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VICE-CHAIRPERSON
RYAN SEBOLT

VICE-CHAIRPERSON PRO-TEM
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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

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THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, SEPTEMBER 16, 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 [August 26, 2019](#) Minutes

Additions to the Agenda

Limited Public Comment

1. Health Department
 - a. [Building Bridges](#) between Jails and Community Grant Update (Medication Assisted Treatment Best Practices) (*Discussion*)
 - b. Resolution to Authorize [Amendment #5](#) to the 2018-2019 Comprehensive Agreement with the Michigan Department of Health and Human Services
 - c. Resolution to Authorize a Fifth Year of the [Americorps*Vista Grant](#) Cycle for 2019-2020
 - d. Resolution to Adopt Ingham County Health Department [Incentive Program](#) for Medical Providers Policy
 - e. Resolution to Authorize [Amendment #4](#) to the Agreement with MDHHS for Refugee Health Assessments
 - f. Resolution to Accept FY 2020 [Child and Adolescent Health](#) Center Program Funds
 - g. Resolution to Accept Substance Use Disorder and Mental Health Funding Award from [HRSA](#)
 - h. Resolution to [Amend Resolution #17-355](#) Ryan White (RW) Part D Funding to Support MSU Contract for Infectious Disease Provider
 - i. Resolution to Authorize an Agreement with [Southeastern Michigan Health](#) Association
2. Board Referrals
 - a. Letter from Andrea Pierce, Anishinaabek Caucus of the Michigan Democratic Party Chairperson, Opposing the Enbridge Resolution in Support of [Line 5 Tunnel](#)
 - b. Resolution 19-94C from the [Huron County](#) Board of Commissioners Supporting the Use of Local County Funds for Local Community Mental Health Services
 - c. Resolution from the [Charlevoix County](#) Board of Commissioners Regarding the Medicare Prescription Drug Bill of 2003

Announcements

Public Comment

Adjournment

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OR SET TO MUTE OR VIBRATE TO AVOID
DISRUPTION DURING THE MEETING**

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

HUMAN SERVICES COMMITTEE

August 26, 2019

Draft Minutes

Members Present: Morgan (arrived at 6:26 pm., left at 7:10 p.m.), Naeyaert, Sebolt, Slaughter, Stivers, Tennis, and Trubac.

Members Absent: None.

Others Present: Commissioner Crenshaw, Tim Dolehanty, Teri Morton, Jared Cypher, Michael Townsend, Jill Bauer, Rich Howard, Linda Vail, Tim Morgan, Coe Emens, Su Alyn Holbrook, Lori Noyer, Beth Foster, and others.

The meeting was called to order by Chairperson Tennis at 6:03 p.m. in Personnel Conference Room “D & E” of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Approval of the August 19, 2019 Minutes

WITHOUT OBJECTION, CHAIRPERSON TENNIS STATED THE AUGUST 19, 2019 MEETING MINUTES WERE APPROVED AS PRESENTED.

Additions to the Agenda

None.

Limited Public Comment

Rich Howard, Big Brothers Big Sisters, Executive Director, stated that he wanted to thank the County for their continued support.

Linda Vail, Health Officer, gave an overview of the implications of changes to Title X regulations for Ingham Community Health Centers (*handout*).

Jared Cypher, Deputy Controller, gave an overview of the Controller’s Recommended Budget for Human Services.

Chairperson Tennis gave an overview of the budget process.

The representatives from each of the following departments/affiliated entities indicated, either by verbal acknowledgement, absence, or silence, that they were satisfied with their respective portions of the Controller’s Recommended Budget:

Veteran Affairs
Tri-County Aging Consortium
Transportation Millage
MSHN Substance Abuse
Mid Michigan 2-1-1 Alliance

Medical Examiner
 Medical Care Facility
 Housing Commission
 Health Department
 Fair
 Department of Health and Human Services
 Cooperative Extension
 Community Mental Health
 Community Agencies

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. SLAUGHTER, TO ADOPT THE FOLLOWING ITEMS ON THE CONTROLLER’S RECOMMENDED BUDGET:

1.	<u>Budget Hearings</u>	<u>Section-Page</u>
	a. Veteran Affairs.....	4-111
	b. Tri-County Aging Consortium.....	4-109
	c. Transportation Millage.....	4-107
	e. MSHN Substance Abuse.....	4-90
	f. Mid Michigan 2-1-1 Alliance.....	4-88
	g. Medical Examiner.....	4-85
	h. Medical Care Facility.....	4-81
	i. Housing Commission.....	4-78
	j. Health Department.....	4-40
	k. Fair	4-31
	l. Department of Health and Human Services.....	4-22
	m. Cooperative Extension.....	4-5
	n. Community Mental Health	4-2
	o. Community Agencies.....	4-1

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Morgan.

1.	<u>Budget Hearings</u>	<u>Section-Page</u>
	d. Parks.....	4-92

Tim Morgan, Parks Director, stated that he wanted to stress that the Parks Department was not dissatisfied in any way with the budget. He further stated that they did have \$400,000 in Z List requests and that he was aware that amount exceeded what was available.

Coe Emens, Assistant Park Manager, gave a summary justifying the additional fulltime Park Ranger position (*handout*).

Mr. Morgan gave a summary justifying the need for two new office clerks, He further gave an overview of the three Capital Improvement Projects, including Lakeview Shelter Roof at Lake Lansing South, Snell Bathroom Roof at Lake Lansing North, Boat Launch Auto-Gate Lake Lansing North, and Entrance Sign Area Lake Lansing All Park Sites (*handout*).

Commissioner Morgan arrived at 6:26 p.m.

Mr. Morgan stated that if the Parks Department were to get any of the requested items they would be ecstatic and if they did not they would understand why.

Chairperson Tennis asked if the list of capital improvement projects was in order of priority.

Mr. Morgan stated that it was.

Commissioner Crenshaw asked why the position is called Park Ranger if it is a maintenance position.

Mr. Emens stated that that was a Parks thing.

Chairperson Crenshaw asked if there had been an issue with scoring the Park Ranger positions.

Mr. Morgan stated that he did not know a good answer for that.

Discussion.

Chairperson Tennis stated that the scoring was done by job duties and not by job title.

Mr. Emens stated that Park Rangers were indispensable.

Mr. Morgan stated that Park Rangers were the people who do the to-do list.

Chairperson Slaughter asked what the requirements were for the Park Ranger position.

Mr. Morgan stated that they looked for people with a background in skilled trades

Chairperson Slaughter asked if he thought people looked at the posting and were confused.

Mr. Morgan stated that he did not think there was any confusion. He further stated that when you look at the job post you can see a summary of duties.

Discussion.

Chairperson Crenshaw asked if the individuals were licensed.

Mr. Morgan stated that they were not.

Chairperson Tennis stated that most licenses had exemptions for minor repair work. He further stated that he would assume any major work would be done by a licensed professional.

Commissioner Morgan asked if there a written policy that established that.

Chairperson Tennis stated that he thought that the Committee would be more comfortable knowing that the Park Rangers were only doing work for which they were licensed or for which they had an exemption.

Discussion.

Mr. Morgan stated that, as an example, there was a park bathroom with a pressure tank and the assistance of a professional well driller was sought to replace the tanks because it was not the everyday type of project that a Park Ranger would do.

Chairperson Tennis stated that the Committee could continue discussing this issue at the later meeting. He further stated that they should focus on the budget.

MOVED BY COMM. SEBOLT, SUPPORTED BY COMM. STIVERS, TO ADOPT THE CONTROLLER'S RECOMMENDED BUDGET FOR PARKS.

Chairperson Tennis asked if anyone wanted to add any of the items requested by the parks Department to the Z list.

Commissioner Naeyaert stated that with all of the money the County is putting into Parks, they should consider increased staffing needs.

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. MORGAN, TO ADD THE PARK RANGER TO THE Z LIST.

THE MOTION CARRIED UNANIMOUSLY.

MOVED BY COMM. STIVERS, SUPPORTED BY COMM. SEBOLT, TO ADD CAPTIAL IMPROVEMENT PROJECTS 1 AND 2 TO THE Z LIST.

THE MOTION CARRIED UNANIMOUSLY.

THE MOTION TO ADOPT THE CONTROLLER'S RECOMMENDED BUDGET FOR PARKS CARRIED UNANIMOUSLY.

2. Health Services Millage

MOVED BY COMM. SEBOLT, SUPPORTED BY COMM. STIVERS, TO ADOPT THE CONTROLLER'S RECOMMENDED BUDGET FOR THE HEALTH SERVICES MILLAGE.

Lori Noyer, Ingham Health Plan, Executive Director, stated she wanted to say thank you for the support. She further stated that she wanted to bring forth information on two enrollment initiatives that Ingham Health Plan (IHP) was working on with Ingham Department of Health and Human Services (Ingham DHHS).

Ms. Noyer stated that one initiative was to get emergency services only (ESO) and spend down beneficiaries enrolled in IHP. She further stated that this population was eligible for IHP but was hard to reach.

Ms. Noyer stated that IHP had been working with Ingham DHHS to identify more direct methods to connect with them. She further stated that the other initiative was the Medicaid healthy Michigan workforce requirements and healthy behaviors which were set to be implemented on January 24, 2020.

Ms. Noyer stated that IHP was still trying to figure specific details around the workforce requirements and healthy behaviors in order to determine the potential impact related to enrollment in IHP. She further stated that they did know that for the ESO/spend down, that could potentially double enrollment.

Ms. Noyer stated that she was not sure how timing worked regarding the millage or if that would be an option. She further stated that she did not know if this would fall under Z List criteria. Ms. Noyer stated that they wanted to bring these initiatives in front of the Committee so they would know if there was any potential opportunities moving into 2020 because that would assist IHP with planning their own budget as well.

Commissioner Naeyaert asked how emergency issues qualify to be clients of IHP under millage language, when they are hard to locate.

Ms. Noyer stated that for emergency services only and the spend down population that coverage was only for emergency services. She further stated that people who fell under those two categories did not receive primary care.

Chairperson Naeyaert asked if this was something new.

Ms. Noyer stated that there were a handful of emergency services only beneficiaries enrolled in IHP. She further stated that there were approximately 1,800 beneficiaries who fell under the ESO/spend down category and of those only 25% were currently enrolled in IHP.

Ms. Noyer stated that they are uninsured so that was how they fit the millage language.

Chairperson Tennis stated that it was a limited Medicaid category. He asked what the criteria were that separated someone who would qualify for ESO from someone who would qualify for Medicaid.

Su Alyn Holbrook, DHHS County Director, stated that she did not determine eligibility that was something her employees did. She further stated that Ingham DHHS is in hospitals and if someone is determined for ESO or spend down they can share with them about being on IHP. She further stated that with a spend down, a person might have to spend \$1,000 before their Medicaid kicks in and IHP can help with that spend down amount.

Commissioner Naeyaert asked if getting involved with the Healthy Michigan initiative and workforce development was a conflict with what Ingham County could do.

