenda

None.

Limited Public Comment

Linda Vail, Chief Health Officer, introduced Adenike Shoyinka, Medical Director, to the Committee.

Dr. Shoyinka thanked Ms. Vail for the introduction. She stated she looked forward to continuing the good work that the County did with health equity.

MOVED BY COMM. MORGAN, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

2. Facilities Department – Resolution to Authorize a Contract Renewal with Safety Systems, Inc. for Alarm Monitoring Services at Forest Community Health Center

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

- b. Resolution to Authorize an Agreement with Redhead Design Studio for Dissemination of Mass Media Campaign to Reduce HIV Stigma
- c. Resolution to Authorize Agreements for the Region 7 Perinatal Collaborative

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Trubac

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Trubac

- 1. Community Agencies – Resolution Authorizing 2020 Agreements for Community Agencies

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE THE RESOLUTION.

Acting Chairperson Sebolt asked those satisfied with the recommended level of funding for the agency to stand, state their name and agency, and affirm their support for the funding level provided. The following individuals did so:

- Stuart Chavis, Southside Community Coalition
- Sandra Kowalk-Thompson, Boys and Girls Club of Lansing
- Denise Paquette, Allen Neighborhood Center
- Brady Calkins, Capital Area Housing Partnership
- Erika Brown-Binion, Refugee Development Center
- Marion Owen, Tri-County Office on Aging
- Eric Hewitt, RSVP
- Susan Cancro, Advent House and Homeless Resolution Network
- Judi Harris, St. Vincent's Catholic Charities Refugee Services
- Melissa Blood, Lansing Area AIDS Network
- Margaret Brown, Rural Family Services

Monica Jahner, Northwest Initiative ARRO Program, stated that last year, the organization's application had not been submitted but the Committee had been generous enough to give Northwest Initiative half of the requested \$10,000. She further stated that she was grateful for the recommended funding amount this year, however, the organization's work was going to be more important in the coming years as there would be a reduction in jail admissions and more offenders would be staying in the community.

Ms. Jahner stated that Northwest Initiative was the only agency in the community that provided wraparound programs that included therapy and cognitive behavioral services.

Commissioner Slaughter asked how much the organization was requesting from the County.

Ms. Jahner stated last year, the organization had gotten \$5,000 when they had asked for \$10,000. She further stated that the organization would take what they could get from the County.

Commissioner Naeyaert asked what other sources of funding the agency had.

Ms. Jahner stated that the County was the only funding source for the reentry program, as the Capital Area United Way recently changed its programming funding stream. She further stated that a poetry reading fundraiser was held, but it usually did not generate funds.

MOVED BY COMM. MORGAN, SUPPORTED BY COMM. STIVERS, TO AMEND THE FUNDING LEVELS BY REMOVING \$4,500 IN FUNDING FOR ST. VINCENT CATHOLIC CHARITIES AND ADDING FUNDING IN THE AMOUNTS OF \$3,750 TO THE REFUGEE DEVELOPMENT CENTER AND \$750 TO THE HAVEN HOUSE.

Commissioner Morgan stated he wished the County had enough money to fund everything, but one of the strategic goals of the County was to provide funding for direct aid to the residents, including clothing, food, and shelter. He further stated this amendment would achieve that goal by supporting the Refugee Development Center and Haven House.

THE MOTION TO AMEND THE FUNDING LEVELS CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Trubac

THE MOTION TO APPROVE THE RESOLUTION, AS AMENDED, CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Trubac

Acting Chairperson Sebolt disclosed that he had a family member who worked for St. Vincent Catholic Charities.

3. Parks Department
 - a. Resolution to Authorize an Amendment to the Contract with Spicer Group, Inc.

MOVED BY COMM. STIVERS, SUPPORTED BY COMM. NAEYAERT, TO APPROVE THE RESOLUTION.

Commissioner Morgan asked for a brief overview of the amendment to the contract with Spicer Group.

Melissa Buzzard, Trails and Parks Coordinator, stated that Spicer Group had done a bulk of the work for the County's wayfinding signage project, this year. She further stated that the company had to collect a large amount of data from communities and it was a significant amount of work.

Commissioner Morgan asked how often the County looked for other vendors available to provide a service.

Tim Morgan, Parks Director, stated that the agreement with the Spicer Group had been a two-year agreement with the option to renew the agreement for another two years. He further stated this was the first year of the renewal of the agreement, and the services would be up for Requests for Proposal in 2020, provided the Trails and Parks Millage renewal was approved in 2020.

Commissioner Stivers stated in a vote of confidence for the Spicer Group, the company made presentations to the Parks Commission, and she was impressed with the thoroughness of their

work and the attention to detail. She further stated she was confident in the wayfinding work the Spicer Group was doing.

Commissioner Morgan stated he did not have any issue with the Spicer Group, he just wanted there to be a check on contracts and vendors once in a while.

Mr. Morgan stated there had been two proposals submitted the previous time the contract had been up for bid. He further stated the process had been very thorough before Spicer Group had been selected over the Landscape Architects & Planners.

Commissioner Morgan asked how vendors were notified of the Request for Proposal.

Mr. Morgan stated that the Purchasing Department sent the Request for Proposal out to about 180 vendors across the state.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Trubac

3. Parks Department

- b. Resolution to Authorize an Amendment to the City of Lansing Trails and Parks Millage Agreements

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. STIVERS, TO APPROVE THE RESOLUTION.

Commissioner Morgan asked for a quick summary of the amendment to the City of Lansing Trails and Parks Millage agreements.

Mr. Morgan stated the City of Lansing Parks Department had been invited to the Committee meeting, but they were not in attendance.

Ms. Buzzard stated that there had been Department of Environmental Quality permits for endangered aquatic species and additional costs incurred for riverbank stabilization. She further stated that in the first agreement, no match was required of the City of Lansing, but match would be required for the additional funds.

Mr. Morgan stated that many bids had been coming in over-budget, even with the use of consultants. He further stated that the economy was doing well, and there were not a lot of bids put in for the projects because all companies were busy and the bids that were received were higher than expected.

Mr. Morgan stated that over the past few years, prices had not been low. He further stated that he did not remember the last time a project came in under-bid.

Commissioner Morgan asked if the high bids had been taken into consideration for future projects.

Mr. Morgan stated that the consultants looked at recent similar project bids for reference when estimating the engineering cost of projects, but the cost was still increasing every year.

Discussion.

Acting Chairperson Sebolt stated he recalled the Board of Commissioners had increased the limit of available funds in the trails. He asked if the Trails and Parks Millage funds were being potentially overcommitted in the event that the millage was not renewed next year.

Ms. Buzzard stated the funds would be overcommitted if the millage was not renewed.

Active Chairperson Sebolt asked if there was a clause in the agreement that made the funds contingent on the millage renewal passage.

Ms. Buzzard stated to date, there was no clause in the agreement.

Mr. Morgan stated if the Committee wished to add a clause to the agreement in the event the millage renewal did not pass, it would need to be brought back to the City of Lansing to see if the vendor was willing to hold the prices until spring of 2020.

Discussion.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Trubac

Commissioner Announcements

Commissioner Stivers asked on behalf of the Trails and Parks Millage team, if the Committee would like to see in the recommendations and scoring for the new millage, a breakdown of the recommended funds per year, or if the Committee would prefer the total amount.

Commissioner Slaughter stated he would appreciate the funding recommendations broken down by year.

Discussion.

Acting Chairperson Sebolt thanked Jared Cypher, Deputy Controller, for his hard work in preparing the community agency application binders for the Committee.

Commissioner Naeyaert asked if the Finance Committee changed what the Human Services Committee approved for community agency funding, that would be what would go to the full Board of Commissioners meeting.

Mr. Cypher stated that the Finance Committee met last, so they would have the ultimate authority on what was presented to the full Board of Commissioners.

Discussion.

Public Comment

None.

Adjournment

The meeting was adjourned at 6:55 p.m.

DECEMBER 2, 2019 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

2. Health Services Millage

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

This resolution authorizes a 2020 contract with Ingham Health Plan Corporation (IHPC) to utilize Health Services Millage funds for millage eligible services. The contract will not exceed \$1,958,634 from the Health Services Millage, and funds are included in the 2020 budget. The administrative rate remains 15% in 2020. The funding should be sufficient to cover all of IHPC's projected 1,800 members in 2020.

b. *Resolution to Authorize a Contract with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMH) for Health Services Millage Eligible Services*

This resolution authorizes a FY 2020 Health Services Millage agreement with CMH. The scope of services to be covered is included in the attached document. The contract is not to exceed \$1,371,722 with CMH for services provided to Ingham County residents for the period of October 1, 2019 through September 30, 2020. Funds are included in the 2020 budget for this contract.

3. Parks Department – *Resolution Honoring Jessy Gregg*

This resolution honors Jessy Gregg for her service on the Parks Commission.

4. Health Department

a. *Resolution to Authorize the Acceptance of Grant Funds from Blue Cross Blue Shield of Michigan and Authorize an Agreement with Sparrow Hospital*

This resolution accepts \$74,695 in grant funds from BCBSM which will allow ICHD to serve as fiduciary to support funding of a mobile health unit designed to provide P-MAT care, effective January 1, 2020 through June 30, 2021.

b. *Resolution to Approve the Health Department's Plan of Organization*

This resolution approves the Plan of Organization for Ingham County Health Department effective January 1, 2020 through December 31, 2022.

c. *Resolution to Authorize Month to Month Lease Extension for 306 W. Willow Street*

This resolution authorizes an extension of the terms of the lease agreement with Nick Yono for the 306 W. Willow, Lansing location on a month-to-month basis for the months of January 1 through April 30, 2019 for an amount not to exceed \$5843.75/month for the 7500 square feet of clinic space and \$106.33/month for the 400 square feet of storage space.

d. *Resolution to Increase Position #601053 Community Health Rep II from .75 FTE to 1.0 FTE*

This resolution authorizes an increase to Position #601053 Community Health Rep II from .75 FTE salary ranging from \$24,786.72 – 29,508.00 to 1.0 FTE salary ranging from 1.0 \$33,048.96 - \$39,344.00 effective January 1, 2020.

e. *Resolution to Authorize Agreements with Wayne Children's Healthcare Access Program to Act as the Fiduciary/Payee for Agency Funding*

This resolution authorize acceptance of funds from WCHAP in the amount of \$658,749 where ICHD will act as their fiduciary/payee. This agreement will be effective October 1, 2019 through September 30, 2020.

f. *Resolution to Authorize an Agreement with CaptureRX*

This resolution is an agreement with NEC Networks, LLC dba CaptureRX effective July 1, 2019 through June 30, 2020 with an automatic annual renewal. CaptureRX provides third party administrative services under the 340B drug program.

g. *Resolution Amending Resolution #16-309 with NEC Networks, LLC DBA CaptureRX, for 340B Prescription Third Party Administrator and Resolution #19-247 to Rite Aid Corporation for 340B Prescription Drug Services to Include McKesson Corporation as 340B Drug Wholesaler*

This resolution authorizes amending resolutions #16-039 and #19-247 with Rite Aid Corporation (RAC), to enter into an agreement which will allow McKesson Corporation to become a 340b drug wholesaler for CaptureRX and Rite Aid Corporation (RAC).

5. *Controller's Office*

a. *Resolution Approving Various Contracts for the 2020 Budget Year*

This resolution approves the attached list of contracts for the 2020 budget year. The list consists only of contracts that are included in the 2020 Adopted Budget.

b. *Resolution Authorizing Adjustments to the 2019 Ingham County Budget*

This resolution approves recommended adjustments to the Ingham County budget for the end of fiscal year 2019. The General Fund total will remain at \$87,812,526

6. *Human Services Committee*

a. *Resolution Congratulating the Capital Area District Library*

This resolution congratulates the Capital Area District Library as the recipient of the 2019 Librarian's Excellence Award.

b. *Resolution Consenting to Continued Resettlement of Refugees in Ingham County*

This resolution affirms the continued resettlement of refugees within borough limits and shall expressly confirm so in writing to the US Department of State, Bureau of Population, Refugees, and Migration upon passing of this resolution, and urges the Governor of Michigan and other local unit of government in Ingham County to consent to initial refugee resettlement as per the terms of Executive Order 13888.

OTHER ITEMS:

1. *Fair Board – Interviews*

TO: Board of Commissioners Human Services and Finance Committees
FROM: Jared Cypher, Deputy Controller
DATE: November 19, 2019
SUBJECT: Resolution Authorizing a Health Services Millage Contract with IHPC
For the meeting agendas of December 2 and December 4

BACKGROUND

This resolution authorizes a 2020 contract with Ingham Health Plan Corporation (IHPC) to utilize Health Services Millage funds for millage eligible services, as set forth in Attachments A and B. The county will also reimburse IHPC for administrative expenses (further details in financial impact section below) including third party administration, pharmacy benefits management, enrollment and outreach, marketing, case management and disease management, member management services, program indirect costs, and general bills including legal, accounting, consulting, liability insurance, printing, copying, mailing, etc.

ALTERNATIVES

The Ingham Health Plan Corporation requested \$1,958,634 for FY 2020, which would cover all IHPC membership. The Board of Commissioners could opt to not fund the IHPC request. Not funding the IHPC request would likely result in an increase in uncompensated care in the County's network of Community Health Centers.

FINANCIAL IMPACT

The contract will not exceed \$1,958,634 from the Health Services Millage, and funds are included in the 2020 budget. The administrative rate remains 15% in 2020. The funding should be sufficient to cover all of IHPC's projected 1,800 members in 2020.

STRATEGIC PLANNING IMPACT

This resolution supports the long term goal of Promoting Accessible Healthcare.

OTHER CONSIDERATIONS

Prior to implementation of the Affordable Care Act (ACA), IHPC had roughly 12,000 members in Ingham County. Currently, millage eligible membership is roughly 1,600 members. However, the uncertain future of the ACA may bring about unforeseen changes to the number of millage eligible Ingham County residents needing IHPC services.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution to support a Health Services Millage contract with IHPC.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

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

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

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

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

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

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a contract with IHPC which authorizes the County to pay IHPC an amount not to exceed \$1,958,634 annually for the expenses incurred for providing a defined system of medical benefits consistent with the ballot language of the Health Services Millage.

BE IT FURTHER RESOLVED, that for the time period January 1, 2020 through December 31, 2020 the County shall reimburse IHPC by monthly invoice for medical, pharmacy, dental, and detox services as set forth in Attachments A and B.

BE IT FURTHER RESOLVED, that the annual not to exceed amount of \$1,958,634 includes administrative costs, which will be capped at 15% of medical expenses paid to IHPC, with the administrative costs requested to be reimbursed by the County listed clearly on each monthly invoice.

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

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

BE IT FURTHER RESOLVED, that any additional services that IHPC wishes to be reimbursed for beyond what is in the attached scope of services must be approved by the Ingham County Board of Commissioners as an amendment to the contract.

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

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

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

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



COVERED SERVICES

PLAN B MEDICAL COVERAGE

Physician, Physician Assistant, and Nurse Practitioner Services

Office visit Copay: \$5.00

Covered when provided by the member's Primary Care Physician or provided by a Specialty Care Physician. Services must be provided in an office or outpatient setting.

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

Outpatient Hospital Services

Copay: \$0.00

Covered when ordered by the member's PCP or specialist physician to whom the enrollee is appropriately referred and medically necessary

- Anesthesia
- Diabetes education
- Radiation therapy
- Practitioner charges related to diagnostic testing and treatment services/no facility fee
- Practitioner charges related to outpatient surgeries/no facility fee
- Physical Therapy (6 visits per year)

Urgent Care Services**Copay: \$5.00**

Covered for after-hours, non-emergency medical conditions that need to be treated before a PCP appointment can be scheduled

- Urgent care visits (facility charged not covered)
- Administration of immunizations (serum not covered- exception flu vaccine)
- Administration of injections (serum not covered- exception antibiotics)

Laboratory Services**Copay: \$0.00**

Covered when ordered and/or authorized in advance by the enrollee's PCP or a specialist physician to whom the enrollee is appropriately referred and medically necessary.

Radiology Services**Copay: \$0.00**

Covered for diagnosis and treatment purposes when ordered and/or authorized in advance by the enrollee's PCP or a specialist physician to whom the enrollee is appropriately referred and medically necessary

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

Medical Supplies**Copay: \$0.00**

Covered with a valid prescription when ordered by the member's PCP or specialist physician and medically necessary.

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

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

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

PLAN B DENTAL COVERAGE

Covered Services*	Member Copay**
Cleanings	No
Preventative Exams	No
X-rays	No
Filings	Yes, for some fillings (See Member Copayment Schedule for amount)
Crowns	Yes (See Member Copayment Schedule for amount)
Root Canals	Yes (See Member Copayment Schedule for amount)
Bridges & Dentures	Yes (See Member Copayment Schedule for amount)

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

TO: Board of Commissioners County Services and Finance Committees

FROM: Jared Cypher, Deputy Controller

DATE: November 20, 2019

SUBJECT: Resolution Authorizing a Health Services Millage Agreement with CMH

For the meeting agendas of December 2 and December 4

BACKGROUND

This resolution authorizes a FY 2020 Health Services Millage agreement with CMH. The scope of services to be covered is included in the attached document.

ALTERNATIVES

This contract covers service gaps caused by a reduction in State of MI General Fund appropriations to CMH. Those services gaps would remain without this appropriation from the Health Services Millage.

FINANCIAL IMPACT

The resolution authorizes a contract not to exceed \$1,371,722 with CMH for services provided to Ingham County residents for the period of October 1, 2019 through September 30, 2020. Funds are included in the 2020 budget for this contract.

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long term objective of promoting accessible health care.

OTHER CONSIDERATIONS

None.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution to support a FY 2020 Health Services Millage agreement with CMH.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE A CONTRACT WITH THE COMMUNITY MENTAL HEALTH
AUTHORITY OF CLINTON, EATON AND INGHAM COUNTIES (CMH)
FOR HEALTH SERVICES MILLAGE ELIGIBLE SERVICES**

WHEREAS, the State of Michigan dramatically reduced State General Fund payments to CMH in fiscal year 2015; and

WHEREAS, the cut eliminated 67% of the State General Fund dollars to the CMH system; and

WHEREAS, these cuts continue to cause ongoing fiscal and service gaps for CMH; and

WHEREAS, in November 2014 the electorate renewed a countywide health services millage level of 52/100 (.52) of one mill for a period of five years (2015-2019) to be used for the purpose of providing basic health care services to Ingham County residents who are not eligible for Medicaid under the Federal Affordable Care Act, and whose individual income is less than \$28,000 and who do not have medical insurance; and

WHEREAS, CMH has submitted a proposal to Ingham County to use Health Services Millage dollars to fund essential services and alleviate the cut in State General Fund dollars; and

WHEREAS, funds from the health services millage are allocated in the County's 2020 budget for this purpose.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a contract not to exceed \$1,371,722 with CMH for services provided to Ingham County residents for the period of October 1, 2019 through September 30, 2020.

BE IT FURTHER RESOLVED, that funds for this contract with CMH will come from the Health Services Millage.

BE IT FURTHER RESOLVED, that funds will be utilized by CMH for Health Services Millage eligible services as provided in the attached proposal.

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County 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.

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

Proposal for the continued use of Ingham County Health Services Millage to close gaps in Ingham County's behavioral health care system

FY2020

Summary of proposal: This proposal requests the continuation of Ingham County Health Services Millage funding, to the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI), to support a comprehensive package of behavioral healthcare services designed to address of the most pressing behavioral healthcare needs in the Ingham County community.

Context and Need: Following the significant State General Fund reduction (2/3 of the funds formerly provided to CMHA-CEI) and the implementation of the Healthy Michigan Plan in 2015, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) realized growing service gaps resulting from significantly lower State General Fund dollars. While some of these gaps have been reduced through Ingham County Millage Funding and other federal, state, and local sources that CMHA-CEI has pursued, they persist and at the same time, community need for behavioral health services continues to increase.

These gaps include:

- Individuals who are uninsured which must be covered by scarce state general fund dollars or local dollars within CMHA-CEI's budget in order to maintain in service.
- Individuals with "spend down" Medicaid eligibility, which means they become eligible for Medicaid benefits only after meeting a large monthly spend-down amount.
- Those with severe, chronic and urgent specialized mental health treatment needs (crisis stabilization, community living supports or skill-building services, residential care, case management, etc..) not covered by any other coverage plan.

Proposed Essential Services to close gaps in Ingham County:

Crisis Services: The community's free-standing (outside of hospital grounds) 24/7 Psychiatric Crisis Services and Inpatient Pre-Screening Unit: This unit provides around-the-clock access to highly trained behavioral health clinicians who provide: crisis intervention, psychiatric inpatient pre-screening (and funding authorization), short-term stabilization, diversion to appropriate levels of care, housing assistance, and linkages to needed services to adults, children, and adolescents. In effort to meet the growing need for crisis stabilization services in our service area and to reduce the need for scarce psychiatric hospital placements in situational crisis, CMHA-CEI has expanded adult and youth Urgent Care Services as part of the Crisis Services continuum, launched youth mobile crisis available 24/7 and initiated adult mobile crisis services. These services provide immediate intensive support to individuals and families in order to intervene, stabilize, and connect them to longer term resources for ongoing care.

The community's Assessment and Referral Team: This unit provides a full biopsychosocial assessment and a comprehensive behavioral health and ancillary treatment, supports, and referral plan (using person-centered planning methods) for adults who are uninsured.

The community's urgent care and intensive home-based treatment program for at-risk children, youth, and their families: This program works to improve the ability of children and youth, with serious emotional disturbance, to function better at home, in school, in the community, and with peers by providing - primarily in the home, school, and workplace of the families enrolled in this program (with some services provided at CMHA-CEI offices) - family and individual psychotherapy, psychiatry, nursing, parenting skills, crisis therapeutic respite services, training and coaching, school liaison services, and referral network linkages.

A spectrum of community-based treatment teams for vulnerable populations: These multidisciplinary teams, made up of mental health therapists/case managers, psychiatrists, nurses, mental health workers/consumer services specialists, and peer support specialists, provide psychotherapy, psychiatry, nursing, and a range of supports to **adults in a variety of settings with very high levels of mental health needs, those enrolled in a specialized older adult program, and adults with intellectual/developmental disabilities.**

Psychiatric care and outpatient therapy for children and adults with moderate mental health needs: This community has long experienced a significant and growing gap in the availability of office-based outpatient psychotherapy for children, adolescents and adults. These services (along with CMHA-CEI’s 24/7 psychiatric crisis services unit) provide the community’s mental health safety net.

Psychiatric inpatient care: CMHA-CEI pays all psychiatric inpatient claims on all uninsured individuals admitted to psychiatric inpatient facilities. Given that these claims are paid with State General Fund dollars and given the dramatic cut in this CMH’s State General Fund revenues, **CMHA-CEI has limited funds to pay these psychiatric inpatient costs** and others previously funded by State General Fund dollars.

Cost of proposed services in FY2020:	\$ 1,371,722
Estimated number of Ingham County residents meeting the millage criteria who will be served: 2,000* Please note, the number of residents served with funds are variable from year to year based on the intensity of eligible individual’s service needs and the cost of those services.	

FY 19 Summary of Services:

In total in FY19 CMHA-CEI served 9,240 Ingham County Residents and Ingham County Millage dollars were used to help support services for 2,189 eligible Ingham County residents*. The table below provides an overview of services, costs, and numbers of Ingham County residents served utilizing Ingham County Millage dollars in FY 19.

Category	Amount	Individuals*
24/7 Psychiatric Crisis Services and Inpatient Screening		
Crisis Intervention	\$43,306.22	76
Transportation	\$5,315.20	9

Category	Amount	Individuals*
Assessment and Treatment Planning		
Assessments	\$192,395.30	216
Treatment Planning	\$1,899.78	7
Recovery Support Services	\$67.68	2
Community-Based Mental Health Treatment and Supports		
Assertive Community Treatment (ACT)	\$88,618.41	38
Clubhouse Psychosocial Rehabilitation Programs	\$25,327.84	26
Nursing Facility Mental Health Monitoring	\$41,095.84	33
Peer Directed & Operated Support Services	\$7,897.38	42
Targeted Case Management	\$294,747.74	381
Therapy (mental health)	\$26,127.42	62
Families Forward Children's Services		
Home Based Services	\$25,741.50	23
Respite	\$3,312.21	4
Wraparound Services	\$8,251.04	2
Community Services for Developmentally Disabled		
Community Living Supports	\$528,209.15	246

Category	Amount	Individuals*
Health Services	\$19,648.97	37
Supports Coordination	\$3,556.03	11
Personal Care in Licensed Specialized Residential Setting	\$33,505.34	133
Skill Building Assistance	\$68,970.92	69
Housing Assistance	\$34,164.25	3
Supported Employment Services	\$1,345.92	11
Psychiatric and Residential Care		
Medication	\$8,573.34	6
Medication Administration	\$15,827.22	23
Medication Review	\$12,279.67	40
Residential Services	\$201,935.00	417
Room and Board	\$59,878.72	281
Total (Oct. 2018-Sept. 2019)	\$1,754,458.31**	2,189*

*Individuals may be duplicate if receiving services in multiple categories

**Expenses beyond Millage Allocation covered by CMHA-CEI funds during this period.

Agenda Item 3

TO: Board of Commissioners Human Services Committee
FROM: Tim Morgan, Parks Director
DATE: November 19, 2019
SUBJECT: Honoring Jessie Gregg
For the meeting agenda of 12/2/19 Human Services

BACKGROUND

Jessy Gregg has served as a Park Commissioner from February 14, 2017 to November 6, 2019. Jessy has helped to advance, develop, and implement effective parks policies. Park staff and the Park Commission wish to thank Jessy for her years of service.

ALTERNATIVES

N/A

FINANCIAL IMPACT

There are no financial impacts.

OTHER CONSIDERATIONS

N/A.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING JESSY GREGG

WHEREAS, Jessy Gregg has served the community for many years actively engaged in local public service; and

WHEREAS, Jessy has shown a remarkable level of leadership and devotion to the idea of community involvement by actively seeking out ways to benefit the community in which she lives; and

WHEREAS, Jessy has served on the Ingham County Parks & Recreation Commission from February 14, 2017 to November 6, 2019; and

WHEREAS, Jessy served as the Secretary of the Ingham County Parks & Recreation Commission from January 16, 2018 to September 17, 2018; and

WHEREAS, Jessy served as the Vice-Chair of the Ingham County Parks & Recreation Commission from September 17, 2018 to November 6, 2019; and

WHEREAS, Jessy was able to bring into the Parks and Recreation Commission's deliberations relevant ideas and insights from her previous public service and personal experience; and

WHEREAS, Jessy exemplifies the best in public service through her caring commitment to her responsibilities and duties as an Ingham County Parks & Recreation Commission member; and through her desire to improve the Ingham County park system as a whole; and

WHEREAS, Jessy's efforts have contributed to the Parks Department's ability to provide exceptional service to the citizens of Ingham County; and

WHEREAS, throughout her term as a Parks and Recreation Commission member, Jessy has helped to advance, develop, and implement effective parks policies; and

WHEREAS, through her persistence, consideration, and reliability, she has promoted a relationship of respect, understanding, and cooperation between the Ingham County Parks Commission, other local governmental agencies and the community at large.

THEREFORE BE IT RESOLVED, that the Board of Commissioners, by adoption of this resolution, recognizes the impact and quality of Jessy Gregg's work, and expresses its sincere appreciation to her for the services and benefits which have been received by the citizens of Ingham County.

BE IT FURTHER RESOLVED, that the Board of Commissioners extends to Jessy Gregg its best wishes for continued success in all her future endeavors.

TO: Board of Commissioners Human Services and Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: November 13, 2019
SUBJECT: Acceptance of Bridging the Gaps: Mobile Healthcare Unit Grant Funds/ Agreement with Sparrow
For the meeting agendas of December 2 and December 4, 2019

BACKGROUND

Ingham County Health Department (ICHHD) wishes to accept grant funds from Blue Cross Blue Shield of Michigan (BCBSM) in the amount of \$74,695.00, and wishes to enter into an agreement with Sparrow Hospital for providing Perinatal-Medication Assisted Therapy (P-MAT) services to pregnant women effective January 1, 2020 through June 30, 2021. The Bridging the Gaps: Mobile Healthcare Unit Grant will be used to provide Perinatal-Medication Assisted Therapy (P-MAT) services to pregnant woman who are suffering from Opioid Use Disorder, and ICHHD will serve as the fiduciary for these grant funds. Sparrow Hospital will provide a mobile unit to improve access to P-MAT in the Region 7 area, which includes, Ingham, Clinton, and Eaton counties. Standard of Care recommends that if a patient is already prescribed methadone when they become pregnant, the patient should remain on methadone. However, methadone is only prescribed and dispensed at specific locations separate from where prenatal care is available. Improving access to both MAT and prenatal care for this vulnerable population will improve outcomes for women and children.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

ICHHD will serve as the fiduciary for these grant funds.

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long-term objective of promoting accessible healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution to support the acceptance of \$74,695.00 in grant funds from BCBSM which will allow ICHHD to serve as fiduciary to support funding of a mobile health unit designed to provide P-MAT care, effective January 1, 2020 through June 30, 2021.

Introduced by the Human Services and Finance committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE THE ACCEPTANCE OF GRANT FUNDS FROM BLUE CROSS
BLUE SHIELD OF MICHIGAN AND AUTHORIZE AN AGREEMENT WITH
SPARROW HOSPITAL**

WHEREAS, Ingham County Health Department (ICHD) wishes to accept grant funds from Blue Cross Blue Shield of Michigan (BCBSM) in the amount of \$74,695.00, and wishes to enter into an agreement with Sparrow Hospital for providing Perinatal-Medication Assisted Therapy (P-MAT) services to pregnant women effective January 1, 2020 through June 30, 2021; and

WHEREAS, the Bridging the Gaps: Mobile Healthcare Unit Grant will be used to provide Perinatal-Medication Assisted Therapy (P-MAT) services to pregnant woman who are suffering from Opioid Use Disorder; and

WHEREAS, ICHD will serve as the fiduciary for these grant funds; and

WHEREAS, Sparrow Hospital will provide a mobile unit to improve access to P-MAT in the Region 7 area, which includes, Ingham, Clinton, and Eaton counties; and

WHEREAS, standard of care recommends that if a patient is already prescribed methadone when they become pregnant, the patient should remain on methadone; and

WHEREAS, methadone is only prescribed and dispensed at specific locations separate from where prenatal care is available; and

WHEREAS, improving access to both MAT and prenatal care for this vulnerable population will improve outcomes for women and children; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorizes the acceptance of the Bridging the Gaps grant funds where ICHD will serve as the fiduciary, and authorizes ICHD to enter into an agreement with Sparrow Hospital to support a mobile health unit providing P-MAT services to pregnant women suffering from Opioid Use Disorder, effective January 1, 2020 through June 30, 2021.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the acceptance of the Bridging the Gaps grant funds where ICHD will serve as the fiduciary, and authorizes an agreement with Sparrow Hospital to support a mobile health unit providing P-MAT services to pregnant women suffering from Opioid Use Disorder, effective January 1, 2020 through June 30, 2021.

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

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.

TO: Board of Commissioners Human Services Committee
FROM: Linda S. Vail, MPA, Health Officer
DATE: November 14, 2019
SUBJECT: Health Department Plan of Organization
For the meeting agenda of December 2, 2019

BACKGROUND

Ingham County Health Department (ICHD) wishes to update its Plan of Organization effective January 1, 2020 through December 31, 2022. ICHD is undergoing Local Public Health Accreditation in 2020. The department's on-site review begins March 2nd 2020, but ICHD is required to forward an updated Plan of Organization to the Michigan Department of Health & Human Services (MDHHS) prior to that review. The Board of Commissioners approves the Plan of Organization for ICHD as part of this accreditation process. MDHHS requires ICHD to update its Plan of Organization every three years. The Board of Commissioners last approved the Plan of Organization in 2017 through Resolution #17-012. The Plan of Organization has been updated to reflect personnel and program changes in the department over the past three years as well as the updated 2020 budget numbers. These changes include new Medical Directors for Public Health Services and Ingham Community Health Centers, a new Deputy Health Officer/Executive Director-Ingham Community Health Centers, and new Maternal & Child Health, Communicable Disease Control, and Health Promotion & Prevention Division Directors within the Public Health Services branch.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

There is no financial impact.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached Plan of Organization for Ingham County Health Department effective January 1, 2020 through December 31, 2022.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE THE HEALTH DEPARTMENT'S PLAN OF ORGANIZATION

WHEREAS, Ingham County Health Department (ICHD) wishes to update its Plan of Organization effective January 1, 2020 through December 31, 2022; and

WHEREAS, ICHD will be undergoing Local Public Health accreditation in 2020; and

WHEREAS, the department's on-site review begins March 2nd 2020, but ICHD is required to forward an updated Plan of Organization to the Michigan Department of Health & Human Services (MDHHS) prior to that review; and

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

WHEREAS, MDHHS requires ICHD to update its Plan of Organization every three years; and

WHEREAS, the Board of Commissioners last approved the Plan of Organization in 2017 through Resolution #17-012; and

WHEREAS, the Plan of Organization has been updated to reflect personnel and program changes in the department over the past three years and the updated 2020 budget; and

WHEREAS, these changes include new Medical Directors for Public Health Services and Ingham Community Health Centers, a new Deputy Health Officer/Executive Director-Ingham Community Health Centers, and new Maternal & Child Health, Communicable Disease Control, and Health Promotion & Prevention Division Directors within the Public Health Services branch; and

WHEREAS, the Health Officer recommends that the Board of Commissioners approves ICHD's updated Plan of Organization effective January 1, 2020 through December 31, 2022.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby approves ICHD's updated Plan of Organization, effective January 1, 2020 through December 31, 2022 as attached and authorizes the Board Chairperson to sign MDHHS' Local Health Department Plan of Organization Approval Form.