Ms. Noyer stated that IHP was coordinating and connecting clients with that care. She further stated that there would be certain activities that Medicaid beneficiaries would need to meet and if they did not meet them they would lose coverage. She further stated that if those folks were eligible to enroll in IHP they would be able to go to the Health Department and the Health Department would get reimbursed.

Ms. Noyer stated that IHP did not currently enroll individuals who could qualify for Medicaid but were not compliant.

Commissioner Naeyaert stated that she was hearing a lot of uncertainty.

Ms. Holbrook stated that the State of Michigan was working with the federal government on policies, but they have not rolled out yet. She further stated that 5,700 people, more or less, in Ingham County would receive letters.

Ms. Holbrook stated that starting in January people could request 3 months of hardship. She further stated that she was concerned about the group of people who would lose Medicaid and have a problem with getting prescriptions.

Ms. Holbrook stated that Ingham DHHS was trying to be proactive to find ways to help our clients.

Ms. Noyer stated that there were a lot of what ifs. She further stated that she wanted to be sure she had the information she needed to be able to give the information to the Commissioners that they needed.

Ms. Noyer stated that she was focused on the more concrete ESO/spend down number because they knew it was 1,800 people.

Mr. Cypher stated that this would become a budgetary issue for 2020 assuming that some of the 5,700 people would be eligible for IHP under the millage language. He further stated that IHP budget request was fully funded based on 1,800 recipients and that this new information might result in bumping that number up significantly.

Mr. Cypher stated that there was no more fund balance or new millage revenue. He further stated that IHP was operating at an annual loss and, absent doing something, they would not be able to fund the additional folks or the end was coming.

Commissioner Stivers asked if January 24, 2020 was the date where it will be certain how many of the 5,700 people would be eligible.

Ms. Holbrook stated that that was the implementation date and that there should be more information before then, hopefully by October.

Commissioner Stivers stated that in that case the Commissioners would have that information before they discussed the millage language in December.

Chairperson Tennis stated that he would disagree that they would have that much information before the date of implementation because there was no way to know how many people would apply for the waiver or dispute eligibility. He further stated that that could take months to go through.

Commissioner Naeyaert asked what would happen to the people currently enrolled if the money ran out and the millage was not renewed.

Ms. Noyer stated that the approximately 1,600 people currently enrolled would be left uninsured.

Commissioner Naeyaert asked if they could come to our Health Department for healthcare and have their needs met.

Chairperson Tennis stated that if IHP goes away, people would still be able to seek care, but IHP would no longer be a source of reimbursement for the Health Department.

Commissioner Naeyaert asked what other counties without a health plan do.

Ms. Noyer stated that some counties have agreements with hospitals or with a provider willing to write off the loss.

Commissioner Morgan stated that he wanted to provide context for the IHP running out of money. He further stated that the millage conceived of a implemented to fund IHP.

Commissioner Morgan stated that only after the passage of the Affordable Care Act, did the need for the millage to go to IHP reduce and it became a piggybank for every other health service they would think of in the County. He further stated that now that the potential need increased again, he thought the original intent of the millage needed to be looked at to make that was covered first.

Chairperson Tennis stated that the motion before the Committee tonight was the Controller's Recommended Budget, which would fully fund the present need of the IHP and also provide nearly \$1.4 million for mental health programming. He further stated that the Commissioners would be having many further discussions regarding the future of the millage and of these programs via the Subcommittee that would be appointed tomorrow night.

THE MOTION CARRIED UNANIMOUSLY.

3. Final Ranking

The Committee ranked the Human Services Z List items.

Commissioner Morgan left at 7:10 p.m.

The final ranking was as follows:

1. Lakeview Shelter Roof Lake Lansing South (Capital Improvement Project 1)
2. Park Ranger
3. Snell Bathroom Roof Lake Lansing North (Capital Improvement Project 2)

MOVED BY COMM. STIVERS, SUPPORTED BY COMM. NAEYAERT, TO APPROVE THE FINAL RANKING OF Z LIST ITEMS.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Morgan.

Commissioner Announcements

None.

Public Comment

None.

Adjournment

The meeting was adjourned at 7:13 p.m.

HUMAN SERVICES COMMITTEE

[illegible]

Total: \$145,375

SEPTEMBER 16, 2019 HUMAN SERVICES AGENDA

STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

1. Health Department

b. *Resolution to Authorize Amendment #5 to the 2018-2019 Comprehensive Agreement with the Michigan Department of Health and Human Services*

This resolution authorizes Amendment #5 with Michigan Department of Health & Human Services (MDHHS) effective October 1, 2018 through September 30, 2019. Amendment #5 will increase the agreement for Comprehensive Local Health Services from \$5,811,617 to \$5,824,532, an increase of \$12,915. The amendment makes the following specific changes in the budget: TB Control Program: increase of \$12,915 from \$12,513 to \$25,428.

c. *Resolution to Authorize a Fifth Year of the AmeriCorps*Vista Grant Cycle for 2019-2020*

This resolution accepts a sixth year funding cycle from CNCS supporting the AmeriCorps VISTA Project budget in an amount not to exceed \$144,491, effective September 15, 2019 through September 12, 2020.

d. *Resolution to Adopt Ingham County Health Department Incentive Program for Medical Providers Policy*

This resolution establishes a new policy by awarding a financial incentive to those directly employed medical providers who demonstrate visit productivity and quality performance that exceed benchmarks. The amount awarded will be \$15.00 per qualifying visit in excess of the adjusted expected quarterly visit benchmark. This amount will be covered through the billable reimbursement value of the qualifying visits. The total productivity incentive will be adjusted by a discount rate based on clinical quality measure performance as specified in the Health Center Incentive Program for Medical Providers Policy.

e. *Resolution to Authorize Amendment #4 to the Agreement with MDHHS for Refugee Health Assessments*

This resolution authorizes amending the Refugee Health Assessment Services agreement with MDHHS by extending the terms through September 30, 2020 and increasing the maximum allowable funds by \$253,200.

f. *Resolution to Accept FY 2020 Child and Adolescent Health Center Program Funds*

This resolution authorizes accepting \$585,000 in funding from the Child and Adolescent Health Center (CAHC) program for promoting the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services effective October 1, 2019 through September 30, 2020.

g. *Resolution to Accept Substance Use Disorder and Mental Health Funding Award from HRSA*

This resolution authorizes acceptance of an increase in funding in the amount of \$109,784.00 provided through the U.S. Department of Health Resources and Services Administration (HRSA) for evidence-based strategies to expand access to integrated substance use disorder and mental health services in ICHD's CHCs for the grant period of February 1, 2019 through January 31, 2020.

h. *Resolution to Amend Resolution #17-355 Ryan White (RW) Part D Funding to Support MSU Contract for Infectious Disease Provider*

This resolution authorizes amending Resolution #17-355 to continue to provide for a .20 FTE Infectious Disease Provider Services Agreement with MSU to be renewed with a 2.75% increase to \$51,080, effective August 1, 2019 through July 31, 2020.

i. Resolution to Authorize an Agreement with Southeastern Michigan Health Association

This resolution authorizes an agreement with SEMHA to accept \$10,000 in funds for a temporary parent liaison effective October 1, 2019 through September 30, 2020.

OTHER ITEMS:

1. Health Department

a. Building Bridges between Jails and Community Grant Update (Medication Assisted Treatment Best Practices) (Discussion)

Agenda Item 1a

TO: Law and Courts Committee & Human Services Committee
FROM: Linda Vail, Health Officer
DATE: August 23, 2019
SUBJECT: Building Bridges between Jails and Community Grant Update
(Medication Assisted Treatment Best Practices)

DISCUSSION of PROGRESS

You may recall that in May we informed you Ingham County was one of 15 counties selected for the Planning Initiative to Build Bridges Between Jail and Community-Based Treatment for Opioid Use Disorder. The program is a joint initiative of the U.S. Department of Justice, Bureau of Justice Assistance, and Arnold Ventures, a national philanthropy headquartered in Houston, Texas.

Jails are at the epicenter of the opioid crisis. Tens of thousands of people with opioid use disorder pass through the corrections system each year. But only about 30 of the 3,200 jails in the country offer opioid use disorder medications such as methadone and buprenorphine, which have been shown by research to be the most effective forms of treatment. Most individuals instead go through detoxification, which lowers tolerance levels without curbing opioid cravings and dramatically raises the risk that people will overdose after they are released. There is also a gap in ensuring access to treatment after individuals are released from jail. These issues are at the core of any plan that is created as a result of participation in the Building Bridges initiative.

Our Ingham County team includes six people representing: the Ingham County Health Department (Linda Vail & Kelli Zurek), the Ingham County Sheriff's Department (Major Darin Southworth), the Ingham County Prosecutor's Office (Chas Koop), the 55th District Court-Probation and Treatment Courts Division (Da'Neese Wells), and Community Mental Health of Clinton, Eaton & Ingham Counties (Ericanne Spence). We are receiving technical assistance and guidance from Health Management Associates as part of this initiative. We traveled to Washington, DC in mid-August, and we would like take this opportunity to share with the BOC our initial actions steps as a result of that convening. We will also discuss what we have learned, next steps, potential for additional funding, a long term vision for Medication Assisted Treatment, and the broad benefits of this work.

TO: Board of Commissioners Finance and Human Services Committee
FROM: Linda S. Vail, Health Officer
DATE: August 27th, 2019
SUBJECT: FY 19 State of Michigan Comprehensive Agreement Amendment #5
For the meeting agendas of September 16th, 2019 and September 18th, 2019

BACKGROUND

Ingham County Health Department (ICHD) wishes to amend the Comprehensive Agreement with Michigan Department of Health & Human Services (MDHHS) in an amount not to exceed \$12,915 effective October 1, 2018 through September 30, 2019. ICHD currently receives funding from Michigan Department of Health and Human Services (MDHHS) via the Comprehensive Agreement. The Comprehensive Agreement is the annual process whereby MDHHS transmits State and Federal Funds to Ingham County to support public health programs. The Board of Commissioners (BOC) authorized the 2018-2019 Comprehensive Agreement through Resolution #18-351 and Amendment #1 through Resolution # 18-470 and Amendment # 2 through Resolution #19-050 and Amendment #3 through Resolution #19-149 and Amendment # 4 through Resolution #19-305.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The financial impact of this amendment will increase the agreement for Comprehensive Local Health Services from \$5,811,617 to \$5,824,532, an increase of \$12,915. The amendment makes the following specific changes in the budget;

TB Control Program: increase of \$12,915 from \$12,513 to \$25,428

STRATEGIC PLANNING IMPACT

This resolution supports the 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 Amendment #5 with Michigan Department of Health & Human Services (MDHSS) effective October 1, 2018 through September 30, 2019.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AMENDMENT #5 TO THE 2018-2019 COMPREHENSIVE
AGREEMENT WITH
THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

WHEREAS, Ingham County Health Department (ICHD) wishes to amend the Comprehensive Agreement with Michigan Department of Health & Human Services (MDHHS) in an amount not to exceed \$12,915 effective October 1, 2018 through September 30, 2019; and

WHEREAS, the responsibility for protecting the health of the public is a shared responsibility between the State and County governments in Michigan; and

WHEREAS, MDHHS and local health departments enter into contracts to clarify the role and responsibilities of each party in protecting public health; and

WHEREAS, MDHHS and ICHD have entered into a 2018-2019 Comprehensive Agreement authorized in Resolution #18-351 and Amendment #1 in Resolution #18-470 and Amendment #2 in Resolution # 19-050 and Amendment # 3 in Resolution #19-149 and Amendment #4 in Resolution #19-305

WHEREAS, MDHHS has proposed Amendment #5 to the current Agreement to adjust grant funding levels and clarify Agreement procedures; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize the Amendment.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes Amendment # 5 to the 2018-2019 Comprehensive Agreement with Michigan Department of Health & Human Services (MDHHS) effective October 1, 2018 through September 30, 2019.