Ingham County

PLAN OF ORGANIZATION

January 2020



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1. INTRODUCTION

The Plan of Organization (PO) of the Ingham County Health Department (ICHHD) was last [approved by the Michigan Department of Health and Human Services \(MDHHS\) as part of its accreditation process](#) in March 2017. In preparation for MDHHS' March 2020 accreditation visit, ICHHD is updating its PO to reflect any changes that have occurred since then. The department continues to be organized around three major branches: Public Health Services, Community Health Centers, and Community Health, Planning, and Partnerships. Linda S. Vail, MPA, continues to serve as Health Officer; and Nike Shoyinka, MD, MPH, now serves as Medical Director. The 2020 Plan of Organization will be approved by the Ingham County Board of Commissioners on December 10, 2019 and is now submitted for approval by the Michigan Department of Health and Human Services

The electronic version of this document contains hyperlinks to materials as requested by MDHHS. For correct viewing, please use the electronic copy on a device connected to the Internet. To view the documents, place the cursor over the hyperlink, hold down the Control key and click the mouse. If you have been provided a hard copy of the document, it will include printed copies of the requested materials.

2. LEGAL RESPONSIBILITIES & AUTHORITY

(a) State and Local Statutory Authority for ICHHD

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

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

In 1978, the Public Health Code was passed by the Legislature and signed by the Governor. The “Code” establishes a State/Local system to carry out the responsibility to protect and promote public health. The Code establishes the Michigan Department of Public Health with the responsibility to:

“. . .continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.” (MCL 333.2221)

The Michigan Department of Public Health is charged in the Public Health Code to:

“. . .promote an adequate and appropriate system of local health services throughout the state.” (MCL 333.2224)

The Public Health Code requires every county to provide for a local health department. County Boards of Commissioners are required to organize county or district health departments (MCL 333.2413) and it charges the local health departments with the same basic responsibilities as are given to the State:

“. . .continually and diligently endeavor to prevent disease, prolong life and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of disease; prevention and control of health problems of particularly vulnerable population groups. . .” (MCL 333.2433)

County Boards of Commissioners must appoint a health officer who has the authority and responsibility to protect the public’s health:

“A local health department shall have a full-time local health officer appointed by the local governing entity... [who] may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.” (MCL 333.2428)

The Michigan Administrative Code also defines the duties and responsibilities of Medical Directors of local public health departments.

- [Click here to view the Michigan Administrative Code](#)

Applicable State Law:

- [Click here to view the Public Health Code PA 368 of 1978](#)
- [Click here to view the Food Law PA 92 of 2000 as amended](#)
- [Click here to view the Natural Resources and Environmental Protection Act PA 451 of 1994](#)
- [Click here to view the Land Division Act PA 288 of 1967](#)
- [Click here to view the Condominium Act PA 59 of 1978](#)
- [Click here to view the Safe Drinking Water Act PA 399 of 1976](#)
- [Click here to view the Current Appropriations Bill \(2019\)](#)
- [Click here to view the Attorney General Opinions](#). Enter numbers 6501 and 6415

The Ingham County Board of Commissioners has responded to this mandate by establishing ICHD as a unit of government and appointing a Health Officer to oversee the activities of the department. In addition, it has created the Sanitary Code of Ingham County which utilizes Michigan's public health code to empower the Health Officer to enforce public health laws. The Sanitary Code was adopted in 1973 and has been amended three times since then. The first amendment is incorporated into the Sanitary Code. Two other amendments created a point of sale program to ensure inspection and repair of well and septic systems, and directed complaints of foodborne illness to ICHD. Three county resolutions of public health significance—the licensing of tobacco vendors, eliminating smoking in public places, and prohibiting the sale of electronic smoking devices to minors—are not part of the Sanitary Code.

Applicable Local Law:

- [Click here to view the Sanitary Code of Ingham County.](#)
- [Click here to view ordinance eliminating smoking in public places and worksites.](#)
- [Click here to view Resolution Prohibiting Sale of Electronic Cigarettes](#)
- [Click here to view Food Borne Illness Reporting](#)
- [Click here to view Pollution Prevention Program](#)

(b)Governing Entity Relationship with ICHD

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

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

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

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

Ingham County Board of Commissioners (2019)

Bryan Crenshaw, Chairperson
Ryan Sebolt, Vice-Chairperson
Robin Naeyaert, Vice-Chairperson Pro Tem

CELENTINO, VICTOR G., DISTRICT #1
CRENSHAW, BRYAN L., DISTRICT #4
GREBNER, MARK, DISTRICT #8
KOENIG, CAROL, DISTRICT #9
MAIVILLE, RANDY, DISTRICT #6
MORGAN, THOMAS, DISTRICT #10
NAEYAERT, ROBIN, DISTRICT #14
POLSDOFER, MARK, DISTRICT #12
SCHAFER, RANDY, DISTRICT #13
SEBOLT, RYAN, DISTRICT #2
SLAUGHTER, DERRELL DISTRICT #3
STIVERS, EMILY DISTRICT #11
TENNIS, TODD, DISTRICT #5
TRUBAC, CHRIS DISTRICT #7

2019 Human Services Committee (Board of Commissioners)

Todd Tennis, Chairperson
Chris Trubac, Vice Chairperson
Thomas Morgan
Robin Naeyaert
Ryan Sebolt
Darrell Slaughter
Emily Stivers

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

Ingham County Board of Health

Lynn Stauff, MPA, Chairperson
Jan Bidwell, MSW, Vice Chairperson

Denise Chrysler, JD
Nickell Dixon, PhD
Dilhara Muthukuda, BS, MPH
Molly Polverento, MEd, CPH
Nino Rodriguez, PhD
Gary Rowe, MS, RS
Abby Schwartz, BA, MPH
Commissioner Derrell Slaughter

- [Click here to view Board of Health Bylaws](#)

ICHD operates a network of Federally Qualified Health Centers (FQHC) funded under section 330(e) of the Public Health Services Act and/or through the Act's Health Care for the Homeless provision, section 330(h). This designation is important because it enables these Health Centers to obtain grants made available only through the Act.

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

Ingham Community Health Center Board

Todd Heywood, Chairperson
Jennifer Hanna, Vice Chairperson
Sam Ingot, Secretary

Katreva Bisbee
Jeffrey Brown
Amy Fountain
Florenio Hernandez
Hope Lovell
Mary Molloy
Rachel Ruddock
Robert Stark
Commissioner Todd Tennis
Anshu Varma
Daphine Whitfield

- [Click here to view CHC Bylaws](#)

(c)Indemnification of Employees for Civil Liability

Ingham County is insured through the Michigan Municipal Risk Management Authority (MMRMA). Coverage is extended to all County elected officials and employees, including Health Department employees, for acts and omissions while in the course of their employment and within their scope of authority. MMRMA provides for civil defense, and coverage of any civil judgment or settlement over and above the County's deductible. Ingham County purchases malpractice insurance for health care providers who require it. We purchase malpractice insurance for physicians and dentists from The Doctors Company.

(d)Delegation of Food Service Sanitation Program Responsibilities

ICHD contractually assigns partial authority to implement food service sanitation program responsibilities to Michigan State University for establishments on their property. These include the residence halls, stadium, ice arena, the Kellogg Hotel and Conference Center, the MSU

Union, Sparty's Cafes, the Wharton Center, the Breslin Center, the International Center, the Agriculture Pavilion, Cowles House, the Dairy Store, the Golf Courses, and all other fixed, temporary, mobile and vending services. The Department's contract with MSU requires it to enforce 2000 PA 92, MCL 333.12534, MCL 722.113 and MCL 333.12506 and Chapter IV of the Ingham County Sanitary Code. The agreement requires MSU to keep records of inspections and violations as required by law, outlines when and how MSU must communicate with ICHD and details how ICHD shall oversee MSU's work. The agreement stipulates that all program enforcement and quality assurance shall be performed by ICHD.

- [Click here to view Ingham County Resolution to extend 2010 Michigan State University's food service sanitation contract through December 31, 2020.](#)
- [Click here to view 2010 Michigan State University's food service sanitation contract.](#)

(e)“Exposure Plan for Blood Borne Pathogens” and the “Chemical Hygiene Plan”

- [Click here to view ICHD Exposure Control Plan](#)
- [Click here to view ICHD's Workplace Injury Policy](#)
- [Click Here to view ICHD's Chemical Hygiene Plan](#)

3. LOCAL HEALTH DEPARTMENT ORGANIZATION

(a)LHD Organizational Structure

The Health Officer of a local health department is appointed by the governing board of the jurisdiction she or he serves. The Michigan Department of Health & Human Services verifies that a health officer meets the minimum qualifications outlined in the Administrative Code (325.13001). The Health Officer acts as the chief administrative officer of the local health department and must “Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.” The most serious of these powers relate to the declaration of “imminent danger to health or lives” which could lead to orders to restrain a condition, practice or person, and the issuance of emergency orders and procedures to include involuntary detention and treatment of persons in the event of an epidemic. Linda S. Vail, MPA, was appointed Health Officer on April 7, 2014. Adenike Shoyinka, MD, MPH was appointed by MDHHS as the Provisional Medical Director on April 8, 2019 for a term of July 1, 2019 through July 1, 2022.

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

- a. Debbie Edokpolo, MSW, Deputy Health Officer -Public Health Services*
- b. Joel D. Murr, MPA, Deputy Health Officer-Administration*
- c. Anne Scott, MPH, Deputy Health Officer/Executive Director Community Health Centers*

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

The Accounting Unit is managed by the Chief Financial Officer. Eric Thelen, MBA has been the Chief Financial Officer since 2014. The Accounting Unit is responsible for operating the financial aspects of ICHD including budgeting, accounting, billing and reporting, purchasing and also supports certain County wide functions like payroll. Accounting, like the rest of the County, utilizes MUNIS financial information system to generate reports to keep Department managers informed about their budget position.

Administrative functions for the Department are overseen by Joel D. Murr, MPA, the Deputy Health Officer-Administration, who leads the Community Health, Planning, and Partnerships work and acts as the Public Information Officer and the HIPAA Privacy Officer.

Health Department Administrative Staff:

Linda S. Vail, MPA, Health Officer

Debbie Edokpolo, MSW, Deputy Health Officer-Public Health Services

Joel D. Murr, MPA, Deputy Health Officer-Administration

Anne Scott, MPH, Deputy Health Officer-Executive Director Ingham Community Health Centers

Eric Thelen, MBA, Chief Financial Officer

Adenike Shoyinka, MD, MPH, Medical Director

Priti Pathak, MD, Interim Medical Director-Ingham Community Health Centers

Jessica Yorke, BA, Health Promotion & Prevention Manager

Rod McNeill, MHA, Environmental Health Director

Sumeer Qurashi, MD, MPH Communicable Disease Control Manager

Sally Meyer, MPH, Maternal & Child Health Director

Medical Direction

Adenike Shoyinka, MD, MPH, serves as the Medical Director providing medical direction and support to ICHD's administrative operations. Priti Pathak, MD, is the Interim Medical Director for the Community Health Centers and oversees the Health Center's standing orders and laboratories.

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

- [Click here to view the Resolution to Amend the Agreement with Sparrow Hospital for ME Services](#)
- [Click here to view agreement to re-appoint Dr. Michael Markey to the position of Chief Medical Examiner](#)

Department Structure

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

The Deputy Health Officer for Public Health Services is Debbie Edokpolo, MSW. Public Health Services contains most of the public health functions that would be found in any other Health Department. There are approximately 127 FTEs working in Public Health Services which has a budget of \$16,855,655 and is divided into four divisions: Health Promotion and Prevention; Environmental Health; Communicable Disease Control; and Maternal and Child Health.

Jessica York, BA, directs the Health Promotion and Prevention division which include the Breast and Cervical Cancer Control Navigation Program (BCCCNP), Pathways to Care, Substance Use Disorder services, and Registration and Enrollment services with a budget of \$2,730,643.

Rod McNeill, MHA, directs the department's Environmental Health division and oversees programs to prevent health and safety issues as they relate to the total environment. It has approximately 21 FTEs working in Public Health Services which has a budget of \$2,510,123.

Environmental Health operates three program areas: Food and Facilities Programs (which includes the food service sanitation program), Land and Water Programs (including the water supply services and on-site sewage programs), and Prevention and Response programs.

Sumeer Qurashi, MD, MPH manages the Communicable Disease Control division which includes Immunizations, the HIV/STI Prevention Program, and the TB/LTBI programs with a budget of \$4,768,172.

Sally Meyer, MPH, directs the Maternal and Child Health Division which includes Children's Special Health Care Services, Family Outreach Services, Native American Outreach Program, Nurse Family Partnership, Strong Start, Healthy Start, Vision and Hearing, Maternal Infant Health Program, Childhood Lead, and Women, Infants, and Children (WIC) with a budget of \$6,846,717.

Anne Scott, MPH, serves as the Deputy Health Officer/Executive Director of the Ingham Community Health Centers. The Ingham Community Health Centers operate the network of Federally Qualified Health Centers described above and the supportive services related to them. The health centers serve approximately 24,000 unduplicated individuals per year with a budget of approximately \$28 million dollars. There are 190 FTEs of County employees, including FTEs directly employed and approximately 38 contractual providers (physicians, dentists, nurse practitioners, and physician assistants). Priti Pathak, is the interim Medical Director for the Health Centers. Dr. Pathak also serves as the director for the clinical laboratories. The Health Centers provide primary care, OB/GYN and pediatric health care services, adolescent health care, infectious disease specialty services as well as adult and pediatric oral health care, and medical services at the Ingham County Jail and Youth Center. Most of those served are people who are eligible for Medicaid; people who do not have health insurance; or people who are enrolled in the Ingham Health Plan. Kelli Zurek, RN, Clinical Services Manager oversees jail and youth center medical within ICHD. The health centers must remain compliant with federal, state, and local funding sources and guidelines.

Joel D. Murr, MPA, serves as the Deputy Health Officer-Administration and oversees ICHD's Community Health, Planning, and Partnerships (CHPP) programs. CHPP works to power data-informed decision-making and to address social determinants of health, while developing partnerships and engaging in planning to promote wellness and health equity throughout Ingham County. Programs include: Community Health Assessment (CHA), Public Health Emergency Preparedness, Environmental Justice, Health Equity and Social Justice, Healthy Communities and AmeriCorps. This branch also oversees ICHD's Public Information, Grants administration, and Information Technology programs that are supported by a team of Analysts and Electronic Health Records trainers.

- [Click here to view ICHD Organizational Chart](#)

(b)Documentation of Approval of Local Health Department (LHD) Plan of Organization

The Ingham County Board of Commissioners approved the Plan of Organization of ICHD on December 10, 2019.

(c) Operating Budget and FTEs for Public Health Services

The annual operating budget of ICHD for 2020 is \$51,914,715 and was approved in the County's General Appropriations Resolution # 19-433. The Public Health Services portion totals \$16,855,655. There are 350.25 full time equivalent positions employed in the Department at this time of which 122 are in the Public Health Services branch. The link below will take you to the controllers recommended budget. Please note the approved 2019 County Budget is not published online at this time but is expected to be out by the time of our 2020 site review. ICHD's budget summary is on page 4-40 of this document. The section outlining FTEs is on page 4-52.

- [Click here to view Controller's Recommended Budget for 2020](#)
- [Click here to view Ingham County 2020 General Appropriations Resolution](#)

(d) Information Technology Capacity

The effective use of information technology is a priority for ICHD. Technology at ICHD is supported by Ingham County's Innovation and Technology Department (ITD) and has support staff directly in the ICHD building. There are more than 350 computer users in seven different buildings using a Gigabit fiber backbone between IT and ICHD, and multiple high speed connections reaching out to the remote sites. Every branch uses the enterprise email system. Each division also utilizes specialized applications appropriate to its needs. ICHD began redeveloping its website in 2014 and launched an updated, client-focused design in 2015. In addition, ICHD utilizes social media such as Facebook, Twitter and Instagram to distribute public health information and to gather input from stakeholders.