BE IT FURTHER RESOLVED, that the total amount of the Comprehensive Agreement funding shall increase from \$5,811,617 to \$5,824,532, an increase of \$12,915.

BE IT FURTHER RESOLVED, that the increase consists of the following specific change to program budget:

TB Control Program: increase of \$12,915 from \$12,513 to \$25,428

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

BE IT FURTHER RESOLVED, that the Health Officer, or her designee, is authorized to submit Amendment #5 of the 2018-2019 Comprehensive Agreement electronically through the Mi-E Grants system 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: August 16, 2019
SUBJECT: Resolution to accept sixth year funding cycle of AmeriCorps VISTA
For the meeting agendas of September 16, 2019 and September 18, 2019

BACKGROUND

Ingham County Health Department (ICHHD) wishes to enter into an agreement with the Corporation for National and Community Services (CNCS) for a sixth FY of funding in support of the AmeriCorps Vista Project. ICHHD was the recipient of grant funds for the AmeriCorps*VISTA Program a fifth funding cycle in the 2018-2019 FY, which was authorized through Resolution #18-447. CNCS has provided Ingham County a sixth year of funding for the 2019-2020 FY which will support up to twelve (12) AmeriCorps*VISTA members who will perform national service to strengthen and supplement efforts to eliminate poverty and poverty-related human, social and environmental problems.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

CNCS has granted ICHHD the sixth year funding for the AmeriCorps*VISTA Program with a total budget of \$144,491 for the 2019-2020 fiscal year comprised of \$10,000 CNCS funds and \$134,491 local resources, and authorizes a grant agreement with the CNCS for the time period of September 15, 2019 through September 12, 2020. Out of a total of 12 FTE AmeriCorps*VISTA members, 11 FTE will be placed in host sites selected through an RFP process and 1 FTE AmeriCorps*VISTA Leader will be placed with the ICHHD AmeriCorps*VISTA program.

The Local Resources are drawn from:

- 1) Cash contributions from the external host sites totaling \$122,150
- 2) Revenue from Ingham County \$12,341

Separate from the \$144,491 budget, CNCS will pay the following member expenses directly to the members out of additional Federal dollars: Living Allowances of \$102,658, Education and End of Service Awards \$71,040 and Health Insurance \$32,400 for a total of \$206,098.

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 accept a sixth year funding cycle from CNCS supporting the AmeriCorps VISTA Project budget in an amount not to exceed \$144,491, effective September 15, 2019 through September 12, 2020.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE A FIFTH YEAR OF THE AMERICORPS*VISTA GRANT CYCLE
FOR 2019-2020**

WHEREAS, Ingham County Health Department (ICHHD) wishes to enter into an agreement with the Corporation for National and Community Services (CNCS) for a sixth FY of funding in support of the AmeriCorps Vista Project; and

WHEREAS, ICHHD was the recipient of grant funds for the AmeriCorps*VISTA Program a fifth funding cycle in the 2018-2019 FY, which was authorized through Resolution #18-447; and

WHEREAS, CNCS has provided Ingham County a sixth year of funding for the 2019-2020 FY which will support up to twelve (12) AmeriCorps*VISTA members who will perform national service to strengthen and supplement efforts to eliminate poverty and poverty-related human, social and environmental problems; and

WHEREAS, CNCS has granted ICHHD a sixth year funding for the AmeriCorps*VISTA Program with a total budget of \$144,491 for the 2019-2020 fiscal year comprised of \$10,000 CNCS funds and \$134,491 local resources, and authorizes a grant agreement with the CNCS for the time period of September 15, 2019 through September 12, 2020; and

WHEREAS, out of a total of 12 FTE AmeriCorps*VISTA members, 11 FTE will be placed in host sites selected through an RFP process and 1 FTE AmeriCorps*VISTA Leader will be placed with the ICHHD AmeriCorps* VISTA program; and

WHEREAS, the Local Resources are drawn from cash contributions from the external host sites totaling \$122,150 and revenue from Ingham County in the amount of \$12,341; and

WHEREAS, the Health Officer recommends that the Board of Commissioners accept the AmeriCorps*VISTA grant award.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners accepts the sixth year funding for the AmeriCorps*VISTA grant award for the time period of September 15, 2019 through September 12, 2020.

BE IT FURTHER RESOLVED, that separate from the \$144,491 program budget expenses, CNCS will pay the following member expenses directly to the members out of additional federal dollars: Living Allowances totaling \$102,658, Education and End of Service awards totaling \$71,040, and Health Insurance \$32,400, totaling \$206,098.

BE IT FURTHER RESOLVED, that the Health Officer is authorized to submit the 2019-2020 budget electronically through the CNCS E-Grants system, and tentatively electronically approve the Memorandum of Agreement.

BE IT FURTHER RESOLVED, that after approval as to form by the County Attorney, the Memorandum of Agreement (MOA) is final.

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 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, County Services and Finance Committees

FROM: Linda Vail, Health Officer

DATE: September 3, 2019

SUBJECT: Resolution to Adopt Incentive Program for Medical Providers Policy for FY 2019

For the meeting agendas of September 16th, September 17th, and September 18th, 2019

BACKGROUND

Ingham County Health Department (ICHD) wishes to adopt an Incentive Program for Medical Providers Policy effective FY 2019. Ingham Community Health Centers (CHCs) promotes both productivity and quality performance of directly employed medical providers by awarding a financial incentive to those directly employed medical providers who demonstrate visit productivity and quality performance that exceed benchmarks. This incentive program provides a financially sustainable approach to recognizing high performers for contributing to the quadruple bottom line (financial sustainability, quality performance, and patient and provider satisfaction) goals of the Ingham Community Health Centers (CHCs).

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The amount awarded will be \$15.00 per qualifying visit in excess of the adjusted expected quarterly visit benchmark. This amount will be covered through the billable reimbursement value of the qualifying visits. The total productivity incentive will be adjusted by a discount rate based on clinical quality measure performance as specified in the Health Center Incentive Program for Medical Providers Policy.

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

The Ingham County Health Center Board of Directors has adopted the Health Center Incentive Program for Medical Providers Policy. In addition, the Michigan Nurses Association supports the approval of the attached resolution to adopt the Health Center Incentive Program for Medical Providers Policy

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution to adopt the Incentive Program for Medical Providers Policy effective FY 2019.

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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO ADOPT INGHAM COUNTY HEALTH DEPARTMENT INCENTIVE PROGRAM
FOR MEDICAL PROVIDERS POLICY**

WHEREAS, Ingham County Health Department (ICHD) wishes to adopt an Incentive Program for Medical Providers Policy effective FY 2019; and

WHEREAS, Ingham Community Health Centers (IHC) promotes both productivity and quality performance of directly employed medical providers by awarding a financial incentive to those directly employed medical providers who demonstrate visit productivity and quality performance that exceed benchmarks; and

WHEREAS, this incentive program provides a financially sustainable approach to recognizing high performers for contributing to the quadruple bottom line (financial sustainability, quality performance, and patient and provider satisfaction) goals of the Ingham Community Health Centers; and

WHEREAS, the amount awarded will be \$15.00 per qualifying visit in excess of the adjusted expected quarterly visit benchmark; and

WHEREAS, this amount will be covered through the billable reimbursement value of the qualifying visits; and
WHEREAS, the total productivity incentive will be adjusted by a discount rate based on clinical quality measure performance as specified in the Health Center Incentive Program for Medical Providers Policy; and

WHEREAS, the Ingham County Health Center Board of Directors has adopted the Health Center Incentive Program for Medical Providers Policy; and

WHEREAS, the Michigan Nurses Association supports the approval of the attached resolution to adopt the Health Center Incentive Program for Medical Providers Policy; and




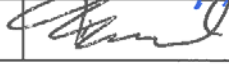
WHEREAS, the Health Officer and Ingham Community Health Centers Board of Directors recommend that the Ingham County Board of Commissioners adopt the Ingham County Health Department Incentive Program for Medical Providers Policy effective FY 2019.

THEREFORE BE IT RESOLVED, that Ingham County Board of Commissioners authorize adoption of the attached Ingham County Health Department Incentive Program for Medical Providers Policy effective FY 2019.

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 contract documents on behalf of the county after approval as to form by the County Attorney.

Policy and Procedure

Policy Name:	Incentive Program for Medical Providers	
Effective Date: 07/18/2015		Policy #: F 082.2 Attachment: A, B, C, D
Approved By:	Signature	Date
Executive Director		8/29/19
Medical Director		9.3.19
Chief Financial Officer		9.3.19
Health Center Board Chair		8/29/19

I. POLICY

Ingham Community Health Centers (ICHC) promotes both productivity and quality performance of directly employed medical providers by awarding a financial incentive to those directly employed medical providers which demonstrate visit productivity and quality performance which exceeds benchmarks. This incentive program provides a financially sustainable approach to recognizing high performers for contributing to the quadruple bottom line (financial sustainability, quality performance, patient and provider satisfaction) goals of the Ingham Community Health Centers.

II. PURPOSE

To establish terms of an incentive program for directly employed ICHC Physicians, Nurse Practitioners, Physician Assistants, providing care within the ICHC.

III. DEFINITIONS/SUPPORTIVE DATA

A. Definitions:

- Expected Visits Per Quarter (EV): The numbers of visits expected for an individual provider to perform in a quarter (three months of a fiscal year) depending on their license and specialty, per budgeting benchmarks.
- Daily Bases Visits (DB): The minimal daily target of visits to meet productivity quarterly benchmarks assuming individual provider is providing services every working day of the period.
- Total County Closures/Holidays (CC): The total number of working days that County Operations are closed due to holiday or any other operations closure.
- Adjusted Visits per Quarter (AV): The adjust visits are the number of applicable county closures (CC) applicable to the number of daily base visits (DB) that would have otherwise occurred on that working day. $(CC \times DB = AV)$
- Quarterly Finalized Number (QFN): The total number of expected visits for a quarter, adjusted for County Closures $(QFN = EV - AV)$
- Total Qualifying Visit County (TV): Total number of qualifying encounters (visits) produced by a single provider during a measurement quarter. Drawn from provider productivity reports produced from billing data and reported to the Executive Director.
- Incentive Eligible Visits: (IEV): Incentive Eligible Visits are the number of qualifying visits that exceed the quarterly finalized number of expected visits, after adjustment for County Closures. $(IEV = TV - QFN)$

- h. Total Productivity Incentive (TPI) = The amount of incentive funds based on productivity metrics, i.e. the number of incentive eligible visits multiplied by the incentive amount per qualifying visit (TPI=IEV*\$15.00)
 - i. Quality Performance Discount (QPD): The amount of discount applied to the total productivity incentive to adjust for overall quality performance.
- A. Supportive Data: Not applicable.

IV. PROCEDURE

A. Eligible Providers

- a. Eligible Providers for the incentive program are directly employed Ingham County medical providers, including Physicians, Physician Assistants, and Nurse Practitioners of the Managerial and Confidential Employees Personnel Manual and Michigan Nurse Association.

B. Productivity Benchmarks:

- a. Productivity benchmarks shall reflect those benchmarks set through the annual budget and are developed using the following considerations:
 - i. Current and historical visit productivity data
 - ii. Productivity benchmarks of other Michigan FQHCs
 - iii. Provider specialty
 - iv. Provider license
- b. Annual visit benchmarks (productivity benchmarks) are calculated based upon 43 work weeks annually at 32.5 hours of scheduled patient care.
- c. Annual visit benchmarks (productivity benchmarks) shall be used to determine qualifying visits for an incentive bonus.

C. Qualifying encounters:

- a. Qualifying encounters (visits) counted toward productivity performance for the purpose of incentive program shall be:
 - i. Visits with a service date within the Fiscal Year and Quarter for which the incentive program is applied.
 - ii. Visits completed (closed) and billed by the 5th day of the month following the end of the quarter for which the calculation is based
- b. The payment amount for each qualifying encounter for bonus, per the incentive program calculation, is \$15.00 per qualifying visit in excess of the adjusted expected quarterly visit benchmark.

D. Productivity Benchmarks for Nurse Practitioners and Physician Assistants – Primary Care

- a. Once provider is to full schedule this policy will be implemented
- b. Baseline visits per year: 2,500
- c. Baseline Visits per quarter: 625/3months (EXPECTED VISITS)
- d. This averages to (DAILY BASE):
 - i. 11 visits/day per 8 hour work day (5 working days a week, 4 weeks a month)
 - ii. 13 visits per day per 10 hour work day (assuming 4 working days a week, 4 weeks a month)
- e. Baseline visits and daily base shall be prorated upon actual FTE of individual provider accordingly

E. Productivity Benchmarks for Nurse Practitioners and Physician Assistants – Women's Health/Willow

- a. Once provider is to full schedule this policy will be implemented
- b. A baseline visits per year: 2,100
- c. Baseline visits per quarter: 525/3months (EXPECTED VISITS)
- d. This averages to (DAILY BASE):
 - i. 9 visits/per 8 hour work day (5 working days a week, 4 weeks a month)
 - ii. 11 visits/per 10 hour work day (4 working days a week, 4 weeks a month)

- e. Baseline visits and daily base shall be prorated upon actual FTE of individual provider accordingly
- F. Productivity Benchmarks for Nurse Practitioners and Physician Assistants – School-based/School-linked (Eastern/Sexton)
 - a. Once provider is to full schedule this policy will be implemented
 - b. A baseline visits per year: 1680
 - c. Baseline visits per quarter: 420/3months (EXPECTED VISITS)
 - d. This averages to (DAILY BASE):
 - i. 7 visits/per 8 hour work day (5 working days a week, 4 weeks a month)
 - e. Baseline visits and daily base shall be prorated upon actual FTE of individual provider accordingly
- G. Productivity Benchmarks for Primary Care Physicians
 - a. Once a provide is to full schedule this policy will be implemented
 - b. A baseline visits per year: 2,800
 - c. Baseline visits per quarter: 700/3months (EXPECTED VISITS)
 - d. This averages to (DAILY BASE)
 - i. 12 visits/ per 8 hour work day (5 working days a week, 4 weeks a month)
 - ii. 15 visits/per 10 hour work day (4 working days a week, 4 weeks a month)
 - e. Baseline visits and daily base shall be prorated upon actual FTE of individual provider accordingly
 - f. Sample Calculations are included as Attachment A
- H. Quality Metrics and Performance Discount
 - a. Metrics for Quality Performance
 - i. Quality Performance shall be based on individual provider performance on Clinical Quality Improvement (CQI) goals, as reported through the corresponding ICHC CQI Scorecard, accessed via Azara DRVS, or SQL Report, accessed on the SQL Report Server.
 - 1. The respective scorecard pertaining the applicable quality metrics applied per the location and/or program the individual provider is placed shall be applied.
 - a. Women's Health providers: ICHC CQI Scorecard – Women's Health (Azara DRVS) (Attachment B)
 - b. Primary Care Providers (general): ICHC CQI Scorecard (Azara DRVS) (Attachment C)
 - c. Eastern/Sexton/Willow Primary Care Providers (School-based/School-linked): ICHC CAHC Grant Quality Report (SQL) (Attachment D)
 - 2. The CQI performance documented through the Scorecard/SQL Report aligns with performance accountability data as reported to various funders, contractors and payers by ICHC.
 - 3. The metrics contained in the CQI Scorecards/SQL Report reflect:
 - a. CQI metrics priorities in the ICHC CQI Plan, which is updated annually (See CQI Policy and Plan).
 - b. Accountability metrics reported through UDS, various payers (HEDIS), or other various program/funders.
 - c. Grant Related Quality Performance Metrics.
 - ii. Quality Performance (CQI Performance) is assessed based on the percentage of continuous quality improvement metrics in the respective score card/reports which are meeting or exceeding established goals.
 - 1. A CQI Scorecard/SQL Report for a single provider comprised of 12 performance metrics, and 7 are meeting or exceeding the stated goal: $7/12=58\%$ CQI Performance
 - iii. The Quality Performance Discount is the percentage of the total productivity incentive earned will be adjusted based on Quality Performance. The discount applied shall reduce the total productivity incentive payment correspondingly with CQI Performance.

CQI Performance (CQI Scorecard/SQL Report Metrics Met or Exceeded)	Quality Performance Discount (Percent reduction of productivity incentive based on CQI Performance)
85 – 100%	0%
70 – 84 %	15%
50-69%	25%
0-49%	35%

I. Incentive Program Bonus Calculation Scoring protocol:

- a. Quarterly Bonuses shall be calculated at the end of the month following the last month of each quarter, when all productivity reports and billable data are available.
- b. Incentive Eligible Visits shall be the number of the total qualifying visits (TV) less the Quarterly finalized Number of expected visits (QFN).

$$IEV = TV - QFN$$
 - i. Quarterly Finalized Number (QFN) of expected visits is calculated by reducing the Expected Visits per Quarter (EV) by the Adjustment Visits per Quarter (AV).

$$QFN = EV - AV$$
 1. Adjusted Visits Per Quarter (AV) are calculated by multiplying the number of County Closures/Holidays (CC) by the daily base visits (DB) expected for the impacted that would have otherwise occurred on regularly scheduled working days for the provider.

$$AV = CC * DB$$
 - a. CC that occur on days that a provider would not have been working or productive because of flexible scheduled hours (4/10 Shift) are not applied. However, CC that occur during sick leave, vacation, or other forms of leave during what would be regular working hours on non-county closure days are applied.
- c. The Total Productivity Incentive (TPI) is calculated by multiplying the Incentive Eligible Visits (IEV) by the Incentive per visit amount (\$15.00).

$$TPI = IEV * \$15.00$$
- d. The Total Productivity Incentive (TPI) is then adjusted by the Quality Performance Discount (QPD), in accordance with the provider's CQI Performance, in order to arrive the final Quarterly Bonus.

$$TPI - (TPI * QPD) = \text{Quarterly Bonus}$$
- e. Providers which are assigned to multiple sites, where they may be accountable to multiple productivity benchmarks or CQI Scorecards, shall have their individual performance calculated based on the prorated data in accordance with their FTE assignment to each location.
- f. The Incentive Program only works to apply credit for when productivity benchmarks are met or exceeded. There is no financial penalty or reductions to wages for providers when negative values are calculated in accordance with this formula in the instances where quarterly productivity benchmarks are not met.
- g. The CQI Metrics and Productivity Benchmarks shall be reviewed and adjusted in accordance with this policy on an annual basis.

V. DOCUMENTATION

Attachment A: Example Incentive Pay Calculation Table

Attachment B: Sample ICHC CQI Scorecard – Women’s Health (Azara DRVS)

Attachment C: Sample ICHC CQI Scorecard Women’s Health (Azara DRVS)

Attachment D: Sample ICHC CAHC Grant Quality Report (SQL)

VI. REFERENCES

Quality Improvement Plan

Policy Status:

Date	07/18/2015	06/29/2017	5/30/2019	7/2019	8/29/19		
Reviewed / Revised	X New	<input type="checkbox"/> Review X Revised	<input type="checkbox"/> Review <input type="checkbox"/> Revised	<input type="checkbox"/> Review <input type="checkbox"/> Revised	<input type="checkbox"/> Review X Revised	<input type="checkbox"/> Review <input type="checkbox"/> Revised	<input type="checkbox"/> Review <input type="checkbox"/> Revised
Approved By			ACS	ACS	ACS		

Attachment A

QUARTER ONE FY 2019 "TEST"

Incentive Program Calculation

	Expected Visits Per Quarter (EV)	Daily Basic Visits (DB)	Total Closures/ Holidays (CC)	Adjusted Visits per Quarter (CC*DB=AV)	Quarterly Finalized Number (EV- AV=QFN)	Total Qualifying Visit Count (TV)	Incentive Eligible Visits (EV-TV=QFN)	Incentive per eligible visit	Total Productivity Incentive (TPI) = E*QFN
1.0 Physician	700	12	8	72	628	743	115	\$15.00	\$1,725.00
1.0 NP/PA Std	625	11	8	66	559	643	84	\$15.00	\$1,260.00
0 NP/PA WHW	525	9	8	54	471	515	44	\$15.00	\$660.00
1.0 NP/PA SB	420	7	8	42	378	405	27	\$15.00	\$405.00
Quality Calculation									
CGI Performance (% of CGI Dashboard Metrics met or exceeded (Azara CGI Dashboard for Primary Care or CGI Dashboard for location/programs))									
Quality Performance Discount Adjust to Quarterly Productivity Incentive (QPD)									
85-100%									
70-84%									
50-69%									
0-49%									
Formula = (TV-QFN)/(TV-QFN)*QPD Incentive									
TV	QFN	Incentive Eligible visits (EV-TV-QFN)	Provider	TPI	Quality Dashboard Metric met or Exceeded for Quarter	QPD	Final Quarterly Performance Incentive Bonus (TPI - (TPI*QPD)= Quarterly Bonus)		
743	650	94	TEST PYS	\$1,725.00	2/17=11.8%	35%	\$1,121.25		
643	541	102	TEST NP	\$1,260.00	3/17=17%	35%	\$819.00		
515	455	60	TEST NP WHW	\$660.00	2/4=50%	25%	\$495.00		
405	378	27	Test NP SB	\$405.00	4/8=50%	25%	\$303.75		