- In 2011 an Electronic Health Records (EHR) system was implemented as required by the Affordable Care Act. EHR improves service delivery to ICHD clients and allows ICHD Clinical Services to move from paper-based records to a more efficient means of information storage and sharing. ICHD has been implementing EHRs in Public Services Division in the last year. In December 2013, the Board of Commissioners approved the creation of two Electronic Health Specialist positions to assist in the training of the EHR use across the department. In addition, two Health Analysts maintain the EHR system back end, database, and create reports.
- ICHD is a member of the Great Lakes Health Connect (GL-HC). Health Information Exchange GL-HC is a community collaborative developed by and for physicians, employers, academic institutions, hospitals, health plans, community members, public health and community mental health service providers with the support of the State of Michigan and the federal government. GL-HC is committed to the exchange of patient health information through a secure web-based environment, promoting patient safety and improved quality of care and the advancement of research initiatives.

- Financial Services uses the County's MUNIS system to automate financial and personnel administration.
- The Environmental Health division (EH) uses diverse GIS applications to collect and analyze geospatial data including Arc/GIS. It also electronically tracks and stores data regarding EH program inspections in the area of food, water, sanitation, vector issues, permits, complaints and pollution prevention and makes this available to the public over the Internet. EH uses a paperless system for storing and retrieving well and septic reports.
- The Immunization clinic uses the EHR to track immunizations. Records are transferred via the HIE (GL-HC) to the Michigan Care Improvement Registry (MCIR).
- Emergency Preparedness uses the Michigan Health Alert Network, Epi-X, and other applications geared to help prepare and react to emergency events.
- The Communicable Disease Control division also uses MCIR, Epi-X and the Michigan Health Alert Network. It uses the Michigan Disease Surveillance System to receive and update cases of reportable diseases.
- Community Health Assessment (CHA) uses the data collected by each group to report to the community on the overall health of Ingham County. It has also utilized LiveStories, Policy Map, Arc/GIS and tableau to access public health and related data and visualize it in a format that the public and other audiences can use. The CHA group also uses SAS, SPSS, and Stata software to analyze public health data.

Laptops, tablets and smartphones are used by staff on the Department's wireless network and when they are out in the community. Leadership team members utilize mobile technology to be more available to their staff or to be more accessible during an emergency.

The Innovation and Technology Department performs the backup and disaster recovery procedures. Backups happen nightly and are stored in multiple locations. Servers are in limited access secured rooms and all workstations lock after a period of time. ITD uses multiple firewalls, anti-virus software, and spam filtering software to help reduce potential risks to data and infrastructure. Employees are given a Technology Use Policy and Computer Security Policy to help ensure IT security.

- [Click here to view Use of County Resources \(Including IT\) Policy](#)

4. **Accounting and Auditing**

5.

6. *Documents related to department finances are attached below: the 2018 Comprehensive Annual Financial Report (produced at the end of each fiscal year when all audits are complete); the Ingham County Single Audit. The attached documents detail findings and Ingham County's response/corrective action addressing those findings.*

7.

8. *ICHD did not have any significant issues or other findings that required corrective action.*

9.

10. • [Click here to view Ingham County 2018 Comprehensive Annual Report](#)

11. • [Click here to view Ingham County Single Audit 2017](#)

12. **MISSION, VISION, AND VALUES**

ICHD regularly shares its mission, vision, and values with stakeholders and employees through its website, annual report, and on-site signage. As part of a strategic planning process for the department for 2017-2020, ICHD worked with a consultant, Mary Kushion, in late 2016 to evaluate and update the department's existing mission, vision, and values. Prior to October 2016, ICHD's Mission Statement reflected the Department's statutory responsibilities and authority derived from the Public Health Code, while the updated mission serves to provide a succinct description to which the public can more closely relate. ICHD's administration reviewed the existing Mission, Vision, and Values as part of its strategic planning process for 2020-2022 and chose to leave it unaltered.

(a)Mission

Prior to October 2016

The ICHD has the statutory responsibility to protect and promote the public's health. The Department shall administer programs to prevent and control environmental hazards, prevent and control disease and prevent and control health problems in vulnerable populations. The Department will assess and monitor the health status of Ingham County, identify major health problems, and develop strategies through a community based process to achieve the highest level of health possible for Ingham County residents.

Adopted October 2016

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

(b) Vision

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

(c) Core Values

We frequently refer to the Core Values in describing how we want to relate to our clients and each other. The Core Values are displayed prominently on the website, in social media, and in public and work areas of all the Department's facilities. The values are:

Health Equity & Social Justice: We improve the health of the entire community by working toward a fair and just distribution of the social opportunities needed to achieve well-being, challenging inequities and barriers to social, economic, and environmental opportunity.

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

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

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

Continuous Mutual Learning: We are committed to learning through the experience and insight of others.

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

The Mission Statement, Vision and Core Values are publicized on ICHD's website and in other documents including the strategic plan.

- [Click here to view ICHD's website](#)
- [Click here to view ICHD's 2017-19 Strategic Plan](#)

13. LOCAL PLANNING AND COLLABORATION INITIATIVES

(a) **Priorities**

Community Priorities

Beginning in 2011, ICHD, in conjunction with Barry-Eaton District Health Department, Mid-Michigan District Health Department, Sparrow Health System, McLaren Greater Lansing, Hayes Green Beach Hospital, and Eaton Rapids Medical Center, conducted a community health assessment- Healthy!Capital Counties- that included Clinton, Eaton, and Ingham Counties. This regional community health assessment, although it encompasses three counties, contained county and sub-county level statistics. In 2017, the aforementioned organizations, participated in a third cycle of community health assessment and published an updated Community Health Assessment in 2018. The community strategic priorities (generated with community and institutional input) developed as a result of that assessment are:

- a. Access to Health*
- b. Behavioral Health*
- c. Chronic Disease Prevention and Management*
- d. Obesity Prevention*
- e. Financial Stability and Economic Mobility*

Community Health Improvement Plans (CHIP) based upon Cycles 2 and 3 of Healthy Capital Counties

Cycle 2 of Healthy! Capital Counties resulted in a Community Health Improvement Plan to address the priority areas identified by the community.

- [Click here for the Cycle 2 CHIP](#)

Cycle 3 of Healthy! Capital Counties created an updated CHIP based upon its priorities rooted in data from the Community Health Assessment Healthy! Capital Counties 2018 report. The community was invited to join ICHD in developing, sharing, implementing and improving the plan over the next three years. The Plan uses the Human Ecological Model that recognizes that community improvements should be addressed at various levels along the human ecological spectrum. Therefore, stakeholder representation and strategies are best if they recognize and include all these levels.

This CHIP was developed for 2019-2022 following a ceremony for H!CC findings, an asset mapping process and prioritization for the capital region of Clinton, Eaton and Ingham counties. Priorities for this cycle are similar to the previous cycle and include: 1) Access to Health, 2) Behavioral Health, 3) Chronic Disease, 4) Obesity, and 5) Financial Stability and Economic Mobility. The plan recognizes that everyone's contribution is important to help advance and monitor the implementation of the plan.

This is the second iteration of a coordinated effort at community health improvement planning, following the CHIP process in 2016 and the final implementation update on the previous cycle. In this round the planning process was weaved into the regional assessment more tightly with a regional steering committee to determine community assets, identify priorities, then develop common goals and objectives. Some strategies included in this plan are also regional in nature and others are more specific to Ingham County or a neighborhood within. Monitoring of implementation will follow a similar process as the last cycle with tracking the progress twice a year and interim reporting. The community at large will be informed about the interim updates through a presentation.

Description of Process

Planning for this cycle of the CHIP process was initiated in the last cycle of the Community Health Assessment process with a health equity approach. Stakeholders from the tri-county region were engaged during the assessment and reviewed the findings from quantitative, qualitative and asset mapping data. Then a special event was organized to prioritize the issues for the next Community Health Improvement (CHI) planning phase. The priority areas identified in this cycle are:

- Access to Health
- Behavioral Health
- Chronic Disease Prevention and Management
- Obesity Prevention
- Financial Stability and Economic Mobility

For this cycle it was decided by the CHA steering committee that a closer tie and organic transition from the CHA to the CHIP would allow community stakeholders to better understand how the two projects are seamlessly connected. It would also cut back on costs of duplication in meetings for stakeholders who work at a regional jurisdiction level.

The CHI planning committee was formed in March 2019 with public health department members of the CHA Steering committee from Clinton, Eaton and Ingham counties. The planning committee reviewed the proposed human ecological model to use for this CHIP and generated draft goals and objectives for each priority area, then developed a list of stakeholders. The planning committee decided to recruit participants from various sectors and position levels in the

human ecology spectrum. Broad participation of community partners was important to ensure that health improvement strategies would have a broad support to be implemented. Eventbrite and other social media tools were used to announce the first steering committee meeting for this CHIP cycle which was held in May 20th, 2019.

The purpose of the meeting was to introduce stakeholders to the CHA-CHI process, generate enthusiasm about the accomplishments from the previous CHIP cycle, then have a group discussion to validate or give feedback to the planning committee on drafted goals and objectives. The groups were assigned according to priority areas and participants were asked to choose the group they felt they could mostly contribute to. A scoping discussion followed to determine current community strategies that address the priority area for the group and initiate potential new partnerships to further the impact of strategies. The meeting ended with group facilitators sharing table discussion summaries and asking partners to sign in to a follow up meeting when partners who are developing specific strategies for this CHIP cycle would come back to review all the strategies gathered from stakeholders and assess the gaps and timeline.

Since the May and June meetings at ICHD, some hospital partners have completed their design of a similar planning process and shared it to be incorporated into the county level reports since they will be working at the tri-county level.

- [Click here for the Cycle 3 CHIP](#)

County Priorities

Since 1993 the work of Ingham County Government has been guided by a strategic plan reviewed by the Board of Commissioners. As part of the planning process, ICHD provides input to the Controller's Office. The Commissioners accept or modify the recommendations and incorporate them in the Strategic Plan. Commissioners use the plan to guide appropriations, budgetary and personnel decisions. The plan contains the County's mission and vision statement and 14 overarching, long-term objectives. Those long-term objectives are:

1. *Enhancing Access to County Records;*
2. *Providing a Quality Transportation System, including Roads;*
3. *Providing a suitable and ecologically sensitive drainage system*
4. *Providing Recreational Opportunities;*
5. *Fostering Economic Well-Being;*
6. *Promoting Environmental Protection, Smart Growth, and Conservation;*
7. *Preventing and Controlling Disease;*
8. *Promoting Accessible Health Care;*
9. *Assisting in Meeting Basic Needs;*

10. *Fostering Appropriate Youth Development;*
11. *Supporting Public Safety;*
12. *Assuring Fair and Efficient Judicial Processing;*
13. *Providing Appropriate Evidence-Based Sanctions for Adult Offenders; and*
14. *Providing Appropriate Evidence-Based Treatment and Sanctions for At-Risk Juveniles.*

Four of the 14 objectives in the Strategic Plan are directly related to public health.

- Promote environmental protection, smart growth, and conservation. Develop and implement strategies for fostering appropriate land use and protecting natural resources, such as implementation of a Purchase of Development Rights program, the County's commitment to the Cool Counties Climate Stabilization Goal, and other strategies being recommended by the Tri-County Growth Study Project. Develop and implement green building strategies for existing and new County facilities.
 - Public health services that support this objective include the Pollution Prevention Program, SARA Title III Local Emergency Planning Committee, well and septic programs, wellhead protection, recycling projects; medication disposal; developing and expanding tools to facilitate the use of health impact assessments among local municipalities; our ongoing support of the Capital Area Health Alliance in its work of engaging and encouraging local businesses and organizations to adopt business practices more conducive to health; and our continued collaboration with the Land Use and Health Resource Team.
- Prevent and control disease. The health of the community will be enhanced by assuring that the capacity exists to monitor the existence of communicable diseases and potential outbreaks and to conduct prevention activities such as education and immunizations.
 - Public health services that support this goal include: the work of Communicable Disease Control, Immunizations, the Lead Prevention Program, Breast and Cervical Cancer Control and Navigation, the Tobacco Control, HIV/STI prevention, tuberculosis control and Environmental Health Programs such as sanitation, vector control, food safety and indoor air quality.
- Assure accessible health care. An increase in Medicaid eligible individuals, as a result of the Affordable Care Act (ACA), has offered the opportunity for ICHD's Community Health Center Network to increase its proportion of Medicaid enrollees. Consequently, the CHC has had to expand its capacity in order to take full advantage of this opportunity. The patient centered medical home status (PCMH) of our community health centers ensures a high level of communication and interaction between our providers and the clients we serve.
 - Services that support this goal include: opening the New Hope, Birch Health Center, Relocating River Oak Health Center, and Forest Health Center; our school-based health

centers; mobile clinic partnerships with Sparrow Health; and our CHCs that have obtained PCMH status.

- Assist in meeting basic needs. In conjunction with state, local, and nongovernmental resources, the ability of individuals to obtain support for meeting basic needs will be enhanced.
 - Public Health services addressing this goal include dental care, adolescent health services, WIC, Pathways, and Registration and Enrollment.
 - Foster appropriate youth development. Intervention programs on behalf of youths and families which serve as an alternative to violence and emphasize adolescent health and opportunity will be enhanced.
 - Public Health Services addressed by this goal include adolescent health services, Strong Start/Healthy Start's Fatherhood Initiative, and Family Outreach Services.
- [Click here to view 2018-22 Ingham County Strategic Plan](#)

(b) ICHD's 2017-2019 Strategic Plan

Background

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

The Strategic Planning Process

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

- Annual Reports (2013, 2014 and 2015)
- ICHD Mission/Vision and Values
- ICHD Activity Indicators

- ICHD Performance Measures
- Controller's Annual Request
- CHIP Core Groups
- Ingham County Health Center's Homeless Needs Assessment
- Ingham County Strategic Plan (2016 Working Draft)

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

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

Also, it should be noted that the Community Health Center Network is included in the strategic planning process, but also has a requirement to conduct a strategic planning process with its board of directors as required by the federal government. To address the primary care needs of the medically underserved residents of Ingham County, ICHD formed the Community Health Care Services unit in the 1970s. This unit is home to the Ingham Community Health Centers (ICHC), which operate primary care centers in locations throughout the City of Lansing. ICHD was the first public-entity administered FQHC in the state. ICHC services are designed and coordinated to serve the area's most vulnerable populations. It also stands as a testimony to the Health Department and the community's commitment to improve health, reduce health disparities, and address a multitude of significant health and social issues, including access to quality health care. (Source: Performance Measures for the Health Department)

Alignment with Ingham County Health Department Plans

Connection to the Healthy! Capital Counties Health Improvement Plan

As previously mentioned, the Ingham County Health Department is an active participant in the Healthy! Capital Counties project which is convened and co-facilitated by three local health departments (Ingham County Health Department, Barry-Eaton District Health Department and Mid-Michigan District Health Department). The Community Health Improvement Plan (CHIP) from Cycle 2 of Healthy! Capital Counties currently had 4 priority areas: Access to Primary Care, Quality Health Care, Chronic Illness, Mental Health, and Financial Stability.

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

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

Connection to Quality Improvement, Workforce Development and Performance Management

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

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

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

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

- [Click here for ICHHD's 2017-2019 Strategic Plan](#)

(c) Priority Projects

Each long-term objective related to public health in Ingham County's Strategic Plan can be linked with specific activity areas. These activities are listed below:

Promote Environmental Protection, Smart Growth, and Conservation.

- a. Toxicology Programs – This program includes radon testing, mercury spill response, residential indoor and outdoor air testing, clandestine drug laboratory response, sites of environmental contamination evaluation, and issues of other potential polluting materials.
- b. Food and Facilities Programs – A Food Safety Program is involved with conducting inspections of restaurants, temporary food services, and vending machines and handling consumer complaints. Food handlers receive educational classes and information. Inspections are also done for day care centers, adult foster care homes, mobile home parks, campgrounds, tattoo parlors, and swimming pools.
- c. Land and Water Programs – These programs involve private water supply systems, on-site septic systems, vacant land evaluations, private home transfer evaluations, evaluations for remodeling, wells, surface water monitoring, and sanitary complaints. Private home transfers come under the new Point of Sale (POS) program.
- d. Prevention and Response Programs – These programs include pollution incident prevention plans, SARA III-Community Right to Know, solid waste management, recycling, plan review for new businesses, hazardous waste inspections, household hazardous collections, Emergency Management Planning and Response and the Community Surface Water Monitoring Program.
- e. Land Use and Health Resource Team (LUHRT) - LUHRT contributed to the establishment of a food policy council in this region, and passage of several complete streets policies. ICHD employees continue to support Safe Routes to School projects and ICHD's Healthy Communities Coordinator works to institutionalize a health impact assessment (HIA) (called the Health in All project) process by developing an online decision making tool for planners.

Prevent and Control Disease

- a. Communicable Disease Control – The Disease Control Office is charged with the responsibility for surveillance, epidemiological investigation, and prevention and control of communicable diseases in Ingham County. The tuberculosis (TB)

prevention and control program activities are part of the Communicable Disease Control Division.