Attachment B

Period: 01/2019
Group By: None
Run on: 10/25/2019

ICHC CQI Scorecard 2018-2019

Name	Target	Result	Numerator	Denominator	Exclusions
Physicals - Adults	40.0%	16.1%	2,433	6,587	0
MH Screening and Follow-Up 18+ Years (NQF 0421aCQIM 6b7)	70.0%	71.3%	4,669	6,463	359
Child Weight Screening / BMI / Nutritional Physical Activity Counseling (NQF 0024 modified)	50.0%	31.4%	982	1,911	13
Colorectal Cancer Screening (NQF 0084)	40.0%	39.0%	854	2,194	18
Cervical Cancer Screening (NQF 0032)	60.0%	40.1%	1,744	2,862	263
Breast Cancer Screening Ages 40-74 (NQF 2372)	60.0%	30.3%	496	756	4
Chlamydia Screening for Women (NQF 0003)	75.0%	68.7%	523	761	0
Childhood Immunization Status (NQF 0016)	35.0%	28.6%	29	153	4
Influenza Immunization - Children 5+ Only (NQF 0041)	45.0%	0.0%	0	0	0
Depression Screen Positive w/Follow-up (NQF 0418 Modified)	80.0%	78.0%	306	365	0
Diabetes A1c Tested in the past year (NQF 0036 modified)	80.0%	89.3%	928	1,039	0
Diabetes A1c >9 (NQF 0039 modified)	15.0%	26.1%	230	1,039	0
Diabetes Foot Exam (NQF 0056)	60.0%	55.4%	646	1,158	0
Diabetes LDL Management - LDL Tested (NQF 0064 modified)	70.0%	92.3%	640	1,038	0
Diabetes Urine Protein Screening (NQF 0062)	90.0%	35.4%	882	1,038	0
Diabetes Eye Exam (NQF 0053)	20.0%	13.3%	155	1,036	0
Hypertension Controlling High Blood Pressure (NQF 0018)	57.0%	34.0%	933	1,710	36

Attachment C

Version: 1.01 2019
 Group By: Team
 Date up: 10/20/2019

ICHC CQI Scorecard Women's Health 2018-2019

Name	Target	Actual	Numerator	Denominator	Performance
Cervical Cancer Screening (NQF 6152)	82.0%	60.9%	1,744	2,862	268
Breast Cancer Screening Ages 50-74 (NQF 2372)	80.0%	50.3%	404	798	4
Chlamydia Screening for Women (NQF 6033)	75.0%	60.3%	558	925	0
Depression Screen: Positive w/Follow-up (NQF 6411 Modified)	80.0%	75.0%	308	410	0

Age Table

gender	0 thru 4	5 thru 9	10 thru 17	18 thru 21	Total
Female	0	0	157	12	179
Male	0	2	110	11	123
Total	0	2	277	23	302

Race Table

Race	Count	Ethnicity
White	115	Araby/Chaldean
Black or African-American	134	Hispanic or Latino
Asian	11	
Native Hawaiian or Pacific Islander	0	
American Indian or Alaskan Native	4	
More than One Race	33	

Tests Table

Pregnancy Tests	Positive for Pregnancy	Chlamydia Tests	Positive for Chlamydia	Treated for Chlamydia	Gonorrhea Tests
12	0	10	1	0	10

Visits Table

Primary Care Provider	Mental Health Provider	Other Providers
320	426	26

Well Checks and Imms

Billed EPSDT Well Checks	Billed Immunizations	EPSDT Well Checks	Immunizations
68	76	94	87

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Attachment A

QUARTER ONE FY 2019 *TEST*

Incentive Program Calculation

	Expected Visits Per Quarter (EV)	Daily Base Visits (DB)	Total Closures/Holidays (CC)	Adjustment Visits per Quarter (CC*DB=AV)	Quarterly Finalized Number (EV-AV=QFN)	Total Qualifying Visit Count (TV)	Incentive Eligible Visits (IEV=TV-QFN)	Incentive per eligible visit	Total Productivity Incentive (TPI=IEV*\$15)
1.0 Physician	700	12	6	72	628	743	115	\$15.00	\$1,725.00
1.0 NP/PA Std	525	11	6	66	559	643	84	\$15.00	\$1,260.00
1.0 NP/PA WH/W	525	9	8	72	453	515	60	\$15.00	\$900.00
1.0 NP/PA SB	420	7	8	56	364	382	26	\$15.00	\$390.00

Quality Calculation

CQI Performance (% of CQI Dashboard Metrics met or exceeded (Azara CQI Dashboard for Primary Care or CQI Dashboard for location/program))	Quality Performance Discount Adjust to Quarterly Productivity Incentive (QPD)
85-100%	0%
70-84%	15%
50-69%	25%
0-49%	35%

Formula = (TV-QFN)-(TV-QFN)*QPD Incentive

TV	QFN	Incentive Eligible visits (IEV = TV-QFN)	Provider	TPI	Quality Dashboard Metric met or Exceeded for Quarter	QPD	Final Quarterly Performance Incentive Bonus (TPI - (TPI*QPD)= Quarterly Bonus)
743	659	84	TEST PYS.	\$1,725.00	2/17=11.8%	35%	\$1,121.25
643	541	102	TEST NP	\$1,260.00	3/17=17%	35%	\$819.00
515	455	60	TEST NP WH/W	\$900.00	2/4=50%	25%	\$675.00
382	378	4	Test NP SB	\$405.00	4/8=50%	25%	\$303.75

Attachment B

Period: Q1 2019

Group By: None

Run on: 7/19/2019

ICHC CQI Scorecard 2018-2019

Name	Target	Result	Numerator	Denominator	Exclusions
Physicals - Adults	40.0 %	36.3%	2,499	6,887	0
BMI Screening and Follow-Up 18+ Years (NQF 0421/eCQM 69v7)	70.0 %	71.3%	4,609	6,463	389
Child Weight Screening / BMI / Nutritional / Physical Activity Counseling (NQF 0024 modified)	50.0 %	51.4%	982	1,911	13
Colorectal Cancer Screening (NQF 0034)	40.0 %	39.6%	864	2,184	10
Cervical Cancer Screening (NQF 0032)	62.0 %	60.9%	1,744	2,862	268
Breast Cancer Screening Ages 50-74 (NQF 2372)	60.0 %	50.3%	496	986	4
Clinical Screening for Women (NQF 0033)	75.0 %	68.1%	518	761	0
Childhood Immunization Status (NQF 0038)	35.0 %	20.9%	29	139	0
Influenza Immunization - Calendar Yr Only (NQF 0041)	45.0 %	0.0%	0	0	0
Depression Screen Positive w/Follow-up (NQF 0418 Modified)	80.0 %	78.0%	308	395	0
Diabetes A1c Tested in the past year (NQF 0059 modified)	90.0 %	89.5%	929	1,038	0
Diabetes A1c >9 (NQF 0059 modified)	15.0 %	24.1%	250	1,038	0
Diabetes Foot Exam (NQF 0056)	60.0 %	62.4%	648	1,038	0
Diabetes LDL Management - LDL Tested (NQF 0064 modified)	70.0 %	61.7%	640	1,038	0
Diabetes Urine Protein Screening (NQF 0062)	90.0 %	85.9%	892	1,038	0
Diabetes Eye Exam (NQF 0055)	20.0 %	13.3%	138	1,038	0
Hypertension Controlling High Blood Pressure (NQF 0018)	57.0 %	54.6%	933	1,710	30

Attachment B-2

ICHC CQI Scorecard 2018-2019

Parameter	Value
Period	Q1 2019
Centers	Ingham, County Health Department

Attachment C

Period: Q3 2019

Group By: None

Run on: 7/19/2019

ICHC CQI Scorecard Women's Health 2018-2019

Name	Target	Result	Numerator	Denominator	Exclusions
Cervical Cancer Screening (NQF 0032)	62.0 %	60.9%	1,744	2,862	268
Breast Cancer Screening Ages 50-74 (NQF 2372)	60.0 %	50.3%	496	986	4
Chlamydia Screening for Women (NQF 0033)	75.0 %	68.1%	518	761	0
Depression Screen Positive w/Follow-up (NQF 0418 Modified)	80.0 %	78.0%	308	395	0

Attachment C-2

ICHC CQI Scorecard Women's Health 2018-2019

Parameter	Value
Period	Q1 2019
Centers	Ingham, County Health Department

Attachment D**Age Table**

gender	0 thru 4	5 thru 9	10 thru 17	18 thru 21	Total
Female	0	0	167	12	179
Male	0	2	110	11	123
total	0	2	277	23	302

Race Table

Race	Count	Ethnicity
White	115	Arab/Chaldean
Black or African-American	134	Hispanic or Latino
Asian	11	
Native Hawaiian or Pacific Islander	0	
American Indian or Alaskan Native	4	
More than One Race	33	

Tests Table

Pregnancy Tests	Positive for Pregnancy	Chlamydia Tests	Positive for Chlamydia	Treated for Chlamydia	Gonorrhea Tests
12	0	10	1	0	10

Visits Table

Primary Care Provider	Mental Health Provider	Other Providers
320	456	26

Well Checks and Imms

Billed EPSDT Well Checks	Billed Immunizations	EPSDT Well Checks	Immunizations
68	76	94	87

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Ethnicity Table

Count
3
64

Positive for Gonorrhea	HIV Tests	Positive for HIV
0	0	0

Attachment D-3

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Measures

Comprehensive Physical Exam	Immunizations Complete	Up to Date Risk Assessment	Depression Screen Complete	Diagnosis of Asthma
71	96	161	180	45

Attachment D-5

Asthma Action Plan	BMI at or above 85th percentile	Evidence of Counseling for Nutrition and Physical Activity	Smoke Use Tobacco	Assisted with tobacco Cessation	MH Measure Denom
7	125	44	4	1	0

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Attachment D-6

MH
Measure
Numer

0

TO: Board of Commissioners Human Services and Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: August 28, 2019
SUBJECT: Amendment #4 to the Agreement with MDHHS for Refugee Health Assessment Services
For the meeting agendas of September 16 and September 18, 2019

BACKGROUND

Ingham County Health Department (ICHHD) wishes to amend the Refugee Health Assessment Services agreement with Michigan Department of Health and Human Services (MDHHS) by extending the terms of the agreement and by increasing the maximum allowable funds by \$253,200, effective October 1, 2015 through September 30, 2020. Resolution #15-354, #16-403, and #18-383 authorized ICHHD entering into a Refugee Health Assessment Services agreement with the MDHHS effective October 1, 2015 through September 30, 2019. MDHHS wishes to increase the FY 19 contract by \$6,100, to extend the agreement through September 30, 2020, and also wishes to increase the funding for 2020 by \$247,100. All of the other terms of the agreement shall remain the same.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The amendment would increase the total allowable amount of the agreement from \$1,006,400.00 to \$1,259,600.00, for a total increase of \$253,200.00. \$247,100 goes toward FY20, and the remaining \$6,100 will be applied to the FY19 Refugee Health Promotion.