- b. HIV/STI Prevention, Control, and Care Program – ICHD’s HIV/STI program is a comprehensive, integrated, and multifaceted program focused on preventing the transmission of sexually transmitted infections (STIs), particularly HIV. Primary prevention, education, individual risk reduction, counseling, and testing are provided at no cost to county residents. Ongoing STI education is provided to department staff, schools, college students, health care workers, faith based groups, and employees at worksites.
- c. Lead Prevention Program –We continue to provide case management utilizing public health nursing and environmental screening follow-up to children identified with elevated blood lead levels. ICHD partners with Refugee Development Center to reach refugee families to educate them about childhood lead.
- d. Immunization Clinic – Immunization program activities include routine childhood and adult vaccines, administering Vaccines for Children (VFC) and MI-VFC programs, administering the School Immunization Reporting System (SIRS), educating private providers on immunization practices and vaccine storage and handling, operating a mass immunization campaign for influenza, providing immunizations in the event of a disease outbreak, providing international travelers with health information and vaccines and regional coordination of vaccination clinics as needed.

Assure Accessible Health Care

The goal of our entire health center network is to assure accessible healthcare. To meet the needs of the community, different health centers target different barriers or hard to reach populations in order to improve accessibility. All of our centers provide services to people regardless of financial means and immigration status, but some centers focus on additional barriers. BIRCH Health Center is located in the main office of Community Mental Health Agency of Clinton, Eaton, and Ingham (CMHA-CEI) so that persons with moderate to severe mental health problems can obtain primary care without traveling to another site. At Forest Community Health Center we host CMHA-CEI providers to serve persons with mild to moderate mental health problems in the place where they receive their primary care. Forest Community Health Center houses a Dental Clinic. Cedar Community Health Center-Pediatrics and Cedar Community Health Center Women's Health are located in the same building with other popular maternal and child health programs (i.e. WIC and Immunizations). Our school-based health centers and free-

standing teen centers offer health services to teen and young adults in a convenient and familiar setting.

a. River Oak Community Health Center opened in August of 2015 and offers the following services: Adult and Child Healthcare, Internal medicine, Preventive Care, Disease Management, Women's Health, Behavioral Health Counseling, Substance Abuse Screening, Nutrition Counseling, Immunizations, Community Resource Support, Pharmacy Assistance, and a Mobile Bus to serve the homeless. River Oak Community Health Center received level 3 recognition as a Patient Centered Medical Home (PCMH). PCMH status has allowed our Community Health Center (CHC) network to provide a wider range of support services to its patients including social work, access to patient records through an electronic patient portal, and on-going communications with patients through newsletters, emails, etc. In addition, this practice model includes staff dedicated to quality assurance and improvement. River Oak providers relocated to Forest Community Health Center in Fall 2019.

b. The Mobile Dental Center brings preventive and restorative dental services directly to schools and offers care regardless of insurance status or ability to pay. The program prioritizes rural and low-income schools, but all in-county schools may participate. In 2015, a \$500,000 grant from the Human Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services funded the fully-equipped, accessible bus in addition to other equipment.

- a. Public Health Nursing - public health nurses provide a variety of services and activities within the community including disease prevention and outbreak control, education, case management and care coordination, and dissemination of community resources.
- b. Pathways to Care: Pathways to Care is a home visiting program staffed by Community Health Workers who assist Medicaid-eligible, adult community members in overcoming obstacles related to accessing necessary care. The purpose of the program is to support clients to live longer, healthier lives by improving their access to preventive health services covered by Medicaid. Community Health Workers serve as liaisons between clients, community, and medical and social service systems to streamline health care services. Pathways to Care benefits clients by:
 - Enhancing participants' ability to communicate effectively with healthcare providers
 - Providing culturally and linguistically appropriate health information and resources
 - Advocating for individual and community health
 - Providing referral and follow-up services
 - Care coordination

- c. Breast and Cervical Cancer Control Navigation Program (BCCCNP): BCCCNP provides breast and cervical cancer screening, diagnosis, treatment and system navigation at no cost to women who qualify. Both breast and cervical cancers are highly treatable if detected early. Nevertheless, many women, particularly women of low economic status, die unnecessarily because of these cancers. BCCCNP is now able to provide services to women under 40 who are in need of diagnostic screening and treatment services.
- d. Registration and Enrollment (R&E): R&E staff assess the eligibility of families and individuals and assists them in applying for a variety of health programs including:
 - Healthy Kids program
 - MIChild health insurance program
 - Healthy Michigan Plan
 - Maternal Outpatient Medical Services (MOMS)
 - Breast & Cervical Cancer Control Navigation Program (BCCCNP)
 - Ingham Health Plan (IHP)
 - Ingham County Prescription Discount Card

ICHHD is a certified navigator organization assisting consumers with health coverage options available through the marketplace.

- e. Maternal & Child Health Services –
 - i. *Strong Start, Healthy Start*: ICHHD is an affiliate of the national Healthy Start Initiative. This grant program is to improve perinatal health outcomes and reduce racial and ethnic disparities in perinatal health outcomes. The Ingham County Strong Start Healthy Start initiative uses community-based approaches to service delivery, and facilitates access to comprehensive health and social services for women, infants, and their families.
 - ii. *Nurse Family Partnership*: Nurse-Family Partnership helps vulnerable first-time mothers and their babies. Through ongoing home visits (until the child is two years old) from registered nurses, mothers receive the care and support they need to have a healthy pregnancy, provide responsible and competent care to their infants and toddlers, and become more economically self-sufficient.
 - iii. *Maternal Infant Health Program (MIHP)*: Support and education is offered to mothers in their homes, and transportation to medical visits is provided. Additionally, advocates link women to other community resources and supports to prepare them for the birth of their child.
 - iv. *Children's Special Health Care Services* - The program provides in home intensive case management for medically fragile children who receive private duty nursing care in the home. These services enable children to remain in their own homes and out of the most costly acute or long term care settings.

Assist with Meeting Basic Needs

- a. *Maternal & Child Health Services* –
 - i. *Strong Start, Healthy Start*: (referred to in above section)
 - ii. *Nurse Family Partnership*: (referred to in above section)
 - iii. *Family Outreach Service*: Family Outreach Services (FOS) is one of the home visiting programs of the Public Health Services Division the program uses non-medical public health professionals (called Advocates) to assist families in their psycho-social needs.
 - iv. *Maternal Infant Health Program (MIHP)*: (referred to in above section)
 - v. *Women, Infants, and Children (WIC) Program* - The principal goal of the WIC program is to eliminate nutritional deficiency as a contributing factor in neonatal death, low birth weight, and other significant health problems of children and pregnant or breastfeeding mothers. Clients are eligible for the program for several reasons including poor diet, low iron, weight abnormality, and other risks as defined by the State WIC Office.
- b. Social supports in the Community Health Centers: Social workers and Community Health Workers are embedded within the clinical settings and connect patients and clients to resources to meet their basic needs including food and shelter.

Foster Appropriate Youth Development

- a. School –Based Health Centers: School-based health centers (SBHCs) are primary care clinics based on school campuses and represent a partnership between the school district and ICHD. ICHD operates two SBHC in two local high schools:
 - i. Eastern Health Center
 - ii. Sexton Health Center
- b. Hearing and Vision Screening Program: The goal of the hearing program is to prevent childhood hearing loss or to initiate steps to alleviate and reduce the trauma of hearing loss. The goal of the vision program is to promote eye health of children and the specified populations through prevention, identification, treatment, and health education. The technicians who conduct the screenings are trained and regularly evaluated by the Michigan Department of Health and Human Services to assure that the tests are administered properly. Children who do not pass the hearing or vision screening tests are referred for evaluation to a physician or optometrist. Families who need assistance with the securing of hearing aids, other adaptive equipment, or eyeglasses are referred to the appropriate community resource.

- c. Willow Health Center – This service addresses the health needs of Ingham County adolescents with an emphasis on pregnancy prevention, reducing infant mortality and providing screening and counseling for youth at risk.

(d)Community Partnerships and Collaborative Efforts

Community Partnerships

To accomplish its mission of protecting and promoting public health, ICHD works with many groups and organizations in the community. Health outreach partners identify uninsured residents and assist those who are eligible with enrollment in Medicaid, insurance plans, or other benefit programs such as the Ingham Health Plan. They also help those they serve to establish a medical home of their choosing and to use the coverage available to them for basic primary and preventive care. Outreach partners also connect residents with other useful services and resources while helping strengthen social connections in neighborhoods. Outreach Partners with ICHD include:

- [Allen Neighborhood Center](#)
- [Capital Area Community Services](#)
- [Care Free Medical Clinic](#)
- [Cristo Rey Community Center](#)
- [Family & Community Development Services](#)
- [Northwest Initiative](#)
- [Southside Community Coalition](#)
- [St. Vincent Catholic Charities](#)

ICHD collaborated with a variety of local and regional groups and organizations that are engaged in protecting the health and safety of mid-Michigan residents and creating a healthy living environment. These organizations include:

- a. Mobile Health Clinic: In 2016, ICHD began partnering with Sparrow and Dean Transportation to provide the Lansing-area's only Mobile Health Clinic, going on location to residents to provide free basic health services. The mobile clinic, housed in a bus renovated by Dean Transportation, is open to anyone and

provides adult and childhood immunizations, flu shots, education, referrals, diabetes checks, and screenings for blood pressure, cholesterol, lead, glucose, and much more.

- b. *Healthy Lifestyles Committee* – Part of the [Capital Area Health Alliance \(CAHA\)](#), the goal of the Healthy Lifestyles Committee is to promote healthy behaviors and thus reduce illness. Another goal is to encourage residents to “Choose Health”.
- c. [Ingham Substance Abuse Prevention Coalition \(ISAPC\)](#) – is dedicated to reducing the harm caused by addiction and substance abuse in Ingham County. ISAPC is made up of a broad array of community stakeholders, assesses the needs of specific populations at highest risk of substance use/abuse, shares relevant local data, prioritizes needs, and plans implementation of evidence-based strategies to prevent and reduce substance use/abuse.
- d. *The Land Use and Health Resource Team* is a collaborative effort in the tri-county area involving planners, university faculty, business, and public health. The purpose of the LUHRT is to educate and engage the community on the impact of the built environment on health and facilitate positive urban policy and environment changes.
- e. *Power of We Consortium (PWC)* – ICHD is part of the Power of We Consortium (PWC) staffed by the Capital Area United Way, an inclusive planning and implementation multi-purpose collaborative body of over 250 human services, non-profit, governmental, faith-based, and business sector stakeholders that promote systems reform in Ingham County. The PWC is often referred to as a “community collaborative” or a “network of networks” and capitalizes on the power of social capital (such as trust, civic involvement, and connection) and diversity to achieve positive results for the community.
- f. *Social Justice Project* - Through the Social Justice Project, Ingham County is participating in national efforts to transform public health practice by moving its focus “upstream” toward the root causes of health inequity. The Social Justice Project has facilitated both internal and external dialogues to bring the concept of health inequity to the forefront of community improvement efforts. The Department offers internal Health Equity/Social Justice workshops to all employees. In addition, the Department is an active participant in Michigan Power to Thrive a landmark project which partners local public health with community organizers to address the social determinants of health. As the site of a Refugee Resettlement site, the department remains committed to addressing the needs of immigrant populations. As a member of the Immigrant and Refugee Resource Collaborative (IRRC), members of the collaborative have helped improve the provision of English as a second language. Projects such as former grants with Michigan State University have assisted us in understanding the needs of immigrants, refugees, and language minorities in the Capital Area, promote greater understanding, and help improve services, making it possible for these groups to participate fully in our community at

all levels. Partnerships with other non-profits such as the Lansing Latino Health Alliance have aided the department in addressing the needs of special populations.

- [Click here to visit Michigan Power to Thrive](#)

Collaborative Efforts

ICHHD, in addition to initiating community partnerships, also collaborates in community activities that benefit the health and wellbeing of Ingham County residents. Some of these collaborations include:

- a. *Healthy! Capital Counties* - Healthy! Capital Counties (H!CC) is a regional community health assessment and prioritization project undertaken by the four hospital systems (Sparrow Health Systems, McLaren Greater Lansing, Hayes-Green Beach, and Eaton Rapids Medical Center) and the three local health departments (Barry-Eaton District Health Department, ICHD, and Mid-Michigan District Health Department) serving Clinton, Eaton, and Ingham counties.
- b. *Mid-Michigan Health in All* – Is collaboration between, ICHD, Tri-County Regional Planning Commission, and MSU to develop and encourage the use of health impact assessment tools by local and regional planning commissions in their decision making process. Health impact assessments (HIA) allow planning boards and other entities to evaluate the direct or indirect impact on individual and community health of a proposed project.
- c. *Ingham Opioid Abuse Prevention Initiative*: First convened in early 2015, the Ingham Opioid Abuse Prevention Initiative came together in the wake of a sharp spike in opioid-related deaths in the Greater Lansing area. The cross-sector group includes law enforcement, emergency medical services, local hospitals, treatment facilities, and community groups. They aim to increase understanding of the growing problem of opioid abuse, and ultimately, to decrease the number of overdoses and opioid-related deaths. Ingham County has seen an eight-fold increase in opioid-related deaths since 2006. While the group members were all aware of the local opioid addiction problem prior to the formation of the group, they were not sharing information or collaborating to address the problem. Today, surveillance data is sourced from the group on a monthly basis which allows the work group to make data-driven decisions. The group is currently building public awareness of opioid abuse, examining policy changes, and pursuing additional opportunities for collaboration with syringe services programs.
- d. *BIRCH Health Center* - BIRCH (Building Inter-professional Relationships for Community Health) Health Center is a joint effort between ICHD and Community Mental Health Agency of Clinton, Eaton, and Ingham (CMHA-CEI) to provide medical care to patients who also receive mental health services.

- e. *Ingham County Pathways to Care* – Pathways to Care (PTC) is a program within the Health and Promotion Division of the Ingham County Health Department. This program is modeled after the evidence based Pathways to Better Health program. The purpose for Pathways to Care is to support Medicaid eligible participants to live longer, healthier lives by:
- Identifying and enrolling participants eligible for Medicaid funded programs
 - Improving access and accessibility to preventive health services covered by Medicaid
 - Serving as a liaison between community, medical and social service systems to streamline health services

14. **SERVICE DELIVERY**

(a) Locations and Hours

ICHD's main campus in south Lansing (5303 S. Cedar St., Building #3, 2nd Floor, Lansing, MI 48911) offers traditional public and population health services including Emergency Preparedness, Health Education, Nutrition, Immunizations, WIC, some communicable disease control programs including tuberculosis services, public health nursing including maternal and child health services, and environmental health services including onsite sewage, food service sanitation and pollution prevention programs. Regular office hours are Monday – Friday 8 a.m. to 5 p.m. The Immunization Clinic is open Monday, Tuesday, and Friday 9:30 a.m. to 4:00 p.m., Wednesday 9:30 a.m. to 5:30 p.m., and Thursday 1:00 p.m. to 4:00 p.m. The Immunization Clinic offers appointments for Ingham County residents and limited walk-in appointments are available on a first come first serve basis.

Clinical pediatric services are offered at the main campus (Cedar Community Health Center) through two clinics: Cedar Pediatrics and Women's Health Center. Clinical Services are also offered off campus (Community Health Centers) through the following clinics: The BIRCH Health Center, Eastern Health Center, Forest Health Center, New Hope, River Oak Health Center, Sexton Health Center, and Willow Health Center. The clinics utilize social workers, nutritionists, nurse practitioners, physician assistants and physicians to provide comprehensive primary care services to low income residents, through extended hours described below.