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 the Refugee Health Assessment Services agreement with MDHHS by extending the terms through September 30, 2020 and increasing the maximum allowable funds by \$253,200.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AMENDMENT #4 TO THE AGREEMENT WITH MDHHS FOR
REFUGEE HEALTH ASSESSMENTS**

WHEREAS, Ingham County Health Department (ICHD) wishes to amend the Refugee Health Assessment Services agreement with Michigan Department of Health and Human Services (MDHHS) by extending the terms of the agreement and by increasing the maximum allowable funds by \$253,200, effective October 1, 2015 through September 30, 2020; and

WHEREAS, resolution #15-354, #16-403, and #18-383 authorized ICHD entering into a Refugee Health Assessment Services agreement with the MDHHS effective October 1, 2015 through September 30, 2019; and

WHEREAS, MDHHS wishes to increase the FY 2019 contract by \$6,100, to extend the agreement through September 30, 2020, and also wishes to increase the funding for 2020 by \$247,100; and

WHEREAS, all of the other terms of the agreement shall remain the same; and

WHEREAS, the amendment would increase the total allowable amount of the agreement from \$1,006,400.00 to \$1,259,600.00, for a total increase of \$253,200.000; and

WHEREAS, \$247,100 goes toward FY 2020 and the remaining \$6,100 will be applied to the FY 2019 Refugee Health Promotion; and

WHEREAS, the Ingham Community Health Center Board of Directors supports extending the terms of the Refugee Health Assessment Services agreement with MDHHS to increase the maximum allowable funds to \$1,259,600.00, and supports extending the terms through September 30, 2020; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize extending the terms of the Refugee Health Assessment Services agreement with MDHHS to increase the maximum allowable funds to \$1,259,600.00, and authorizes extending the terms through September 30, 2020.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorize extending the terms of the Refugee Health Assessment Services agreement with MDHHS to increase the maximum allowable funds to \$1,259,600.00, and authorizes extending the terms through September 30, 2020.

BE IT FURTHER RESOLVED, that the Health Officer, Linda S. Vail, MPA, Health Officer, or her designee, is authorized to submit the FY 2020 Refugee Health Assessment Agreement electronically through the Mi-E-Grants system after approval as to form by the County Attorney.

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 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: August 28, 2019
SUBJECT: Acceptance of FY 2020 Child and Adolescent Health Center Program Funds

For the meeting agendas of September 16 and September 18, 2019

BACKGROUND

Ingham County Health Department (ICHD) wishes to accept \$585,000 of funding from the Child and Adolescent Health Center (CAHC) program to be used for promoting the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services effective October 1, 2019 through September 30, 2020. The funding will support continued operations of ICHD's school-based and school-linked health centers. The Ingham County Board of Commissioners authorized ICHD to accept CAHC program funding from the Michigan Department of Health and Human Services (MDHHS), as administered through the Michigan Primary Care Association (MPCA), for the period of October 1, 2011 through September 30, 2019, through resolutions #11-235, #12-199, #13-049, #14-358, #15-412, #16-448, #17-434, and #18-347.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The CAHC funding award for the term of October 1, 2019 through September 30, 2020 is \$585,000 and is divided as follows:

- Eastern Health Center - \$195,000
- Sexton Health Center - \$195,000
- Willow Health Center - \$195,000

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 accepting \$585,000 in funding from the Child and Adolescent Health Center (CAHC) program for promoting the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services 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 ACCEPT FY 2020 CHILD AND ADOLESCENT HEALTH CENTER
PROGRAM FUNDS**

WHEREAS, Ingham County Health Department (ICHD) wishes to accept \$585,000 of funding from the Child and Adolescent Health Center (CAHC) program to be used for promoting the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services effective October 1, 2019 through September 30, 2020; and

WHEREAS, the funding will support continued operations of ICHD's school-based and school-linked health centers; and

WHEREAS, the Ingham County Board of Commissioners authorized ICHD to accept CAHC funding from the Michigan Department of Health and Human Services (MDHHS), as administered through the Michigan Primary Care Association (MPCA), for the period of October 1, 2011 through September 30, 2019, through resolutions #11-235, #12-199, #13-049, #14-358, #15-412, #16-448, #17-434, and #18-347; and

WHEREAS, the CAHC funding award effective October 1, 2019 through September 30, 2020 is \$585,000 and is divided as follows: Eastern Health Center - \$195,000, Sexton Health Center - \$195,000, Willow Health Center - \$195,000; and

WHEREAS, the Ingham Community Health Center Board of Directors supports accepting \$585,000 in funding from the Child and Adolescent Health Center (CAHC) program for promoting the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services effective October 1, 2019 through September 30, 2020; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorizes accepting \$585,000 in funding from the Child and Adolescent Health Center (CAHC) program for promoting the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services effective October 1, 2019 through September 30, 2020.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes accepting \$585,000 in funding from the Child and Adolescent Health Center (CAHC) program for promoting the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services effective October 1, 2019 through September 30, 2020.

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 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: August 28, 2019
SUBJECT: Acceptance of SUD and Mental Health Funding Award from HRSA

For the meeting agendas of September 16 and September 18, 2019

BACKGROUND

Ingham County Health Department's (ICHD's) Community Health Centers (CHCs) wish to accept a funding award totaling \$109,784.00 from the U.S. Department of Health Resources and Services Administration (HRSA). This is an increase to the current HRSA award for February 1, 2019 through January 31, 2020. This award will be used to continue to implement and advance evidence-based strategies to expand access to integrated substance use disorder (SUD) and mental health services.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

Acceptance of this award increases HRSA funding by \$109,784.00 for evidence-based strategies to expand access to integrated substance use disorder and mental health services in ICHD's CHCs.

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 acceptance of an increase in funding in the amount of \$109,784.00 provided through the U.S. Department of Health Resources and Services Administration (HRSA) for the grant period of February 1, 2019 through January 31, 2020.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO ACCEPT SUBSTANCE USE DISORDER AND MENTAL HEALTH
FUNDING AWARD FROM HRSA**

WHEREAS, Ingham County Health Department's (ICHD's) Community Health Centers (CHCs) wish to accept a funding award totaling \$109,784.00 from the U.S. Department of Health Resources and Services Administration (HRSA).; and

WHEREAS, this is an increase to the current HRSA award for February 1, 2019 through January 31, 2020

WHEREAS, this award will be used to continue to implement and advance evidence-based strategies to expand access to integrated substance use disorder (SUD) and mental health services in ICHD's CHCs; and

WHEREAS, 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; and

WHEREAS, the Ingham Community Health Center Board of Directors supports acceptance of a funding award totaling \$109,784.00 from the U.S. Department of Health Resources and Services Administration (HRSA) effective February 1, 2019 through January 31, 2020; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize acceptance of a funding award totaling \$109,784.00 from the U.S. Department of Health Resources and Services Administration (HRSA) effective February 1, 2019 through January 31, 2020.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes acceptance of a funding award totaling \$109,784.00 from the U.S. Department of Health Resources and Services Administration (HRSA) effective February 1, 2019 through January 31, 2020.

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 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: August 28, 2019
SUBJECT: Authorization to Amend Resolution #17-355 for extension of MSU Infectious Disease Contract through the accepted Ryan White Part D funding.

For the meeting agendas of September 16, September 17, and September 18, 2019

BACKGROUND

Ingham County Health Department (ICHD) wishes to amend resolution #17-355 for an amount not to exceed \$51,080, to continue the Infectious Disease Provider Services Agreement with Michigan State University effective August 1, 2019 through July 31, 2020. Through Resolution #17-355, ICHD accepted HRSA Ryan White Part D funding for August 1, 2017 through July 31, 2020 in an amount not to exceed \$483,774 annually. The Health Resources and Services Administration (HRSA) authorized a contract through resolution #17-355 for providing family-centered health care including outpatient and ambulatory care for women, infants, children and youth (WICY Part D) with HIV/AIDS. This Resolution also approved the funding to support the Michigan State University contract for the Infectious Disease Provider through July 31, 2019.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

This funding will continue to provide for a .20 FTE Infectious Disease Provider Services Agreement with MSU to be renewed with a 2.75% increase, or \$51,080, effective August 1, 2019 through July 31, 2020; and

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 CONSIDERATION:

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorize amending resolution #17-355 for an amount not to exceed \$51,080 to continue the Infectious Disease Provider Services Agreement with Michigan State University, effective August 1, 2019 through July 31, 2020.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AMEND RESOLUTION #17-355 RYAN WHITE (RW) PART D FUNDING TO SUPPORT MSU CONTRACT FOR INFECTIOUS DISEASE PROVIDER

WHEREAS, Ingham County Health Department (ICHD) wishes to amend resolution #17-355 for an amount not to exceed \$51,080, to continue the Infectious Disease Provider Services Agreement with Michigan State University effective August 1, 2019 through July 31, 2020; and

WHEREAS, through Resolution #17-355, ICHD accepted HRSA Ryan White Part D funding for August 1, 2017 through July 31, 2020 in an amount not to exceed \$483,774 annually; and

WHEREAS, the Health Resources and Services Administration (HRSA) authorized a contract through resolution #17-355 for providing family-centered health care including outpatient and ambulatory care for women, infants, children and youth (WICY Part D) with HIV/AIDS; and

WHEREAS, this Resolution also approved the funding to support the Michigan State University contract for the Infectious Disease Provider through July 31, 2019; and

WHEREAS, this funding will continue to provide for a .20 FTE Infectious Disease Provider Services Agreement with MSU to be renewed with a 2.75% increase, or \$51,080, effective August 1, 2019 through July 31, 2020; and

WHEREAS, the Ingham Community Health Center Board of Directors supports amending resolution #17-355 for an amount not to exceed \$51,080, to continue the Infectious Disease Provider Services Agreement with Michigan State University effective August 1, 2019 through July 31, 2020; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize amending resolution #17-355 for an amount not to exceed \$51,080, to continue the Infectious Disease Provider Services Agreement with Michigan State University effective August 1, 2019 through July 31, 2020.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorize amending resolution #17-355 for an amount not to exceed \$51,080, to continue the Infectious Disease Provider Services Agreement with Michigan State University effective August 1, 2019 through July 31, 2020.

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 contract documents on behalf of the county after 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: August 14, 2018
SUBJECT: Agreement with Southeastern Michigan Health Association
For the meeting agendas of September 17th, and September 19th, 2019

BACKGROUND

Ingham County Health Department's (ICHD) Children's Special Health Care Services (CSHCS) wishes to accept \$10,000 in grant funds from Southeastern Michigan Health Association (SEMHA) for supporting outreach efforts, facilitating parent input and feedback, and for family involvement with ICHD's CSHCS policy and procedure process. CSHCS provides coordinated care for children with special needs. CSHCS assists these individuals and their families through the appropriate use of the CSHCS care system so that children are able to demonstrate improved health outcomes and an enhanced quality of life.

ICHD will use these funds for a temporary parent liaison who is an area parent that is currently enrolled in the CSHCS system. This liaison will work collaboratively with ICHD-CSHCS staff to develop and implement outreach strategies that focus on engaging other families who have children with special health care needs. This peer support helps to involve families in the CSHCS program and provides strategies to assist parents in navigating the system. This grant will be effective October 1, 2019 through September 30, 2020.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

These grant funds totaling \$10,000 from SEMHA will provide funding to ICHD to hire a temporary parent liaison effective October 1, 2019 through September 30, 2020.

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 authorizing an agreement with SEMHA to accept \$10,000 in funds for a temporary parent liaison effective October 1, 2019 through September 30, 2020.

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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN AGREEMENT WITH
SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION**

WHEREAS, Ingham County Health Department's (ICHD) Children's Special Health Care Services (CSHCS) wishes to accept \$10,000 in grant funds from Southeastern Michigan Health Association (SEMHA) for supporting outreach efforts, facilitating parent input and feedback, and for family involvement with ICHD's CSHCS policy and procedure process; and

WHEREAS, CSHCS provides coordinated care for children with special needs; and

WHEREAS, CSHCS assists these individuals and their families through the appropriate use of the CSHCS care system so that children are able to demonstrate improved health outcomes and an enhanced quality of life; and

WHEREAS, ICHD will use these funds for a temporary parent liaison who is an area parent that is currently enrolled in the CSHCS system; and

WHEREAS, this liaison will work collaboratively with ICHD-CSHCS staff to develop and implement outreach strategies that focus on engaging families who have children with special health care needs; and

WHEREAS, this peer support helps to involve families in the CSHCS program and provides strategies to assist parents in navigating the system; and

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

WHEREAS, these grant funds totaling \$10,000 from SEMHA will provide funding to ICHD to hire a temporary parent liaison effective October 1, 2019 through September 30, 2020; and

WHEREAS, 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; and

WHEREAS, the health officer recommends that the Board of Commissioners authorize an agreement with SEMHA in an amount of \$10,000 to hire a temporary parent liaison effective October 1, 2019 through September 30, 2020.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with SEMHA in an amount up to \$10,000 effective October 1, 2019 through September 30, 2020.

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 any necessary contract documents on behalf of the county after approval as to form by the County Attorney.

Dear Commissioners,

By now, you have received the farce of a resolution submitted by Enbridge with a half-hearted attempt to cause a divide in Michigan regarding their tunnel. Do not fall for it! The people of Michigan have elected legislatures that will shut down Line 5 and stop the tunnel. This tunnel is not in Michigan's best interest and only serves to deepen Enbridge's pockets.

I have fact-checked the resolution and graded it, it failed miserably. Please read the documentation and the links, they are very informative and shows how unreliable Enbridge is.

We have been taught that this is an either-or question. Do we have the raggedy pipeline or the dangerous tunnel? This is incorrect. We do not NEED either. We are switching to renewable energy and will be able to heat the UP, provide good UNION jobs and not damage our beautiful state. Remember it is part of the Michigan Constitution to PROTECT THE GREAT LAKES, and we have failed them.

Vote NO on this resolution, and I am hoping that you will see this farce for what it is and not give it any attention at all. File it in the trash.

Thank you,

A. Pierce

Andrea Pierce

Mother, Sister, Aunt, Grandmother

Federally Registered member of Little Traverse Bay Bands of Odawa Indians

Idle No More Michigan leader, an Indigenous grassroots movement

Chair, Anishinaabek Caucus of the Michigan Democratic Party

attachment: corrected resolution

RESOLUTION

XX-2019

Resolution in Support of Line 5 Tunnel



WHEREAS, Enbridge's Line 5 has been operating safely and reliably in Michigan for more than 65 years; and, Line 5 has spilled 33 times and at least 1.1 million gallons along its length since 1968. (<https://www.oilandwaterdontmix.org/problem>)
(https://www.mlive.com/news/2017/04/enbridge_line_5_spill_history.html)

WHEREAS, Enbridge's Line 5, a light crude and natural gas liquids pipeline, sections of Line 5 in the Mackinac Straits are cracked and dented, and a segment on land near the Straits has lost 26% of its original wall thickness. (<https://flowforwater.org/line5/>)

helps to safely meet Michigan's energy needs by fulfilling more than half of the propane needs of the state; and, less than 5-10% of the product is used in Michigan
(<https://www.oilandwaterdontmix.org/problem>)

WHEREAS, the products delivered to regional refineries provide jobs and ultimately fuel our lives; and, They will also bring man camps when out of state pipeline workers come to the northern Tribal nations. (http://www.honorearth.org/man_camps_fact_sheet)

WHEREAS, multiple and extensive inspections and safety tests over the last several years have confirmed the integrity of Line 5 at the Straits of Mackinac as fit for service; and, Line 5 has always been a ticking time bomb. Enbridge has already had the largest oil spill in the world and it was in Michigan. In July of 2010, a ruptured pipeline released up to a million gallons of tar-sands crude oil, contaminating a 20 mile stretch of the Kalamazoo River.
(<https://kalamazooriver.org/learn/what-are-the-problems/oil-spill-2/>)

Recently, there was the anchor strike that took months for the State of Michigan to find out what actually happened. The inside of the pipeline was dented. The inside. Does that tell you how close we came to losing the Great Lakes?
(<https://www.mlive.com/news/grand-rapids/2019/05/video-shows-shocking-aftermath-of-line-5-anchor-strike.html>)

This month we have 81 foot segments, which is in violation of the easement agreement with the State of Michigan of 75 feet (<https://www.detroitnews.com/story/news/local/michigan/2019/08/07/enbridge-unsupported-segment-line-5-has-grown-beyond-75-foot-limit/1948023001/>)

WHEREAS, Enbridge has proposed to invest \$500 million to make a safe pipeline safer by placing a tunnel with one-foot-thick concrete walls 100 feet underground and make the changes of a leak into the Straits virtually zero; and, do not forget the gas and electric pipelines will be enclosed in the tunnel. "ATC does not believe that installing high-voltage electric lines in close proximity to high-pressure oil or gas lines is a good idea," Tom Finco, the company's vice president of external affairs, said in an April 30 letter to a group representing five Michigan Indian tribes. (<https://www.freep.com/story/news/local/michigan/2019/05/02/enbridge-line-oil-electric-tunnel-dangerous/3649545002/>)

WHEREAS, consequences to energy supply, local producers, regional airports and refineries, jobs, local economies and the pocketbook of Michiganders across the entire state are too great for Line 5 to be shut down before the tunnel replacement can be completed;

Gov. Whitmer has signed an Executive Order creating the UP Energy Task Force to address these needs. (<https://www.michigan.gov/whitmer/0,9309,7-387-90499-499308--,00.html>)

Clean energy creates jobs, supports local infrastructure development, and provides new opportunities to build thriving economies. While many rural American communities have faced economic challenges, they have also recently experienced incredible growth in wind energy, solar power, and energy efficiency. (<https://www.nruc.org/sites/default/files/rural-clean-energy-report.pdf>)

WHEREAS, within Grand Traverse and Leelanau counties BATA (Bay Area Transportation Authority) busses run clean emission free propane, a fuel which is transported through Line 5, to offer vehicle life cycle greenhouse (GHG) emissions benefits over conventional fuels,

Traverse City, the county seat is vowing 100% renewable energy by 2020, way before the tunnel will be built. (<https://www.9and10news.com/2019/05/22/traverse-city-switching-to-100renewable-energy/>

In fact, More than 58 U.S. cities have stepped up to combat climate change and reap the benefits of clean, renewable energy by committing to power their cities with 100% renewable electricity.

In Michigan, Traverse City, Grand Rapids, Ann Arbor, and Northport have committed to 100% goals in the coming decades.

(https://www.environmentalcouncil.org/100_percent_cleanenergy_cities)

WHEREAS, Enbridge has demonstrated a willingness to work with the state to both protect the Great Lakes and ensure the continued safe delivery of energy we all rely on.

Enbridge is being sued all over the United States by Governments that do not want pipelines under our land. When Enbridge does not get their way, they take to the courts. Enbridge is suing the State Of Michigan and by passing this resolution you are siding with the Canadian Corporation, Enbridge and not your state and citizens

(<https://news.bloombergenvironment.com/environment-and-energy/enbridge-sues-to-keep-michigan-oil-and-gas-tunnel-deal-alive>Bad River is suing Enbridge)

(https://madison.com/wsj/news/local/govt-and-politics/wisconsin-iribe-sues-enbridge-to-force-pipeline-removal/article_3b5b4cc1-c195-56ba-9c51-56038e3ae3f6.html)

Enbridge sued a landowner and lost. (<http://www.enbridgesuedus.com/>)

NOW, THEREFORE, BE IT RESOLVED that the Grand Traverse County Board of Commissioners hereby joins with Dickinson County in extending it's support for Enbridge's proposed tunnel replacement project and urges the State of Michigan to work with Enbridge to complete the tunnel project as quickly as possible and not disrupt Line 5 service before the tunnel can be completed; and, The People of Michigan are in litigation with Enbridge Energy, LLC.

(<https://www.reuters.com/article/us-michigan-enbridge-pipeline/michigan-sues-enbridge-in-u-s-seeks-to-shut-oil-pipeline-under-great-lakes-idUSKCN1TS2G2>)

If you take Enbridge's side in this battle, you are siding against the People of Michigan. Do you really want to side against your constituents.

Enbridge walked away from talks with Gov. Whitmer and they are now suing the state of Michigan. Again why would you side with a Canadian Corporation that is suing your state government and its people? (<https://news.bloombergenvironment.com/environment-and-energy/enbridge-sues-to-keep-michigan-oil-and-gas-tunnel-deal-alive>)

For more information, please read the Independent Risk Analysis for the Straits Pipelines (https://mipetroleumpipelines.com/sites/mipetroleumpipelines.com/files/document/pdf/Straits_Independent_Risk_Analysis_Final.pdf)

BE IT FURTHER RESOLVED that Grand

Traverse County sends this resolution to all counties of Michigan as an invitation to join in expressing support for increasing the safety of our current energy infrastructure as our society simultaneously seeks energy efficiencies and energy alternatives that will continue to reduce negative impacts and risks to our environment.