Main Campus:

Cedar Community Health Center-Pediatrics

Human Services Building

5303 S. Cedar St.

Lansing, MI 48911

Phone: 517-887-4305

Hours of Operation

M-Th: 8am-7pm
F: 8am-5pm

Pediatrics provides the following services to children 0-17 years of age and older:

- Primary Pediatric Health Services
- Well Child visits
- Immunization Services
- Sick visits and follow up
- Nutritional Services
- Behavioral Health Services
- On-Site Medical Social Worker

Cedar Community Health Center Women's Health
Human Services Building
5303 S. Cedar St.
Lansing, MI 48911
Phone: 517-887-4320

Hours of Operation
M-Th: 8am-7pm
Friday: 8am-5pm

Women's Health provides the following services to women 18 years of age and older:

- Primary care health services
- Prenatal services
- Obstetrics
- Family planning (Title X)
- Maternal Infant Health Program
- Gynecology services including
- Minor surgical procedures
- Pregnancy testing
- Nutritional counseling
- Behavioral health counseling

Off Campus:

BIRCH Health Center
812 E. Jolly Rd.
Suite 112

Lansing, MI 48910
Phone: 517-244-8030

Hours of Operation
M-F 8am-5pm

BIRCH (Building Inter-professional Relationships for Community Health) Health Center is a joint effort between ICHD and Community Mental Health Agency of Clinton, Eaton, and Ingham (CMHA-CEI) to provide medical care to patients who also receive mental health services. The center is a family practice community health center located in the Community Mental Health. The Health Center began operations in April 2013. Birch Health Center is located in the Community Mental Health building on the 1st floor. Birch Health Center provides the following services to adults 18 years of age and older:

- Servicing CMH patients
- General family practice services
- Annual physicals
- Gynecological services
- Minor office procedures
- Behavioral health counseling
- Nutritional services
- Preventative health services

Forest Community Health Center

2316 South Cedar Street
Lansing, MI 48910
Phone: 517-887-4302

Hours of Operation
M-Th: 8am-7pm
F: 8am-5pm

Effective September 8, 2019: M-F: 8am-7pm

Forest provides the following services to adults
18 years of age and older:

- Primary care health services
- Preventative services
- Chronic disease management
- Minor office procedures
- Gynecological services

- Specialty referrals
- Ryan White HIV Care Services for adults age 18 and older (16-17 year old upon consultation)
- Case management
- Behavioral health consultation
- Nutrition counseling

Forest provides the following dental services to people of all ages:

- Dental Cleanings
- Dental X-rays
- Dental Fillings
- Tooth Extractions
- Oral Cancer Screenings
- Debridement
- Minor Surgical Procedures
- Mobile Dental Center

Forest Community Pharmacy

Hours of Operation

M-Th: 8:30am-5:30pm

F: 8:30am-5pm

Public Health HIV/STI Services are also located at Forest

New Hope Community Health Center

430 N. Larch St., Suite 1

Lansing, MI 48912

Phone: 517-887-4400

Fax: 517-244-7161

Hours of Operation

M-F: 8 am-5 pm

Primary Health Care

After hours clinical advice is available 24 hours a day, 7 days a week for current Health Center patients by calling (517) 244-8060.

Eastern Health Center

220 N. Pennsylvania, Room 112

Lansing, MI 48912
Phone: 517-244-8014

Hours of Operation
M-F 7am-4pm

Eastern Health Center is located in the Eastern High School building on the 1st floor. Eastern Health Center provides the following services for students at Eastern High School and all students in the Lansing School District:

- Primary medical care
- Treatment of minor illnesses
- Treatment of minor injuries
- Physicals
 - Sports, camp, and work
 - Well visits
- Immunizations, including flu shots
- Chronic disease management
 - Asthma
 - Diabetes
- Hearing/Vision screenings
- Referrals for specialty care
- HIV counseling and testing
- Pregnancy tests
- Sexually Transmitted Infection
 - Diagnosis
 - Treatment
- Mental health screenings
- Crisis intervention
- Counseling
- Case management
- Referrals for additional mental health services

Sexton Health Center
102 S. McPherson Ave.
Lansing, MI 48915
Phone: 517-244-8041

Hours of Operation
M-F 7am-4pm

Sexton Health Center is located in the Sexton High School building. Sexton Health Center provides the following services for students at Sexton High School and all students in the Lansing School District:

- Primary medical care
- Treatment of minor illnesses
- Treatment of minor injuries
- Physicals
 - Sports, camp, and work
 - Well visits
- Immunizations, including flu shots
- Chronic disease management
- Asthma
- Diabetes
- Hearing/Vision screenings
- Referrals for specialty care
- HIV counseling and testing
- Pregnancy tests
- Sexually Transmitted Infection
 - Diagnosis
 - Treatment
- Mental health screenings
- Crisis intervention
- Counseling
- Case management
- Referrals for additional mental health services

Willow Health Center

306 W. Willow St
Lansing, MI 48906
Phone: 517-702-3500

Hours of Operation

M-Th: 10am-7pm

F: 8am-5pm Willow Health Center is located in the Willow Plaza. Willow Health Center provides the following services to adolescents ages 10-21:

- Primary Medical Care
- Treatment of Minor/Chronic Illnesses
- Physicals (school, sports, work, and yearly)
- Health Education (every visit)
- Immunizations

- Counseling Services
- Referrals to Agencies and Services Within the Community
- Birth Control Options
- Contraceptive Supplies
- Emergency Contraception
- HIV Counseling and Testing
- Physical Exam
- Pregnancy Testing
- Sexually Transmitted Infection Checks

15. REPORTING AND EVALUATION

(a) Evaluation

Ingham County government is extremely concerned about accounting for the work of its employees. As mentioned in section 4B of the Plan of Organization, each long-term objective in Ingham County's Strategic Plan has specific activities associated to it. The County has developed metrics it calls activity indicators, which it uses to benchmark the performance of ICHD and other County units. The Board of Commissioners and the Controller's Office require ICHD to develop activity indicators in every area of its work, to report annually on them, and to forecast future levels of activity. Over the years ICHD has incorporated the some of its activity indicators into its annual report so that those indicators would be available, not just to the Controller and the Board of Commissioners, but the public, department employees, and anyone exposed to the annual report.

Many of the evaluative methods involve presumptive associations or activities correlated to outcome measures. Additionally, performance monitoring systems that generate feedback to the County Commissioners and ICHD on public health activities are important activities.

Performance Management Activities

The Quality Improvement Committee is responsible for performance management activities for Public Health Services and Community Health Planning and Partnerships/Administration. Ingham County Health Department (ICHD) has collected data on Performance Measures and Activity Indicators since 2008. Each of the four Public Health Services (PHS) divisions and Administration/Community Health, Planning, and Partnerships (CHPP) has collected the information and reported it on an annual basis to the department's governing entity, the Ingham County Board of Commissioners (BOC), through the Controller's Office and the department's annual report.

Performance Standards

Beginning in 2018, ICHD created formal Quality Improvement and Performance Management Plans for the Public Health Services and Community Health, Planning, and Partnerships branches that charge the Quality Improvement (QI) Committee to implement its Performance Management System. One key task for this group is to monitor the achievement of organizational objectives. The QI Committee monitors progress on the activities that support Ingham County's strategic plan, the department's strategic plan, and the Community Health Improvement Plan (CHIP) developed from the 2015 and 2018 Healthy! Capital Counties Community Health Assessments. These three documents contain the department's performance standards, including goals, targets and indicators.

Performance Measurement

The Performance Management System utilizes dashboard reports to measure the progress of internal performance standards and measures for Ingham County's and ICHD's strategic plans, as well as determine the need for policy or program changes. The PHS Division Directors collect data for their programs in dashboards. This is the same information that they have traditionally reported up to the Board of Commissioners through the Controller's Office as part of the budget creation process. They report the relevant data to administrative support staff who populate dashboards. This data informs progress on Ingham County's strategic plan for reporting to members of the QI Committee, ICHD administration, and the Board of Commissioners. Progress on ICHD's strategic plan is reported to the Deputy Health Officer-Administration by the champions for each area that are identified in the plan. Progress on the CHIP is collected from the responsible parties identified in the CHIP by the Health Analyst-Healthy Communities.

Progress Reporting

The QI Committee is responsible for analyzing data related to performance standards and measures for Ingham County's strategic plan. The group looks at annual trends for data for each of the performance standards and measures as well as trends for quarterly updates of the data throughout the year. Results are recorded in the minutes of the QI Committee meetings and recorded on the shared drive. The members of the QI Committee will share the reports with the Administrative team as necessary, but at least annually. The Deputy Health Officer-Administration or the champions identified in the plan shares progress on the department's strategic plan at least quarterly to the Leadership Team. Progress on the department's strategic plan is included in the annual report. The annual report is shared with employees, stakeholders and the Board of Commissioners. The Health Analyst-Healthy Communities reports on progress on the CHIP to stakeholders, CHIP participants, and the QI Committee annually. They also share the report with the Power of We Consortium.

Quality Improvement

The QI Committee reviews performance measures from the PHS and CHPP/Admin branches. Performance measures that are not at or above their pre-determined targets are investigated further, and resulting information used to develop QI priorities. These priorities are then communicated to solicit or prioritize QI projects related to those priorities.

ICHD continues to strive to translate a variety of quality improvement activities conducted over the past decade into a formalized and institutionalized strategy. The department endeavors to create a sustainable culture of quality improvement, and has a Quality Improvement Committee drawn from the Leadership team and frontline staff; this team is responsible for raising the competence of ICHD staff on quality improvement techniques (e.g. Model for Improvement, the 5 Why's, process mapping, etc.) as well as serve as a resource for staff wanting to conduct quality improvement activities.

(b)Communication

ICHD employs health communication, risk communication, social marketing and public relations strategies to promote health across Ingham County. In 2014 ICHD hired a full time Health Communications Specialist. This has allowed the Department to plan and focus its communication activities. It has also allowed staff to develop communication-based interventions and messaging based upon behavioral and social learning theories to positively influence the health behaviors and health beliefs of county residents. To reach county residents, ICHD engages in strategic communications, which include paid and earned media across digital and traditional platforms, to support ICHD's mission, goals and objectives, strategic plan and community health needs assessment. ICHD analyzes and solicits data via survey tools and focus groups to inform communication strategies (formative evaluation) and evaluates the overall outcomes of communications through social media and web metrics in addition to measuring health outcomes (summative evaluation).

Infographics

Chickenpox: <http://hd.ingham.org/portals/hd/Images/cd/Chickenpox.jpg>

Pertussis: <http://hd.ingham.org/portals/hd/Images/cd/Pertussis.jpg>

Early Childhood: <http://hd.ingham.org/Portals/HD/Images/MCH/GLBFInfoGraphic.pdf>

Billboards/Campaigns

Marijuana Harm Reduction Campaign "Weed Facts":

<http://hd.ingham.org/SeekingCare/SubstanceUse/Marijuana.aspx>

Hepatitis A Billboards and Printed Materials:

<http://hd.ingham.org/DepartmentalDirectory/CommunicableDisease/HepatitisA.aspx>

(c)Reporting

ICHD utilizes a number of different mediums to communicate to the Community and the Board of Commissioners on the health status of the community and its activities. Below is a list of various types of communication techniques and our information dissemination activities in each.

Large meetings (e.g. town hall meetings)

- Healthy! Capital Counties (H!CC) community prioritization activities
- Capital Area Health Alliance meetings
- CMH-CEI's Elected and Appointed Officials Luncheon

Small meetings (e.g. department meetings)

- Quarterly Brown Bags meetings
 - Leadership Team Assembly
 - Board of Commissioners meetings
 - Human Service Committee meetings
 - Meeting with various community partners
 - Board of Health meetings
-
- *Annual report:* The Department releases annual reports. These reports are distributed widely in the Community and are also presented to the Board of Commissioners. The annual report provides detailed information about each of the activity areas described in the Services section, Part 5 of the Plan of Organization, and also reports on some of the activity indicators. In addition the annual report informs the community about Health Department services and how to access them. Although these documents are available online, we find that distributing printed documents is still an effective means of communication, so we still do a small print run.
-
- [Click here for 2016 Annual Report](#)
 - [Click here for 2017 Annual Report](#)
 - [Click here for 2018 Annual Report](#)

E-mail

- *In Good Health*: This is a monthly informational departmental newsletter that is sent out to all departmental staff.
- *Data Book*: recognizing that not all health information or demographic information is available in the Behavioral Risk Factor Survey Report and that information is also essential to health policy decisions, planning, and grant development, we have developed another statistical resource document for community stakeholders and county officials: the Data Book. The Data Book provides information on demographic, mortality, pregnancy, natality adult and child health data for residents of Ingham County. It is available online and is updated as new information for each topic becomes available.
 - [Click here to view Data Book](#)
- Healthy! Capital Counties: Healthy! Capital Counties is a regional collaborative community health assessment involving four local hospital systems and three local health departments. The intent of Healthy! Capital Counties is: to conduct a common community health assessment; develop common community priorities; and have the priorities guide community health improvement activities in Clinton, Eaton, and Ingham counties. All documents related to Healthy! Capital Counties are online on the project's website.
 - [Click here to view the Healthy! Capital Counties Community Health Profile](#)

Internet and Social Media

- Social Media: ICHD maintains Facebook, Twitter, and Instagram accounts that it uses to engage the entire community. These tools can play a critical in public health practice. For example, Facebook played a critical role in data collection in February 2016 during a Norovirus outbreak at the Kellogg Hotel and Conference Center. Via Facebook we were able to disseminate information about the outbreak and direct people who may have visited the Kellogg Center at the time to an online survey to collect information about the outbreak.
 - [Click here to view ICHD Facebook page](#)
 - [Click here to view ICHD Twitter page](#)
 - [Click here to view the ICHD Instagram page](#)
- ICHD Website: ICHD is continuing to update its website in order to make it more accessible to the community. The architecture was revised to improve search functions and usability for county residents.
 - [Click here to view ICHD website](#)

16. **HEALTH OFFICER AND MEDICAL DIRECTOR**

(a) **Procedure for Appointment**

The Health Officer is appointed by the Ingham County Board of Commissioners. After a national search conducted by the Human Resources Department of Ingham County, finalists are interviewed by a selection committee from the Board of Commissioners. After ranking the candidates, the selection committee makes a final recommendation to the full Board.

The Health Officer submits qualifications for the Medical Director to MDHHS prior to their appointment. MDHHS verifies that the Health Officer and Medical Director meet the minimum qualifications established in the Administrative code.

- [Click here to view resolution appointing Linda Vail as Health Officer](#)

(b)

(c) **Correspondence Regarding Appointment**

1. Health Officer:

- [Click here to view letter approving the appointment of Linda Vail as Health Officer](#)

2. Medical Director:

- [Click here to view letter approving the appointment of Dr. Shoyinka as Medical Director.](#)

LOCAL HEALTH DEPARTMENT (LHD)

PLAN OF ORGANIZATION

APPROVAL FORM

This approval form is to be signed by the Health Officer and the chairperson of your agency’s local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Office of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Office of Local Health Services.

17. I have reviewed the Plan of Organization for _____
Ingham County Health Department
(Insert local health department name)

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

18. Health Officer Name: Linda S. Vail, MPA

Health Officer Signature: _____

Date: _____

Local Governing Entity Chairperson Name: Commissioner Bryan Crenshaw

Local Governing Entity Name: Ingham County Board of Commissioners

Mailing Address: P.O. Box 319, Mason, MI 48854

Chairperson Signature: _____

Date: _____

TO: Board of Commissioners Human Services and Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: November 19, 2019
SUBJECT: Authorization for Month to Month Lease Extension for 306 W. Willow Street
For the meeting agenda of December 2nd and December 4th, 2019

BACKGROUND

Ingham County Health Department's (ICHD) Community Health Centers (CHC) is seeking a month-to-month lease extension for the 306 W. Willow St., Lansing location for the operation of Willow Community Health Center. The lease, which was authorized through Resolution #14-518 is set to expire December 31, 2019. The Ingham Community Health Center Board has determined not to enter another 5 year lease for this location, and determined that the adolescent health services currently provided at the 306 W. Willow locations shall be permanently relocated to the River Oak Community Health Center location, at 1115 S. Pennsylvania Ave, Lansing. The 1115 S. Pennsylvania Ave location is more proximal to Lansing School District's largest high school (Everett) and on a direct bus line, which is more accessible to underserved target population. However, as part of the larger facility and location strategy for the Health Centers, the timeline that Women's Health Services was scheduled to temporarily operate at the 1115 S. Pennsylvania location during renovations at the Human Service Building (HSB) has extended into March of 2020. Therefore, a month-to-month extension of the lease for the 306 W. Willow location is required until Women's Health is back at HSB and 1115 S. Pennsylvania Ave will be available.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The terms of the current lease agreement state that by holdover or mutually agreed amendment, the sum paid per month during the extended period beyond the expiration date of the lease shall be the same as monthly amounts paid for the period of January 1, 2019 to December 31, 2019, plus any percentage of increase of the Consumer Price Index during the preceding five (5) years, but not to exceed an increase of ten percent (10%). Therefore, the hold over lease rate for January 1 through April 30, 2020 would be an amount not to exceed \$5843.75 per month for the 7500 square feet of clinic space and \$106.33 per month for the 400 square feet of storage space.

STRATEGIC PLAN

This resolution supports the overarching long-term objective of promoting accessible healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured

OTHER CONSIDERATIONS

there are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval for Ingham County to authorize an extension of the terms of the lease agreement with Nick Yono for the 306 W. Willow, Lansing location on a month-to-month basis for the months of January 1 through April 30, 2019 for an amount not to exceed \$5843.75/month for the 7500 square feet of clinic space and \$106.33/month for the 400 square feet of storage space.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE MONTH TO MONTH LEASE EXTENSION FOR
306 W. WILLOW STREET**

WHEREAS, Ingham County has maintained a lease for the property at 306 W. Willow St, Lansing Michigan for the operation of Willow Community Health Center, as authorized through Resolution #14-518, which is set to expire December 31, 2019; and

WHEREAS, Ingham County Health Department's (IHD) Community Health Centers (CHC) is seeking a month-to-month lease extension for the 306 W. Willow St., Lansing location for the operation of Willow Community Health Center; and

WHEREAS, The Ingham Community Health Center Board has determined not to enter another 5 year lease for this location, and determined that the adolescent health services currently provided at the 306 W. Willow locations shall be permanently relocated to the River Oak Community Health Center location, at 1115 S. Pennsylvania Ave, Lansing; and

WHEREAS, The 1115 S. Pennsylvania Ave location is more proximal to Lansing School District's largest high school (Everett) and on a direct bus line, which is more accessible to underserved target population; and

WHEREAS, the timeline that Women's Health Services was scheduled to temporarily operate at the 1115 S. Pennsylvania location during renovations at the Human Service Building (HSB) has extended into March of 2020; and

WHEREAS, a month-to-month extension of the lease for the 306 W. Willow location is required until Women's Health is back at HSB and 1115 S. Pennsylvania Ave will be available; and

WHEREAS, the terms of the current lease agreement state that by holdover or mutually agreed amendment, the sum paid per month during the extended period beyond the expiration date of the lease shall be the same as monthly amounts paid for the period of January 1, 2019 to December 31, 2019, plus any percentage of increase of the Consumer Price Index during the preceding five (5) years, but not to exceed an increase of ten percent (10%); and

WHEREAS, the hold over lease rate for January 1 through April 30, 2020 would be an amount not to exceed \$5843.75 per month for the 7500 square feet of clinic space and \$106.33 per month for the 400 square feet of storage space; and

WHEREAS, the Ingham Community Health Center Board and the Health Officer support the terms of a extended month to month lease for the 306 W. Willow location.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorize an extension of the terms of the lease agreement with Nick Yono for the 306 W. Willow, Lansing location on a month-to-month basis for the months of January 1, 2019 through April 30, 2019 for an amount not to exceed \$5843.75/month for the 7500 square feet of clinic space and \$106.33/month for the 400 square feet of storage space.

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

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners is authorized to sign any necessary contract documents consistent with this resolution upon approval as to form by the County Attorney.

TO: Board of Commissioners Human Services, County Services and Finance
Committees

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 14th, 2019

SUBJECT: Authorization to Amend Position # 601053 Community Health Rep II
For the meeting agendas of December 2, December 3, and December 4, 2019

BACKGROUND

Ingham County Health Department (ICHHD) wishes to amend Position #601053 .75 FTE Community Health Rep II/UAW Tops salary ranging from \$24,786.72 – 29,508.00, to a 1.0 FTE Health Rep II/UAW Tops salary ranging from \$33,048.96 - \$39,344.00 effective January 1, 2020. The additional .25 FTE will provide added support to the Ingham Community Health Centers (IHC) administration and will be covered by the Community Health Center (CHC) operating fund. This amendment is supported by both the UAW and the employee in the position.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The additional costs of the .25 FTE are estimated at \$13,438 based on FY '20 Personnel/Fringes Costs. These costs will be covered by the CHC operating fund.

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long-term objective of Promoting Accessible Healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend authorizing amending Position #601053 Community Health Rep II .75 salary ranging from \$24,786.72 – 29,508.00 to 1.0 FTE salary ranging from \$33,048.96 - \$39,344.00, effective January 1, 2020.

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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO INCREASE POSITION #601053 COMMUNITY HEALTH REP II
FROM .75FTE TO 1.0 FTE**

WHEREAS, Ingham County Health Department (ICHD) wishes to amend Position #601053 .75 Community Health Rep II/UAW Tops (\$24,786.72 – 29,508.00), to a 1.0 FTE Community Health Rep II/UAW Tops (\$33,048.96 - \$39,344.00), effective January 1, 2020; and

WHEREAS, the additional .25 FTE will provide added support to the Ingham Community Health Centers (ICHC) administration and will be covered by the Community Health Center operating fund; and

WHEREAS, the additional costs of the .25 FTE are estimated at \$13,438 based on FY '20 Personnel/Fringes Costs; and

WHEREAS, this amendment is supported by both the UAW and the employee in the position; and

WHEREAS, the ICHC Board of Directors supports amending Position #601053 Community Health Rep II from .75 FTE to 1.0 FTE effective January 1, 2020; and

WHEREAS, the Health Officer supports amending Position #601053 Community Health Rep II from .75 FTE to 1.0 FTE effective January 1, 2020.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes amending Position #601053 Community Health Rep II from .75 FTE (\$24,786.72 – 29,508.00) to 1.0 FTE (\$33,048.96 - \$39,344.00) effective January 1, 2020.

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

TO: Board of Commissioners Human Services & Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: November 14, 2019
SUBJECT: Fiduciary/Payee Agreements with Wayne Children's Healthcare Access Program
For the meeting agendas of December 2, and December 4, 2019

BACKGROUND

Ingham County Health Department (ICHD) wishes to enter into an agreement with Wayne Children's Healthcare Access Program (WCHAP) to act as the Medicaid Outreach Match Partner. ICHD has partnered with WCHAP since 2014, acting as a Medicaid Match Partner whereby WCHAP offers a pediatric medical home implementation program now in its ninth year. WCHAP coordinates an integrated system of early childhood support services that is voluntary, accessible, and culturally competent for families with children who are on Medicaid or are Medicaid eligible. WCHAP provides this service through a variety of avenues including telephone consultation, education, transportation, home visits, interpretation services, and asthma case management services. WCHAP sustainability is dependent upon receiving Medicaid Outreach Match funds.

This agreement would be effective October 1, 2019 through September 30, 2020.

As the Medicaid Outreach Match Partner for WCHAP, ICHD will:

1. Receive funds from WCHAP in the amount of \$658,749
2. Set up a system to provide quarterly reimbursements
3. Process Medicaid Outreach documentation required to draw Medicaid Outreach Match Funds.
4. Perform on site monitoring of WCHAP.
5. Forward any required reports as provided by WCHAP

WCHAP will

1. Provide quarterly financial reports of all expenses.
2. Provide quarterly reports for Medicaid Outreach.
3. Keep ICHD up-to-date on any changes in funding.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

ICHD will retain a 10% administrative fee of the total funds received during the duration of these agreements; this includes the Medicaid Match funds.

STRATEGIC IMPACT

Goal A. Service to Residents: Provide easy access to quality, innovative, cost-effective services that promote well-being and quality of life for the residents of Ingham County. Strategy 1. Strive to make facilities and services user-friendly b. Expand Medicaid enrollment activities throughout Ingham County.e. Expand access to health care for County residents, with an emphasis on the uninsured and the under-insured.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution to authorize acceptance of funds from WCHAP in the amount of \$658,749 where ICHD will act as their fiduciary/payee. This agreement will be effective October 1, 2019 through September 30, 2020.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AGREEMENTS WITH WAYNE CHILDREN'S HEALTHCARE ACCESS PROGRAM TO ACT AS THE FIDUCIARY/PAYEE FOR AGENCY FUNDING

WHEREAS, Ingham County Health Department (ICHD) wishes to enter into an agreement with Wayne Children's Healthcare Access Program (WCHAP) to act as the Medicaid Outreach Match Partner; and

WHEREAS, ICHD has partnered with WCHAP since 2014, acting as a Medicaid Match Partner whereby WCHAP offers a pediatric medical home implementation program now in its ninth year; and

WHEREAS, WCHAP coordinates an integrated system of early childhood support services that is voluntary, accessible, and culturally competent for families with children who are on Medicaid or are Medicaid eligible; and

WHEREAS, WCHAP provides this service through a variety of avenues including telephone consultation, education, transportation, home visits, interpretation services, and asthma case management services; and

WHEREAS, WCHAP sustainability is dependent upon receiving Medicaid Outreach Matching funds; and

WHEREAS, this agreement will be effective October 1, 2019 through September 30, 2020; and

WHEREAS, as the fiduciary/payee of the WCHAP funds, ICHD will:

1. Receive funds from WCHAP up to \$658,749
2. Set up a system to provide an initial payment to WCHAP and subsequent reimbursements
3. Process Medicaid Outreach documentation required to draw Medicaid Outreach Matching Funds
4. Perform on-site monitoring of WCHAP
5. Forward any required reports as provided by WCHAP; and

WHEREAS, WCHAP will:

1. Provide quarterly financial reports of all expenses
2. Provide quarterly reports for Medicaid Outreach
3. Keep ICHD up-to-date on any changes in funding; and

WHEREAS, the Health Officer recommends that the Ingham County Board of Commissioners authorize the acceptance of funds up to \$658,749, from WCHAP for ICHD to act as its fiduciary/payee for the period of October 1, 2019 through September 30, 2020.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the acceptance of funds from WCHAP up to \$658,749 Medicaid Match Partner for the period of October 1, 2019 through September 30, 2020.

BE IT FURTHER RESOLVED, that ICHD will retain a 10% administrative fee of the total funds received during the duration of this agreement including the Medicaid Match funds.

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

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

TO: Board of Commissioners Human Services and Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: November 12, 2019
SUBJECT: Authorization to Authorize an Agreement with CaptureRX
For the meeting agendas of December 2, and December 4, 2019

BACKGROUND

Ingham County Health Department (ICHHD) wishes to enter into an agreement with NEC Networks, LLC dba CaptureRX effective July 1, 2019 through June 30, 2020 with an auto-annual renewal. CaptureRX provides third party administrative services under the 340B drug program. This agreement was previously authorized by Resolution #16-309 which states that the 340B program requires a third party administrator as part of the 340B program participation under our Federally Qualified Health Center eligibility. The 340B drug program generates savings by allowing patients to obtain eligible prescriptions at the lowest possible cost and allowing ICHHD to generate revenue by purchasing program drugs at Federally mandated pricing which is substantially lower than retail pricing.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The cost is fees deducted from the 340B transactions and fees shall never exceed the total savings, thus there is always a revenue benefit to the terms of this agreement. The fees deducted shall be as follows:

- 340B Third Party Administration Fee; \$6.50 per 340B approved claim
- License Fee; \$250.00 per payment batch
- Settlement Fee; \$250.00 per payment batch

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long-term objective of promoting accessible healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorize entering into an agreement with NEC Networks, LLC dba CaptureRX effective July 1, 2019 through June 30, 2020 with an auto-annual renewal.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AGREEMENT WITH CAPTURERX

WHEREAS, Ingham County Health Department (ICHD) wishes to enter into an agreement with NEC Networks, LLC dba CaptureRX effective July 1, 2019 through June 30, 2020 with an auto-annual renewal; and

WHEREAS, CaptureRX provides third party administrative services under the 340B drug program; and

WHEREAS, this agreement was previously authorized by Resolution #16-309 which states the 340B program requires a wholesaler to provide the 340B drugs used in the program; and

WHEREAS, the 340B drug program generates savings by allowing patients to obtain eligible prescriptions at the lowest possible cost and allowing ICHD to generate revenue by purchasing program drugs at Federally mandated pricing which is substantially lower than retail pricing; and

WHEREAS, the cost of the service is taken from the transaction savings which is collected from processed claims on prescriptions collected from commercial insurance payers; and

WHEREAS, only funds collected as part of this agreement will be required to pay any expenses related to the program; and

WHEREAS, fees shall be deducted from the 340B transactions, and shall never exceed the total savings, thus there is always a revenue benefit to the terms of this agreement; and

WHEREAS, the fees deducted shall be as follows: 340B Third Party Administration Fee; \$6.50 per 340B approved claim; License Fee; \$250.00 per payment batch; Settlement Fee; \$250.00 per payment batch; and

WHEREAS, the Ingham Community Health Center Board of Directors supports entering into an agreement with NEC Networks, LLC dba CaptureRX effective July 1, 2019 through June 30, 2020 with an auto-annual renewal; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize entering into an agreement with NEC Networks, LLC dba CaptureRX effective July 1, 2019 through June 30, 2020 with an auto-annual renewal.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes entering into an agreement with NEC Networks, LLC dba CaptureRX to provide third party administrative services under the 340B drug program effective July 1, 2019 through June 30, 2020.

BE IT FURTHER RESOLVED, that this agreement will automatically renew on an annual basis.

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

TO: Board of Commissioners Human Services and Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: November 1, 2019
SUBJECT: Authorization to Amend Resolution #16-309 and #19-247 with Rite Aid Corporation (RAC)
For the meeting agendas of November 4 and November 6, 2019

BACKGROUND

Ingham County Health Department (ICHD) wishes to amend resolutions #16-309 and #19-247 with Rite Aid Corporation (RAC). Resolution #16-309 authorized Ingham County Health Department (ICHD) to enter into an agreement with NEC Networks, LLC dba CapturRX for 340B prescription third party administration services. Resolution #19-247 authorized Ingham County Health Department (ICHD) to enter into an agreement with Rite Aid Corporation (RAC) for 340B prescription drug services. Both NEC Networks, LLC dba CaptureRX and Rite Aid Corporation (RAC) use McKesson Corporation as their 340b drug wholesaler. No savings (revenue) can be generated without a corresponding agreement with a wholesaler. This amendment would authorize Ingham County Health Department (ICHD) to enter into an agreement with McKesson Corporation as the drug wholesaler for the 340b drugs for CaptureRX and Rite Aid Corporation (RAC), and authorizes a customer credit application and bank account EFT authorization to be completed for the transfer of savings (revenue) to Ingham County Health Department (ICHD).

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

There is no cost to this agreement as this is a revenue generating contract. Inaction of this amendment will result in a delay, and/or loss of savings (revenue) generated from the 340b prescription drug program on processed claims originating from the Community Health Centers (CHC) of the Ingham County Health Department (ICHD).

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long-term objective of promoting accessible healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorize amending resolutions #16-039 and #19-247 with Rite Aid Corporation (RAC), to enter into an agreement which will allow McKesson Corporation to become a 340b drug wholesaler for CaptureRX and Rite Aid Corporation (RAC).

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AMENDING RESOLUTION #16-309 WITH NEC NETWORKS, LLC dba CAPTURERX, FOR 340B PRESCRIPTION THIRD PARTY ADMINISTRATOR AND RESOLUTION #19-247 TO RITE AID CORPORATION FOR 340B PRESCRIPTION DRUG SERVICES TO INCLUDE MCKESSON CORPORATION AS 340B DRUG WHOLESALER

WHEREAS, Ingham County entered into an agreement with NEC Networks, LLC dba CaptureRX for 340b prescription third party administrator services; and

WHEREAS, Ingham County entered into an agreement with Rite Aid Corporation (RAC) for 340b prescription drug services; and

WHEREAS, both NEC Networks, LLC dba Capture RX and Rite Aid Corporation (RAC) use McKesson Corporation as their 340b drug wholesaler; and

WHEREAS, the 340b program requires medication replacement through a wholesaler selected by the contract pharmacy; and

WHEREAS, no savings (revenue) can be generated without a corresponding agreement with a wholesaler; and

WHEREAS, ICHD requests entering into an agreement with McKesson Corporation as the drug wholesaler for the 340b drugs for CaptureRX and Rite Aid Corporation (RAC); and

WHEREAS, McKesson Corporation requires a customer credit application and bank account EFT authorization to be completed.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes an agreement which will allow McKesson Corporation to become a 340b drug wholesaler for CaptureRX and Rite Aid Corporation (RAC), effective upon approval of this resolution.

BE IT FURTHER RESOLVED, that Ingham County Health Department will provide McKesson Corporation with a credit application and bank account EFT authorization.

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

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners authorizes the Board Chairperson to sign the agreement after it is approved as to form by the County Attorney.

DATE: November 18, 2019
TO: Finance and Liaison Committees
FROM: Jill Bauer, Administrative Analyst
RE: Resolution Approving Various Contracts for the 2020 Budget Year

This resolution will approve the attached list of contracts for the 2020 budget year. The list consists only of contracts that are included in the 2020 Adopted Budget. If a contract later exceeds the budgeted amount, a resolution will need to be brought before the Board of Commissioners approving the increased amount. In addition, a separate Board resolution will be required if there is a change in employee status or increase in the total number of employees.

The county contract approval process, as amended by Resolution #09-095 provides that any contract over \$5,000 must be approved by the Board of Commissioners. This resolution includes various routine contract renewals in order to reduce the number of separate resolutions needed to approve contracts. The liaison committees may decide that there are some contracts included on this list that would better be considered as separate resolutions. Those contracts will be removed from this resolution before the passage by the Board of Commissioners, and will be brought back before the Board as separate resolutions at a later date.

Based on Resolution #16-443, the Budget Office will be using the Consumer Price Index's Annual Inflation rate or 1%, whichever is greater to determine if the contract falls within the Board of Commissioners' Guidelines. Expenditure contracts with a 2020 increase of 1.9% or less are the only ones included in this resolution.

Please contact me if you have any questions.