It is not in the best interest of the State Of Michigan, Your county, My City or its citizens to pass this resolution. Recall is an option for commissioners that do not side with its constituents.

No. 19- 2020

RESOLUTION

To: The Honorable Board of Commissioners
Huron County
Michigan

WE, the SAFETY COMMITTEE, respectfully beg leave to submit the following resolution for your consideration:

WHEREAS, the Huron County Board of Commission having entered into an enabling resolution to create the Huron County Community Mental Health Authority pursuant to Section 100 et seq. and Section 205 of the Mental Health Code, 1974 PA 258, as amended (MCL330.1100 et seq; MCL330.1205); and

WHEREAS, Huron County Community Mental Health Authority is a community mental health authority of the county of Huron, organized under the terms of Section 204(a) of the Michigan Mental Health Code (the Code), (MCL330.1204[a]); and

WHEREAS, Section 116(b) of the Code (MCL330.1116[b]) requires that the Department of Community Health shift primary responsibility for the direct delivery of public mental health services from the state to a community mental health services program whenever the community mental health services program has demonstrated a willingness and capacity to provide an adequate and appropriate system of mental health services for the citizens of that service area; and

WHEREAS, Huron County Community Mental Health Authority has demonstrated such willingness and capacity to provide community mental health services for over the past 40 years and is properly certified as a community mental health services program under the terms of Section 232(a) of the Code (MCL330.1232[a]); and

WHEREAS, Section 202(1) of the Code (MCL330.1202[1]) requires that the state shall financially support, in accordance with chapter 3, community mental health services programs that have been established and that are administered according to the provisions of this chapter; and

WHEREAS, there are also established in the state entities known as Prepaid Inpatient Health Plans (PIHPs), which receive Medicaid funds and distribute them to Community Mental Health Services Programs and other Medicaid providers; and

WHEREAS, Appropriations Bill Public Act 207 of 2018, Article X, Part 2 Provisions Concerning Appropriations, General Sections, Behavioral Health Services, Section 928 (1) states, "Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP."; and;

WHEREAS, Huron County Community Mental Health is not a state designated PIHP; and

WHEREAS, the county of Huron has a strong desire to keep local funding at the local level to meet the financial liability of the county pursuant to Section 302(1) of the Code (MCL330.1301[1]) and to respond to the behavioral health needs in this county; now

THEREFORE, BE IT RESOLVED that the Huron County Board of Commissioners strongly supports the withholding of local Huron County funding from the PIHP for the purposes of increasing the

Medicaid capitation rate of the PIHP and strongly supports the use of local county funds for local community mental health services as provided for under the Michigan Constitution and Michigan Mental Health Code; and

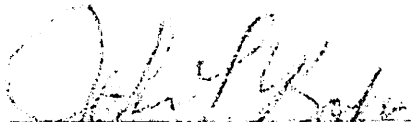
BE IT FURTHER RESOLVED, that the Huron County Board of Commissioners strongly urges its State Senate and House of Representatives members to eliminate similar language mentioned above in future State funding appropriations; and

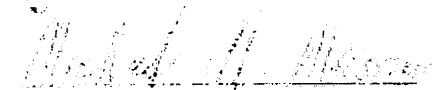
BE IT FURTHER RESOLVED, that the State Senate and House of Representatives ensure that the current level of Medicaid funding is not negatively impacted by the removal of Section 928; and

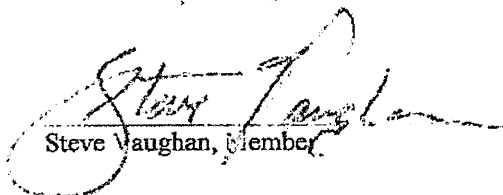
BE IT FURTHER RESOLVED that copies of this resolution be provided to Governor Gretchen Whitmer, Senator Dan Lauwers (25th District), Representative Phil Green (84th District), Michigan Department of Health and Human Services Director Robert Gordon, Behavioral Health and Developmental Disabilities Administration Deputy Director Dr. George Mellos, and the Michigan Association of Counties.

Respectfully submitted,

SAFETY COMMITTEE


John L. Bodis, Chairman


Michael H. Meissner, Vice Chairman


Steve Vaughan, Member

Dated: August 13, 2019

VOICE / ROLL CALL VOTE:

COMMISSIONER	YES	NO	ABSENT	COMMISSIONER	YES	NO	ABSENT
SAMI KHOURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JOHN L. BODIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICHAEL H. MEISSNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RON WRUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TODD TALASKI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MARY E. BABCOCK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STEVE VAUGHAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

RESOLUTION: ☐ ADOPTED

☐ DEFEATED

☐ TABLED

Advocacy to Support Removal of Section 928 from State Budget

- Boilerplate language added in 2003 requiring the CMHSPs to forward local funds to the state of Michigan for the purpose to “draw down” additional federal Medicaid funds. Known as “draw-down match”.
 - Statewide = \$25.2 million in local match dollars obtained from 46 CMHSPs
 - Yields = \$47 million in additional Medicaid dollars
- This local draw-down is an additional requirement and is different from the required county “match” included in the Michigan Mental Health Code since 1974. The existing CMHSPs are already meeting the county “match” obligation required by state law.
- The federal government considers this additional local draw down “match” to be voluntary on the part of the CMHSPs.
- Many Legislators are in support of eliminating the “draw down match” from the Budget language. Counties currently supporting a resolution to remove the requirement are:
 - Antrim, Arenac, Bay, Benzie, Cheboygan, Charlevoix, Clinton, Eaton, Emmet, Gratiot, Ingham, Iosco, Kalkaska, Manistee, Ogemaw, Oscoda, Otsego and Shiawassee
 - Counties pending a resolution of support: Oakland and Wexford.
 - Counties also in process: Crawford, Grand Traverse, Leelanau, Missaukee, and Roscommon
- Questions raised:
 - Removing this language will result in a funding cut to the CMHSPs.
 - Not true. Medicaid rates/payments are certified/established by an actuary and cannot be reduced or cut capriciously.
 - State would need an additional \$25 million in General Funds to replace the \$25 million in local match/draw-down dollars.
 - Also not true. Currently the PIHPs and health care providers are paying the ICA (Insurance Provider Assessment) Tax. (IPA replaced the HICA tax in October.) The state has resources that could be directed to cover this \$25 million.
- Huron Behavioral Health information:
 - **County of Huron annual base allocation to HBH = \$193,250**
 - Huron Behavioral Health = required “draw-down match” = \$168,800
 - **Note:** Huron does not receive any specific, additional Medicaid allocation above the actuarially established Per Medicaid Enrollee Per Month (PEPM) rate as a result of the local “match” draw down.
 - Net county allocation remaining for local needs = \$24,450
 - Local funds are required to be used to pay 10% match for State Hospitalization and for 10% match for General Fund services.
 - HBH = FY18 10% Local match total = \$92,124
 - Breakdown = State Hospitalizations: \$51,815 and GF services: \$40,309
 - Insurance Provider Assessment Tax withheld by Mid-State Health Network (MSHN) PIHP
 - HBH’s FY19 funds withheld by MSHN for estimated IPA tax = \$93,643
 - **IPA tax + “draw down match” for FY 19 for HBH = \$262,440**
 - Money comes from HBH operating funds for tax and drawdown & not available for services

AUGUST 13, 2019

MEDICARE PRESCRIPTION DRUG BILL OF 2003

RESOLUTION

WHEREAS, health care costs continue to rise for all Americans, and for most Americans these increases can be financially devastating and impact the health of the individual; and

WHEREAS, Medicare is the focus of many lawmakers who portray it as an "entitlement" program that costs the US Treasury too much money. Technically, "entitlement" may be the proper term; however, as used, it implies a negative connotation; and

WHEREAS, Medicare is an essential medical plan that millions of seniors and disabled individuals depend upon to maintain their health care and manage often costly conditions. Medicare is not a gift, as the term "entitlement" suggests. Many of the beneficiaries have worked their entire adult life and paid into the system in order to receive this crucial medical plan after retirement; and

WHEREAS, due to spiraling costs largely associated with the price of prescription medications, our elected officials find themselves passing on increased costs to those who can least afford that increase, namely senior citizens and disabled individuals who are on Medicare's Part D drug program; and

WHEREAS, when Congress enacted the Medicare Prescription Drug bill, they enacted a law that does allow Medicare to negotiate with Pharmaceutical companies for drug prices the way Medicaid and the Veterans Administration does; and

WHEREAS, one economist, Dean Baker, estimates that Medicare could have saved approximately \$332 billion dollars between 2006 and 2013 (approximately \$50 billion per year) had the Department of Health and Human Services been permitted to negotiate prices of drugs with the drug companies, as federal agencies do in other programs; and

WHEREAS, rising prescription drug costs have been the primary reason for the increase in health benefit costs; and

WHEREAS, the increasing cost of prescription drugs is a systemic problem that significantly affects the people of our state and our nation. It deserves non-partisan effort to correct; and

WHEREAS, balancing the budget on the backs of those who can least afford it, the elderly and disabled, shall not be allowed. Increases in premiums and inflated drug costs are unacceptable ways to deal with the flawed Medicare Prescription Drug bill; and

WHEREAS, the Medicare program must be preserved as it currently exists and to do so requires immediate and swift action to cut inflated and unnecessary costs, particularly in the area of prescription drug coverage; and

WHEREAS, revision of the Medicare Prescription Drug Bill of 2003 to allow for the negotiation of lower drug prices and the importation of identical, less costly, drugs from Canada and elsewhere is needed to rectify the high cost of drug prescriptions, and

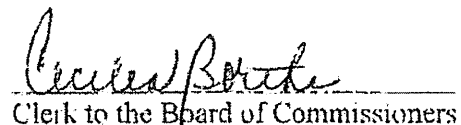
WHEREAS, we cannot allow the previously approved bill to stand as adopted at the risk of having the Medicare program be the cause of a staggering increasing deficit which will require tax increases or cuts to the rest of the government, nor can we allow the continuance of price increases to our citizens which may cause many to contemplate discontinuing medically necessary drugs in order to pay their home related monthly bills (electric, heat, etc.) and/or have food to eat; and

NOW, THEREFORE BE IT RESOLVED, that the Charlevoix County Board of Commissioners goes on record urging our legislators to commence the process of revising the Medicare Prescription Drug Bill of 2003 to allow negotiating lower drug prices and the importation of identical, less costly, drugs from Canada and elsewhere; and

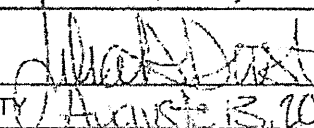
NOW BE IT FURTHER RESOLVED, that a copy of this Resolution be forwarded to our area Federal and State Legislators, the National Association of Counties, Michigan Association of Counties, and the 82 Michigan counties.



Chairman of the Board



Clerk to the Board of Commissioners

CERTIFIED	
Cecelia Borths, County Clerk	
	
DEPUTY	DATE August 13, 2019