Introduced by the Finance Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION APPROVING VARIOUS CONTRACTS FOR THE 2020 BUDGET YEAR

WHEREAS, county policy requires that all contracts over \$5,000 be approved by the Board of Commissioners; and

WHEREAS, numerous contracts are approved by the Board of Commissioners each year, many of which are routine continuations of existing contracts; and

WHEREAS, funding for these contracts has been included within the 2020 Adopted Budget; and

WHEREAS, the budget also contains anticipated revenues and expenditures from certain grant programs, which will also require approval of agreements with granting agencies at various times during the fiscal year.

THEREFORE BE IT RESOLVED, that the Board Chairperson is authorized to sign agreements, contracts, and/or other documents related to grant programs and other county appropriations which are contained in the adopted budget, as listed in the attached document, subject to review by the County Attorney as to form and to certification by the Controller that 1) the total amount of revenues and expenditures and the net obligation to the County is not greater than what is budgeted; and 2) there is no change in employee status and no additional employees other than as authorized in the adopted budget.

BE IT FURTHER RESOLVED, that all grants and funding arrangements with entities whose fiscal years do not coincide with the County's fiscal year be considered authorized providing that they have been authorized in part in the adopted budget, and the remaining portion of the time period and funds are included in the Controller's Recommended Budget for the succeeding fiscal year.

BE IT FURTHER RESOLVED, that all contracts over \$5,000 that are not included in this resolution shall be approved by the Board of Commissioners by separate resolution.

HUMAN SERVICES COMMITTEE

DEPARTMENT	CONTRACTOR NAME	REASON FOR CONTRACT	BEGIN DATE	END DATE	2019 COST	2020 PROJECTED	Proj. Increase over 2019	% Increase over 2019	Funding Source
Ingham County	Capital Area United Way	Annual Renewal of Contract for Central Michigan 2-1-1 Services	01/01/20	12/31/20	\$ 45,750	\$ 45,750	\$0	0%	General Fund
Health Department	Holy Cross	Homeless Day Center	10/01/19	09/30/20	\$ 30,000	\$ 28,500	-\$1,500	-5%	General Fund
Health Department	South Lansing Community Dev Ctr	Community Development/Outreach	10/01/19	09/30/20	\$23,704	\$ 23,704	\$0	0%	General Fund
Health Department	Our Savior Lutheran Church	Food Pantry Operation - 1515 W. Holmes Road	10/01/19	09/30/20	\$ 7,200	\$ 7,200	\$0	0%	General Fund

Revenue Contracts

DEPARTMENT	CONTRACTOR NAME	REASON FOR CONTRACT	BEGIN DATE	END DATE	2019 REV	2020 PROJECTED	Proj. Increase over 2019	% Increase over 2019
VA	Clinton County	Services Provided to Clinton County	01/01/20	12/31/20	\$ 26,229	\$ 28,389	\$2,160	6%

Agenda Item 5b

TO: County Services, Human Services and Finance Committees

FROM: Michael A. Townsend, Budget Director

DATE: November 20, 2019

RE: Year End Adjustments, and Contingency Fund Update

Enclosed please find the recommended adjustments to the Ingham County budget for the end of fiscal year 2019. The General Fund total will remain at \$87,812,526

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

This resolution authorizes the County Controller, as part of the year end budgeting process, to make any necessary transfers among all budgeted funds, activities, and line items in order to comply with Public Act 621 (Uniform Budgeting & Accounting Act), and to balance the 2019 Budget. The General Fund budget total will not be adjusted for the fourth quarter of 2019.

The Fair Fund is requesting a \$40,000 transfer from the General Fund to Fair fund balance to cover anticipated yearend non-operational adjustments. The funding for this transfer is requested for contingency funds.

The Road Department's final 2019 budget adjustment is requesting an increase in expense and the use of fund balance for various non-federal aid primary road improvement projects and replacement of the Road Department's Eastern District garage roof, the contracts for all the above projects have already been approved by the BOC in the amount of \$4,505,000.

The contingency fund is currently at \$183,853 before the above adjustment. The attached document details how the Board allocated the contingency funds throughout the year, beginning with a balance of \$350,000.

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

2019 CONTINGENCY

Adopted Contingency Amount	\$350,000
R18-467: Additional Community Agency Funding	(8,550)
R18-500: Training Animal Control	(49,900)
R19-262: Unity in the Community Event	(2,500)
R19-293: Cost Allocation Plan MGT	(12,000)
R19-372: Drain Commissioner's Office	(6,080)
R19-380: Plante Moran 2018 Audit	(44,520)
R19-407: Lakeview Shelter	(37,565)
R19-416: Probate Register III Full Time	(5,032)
Current Contingency Amount	\$183,853

Introduced by the Finance Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING ADJUSTMENTS TO THE 2019 INGHAM COUNTY BUDGET

WHEREAS, the Board of Commissioners adopted the 2019 Budget on October 23, 2018 and has authorized certain amendments since that time, and it is now necessary to make some adjustments as a result of updated revenue and expenditure projections, fund transfers, reappropriations, accounting and contractual changes, errors and omissions, and additional appropriation needs; and

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

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

WHEREAS, the Board of Commissioners annually authorizes the Controller to make necessary year end transfers to comply with state statute.

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

BE IT FURTHER RESOLVED, that the Controller is authorized to make necessary transfers among all budgeted funds, activities, and line items in order to comply with the state statute and to balance the 2019 Ingham County General Fund budget at \$87,812,526.

<u>FUND</u>	<u>DESCRIPTION</u>	<u>2019 BUDGET 11/19/19</u>	<u>PROPOSED CHANGES</u>	<u>PROPOSED BUDGET</u>
101	General Fund	87,812,526	0	87,812,526
201	Road	26,779,654	4,505,000	31,284,654
561	Fair	1,349,099	40,000	1,389,099

GENERAL FUND REVENUES

	<u>2019 Budget – 11/19/19</u>	<u>Proposed Changes</u>	<u>2019 Proposed Budget</u>
Tax Revenues			
County Property Tax	51,995,716	0	51,995,716
Property Tax Adjustments	(50,000)	0	(50,000)
Delinquent Real Property Tax	0	0	0
Unpaid Personally Property Tax	15,000	0	15,000
IFT/CFT	275,000	0	275,000
Trailer Fee Tax	15,000	0	15,000
Intergovernmental Transfers			
State Revenue Sharing	6,210,267	0	6,210,267
Convention/Tourism Tax - Liquor	1,409,713	0	1,409,713
Court Equity Funding	1,462,712	0	1,462,712
State Personal Property Tax Return	750,000	0	750,000
Use of Fund Balance - Committed	0	0	0
Use of Fund Balance - Uncommitted	3,456,560	0	3,456,560
Department Generated Revenue			
Animal Control	1,199,936	0	1,199,936
Circuit Court - Family Division	1,277,769	0	1,277,769
Circuit Court - Friend of the Court	597,000	0	597,000
Circuit Crt - General Trial	2,235,946	0	2,235,946
Controller	3,170	0	3,170
Cooperative Extension	2,500	0	2,500
County Clerk	618,850	0	618,850
District Court	2,254,348	0	2,254,348
Drain Commissioner/Drain Tax	445,500	0	445,500
Economic Development	63,037	0	63,037
Elections	75,550	0	75,550
Homeland Security/Emergency Ops	60,135	0	60,135
Equalization /Tax Mapping	10,100	0	10,100
Facilities	6,532	0	6,532
Financial Services	39,673	0	39,673
Health Department	120,000	0	120,000

Human Resources	52,649	0	52,649
Probate Court	277,178	0	277,178
Prosecuting Attorney	740,870	0	740,870
Purchasing	0	0	0
Register of Deeds	2,298,237	0	2,298,237
Remonumentation Grant	94,260	0	94,260
Sheriff	4,736,517	0	4,736,517
Treasurer	4,492,133	0	4,492,133
Tri-County Regional Planning	60,555	0	60,555
Veteran Affairs	510,113	0	510,113
Total General Fund Revenues	87,812,526	0	87,812,526

GENERAL FUND EXPENDITURES

	<u>2019 Budget –</u> <u>11/19/19</u>	<u>Proposed</u> <u>Changes</u>	<u>2019 Proposed</u> <u>Budget</u>
Board of Commissioners	618,642	0	618,642
Circuit Court - General Trial	9,255,042	0	9,255,042
District Court	3,309,520	0	3,309,520
Circuit Court - Friend of the Court	1,614,912	0	1,614,912
Jury Board	1,190	0	1,190
Probate Court	1,621,110	0	1,621,110
Circuit Court - Family Division	5,795,303	0	5,795,303
Jury Selection	171,910	0	171,910
Elections	289,560	0	289,560
Financial Services	880,977	0	880,977
County Attorney	474,525	0	474,525
County Clerk	1,153,296	0	1,153,296
Controller	986,131	0	986,131
Equalization/Tax Services	765,751	0	765,751
Human Resources	846,444	0	846,444
Prosecuting Attorney	7,058,244	0	7,058,244
Purchasing	247,588	0	247,588
Facilities	1,939,569	0	1,939,569
Register of Deeds	869,568	0	869,568
Remonumentation Grant	94,260	0	94,260
Treasurer	590,285	0	590,285
Drain Commissioner	1,113,156	0	1,113,156
Economic Development	328,271	0	328,271
Community Agencies	208,550	0	208,550
Inhgam Conservation District Court	8,089	0	8,089
Equal Opportunity Committee	500	0	500

Non-General Fund Adjustments

Road Fund
(F201)

To increase expense and use of fund balance in the amount of \$4,505,000 for various non-federal aid primary road improvement projects and replacement of the Road Department's Eastern District garage roof with contracts already approved by BOC

Fair
(F561)

To set up transfer from General Fund 101 to cover the nonoperational expense in the amount of \$40,000.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION CONGRATULATING THE CAPITAL AREA DISTRICT LIBRARY

WHEREAS, each year the Library of Michigan Foundation and Library of Michigan present the State Librarian's Excellence Award and Citations of Excellence Award; and

WHEREAS, the State Librarian's Excellence Award and Citations of Excellence Award highlight the importance of services provided by Michigan libraries; and

WHEREAS, the Capital Area District Library is the recipient of the 2019 State Librarian's Excellence Award for superior customer service; and

WHEREAS, the State Librarian's Excellence Award evaluation factors include: demonstrating that the library provides superior service to its customers and community in a cost-effective manner, with a can-do attitude; always delivering on promises; and fulfilling the library's commitment to high standards of customer service; and

WHEREAS, Capital Area District Library programs that garnered the attention of the selection committee include: working with Ingham County Jail inmates; a 'Library of Things' which is a program that loans appliances, tools, games, and other things besides books at no charge; outstanding local history resources; a 'Girls that Code' program; and structuring meaningful community conversations.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby congratulate the Capital Area District Library as the recipient of the 2019 Librarian's Excellence Award.

BE IT FURTHER RESOLVED, that the Board recognizes that the Capital Area District Library provides services that impact Ingham County communities daily and are consistently finding new and inventive ways to bring their resources to the residents.

BE IT FURTHER RESOLVED, that the Board extends its sincere appreciation to Director Scott Duimstra and the staff of the Capital Area District Library.



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
LANSING

JEFF DONOFRIO
DIRECTOR

Dear Commissioner Crenshaw:

We write to you today about the future of the refugee resettlement program in Michigan and to seek your written consent to continue our partnership, as is now required under a new Executive Order. On September 26, 2019, President Trump issued Executive Order (EO) 13888¹, which requires your formal consent for continued refugee resettlement in Ingham County. Given the life-saving nature of this program, we ask that you provide written consent by December 13, 2019.

This year, President Trump has set refugee admissions at 18,000 refugees. As you know, the refugee resettlement program has had a long history here in Michigan thanks to widespread community support. Refugee resettlement has both economically and culturally enriched our community, and has brought substantial value through a public-private partnership.

Attached is sample consent language. We hope you will issue consent as soon as possible, so as not to leave people in harm's way or impact existing services in our community. We have also included additional background information on refugee resettlement and the EO.

If you have any questions about the content of this letter, please do not hesitate to reach out to our State Refugee Coordinator. We would all be happy to schedule a meeting to discuss further. Additionally, if you have specific questions about the EO, we recommend that you contact the Department of State.

Respectfully submitted,

Ben Cabanaw
State Refugee Coordinator
Department of Labor & Economic Opportunity
Office of Global Michigan
517.512.5668

Judi Harris
St. Vincent Catholic Charities
Director of Refugee Services

¹ Although we are communicating with you about the implementation of the EO, communication about, or participation in, the implementation of Executive Order 13888 is not in any way an endorsement of the legality of the EO.

Important Information Regarding Refugee Resettlement and Executive Order 13888

Executive Order: On September 26, 2019, President Trump issued Executive Order 13888 (EO), which will go into effect within 90 days. It is our understanding that refugees will not be permitted to resettle into a state or locality unless written consent is provided by the governor and a local official. According to the terms of the EO, both must consent. For instance, if a governor does not consent, refugees will not be permitted to resettle in that state. If a governor consents but a mayor does not, refugees will not be permitted to resettle in that locality. In other words, failure to provide consent from either the governor or local officials, will result in a severe disruption to the lives of refugees and their families and would threaten the long-term stability of the refugee resettlement program.

Background: The U.S. Refugee Admissions Program (USRAP) was established by the Refugee Act of 1980, and is managed by the Department of State/Bureau of Population, Refugees and Migration (PRM) in cooperation with the Department of Homeland Security (DHS), and the Department of Health and Human Services (HHS). Since 1980, refugees have successfully resettled across the United States with the help of communities, volunteers, local non-profits, and faith-based organizations.

Resettlement is a humanitarian protection tool developed by the U.S. and other countries as a last resort for refugees who cannot return to their home country and cannot rebuild their lives in the country to which they first fled. It is also an important foreign policy tool used to support U.S. allies, stabilize countries hosting large numbers of refugees, apply pressure on governments with poor human rights records, and bolster the U.S. reputation as a champion of freedom and human rights.

Refugees undergo thorough background screenings prior to their arrival in the United States. Refugees selected for resettlement are screened, adjudicated and processed for resettlement overseas, prior to traveling to the United States. The Department of State, Department of Defense, Department of Homeland Security, FBI, and National Counter Terrorism Center conduct thorough background screenings of all refugees prior to their resettlement to the United States.

Refugee resettlement agencies already work closely with states and local officials and community stakeholders. Existing law requires they conduct quarterly consultations with relevant state and local government officials, including the state refugee coordinator, state refugee health coordinator, local governance, public health, welfare, social services, public safety, and public education.

Refugee Family Reunification: States and localities that do not consent to resettlement will make it difficult for refugees to reunite with even immediate family members who are lawfully residing in the United States. A key factor in determining the location in which a refugee resettles is whether they have family already residing in that location. A refugee's ability to integrate into their new community is greatly enhanced if they are reunited with family or friends who can provide support as they adjust to their new home. Minor children seeking to reunite with a parent or guardian may be negatively impacted by a state or locality not consenting to resettlement. On a practical level, since refugees do not have to remain where they are initially resettled, a refugee resettled far from their family will likely move to be closer to them. Such a move could reduce a refugee's access to some initial services that are vital to their integration.

The Executive Order may allow for family reunification in a state and locality that has not consented to resettlement, but only for some - not all - spouses and children. Even those permitted would no longer have a local agency to assist them in the application process in states and localities that do not consent to resettlement. A state or locality failing to consent to resettlement will result in family separation or force resettled refugees to move in order to reunite even with their own spouse and children.

Additional information about refugee resettlement can be found at bit.ly/usresettlement and www.rcusa.org/who-is-a-refugee

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION CONSENTING TO CONTINUED RESETTLEMENT OF REFUGEES
IN INGHAM COUNTY**

WHEREAS, Ingham County has welcomed refugees facing religious, ethnic and political persecution for several hundred years; and

WHEREAS, the world is currently facing one of the worst humanitarian crises in human history; and

WHEREAS, by definition, refugees are individuals who have been forced to flee their home country due to persecution based on their race, religion, ethnicity, political opinion, or social group; and

WHEREAS, resettlement is the last resort for refugees who cannot return to their home country and cannot rebuild their lives where they first fled; and

WHEREAS, the United States has the most extensive refugee vetting in the world; and

WHEREAS, Ingham County is currently the home of resettled refugees who will likely be joined by family members in the upcoming year; and

WHEREAS, churches and families have supported the arrival and integration of refugee families for several years; and

WHEREAS several local businesses depend on refugees to meet labor demands.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners affirms the continued resettlement of refugees within borough limits and shall expressly confirm so in writing to the US Department of State, Bureau of Population, Refugees, and Migration upon passing of this resolution.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners urges the Governor of Michigan and other local unit of government in Ingham County to consent to initial refugee resettlement as per the terms of Executive Order 13888.

BE IT FURTHER RESOLVED, that a copy of this resolution will be transmitted to Carol Thompson O'Connell, Acting Assistant Secretary of State, Bureau of Population, Refugees, and Migration.